



Original Article

Public Perspectives on Introducing Sex Education in Romanian Schools: A Quantitative Analysis

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Abstract

Many international organisations agree that sexuality education is a useful topic for the development and well-being of students and society, as they have the right to receive safe and scientifically based information to prevent and combat aggression and possible sexually transmitted diseases. However, the introduction of sex education into the curriculum in Romania has been heavily debated in recent years, with negative opinions from religious and political leaders at the forefront.

This research approaches the topic from a quantitative perspective in which the sociological survey was used as the research method, with the research instrument being the survey. The survey also included a number of open-ended questions so that qualitative information could be collected and analyzed. The main aim of this article is to capture the general opinion of parents and adults regarding the introduction of sex education in schools and to identify their possible fears related to the content of this education. The research question we want to answer is: "What is the opinion of adults and parents about the introduction of sex education in schools?"

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The survey was conducted over a two-week period (May 2023) and comprised a series of 29 questions with different answer options. For this study, we used a group of 518 respondents who were analyzed by gender, age, religion, origin and last completed education. The survey was created in Google Forms and sent online via various social networks. We can therefore not speak of a representative sample, but rather of a random sample, but the relatively large number of responses collected, namely 518, allows us to test the hypotheses, but not to generalize. When analyzing the respondents' answers (using Microsoft Excel), surprising results were obtained that are consistent with the data from the literature, but also in contrast to some recent studies. To summarize, despite the controversial political and religious information circulating in the public sphere today, the majority of adults and parents who participated in our survey believe that sex education should be included in the school curriculum. The results of this survey were unexpectedly promising for the future of Romania, but unfortunately, we cannot generalize them. Respondents want this topic to be taught as early as possible and believe that it will help students to become responsible adults.

Keywords: sexuality education; educational system; national curriculum; sociological survey; health education.

Introduction

First and foremost, sex education is health education. In this subject, children learn many important things for their lives, such as: the responsibilities and risks of sex, information about gender equality and sexual orientation, maintaining healthy interpersonal relationships, and the ability to say "no" and protect their physical and mental health. In addition, sexuality education is essential to prevent and combat child sexual abuse, sexual exploitation and sexual violence (Schneider, M., & Hirsch, J. S., 2020; Wurtele, S. K., & Miller-Perrin, C., 2017). Another very important aspect that can be addressed in the curriculum of this subject is the prevention of gender-based violence and discrimination against women (Rollston, R. & al., 2020; Goldfarb, E. S., & Lieberman, L. D., 2021). All of this information would keep children away from sexually transmitted diseases and unwanted pregnancies from a young age.

Unfortunately, in Romania, topics such as the effects of sexual contact, the rights of the child in relation to his or her body and sexuality, and sexually transmitted diseases are still taboo (Rada, C., 2014; Iorga, M. & al., 2021; Costin, A., 2021). These, in turn, fall under the child's right to be informed and healthy (Bialystok, L., 2018) and to defend themselves in the face of imminent danger. Young people and children have the right to receive all scientifically sound information on sexuality education (Helmer, J. & al., 2015).

About sexual education. Conceptual foundations & state of the art in several EU countries

Overall, evidence collected in randomized control trials has shown that sex education programs have positive effects on sexual health behaviors, including risk reduction, delayed onset of sexual intercourse (Guse, K. & al., 2012; Mathews, C. & al., 2012), increased contraceptive and condom use (Hindin, M. J. et al., 2016; Fonner, V. A. & al., 2014) and a low number of sexual partners (Montgomery & Knerr, 2016; Picken, N., 2021)

According to UNESCO and WHO, effective sexuality education should take a comprehensive approach, i.e. a process based on a school curriculum that includes information on the cognitive, emotional, physical and social aspects of sexuality¹. Sexuality education programs can address a wide range of topics such as sexual and reproductive health, relationships, sexual orientation, and gender roles. (Picken, N., 2021; WHO and BZgA, 2010).

Research suggests that school-based sexuality education programs influence not only risk behaviors, but also health knowledge and attitudes (e.g., students' knowledge about the importance of contraception) (Lopez, L. M. & al., 2016). However, although there are fewer randomized control trials or reviews directly linking sex education programs to improved biological outcomes (such as teen pregnancy, sexually transmitted infections, or lower rates of human immunodeficiency virus-HIV), there is a consensus that the introduction of sex education in schools does not lead to an increase in sexual activity, risk behaviors, or STI (sexually transmitted infection)/HIV infection rates among young people (Shepherd, J. & al., 2010).

A number of studies have also found that programs that include active student skill development and involve medical staff and parents in implementation are more likely to change student behavior than programs that are solely school-based and focus on information sharing (Kirby, D. B & al., 2006). Recent research also suggests that programs that adopt educational interventions that have been shown to be effective elsewhere are more likely to improve student knowledge and behavior, even when replicated in other contexts, countries, or cultures (Gardner, F. & al., 2016).

Beyond health outcomes and knowledge, there is also emerging evidence that sexuality education programs can contribute to broader social change. Sex education programs that have a gender-specific or skills-based focus have been associated with outcomes such as reducing the risk of child sexual abuse (Bundeszentrale für gesundheitliche Aufklärung - BZgA, 2016), establishing equitable gender norms and increasing self-confidence (Unterhalter, E. & al., 2014), and strengthening young people's relationship skills. However, this evidence currently comes from qualitative, non-randomized, uncontrolled studies where it is difficult to attribute causality (Montgomery, P. & Knerr, W., 2016).

UNESCO suggests a number of key concepts for successful sex education, as follows (Picken, N., 2021): 1. Relationships; 2. Values, rights, culture and sexuality; 3.

Gender identity; 4. Violence and how to be safe; 5. Health and wellness practices; 6. The human body and its' development; 7. Sexuality and sexual behavior; 8. Sexual and reproductive health. For each key concept, UNESCO identifies important topics and objectives to be addressed for each age group from 5 to 18 years.

Examples of Sexuality Education in European countries

In *Ireland*, sexual and reproductive education is compulsory and is offered as part of the Social, Personal and Health Education (SPHE) curriculum. According to the 2018 IPPF report, teaching focuses heavily on biological aspects, with an emphasis on risk prevention by encouraging abstinence and the prevention of STIs and HIV (Ketting, E. & Ivanova, O., 2018).

In *Austria*, sexuality is seen as an important part of children's overall development and sexuality education aims to support children in ensuring their physical, cognitive and emotional sexual health (Kapella, O., & Mazal, W., 2022). Therefore, sexuality education in Austria is considered comprehensive by NGO representatives and is designed in accordance with WHO standards. The curriculum focuses on biological aspects and the prevention of early pregnancy and STI/HIV, but also covers topics related to sexual identity, mutual consent, social internet and gender-based violence (Ketting, E. & Ivanova, O., 2018).

The *Netherlands* and *Denmark* are leaders in sexuality education among industrialized nations. In the Netherlands, children are educated about sex from the age of 4. According to the PBS website, children learn how to form relationships and talk about sexuality. The Dutch philosophy is to promote respect for all sexual preferences and to help students develop protective skills against coercion, intimidation and sexual abuse (PBS NewsHour, undated).

