ΜΕΤΑΠΤΥΧΙΑΚΟ ΠΡΟΓΡΑΜΜΑ ΣΠΟΥΔΩΝ:

«ΔΙΕΘΝΗΣ ΙΑΤΡΙΚΗ-ΔΙΑΧΕΙΡΙΣΗ ΚΡΙΣΕΩΝ ΥΓΕΙΑΣ»

ΕΘΝΙΚΟ ΚΑΙ ΚΑΠΟΔΙΣΤΡΙΑΚΟ ΠΑΝΕΠΙΣΤΗΜΙΟ ΑΘΗΝΩΝ

ΙΑΤΡΙΚΗ ΣΧΟΛΗ

## ΔΙΠΛΩΜΑΤΙΚΗ ΕΡΓΑΣΙΑ

# ΘΕΜΑ: ΣΕΞΟΥΑΛΙΚΗ ΑΓΩΓΗ ΣΕ ΑΘΗΝΑ ΚΑΙ ΒΕΡΟΛΙΝΟ · Η ΠΕΡΙΠΤΩΣΗ ΤΗΣ ΑΘΗΝΑΣ

*ΜΙΑ ΠΟΙΟΤΙΚΗ ΕΡΕΥΝΑ ΣΕ ΠΡΩΤΟΕΤΕΙΣ ΦΟΙΤΗΤΕΣ ΑΝΩΤΑΤΩΝ ΕΚΠΑΙΔΕΥΤΙΚΩΝ ΚΑΙ ΑΝΩΤΑΤΩΝ ΤΕΧΝΟΛΟΓΙΚΩΝ ΙΔΡΥΜΑΤΩΝ ΤΩΝ ΑΘΗΝΩΝ*

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SCHOOL OF MEDICINE

## ACADEMIC DISSERTATION

# SUBJECT: SEXUAL EDUCATION IN ATHENS AND BERLIN; THE CASE OF ATHENS

*A QUALITATIVE EXPORATORY BACKGROUND STUDY ON THE EXPERIENCES, PERCEPTIONS AND ATTITUDES OF FRESHMEN UNIVERSITY STUDENTS*

POSTGRADUATE STUDENT: NIKOLAOS KINTRILIS

A.M. 20160131

ATHENS, JUNE 2018

ΠΡΑΚΤΙΚΟ ΚΡΙΣΕΩΣ

ΤΗΣ ΣΥΝΕΔΡΙΑΣΗΣ ΤΗΣ ΤΡΙΜΕΛΟΥΣ ΕΞΕΤΑΣΤΙΚΗΣ ΕΠΙΤΡΟΠΗΣ ΓΙΑ ΤΗΝ

ΑΞΙΟΛΟΓΗΣΗ ΤΗΣ ΔΙΠΛΩΜΑΤΙΚΗΣ ΕΡΓΑΣΙΑΣ

Του Μεταπτυχιακού Φοιτητή Νικόλαου Κίντριλη του Εμμανουήλ

**Εξεταστική Επιτροπή**

....., Επιβλέπων

....., Μέλος

....., Μέλος

Η Τριμελής Εξεταστική Επιτροπή η οποία ορίσθηκε από την ΓΣΕΣ της Ιατρικής Σχολής του Παν. Αθηνών Συνεδρίαση της .....ης ..... 20... για την αξιολόγηση και εξέταση του υποψηφίου κου Νικόλαου Κίντριλη, συνεδρίασε σήμερα .../.../....

Η Επιτροπή διαπίστωσε ότι η Διπλωματική Εργασία του κου Νικόλαου Κίντριλη με τίτλο << ΣΕΞΟΥΑΛΙΚΗ ΑΓΩΓΗ ΣΕ ΑΘΗΝΑ ΚΑΙ ΒΕΡΟΛΙΝΟ · Η ΠΕΡΙΠΤΩΣΗ ΤΗΣ ΑΘΗΝΑΣ - ΜΙΑ ΠΟΙΟΤΙΚΗ ΕΡΕΥΝΑ ΣΕ ΠΡΩΤΟΕΤΕΙΣ ΦΟΙΤΗΤΕΣ ΑΝΩΤΑΤΩΝ ΕΚΠΑΙΔΕΥΤΙΚΩΝ ΚΑΙ ΑΝΩΤΑΤΩΝ ΤΕΧΝΟΛΟΓΙΚΩΝ ΙΔΡΥΜΑΤΩΝ ΤΩΝ ΑΘΗΝΩΝ>>, είναι πρωτότυπη, επιστημονικά και τεχνικά άρτια και η βιβλιογραφική πληροφορία ολοκληρωμένη και εμπεριστατωμένη.

Η εξεταστική επιτροπή αφού έλαβε υπ' όψιν το περιεχόμενο της εργασίας και τη συμβολή της στην επιστήμη, με ψήφους ..... προτείνει την απονομή στον παραπάνω Μεταπτυχιακό Φοιτητή την απονομή του Μεταπτυχιακού Διπλώματος Ειδίκευσης (Master's).

Στην ψηφοφορία για την βαθμολογία ο υποψήφιος έλαβε για τον βαθμό «ΑΡΙΣΤΑ» ψήφους ....., για τον βαθμό «ΛΙΑΝ ΚΑΛΩΣ» ψήφους ....., και για τον βαθμό «ΚΑΛΩΣ» ψήφους ..... Κατά συνέπεια, απονέμεται ο βαθμός «(Άριστα/Λίαν Καλώς/Καλώς) & (Βαθμός).....».

Τα Μέλη της Εξεταστικής Επιτροπής

....., Επιβλέπων (Υπογραφή)

....., Μέλος (Υπογραφή)

....., Μέλος (Υπογραφή)

## Περίληψη

**Εισαγωγή:** Η σεξουαλική αγωγή ορίζεται ως η οργανωμένη, δομημένη παροχή γνώσης σχετικά με τις ανθρώπινες διαπροσωπικές σχέσεις, τη σεξουαλικότητα και τη σεξουαλική συμπεριφορά. Η παροχή σεξουαλικής αγωγής στα πλαίσια του επίσημου εκπαιδευτικού συστήματος ποικίλλει από χώρα σε χώρα, ωστόσο η υπάρχουσα βιβλιογραφία συγκλίνει στο ότι, όπου αυτή υπάρχει, αποφέρει σημαντικά θετικά αποτελέσματα στον τρόπο με τον οποίο οι νέοι αντιλαμβάνονται το σώμα τους, χτίζουν υγιείς διαπροσωπικές σχέσεις και κατανοούν τη σεξουαλικότητά τους. Στην Ελλάδα, οι προσπάθειες για παροχή της από επίσημους εκπαιδευτικούς φορείς είναι αποσπασματικές. **Μέθοδοι:** Η παρούσα ποιοτική μελέτη εξερευνά τις εμπειρίες, τις αντιλήψεις και τις συμπεριφορές 254 πρωτοετών φοιτητών από Ανώτατα και Ανώτατα Τεχνολογικά Ιδρύματα των Αθηνών, όπως αυτές συλλέχθηκαν μέσα από ένα προσωποποιημένο ερωτηματολόγιο στο διαδίκτυο. **Συμπεράσματα:** Οι Έλληνες φοιτητές δεν έχουν λάβει στην πλειοψηφία τους επίσημη σεξουαλική αγωγή, αν και τη θεωρούν απαραίτητη, και αυτό αντικατοπτρίζεται στις πεποιθήσεις και τις συμπεριφορές τους γύρω από θέματα σεξουαλικής υγείας.

## Abstract

**Introduction:** Sexual education is defined as an organized, structured provision of knowledge around human intra-personal relationships, sexuality and sexual behavior. Provision of sexual education as part of the official educational system varies among countries; nevertheless, existing bibliography suggests that, wherever it exists, it yields important positive results in the way young people treat their body, build healthy human relationships and explore their sexuality. In Greece, efforts for official provision of sexual education have been rather sketchy. **Methods:** The present qualitative study explores the experiences, perceptions and behaviors of 254 freshmen students from universities in Athens, as they were collected through a personalized questionnaire that was distributed to participating students online through mail and social media. **Results:** It turns out that the majority of Greek students have not received an official sexual education, although they consider it necessary, which is being reflected upon their beliefs and behaviors around sexual health topics.

## Λέξεις-κλειδιά

Σεξουαλική αγωγή, σεξουαλική εκπαίδευση, σεξουαλικότητα, σεξουαλική συμπεριφορά, πρωτοετείς φοιτητές, Αθήνα

## Keywords

Sexual education, sexuality, sexual behavior, freshmen students, Athens

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## Preface – Writing my Master's Degree Thesis

I was raised to believe in conscious choices, so before we begin with the main paper, please allow me to take a few moments to reflect on why I chose to engage myself in this specific subject and how the process of writing my first thesis has been so far.

The process of choosing a thesis subject is definitely not an easy one. During my first year of studies, we came across many interesting topics as we embarked on the trip of international health and health crises, feeling almost overwhelmed at the multitude of different ways that were unravelling in front of us. As one of our teachers cleverly pointed out, this specific course might not result in making us 'masters' of a specific field as advanced, third- and fourth-degree cycle studies do in the era of extreme specialization, but it would definitely widen our horizons in various fields of international health, global health, and their branches. And so it did. Like that was not enough, we also found ourselves surrounded by a whole new group of peers, our classmates, people that would be next to us in the journey of studying for a Master's Degree for the next two years at least. So my back-then-newly-found-friend, Chryssa Nifora and I did what we, Greeks, do better. We sat down and had coffee. It was a sunny afternoon in the picturesque area of Plaka, Athens, when the two of us sat down for the first time to discuss the possibility of presenting a dissertation as a joint effort and maybe, just maybe, create a decent publication out of the process.

Various topics came and went during this first conversation but, nevertheless, our excitement was sky-rocketing and we got ourselves a deal. We soon came to realise that our pair had a special characteristic that at first glance, seemed like a disadvantage but, if we played our cards right, could turn in our favour. We lived and worked in different cities. Not any two cities though, two major city hubs, Berlin and Athens, capitals of Germany and Greece respectively. The first, a metropolis of almost 4 million people located in the heart of Europe, has been commonly described as the centre of the continent, both geographically and ethnographically alike. Berlin's culture, architecture, easygoing way of life and nightlife along with the central position of Germany in the European scheme of things make it an attractive option for many young Europeans to pursue a career there. And then, there is Athens, the capital of Greece, a densely populated metropolis of its own, which is being regenerated in the last years after its face drastically changing by the Greek economic status and the latest refugee crisis. A revived centre, with roads flushed with culture and interaction points for the youth, Athens is more and more being referred to as 'the new Berlin'. So, there we had it.

We decided to create a qualitative study that would feature a comparative analysis between the students of the two capitals –both cities have a vibrant city life, with multiple universities spread out along their terrain. The subject of sexual education and reproductive health was one that interested the both of us. Chryssa had worked in the field in the past and was planning to attend relative international trainings abroad and I had participated in organizing various reproductive health projects as a member of a medical students' voluntary organization called Hellenic Medical Students' International Committee – HelMSIC. The idea was beginning to take shape.

The two of us living 1830 km away made the process of collaborating truly challenging and stressful, however there were some things that definitely helped. Countless Skype calls, Facebook and text messages and communication through various online platforms is not only on one of the main reasons our task was possible, but also the tool that allows people from different parts of the world to collaborate and produce amazing results, so let me extend a short but nevertheless very much needed shout-out to modern technology for this possibility.

Lastly, and before I let the novelist in me conquer this paper, I would like to thank you for reading my thesis and we would be happy to answer any questions you might have or engage in productive criticism and dialogue about my dissertation thesis and our project as a whole.

PS./Disclaimer: Originally, Chryssa and I started creating one joint dissertation paper, which would represent the both of us, but a few weeks before our project was due, we were made to know that such an option was not available for the purposes of the Master's Degree academic obligations. By that time, when we had to split into two papers, a big part of our joint paper was already written, which is why some of the parts of the two theses may be similar or even the same. We hereby declare that no fraud was attempted and this is simply because of the similarities in the two subjects and because we worked as a team for the bigger part of the process.

Have a good read,

Nikolaos Kintrilis, MD

# 1. Introduction and background of the study

This first part of the study is structured in a question and answer format to help give a clear first insight in the purpose of the study and in the basics of sexual education.

## 1.1 Introduction – What is sexual education?

Historically, even until recently, subjects revolving around intimate human relationships were considered the number one taboo topic, especially in the more conservative societies of the past. In most countries where religion arises as a major cultural aspect, before-marriage-relations, sexual interaction or any other out-of-marriage relation for that matter, was no subject to be discussed on the family table or in a classroom. If any instruction on how to have a complete, healthy sexual relationship was given to adolescents, it was the parents' duty to do so, and even then, this was postponed for as long as possible, often being let until the days before the individuals marriage. All this changed when more progressive education methods were introduced, in a late 19$^{th}$ century American movement. A class called 'social hygiene', which made its appearance in the Northern American schools' curricula back then can be identified as the precursor of today's sexual education classes. (1)

What made the introduction of these classes necessary? Growing up can be a challenging task, as many of us can confirm. As young people grow up, they stumble upon important questions regarding human relationships, sexuality and sexual behaviour. The process of making informed decisions in these fields is critical and may to a certain extent affect the adolescents' future lives for years to come. In short, and for lack of an official definition, sexual education is the tool that comes to make matters better. **Sexual education is an organized and structured provision of knowledge related to human relationships, sexuality and sexual behaviour**. Adolescents have the right to be informed and encompass healthy lifestyles and it is the society's duty to prepare them and lead them towards this path. **For a sexual education involving an all-around approach that covers every relevant issue, such as human sexual anatomy, human reproduction, legal consent, reproductive health, reproductive rights, safe sex, birth control, sexually transmitted diseases, and gender/sex differentiation, the term comprehensive sexual education is commonly used.** (2)

Comprehensive sexual education must start at an appropriate age and continue while the child matures, in order to not just provide youngsters with all the necessary information regarding the aforementioned subjects but to also engage them in productive communication and informed decision-making. Last but not least, through sexual education, young people must be in the position to understand sexual relationships both at a physical and emotional level and to enjoy them individually and in connection with others. (3)

Sadly, another factor that made the introduction of sexual education a matter of vital importance is the last decades' outbreak of sexually transmitted infections, especially HIV/AIDS. This epidemic of AIDS has given a new sense of urgency to sexual education, especially in the affected nations worldwide. For example, in African countries, where AIDS is at epidemic levels, such as Kenya, Tanzania and Uganda, sexual education is seen by scientists and academics as a vital public health strategy. (4, 5)

Throughout the last decades, many countries have applied diverse models in the field of sexual education, with varying levels of success. It will be made apparent later on, that what a child will learn in the field in their school years really depends on the country where they will be born, as a result of the country's educational system level, the cultural status and the information received from peer groups, such as family and friends. *This is the reason why the current study gives an emphasis on the participant's demographic characteristics, as they arise as a major determinant/predictor of whether sexual education will be given to a child and if so, to what extent.* What has been more than clearly established through various applied practices is that interventions from well-trained professionals who apply a holistic and realistic approach yield best results. Furthermore, experience has shown that sexual education needs to be individualized not only for different areas of the world but also for different personalities, focusing on each student's special needs. Age, religion, cultural and social background, family and sexual experience so far are only a few indicators of how sexual educations programs should be created and function in a specific setting. (6)

## 1.2 Existing evidence about sexual education

A common fear of the past has been that holding discussions around sexual activity might go in the way of promoting early initiation of sexual relationships among youngsters. Existing evidence comes to shed some light, clearly showing that this is simply not the case. Multiple multi-center studies and meta-analyses show that abstinence promoting tactics, which were rather common in the previous decades –United States being one of the nations that for many years made use of such programs, passionately promoting abstinence until wedding day- have not been especially effective when it comes to reducing unwanted teenage pregnancies and transmission of STDs. A study even suggested that these programs might have gone in the opposite direction, increasing unwanted pregnancy rates. On the other hand, combining these programs with the structured provision of sexual education classes yields much better results. (7, 8, 9)

