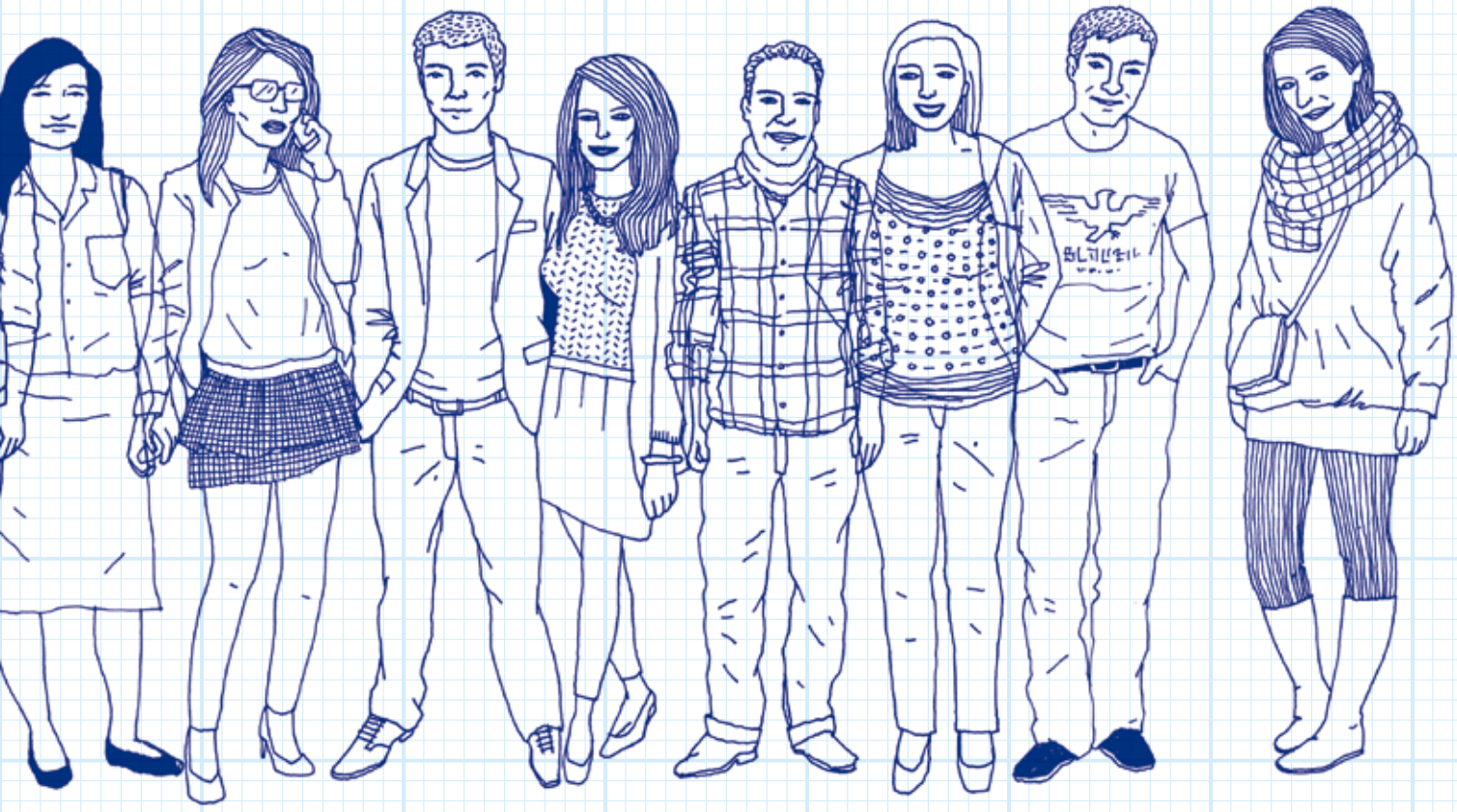
# The Face of Global Sex 2009

## Sex and relationships education: assessing the gaps for Eastern European youth

durex® network



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# Foreword

**Sex and relationships education is a polarising topic, a global battleground of opposing ideas, cultures, beliefs and values. But, however irreconcilable views may seem in the debate, they all ultimately have the same goal: the effective protection of future generations from unintended pregnancies and sexually transmitted infections including HIV/AIDS.**

**While it is crucial to consider every point of view, it is equally necessary to look beyond the dichotomies and take firm steps towards tackling what are very real issues affecting the lives of each and every young person on this planet.**

The Durex Network is committed to promoting responsible sexual health for all through research, information and education. We have been investigating people's attitudes to sex and have worked alongside politicians, public health professionals, non-governmental organisations, educators and charitable bodies to develop and support initiatives to raise awareness and understanding of safer sex.

This new report is a continuation of our research work, which began in 2005 with a focus on the factors that make unprotected sex more likely. Other research topics have included use of protection at first sex and the issues affecting sexual confidence.

In the 2009 *Face of Global Sex* report, we focus on young people in seven Eastern European countries to determine whether they feel they need more sex and relationships education than they have received and what factors influence this perception.

By assessing the impact of knowledge levels on real life experiences, we seek to shed new light on the positive effects of comprehensive sex and relationships education.

We hope that the report findings will help inform further research and bring us a step closer to bridging the sex and relationships education gap.

**Garry Watts**
**President, Durex Network**

# Overview



*YouAct, the European youth network on sexual and reproductive rights, has a membership comprising 22 young people from 16 European countries. In 2008, YouAct and the Council of Europe developed a* Young Persons Charter on Sexual and Reproductive Health and Rights*, in which Comprehensive Sexuality Education was cited as essential.*

We know that the quality of sex and relationships education that a young person receives affects their ability to make positive choices regarding their sexual health, pleasure and wellbeing.

The 2009 *Face of Global Sex* report focuses on the perceived need for more sex and relationships education among young people in seven Eastern European countries. Eastern Europe is a diverse area, with young people in each country facing unique challenges. However, the report findings indicate that one challenge which unites the region is that a majority of young people feel the need for more sex and relationships education. Detailed demographic data was collected and analysed to investigate the factors that influence this need. The independent variables found to have a significant impact were:

- the age at which sex and relationships education was first received
- the perceived importance of sexual health checks as the best method to prevent STIs
- the respondents' country of residence
- the main source of sex and relationships education.

The age at which an individual had their first experience of sex and relationships education was a strong predictor of the perceived need for further education: those who received sex and relationships education earlier were less likely to need further education. This result is concordant with previous studies conducted in Western Europe and the USA which demonstrate that early sex and relationships education is more effective in promoting positive behaviours.

It is interesting to note that large differences exist in the need for further sex and relationships education between different Eastern European countries, whereas variables such as age, gender, and relationship status have no significant effect. These geographical inequalities highlight a need for Eastern European countries to examine the sex and relationships education their young people receive and establish a standard for best practice.

The sources of sex and relationships education received by young people in this study are similar to those of young people in Western Europe, with school and family-based sex and relationships education being used alongside informal methods such as friends, magazines and the Internet. The importance of accurate information, delivered face-to-face, is also highlighted by the report as those young people who had used the Internet as their main source of sex and relationships education were more likely to require further education than those who had received information from family, teachers or health professionals.

While the 2009 *Face of Global Sex* report did not set out to address the content and format of sex and relationships education programmes, it highlights the need for further research and debate to look into these, including, as YouAct's Charter also emphasises, the need for sex and relationships education to be comprehensive, focusing not only on the biological aspects, but broadening the curriculum to include health, contraception, sexuality, pleasure, relationships, emotions, and decision-making.

This report, together with the interviews, demonstrates that young people from Eastern Europe need more sex and relationships education and are eager to discuss these issues as well as share their experiences. YouAct urges those who conduct research, and develop or implement policy to do so with the meaningful participation of young people.

**Cliff Shelton and Mia Hessel**
**YouAct**

# Introduction

## The *Face of Global Sex* series has sought, since 2005, to explore factors influencing behaviour in and around sexual activity through the statistical analysis of data collected in all the global regions.

With topics including risk-taking in sexual activity, contraception use at first sex and sexual health confidence, this series of reports has uncovered new findings which have been widely welcomed among those with an interest in sexual health.

While this fourth report relies on the same approach, using robust statistical methodologies and a wide literature base, the global focus has shifted to concentrate on one particular region of the world – Eastern Europe, and more particularly seven countries: Croatia, the Czech Republic, Hungary, Poland, Romania, Serbia and Slovakia.

Analysing data collected in 2008 among 10,075 14 to 22 year-olds from these seven countries, this study sets out to identify the factors influencing their perceived need for more sex and relationships education.