Sweden is a well-developed country in terms of sexuality education (Tydén, T. & Rogala, C., 2004). In 1955, it was the first country to introduce sex and gender education as a compulsory subject. Since then, Sweden has constantly updated its curriculum on the subject to keep pace with changes (Ekstrand, M. et al., 2011).

However, despite the progressive approach to sex education, a 2011 survey found that 96% of Swedish students and graduates were dissatisfied with the treatment of sexual assault in schools and that they had learned very little about sex in sex education classes. Students also said that they did not receive enough information about gender issues (Avery, L. & Lazdane, G., 2010).

Brief history regarding the implementation of sex education in Romania. Obstacles and prospects

As we emphasized above, sex education is a compulsory subject in the curriculum of most European countries. In Romania, however, it is only optional and, according to statistics, at most 10% of children enrolled in school benefit from this subject (Mihăilă, L., 2023).

In April 2020, the draft law "Health Education in School", initiated by the USR / Uniunea Salvați România MP Cristina Iurișniți, was promulgated, which provides that students benefit from this subject at least once per semester (USR, 2020).

In June 2020, the term "sex education" was removed from the law and replaced by "health education" and this education can only be provided with the written consent of parents. President Klaus Iohannis declares that the manner in which this project was adopted violates the Constitution and calls for a reconsideration. In this request for reconsideration, the President states: "... Health education programs are emphasized only through health education, eliminating the sexual health education component or simplifying it to only the transmission of personal hygiene information. The idea of health education is outdated and no longer reflects the current concept of public health. The concept of health education used before 1990 only included "hygiene activities". At the end of 2020, Romanian President Klaus Iohannis called for the review of the Law on the Protection and Promotion of the Rights of the Child, in particular the renaming of health education to "sexual education", which was rejected by the Working Committee of the Romanian Senate (Roșca, I., 2021).

According to a press release, the USR PLUS party requested at the meeting of the Labor Committee the deletion of the article of the law that renames the term "sexual education" to "health education", the abolition of parental consent for participation in these classes, the beginning of sex education classes in the 5th grade, and the introduction of a new term "health education". Obviously, these changes were rejected (Roșca, I., 2021).

This motion came into the debate exactly in the middle of 2021, when senators from the National Liberal Party (PNL), the Social Democratic Party (PSD) and the Democratic Union of Hungarians in Romania (UDMR) voted against this amendment and a PSD senator stated the following: "We managed to reject Iohannis' motion. This man really wants the practice of masturbation to be taught to children from an early age in schools." (Roșca, I., 2021).

Obviously, the Romanian Orthodox Church played a very important role in the final decision. This measure hinders Romania's development when it comes to reducing the incidence of sexual abuse and unwanted pregnancies, as well as homophobia. Furthermore, the Romanian Orthodox Church's involvement in this issue makes no sense and is downright ironic, especially considering that many priests have been accused and punished for sexual abuse and harassment (Digi 24, 2022; Palade, M., 2021).

The Romanian Orthodox Church declared that sexual education is "an attack on the innocence of children, which hinders their natural development and shapes them for life" and further states that NGOs are "apostles of the sexualization of children's lives from the earliest possible age". Moreover, the Romanian Orthodox Church attests that the WHO's claims are "despicable" and that the data according to which Romania is the leader in the number of underage mothers in the EU are in fact manipulated (Fati, p., 2022).

In June 2021, the Minister of Education Sorin Cîmpeanu mentioned that sex education is taught in schools as part of an optional course, but he also said that only about 6% of students take part in it. However, the documents show that this optional course/lecture is attended by 148,500 students, which is about 7% of the total number of students in Romania (Roșca, I., 2021). As mentioned in the article, the elective subject "Education for Health" was included in the curriculum in 2004 and is taught in 2240 schools in Romania, more precisely in 1294 schools in rural areas and 946 schools in urban areas. The curriculum of this optional class included family roles and the differences between girls and boys for 1st and 2nd grade students, perceptions of girls and boys, puberty and childbirth for 3rd and 4th grade students, attachment and love for 5th and 6th grade students, sexual behavior, sexuality, sexuality and sex education for 5th and 6th grade students. For high school students, the lessons included information on sexual behavior, family planning, STDs, pregnancy and abortion, sexual dysfunction, sexual identity and orientation, pornography and prostitution. Regarding the fact that parental consent is also required for this discipline, the former minister explained that "parental education is therefore also necessary" (Roșca, I., 2021).

In May 2022, Sorin Cîmpeanu, the former Minister of Education, announced that the subject "Education for Life" would be introduced for middle and high school students from September 2023. This subject was to include a module on sex education, from which parents could opt their children out by submitting a written request (Edupedu, 2022).

In June 2022, following a vote in the Chamber of Deputies, sex education will be introduced under the name "Education for Life" or "Health Education" precisely from the 8th grade and only with parental consent (Popescu A., 2022).

It is disheartening that students in 8th grade come into contact with this topic for the first time, especially considering that 22.5% of teenagers start their sexual life before the age of 15 and 8% of women who give birth in Romania are also under the age of 15, according to a study by Cult Market Research (Neagu, A., 2022).

A member of parliament from the Alliance for Romanian Unity (AUR) party, who was against the introduction of this issue, explains: "We need freedom, not ideology, we need the freedom to decide how we raise our children. We do not need child masturbation, gender ideology, abortions among teenagers, sexualization of children. This education should be based on some healthy concepts, they should be encouraged to reduce the need for physical attraction by playing sports, all kinds of dangers that exist in the digital environment related to these aspects" (Popescu A., 2022).

In March 2023, an article published on the edupedu.ro website states that the Minister of Health Alexandru Rafila claims that the subject "health education" must exist as a compulsory subject in schools and include appropriate content for all ages: "As long as we do not introduce health education as a compulsory subject in schools, we will not make progress in many areas, including the area of unwanted pregnancies. After all, health education is not just about sex education, it is a concept that must be taught by teachers trained for this, adapted to the age of the child. As long as only 5% of parents send their

children to health education, which is an optional subject, and only 2% of these children complete the health education modules, we will not make any progress" (Edupedu, 2023).

Materials and methods

In this study, we wanted to analyze the opinions of adults and parents about the introduction of sex education in schools. In our study, we wanted to find out if people are really against the idea of sex education, an idea that is very common in the political and religious space. We also wanted to find out whether there are contradictory views among the respondents.

The main purpose of this study is to capture the general opinion of parents and adults on the introduction of sex education in schools and to identify their possible fears related to the content of this education. The research question we addressed is: "What do adults and parents think about the introduction of sex education in schools?". The general aim of this study is therefore to find out the general opinion on this subject. The specific objectives are to determine the relationship between socio-cultural and biological factors and respondents' opinions about the introduction of sex education in schools and to identify the presence of fears related to the content of this topic.