## 1.3 How does sexual education look throughout the world?

According to the World Health Organization, not many countries worldwide offer compulsory sexual education, and there is no pattern defining which ones do so. As previously stated, even countries pertaining in the same geographical and socioeconomic groups present wide differences in how they treat this specific topic. In this part of the study, we will take an imaginary trip throughout the world, continent by continent, making some stops, to find out what sexual education looks like in each one of them. (6)

Asia is a good example of the previous statement, presenting big wide variations among its countries when it comes to applying sexual education tactics. Nepal, Bangladesh, Myanmar and Pakistan offer no programs for their population whatsoever. (6) In Malaysia sex education was introduced in public schools in 2011, but this only happened after a long debate among conservative groups. In the past, Malaysian students were only given some information about the human reproductive system in science classes at secondary school, with no focus on safe practises and contraceptives use and methods. (10) Indonesia still bases sexual education and sexual health on somewhat older beliefs and traditions. It is worth noting the existence of a presidential decree that condemns cohabitation and considers premarital sexual activities unethical and even illegal, leading sometimes to racism and discrimination against people choosing to go this way. (11) China is becoming more and more liberal in various fields of everyday life and this is apparent on family

planning, social and sexual education. The national family planning program may give access to affordable contraception, but at the same time those services are mainly used by adults and rarely by students. Unmarried young people in China still live with the fear of stigma if they seek counselling from family planning workers. Unfortunately parents and teachers avoid discussing topics around sex. (12) Turkey also paints a very complex picture, as the big population combined with the cultural mosaic and the difference in attitudes of people from rural and urban areas create a hard task when it comes to implementing sexual education practices. Sex and sexuality for the majority of Turkish is considered a taboo unaccepted by the religious, traditional society. Virginity is an important characteristic of a girl and negative consequences of sexual experiences reflect almost always on girls, leading to their marginalization. It seems that premarital sex demonization and gender iniquity are still strong in the neighbouring country, although in some central areas like the capital and Istanbul, where tourism grows fast, traditional patterns show some change towards more liberal sexual attitudes. (13)

Europe is probably the continent in which the bigger differences among countries are observed. Romania does not include reproductive health education as a compulsory topic for the curriculum of different educational levels. Same rule applies for most of the countries of Southern Europe, which base their official education on laws and decrees from previous decades. (14) On the contrary, countries with more advanced educational systems like England, Netherlands, France and Wales have for decades implemented programs in schools based on policies for sexual education; openness about sex, society involvement, privacy and access to contraception. (15)

In Africa, for lack of official sexual education by the state, impressive are the efforts of Non Governmental Organizations and private parties in the field. Some of their most notable programs will be presented in a separate chapter later on the study. Local authorities in Uganda have been trying years to educate the general population more and more about safe sexual attitudes. The result is a very high rate in knowledge of transmitted infections (98.7%), HIV/AIDS (99.3%) and prevention of HIV/AIDS (98.8%) as well as its treatment (96%) among students (16). On the other hand in Madagascar, results among students paint a frightening image as the prevalence of Human Immunodeficiency Virus rose between 2000 and 2003 from 0.15% to 0.95%, with students representing almost 2% of the population living with the virus (17). The situation in Nigeria is also frightful, as it is considered inappropriate and unethical to discuss about sex and contraception. Young people there have to turn to friends and siblings to obtain some kind of information, which may be inadequate or false. (18)

In USA sexual education is compulsory in schools since 1940, although up until now there has been no official program that covers the whole country. An article from last year highlights the great trust parents put in the official sexual education offered by the educational system in the country, regardless of their political background. Sexual education seemed to be a field of consent for people supporting the two main parties in the US –Democrats and Republicans- although agreement was not always the case when it came to which topics should be included in such curricula. (19) Every school is responsible for developing its own program and curriculum concerning sexual education, but it is important to note that most states offer official guidelines upon which schools can create their projects. (20, 21) A 2016 publication from the United States tried to measure the penetration of sexual education among female and male school students in various states of the country, concluding a significant decline in receipt of education regarding sexually transmitted infections, HIV/AIDS, healthy relationships and other topics, especially for the females. According to the authors, this is another link in the chain of progressive fading for the official sexual education in the US. (22) It is worth noticing however, that the country as a whole has nevertheless yielded sizeable reductions in unwanted adolescent pregnancies and a crucial increase in condoms and other contraceptive methods' use, as mentioned in national statistics. (23) This can only mean that other sources of information, possibly the media and/or social media, have emerged as the main provider of information, but not always with positive effects on establishing safe behaviours for the adolescents. (24)

Australia, with an educational system often praised as one of the best in the world, offers widely accessible safe and effective family planning and sexual education programs. (25)

### 1.4 What about less developed countries?

As expected, sexual education in less developed countries –or even developed countries with poorer education systems- is next to non-existent. As mentioned earlier, the gap left by the formal state is sometimes filled by the efforts of Non Governmental Organizations, private organizations or other individuals who are stepping up with projects designed to bring change. Here we present three of these projects from developing communities around the world that we think may be worth a second look.

In India, the Health Minister himself has publicly favoured fidelity over condom use for prevention of HIV infections and argued about a potential ban of in-school sexual education. (26,27) The YP foundation, based in New Delhi, is an organization visioning human rights and equality for all young people, working among others in sexual and reproductive health and rights. Through their project 'Know your body, know your rights' they offer comprehensive sexual and reproductive health education to marginalized youth in the densely populated, gigantic country. What is more, they engage other adolescents in the process, making use of peer education techniques to achieve better results and tackle issues like caste differences. Having been in the pupils' shoes, it is definitely easier for the young educators to understand and empathize with them.

The "Forum of Women's NGOs of Kyrgyzstan" represents more than 85 non-governmental organizations for the last 24 years, publishing reports focusing on discriminatory policies and violence against women in the interior of the country, and also women's penetration to political and other high-status positions. According to an early shadow report from 2008, religious policies play an important role in enabling marginalization and discrimination phenomena against female nationals (28) Partnering with the IPPF (International Planned Parenthood Federation), a group of young volunteers comes to fill the gap of the official state, educating young pupils about sexual and reproductive health issues in a safe in-school environment.

In Nigeria, where sex still is considered a taboo subject, adolescent pregnancies are at extremely high rates and female genital mutilation is an issue, the non-profit organization with the clever name "Education as a Vaccine", focusing on health and development of adolescents, uses modern technology to answer questions and inform about sexuality related topics. "My Question and Answer" is a platform managed by a multilingual team of specialists, responding to young people's questions through text messages, voice calls, or e-mails. Crucially, the program offers the chance to adolescents living in rural areas of the country to be a part of the platform, even if they are not attending school. (29)

It seems that creating a service for addressing sexual education gaps is not all that hard. Making proper use of peer education, modern technologies and encompassing the values of equality and access for all youth make a big step towards the direction of youth empowerment.

## 2. Relevant Information

2.1 Why is sexual education important?

This second part of the study highlights the importance of sexual education. Current literature suggests that engaging in unsafe sex and risky sexual behavior are estimated to be the second most important risk for health globally, having visible, immediate results in the affected subjects' lives, but also in the society as a whole. (30)

A structured, comprehensive and detailed sexual education can equip young people with multiple healthy attitudes. Among others, it can help them:

- **Understand the human anatomy, feel comfortable with their body image and respect their own and others' bodies**

Sexual education not only teaches the various bodily functions, the way the body develops and transforms into its final shape, and which hormonal pathways lead to this transformation; it also helps adolescents understand how they perceive their body image and which factors contribute to shaping a positive or negative body view. Moreover, it leads to a better understanding of their body's autonomy, leading to healthy sexual behaviours and teaching them that 'no' is an acceptable answer. When it comes to deciding for their body, they should be the only ones in charge. In a recent US study, up to 15% of sexually active students in grades 9 to 12 reported physical dating victimization. (31)

- **Understand the components of a healthy or an unhealthy relationship and learn to strive for healthy intrapersonal relations**

A 2011 CDC nationwide survey in the United States concluded that 23% of females and 14% of males who ever experienced rape, physical violence, or stalking by an intimate partner, first experienced some form of partner violence between 11 and 17 years of age. Another national survey in the US found approximately 10% of high school students reported physical victimization and 10% reported sexual victimization from a dating partner in the 12 months before they were surveyed. Sexual education should provide the qualities necessary to engage in and maintain

healthy physical relationships, and teach that under no circumstances can violence be tolerated in any form in a healthy relationship. (32)

- **Communicate their questions and fears about sexuality and sexual health in a safe environment**

Sources of sexual education vary in today's societies, ranging from traditional family views to uncontrolled internet websites. Not unusually, youngsters are overwhelmed by information found in various websites or are scared of expressing themselves and asking questions, in fear that they may be laughed at or not be taken seriously. Adolescents may engage in talks about such matters with their families, friends and others in their environment or may choose to completely avoid this -somewhat still taboo- topic. Through sexual education they become able to talk to professionals without the fear of being wrong or misunderstood and, later on, engage in talks with each other, when the basics have been assimilated and understood. A comprehensive sexual education is also responsible to engage the pupil's environment in educating them, especially when information comes from the environment as well. For example, an older study showed that teens using contraception were more likely to be having frequent conversations with parents. In other words, sexual education should target all those responsible for shaping the adolescents' views, not only engaging the adolescents, but also their parents, their social contacts and, eventually, the society as a whole. (33)

- **Learn to respect all human beings, regardless of sexual orientation and/or gender identity**

Although huge steps have been made in this direction and the Lesbian/Gay/Bisexual/Queer/ Transgender (LGBTQ) movements around the world are nowadays stronger than ever, discrimination still holds within some school environments. The United States, a pioneering country when it comes to trying to create safe environments within its schools –also due to the multiple incidents that have taken place within the walls of many of its schools in plenty of states- publishes a nationwide survey evaluating the climate created at its school environments. In these, usually yearly, publications, and various aspects that may affect a pupil's well-being and/or performance at school are evaluated, harassment, discrimination and victimization being among them. The 2015 National School Climate Survey in the US reports that more than 8 out of 10 LGBT students

experienced some form of harassment or discrimination within a year before they were surveyed. More than 60% of the students felt unsafe at school because of their sexual orientation. Another shocking figure, most LGBTQ students report that they've heard homophobic remarks (56%) and negative remarks about gender expression (64%) from school staff. However, what was positive, the same study showed that access to school-based resources makes a difference and school climates actually are slowly improving for LGBTQ students. (34)

- **Learn how to practice safe sex, avoid unwanted pregnancy and negative health consequences**

Structured sexual education leads to safe sexual practices and can prevent unwanted pregnancies and sexually transmitted infections. WHO states that about 16 million girls aged 15 to 19 and some 1 million girls under 15 give birth every year—most in low- and middle-income countries. Data from Portugal provides us with important information on the matter, as a national study on students concluded that sexually active adolescents who received sex education at school chose more often to use contraception at first intercourse. The same sample also exhibited fewer unwanted pregnancies. In addition, after evaluating school-based programs about sexuality and sexual transmission, results showed a possible connection with delay of the onset of intercourse, less sex associated to alcohol (33.2%) and drugs (4.8%), less STIs (3.2%), less abortions (2.1%) and increase of condom use. (35, 36)

## 2.2 What does current literature suggest about sexual education?

There has been substantial evidence to show that sexual education policies have reshaped the way young people treat themselves and others -when it comes to sexual behaviour- in countries where sexual education programs have already been established and their results have been studied. More specifically, current bibliography on the field suggests the following:

- **First and foremost, sexual education actually works and yields results**

In US, evaluation of established educational programs already in the beginning of the 21st century within the school system have showed that they yield significant results when it comes to reducing unwanted pregnancies and sexually transmitted infections, including HIV. Another national US

survey showed that the vast majority of Americans support sexual education programs and those teens that opted for these programs had a greater possibility to delay the beginning of their sex life after their 15th birthday. (37)

A meta-analysis from 2012 about effectiveness of sexual education methods supports that group-based comprehensive risk reduction is an effective strategy to reduce adolescent pregnancy, HIV, and STIs. No conclusions could be drawn on the effectiveness of group-based abstinence education though. (38)

The National Survey for Family Growth in the US states that adolescents who received comprehensive sex education were significantly less likely to report teen pregnancy than those who received no formal sex education, whereas there was no significant effect of abstinence-only education. (39)

On the other hand, a meta-analysis of studies evaluating sexual education programs realized around the world showed that there was neither significant decrease in HIV or other STIs transmission nor substantial decrease on unwanted teen pregnancies. (40)

- **Sexual education is now a 'hot' topic and there is a variety of evidence-based interventions and resources available**

Earlier on, it was mentioned how even private parties or individuals can make substantial change in countries where not much is done in the field by the official state, due to the fact that there is now a plethora of materials and interventions available. For example, "Advocates for Youth" is an independent organization that works both in the United States and in developing countries with a sole focus on adolescent reproductive and sexual health. Researchers from the organization reviewed a plethora of existing programs designed to prevent unwanted pregnancies and STIs transmission and came up with thirty-six effective options. Specifically,

- 16 programs demonstrated a statistically significant delay in the timing of first sex.
- 21 programs showed statistically significant declines in teen pregnancy, HIV or other STIs.
- 16 programs helped sexually active youth to increase their use of condoms.
- 9 programs demonstrated success at increasing use of contraception other than condoms. (41)

2.3 What has been done in the past and what is currently being done in Greece for that matter?

Various governmental and non-governmental organizations have stated the fact of the need for a structured sexuality education course in the Greek educational system. Lately, the Ministry of Education has brought once again the issue to the table, getting enough press and other media attention. Truth is, however, that these efforts have been repeatedly made in the past and the issue at hand is regularly being brought up in Greece by the changing governments, without any one of them being able to actually implement a significant change.

Although relevant information is very scarce, we will try and give a synopsis of some of the programmes that have been put into development in the past years in Greece.

1. According to the report 'Sexuality Education in Europe', we observe that in Greece, school-based sexuality education began in 1980 with a pilot programme, carried out by the Ministries of Health and Education. The two ministries are responsible for devising the sexuality education programs to be incorporated in schools, but there hasn't been a specific course taught or a comprehensive approach on the subject in the last years. (42)

2. In 1999, the Ministry of Education decided the production and use of educational material on health education and health promotion, and the relative project for 15-18 year old pupils was assigned to the 2nd Gynaecology-Obstetrics Clinic of the University of Athens, in collaboration with the Greek Sexology Institute. In 2001, material was delivered in the forms of a school book and a CD-ROM. The book was a quite structured approach, including chapters for bodily functions, sexuality, sex and gender, and more. (43)

3. In 2007, a publically well-known sexologist was appointed by the Ministry of Education to be in charge of the chapter for "Sexuality Education-Intersexual Relationships" of a programme called "Social School" which was at the time run by the Ministry. The sexologist made an effort to create a network of educators, teachers and psychologists to convey some of the important sexuality topics to the adolescent children and their parents as well. (44)

4. According to a 2011 publication from the Ministry of Education on the Greek high school curriculum, which are the latest available, pupils of the second-last and last high school class (aged 17-18 years old) can choose a non-obligatory class named "Family Orientation/Education" with

duration of 4 hours a week. First chapter of the pupil's book has the rather general title "Marriage/Family" and contains a few pages on the creation of interpersonal relationships. It remains unknown how many school units actually have trained personnel to teach this class -we suspect very few to none- and are capable of offering the class. Let us note here that non-obligatory classes in the Greek school are offered rather more based on the availability of teachers and less in terms of demand from the pupils. To put it simple, there is a multitude of proposed offered classes by the Ministry but not the necessary personnel to teach them, so schools restrict themselves to offering only few of them, which are being usually taught by teachers in a trained in a relative field -this "Family Education" class would be taught by a biologist or a sociology teacher for example. (45)

It is made clear that implementation of sexual education classes in the Greek high school has ranged from slow to totally inexistent. Official directions from the past governments have sometimes been issued but it is no exaggeration to say that no effective step has ever been taken.