According to a study from Singh, Bankole and Woog published in *Sex Education* in 2005, the need for further sex and relationships education is a key predictor for unsafe sexual practices, such as not using condoms.

Durex, through the Durex Network, is a strong supporter of comprehensive and inclusive sex and relationships education through a variety of sources, from school years to adulthood.

Through this study, the Durex Network seeks to further explore findings from previous *Face of Global Sex* reports which highlighted that sexual health information and education have a consistently positive effect on avoiding risks, using protection consistently from the start and throughout life, and building up sexual confidence.

Sexual health information and education are heavily influenced by cultural and social factors. This has led the Durex Network Research Unit to reduce its focus to one particular global region in order to avoid skewing the research findings through core cultural and social differences. The choice of the Eastern European region,

and of the countries within this region, will be further discussed in the methodology section of this report.

Exploring the research question “What factors increase the likelihood for youth in Eastern Europe to perceive greater need for sex and relationships education?”, this report looks at the correlation between the main dependent variable (perceived need for more sex and relationships education) and a number of independent variables: gender; age; age at initial sex and relationships education; country lived in; high importance given to abstinence; high importance given to safer sex; high importance given to regular health checks; relationship status; whether still living with parents; and main source of sex and relationships education.

The correlations were explored through a series of statistical analyses to identify the level of association between these variables and the main dependent variable. A more in-depth discussion on the method adopted is provided in the methodology section of this report.

Overall, the final model highlights that there are four main predictors for perceived need for more sex and relationships education in Eastern Europe: age at initial sex and relationships education; country lived in; sources of sex and relationships education consulted; and the perceived importance of regular sexual health checks.

In addition, correlating these findings with socio-demographic factors from each country has made it possible to offer pointers towards policy and programmatic recommendations for the development of strategic interventions.

**We hope that these findings will further stimulate debate and help develop more effective and better targeted sex and relationships education programmes going forward.**

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# Methodology

## Data collection

The data that informs the 2009 *Face of Global Sex* report was gathered through an online survey of 10,075 14 to 22 year-old nationals of seven Eastern European countries completed in January 2008.

The seven countries are: Croatia, the Czech Republic, Hungary, Poland, Romania, Serbia and Slovakia. Being part of the Central and Eastern region of Europe means that these countries share a number of historical, political and cultural characteristics, including having once been socialist states and members of the Warsaw Pact (with the exception of Croatia and Serbia which, as former federal states of Yugoslavia, were non-aligned). These characteristics can be drawn on for analyses at regional level.

In addition, apart from Croatia and Serbia, all countries joined the European Union in 2004 or later (entry into the Union for Croatia and Serbia is projected respectively for 2010/12 and 2012/15).

The Durex Network is a stakeholder of the European Safer Sex Roundtable (ESSR), which was initiated in October 2006 by European Commission Director-General (Health and Consumer Protection) Robert Madelin to act as an informal partnership between governments, civil society and the business sector to discuss what can be done at European level to promote safer sex among young people.

Identifying predictors for the perceived need for more sex and relationships education in the selected countries was discussed with other ESSR stakeholders and it was felt that the findings from this study would be invaluable tools in the development of guidance for sex and relationships education policies in the region and in Europe as a whole.

But geographical proximity, as well as shared historical and political trends, will not always help in drawing conclusions and establishing patterns of behaviour and attitudes in relation to sex and relationships education and information, as Bernik and Hlebec 2004, looking at sexual initiation in secondary school students in seven postsocialist countries, warn: " The results of our analysis [...] challenge our assumptions that macrocultural context and changes therein shape important aspects of an individual's behaviour. It seems that the normative and interactional context shaping sexual behaviour is – at least in socialist and postsocialist countries – rather uncoupled from other social spheres."

While it is crucial to avoid drawing hasty conclusions through an over-generalisation, comparison at different levels between and within countries has generally been accepted as a robust explanatory methodology in social science, and will be used in this study in an attempt to shed further light on findings uncovered through the statistical analysis.

In terms of data collection, an online method was adopted in order to maximise the positive effects of anonymity when discussing topics of an intimate nature and make the data gathering a quick and easy process to increase respondent numbers. An online approach does not usually provide a representative sample of the entire population, but of the online community. This usually has a younger age profile, which fits with the requirements of the present study.

Table 1. **Sample size & margin of error per country**

| Country | n | Margin of error |
|---|---|---|
| Croatia | 1,009 | 3.0% |
| Czech Republic | 2,006 | 2.1% |
| Hungary | 1,510 | 2.5% |
| Poland | 2,003 | 2.2% |
| Romania | 1,506 | 2.5% |
| Serbia | 1,012 | 3.0% |
| Slovakia | 1,029 | 3.0% |
| Total | 10,075 | 1.0% |



## Data analysis

The initial step for the development of the study was to set a minimum sample size for each participating country. As with previous studies conducted by the Durex Network Research Unit, a minimum of 1,000 respondents per country was set for a maximum margin of error of approximately 3 per cent.

However, in some countries, the data collection exceeded this minimum amount, reducing the pre-established margin of error. As presented in table 1, in the cases of Poland and the Czech Republic, the sampling exceeded 2,000 respondents, reducing their respective margins of error to around 2 per cent.

A first round of descriptive statistical analysis was conducted for identification of the main respondents' characteristics and attitudes towards sex and relationships education in each individual country.

The main research question for the *Face of Global Sex* 2009 study was: "What factors increase the likelihood for youth in Eastern Europe to perceive greater need for sex and relationships education?"

Specific characteristics of respondents, such as age, gender and country of origin were assessed. Other independent variables incorporated in the analysis included previous exposure to sex and relationships education and levels of importance granted to specific preventive methods for STIs/unwanted pregnancy – including safer sex, abstinence, and regular health checks. Finally, main sources of sex and relationships education and relationship/residential status were also assessed.

In terms of checking the goodness-of-fit of the model, considering the binary characteristic of the main dependent variable (perceived need for more sex and relationships education), a Pearson's test was performed over the final adjusted model. The results of this test suggest that the fit of the final model is statistically significant (P-Value = 0.81).

The reference group for the final model consists of individuals from Hungary who have teachers as their main source of sex and relationships education; are females; living together with their sexual partners; and not giving high importance to abstinence, safer sex, or regular health checks practices. These characteristics are important as they adjust the final model for better identification of the individual variables that significantly increase the likelihood for greater need of sex and relationships education.

Comparisons between the adjusted model and crude analysis of levels of association were also performed. But no confounding effects were detected as the levels of association did not change significantly from the crude to the adjusted models. Thus, the main results focus on the final adjusted model. These results are also based on calculations of specific odds ratios for every variable included in the final model in comparison to the model's reference group.

# Introduction to main findings

Sex and relationships education, as current literature has established, is a highly contested ground. According to Munoz 2001, five different educational trends can be identified:

- "The moralistic tendency – aimed at preserving and defending socially internalised values such as virginity, chastity and purity [...]
- The reproductive tendency – treats sex exclusively as a function of reproductive biology [...]
- The mechanistic tendency – reduces both sexual activity and the content of sex education to a series of behaviours and techniques [...]
- The pathological tendency – focuses on the problematic aspects of sexuality from medical, psychological and social perspectives [...]
- The self-awareness through dialogue tendency – advocates dialogue and critical reflection as fundamental tools for raising awareness of sexuality, with the goal of a full, pleasurable and responsible sexuality [...]"

The *Face of Global Sex* 2009 takes a similar approach to look at what socio-demographic and attitudinal factors influence the need for more sex and relationships education – the study's main dependent variable.

To do so, the study set out to identify these factors through correlations between the main dependent variable and 10 independent variables.

Interestingly, age, gender, relationship status, whether still living with parents, importance of abstinence and importance of safer sex were found not to have a statistically significant influence on the main dependent variable.

This may be explained in part by the fact that the provision of school-based sex and relationships education seldom discriminates by age or gender, and that whether one has a partner or lives independently or still at the parents' home has no influence on the need to have accurate information about sexual health.

The first variable with a statistically significant influence was age at initial sex and relationships education.

Perhaps not surprisingly, the main source of sex and relationships education cited by the respondents was found to have another influencing factor in the need for further sex and relationships education.