With this quantitative study, we aim to verify the following statements:

- # The majority of respondents are in favor of introducing sex education in schools, regardless of opinions from the political and religious sphere
- # The majority of respondents believe that sex education is necessary to prevent unwanted pregnancies, despite their religious beliefs
- # The majority of respondents think that sex education should be taught by people trained in this field or by medical staff
- # The majority of respondents are of the opinion that sex education should be taught weekly

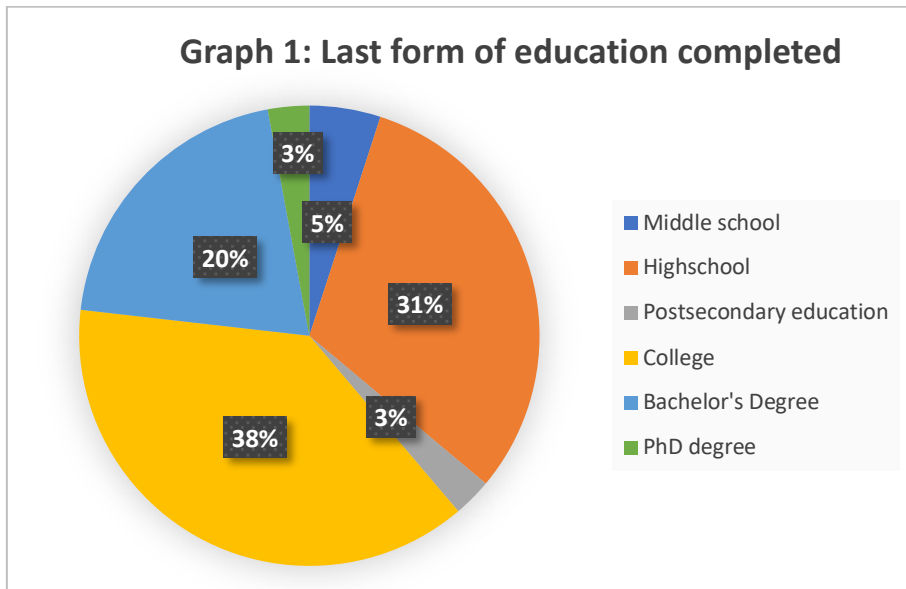
Compared to men, more women would like sex education to be introduced much earlier.

518 people over the age of 18 took part in the survey. The questionnaire also contained a number of open-ended questions that led to qualitative data. The survey was developed in Google Forms and later the data was processed in Microsoft Excel. It was sent online via various social networks, so we cannot speak of a representative sample, but rather of a random sample, but the relatively large number of responses collected (518) allows us to verify the 4 statements, but not to generalize.

The survey was conducted over a two-week period and comprised a series of 29 questions with different response options. In this study we used a group of 518 respondents split by gender, i.e. 399 female respondents, 98 male respondents, 11 non-binary people, 8 fluid people, one she/her person and one demi-girl person. The respondents were between 18 and 70 years old, most of the respondents were between 20 and 30 years old (235 people) and most of them came from an urban environment (454 people). Of the 518 respondents, most are Orthodox (337 people), 396 are single and only 112 have children. The majority of

respondents stated that they either had no children or that their children were not yet at school (422 respondents).

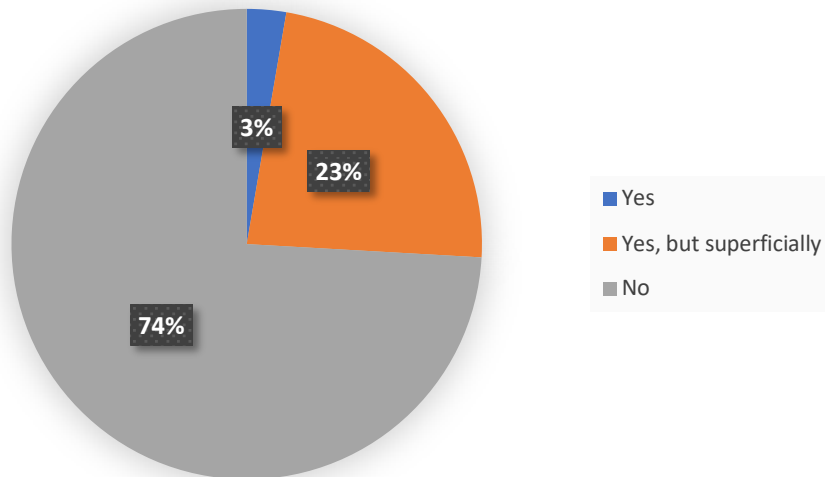
Based on the criteria listed above, we have statistically distributed the respondents in the form of diagrams, as you will see below.



Graph 1 shows the most recent education completed by the respondents. This shows that most respondents have a college degree (38% - 197 respondents).

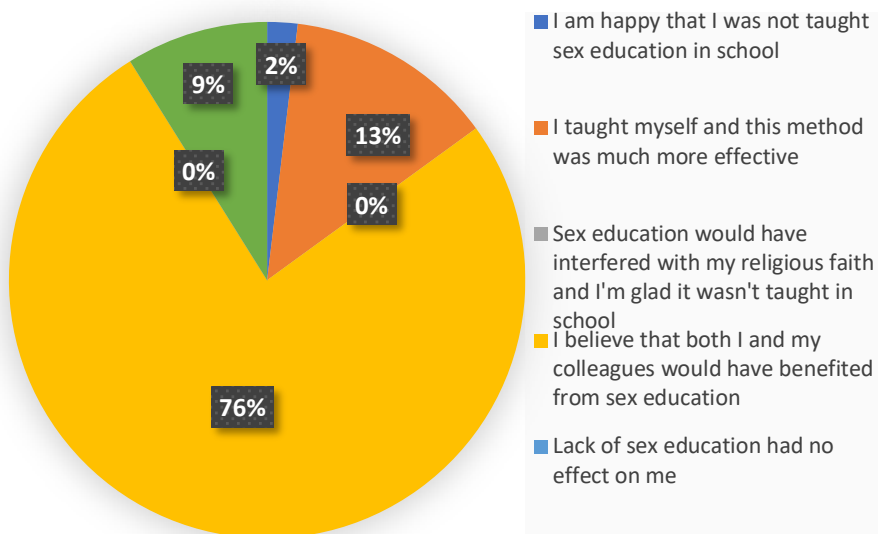
It should be noted that about 61% of respondents have a higher level of education (college or more) – an overrepresentation in our sample compared to the total population (in the total population of Romania, this proportion is 16.0% according to 2021 Census/RPL data). It is to be expected that a population with a higher level of education is much better informed about sexuality education and much more open to the introduction of sexuality education in schools as a compulsory subject.

Graph 2: Where you taught sex education in school?



Graph 2 shows that the majority of respondents 74% (383 respondents) did not receive any sex education at school, 23% (119 respondents) confirm that they were only taught superficially and only 3% (14 respondents) of respondents state that they were taught properly.

Graph 3: If you were not taught sex education in school, what impact did the lack of this subject have on you?