In a review from 2010 among Greek students about sources of information about sexual education, "friends and classmates" ranked first followed by "mass media and magazines" in second place, "family members and relatives" in third place, "school" ranked fourth in importance, and "other sources" (self-experimentation, books, partners) ranked last. It becomes apparent that schools do not even begin to cover the need of Greek students for sexuality education. (46)

## 3. Aim and Objectives of present and joint study

**Aim of present study: The aim of this study is to explore the experiences, perceptions and attitudes of freshmen university students concerning their sexual education knowledge in the city of Athens and identify the strengths, weaknesses and barriers of the sexual education system.**

Under this aim fall the following specific objectives:

- Recognize the main sources of sexual education in Athens
- Explore the role of family, culture, tradition, religion and formal education when it comes to shaping students' opinions on sexuality
- Point out which demographic characteristics play the biggest role when it comes to defining sexual behaviour
- Identify some of these characteristics as the major determinants of sexual education provision and sexual behaviour

**Objectives of the combined study**

As objectives for the joint paper regarding sexual education comparison in Athens and Berlin emerge the following:

- Identify differences in formal sexual education received in the two countries
- Identify differences in other factors that shape common sexuality beliefs
- Identify differences in the students' sexual behaviour in the two countries and explore their origins

**These objectives lead to the formulation of the following research question:** What kind of sexual education have adolescents in the two settings received and how has this affected their sexual knowledge and behaviour so far?

# 4. Methodology

## 4.1 Research design

Originally, the research study was devised with a plan to explore sexual education programs in the two major city hubs, Athens and Berlin, to identify their strengths and flaws and compare them in a structured way. Later on, as it is briefly described in the study's preface, we were advised to create two different dissertation papers out f the study, so each country's results were also separately evaluated. This part presents the specifics of the methodology that was applied. A discussion of the epistemological underpinning of the study is also presented here.

*For the purpose of this study we proposed the performance of a* ***qualitative method that is exploratory, descriptive and contextual*** *in order to gain a rich understanding of the phenomenon as it exists in the natural setting*. In short, a qualitative research is a dynamic study more concerned with discovering what and in what way shapes human behaviour and less concerned with absolute numerical data. Data for the research are collected through participant interviews or another form of acquiring personalized information, such as questionnaires. Data sources encompass online questionnaires; the online questionnaires are filled by students individually and privately.

## 4.2 Sampling and study population

The study population was selected in regard to best addressing the specific objectives we set for our research protocol.

Freshmen students from higher educational Institutes of Athens are included as they embody the eligible population of sexual education receivers. The online population gave us the opportunity for a larger sample and therefore more accurate perception of ideas. Today's students were born in the digital age and are generally described as digital citizens. Social platforms are broadly used by students as a social technology tool, which helps them intergrade into university life, achieving an accepted social status at the beginning of their university life. (47, 48) Meanwhile they offer support in the learning process through communication and interaction; therefore it was chosen to be our main distribution platform for our online questionnaire.

The questionnaire was created based on the guidelines of WHO for performing sexual education surveys and on the conceptual framework of planned behaviour. The questionnaire consisted of a

short description of our study objectives, followed by demographics that allowed us to weight ideally our sample. Main part consisted of approximately twenty closed- type questions. The development of the questionnaire was originally in English, following the back-to-back translation method to Greek (by a bilingual Greek-English origin native speaker). A pilot trial was performed on students bearing the same characteristics as our sample but studying in the city of Patras, Greece. Sampling started in the beginning of January, 2018 and the process of gathering the required responses took approximately 3 months. Initially, our target group was very eager to fill the questionnaire, followed by short periods of tardiness, which we tried to overcome by boosting promotion of our study through social media and electronic communications. The questionnaire was available online for a period of three months (January through March 2018) and after the deactivation of the links, 254 valid replies from Athens were available for analysis. (49)

In short, the steps for our research were as follows:

- Data collection
- Online questionnaire
- Research setting
- Data analysis
- Data synthesis and presentation
- Compilation of the research results
- Creation of final publication

A pilot study to establish the accuracy and liability of the questionnaire was conducted among freshmen students of Higher Educational Institutes of Patras, Greece. The target population was representative of our main target sample and in order to avoid double participation, we chose the student population of Patras. The questionnaire was distributed online through Facebook pages and university forums and had been online for 3 days. The response has been 50 valid questionnaires. They were all analysed and helped in the shaping of the final questionnaire.

After conducting the pilot study we had to make the following changes:

- **Point the importance of our closed age group and educational status**
- **Conversion of many open type questions into closed one for better analysis**
- **Reduction of questions' number for quicker participation**

## 4.3 Data management and statistical analysis

The data from the online questionnaires was gathered, arranged in the proper form and transferred into the statistical analysis program “IBM - SPSS Statistics”.

## 4.4 Limitations of the study

The main restriction of our research is the sensitivity of the topic we aim to explore. Due to that and the accessibility to the large population group of students, we decided to conduct the research online, based on the idea that almost all students are active on social media and the online groups of their departments as the information nowadays flows mostly via these sources. Furthermore we consider more reliable for the questionnaire to be filled without our presence as it can bias the responses and outcomes.

The attempted access only to tertiary education students with access to the Internet can be also described as a limitation. The sensitivity of the matter though in combination with the accessibility in large population group of people not attending tertiary education prevented us to include them in the research.

Generalisations cannot be made for the whole population of Greek students, although the capital houses the vast majority of university departments.

# 5. Results and Future Prospects

## 5.1 Demographics

***Table 1: Demographic Characteristics of the sample including number of replies and percentages of outcomes***

| Variable | n (students) | Notable Percentages |
|---|---|---|
| Year of Birth | 254 | 54% - 1999, 27% - 1998, 19% - 1997 |
| Sex | 254 | 61% - female, 39% - male, |
| Country of Origin | 254 | 94% - Greece |
| Yearly Family Income | 254 | 6% - <5.000, 15% - 5000 to 10.0000, 17.5% - 100000 to 20000, 27% - 20000 to 50000, 6% - >50000, 28% - do not know |
| Religion | 254 | 70% - orthodox, 0.8% - catholic, 0.4% - Protestant, 0.4% - Muslim, 24% - atheist, 4.4% - agnostic |
| Spoken languages in the family | 254 | 97.7% - Greek, 2.3% - other M=1.03, SD=0.16 |
| Living status | 254 | 56.4% - with family, 35.8% - alone, 3% - with friends, 1.9% - with partner |
| Working status and hours per week | 58 | 64% - <8 hours, 30% - 8 to 20 hour, 5% - 20 to 40 hours, 2% - >40 hours |
| Sexual Orientation | 254 | 85% - heterosexual, 5% - homosexual, 9% - bisexual, 1% - do not know |
| Ever Sexual experience | 254 | 70% - yes, 30% - no |

Table 1 presents the demographics of participating students from Athens. The participants were 254, the majority of which females, born in 1999 and of Greek origin. A small number among them (6%) was from other European countries (Albania, United Kingdom, Cyprus, Germany and Russia), and the majority of the sample declared to be Christian Orthodox (70%), with atheism following (23%) as the second highest choice. Most of the participants were students in one of the departments of the National and Kapodistrean University of Athens and lived either with family (56%), or alone (36%). Heterosexuality was the most represented response (85%) in sexual orientation and most of the participants (70%) have participated in at least one instance of sexual intercourse.

## 5.2 General Results

Summarising the main part of the questionnaire the following results are presented:

- The average age of sexual activity initiation is 17 years, with minimum age noticed the thirteenth year and highest the twenty-fifth (Fig. 1)
- The majority (72%) had one to three different sexual partners so far, 19% had four to ten, 5% had between ten and twenty, and 4% noted more than twenty sexual partners.
- From the sexual inactive participants, the majority (55%) noted that they did not have the chance till this point to initiate sexual contact; second most chosen reason was the fact that they did not feel ready (26%) and third the belief that premarital intercourse is morally wrong (10%).
- Regarding their first information about sexual education higher scored were family (36%), internet (25%) and friends (19%), with school also scoring 25% (Fig. 2).
- Most of the students would have preferred to have taken such information from an official source such as sexual education experts (60%) or school (35%).
- On the question regarding whether they had acquired sexual education from an official source, 53% of the sample said ‘no’ (Fig. 3).
- For those having attended one, it was obligatory in most cases (60%) (Fig. 4) and it was most usually conducted by a teacher (50%) or a social worker (28%).In some cases it was also conducted by doctors (21%) or psychologists (11%).
- In 88% of the cases the program took place only once (Fig. 5).

- The themes being mostly analysed in such programs were STDs, prevention methods and reproductive system.
- 78% of the students believe that more hours are necessary for such a program, if one is to take place.
- The majority of the participants did not use any form of contraception on their first sexual intercourse (Fig. 6). Among the ones that did, most popular method was condoms (78%) and then coitus interruptus (interrupted intercourse) (4%).
- Similar are the percentages for the last sexual intercourse, with only the minority having used any form of contraception (Fig. 7).
- The most common sources of contraceptives were the pharmacy (50%) and the market (33%).
- 95% of the participants do not have any experience with STDs; among those who did, 60% did not seek any medical help.

5.3 Figures

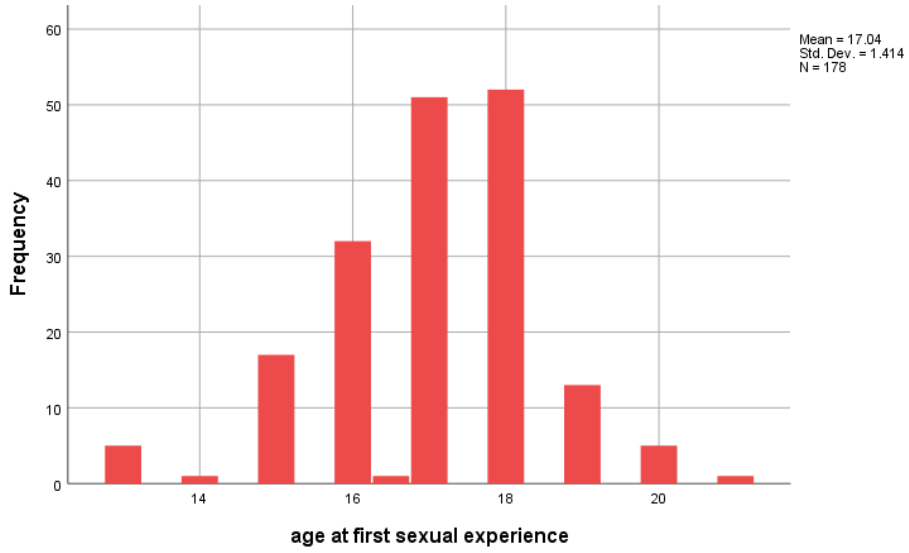


***Figure 1. Age of first sexual experience among participants who reported at least one sexual intercourse***

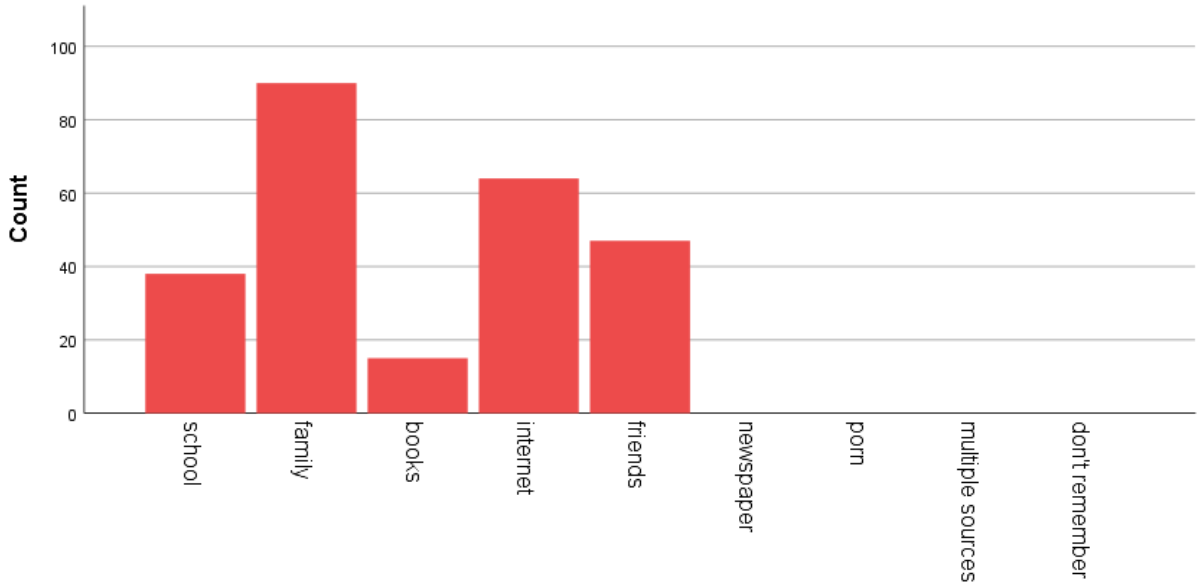


***Figure 2. Source of first information about sexual education***

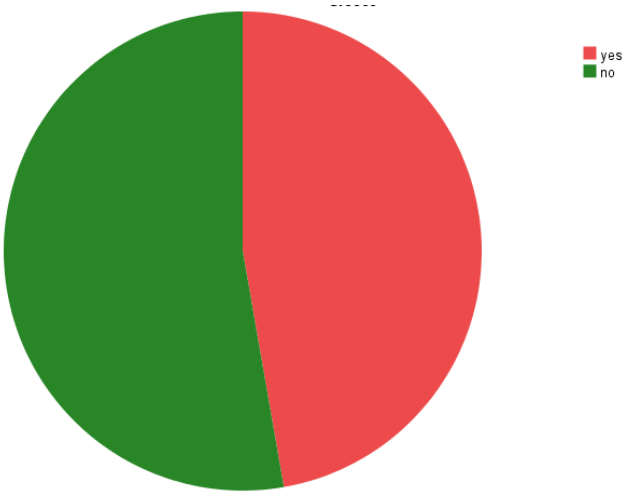


***Figure 3. Sexual education received by an official source (school, doctor, counsellor, etc)***

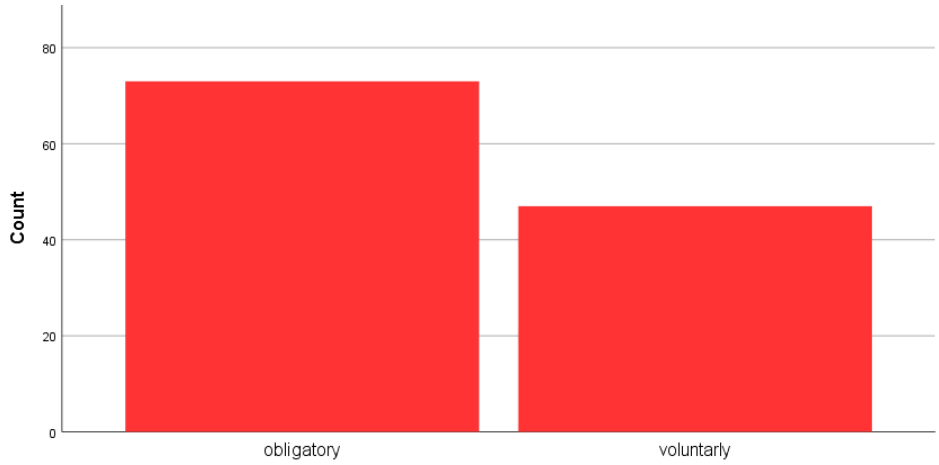


***Figure 4. Categorization of formal education programs among students who received them***


***Figure 5. Frequency of formal education programs among students who received them***

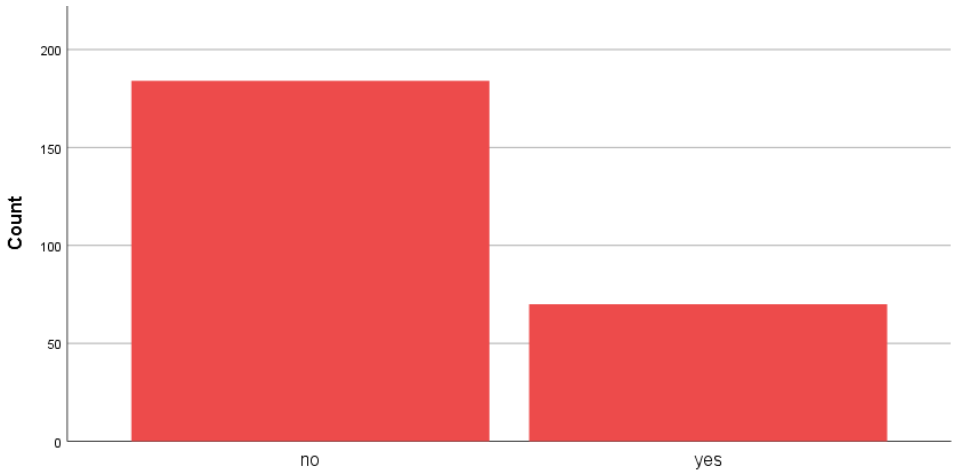


***Figure 6. Absolute number of participants having used a contraceptive on their first sexual intercourse among students who have had at least one***