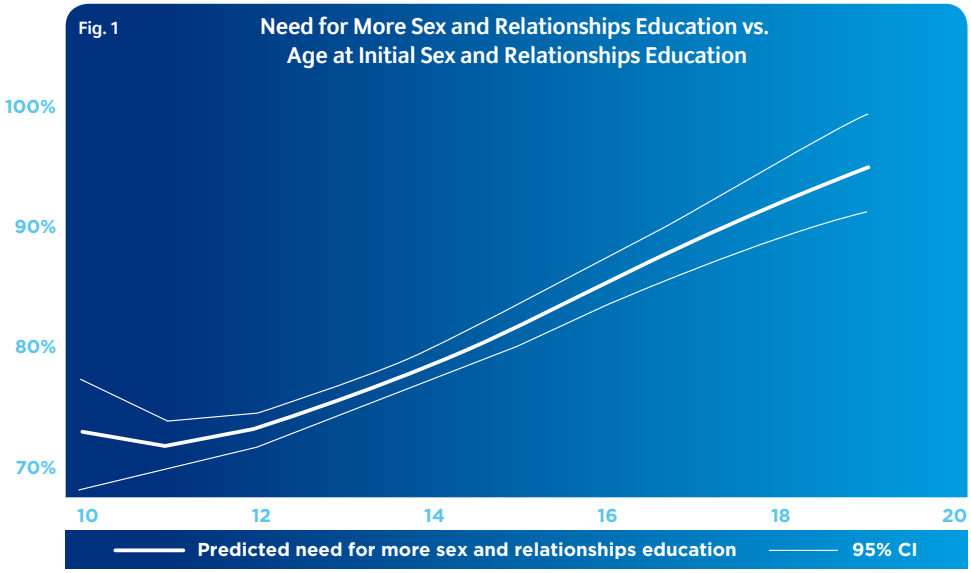
Correlations between the high importance given to regular health checks and the need for further sex and relationships education was then explored and it was found that the former had an influence on the latter.

The study finally found that the country where the respondents live also had a statistically significant influence on the need for more sex and relationships education.

**Table 2.**

Adjusted Multiple Logistic Regression Results for Need of More Sex and Relationships Education (controlling for country of origin; gender; age; age at initial sex and relationships education; preventive methods suggested; mains sources of sex and relationships education; and relationship/residential status)

| Need for More Sex and Relationships Education | Odds | 95% Confidence Interval | | P>z |
|---|---|---|---|---|
| **Main Individual Characteristics** | | | | |
| Male | 1.03 | 0.91 | 1.18 | 0.621 |
| Age | 0.99 | 0.96 | 1.03 | 0.674 |
| **Age at Initial Sex and Relationships Education** | | | | |
| Age at Initial Sex and Relationships Education | 1.12 | 1.08 | 1.17 | 0.000 |
| **Preventive Methods** | | | | |
| High importance to abstinence | 1.09 | 0.89 | 1.34 | 0.386 |
| High importance to safer sex | 1.05 | 0.66 | 1.66 | 0.831 |
| High importance to health checks | 1.82 | 1.41 | 2.33 | 0.000 |
| **Country of Origin** | | | | |
| Poland | 1.31 | 1.11 | 1.55 | 0.002 |
| Slovakia | 2.64 | 2.06 | 3.40 | 0.000 |
| Croatia | 2.72 | 2.08 | 3.56 | 0.000 |
| Czech Republic | 2.90 | 2.40 | 3.49 | 0.000 |
| Romania | 3.29 | 2.58 | 4.20 | 0.000 |
| Serbia | 4.64 | 3.38 | 6.38 | 0.000 |
| **Main Sources of Sex and Relationships Education** | | | | |
| Internet | 2.13 | 1.65 | 2.75 | 0.000 |
| Friend | 1.67 | 1.37 | 2.04 | 0.000 |
| Magazine | 1.57 | 1.29 | 1.91 | 0.000 |
| Parent | 1.42 | 1.15 | 1.76 | 0.001 |
| Sibling | 1.33 | 0.90 | 1.96 | 0.158 |
| Nurse | 1.32 | 0.90 | 1.92 | 0.154 |
| Other source | 0.64 | 0.28 | 1.47 | 0.295 |
| **Relationship Status** | | | | |
| Dating | 0.86 | 0.67 | 1.09 | 0.216 |
| Single | 0.88 | 0.68 | 1.15 | 0.361 |
| **Residential Status** | | | | |
| Living with partner | 1.10 | 0.94 | 1.30 | 0.243 |






# Age at initial sex and relationships education

A significant link was found between young people's perceived need for sex and relationships education and the age at which they were first taught about sex.

Young Eastern Europeans who received sex and relationships education when they were older reported a greater need for sex and relationships education. Those who were first taught about sex at a younger age, meanwhile, were less likely to feel the need for further sex and relationships education.

As is shown in figure 1, a continuous increase in the proportion of need for sex and relationships education was found in young people who were first taught about sex when they were more than 12 years old.

Of the respondents who were exposed to sex and relationships education before they were 12, fewer than 80 per cent indicated a need for more sex and relationships education. However, with young Eastern Europeans who first learned about sex when they were over the age of 12, there is a significant increase.

Of the respondents who first received sex and relationships education at the age 17, for example, more than 90 per cent felt they needed to learn more. If an Eastern European youth only receives sex and relationships education at 19, the rate of the need for more sex and relationships education reaches almost 95 per cent.

These findings are significant and represent one of the major results of this study. They corroborate findings from the 2008 *Face of Global Sex* report (FOGS 2008), which highlighted a "window of opportunity" for sex and relationships education between the ages of 11 and 16. Furthermore, other studies have indicated that the early provision of sex and relationships education has a positive influence on its efficacy, including Kelly and Amirkhanian 2003: "[Sexual education programmes] are most effective when they are offered at a point before young people become sexually active."

While these findings demonstrate the quantitative aspect of the influence of age at initial sex and relationships education on the main dependent variable, they should be complemented by a review of the qualitative aspects of sex and relationships education, such as content or sources.

International literature highlights the fact that parents' and guardians' involvement in sex and relationships education, for example, is a predictor for delayed sexual debut and the use of contraception at first sex (Aspy et al. 2007).

Adversely, lack of parental involvement was found to be a key element in reducing sexual confidence among adults, and consequently increasing their need for more sex and relationships education (FOGS 2008).

It is interesting to note that the same levels of perception about the need for more sex and relationships education were reached across all ages of respondents. This is noteworthy because it was expected that younger individuals in Eastern Europe would be more likely to report a higher need for sex and relationships education.

The perceived need for more sex and relationships education does not differ between males and females either. This may be because boys and girls both experience the same level of exposure to sex and relationships education in school.

# Sources of sex and relationships education

**One of the most significant results of the study was the influence of different sources of sex and relationships education on respondents' perceived need to learn more about sex.**

Teachers were used as the main reference group for this analysis. Only two other sources of sex and relationships education and information – siblings and nurses – did not reach statistical significance (when compared to teachers) as shown in figure 2.

These results therefore suggest that Eastern European youths who rely on teachers, siblings and nurses to learn about sex are less likely to report a need for more sex and relationships education. This confirms findings from other studies which identify that school professionals and healthcare providers are key sources of sex and relationships education (El-Kak et al. 2001, Nonoyama et al. 2005 and Vazsonyi et al. 2006).

However, for all other sources of sex and relationships education, significant differences were detected. This was especially true in the case of the Internet. Respondents that rely on the Internet to learn about sex are 113 per cent more likely to demonstrate a need for further sex and relationships education. This result is highly significant as it may suggest that, even though a large proportion of young people in Eastern Europe search the web for sexual content and issues, they do not trust this source to give them accurate information from which they can develop good sexual health behaviour.

Further research into the web pages accessed for the purpose of sex and relationships education may help in understanding why there is such a discrepancy between high use and low assimilation.

When parents, magazines and friends were cited as the main source of sexual information, this also resulted in an increased need for further sex and relationships education.

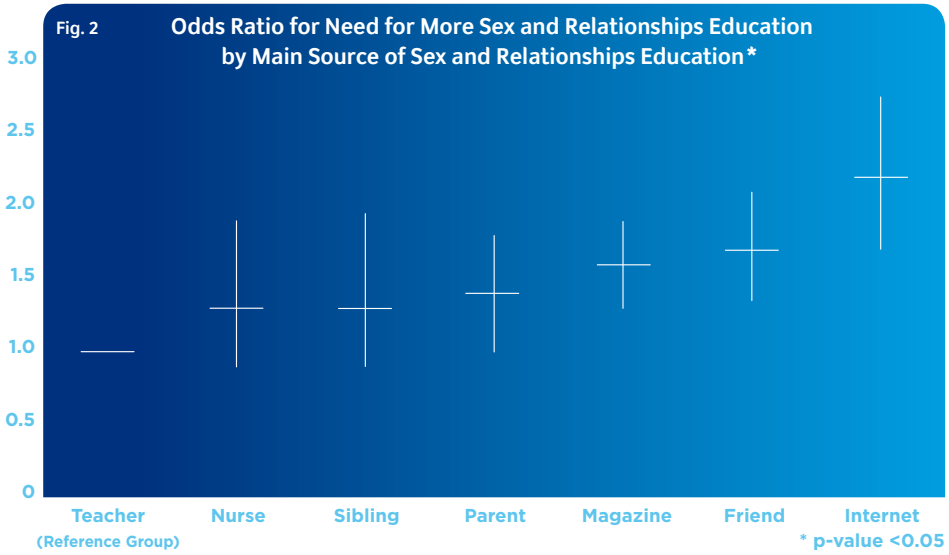
Eastern European youngsters who rely mostly on their friends to learn about sex are 67 per cent more likely to suggest a need for more sex and relationships education. Again, this is a significant result considering the high proportion of respondents in all seven countries who indicated that their friends were the main source of sex and relationships education.