In correlation with Graph 2, Graph 3 analyzes how the lack of sex education affected the respondents. As can be seen, the majority of respondents 76% (394 respondents) believe that they would have benefited from sex education, both themselves and their peers, 13% (68 respondents) believe that it was much more effective to teach themselves, 2% (10 respondents) are satisfied that they did not receive sex education at school. None of the respondents stated that this topic clashed with their religious beliefs.

In contrast, 9% (46 respondents) answered this question voluntarily. You can read some of their answers below:

- *"I taught myself, but my family also played an important role by talking to me about sexually transmitted diseases and sexual intercourse."*
- *"I am afraid of sexual intercourse and find it disgusting, there are many factors that I am not aware of, although I have educated myself about it."*
- *"No effect. Although I come from an orthodox (practicing) Christian family, I was taught about sexuality at home by my mother. If my mother had not talked to me about this topic, it might have been more difficult as a teenager."*
- *"We were 'taught' sex education by a girl from a pro-life NGO. The information was laced with religion, morality and anti-abortion just to scare us into starting our sex lives as late as possible, preferably after marriage. I was very disappointed and think it would have been better if she hadn't taught us anything at all."*
- *"When I hit puberty, I knew nothing about myself, my body and my health, things I had to find out for myself by researching on the internet. Had I been educated about these things, I would have been spared the toxic relationships, the contraceptives prescribed far too early by an endocrinologist, or the shame I felt when exploring my body."*
- *"For a long time in my teenage years, I did not know what consent and sexual assault were, things that I think are absolutely necessary for a teenager to not reach an old age and struggle with trauma."*
- *"I did not know about the HPV vaccine, even though it was available when I was the appropriate age."*
- *"I educated myself, I still do, but I can never guarantee that I am well informed."*
- *"I was lucky with my parents, especially my mother, who explained everything about sexual relationships, diseases, protection, etc. to me from an early age. At the moment I think few teachers would be able to actually teach such a subject; I think it would be a subject like engineering, drawing etc. Sad but true."*
- *"I was put in situations where I lacked information and did not know what to do."*

- *"I educated myself, but I learned a lot as an adult. It would have been helpful to know the concept of 'care' or practices of wellness, health and sociocultural factors, because that way I might not go to therapy because I am afraid to enjoy something natural."*
- *"I would have taken my personal health more seriously if we had learned about it. Some diseases are incurable and can affect your quality of life in general."*
- *"I had a completely wrong idea about sexuality and I believe that with some basic sex education I would have been able to avoid toxic relationships."*
- *"I had to find out for myself what sexually transmitted diseases meant and that some can overcome the condom barrier. I had to learn on my own that sex does not have to be painful."*

In analyzing these responses, we identified seven main themes: 1) Self-enlightenment: many respondents mentioned teaching themselves about sexual health due to a lack of formal education; 2) The role of the family matters, some respondents were educated by their families, while others noted that this was not the case; 3) Misinformation and fear as common consequences of inadequate education; 4) Trauma and mental health, as several respondents mentioned having experienced trauma or needing therapy due to a lack of knowledge; 5) Cultural and religious influence carries significant weight as religious-based teachings led to frustration for some; 6) Health consequences resulting from gaps in knowledge on health topics such as the HPV vaccine, sexually transmitted diseases and consent; 7) Toxic relationships cited by some respondents who linked lack of education to difficulty forming relationships and avoiding abuse.

The general mood regarding the lack of education is rather negative, with frustration, regret and fear being the predominant feelings. A few respondents expressed neutral or even positive experiences when the family filled the gap.

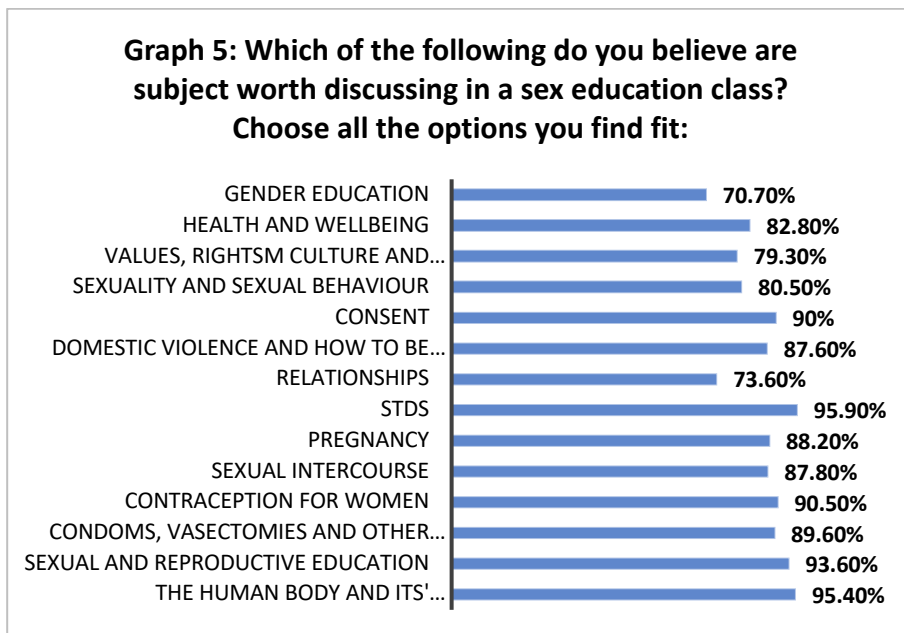
There is a clear need for comprehensive education as many responses indicate gaps in understanding of key issues such as consent, health practices and socio-cultural factors. Reliance on the family for education leads to inequalities, so the role of the family is crucial but unequal. Respondents criticized education that is guided by religious or moral imperatives and indicated a preference for unbiased, factual information. We can also conclude that formal education could prevent trauma related to grooming, consent issues and toxic relationships.

The next image shows the visualization of the word cloud of the answers about the lack of sex education. It highlights the most frequently mentioned words and topics.

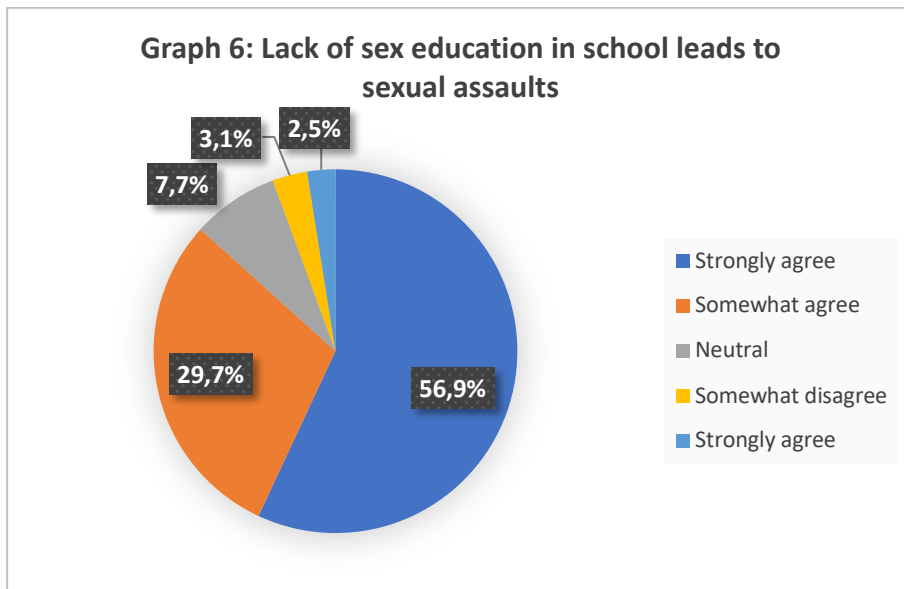
Graph 4: Do you think sex education should be taught separately (by gender)?