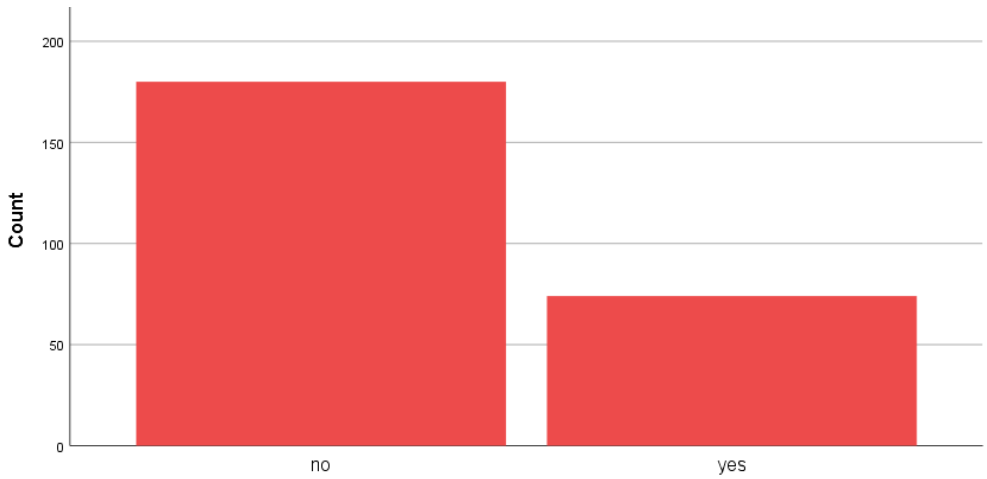


***Figure 7. Absolute number of participants having used a contraceptive on their first sexual intercourse among students who have had at least one***

5.4 Statistical Analysis Results for Athens

***Table 2: Statistical outcomes and significances of the variables testing for participants' sex – analyzed using SPSS***

| **Variable** | | ***sex*** | | |
|---|---|---|---|---|
| | | ***male*** | ***female*** | |
| **Ever sexual experience** | ***yes*** | 77 | 102 | * |
| | ***no*** | 22 | 53 | |
| **Sexual orientation** | ***heterosexual*** | 15 | 133 | |
| | ***homosexual*** | 8 | 7 | |
| | ***bisexual*** | 6 | 15 | |
| **Number of sexual** | ***1-3*** | 48 | 82 | * |
| | ***4-10*** | 24 | 16 | |
| | ***>10*** | 5 | 4 | |
| **General knowledge statement: a woman can get pregnant without penetration** | ***true*** | 41 | 108 | * |
| | ***false*** | 41 | 27 | |
| | ***do not know*** | 17 | 20 | |
| **General knowledge statement: HIV can be transmitted with a kiss or a hug** | ***true*** | 4 | 9 | * |
| | ***false*** | 86 | 143 | |
| | ***do not know*** | 9 | 3 | |
| **Contraceptive use at first intercourse** | ***yes*** | 71 | 90 | |
| | ***no*** | 10 | 13 | |
| **Contraceptive use at last intercourse** | ***yes*** | 65 | 84 | |
| | ***no*** | 15 | 17 | |
| **Knowledge of STD herpes** | ***yes*** | 87 | 149 | * |
| | ***no*** | 12 | 6 | |
| **Knowledge of STD HPV** | ***yes*** | 73 | 130 | * |
| | ***no*** | 26 | 25 | |
| **Knowledge of STD trichomonas vaginalis** | ***yes*** | 43 | 99 | * |
| | ***no*** | 56 | 56 | |

***Table 3: Statistical outcomes and significances of the variables testing for participants' sexual status (active/inactive)- analyzed using SPSS***

| **Variable** | | ***sexually active*** | ***sexually inactive*** | |
|---|---|---|---|---|
| **Sexual education from an official source** | ***yes*** | 77 | 43 | |
| | ***no*** | 102 | 32 | |
| **More hours required on this program required** | ***yes*** | 59 | 35 | |
| | ***no*** | 18 | 8 | |
| **General knowledge statement: a woman can get pregnant without penetration** | ***true*** | 67 | 40 | ***** |
| | ***false*** | 96 | 27 | |
| | ***do not know*** | 16 | 8 | |
| **Opinion: a couple must be in love to initiate sexual intercourse** | ***agree*** | 66 | 48 | ***** |
| | ***disagree*** | 87 | 18 | |
| | ***do not know*** | 26 | 9 | |
| **General knowledge statement: HIV positive people always look sick** | ***true*** | 0 | 1 | ***** |
| | ***false*** | 173 | 74 | |
| | ***do not know*** | 6 | 0 | |
| **General knowledge statement: condoms always prevent a pregnancy** | ***true*** | 10 | 1 | ***** |
| | ***false*** | 168 | 72 | |
| | ***do not know*** | 1 | 2 | |

5.5 Interpretation of statistical analysis results

- A chi-square test was performed to examine whether sexual initiation and sex are related. Females appeared more likely to be sexually active: $X^2$ (1, N=254) = 4.161, $p$ = 0.04.
- A chi-square test was performed to examine whether sexual orientation and sex are related. Most of the participants were heterosexuals regardless of sex: $X^2$ (2, N = 254) = 2.256, $p$ = 0.32.
- A chi-square test was performed to examine whether the number of sexual partners and sex are related among sexually active people. There was a statistical significant difference between the number of sexual partners and sex ($X^2$ (2, N=254) = 7.253, $p$ = 0.027). People who have had one to three sexual partners were more likely to be women, people who have had four to ten sexual partners were more likely to be men and the sex of students who have had more than ten sexual partners did not differ (post hoc analysis with Bonferroni correction).
- A chi-square test was performed to examine whether females and males have similar knowledge regarding the statement that women can get pregnant during their menstruation (3 groups: true, false, do not know). A significant statistical difference occurred ($X^2$ (2, N=254) = 21.975, $p$ < 0.001). More specifically, more women reported the statement to be true, more men reported the statement to be false and there was no difference between men and women reporting not knowing the answer (post hoc analysis with Bonferroni correction).
- A chi-square test was performed to examine whether males and females have similar knowledge regarding the statement that HIV can be transmitted via a kiss or a hug. (3 groups: true, false, do not know). A significant statistical difference occurred ($X^2$ (2, N=254) = 7.110, $p$ = 0.029). More specifically, the majority reported the statement to be false regardless of their sex. The significant difference was detected between males and females reporting not knowing the answer, with men outnumbering women (post hoc analysis with Bonferroni correction).
- A chi-square test was performed to examine whether the students used any form of contraception on their first sexual intercourse. A non-significant statistical difference occurred ($X^2$ (1, n=184) = 0.003, $p$ = 0.955). Interpreting our results, the majority of the participants did use some form of contraception on their first sexual encounter regardless of their sex.

- A chi-square test was performed to examine whether the students used any form of contraception on their last sexual intercourse. A non-significant statistical difference occurred ($X^2$ (1, n=181) = 0.113, $p$ = 0.737). Interpreting our results, the majority of the participants • did use some form of contraception on their first sexual encounter regardless of their sex.
- A chi-square test was performed to examine the knowledge of the STD herpes among the students. Statistical analysis showed that women are more aware of the disease than men and this difference was found to be statistically significant ($X^2$ (1, N=254) = 6.245, $p$ = 0.012).
- A chi-square test was performed to examine the knowledge of the HPV among the students. Statistical analysis showed that women are more aware of the disease than men and this difference was found to be statistically significant ($X^2$ (1, N=254) = 3.866, $p$ = 0.05).
- A chi-square test was performed to examine the knowledge of the STD trichomonas vaginalis among the students. Statistical analysis showed that women are more aware of the disease than men and this difference was found to be statistically significant ($X^2$ (1, N=254) = 10.236, $p$ = 0.001).
- A chi-square test was performed to examine whether sexual activity status correlates with having received official sexual education. The majority of the sexually active students did not attend any official course whereas most sexually inactive students participated in such a program ($X^2$ (1, N=254) = 4.347, $p$ = 0.037).
- A chi-square test was performed to examine whether sexual activity status correlates with the opinion that more educational hours are needed in a sexuality education program, among students who have received some form of official sexual education. The majority of the students reported that more hours are in need regardless of their status ($X^2$ (4, n=120) = 6.266, $p$ = 0.18).
- A chi-square test was performed to examine whether sexual activity status correlates with the knowledge whether a woman can get pregnant without penetration (3 groups: true, false, do not know). A significant statistical difference occurred ($X^2$ (2, N=254) = 6.733, $p$ = 0.035). More specifically, the majority of sexually inactive students reported the statement to be true; the majority of sexually active students reported the statement to be false; and there was no significant difference between the sexually active and inactive students that reported not knowing the answer (post hoc analysis with Bonferroni correction).

- A chi-square test was performed to examine whether sexual activity status correlates with the attitude regarding falling in love before initiating sexual intercourse (3 groups: agree, disagree, do not know). A significant statistical difference occurred ($X^2$ (2, N=254) = 16.651, $p < 0.001$). More specifically, the majority of the sexually inactive students agree with the statement; the majority of the sexually active students disagree and there is no significant difference between the groups reporting not providing a response (post hoc analysis with Bonferroni correction).
- A chi-square test was performed to examine whether sexual activity status correlates with the knowledge whether an HIV positive person always looks sick (3 groups: true, false, do not know). The majority of the students reported the statement as false regardless of their status ($X^2$ (2, N=254) = 4.923, $p = 0.085$).
- A chi-square test was performed to examine whether sexual activity status correlates with the knowledge whether condoms always prevent a pregnancy (3 groups: true, false, do not know). The majority of the students reported the statement as false regardless of their status ($X^2$ (2, N=254) = 4.222, $p = 0.121$).

## 5.6 Discussion and Future Prospects

The present study set as a goal to examine the ideas, perceptions and attitudes of freshmen university students in the geographical area of Athens around sexual education knowledge. As freshmen students represent the eligible body of possible official sexual education recipients in high schools, the results would represent the extent to which sexual education was taught in schools, provided in home environments or otherwise acquired. *In short, the **null hypothesis** of the study was that demographic characteristics of the participants do not affect attitudes around sexuality issues*. Regarding the important topics that we wanted to pinpoint through the realization of the present study, we can make the following notes after a careful examination of the results.

First and most importantly, as expected by the literature, penetration of official sexual education in the school setting scores extremely low. Only one fourth of asked students received their first information on the subject from a school source; apparently, family and internet have the lead when it comes to offering this type of information. What is even more apparent is that students would have actually preferred their main source of information to carry more expertise instead, whether be it an expert or a teacher giving them the basics. It is also worth noticing that both students with and without an active sex life opted for more programs of official sexual education. For the students who actually took part in an official course, its application was sketchy to say the least; in almost nine out of ten cases, the program was a one-off project and almost eight out of ten students believe that more hours would be necessary for such programs.

Regarding sexual practices, half is the number of students who used some type of contraceptive method on their first sexual encounter that the number of students who did not do so. In the group who chose to use preventive measures, condoms are by far the most used method. Very few participants mentioned incidents with sexually transmitted diseases but, quite alarmingly, more than half of those who did never sought any medical help.

Demographically, sexual orientation and age of initiation of sex life does not appear to differ importantly between the sexes. Comparing for sex, it seems that boys tend to initiate their sex life a tad faster and have more different partners, but also present riskier behavior as they tend to use contraceptive methods less often. Regarding knowledge around sexually transmitted infections, girls seem to be a bit more educated. This is expected to some degree when it comes to diseases that affect sexes in a different way; for example infection with HPV presents with symptoms in females

but mostly remains subclinical in males. What is more, women are generally more educated in Greece around HPV, owing to introduction of promotion strategies of the Ministry of Health for the HPV vaccine. As for other knowledge around sexual intercourse, a balance seems to be in place. For some of the statements which were put to the student to judge, males answered correctly more often and for some others, females did so, but generally both boys' and girls' knowledge ranks as satisfactory.

As it has been stated in the introductory remarks of this study, the topic of sexual education in Greece may attract media attention often enough, but penetration actually remains extremely inconsistent and no actual effort has been done by the state for catholically implementing at least some form of a project. The current social and economic crisis and the unstable political setting in the country makes us doubt whether an organized effort might actually happen soon. In the meantime, the same characteristics of the country described above positively affected the action of NGOs, giving birth to new ones, and pushing people to participate in existing ones. Perhaps they should also invest more working hours and personnel on the subject. Our country may historically have low unwanted pregnancy and STDs transmission rates, but recent articles mention an increase in abortion rates due to the crisis. (50) The sample of our study may not have been very large; however it was definitely enough in order to give a first impression on a subject that has not been thoroughly examined so far. Another idea for a potential study in the future would be to compare sexual education among different regions of the country, as those present somewhat varied socioeconomic characteristics owing both to geographical and other factors, including the crisis. For example, even in 2018, a small high school on a Greek island is quite secluded and it is almost impossible to recruit experts to provide sexual education.

We hope that the present study has to some extent given prominence to the urge for more structured, more viable options for sexual education, and made a small step towards the direction of bringing the subject forward and re-opening the discussion around the topic.

## 6. Comparative study between Athens and Berlin

### 6.1 Demographics for Athens and Berlin

All the participants are between 18 to 20 years old, the majority of which women (63.8%), orthodox (51%) or atheist (32%) in religion and currently unemployed (65%). The majority lives with the family (55%) or alone (31%), declares heterosexual (84.3%) and sexually active (71%).