As in the case of the Internet, using friends as the main source of sex and relationships education may mean that many important sexual issues, such as preventive methods, are not discussed reliably or consistently.

A similar trend was also found with magazines when they were compared to the Internet and friends as the main source of sex and relationships education.

The level of difference in likelihood to influence the need for further education however, was lower when compared to the reference group. Eastern European youths who rely on magazines are 57 per cent more likely to express a need for more sex and relationships education when compared to teachers.

Once again, a better understanding of the qualitative aspects of this result, such as the types of magazines read, would be required to check the quality and type of content accessed.



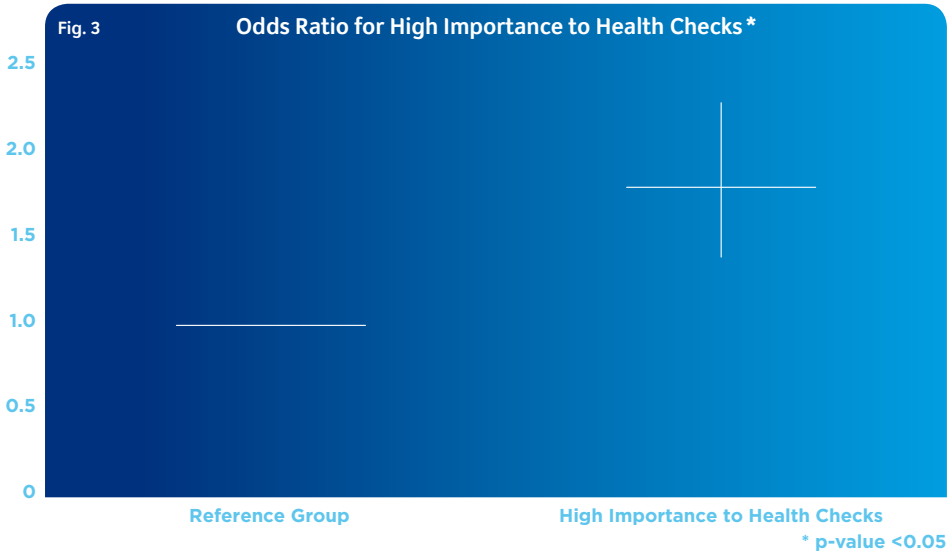



Respondents who reported their parents as the main source of sex and relationships education are 43 per cent more likely to indicate a need to learn more about sex and relationships. Considering the 95 per cent confidence interval, this level of likelihood can be as low as 15 per cent. In addition, the average odds ratio reached for parents was not very different from the average odds ratios for the main sources that did not reach a significant statistical difference, such as teachers.

However, as a difference was still detected, it is important to understand why parents do not have the same effect on the perceived need for more sex and relationships education when compared to formal sources and other close relatives. In fact, based on findings of FOGS 2008, while parents were the source most closely associated to higher rates of sexual confidence around the world, they were not often cited as the main source of education and information.

Other literature also confirmed that parental involvement had a positive influence on the efficacy of the sex and relationships education received (Vazsonyi et al. 2006, Short et al. 2005 and Aspy et al. 2007).

Therefore, a socio-cultural analysis of the role of parents in relation to formal sex and relationships education in each country may help shed light on the discrepancies observed.




# Attitude to preventive methods



**The study found that, among those surveyed, there was a strong link between the perceived importance of sexual health checks and the need for more sex and relationships education.**

Some 82 per cent of the young Eastern Europeans who believe that regular sexual health checks are the most important way of preventing the spread of STIs also showed a greater need to learn more about sex (figure 3).

As sexual health check-ups are typically a method of secondary prevention, this finding suggests that Eastern European youths who are concerned about STIs still have major knowledge gaps about preventive practices. In other words, these young people seem to believe that one can take risks with their sexual health and use check-ups after the event to ascertain their health status.

While knowing one's status is an important step in maintaining good sexual health, the content of school-based sex and relationships education should typically present contraceptive choices and prevention strategies to help young people make informed decisions about protecting themselves and their partners prior to sexual activity.

Therefore, reporting the use of regular sexual health check-ups as a prevention method is a predictor for a further need for sex and relationships education.

This is interesting in the light of another trend common to all the countries in the study, as highlighted by current literature: that of an "abortion culture" (Frejka 2008-2, Potancokova et al. 2008 and abortion rate comparisons between Eastern and Western Europe in Sedgh et al. 2007). While recently it has given way to a contraception culture, this trend emphasises attitudes and behaviours which are more concerned with dealing with the consequences of risk-taking than with prevention.

# Country of residence

**The *Face of Global Sex* 2009 found that the country in which young people live has a considerable influence on their likelihood to need more sex and relationships education.**

Using Hungary as a reference group, statistically significant differences were identified in all of the other six countries (figure 4).

The study was also able to categorise the seven countries into three groups: group one with countries where respondents have a significantly higher likelihood to need more sex and relationships education; group two with countries where respondents have a higher likelihood to need more sex and relationships education; and group three, which includes the reference group and Poland, where there is a comparable likelihood to need more sex and relationships education.

## Group one

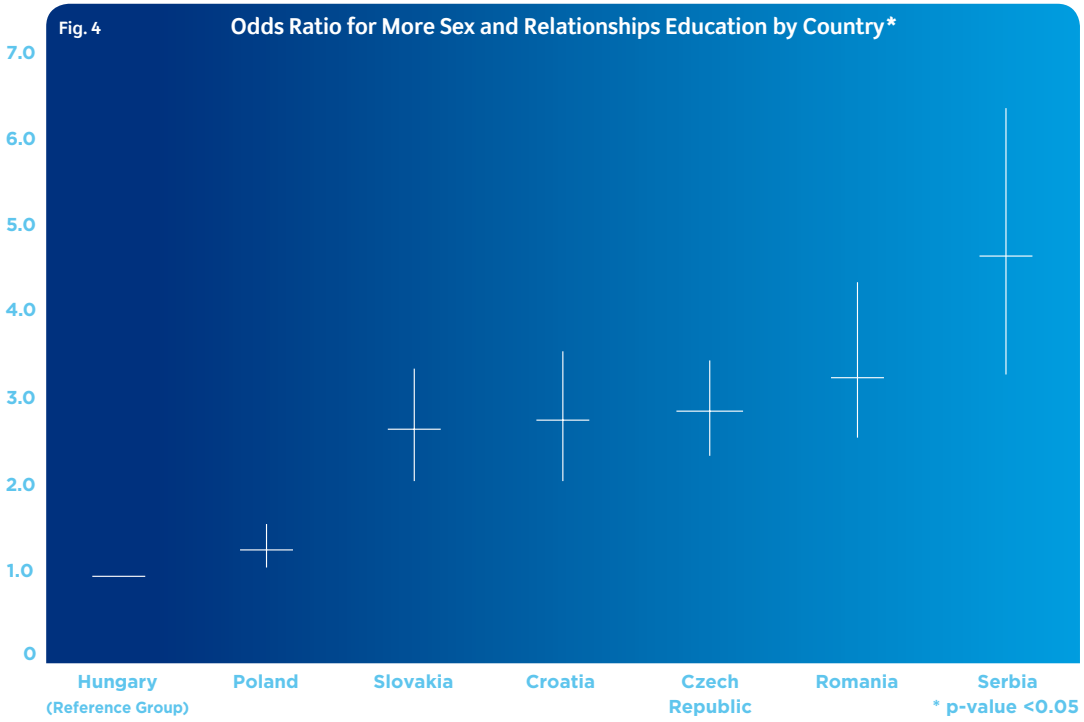
A young Serbian person with similar individual characteristics to a Hungarian youth, for example, is 364 per cent more likely to indicate a need for more sex and relationships education. In the case of Romania, even though this likelihood level falls to 229 per cent, the difference is still very significant.