Graph 5 shows the opinion of the respondents on which subjects they find fit to be discussed in a sex education class.



Remarkably, all themes achieved at least 70% agreement, showing strong general support for a comprehensive approach to sex education. This suggests that respondents see all of these topics as relevant and valuable for inclusion in the curriculum, even if some of them have higher priority than others. Among the topics with high agreement, we find „STDs” (95.90%) and „The human body and its functions” (95.40%), reflecting an almost unanimous consensus on their crucial importance, as well as some other categories that show a strong preference for practical, health-oriented knowledge (sexual and reproductive education - 93.6%; contraception in women - 90.5%; agreement on sexual intercourse - 90%). Moderate agreement topics such as pregnancy (88.20%), sexual intercourse (87.80%) and domestic violence and how to protect yourself (87.60%) emphasize the importance of safety, relationships and reproductive health. Broader aspects such as health and well-being (82.80%) and sexuality and sexual behavior (80.50%) indicate that the emotional and psychological dimension of sex education is supported. Although gender education (70.70%) received the least support, it shows that a clear majority of respondents consider it important.



Graph 6 shows the respondents' opinion on the connection between a lack of sexual education and sexual assault. Thus, 56.9% of respondents (295 respondents) fully agree that the lack of this topic leads to sexual assault, 29.7% (154 respondents) partially agree, 7.7% (40 respondents) are neutral, 3.1% (16 respondents) partially disagree and 2.5% (13 respondents) do not agree at all.

The high level of agreement (86.6%) underscores that the public (at least in our sample) recognizes sex education as an important tool for preventing sexual violence. There are certain implications for the sexual education curriculum, such as teaching about consent (clear understanding of boundaries and respect), recognizing abusive behavior and how to seek help, as well as raising awareness of the consequences of sexual violence and promoting respectful relationships. The 5.6% who disagree reflect a different view, perhaps based on a belief that other factors (e.g. societal norms, education) play a greater role in preventing sexual violence.

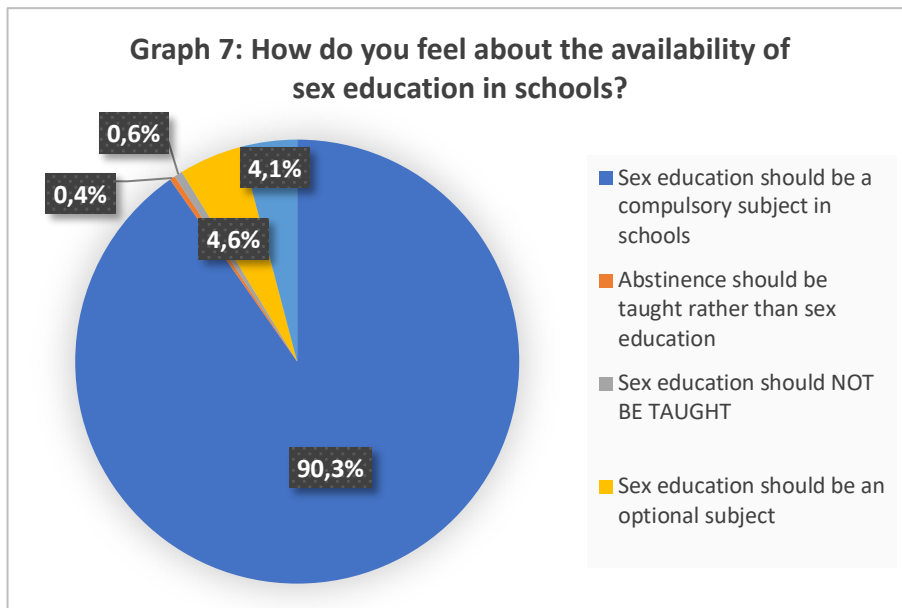
As you can see, respondents' opinions on this statement were more divided than the others. However, a 2018 study linked a lack of sex education to higher rates of sexual assault. Additionally, students who received sex education in schools had a lower risk of being sexually assaulted in college (Neagu, A., 2022).

Results

It was not possible to test some hypotheses statistically, but we did try to see to what extent the opinions of the study participants were convergent or divergent.

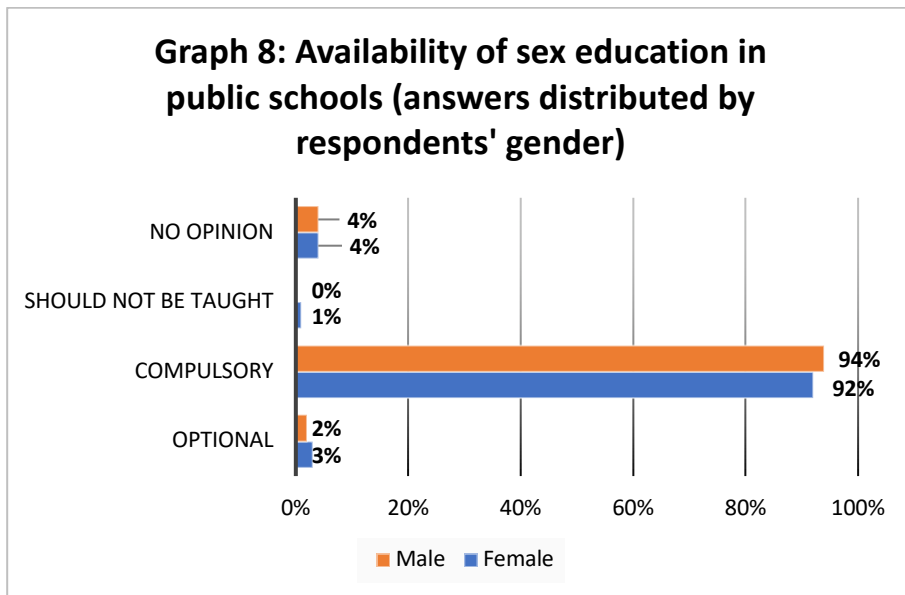
Thus, with regard to the statement "*The majority of respondents are in favor of introducing sex education in schools, regardless of opinions from the political and religious sphere*", it was possible to show that the majority of respondents really are in favor of

introducing this topic into the school curriculum, despite the information in the public domain. This finding is consistent with a study conducted by Cult Market Research for the Society for Contraceptive and Sexual Education (SECS). In this study, it was shown that 77% of Romanians want sex education to be taught in schools, regulated for each age and stage of growth (Neagu, A., 2022).