- 370 participants : 254 Athens, 116 Berlin
- In Athens the majority of the participants spoke one language within the family (M =1.02, SD= 0.149), same as in Berlin (M= 1.11, SD= 0.348).
- In Athens the mean age of initiating sexual intercourse was M= 17.4 (SD= 1.4, min=13, max=21), and in Berlin it was M= 16.4 (SD= 1.63, min=13, max=21)
- Athens: 179 sexually active students, Berlin: 84 sexually active students

### 6.2 Null hypothesis

H0: Students studying in both countries present the same attitudes in terms of sexual education issues.

### 6.3 Statistical analysis between the two cities

***Table 2: Statistical analysis and significances of variables variables testing for participants' city of studies (Athens/Berlin) - analyzed using SPSS.***

| **Variables** | | ***city*** | | |
|---|---|---|---|---|
| | | ***Athens*** | ***Berlin*** | |
| **Ever sexual experience** | ***yes*** | 179 | 84 | |
| | ***no*** | 75 | 32 | |
| **Sexual education program from an** | ***yes*** | 120 | 106 | * |
| | ***no*** | 134 | 10 | |

| | | | | |
|---|---|---|---|---|
| **official source** | | | | |
| **Was the sex education program obligatory?** | ***obligatory*** | 73 | 96 | ***** |
| | ***voluntary*** | 47 | 10 | |
| **Did you need more educational hours?** | ***yes*** | 94 | 50 | ***** |
| | ***no*** | 26 | 56 | |
| **General knowledge statement: Can a woman get pregnant without penetration?** | ***true*** | 107 | 73 | ***** |
| | ***false*** | 123 | 29 | |
| | ***do not know*** | 24 | 14 | |
| **Contraception use at first sexual intercourse** | ***yes*** | 161 | 78 | |
| | ***no*** | 23 | 8 | |
| **Contraception use at last sexual intercourse** | ***yes*** | 149 | 78 | |
| | ***no*** | 32 | 9 | |
| **Knowledge of STD HIV/AIDS** | ***yes*** | 249 | 113 | |
| | ***no*** | 5 | 3 | |
| **Knowledge of STD Chlamydia** | ***yes*** | 236 | 96 | * |
| | ***no*** | 18 | 20 | |
| **Knowledge of STD Gonorrhoea** | ***yes*** | 213 | 90 | |
| | ***no*** | 41 | 26 | |
| **Knowledge of STD Herpes** | ***yes*** | 236 | 103 | |
| | ***no*** | 18 | 13 | |
| **Knowledge of STD HPV** | ***yes*** | 203 | 64 | * |
| | ***no*** | 51 | 52 | |
| **Knowledge of STD Trichomonas** | ***yes*** | 142 | 34 | * |
| | ***no*** | 112 | 82 | |
| **Knowledge of STD** | ***yes*** | 242 | 103 | * |

| | | | | |
|---|---|---|---|---|
| **Syphilis** | ***no*** | 12 | 13 | |
| **Knowledge of STD** | ***yes*** | 192 | 106 | * |
| **Hepatitis** | ***no*** | 62 | 10 | |
| **Experience with STDs** | ***no*** | 243 | 103 | ***** |
| | ***yes*** | 11 | 13 | |
| **Attitude towards seeking medical advice in case participants had experience with STDs** | ***yes*** | 11 | 13 | ***** |
| | ***no*** | 15 | 3 | |
| **General knowledge statement: A woman can get pregnant during menstruation** | ***true*** | 149 | 76 | |
| | ***false*** | 68 | 27 | |
| | ***do not know*** | 37 | 13 | |
| **General knowledge statement: An HIV positive person always looks sick** | ***true*** | 1 | 0 | |
| | ***false*** | 247 | 114 | |
| | ***do not know*** | 6 | 2 | |
| **General knowledge statement: HIV can be transmitted with a hug or a kiss** | ***true*** | 13 | 2 | |
| | ***false*** | 229 | 108 | |
| | ***do not know*** | 12 | 6 | |
| **Personal opinion: I believe I know how to use a condom** | ***agree*** | 198 | 109 | ***** |
| | ***disagree*** | 16 | 0 | |
| | ***do not know*** | 40 | 7 | |

6.4 Interpretation of results

- A chi-square test was performed and no relationship was found between country of origin and ever sexual experience, $X^2$ (1, N = 370) = 0.146, $p$ = 0.702.
- A chi-square test was performed and a significant interaction was found between country of origin and sexual education program from an official source ($X^2$ (1, N = 370) = 65.252, $\boldsymbol{p} < 0.001$). More specifically, in Berlin the majority of the students reported to have had sexual education from an official source, whereas in Athens the majority of students did not get official sexual education.
- A chi-square test was performed and a significant interaction was found between country of origin and whether the sexual education program they attended was obligatory ($X^2$ (1, n = 226) = 26.382, $\boldsymbol{p} < 0.001$). The results imply that the obligatory programs are mostly implemented in Berlin and the voluntarily ones are mostly implemented in Greece.
- A chi-square test was performed and a significant interaction was found between country of origin and whereas the hours attending of the educational program were enough. A significant statistical difference occurred ($X^2$ (1, n = 226) = 23.644, $p < 0.001$). More specifically, in Athens the student tend to believe that more hours are in need, whereas in Berlin students believe that the educational hours they had were enough.
- A chi-square test was performed and a significant interaction was found between country of origin and the knowledge regarding whereas a woman can get pregnant without penetration (3 groups: true, false, do not know). A statistical significant difference occurred ($X^2$ (2, N = 370) = 18.254, $p < 0.001$.). The majority of Berliner students reported the statement to be false, whereas the majority of students in Athens reported it to be true; there was no significant difference between the groups that reported not knowing the answer (post hoc analysis with Bonferroni correction).
- A chi-square test was performed to examine whether the students in Berlin and Greece used any form of contraception on their first sexual intercourse. The majority of the participants used contraception regardless of their country of origin ($X^2$ (1, n=270) = 0.90, $p$ = 0.443).
- A chi-square test was performed to examine whether the students in Berlin and Greece used any form of contraception on their last sexual intercourse. The majority of the participants used contraception regardless of their country of origin ($X^2$ (1, n=268) = 2.439, $p$ = 0.118).
- A chi-square test was performed to examine the knowledge of students regarding the STD HIV/AIDS in the two countries; statistical analysis revealed that most of the students were

aware of the disease regardless of the country where they study ($X^2$ (1, N=370) = 0.144, $p$ = 0.705).

- A chi-square test was performed to examine the knowledge of students regarding the STD Chlamydia in the two countries; statistical analysis revealed that among those who were aware of the disease, most studied n Greece, whereas among those who were unaware, most studied in Germany ($X^2$ (1, N=370) = 8.911, $p$ = 0.003).
- A chi-square test was performed to examine the knowledge of students regarding the STD Gonorrhoea in the two countries; statistical analysis revealed that most of the students were aware of the disease regardless of the country where they study ($X^2$ (1, N=370) = 2.112, $p$ = 0.146).
- A chi-square test was performed to examine the knowledge of students regarding the STD Herpes in the two countries; statistical analysis revealed that most of the students were aware of the disease regardless of the country where they study ($X^2$ (1, N=370) = 1.761, $p$ = 0.184).
- A chi-square test was performed to examine the knowledge of students regarding the STD HPV in the two countries; statistical analysis revealed that among those who were aware of the disease, most studied n Greece, whereas among those who were unaware, most studied in Germany ($X^2$ (1, N=370) = 24.280, $p < 0.001$).
- A chi-square test was performed to examine the knowledge of students regarding the STD Trichomonas in the two countries; statistical analysis revealed that among those who studied in Greece, most participants were aware of the disease, whereas among those who studied in Germany, most were unaware ($X^2$ (1, N=370) = 22.583, $p < 0.001$).
- A chi-square test was performed to examine the knowledge of students regarding the STD Syphilis in the two countries; statistical analysis revealed that among those who were aware of the disease, most studied n Greece, whereas among those who were unaware, most studied in Germany ($X^2$ (1, N=370) = 5.312, $p$ = 0.021).
- A chi-square test was performed to examine the knowledge of students regarding the STD Hepatitis in the two countries; statistical analysis revealed that in both countries, most students were aware of the disease; however the proportion of aware students was much larger in Germany, and this difference was statistically significant ($X^2$ (1, N=370) = 12.666, $p < 0.001$).
- A chi-square test was performed to examine interaction between students of Berlin and Athens and any experience with STDs. A statistical significant difference occurred ($X^2$ (1, N = 370) = 6.207, $p$ = 0.01). Of the students reported no prior experience, the majority have

been from Athens; from the students reporting prior experience with STDs, the majority have been from Berlin.

- A chi-square test was performed to examine interaction between students of Berlin and Athens and attitude towards seeking medical help in case of an STI. A statistical significant difference occurred ($X^2$ (1, N = 42) = 6.133, $p$ = 0.01). Among students having sought medical help, the majority was in Berlin; among those not having sought for medical advice, the majority has been from Athens.
- A chi-square test was performed to examine whether country of origin correlates with the knowledge whether a woman can get pregnant during her menstruation (3 groups: true, false, do not know). The majority of the students reported the statement as true regardless of their origin ($X^2$ (2, N=370) = 1.660, $p$ = 0.436).
- A chi-square test was performed to examine whether country of origin correlates with the knowledge whether an HIV positive person always looks sick (3 groups: true, false, do not know). The majority of the students reported the statement as false regardless of their origin ($X^2$ (2, N=370) = 0.615, $p$ = 0.735).
- A chi-square test was performed to examine whether country of origin correlates with the knowledge whether an HIV can be transmitted through a kiss or a hug (3 groups: true, false, do not know). The majority of the students reported the statement as false regardless of their origin ($X^2$ (2, N=370) = 2.371, $p$ = 0.306).
- A chi-square test was performed to examine whether country of origin correlates with the belief that they can properly use a condom (3 groups: agree, disagree, do not know). A statistical significant difference occurred ($X^2$ (2, N=370) = 15.683, $p$ < 0.001). More specifically, in both cities students feel confident about knowing how to use a condom; however, the proportion is larger in Berlin (post hoc analysis with Bonferroni correction).

## 6.5 Discussion and Future Prospects

After finalizing our results and fulfilling our separate research objectives regarding Berlin and Athens, we would now like to broaden the research sphere and attempt to identify and explain our findings in terms of a comparison study. Initiating from demographics, we managed to gather a significant combined number of 370 replies from both cities; however, we have to admit it has not been easy. The research spread was faster and more efficient in Greece, with a higher reply ratio,

possibly owing to a bigger interaction of Greek students with social media. In Berlin, the attempt to reach the students has been more difficult. The questionnaire was widely spread and posted in various online communities; still the replying frequency could be characterised as slow and insufficient. Thus, we could say from the beginning that the limitation of our sample size is a main barrier of our research.

Aiming to explore whether both countries present similar attitudes and patterns concerning sexual education, we did a thorough literature research to conclude on this. In short, Germany has already implemented spherical and structured sexual education programs since the 70s. Pupils learn and explore human sexuality, body functions and socio-psychological aspects in various ages, classes and ways. On the contrary, Greece has a soft implementation policy that results to neglecting the subject or superficially analysing it; unfortunately no report of attempt for an holistic approach was detected in current literature.

Our population consisted of students from different departments and Universities of the two capitals. The majority has been females, of orthodox religion or atheists, heterosexual and sexually active. Through statistical analysis we found interesting correlations between the two settings. First and foremost, as expected from our background research, we detected a significant statistical difference between the implementation of sexual education programs. In Berlin the majority of the students have taken part in such a program and in most of the cases it has been obligatory and from an official source. Therefore their attitude that the program has been adequate seems reasonable.

Exploring general knowledge in both settings we can conclude that the participants seemed aware of general truths concerning sexual information. More specifically, students from both cities appear more or less aware of sexually transmitted diseases; what is notable though is that people studying in Greece appear more knowledgeable in terms of many of the STDs included in the study. In both settings, reporting of experiences with an STD has been low. The significant difference occurred in seeking medical advice; in Germany the majority has sought help, whereas in Greece the opposite holds true.

Concluding the study, we hope we have given a short but coherent overview of how sexual education looks in the two European capitals, and how this has affected the freshmen students' ideas and perceptions around these topics. We would like to encourage more researchers and social workers to engage in similar studies all around Europe in order to bring more attention to a subject which we consider of utmost importance.

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# APPENDICES

## Appendix 1. Extended Greek Abstract

## ΕΚΤΕΝΗΣ ΕΛΛΗΝΙΚΗ ΠΕΡΙΛΗΨΗ

### Εισαγωγή και Υπόβαθρο της μελέτης

Εισαγωγή – Ορισμός

Ιστορικά, οι στενές διαπροσωπικές σχέσεις αποτελούσαν θέμα ταμπού, ειδικά στις πιο συντηρητικές, θρησκειοκεντρικές κοινωνίες των προηγούμενων δεκαετιών, και οι προγαμιαίες σχέσεις δεν ήταν σε καμία περίπτωση κατάλληλο θέμα συζήτησης τόσο στις αίθουσες διδασκαλίας όσο και στο οικογενειακό τραπέζι. Σταδιακά περισσότερο προοδευτικές εκπαιδευτικές μέθοδοι ήλθαν στο προσκήνιο, με την αρχή να γίνεται στις σχολικές αίθουσες της Βόρειας Αμερικής με ένα μάθημα που ονομαζόταν ‘κοινωνική υγιεινή’ (‘social hygiene’) να θεωρείται ότι αποτελεί τον προπομπό των σημερινών μαθημάτων σεξουαλικού προσανατολισμού. Τι ήταν αυτό που έκανε αναγκαία την εισαγωγή ενός τέτοιου μαθήματος; Απλούστατα, το να μεγαλώνει κανείς δεν είναι μια εύκολη διαδικασία όπως πολλοί από εμάς μπορούμε να πιστοποιήσουμε και τα νέα παιδιά έρχονται αντιμέτωπα όλο και νωρίτερα με ζητήματα που αφορούν τις ανθρώπινες διαπροσωπικές σχέσεις, τη σεξουαλικότητα και τη σεξουαλική συμπεριφορά. Η σωστή διαδικασία αποφάσεων στο συγκεκριμένο κομμάτι της ζωής του νέου μπορεί να αποδειχθεί κριτικής σημασίας και να τον/την επηρεάσει μελλοντικά για αρκετά χρόνια.

**Η σεξουαλική εκπαίδευση ορίζεται ως μια οργανωμένη και δομημένη παροχή γνώσης σχετικά με τις ανθρώπινες σχέσεις, τη σεξουαλικότητα και τη σεξουαλική συμπεριφορά.** Οι έφηβοι έχουν το δικαίωμα να ενημερώνονται και να γίνονται κοινωνοί γνώσης στο συγκεκριμένο τομέα, παίρνοντας τις κατάλληλες αποφάσεις, και είναι αναμφισβήτητα χρέος της κοινωνίας να τους προετοιμάζει, ήδη από τη νεαρή ηλικία, και να τους προμηθεύει με τις απαραίτητες πληροφορίες. Τέλος, μέσα από τη σεξουαλική εκπαίδευση, οι νέοι πρέπει να βρίσκονται στη θέση να κατανοούν τις ανθρώπινες σχέσεις σε σωματικό και πνευματικό επίπεδο, ώστε να τις απολαμβάνουν.

Δυστυχώς, ένας άλλος παράγοντας που έκανε αναγκαία την εισαγωγή της σεξουαλικής εκπαίδευσης ως μαθήματος είναι η άνοδος σε επιδημικά επίπεδα των λοιμώξεων από σεξουαλικώς μεταδιδόμενα νοσήματα. Η επιδημία της λοίμωξης από τον ιό της ανθρώπινης ανοσοανεπάρκειας (HIV/AIDS) έκανε επιτακτική την σεξουαλική αγωγή, ειδικά στις περισσότερο προσβεβλημένες χώρες, όπως είναι αυτές της υποσαχάριας Αφρικής. Σε χώρες όπως η Κένυα, η Τανζανία και η Ουγκάντα, η σεξουαλική αγωγή αντιμετωπίζεται από την επιστημονική και ακαδημαϊκή κοινότητα ως σημαντική στρατηγική δημόσιας υγείας.