## Group two

Young people in the Czech Republic, Croatia and Slovakia are twice as likely as Hungarian youths to feel the need for more sex and relationships education. But although the statistics for these countries are not as extreme for Romania or Serbia, their results still suggest a very significant difference in likelihood.

## Group three

The only country that showed a more modest discrepancy was Poland. Young Poles have a comparable level to Hungary, being only 31 per cent more likely to feel the need for more sex and relationships education.






These findings highlight the need to look at the countries' individual circumstances from historical, social and political points of view to identify possible reasons for these wide differences between respondents from the seven countries.

As stated in the methodology section of the report, the countries included in this study share a number of political, historical, ideological and social factors, which in part help to shed light on common trends within country groups.

Transition from socialist-managed regimes to market economies resulted in economic and social crises which triggered rapid demographic changes, altering job security and thus family-making patterns and gender roles. In addition, there was a Westernisation of attitudes and values, as well as the wider availability of contraceptive methods, which meant that for many young people, sexual activity no longer had to equate with family planning alone, resulting in a rapid decline of total fertility rates and often a younger age at first sex (Frejka 2008-1, Gal and Kligman 2000, Gyarmathy et al. 2002, Sobotka 2003, Posadskaya and David 1999).

We can hypothesise that these changes have a bearing on the increased need for more comprehensive and accurate sexual health and relationships education. Moreover, the extent of the influence of the Catholic (or Orthodox) Church (Popper et al. 2004) and the speed and effectiveness of the economic transition were also likely to act as limiting factors in these changes.

However, individual countries also have differences within their histories which in turn can provide pointers for the differences between country groups.

For instance, Croatia and Serbia not only had to deal with the downfall of communist regimes but also with the ensuing war that resulted in the break-up of Yugoslavia between 1991 and 1995. Authoritarian, right-wing governments, accompanied by a strong influence of the Catholic Church, succeeded a socialist government which was generally accepted as having been more sexually permissive (Stulhoher et al. 2007).

This may have meant that liberal sexual behaviours and attitudes were no longer complemented by a relatively high acceptability of contraception and abortion. It does not, however, succeed in explaining the wide differences observed between the two countries. A more detailed analysis should therefore be carried out to identify if the qualitative data available is strong enough to explain these differences.

And Romania's pronatalist policy during the Ceausescu era meant that no contraception was available and abortions were strictly forbidden. The demise of the Ceausescu regime in 1989 meant a "sexual revolution" for Romania, with a general liberalisation of values and attitudes towards sex. But high prices and over-medicalisation of contraception and abortion may have played against education and prevention efforts. (Posadskaya and David 1999).

The second section of this report provides in-depth interviews with three young people from countries of the three groups defined above, as well as country profiles for all countries included in the study, looking at key demographic and sexual health facts. While more detailed qualitative research would be required, the data still provides a useful illustrative background to the statistical analysis which is the main object of this study.

# Introduction to interviews and country profiles

**The *Face of Global Sex* is a statistical analysis series. As such, its primary focus is the study of the responses from surveys and what can be inferred from them.**

For the 2009 report, the analysis carried out on the data collected in the seven countries confirmed that it would be useful to corroborate the findings with qualitative data in an attempt to inform and better understand the significance and implications of these findings from cultural and social perspectives.



The following section is organised into sub-sections representing the country groups for the three different levels of likelihood to need more sex and relationships education.

The sub-sections are:

- Group 1: countries with a higher level of likelihood to need more sex and relationships education
- Group 2: countries with a median level of likelihood to need more sex and relationships education
- Group 3: countries with a lower level of likelihood to need more sex and relationships education.

Each sub-section comprises an in-depth interview with a young national from one of the countries in the group as well as country profiles for all the countries in the group.

For the interviews, the respondents were chosen solely on an age criterion. The same questions were asked to all three respondents and their answers were only edited for linguistic accuracy. The interviews were conducted over the telephone and the questions were sent to the respondents in advance to help with their understanding.

For the country profiles, the same data set was sought for all countries and responses to queries were gathered from freely available datasets in the English language. Where information could not be found from the original desk research, an additional search was performed by native speakers in the language of origin. And where no information was available, still, this was flagged up in the profiles.

# Group 1. Romania & Serbia
# In-depth interview – Romania

Gender – F/M
Female

Income bracket – please give your estimated income bracket according to your country's standard of living.
I am a student so no income.

How old are you?
I am 21.

Did you grow up in the city, suburbs, small town or country?
I grew up in the middle of a city - Bucharest.

Where do you live?
I live with my parents.

Do you have a regular partner?
At the moment I'm single.

What level are you educated to?
Higher education level – first degree

Are you a virgin?
No, I'm not a virgin.

If not, how old were you when you lost your virginity?
I was 19.

What is your sexual preference?
Heterosexual

Have you ever received any form of sex and relationships education at school?
Yes I did receive sex education at school, but it was not that great. There was a campaign about using condoms and also information about HIV/AIDS, but the education only lasted for one year.

If yes, when did it start?
It started in the 9th grade, when I was 15.

And when did it stop?
The following year (It was only for one semester).

Can you describe a typical sex and relationships education class/session?
We talked about puberty and changes in our body, so in that sense it was not actually sex education. It didn't really make much of an impact because it was in high school and by this time we already knew quite a lot about sex.

What topics were included in the sex and relationships education you received?
Making choices about your sexual health, contraception, STIs, understanding reproduction, puberty, knowing your body and how it works.

Which topic(s) did you find most useful? Which was/were least useful?
I found the topics of making choices about sexual health and knowing your body and how it works most useful. But this answer really depends on your age – as you get older different things, such as emotions and sexual health, become more important.

Which topic(s) was/were missing in your opinion?
The emotional and psychological aspect of relationships was missing from my education. It is really important to learn about how people normally relate to their partners, but we only learnt about the biological side to sex.

Who taught you?
We were taught by young volunteers – mainly people below the age of 25.

How would you rate the education you received? How well do you think it has prepared you for the future?
It was OK but it wasn't great – I'd probably rate it at about 40 per cent. We might have known about STIs from our education, but if you don't know how to relate to someone else – or if you're not prepared – sex can be very daunting.

What did the others in your class think?
They agreed.

Was there a difference between what girls and what boys were taught and how they reacted to it?
A lot of the boys were immature. Even at the age of 17 or 18 they would be filling condoms with water and throwing them out of the window.

What do you think could be improved or changed?
The theoretical side of our education and the stuff about puberty was OK, and maybe could be improved a bit. But the major difference would be if they concentrated on psychology. This is so important with teenagers, and many of my friends don't know how to relate sexually to their partners.

Who do you think should take responsibility for these changes?
The Ministry of Education should be more involved with High School and should place emphasis on teaching the basics, including psychology.
Once or twice a week teenagers should be given the opportunity (voluntarily) to discuss any sexual issues they may have with someone they can trust.
Schools: current programmes are fine, and better than nothing, but there should be a review of planning for sex education to include a more psychological element.

Do you think sex and relationships education in schools is likely to have improved since you received it?
I don't know but I don't think so. It may have evolved slightly but I think essentially it will be the same.

Do you think the quality of sex and relationships education in schools depends on where you live – i.e. which region, which area, which town area, etc.?
Although the sexual health campaigns are national, the quality of sex education definitely does depend on where you live. The city is much better than the country.

Apart from at school, who else did/do you go to most for sexual health information or advice? Why?
Internet, books, partner, NGOs, friends and peers, magazines, radio, TV programme and government. People should talk to their parents more. Unfortunately, for people of my generation, our parents were not comfortable talking to their children about sex.

Out of all the ones selected above, which is the one you most trust? Why?
I'd say that schools and books are the most trustworthy. Older friends are helpful too.

Have there been times in your sexual life when you would have liked more accurate information? If so, on what specifically?
My first sexual partner was a lot older and therefore more experienced than me, so that really helped. I also taught myself a lot, so I was always quite confident. But many of my friends would have liked to have had more information about STIs etc.

Do you think the following are important and why?
- Regular sexual health check-ups – To keep you healthy, especially once you are sexually active.
- Practicing safer sex consistently – More important if you are not in a relationship.
- Abstinence before marriage – In some cases it is the right thing (if you strongly believe in it), but in some cases it is not.
- Knowing where to go for help or advice on sexual health – Yes, very important.
- Knowing what the different methods of contraception available are, how to choose and how to use them – This is the most important – to reduce the spread of STIs.