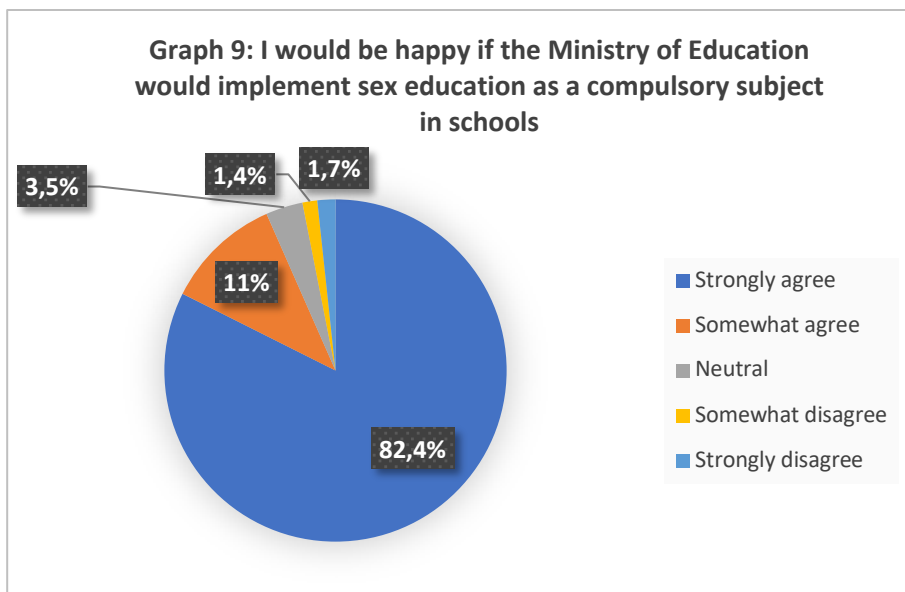


Analysis of the responses to Chart 7 revealed that 90.3% of respondents – the majority (468 respondents) - want sex education to be a compulsory subject in schools, 4.6% (24 respondents) think it should be optional, 4.1% (21 respondents) are neutral, 0.6% (3 respondents) think it should not be taught at all, and 0.4% (2 respondents) want an abstinence-based approach to teaching.

A 2011 study by Stanger-Hall & Hall also found that in US states where sex education only covers abstinence, there are higher rates of unintended pregnancies and sexually transmitted diseases (Santelli, J. S. et al., 2018).

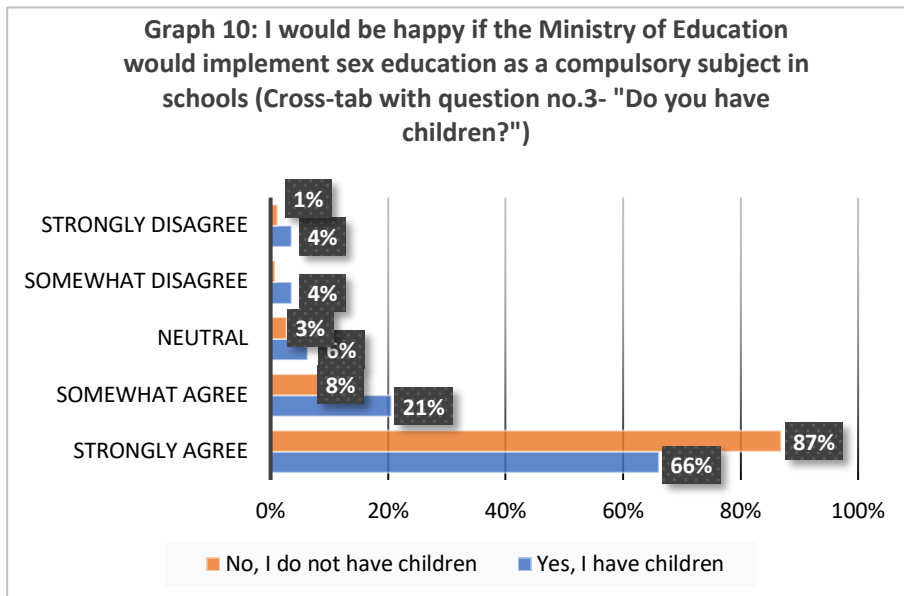


An analysis of the gender-specific distribution of responses to this question shows that 92 out of 98 men (94%) and 364 out of 396 women (92%) are in favor of the mandatory introduction of sex education in schools (see Figure 8). However, the number of male respondents is significantly lower, so we cannot consider this result to be statistically relevant.

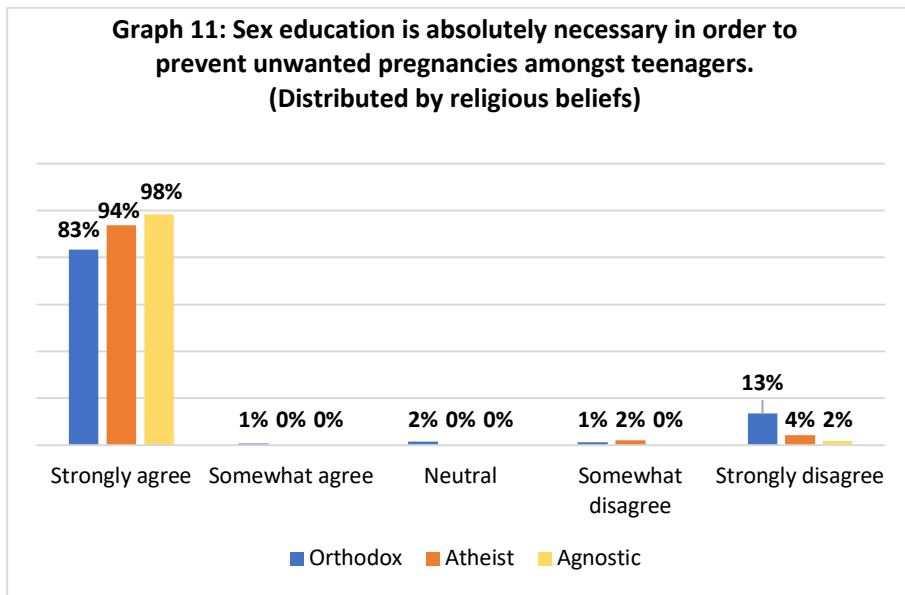


These conclusions were confirmed by the analysis of the answers to question no. 18 („I would be happy if the Ministry of Education would introduce sex education as a