Στη διάρκεια των τελευταίων δεκαετιών, διαφορετικές χώρες εφάρμοσαν διαφορετικά μοντέλα σεξουαλικής αγωγής με άλλοτε άλλα αποτελέσματα. Όπως θα καταδειχθεί αργότερα στην παρούσα εργασία, σε τι βαθμό θα εκπαιδευτεί ένα παιδί στο συγκεκριμένο θέμα εξαρτάται σε μεγάλο βαθμό από τη χώρα στην οποία γεννήθηκε, την εκπαίδευση που θα λάβει, το κοινωνικοοικονομικό στάτους της οικογένειάς του και τις ομάδες στις οποίες ανήκει, όπως η οικογένεια και οι φίλοι. *Αυτός είναι και ο λόγος που η παρούσα μελέτη δίνει έμφαση στα δημογραφικά χαρακτηριστικά των συμμετεχόντων στην έρευνα, αφού αυτά αναδεικνύονται ως στατιστικά σημαντικός δείκτης για το αν ένα παιδί θα λάβει σεξουαλική αγωγή και σε ποιο βαθμό θα γίνει αυτό.* Αυτό που έχει αναμφισβήτητα δειχτεί μέχρι τώρα από την υπάρχουσα βιβλιογραφία είναι ότι τα καλύτερα αποτελέσματα στον τομέα της σεξουαλικής αγωγής έρχονται όταν εφαρμόζονται προσωποποιημένες μέθοδοι, που στοχεύουν τις ιδιαίτερες ανάγκες κάθε μαθητή. Ηλικία, θρησκεία, πολιτισμικό και κοινωνικό υπόβαθρο, οικογένεια και σεξουαλική εμπειρία είναι μερικοί από τους παράγοντες που καταδεικνύουν τον τρόπο με τον οποίο τα προγράμματα σεξουαλικής αγωγής θα πρέπει να σχεδιάζονται για να είναι επιτυχημένα.

Ο φόβος του παρελθόντος ότι η συζήτηση για τις σεξουαλικές σχέσεις και τη σεξουαλικότητα ωθεί τους μαθητές στο να ξεκινούν νωρίτερα τη σεξουαλική τους ζωή και πιθανώς να οδηγεί σε ανασφαλείς πρακτικές γύρω από τη σεξουαλική πράξη, κρίνεται πλέον αβάσιμος. Η βιβλιογραφία έρχεται να ρίξει και εδώ φως, δείχνοντας με ξεκάθαρο τρόπο μέσα από πολυκεντρικές μελέτες και μετα-αναλύσεις ότι τακτικές αποχής από τη σεξουαλική επαφή μέχρι το γάμο δεν είναι αποτελεσματικές στην πρόληψη των ανεπιθύμητων νεανικών εγκυμοσυνών και τη μετάδοση των σεξουαλικώς μεταδιδόμενων λοιμώξεων. Αντίθετα, ο συνδυασμός των μεθόδων αυτών με δομημένα προγράμματα σεξουαλικής αγωγής φέρνει τα καλύτερα αποτελέσματα.

Σεξουαλική Αγωγή στις χώρες του κόσμου

Σύμφωνα με τον Παγκόσμιο Οργανισμό Υγείας, ο αριθμός των χωρών που εφαρμόζει υποχρεωτική σεξουαλική αγωγή ως μέρος των εκπαιδευτικών τους συστημάτων. Όπως αναφέρθηκε ήδη, οι διαφορές ανάμεσα στις ηπείρους αλλά ακόμη και όμορες χώρες με παρόμοια κοινωνικά και πολιτισμικά χαρακτηριστικά στο κομμάτι αυτό μπορεί να είναι ιδιαίτερα μεγάλες.

Στην Ασία, οι διαφορές ανάμεσα στις διαφορετικές χώρες είναι εμφανείς, με την σεξουαλική απελευθέρωση να συντελείται με αργούς ρυθμούς στις περισσότερες χώρες. Στην Ευρώπη, επίσης παρατηρούνται σημαντικές διαφορές από χώρα σε χώρα, γεγονός που το δίχως άλλο αντικατοπτρίζει και την πολυπολιτισμικότητα της ηπείρου. Χώρες με πιο προοδευμένα εκπαιδευτικά συστήματα εφαρμόζουν ήδη από δεκαετίες προγράμματα που έχουν αποφέρει αξιοσημείωτα αποτελέσματα, ενώ σε άλλα κράτη η αλλαγή είναι ιδιαίτερα βραδεία. Στην Αφρική έχουν σημειωθεί εξαιρετικά αποτελέσματα κυρίως μέσα από την εργασία των Μη Κυβερνητικών Οργανώσεων στο κομμάτι αυτό, μέσω των προσπαθειών που γίνονται για την καταπολέμηση του αυξημένου αριθμού λοιμώξεων από HIV/AIDS. Οι Ηνωμένες Πολιτείες Αμερικής εφαρμόζουν υποχρεωτική σεξουαλική εκπαίδευση εδώ και πολλές δεκαετίες σε πολλές Πολιτείες της χώρας, χωρίς να υπάρχει ενιαία γραμμή για το σύνολο της χώρας βέβαια, με τα προγράμματα αυτά να υποστηρίζονται από τη μεγαλύτερη μερίδα του πληθυσμού ανεξαρτήτως πολιτικών πεποιθήσεων. Η Αυστραλία προσφέρει ευρέως προσβάσιμα προγράμματα σεξουαλικής αγωγής και οικογενειακού προγραμματισμού.

Όσον αφορά στις λιγότερο ανεπτυγμένες χώρες, αλλά και σε ανεπτυγμένες χώρες με λιγότερο προοδευτικά εκπαιδευτικά συστήματα, η επίσημη σεξουαλική αγωγή είναι σχεδόν ανύπαρκτη, με προσπάθειες για να καλυφθεί το κενό να γίνονται κυρίως από τις Μη Κυβερνητικές Οργανώσεις και από ιδιώτες. Οι ομάδες αυτές, κάνοντας πλέον χρήση των σύγχρονων τεχνολογιών και πρωτοπόρων εκπαιδευτικών μεθόδων όπως η ομοταγής εκπαίδευση (peer education) μπορούν να καυχιούνται ότι επιτυγχάνουν σημαντικά αποτελέσματα σε χώρες όπου το επίσημο κράτος δεν αρκεί για να καλύψει το ρόλο του παρόχου σεξουαλικής αγωγής.

## Υπάρχουσα Βιβλιογραφία

Η σημασία της σεξουαλικής αγωγής

Μέσα από τη δομημένη, συγκροτημένη και αναλυτική σεξουαλική εκπαίδευση, οι νέοι άνθρωποι μπορούν να επιτύχουν τα παρακάτω:

- **Να κατανοήσουν, να σεβαστούν και να νιώσουν άνετα με το ανθρώπινο σώμα**

Η σεξουαλική αγωγή δε διδάσκει απλά τις σωματικές λειτουργίες, τον τρόπο με τον οποίο το σώμα αναπτύσσεται και αποκτά την τελική του μορφή, και ποια ορμονικά μονοπάτια επιδρούν στην αλλαγή αυτή, αλλά βοηθά τους εφήβους να κατανοήσουν τον τρόπο με τον οποίο αντιλαμβάνονται το σώμα τους και τους παράγοντες που οδηγούν σε μια θετική ή αρνητική αντίληψη σχετικά με αυτό.

- **Να καταλάβουν τι αποτελεί μια υγιή ή μη υγιή διαπροσωπική σχέση**

Η σεξουαλική αγωγή πρέπει να παρέχει τα απαραίτητα στοιχεία ώστε οι νέοι να εμπλέκονται και να διατηρούν υγιείς σωματικές σχέσεις και να μη δέχονται σε καμία περίπτωση τη βία ως συστατικό μιας υγιούς σχέσης.

- **Να επικοινωνήσουν τις απορίες τους σχετικά με τη σεξουαλική υγεία και τη σεξουαλικότητα**

Συχνά οι νέοι έρχονται αντιμέτωποι με μεγάλο όγκο πληροφορίας γύρω από το θέμα της σεξουαλικότητας, ειδικά στην εποχή της υπερπληροφόρησης του διαδικτύου που ζούμε. Μέσω της σεξουαλικής αγωγής μπορούν να απευθυνθούν σε ειδικούς επιστήμονες, εκφράζοντας τις απορίες και τους προβληματισμούς τους χωρίς το φόβο της απόρριψης ή της παρανόησης από την άλλη πλευρά. Παράλληλα, η σεξουαλική αγωγή είναι υπεύθυνη να εισάγει και τις άλλες ομάδες που επηρεάζουν τους νέους, όπως την οικογένεια και το κοινωνικό σύνολο, στη συζήτηση γύρω από τη σεξουαλικότητα.

- **Να σέβονται όλες τις ανθρώπινες υπάρξεις, ανεξαρτήτου σεξουαλικού προσανατολισμού και ταυτότητας φύλου**

Παρόλο που έχουν σημειωθεί σημαντικά βήματα σε αυτή την κατεύθυνση και τα σχετικά κινήματα βρίσκονται στην κορύφωση της δράσης τους, ο ρατσισμός καλά κρατάει σε ορισμένες περιοχές και σχολικά περιβάλλοντα, ακόμη και σε θεωρητικά ανεπτυγμένες χώρες όπως οι ΗΠΑ.

- **Να αποφεύγουν αρνητικές συνέπειες στην υγεία τους**

Η δομημένη παροχή σεξουαλικής αγωγής οδηγεί σε ασφαλείς πρακτικές γύρω από το σεξ και μπορεί να προφυλάξει από ανεπιθύμητη εγκυμοσύνη και σεξουαλικώς μεταδιδόμενα νοσήματα.

Η σεξουαλική αγωγή στην Ελλάδα

Στη διάρκεια των τελευταίων δεκαετιών, η ανάγκη για οργανωμένη παροχή σεξουαλικής αγωγής μέσω του επίσημου κράτους και του εκπαιδευτικού συστήματος έχει τονιστεί πολλάκις στη χώρα μας τόσο από επίσημους όσο και από ανεπίσημους φορείς. Το θέμα έρχεται τακτικά στην επικαιρότητα αποκτώντας σημαντική δημοσιότητα στα Μέσα Μαζικής Ενημέρωσης, χωρίς ωστόσο να μπορεί να ειπωθεί ότι σημαντικές επιτυχίες έχουν σημειωθεί. Θεωρείται ότι αυτό οφείλεται αφενός στις αντιδράσεις των παραδοσιακών, θρησκειοκεντρικών μερίδων της ελληνικής κοινωνίας, αφετέρου στην αδυναμία των διαφορετικών ελληνικών κυβερνήσεων να διατηρήσουν για μεγάλα χρονικά διαστήματα μια σταθερή εκπαιδευτική πολιτική.

Η σχολική σεξουαλική αγωγή ξεκίνησε τη δεκαετία του 1980 στη χώρα μας με ένα πιλοτικό πρόγραμμα από τα Υπουργεία Υγείας και Εκπαίδευσης, τα οποία διαχρονικά είναι υπεύθυνα για την ένταξη τέτοιων προγραμμάτων στα ελληνικά σχολεία. Στα τέλη της δεύτερης χιλιετίας σημειώθηκε μια οργανωμένη προσπάθεια για τη δημιουργία εκπαιδευτικού υλικού στην αγωγή υγείας, με τη συμμετοχή Πανεπιστημιακών Κλινικών και του Ελληνικού Σεξολογικού Ινστιτούτου στη δημιουργία σχολικού βιβλίου και συνοδευτικού υλικού. Το 2007, ο γνωστός στο κοινό σεξολόγος Θάνος Ασκητής τοποθετήθηκε από το Υπουργείο Παιδείας επικεφαλής προγράμματος με τίτλο «Σεξουαλική Αγωγή-Διαπροσωπικές Σχέσεις». Ο ειδικός σεξολόγος έκανε μια προσπάθεια για τη δημιουργία δικτύου εκπαιδευτών, δασκάλων και ψυχολόγων εκπαιδευμένων στο συγκεκριμένο θέμα. Σύμφωνα με το τελευταίο ευρέως διαθέσιμο εκπαιδευτικό πρόγραμμα για το Ελληνικό Γενικό Λύκειο, οι μαθητές δευτέρας και τρίτης τάξης του Λυκείου μπορούν να διδάσκονται το κατ'επιλογήν υποχρεωτικό μάθημα με τίτλο «Οικογενειακός Προσανατολισμός», διάρκειας τεσσάρων ωρών εβδομαδιαίως. Ας σημειωθεί εδώ ότι η διδασκαλία των κατ'επιλογήν υποχρεωτικών μαθημάτων στο ελληνικό Λύκειο βασίζεται σε μεγάλο βαθμό στην ύπαρξη διαθέσιμων καθηγητών και λιγότερο στη ζήτηση από τους μαθητές. Με απλά λόγια, είναι αμφίβολο κατά πόσο υπήρχαν και υπάρχουν ειδικού επιστήμονες με κατάρτιση για τη διδασκαλία των μαθημάτων αυτών. Όπως γίνεται αντιληπτό, η εισαγωγή της σεξουαλικής αγωγής από επίσημους φορείς κυμαίνεται από αργή ως ανύπαρκτη.

## Σκοπός και Στόχοι της Μελέτης

**Σκοπός της παρούσας μελέτης: Ο σκοπός της παρούσας μελέτης είναι να εξερευνήσει τις εμπειρίες, τις αντιλήψεις και τις συμπεριφορές των πρωτοετών φοιτητών σχετικά με τη σεξουαλική εκπαίδευση στην πόλη των Αθηνών και να αναδείξει τα δυνατά σημεία, τα αδύνατα σημεία και τα εμπόδια του υπάρχοντος συστήματος σεξουαλικής αγωγής.**

Στο πλαίσιο αυτό, καθορίστηκαν οι παρακάτω συγκεκριμένοι στόχοι:

- Να αναδειχθούν οι βασικές πηγές σεξουαλικής αγωγής των νέων που σπουδάζουν στην Αθήνα
- Να αναδειχθεί ο ρόλος της οικογένειας, της κουλτούρας, της θρησκείας και του επίσημου εκπαιδευτικού συστήματος στη διαμόρφωση των απόψεων των νέων που σπουδάζουν στην Αθήνα γύρω από τη σεξουαλικότητα
- Να σημειωθούν τα δημογραφικά χαρακτηριστικά που επιτελούν το μεγαλύτερο ρόλο στη διαμόρφωση της σεξουαλικής συμπεριφοράς
- Να αναδειχθούν μερικά από αυτά τα χαρακτηριστικά ως βασικοί καθοριστές σεξουαλικής συμπεριφοράς

## Μεθοδολογία

*Για τους σκοπούς της έρευνας, προτάθηκε η πραγματοποίηση μιας* ***ποιοτικής μελέτης*** *με σκοπό την κατανόηση του φαινομένου και των αιτιών του όπως αυτό ενυπάρχει στο φυσικό περιβάλλον.* Εν συντομία, μια ποιοτική μελέτη είναι μια δυναμική μελέτη που ασχολείται περισσότερο με την αναζήτηση του τι και με ποιο τρόπο καθορίζει την ανθρώπινη συμπεριφορά και λιγότερο με απόλυτα αριθμητικά στοιχεία. Οι απαιτούμενες πληροφορίες για την εξαγωγή του συμπεράσματος συλλέγονται μέσω συνεντεύξεων με τους συμμετέχοντες ή άλλου τρόπου απόκτησης προσωπικών πληροφοριών, για παράδειγμα προσωποποιημένα ερωτηματολόγια, τρόπος που χρησιμοποιήθηκε και στην παρούσα μελέτη.