What do you know about STIs including HIV/AIDS? Where did you first learn about them?
I know quite a lot about STIs – this mainly comes from the biological education I received when I was at school.

Would you know what to do in the event of an unplanned pregnancy? Where did you first learn about it?
It would depend on the situation. If it was with a stable couple who had a future then that is better than a one-night stand. But at the moment I am too young to get pregnant! I'd say I learnt a bit about this from my teachers at school.

# Group 1. Romania & Serbia
# Country profiles

| | Romania | Serbia |
|---|---|---|
| Total Population | 21.3 million | 9.9 million (incl. Kosovo) |
| Capital City | Bucharest | Belgrade |
| Main Language | Romanian | Serbian |
| Religions | Eastern Orthodox (including all sub-denominations) 86.8%, Protestant (various denominations including Reformate and Pentecostal) 7.5%, Roman Catholic 4.7%, other (mostly Muslim) and unspecified 0.9%, none 0.1% (2002 census) | Serbian Orthodox 85%, Catholic 5.5%, Protestant 1.1%, Muslim 3.2%, unspecified 2.6%, other, unknown, or atheist 2.6% (2002 census) |
| Urban Population (%) | 54 (2006) | 56 (2008) |
| Government Type | Republic | Republic |
| Administrative Divisions | 41 counties and 1 municipality | 161 municipalities |
| EU Member State | Yes | No - entry forecast for 2012/15 |
| Internet Users per 100 Inhabitants | 32.4 (2006) | 13.3 (2006) |
| Compulsory Education until... | 16 | 16 |
| Education Expenditure - Percentage of GDP | 3.5 | 2.9 |
| Age Structure | 0-14 years: 15.6%<br>15-64 years: 69.7%<br>65 years and over: 14.7% | 0-14 years: 15.4%<br>15-64 years: 67.8%<br>65 years and over: 16.8% (2009 est.) |
| Sex Ratio (males(s) to female) | Under 15 years: 1.05<br>15-64 years: 0.99<br>65 years and over: 0.69<br>Total population: 0.95 | Under 15 years: 1.07<br>15-64 years: 1.0<br>65 years and above: 0.7<br>Total population: 0.95 (2009 est.) |
| Fertility Rate (child born per woman) | 1.38 | 1.69 |
| Age of Consent | 15 | 14 |
| Contraceptive Use (any method) | 70% of currently married women - ages 15-49 (2008) | 41% of currently married women - ages 15-49 (2008) |
| Contraceptive Provision for Under 16s Mandatory | Yes | No data |
| Teenage Pregnancy Rate | 34 per 1,000 women, 15-20 year olds | 23.5 per 1,000 women, 15-20 year olds |
| HIV Prevalence Rate, aged 15-49, (UNAIDS Estimates/MDG) | Less than 0.1% (2005) | 0.2% (2005) (with Montenegro) |
| First HIV/AIDS Education Campaign | 1990 | 1993 |
| Year Sex Education Was Made Mandatory | No mandatory sex education programme | No mandatory sex education programme |
| Official Age at Initial Sex Education | N/A | 13 |

# Group 2. Croatia, Czech Republic & Slovakia
# In-depth interview – Croatia

Gender – F/M
Male

Income bracket – please give your estimated income bracket according to your country's standard of living?
Lower – average

How old are you?
I am 24.

Where do you live?
I live on my own.

Do you have a regular partner?
No, I'm single.

What level are you educated to?
Primary education level

Are you a virgin?
No, I'm not a virgin.

If not, how old were you when you lost your virginity?
I was 20 when I lost my virginity.

What is your sexual preference?
Homosexual

Have you ever received any form of sex and relationships education at school?
Yes I received sex education in primary school.

If yes, when did it start?
When I was in the 7th grade of primary school (ages 12/13).

And when did it stop?
It stopped in high school.

Can you describe a typical sex and relationships education class/session?
The class/session was about learning new information about sexual health and how to use contraception products. The session was also followed with a workshop to help give a better understanding of the content that was given in class. And there were handouts about the most important things that individuals have to know about sex, which were given after the class finished.

What topics were included in the sex and relationships education you received?
Relationships, making choice about sexual health, different sexualities, family planning and contraception, sex infections, puberty, knowing your body and how it works.

Which topic(s) did you find most useful? Which was/were least useful?
For me the most useful information was about sexual health, different sexualities and information about all sexual infections.

Which topic(s) was/were missing in your opinion?
I think there should have been more information about different sexualities.

Who taught you?
My primary school sent the pupils to a seminar in a hospital where a doctor was giving all the information.

How would you rate the education you received? How well do you think it has prepared you for the future?
I found out the basic information from school and after this I did my own research about some more specific topics. On a scale of 1-10, I would rate it at seven.

What did the others in your class think?
Mostly the same as me, but some were not interested at all.

Was there a difference between what girls and what boys were taught and how they reacted to it?
The only real difference between boys and girls was during the sexual transmitted infections topic, and everybody reacted OK.

What do you think could be improved or changed?
I think the schools are more aware that sex education is very important and this is already changing, but there is still not very much information about the different sexualities. I think this should be improved more.

Who do you think should take responsibility for these changes?
Well, definitely the teachers who are giving the sex education. Because the behaviour and reaction of the pupils depends on them and their approach to the pupils. Of course, the pupils' parents are also very important.

Do you think sex and relationships education in schools is likely to have improved since you received it?
Yes I think it has improved since then.

Do you think the quality of sex and relationships education in schools depends on where you live – i.e. which region, which area, which town area, etc.?
It definitely depends on where you live – if you live in a city you are more likely to get a better sexual education than in the countryside.

Apart from at school, who else did/do you go to most for sexual health information or advice? Why?
Mainly my doctor, but also the Internet. The doctor is the person who knows what is best and who can give advice on what to do and where to go for more information in the town that I'm living in. And in these modern times you can find all types of information on the Internet.

Out of all the ones selected above, which is the one you most trust? Why?
The doctor because he's the only person whom I trust when it is something to do with my health.

Have there been times in your sexual life when you would have liked more accurate information? If so, on what specifically?
Yes, I would have liked to have known more about sexually transmitted infections.

Do you think the following are important and why?
- Regular sexual health check-ups
- Practicing safer sex consistently
- Abstinence before marriage
- Knowing where to go for help or advice on sexual health
- Knowing what the different methods of contraception available are, how to choose and how to use them

Yes they are all important. But I don't agree with abstinence before marriage, because you have to know your life partner before committing to him or her for the rest of your life.

What do you know about STIs including HIV/AIDS? Where did you first learn about them?
I know everything about HIV/AIDS that is necessary in order to be careful and not to take risks with my health. The first information I learnt about STIs, including HIV/AIDS, was when I was in primary school (ages 6 to 14).

Would you know what to do in the event of an unplanned pregnancy? Where did you first learn about it?
Well the first thing I would do would be to advise my friend to go to a doctor for information about further steps. The first information I learned about unplanned pregnancies was at the end of primary school.