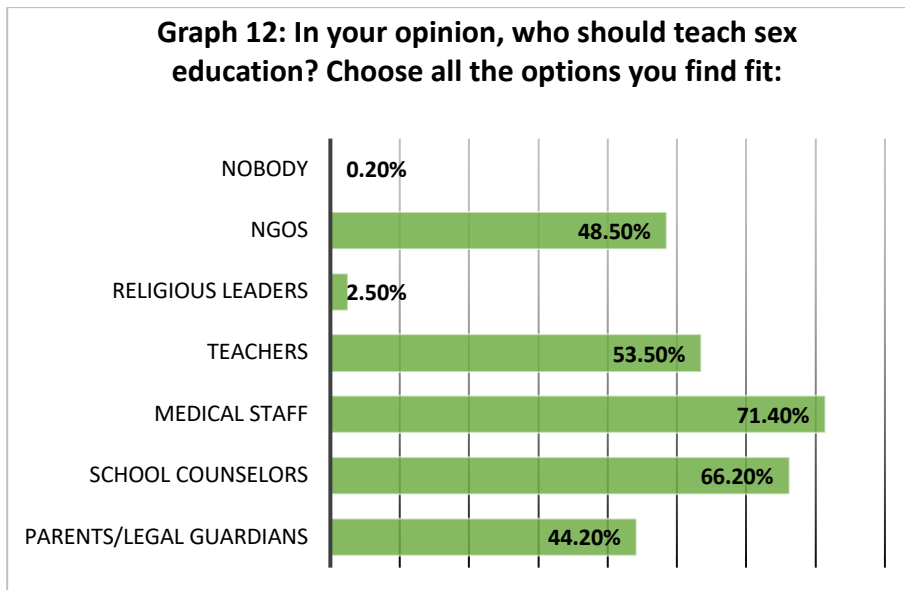
compulsory subject in schools.”), which is analyzed in Graph 9. It emerged that respondents would be happy if the Ministry of Education were to introduce sex education as a compulsory subject in schools. Of the 518 respondents, 427 (82.4%) would like this subject to become compulsory. Surprisingly, this result contradicts that of the study conducted by Cult Market Research, in which 48% of respondents believe that sex education should be an optional subject and 46% that it should be compulsory (Neagu, A., 2022).



Graph 10 also shows a cross-tabulation between question no. 7 ("Do you have children?" YES/NO) and question no. 18 of the survey ("I would be happy if the Ministry of Education implemented sex education as a compulsory subject in schools."). This shows that the majority of respondents who state that they do not have children strongly agree with the introduction of sex education as a compulsory subject in schools, which corresponds to a percentage of 87%, i.e. 353 out of 406 respondents. The majority of respondents who confirm that they have children, 66% (74 out of 112), are also in favour of the introduction of this subject as a compulsory subject in schools.

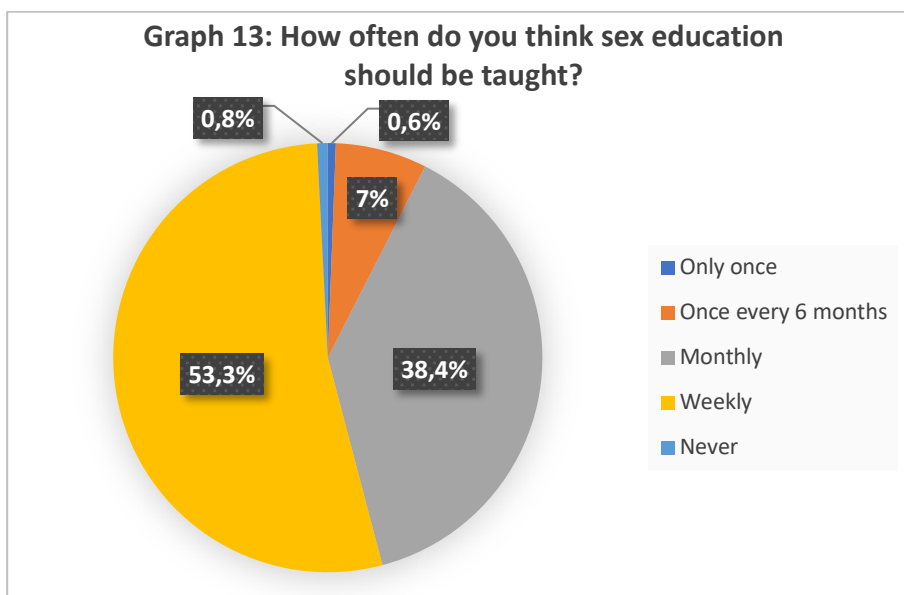


The statement "*The majority of respondents believe that sex education is necessary to prevent unwanted pregnancies, despite their religious beliefs*" was tested by analyzing the distribution by religious beliefs of the answers to question number 19 ("Sex education is absolutely necessary in schools to prevent unwanted pregnancies among young people"), analyzed through Graph 11. As can be seen, the majority of respondents believe that this matter is beneficial in preventing unwanted pregnancies.



“The majority of respondents think that sex education should be taught by people trained in this field or by medical staff” was another sentence we tested and it was confirmed (Graph 12). This result is consistent with the Cult Market Research statistic mentioned above, according to which more than half of the respondents think that this topic should be taught by people with training in this field or by people with a medical background (Neagu, A., 2022). Study participants were given the option to provide multiple responses, with medical personnel ranking first, followed by school counselors, teachers, and NGOs, while religious leaders accounted for only 2.5% of responses.

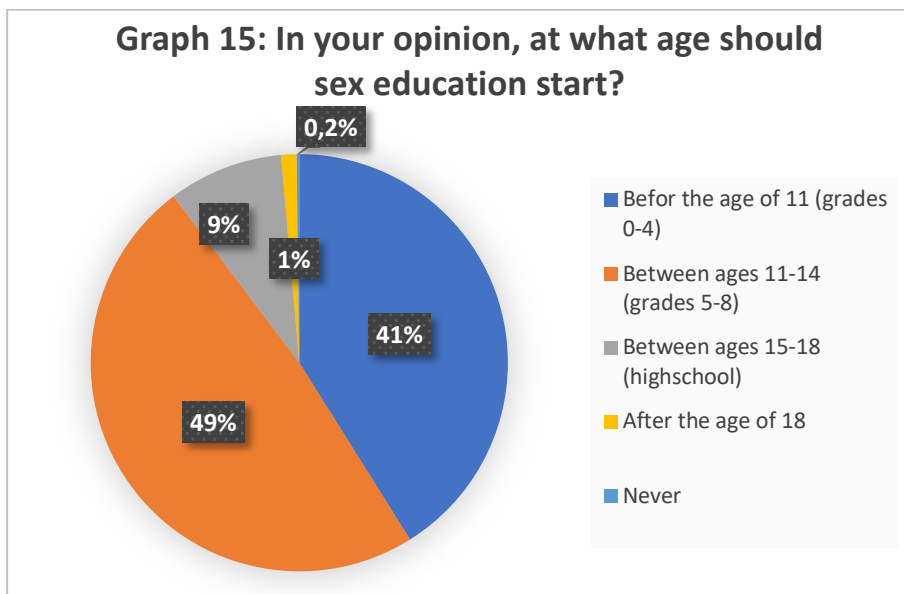
The data suggest that a collaborative approach involving medical personnel, school counselors, teachers, and nongovernmental organizations may be most effective in providing comprehensive sexuality education. The high value placed on medical personnel and school counselors underscores the importance of trained professionals providing accurate and sensitive information. While parents are trusted, their lower ranking suggests that they need resources and training to effectively engage in discussions about sex education at home. The low preference for religious leaders underscores the public preference for a secular and evidence-based curriculum, but the structure of our sample is heavily skewed (predominantly urban-educated respondents).