Ο πληθυσμός που επιλέχθηκε για τους σκοπούς της μελέτης είναι οι πρωτοετείς φοιτητές των ιδρυμάτων της πόλης των Αθηνών, ως πληθυσμός που εκπροσωπεί τους πιθανούς αποδέκτες σεξουαλικής αγωγής στα αμέσως προηγούμενα έτη της ζωής τους. Η διανομή του ερωτηματολογίου ηλεκτρονικά έδωσε τη δυνατότητα για μεγαλύτερο δείγμα και άρα πιο αξιόπιστα αποτελέσματα. Οι σημερινοί φοιτητές γεννήθηκαν στην ηλεκτρονική εποχή και συχνά

περιγράφονται ως ψηφιακοί πολίτες, κάνοντας ευρέως χρήση των ηλεκτρονικών κοινωνικών δικτύων για την επικοινωνία, την εκπαίδευση και την ψυχαγωγία τους.

Το ερωτηματολόγιο δημιουργήθηκε βασισμένο στις οδηγίες του Παγκόσμιου Οργανισμού Υγείας για τη διεξαγωγή ερευνών σεξουαλικής αγωγής. Η συγγραφή του πρωτότυπου ερωτηματολογίου ήταν στην αγγλική γλώσσα, ακολουθούμενη από back-to-back μετάφραση στην ελληνική γλώσσα από δίγλωσσο ομιλητή ελληνικών-αγγλικών. Μια πιλοτική μελέτη με δείγμα 50 φοιτητών πραγματοποιήθηκε σε φοιτητές αντίστοιχων ιδρυμάτων στην πόλη της Πάτρας με αντίστοιχο τρόπο. Η συλλογή των απαντήσεων για το ερωτηματολόγιο της μελέτης ξεκίνησε τον Ιανουάριο του 2018 και διήρκεσε συνολικά 3 μήνες. Αρχικώς υπήρξε ενθουσιώδης ανταπόκριση και συμμετοχή τα πρώτα 24ωρα της δημοσίευσης του ερωτηματολογίου, την οποία ακολούθησε μια πιο ήσυχη περίοδος. Το ερωτηματολόγιο ήταν διαθέσιμο για συμπλήρωση από τον Ιανουάριο έως και τον Μάρτιο του 2018, και τελικά συλλέχθηκαν 254 έγκυρες απαντήσεις που χρησιμοποιήθηκαν στην ανάλυση.

Οι απαντήσεις του ερωτηματολογίου συλλέχθηκαν, μεταφέρθηκαν στην κατάλληλη μορφή και εισήχθησαν για επεξεργασία στο πρόγραμμα στατιστικής ανάλυσης «IBM SPSS Statistics".

Όσον αφορά στους περιορισμούς της μελέτης, ο βασικός έχει να κάνει με την ευαισθησία του μελετώμενου ζητήματος. Για το λόγο αυτό επιλέχθηκε και η ηλεκτρονική διανομή του ερωτηματολογίου, ώστε να δίνεται η δυνατότητα συμπλήρωσης ανώνυμα, στο χρόνο και την ευχέρεια του κάθε συμμετέχοντα. Η διαμοίραση του ερωτηματολογίου μόνο σε νέους που σπουδάζουν και έχουν πρόσβαση στο διαδίκτυο είναι ένας δεύτερος περιορισμός. Τέλος, γενικεύσεις των αποτελεσμάτων δεν είναι εφικτές για όλο τον ελληνικό φοιτητικό πληθυσμό, αν και σημειώνεται ότι η πρωτεύουσα στεγάζει περισσότερους φοιτητές από κάθε άλλη ελληνική πόλη.

## Αποτελέσματα και Προοπτικές για το Μέλλον

Γενικά Αποτελέσματα

Συνοψίζοντας το κύριο μέρος του ερωτηματολογίου, προκύπτουν τα ακόλουθα συμπεράσματα:

- Η μέση ηλικία έναρξης της σεξουαλικής ζωής ήταν τα 17 χρόνια, με την ελάχιστη ηλικία που αναφέρθηκε να είναι το 13$^{ο}$ έτος της ζωής και τη μέγιστη το εικοστό πέμπτο.
- Η πλειοψηφία των ερωτηθέντων (72%) είχε έναν έως τρεις σεξουαλικούς συντρόφους μέχρι σήμερα, 19% είχαν τέσσερις έως δέκα, 5% είχαν δέκα έως είκοσι και 4% είχαν πάνω από είκοσι διαφορετικούς σεξουαλικούς συντρόφους.
- Από τους σεξουαλικά ανενεργούς συμμετέχοντες, η πλειοψηφία (55%) δήλωσε ότι δεν είχαν την ευκαιρία μέχρι τώρα, ενώ ο δεύτερος πιο συνηθισμένος λόγος μη έναρξης σεξουαλικής ζωής (26%) ήταν ότι δεν ένιωθαν έτοιμοι, και τρίτος (10%) η πεποίθηση ότι οι προγαμιαίες σχέσεις είναι ανήθικες.
- Οι πηγές πρώτης πληροφόρησης σεξουαλικής αγωγής ήταν κατά σειρά: οικογένεια (36%), διαδίκτυο (25%), σχολείο (25%) και φίλοι (19%).
- Οι περισσότεροι από τους φοιτητές θα προτιμούσαν να έχουν λάβει αυτή την πληροφορία από κάποια επίσημη πηγή, όπως ειδικούς στη σεξουαλική αγωγή (60%) ή δασκάλους (35%).
- 53% απάντησαν ότι δεν έλαβαν ποτέ σεξουαλική αγωγή από επίσημη πηγή.
- Για όσους συμμετείχαν σε κάποιο πρόγραμμα, αυτό ήταν τις περισσότερες φορές υποχρεωτικό (60%) και συνήθως γινόταν από κάποιο δάσκαλο (50%) ή κοινωνικό λειτουργό (28%), ενώ σπανιότερα από γιατρούς (21%) ή ψυχολόγους (11%).
- Στο 88% των περιπτώσεων ήταν κάποιο μεμονωμένο πρόγραμμα της μίας φοράς.
- Τα πιο συζητημένα θέματα σε αυτές τις παρεμβάσεις ήταν τα Σεξουαλικώς Μεταδιδόμενα Νοσήματα, οι μέθοδοι πρόληψης και το αναπαραγωγικό σύστημα.
- 78% των φοιτητών ανέφερε ότι απαιτούνταν περισσότερος χρόνος για το πρόγραμμα.
- Η πλειοψηφία των συμμετεχόντων δε χρησιμοποίησε μέσο πρόληψης στην πρώτη σεξουαλική επαφή που είχε. Από αυτούς που χρησιμοποίησαν κάποιο μέσο, τα πιο δημοφιλή ήταν προφυλακτικά (78%) και πολύ λιγότερο διακοπτόμενη συνουσία (4%).
- Παρόμοια τα ποσοστά και για τη χρήση μέσου πρόληψης στην τελευταία σεξουαλική εμπειρία που καταγράφεται.

- Οι πιο συχνές πηγές για την προμήθεια μέσων πρόληψης ήταν το φαρμακείο (50%) και το σούπερ μάρκετ (33%).
- 95% των συμμετεχόντων δεν έχουν εμπειρία με ΣΜΝ, ενώ από αυτούς που έχουν, το 60% δεν αναζήτησε ιατρική βοήθεια.

Συζήτηση και Μελλοντικές Προοπτικές

Πρώτα και κυριότερα, όπως αναμενόταν από την υπάρχουσα βιβλιογραφία, η διείσδυση της σεξουαλικής αγωγής στα σχολεία είναι εξαιρετικά χαμηλή. Μόλις ένα τέταρτο των ερωτηθέντων φοιτητών έλαβε για πρώτη φορά πληροφόρηση στα πλαίσια τοθ σχολικού περιβάλλοντος, ενώ η οικογένεια και το διαδίκτυο είναι στην πραγματικότητα οι κυριότερες πηγές πληροφόρησης. Ακόμη πιο προφανές είναι ότι οι συμμετέχοντες θα ήθελαν να ενημερώνονται από κάποια πιο εξειδικευμένη πηγή, ενώ υποστηρίζουν την εισαγωγή περισσότερων προγραμμάτων σεξουαλικής αγωγής ανεξάρτητα από το αν έχουν ενεργό σεξουαλική ζωή. Για όσους συμμετείχαν σε κάποιο πρόγραμμα, σχεδόν εννέα στις δέκα φορές, αυτό ήταν αποσπασματικό και έλαβε χώρα μία μόνο φορά, ενώ οκτώ στους δέκα πιστεύουν ότι απαιτούνταν περισσότερος χρόνος.

Ο αριθμός αυτών που χρησιμοποίησαν κάποια μέθοδο πρόληψης στην πρώτη τους σεξουαλική επαφή είναι μισός από αυτών που δε χρησιμοποίησαν καθόλου προφυλάξεις, με την πιο δημοφιλή μέθοδο πρόληψης να είναι μακράν τα προφυλακτικά. Ελάχιστοι συμμετέχοντες ανέφεραν εμπειρία με ΣΜΝ, ενώ αρκετά ανησυχητικό είναι ότι από αυτούς οι περισσότεροι δεν αναζήτησαν ιατρική βοήθεια. Ο σεξουαλικός προσανατολισμός και η ηλικία έναρξης της σεξουαλικής ζωής δε διέφεραν μεταξύ των φύλων, ενώ και οι γνώσεις γύρω από τη σεξουαλική επαφή φαίνεται να είναι μοιρασμένες σε αγόρια και κορίτσια.

Όπως αναφέρθηκε στα εισαγωγικά σχόλια της μελέτης, το θέμα της σεξουαλικής αγωγής αποκτά τακτικά την προσοχή των μέσων, χωρίς όμως να έχει γίνει συντονισμένη προσπάθεια από τους κρατικούς φορείς για καθολική εφαρμογή της. Η παρούσα κοινωνική και οικονομική κρίση και το ασταθές πολιτικό σκηνικό στη χώρα μας κάνουν να αμφιβάλλουμε κατά πόσο κάτι τέτοιο μπορεί να συμβεί στο άμεσο μέλλον. Ιστορικά, η χώρα μας αναφέρει χαμηλά ποσοστά ανεπιθύμητων εγκυμοσυνών και μεταδόσεων ΣΜΝ, αλλά προσφάτως οι εκτρώσεις φαίνεται να αυξάνονται λόγω της κρίσης. Ελπίζουμε πως η παρούσα μελέτη θα φέρει σε κάποιο βαθμό στο προσκήνιο την ανάγκη για δομημένες, βιώσιμες επιλογές στο χώρο της σεξουαλικής αγωγής.

## Appendix 2. Questionnaire used for present study

The following questionnaire is the original one in Greek that was delivered to the subjects of the study online.

Σεξουαλική Αγωγή σε Ελλάδα και Γερμανία

* Required

Σκοπός της έρευνας - Οδηγίες

Ο σκοπός της παρούσας έρευνας είναι να αναζητήσει τις εμπειρίες, αντιλήψεις και θέσεις των πρωτοετών φοιτητών στην Αθήνα και το Βερολίνο, με στόχο να προσδιοριστούν τα δυνατά σημεία, οι αδυναμίες και τα εμπόδια στη σεξουαλική εκπαίδευση των νέων στις δύο πρωτεύουσες. Για να γίνει αυτό, χρειαζόμαστε τη συμμετοχή σας.

Η έρευνα είναι χωρισμένη σε τμήματα, καθένα εκ των οποίων φέρει τον τίτλο του στην κορυφή. Οι υποχρεωτικές ερωτήσεις σημειώνονται με αστερίσκο (*). Παρακαλούμε απαντήστε όσο το δυνατόν πιο ειλικρινά, η συμμετοχή σας είναι ανώνυμη.

Τα αποτελέσματα της έρευνας θα χρησιμοποιηθούν για τη διπλωματική εργασία μας στο Πρόγραμμα Μεταπτυχιακών Σπουδών 'Διεθνής Ιατρική-Διαχείριση Κρίσεων Υγείας' της Ιατρικής Σχολής Αθηνών.

ΠΡΟΣΟΧΗ! Ποιος μπορεί να συμπληρώσει την έρευνα;
Πρωτοετείς φοιτητές όλων των ΑΕΙ και ΤΕΙ της Αθήνας που έχουν συμπληρώσει το 18ο με 20ο έτος της ηλικίας τους.

Είμαι 18-20 ετών και διανύω το πρώτο έτος των σπουδών μου. *

- Ναι

## Part 1 - Προσωπικά Στοιχεία

Έτος γέννησης *

- 1997
- 1998
- 1999

Σχολή/Τμήμα σπουδών *

- Εθνικό και καποδιστριακό πανεπιστήμιο Αθηνών - Τμήμα Επιστημών Αγωγής
- Εθνικό και καποδιστριακό πανεπιστήμιο Αθηνών - Τμήμα Επιστημών Υγείας
- Εθνικό και καποδιστριακό πανεπιστήμιο Αθηνών - Τμήμα Επιστήμης Φυσικής Αγωγής και Αθλητισμού
- Εθνικό και καποδιστριακό πανεπιστήμιο Αθηνών - Τμήμα Θεολογική Σχολή
- Εθνικό και καποδιστριακό πανεπιστήμιο Αθηνών - Τμήμα Θετικών Επιστημών
- Εθνικό και καποδιστριακό πανεπιστήμιο Αθηνών - Τμήμα Νομική Σχολή
- Εθνικό και καποδιστριακό πανεπιστήμιο Αθηνών - Τμήμα Οικονομικών και Πολιτικών Επιστημών
- Εθνικό και καποδιστριακό πανεπιστήμιο Αθηνών - Φιλοσοφική Σχολή
- Πάντειο Πανεπιστήμιο - Σχολή Επιστημών οικονομίας και δημόσιας διοίκησης
- Πάντειο Πανεπιστήμιο - Σχολή Πολιτικών Επιστημών
- Πάντειο Πανεπιστήμιο - Σχολή Κοινωνικών Επιστημών
- Πάντειο Πανεπιστήμιο - Σχολή Διεθνών σπουδών επικοινωνίας και πολιτισμού
- Εθνικό Μετσόβιο Πολυτεχνείο
- Τ.Ε.Ι. Αθήνας - Σχολή Διοίκησης και Οικονομίας
- Τ.Ε.Ι. Αθήνας - Σχολή Επαγγελμάτων Υγείας και Πρόνοιας
- Τ.Ε.Ι. Αθήνας - Σχολή Καλλιτεχνικών σπουδών
- Τ.Ε.Ι. Αθήνας - Σχολή Τεχνολογίας Τροφίμων και Διατροφής
- Τ.Ε.Ι. Αθήνας - Σχολή Τεχνολογικών Εφαρμογών
- Ι.Ε.Κ.
- Other:

Φύλο *

- άνδρας
- γυναίκα
- Other:

Χώρα γέννησης *

- Ελλάδα
- Other:

Ετήσιο οικογενειακό εισόδημα *

- < 5000 ευρώ
- 5000 - 10000 ευρώ
- 10000 - 20000 ευρώ
- 20000 - 50000 ευρώ
- 50000 ευρώ
- Δε γνωρίζω/ Δεν απαντώ

Θρήσκευμα *

- Χριστιανός/η Ορθόδοξος/η
- Χριστιανός/η Καθολικός/η
- Χριστιανός Διαμαρτυρόμενος
- Μουσουλμάνος/α
- Άθεος/η
- Other:

Με την οικογένεια σου μιλάτε (μητρική/ες γλώσσα/ες) : *

- Ελληνικά
- Other:

Κατοικείς: *

- μόνος/η
- μαζί με την οικογένειά σου

- μαζί με φίλους/συγκατοίκους
- μαζί με το/τη σύντροφο σου
- Other:

Αν εργάζεσαι κάπου (έμμισθη θέση), πόσες ώρες την εβδομάδα δουλεύεις;

- <8
- 8-20
- 20-40
- >40

Σεξουαλικός προσανατολισμός: *

- Ετεροφυλόφιλος
- Ομοφυλόφιλος
- Αμφιφυλόφιλος
- Other:

Ο όρος 'ολοκληρωμένη σεξουαλική πράξη' αναφέρεται κυρίως στη εισαγωγή και ώθηση του πέους στον γυναικείο κόλπο με σκοπό τη σεξουαλική ευχαρίστηση, αναπαραγωγή ή και τα δύο. Άλλες μορφές διεισδυτικής σεξουαλικής επαφής περιλαμβάνουν το πρωκτικό σεξ (διείσδυση του πέους στο πρωκτό),το στοματικό σεξ (διείσδυση στο στόμα από το πέος ή στοματική διείσδυση των γυναικείων γεννητικών οργάνων), και τη διείσδυση με χρήση συσκευής.