# Group 2. Croatia, Czech Republic & Slovakia Country profiles

| | Croatia | Czech Republic | Slovakia |
|---|---|---|---|
| Total Population | 4.6 million | 10.2 million | 5.4 million |
| Capital City | Zagreb | Prague | Bratislava |
| Main Language | Croatian | Czech | Slovak |
| Religions | Roman Catholic 87.8%, Orthodox 4.4%, other Christian 0.4%, Muslim 1.3%, other and unspecified 0.9%, none 5.2% (2001 census) | Roman Catholic 26.8%, Protestant 2.1%, other 3.3%, unspecified 8.8%, unaffiliated 59% (2001 census) | Roman Catholic 68.9%, Protestant 10.8%, Greek Catholic 4.1%, other or unspecified 3.2%, none 13% (2001 census) |
| Urban Population (%) | 56 (2006) | 74 (2006) | 56 (2006) |
| Government Type | Presidential/parliamentary democracy | Parliamentary democracy | Parliamentary democracy |
| Administrative Divisions | 20 counties and 1 city | 13 regions and 1 capital city | 8 regions |
| EU Member State | No - entry forecast for 2010/12 | Yes | Yes |
| Internet Users per 100 Inhabitants | 34.6 (2006) | 34.7 (2006) | 41.8 (2006) |
| Compulsory Education until... | 14 | 15 | 15 |
| Education Expenditure - Percentage of GDP | 4.5 | 4.4 | 3.9 |
| Age Structure | 0-14 years: 15.8%<br>15-64 years: 67.2%<br>65 years and over: 17% | 0-14 years: 13.8%<br>15-64 years: 71.2%<br>65 years and over: 15.0% | 0-14 years: 16.1%<br>15-64 years: 71.7%<br>65 years and over: 12.2% |
| Sex Ratio (males(s) to female) | Under 15 years: 1.05<br>15-64 years: 0.99<br>65 years and over: 0.63<br>Total population: 0.93 | Under 15 years: 1.06<br>15-64 years: 1.01<br>65 years and over: 0.65<br>Total population: 0.95 | Under 15 years: 1.05<br>15-64 years: 0.99<br>65 years and over: 0.6<br>Total population: 0.94 (2008 est.) |
| Fertility Rate (child born per woman) | 1.4 | 1.25 | 1.34 |
| Age of Consent | 14 | 15 | 15 |
| Contraceptive Use (any method) | 39.7% - contraceptive prevalence rate for women aged 15-49 (2005) | 67% of currently married women - ages 15-49 (2008) | 74% of currently married women - ages 15-49 (2008) |
| Contraceptive Provision for Under 16s Mandatory | HPV vaccination obligatory | Yes | Yes |
| Teenage Pregnancy Rate | 14.5 per 1,000 women, 15-20 year olds | 11.4 per 1,000 women, 15-19 year olds | 20.3 per 1,000 women, 15-19 year olds |
| HIV Prevalence Rate, Aged 15-49, (UNAIDS Estimates/MDG) | Less than 0.1% (2005) | 0.1% (2005) | Less than 0.1% (2005) |
| First HIV/AIDS Education Campaign | 1990 | 1990 | 1996 |
| Year Sex Education Was Made Mandatory | No mandatory sex education programme | 1970 | 1996 |
| Official Age at Initial Sex Education | N/A | 7 | 12 |

# Group 3. Hungary & Poland
# In-depth interview – Hungary

Gender – F/M
Male

Income bracket – please give your estimated income bracket according to your country's standard of living?
No salary (student)

How old are you?
19

Did you grow up in the city, suburbs, small town or country?
I grew up in the suburbs of a large city.

Who do you live with?
I live with my parents.

Do you have a regular partner?
Yes, I have a girlfriend.

What level are you educated to?
Secondary education level.

Are you a virgin?
No, I'm not.

If not, how old were you when you lost your virginity?
I was 17.

What is your sexual preference?
Heterosexual

Have you ever received any form of sex and relationships education at school?
Yes

If yes, when did it start?
It started in primary school when I was about 13 or 14.

And when did it stop?
It's been ongoing ever since (for about five years).

Can you describe a typical sex and relationships education class/session?
Someone from the hospital, usually a nurse, came to our school and explained things about sex – mainly to do with STIs. She always said we could ask whatever we wanted to and talked a bit about puberty.

What topics were included in the sex and relationships education you received?
Relationships, STIs, understanding reproduction, puberty, knowing your body and how it works.

Which topic(s) did you find most useful? Which was/were least useful?
Most of the topics were useful, particularly because at that age I didn't really know much about sex. When I was younger, the information about puberty was probably most useful, but as I got older I wanted to know more about STIs.

Which topic(s) was/were missing in your opinion?
Although we were taught about condoms and how to protect ourselves, there was not really any education about other forms of contraception, and I think that's a bad thing. We were taught the basics about HIV but they could have gone into a lot more detail.

Who taught you?
Someone from the local hospital, usually a nurse.

How would you rate the education you received? How well do you think it has prepared you for the future?
I would give my education a 7 out of 10 I think.
It prepared me to a certain extent, but to be honest my life experience was much more useful in preparing me for sex.

What did the others in your class think?
Some people were embarrassed. That can be a big problem, but it is really important that everybody talks about sex and feels more comfortable with it.

Was there a difference between what girls and what boys were taught and how they reacted to it?
I guess the lessons about unplanned pregnancies were more relevant to girls, but there wasn't really a difference between boys and girls in general.

What do you think could be improved or changed?
I think there should be more emphasis on STIs, making people more relaxed when they talk about sex and also young people should be made aware that condoms are not the only form of contraceptive available.

Who do you think should take responsibility for these changes?
I don't really think it is the schools who should take responsibility but the parents. Parents should be encouraged to talk to their children about sex and relationships.

Do you think sex and relationships education in schools is likely to have improved since you received it?
I think it's getting better but there is still quite a lot of room for improvement. With the way the world is going, kids now know so much more about the world at a much younger age. I think kids also know a lot more about sex at a younger age than they used to.

Do you think the quality of sex and relationships education in schools depends on where you live – i.e. which region, which area, which town area, etc.?
Yes I think it is probably better in the city, but having never lived in the countryside I can't be entirely sure!

Apart from at school, who else did/do you go to most for sexual health information or advice? Why?
Other family members - brother, internet, friends and peers, school, magazines, radio and TV programme. [No answer to "Why"]

Out of all the ones selected above, which is the one you most trust? Why?
I'd say that I trust the nurse most of all – she knows exactly what she is talking about.



Have there been times in your sexual life when you would have liked more accurate information? If so, on what specifically?
When I started to get to know about sex I would have wanted to know more about the different types of contraception. I would also like to have known more about the specific details of pregnancy, so that I could be as prepared for it as much as possible.

Do you think the following are important and why?
- Regular sexual health check-ups – Very important, to stop the spread of STIs.
- Practicing safer sex consistently – Yes.
- Abstinence before marriage – It's not a good thing – people should know each other completely before they get married.
- Knowing where to go for help or advice on sexual health – Yes, it's very important.
- Knowing what the different methods of contraception available are, how to choose and how to use them – This is very important because it allows people to make their own decisions.

What do you know about STIs including HIV/AIDS? Where did you first learn about them?
I think I know the most important details about sexual infections. I was about 16 or 17 when I learnt about them. This is quite late and I think it should be earlier.

Would you know what to do in the event of an unplanned pregnancy? Where did you first learn about it?
I think I would, but it would depend on the girl and our relationship as to what we did exactly.

# Group 3. Hungary & Poland
# Country profiles

| | Hungary | Poland |
|---|---|---|
| Total Population | 10 million | 39 million |
| Capital City | Budapest | Warsaw |
| Main Language | Hungarian | Polish |
| Religions | Roman Catholic 51.9%, Calvinist 15.9%, Lutheran 3%, Greek Catholic 2.6%, other Christian 1%, other or unspecified 11.1%, unaffiliated 14.5% (2001 census) | Roman Catholic 89.8% (about 75% practicing), Eastern Orthodox 1.3%, Protestant 0.3%, other 0.3%, unspecified 8.3% (2002) |
| Urban Population (%) | 66 (2006) | 62 (2006) |
| Government Type | Parliamentary democracy | Republic |
| Administrative Divisions | 19 counties<br>23 urban counties and 1 capital city | 16 provinces |
| EU Member State | Yes | Yes |
| Internet Users per 100 Inhabitants | 34.8 (2006) | 28.6 (2006) |
| Compulsory Education until... | 16 | 15 |
| Education Expenditure - Percentage of GDP | 5.5 | 5.5 |
| Age Structure | 0-14 years: 15.2%<br>5-64 years: 69.3%<br>65 years and over: 15.5% | 0-14 years: 15.2%<br>15-64 years: 71.4%<br>65 years and over: 13.4% |
| Sex Ratio (males(s) to female) | Under 15 years: 1.06<br>15-64 years: 0.97<br>65 years and over: 0.57<br>Total population: 0.91 | Under 15 years: 1.06<br>15-64 years: 0.99<br>65 years and over: 0.62<br>Total population: 0.94 |
| Fertility Rate (child born per woman) | 1.34 | 1.27 |
| Age of Consent | 14 | 15 |
| Contraceptive Use (any method) | 77% of currently married women - ages 15-49 (2008) | 49% of currently married women - ages 15-49 (2008) |
| Contraceptive Provision for Under 16s Mandatory | Yes | Yes |
| Teenage Pregnancy Rate | 20.5 per 1,000 women 15-19 year olds | 14.2 per 1,000 women 15-19 year olds |
| HIV Prevalence Rate, Aged 15-49, (UNAIDS Estimates/MDG) | 0.1% (2005) | 0.1% (2005) |
| First HIV/AIDS Education Campaign | 1987 | 1988 |
| Year Sex Education Was Made Mandatory | 1975 | N/A (was made mandatory in 1996 and withdrawn from school curriculum in 1999) |
| Official Age at Initial Sex Education | 10 | 12 |

# Discussion and conclusion

## "The most basic needs of adolescents, regardless of culture, ages, and marital status, are for accurate and complete information about their body functions, sex, safer sex, reproduction, and sexual negotiation and refusal skills. Without information, adolescents are forced to make poorly informed decisions that may have profound negative effects on their lives."