Είχες μέχρι σήμερα έστω και μία ολοκληρωμένη σεξουαλική πράξη; *

- Ναι
- Όχι

## Part 2 - Σεξουαλική Εμπειρία

Ηλικία κατά την πρώτη ολοκληρωμένη σεξουαλική εμπειρία *

Αριθμός σεξουαλικών συντρόφων μέχρι σήμερα *

- 1-3
- 4-10

- 10-20
- >20

## Part 2

Οι άνθρωποι μπορεί να μην έχουν ολοκληρωμένες σεξουαλικές επαφές για αρκετούς λόγους. Διάλεξε το λόγο που σε περιγράφει καλύτερα: *

- Δεν είμαι έτοιμος να έχω μια σεξουαλική επαφή.
- Δεν είχα την ευκαιρία μέχρι σήμερα να έχω μια σεξουαλική επαφή.
- Θεωρώ ότι είναι λάθος να έχουμε σεξουαλικές επαφές πριν το γάμο.
- Φοβάμαι μια πιθανή εγκυμοσύνη.
- Φοβάμαι πως θα κολλήσω HIV/AIDS ή κάποιο άλλο μεταδιδόμενο νόσημα.
- Other:

## Part 3 - Πηγές πληροφόρησης και αναπαραγωγική υγεία

Για το μέρος αυτό, ο όρος 'σεξουαλική αγωγή' αναφέρεται στη διαδικασία παροχής πληροφοριών σχετικά με την πρόληψη της εφηβικής εγκυμοσύνης, τη μετάδοση σεξουαλικώς μεταδιδόμενων νοσημάτων. την HIV λοίμωξη και το AIDS, τη σεξουαλικότητα και άλλα θέματα σεξουαλικής υγείας.

Από πού προήλθε η πρώτη σου πληροφόρηση περί σεξουαλικής αγωγής; *

- Από το σχολείο
- Από το σπίτι (γονείς/συγγενείς)
- Από βιβλίο
- Από το διαδίκτυο
- Από φίλους

Θα προτιμούσες να είχες πάρει αυτές τις πληροφορίες από κάπου αλλού; Αν ναι, από που; Αν όχι, άφησε την απάντηση κενή.

- Σχολείο
- Οικογένεια
- Φίλοι
- Γιατρός

- Επίσημος φορέας ειδικός στα θέματα σεξουαλικής διαπαιδαγώγησης
- Other:

Έλαβες σεξουαλική αγωγή από κάποιον επίσημο φορέα (σχολείο, ιατρό, σύμβουλο); *

- Ναι
- Όχι

Πιστεύεις ότι οι νέοι πρέπει να λαμβάνουν σεξουαλική αγωγή μέσα από κάποιο επίσημο, δομημένο τρόπο; Αν απάντησες ναι, γιατί; *

## Πρόγραμμα σεξουαλικής αγωγής

Το πρόγραμμα στο οποίο συμμετείχες ήταν: *

- Υποχρεωτικό
- Κατ'επιλογήν

Ποιος παρείχε σεξουαλική αγωγή στο πρόγραμμα αυτό; *

- Δάσκαλος/Καθηγητής
- Ψυχολόγος
- Κοινωνικός λειτουργός
- Ιατρός
- Other:

Πόσο συχνά γινόταν το πρόγραμμα αυτό; *

- Κάθε μέρα
- Κάθε εβδομάδα
- Κάθε μήνα
- Έγινε μία φορά
- Other:

Ποια θέματα καλύφθηκαν στο συγκεκριμένο πρόγραμμα; Δυνατότητα επιλογής περισσότερων από μίας απάντησης *

- Αναπαραγωγικό σύστημα
- Αναπαραγωγική υγεία
- Μέθοδοι πρόληψης
- Σεξουαλικώς μεταδιδόμενα νοσήματα
- Σεξουαλικότητα
- Other:

Ποιά θέματα θα ήθελες προσωπικά να αναπτυχθούν σε ένα τέτοιο πρόγραμμα;

Θεωρείς αναγκαίες περισσότερες ώρες εκπαίδευσης στο συγκεκριμένο πρόγραμμα; *

- Ναι
- Όχι, ήταν αρκετές.

## Part 4 - Αναπαραγωγική Υγεία

Στις παρακάτω προτάσεις, σημείωσε 'Σωστό' αν θεωρείς ότι είναι ορθές, 'Λάθος' αν θεωρείς ότι είναι λανθασμένες και 'Δεν ξέρω' αν δεν γνωρίζεις ή δεν είσαι σίγουρος/η.

Μια γυναίκα μπορεί να μείνει έγκυος την πρώτη φορά που έχει μια σεξουαλική επαφή. *

- Σωστό
- Λάθος
- Δεν ξέρω

Μια γυναίκα μπορεί να μείνει έγκυος ακόμη κι αν δεν υπήρξε διείσδυση κατά τη σεξουαλική πράξη. *

- Σωστό
- Λάθος
- Δεν ξέρω

Μια γυναίκα μπορεί να μείνει έγκυος αν έχει σεξουαλική επαφή κατά την έμμηνο ρύση (περίοδο) της. *

- Σωστό
- Λάθος
- Δεν ξέρω

Ο αυνανισμός βλάπτει την υγεία. *

- Σωστό
- Λάθος
- Δεν ξέρω

Ένα άτομο με HIV λοίμωξη πάντα φαίνεται άρρωστο. *

- Σωστό
- Λάθος
- Δεν ξέρω

Η HIV λοίμωξη μπορεί να μεταδοθεί με ένα φιλί ή μια αγκαλιά. *

- Σωστό
- Λάθος
- Δεν ξέρω

Τα προφυλακτικά προφυλάσσουν από μια εγκυμοσύνη κατά 100%. *

- Σωστό
- Λάθος
- Δεν ξέρω

Κάθε προφυλακτικό μπορεί να χρησιμοποιηθεί πάνω από μία φορά. *

- Σωστό
- Λάθος
- Δεν ξέρω

## Part 5 - Μέθοδοι προστασίας και Σεξουαλικώς Μεταδιδόμενα Νοσήματα

Για το μέρος αυτό, ο όρος 'αντισύλληψη' αφορά τη σκόπιμη χρήση μεθόδων προστασίας από ανεπιθύμητη εγκυμοσύνη και σεξουαλικώς μεταδιδόμενα νοσήματα.

Ποιες από τις ακόλουθες μεθόδους αντισύλληψης έχεις ακούσει; Πού τις άκουσες για πρώτη φορά;

Στο σχολείο (σε πρόγραμμα σεξουαλικής αγωγής)

Στο σπίτι (από γονέα/αδέρφια/συγγενή)

Σε βιβλίο

Στο διαδίκτυο

Από φίλους

Από άλλη πηγή

| |
|---|
| Αντισυλληπτικό χάπι |
| Αντισυλληπτική ένεση προγεστερόνης |
| Προφυλακτικό |
| Χάπι 'της επόμενης ημέρας' |
| Διακοπτόμενη συνουσία/Απόσυρση πέους (τράβηγμα) |
| Αποφυγή επαφής σε μέρες υψηλού κινδύνου για εγκυμοσύνη |
| Ενδοουρηθρική αντισυλληπτική συσκευή |
| Αντισυλληπτικό εμφύτευμα |
| Χημικό σπερματοκτόνο |
| Στείρωση |
| Αντισυλληπτικό χάπι |
| Αντισυλληπτική ένεση προγεστερόνης |
| Προφυλακτικό |
| Χάπι 'της επόμενης ημέρας' |
| Διακοπτόμενη συνουσία/Απόσυρση πέους (τράβηγμα) |
| Αποφυγή επαφής σε μέρες υψηλού κινδύνου για εγκυμοσύνη |
| Ενδοουρηθρική αντισυλληπτική συσκευή |

Αντισυλληπτικό εμφύτευμα

Χημικό σπερματοκτόνο

Στείρωση

Χρησιμοποίησες κάποιο μέσο αντισύλληψης κατά την πρώτη σου σεξουαλική πράξη; Αν απάντησες ναι, ποιο ήταν αυτό; Αν δε χρησιμοποίησες κάποιο μέσο αντισύλληψης, σημείωσε όχι. Αν δε θυμάσαι ή δεν είχες ακόμη σεξουαλική επαφή, άφησε την ερώτηση κενή.

- Όχι
- Αντισυλληπτικό χάπι
- Αντισυλληπτική ένεση προγεστερόνης
- Προφυλακτικό
- Χάπι 'της επόμενης ημέρας'
- Διακοπτόμενη συνουσία/Απόσυρση πέους (τράβηγμα)
- Αποφυγή επαφής σε μέρες υψηλού κινδύνου για εγκυμοσύνη
- Ενδοουρηθρική αντισυλληπτική συσκευή
- Αντισυλληπτικό εμφύτευμα
- Χημικό σπερματοκτόνο
- Στείρωση
- Other:

Χρησιμοποίησες κάποιο μέσο αντισύλληψης στην τελευταία σου (πιο πρόσφατη) σεξουαλική επαφή; Αν απάντησες ναι, ποιο ήταν αυτό; Αν δε χρησιμοποίησες κάποιο μέσο αντισύλληψης, σημείωσε όχι. Αν δε θυμάσαι ή δεν είχες ακόμη σεξουαλική επαφή, άφησε την ερώτηση κενή.

- Όχι
- Αντισυλληπτικό χάπι
- Αντισυλληπτική ένεση προγεστερόνης
- Προφυλακτικό
- Χάπι 'της επόμενης ημέρας'
- Διακοπτόμενη συνουσία/Απόσυρση πέους (τράβηγμα)
- Αποφυγή επαφής σε μέρες υψηλού κινδύνου για εγκυμοσύνη
- Ενδοουρηθρική αντισυλληπτική συσκευή
- Αντισυλληπτικό εμφύτευμα

- Χημικό σπερματοκτόνο
- Στείρωση
- Other:

Αν έχεις χρησιμοποιήσει έστω και μία φορά κάποιο μέσο αντισύλληψης, από πού το προμηθεύτηκες;

- Φαρμακείο
- Μαγαζί
- Σούπερ μάρκετ
- Νοσοκομείο
- Ιδιώτη ιατρό
- Οικογένεια
- Φίλους
- Other:

Ποια από τα ακόλουθα σεξουαλικώς μεταδιδόμενα νοσήματα έχεις ακούσει; Πού τα άκουσες για πρώτη φορά;

Στο σχολείο (σε πρόγραμμα σεξουαλικής αγωγής)

Στο σπίτι (από γονέα/αδέρφια/συγγενή)

Σε βιβλίο

Στο διαδίκτυο

Από φίλους

Από άλλη πηγή

| |
|---|
| HIV/AIDS |
| Χλαμύδια |
| Γονόρροια |
| Έρπης γεννητικών οργάνων |
| Ιός ανθρώπινων θηλωμάτων (HPV) |

Τριχομονάδα

Σύφιλη

Ιογενής ηπατίιδα

HIV/AIDS

Χλαμύδια

Γονόρροια

Έρπης γεννητικών οργάνων

Ιός ανθρώπινων θηλωμάτων (HPV)

Τριχομονάδα

Σύφιλη

Ιογενής ηπατίτιδα

Προηγούμενη εμπειρία με κάποιο σεξουαλικώς μεταδιδόμενο νόσημα; *

- Όχι, ποτέ
- Ναι, μία φορά
- Ναι, πάνω από μία φορά

Αν απάντησες ναι στην προηγούμενη ερώτηση, αναζήτησες ιατρική βοήθεια;

- Ναι
- Όχι

Αν ένας φίλος σου είχε κάποιο σεξουαλικώς μεταδιδόμενο νόσημα, πού θα του έλεγες να απευθυνθεί; *

- Σε νοσοκομείο/κέντρο υγείας
- Σε ιδιωτική κλινική/ιδιώτη γιατρό
- Σε φαρμακείο
- Στους γονείς του
- Σε κάποιον άλλο

## Part 6 - Σεξουαλικότητα, ταυτότητα φύλου, σεξουαλική συμπεριφορά

Για τις προτάσεις που ακολουθούν, σημείωσε 'Συμφωνώ' αν συμφωνείς με την πρόταση, 'Διαφωνώ' αν διαφωνείς και 'Δεν ξέρω/Δεν είμαι σίγουρος' αν δεν είσαι σίγουρος/η ή δε θέλεις να απαντήσεις.

Πιστεύω ότι δεν υπάρχει κάτι λάθος στο να έχουν σεξουαλική επαφή τα ανύπαντρα ζευγάρια. *

- Συμφωνώ
- Διαφωνώ
- Δεν ξέρω/Δεν είμαι σίγουρος

Πιστεύω ότι μερικές φορές ένα άτομο πρέπει να αναγκάζει ένα άλλο άτομο να έχει σεξουαλική επαφή μαζί του. *

- Συμφωνώ
- Διαφωνώ
- Δεν ξέρω/Δεν είμαι σίγουρος

Τα περισσότερα άτομα που έχουν σεξουαλικές επαφές πριν το γάμο, το μετανιώνουν αργότερα. *

- Συμφωνώ
- Διαφωνώ
- Δεν ξέρω/Δεν είμαι σίγουρος

Ένα ζευγάρι καλό είναι να έχει σεξουαλική επαφή για να δει αν ταιριάζει πριν αποφασίσει να παντρευτεί. *

- Συμφωνώ
- Διαφωνώ
- Δεν ξέρω/Δεν είμαι σίγουρος

Μερικές φορές είναι δικαιολογημένη η χρήση βίας σε ένα ζευγάρι. *

- Συμφωνώ
- Διαφωνώ
- Δεν ξέρω/Δεν είμαι σίγουρος

Πιστεύω ότι ένα ζευγάρι πρέπει να είναι ερωτευμένο πριν επιχειρήσει να έχει σεξουαλική επαφή. *

- Συμφωνώ

- Διαφωνώ
- Δεν ξέρω/Δεν είμαι σίγουρος

Θεωρώ ότι ξέρω να χρησιμοποιήσω ένα προφυλακτικό. *

- Συμφωνώ
- Διαφωνώ
- Δεν ξέρω/Δεν είμαι σίγουρος

Θα αρνούμουν να έχω σεξουαλική επαφή με κάποιον που δε θέλει να χρησιμοποιήσει μεθόδους αντισύλληψης. *

- Συμφωνώ
- Διαφωνώ
- Δεν ξέρω/Δεν είμαι σίγουρος