This statement in Bearinger et al. 2007 clearly defines the complexities to be tackled in making sure young people are equipped to have a good sex life from the start.

Current literature consistently stresses the fact that sexual health services and sex and relationships education are effective in reducing unintended pregnancies and STI rates in young people. According to Hassan and Creatsas 2000: "Countries with comprehensive sex education programs, easy access to contraceptive services, and availability of free or low cost contraception have the lowest rates of teenage pregnancy."

However, it is not so much whether a programme is in place – and a box is ticked – that defines its efficacy, but rather how a programme is designed, carried out and monitored. As Leland and Barth pointed out more than 15 years ago in 1992: "Designing and evaluating pregnancy prevention programs with the assumption that all adolescents will respond similarly could lead to ineffective programs and misunderstandings of their effects."

Visser and Bilsen 1994 further confirmed that: "The behavioural determinants [of sexuality and birth control education programmes] must be analysed and defined, and the message, source and channel must be better tailored to the target group." The latest literature still echoes this point, such as Kirby 2008, which looks at compared effectiveness of different types of education programmes or again Bearinger et al. 2007.

The results of the *Face of Global Sex* 2009 show that sex and relationships education is still in great demand among Eastern European youth. There is also a clear indication that significant differences should be considered between formal sex and relationships education and exposure to sexual content. Even though a high proportion of Eastern European youth suggest having a wide range of sources of sex and relationships education, this does not seem to have a significant impact on their perceived need for more sex and relationships education.

Based on these results, five main implications for preventive programmes and policy are suggested: formal sources of sex and relationships education should be more effectively empowered in Eastern Europe, especially the health and education sectors; the content of informal sources of sexual health information, such as the Internet and friends, should be better assessed; major sex and relationships education interventions should be programmed in countries with the highest level of perceived need for further education; universal access to formal sex and relationships education should be guaranteed to young people before the age of 12;

and there is still room for reinforcing preventive behaviours such as safer sex in national and regional campaigns, through the identification of cultural and social specifics that can help trigger behaviour change.

One of the main study findings suggests that the formal sources of sex and relationships education in Eastern Europe are in fact the ones that have greater impact in reducing the need for further education later in life. However, according to the survey results, these sources are still not the ones most cited by Eastern European youth as their main sources of sex and relationships education. Wider access, better training for the providers and cross-sector, multi-disciplinary collaborations may help address this discrepancy.

In the case of informal sources, a better understanding of their dynamics and content may serve as an opportunity to develop new interventions to improve the content of friends' discussions through peer-education activities, for instance, or to create better sources for sex and relationships education on the Internet and in magazines through the public, private and third sectors. Collaboration between the three sectors would be key in this case to take advantage of experiences and research in youth culture and attitudes.

The wide discrepancies observed between the seven countries in terms of levels of need for further education indicate that there is scope for region-wide collaborations and the sharing of learnings from successful prevention programmes and education policies between individual countries, especially where there are shared cultural and social factors.

Another key finding of the study was the importance of introducing formal sex and relationships education by the age of 12. As the survey results show, a significant number of respondents have been initially introduced to it well beyond this age. The range of age at initial sex and relationships education varies significantly from 10 to over 19 years. This result is unexpected as it should be common practice that school children be exposed to the subject at similar ages at least within countries.

With formal education occurring later in life, more respondents felt that they had not received enough of it. Regardless of the effects of comprehensive content in reducing this gap, an important policy implication would be to make sure that all students are exposed to sex and relationships education by 12, through appropriate inclusion in school curricula.

Furthermore, the provision of formal sex and relationships education should also be complemented with wider impact prevention campaigns at national and regional levels to reinforce messages and reach wider audiences. As parents and relatives are also important sources of sexual information in Eastern Europe, these strategies could empower them to understand better the complexities of the issues and become more involved in their children's education.

These campaigns should also be planned collaboratively between the sectors. This would add greater credibility and allow the content to be adjusted to the specific demands of target populations. These campaigns could also be used as a focal point for providing information on safer sex practices and the promotion of family dialogue on various sexual health issues. And where appropriate, evidence-based, common cultural and social specifics could be utilised to inform the planning of campaigns over more than one country.

**The challenges for granting greater and more meaningful access to sex and relationships education among Eastern European young people are numerous. But the findings of the *Face of Global Sex* 2009 can help inform local governments, the private sector, and the third sector in their decision-making and planning of the most effective ways to overcome these challenges.**

**As has been advocated widely, better sexual health makes good financial sense for governments as the cost of prevention is often lighter than that of treatment.**

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# Survey Results

| Variable |
| --- |
| Age at initial sex and relationships education - years |
| Age of respondent - years |
| Self-perception of need for more sex and relationships education |
| High importance given to safer sex |
| High importance given to regular health checks |
| High importance given to abstinence |
| Level of sex preparedness from sex education |
| Source of education - Magazine |
| Source of education - Friend |
| Source of education - Internet |
| Source of education - Parent |
| Source of education - Teacher |
| Source of education - Nurse |
| Source of education - Sibling |
| Source of education - Other |
| Dating |
| Single |
| Living together |
| Living with parents |

| Croatia | Czech Republic | Hungary | Poland | Romania | Serbia | Slovakia |
|---|---|---|---|---|---|---|
| 13.9 | 13.0 | 13.4 | 13.8 | 14.4 | 14.0 | 13.5 |
| 18.6 | 19.3 | 19.1 | 19.9 | 19.0 | 19.6 | 19.5 |
| 86.9% | 86.4% | 68.8% | 75.8% | 90.6% | 92.9% | 88.2% |
| 97.5% | 98.9% | 99.0% | 99.3% | 96.9% | 97.9% | 98.8% |
| 95.2% | 93.6% | 93.4% | 95.0% | 90.6% | 93.6% | 96.6% |
| 17.0% | 2.2% | 6.8% | 14.1% | 12.4% | 7.7% | 15.1% |
| 32.3% | 32.6% | 36.6% | 18.6% | 27.6% | 29.2% | 23.7% |
| 30.7% | 34.4% | 25.0% | 31.0% | 31.4% | 31.0% | 33.0% |
| 17.8% | 23.3% | 23.9% | 30.2% | 24.4% | 28.4% | 28.1% |
| 15.9% | 15.4% | 21.1% | 15.0% | 16.7% | 15.3% | 14.7% |
| 13.0% | 12.3% | 13.3% | 12.5% | 15.9% | 10.1% | 12.7% |
| 10.0% | 11.6% | 10.0% | 6.5% | 6.0% | 6.3% | 8.3% |
| 6.2% | 2.2% | 3.7% | 2.6% | 2.6% | 4.9% | 1.6% |
| 5.0% | 0.5% | 3.0% | 1.9% | 2.5% | 2.2% | 1.2% |
| 1.4% | 0.3% | 0.1% | 0.2% | 0.5% | 1.8% | 0.5% |
| 70.3% | 73.5% | 69.1% | 66.4% | 75.5% | 70.5% | 65.4% |
| 25.4% | 23.5% | 22.8% | 16.9% | 17.4% | 26.2% | 25.4% |
| 4.4% | 3.0% | 8.1% | 16.7% | 7.0% | 3.4% | 9.2% |
| 81.8% | 79.9% | 79.9% | 73.5% | 77.6% | 83.3% | 84.7% |

# About the Durex Network

The Durex Network was formed in 2005 out of Durex's successful social marketing activity. As the world's largest condom maker, Durex has always worked closely with politicians, healthcare professionals, non-governmental organisations, educators and charitable bodies worldwide to promote good sexual health.

The Durex Network's vision is to inspire people to take responsibility for their sexual health, based on the principle that information leads to knowledge which, in turn, leads to action.

For the Network, this means talking to people to get an in-depth understanding of their needs before developing initiatives to help them gain the knowledge that will, in turn, enable them to make informed choices.

The Durex Network's mission is to develop and support key initiatives that harness global sexual health expertise to raise awareness of the safer sex message, communicate a prevention ethos and encourage consistent condom use.

In addition, by pooling the expertise of key sex and reproductive healthcare professionals, the Durex Network seeks to share knowledge and help replicate best practice in the field to ensure safer sex stays at the top of everyone's agenda.

**The Durex Network has six main components:**

1. Information
2. Research and analysis
3. Global sexual health advocacy
4. Health promotion initiatives
5. Social marketing interventions
6. Global partnerships on HIV/AIDS

**For more information and to obtain Durex Network publications, visit www.durexnetwork.org**

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