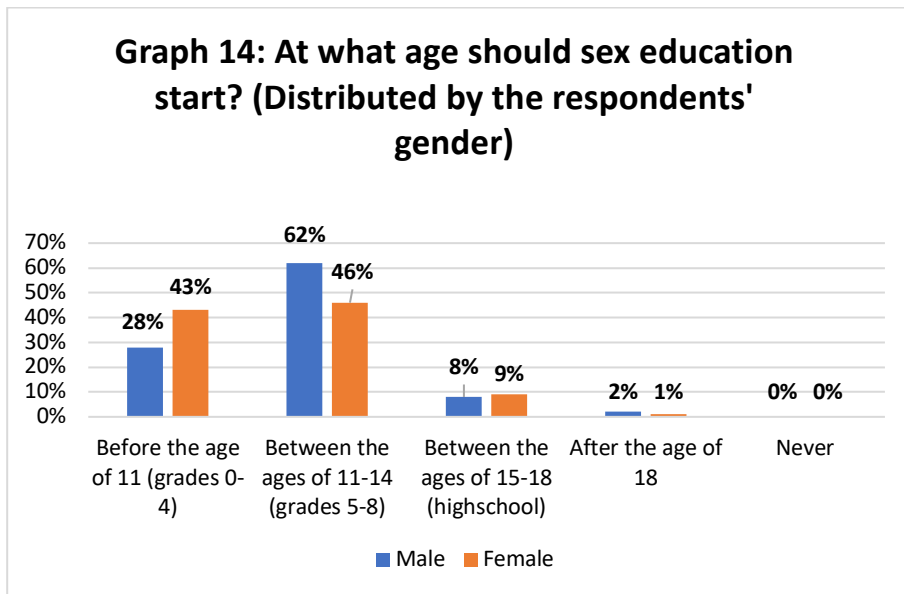
“The majority of respondents are of the opinion that sex education should be taught weekly” – this sentence is analyzed in chart 13. More than half of the respondents (53.3%) would like sex education to be taught weekly. This frequency indicates a strong preference for continuous and integrated learning, suggesting the need for a detailed curriculum that evolves over time, rather than a one-off or sporadic approach. A further 38.4% consider monthly lessons to be necessary, which still allows for structured learning and emphasizes

the importance of regular engagement with the subject. This result is also in line with the result of the study conducted by Cult Market Research with SECS, which found that more than half of the subjects believe that this subject should be taught weekly (Neagu, A., 2022). A small percentage are in favor of biannual lessons, indicating that they consider sex education as an additional subject rather than a core aspect of education. An almost negligible proportion of respondents believe that sex education should only be covered once or never. This underlines the strong consensus in favor of including the topic in education systems.

With the statement "*Compared to men, more women would like sex education to be introduced much earlier*", we wanted to test the extent to which women are more aware of the need for early sex education than men (the data in Graph 14). When analysing the overall sample (Graph 15), we can see that the largest proportion of respondents believe that sex education should start in grades 5-8 (ages 11-14). This coincides with the onset of puberty, a critical developmental period during which children experience physical and emotional changes, and it indicates a strong consensus that sex education should begin before high school but after early childhood. However, a very cohesive proportion (41%) also support the idea of introducing sex education in grades 0-4 (before age 11). This indicates a recognition of the importance of early sex education, which is likely to focus on basic topics such as body awareness, consent and boundaries taught in an age-appropriate way. Only a small percentage believe that sex education should begin in high school (9%) and very few respondents believe that sex education should begin after leaving school (1%). There is an almost unanimous consensus that sex education is necessary, with only 0.2% strongly opposing it.



The majority favor an early start to sex education (before or during 5th to 8th grade). This reflects the realization that early intervention can help children deal with physical and emotional changes more confidently. While early sex education (before age 11) is likely to focus on body awareness, safety and consent, sex education in grades 5-8 (ages 11-14) could address more advanced topics such as puberty, relationships and reproductive health. The lack of support for starting sex education at age 15+ indicates a belief that waiting too long could leave children unprepared for critical developmental stages.



In terms of gender analysis, our statement "Compared to men, more women want sex education to start much earlier" was correct. Women (43%) are more likely than men (28%) to favour starting sex education before the age of 11 (Figure 14). This discrepancy may reflect different views on early childhood education and the role of preventative awareness, with women possibly placing more emphasis on basic knowledge at a younger age. Males are more inclined to start education in adolescence (ages 11-14), which is consistent with the developmental stage at which they perceive the information to be more relevant. By and large, both genders agree on the need for sex education during school years, although the differences in timing reflect different priorities.

Discussions & Conclusions

The analysis of the collected data underlines the crucial importance of introducing structured sexuality education programs in Romanian public schools. Respondents are overwhelmingly in favor of comprehensive sex education covering various topics such as sexually transmitted diseases, consent, contraception, relationships, and sexual and reproductive health. This suggests that the benefits of sex education are widely recognized when it comes to equipping students with the knowledge they need to make informed decisions and avoid potential risks.

The majority of respondents are in favor of starting sex education between the ages of 11 and 14 (grades 5–8), although a significant proportion should start even earlier (grades 0–4). This reflects the general consensus that basic knowledge about health and sexuality should be taught before students reach adolescence, which is in line with international best practice. Notably, female respondents were more likely than male respondents to support earlier sex education, emphasizing that it is necessary for the safety and empowerment of young girls.

Among the topics most frequently identified as essential were sexually transmitted diseases, contraceptive methods, consent and the anatomy and functions of the human body. The emphasis on consent and STIs reflects the growing awareness of the need to address societal issues such as sexual violence and public health risks. Furthermore, the inclusion of relationships and mental wellbeing highlights the importance of a holistic approach to sex education that goes beyond biology.

Respondents strongly support having qualified professionals such as medical professionals (71.4%) and school counselors (66.2%) teach sex education. This underlines the need for educators who are well versed in the subject and able to handle sensitive topics with expertise and sensitivity. Parents and guardians were also recognized as important contributors, indicating the importance of collaboration between schools and families.

Weekly lessons were the most popular option for delivering sex education, chosen by more than half of respondents (53.3%). This suggests that the topic should be covered as a regular part of the curriculum rather than as an occasional or optional topic.

With this quantitative study, we wanted to test several key statements. The results confirm that the majority of respondents are in favor of introducing sex education in schools, regardless of political and religious opinions. Furthermore, despite their religious beliefs, most respondents believe that sex education is essential for the prevention of unwanted pregnancies. There is a strong consensus that it is important for trained professionals or medical staff to teach this topic and that weekly classes are preferred. In addition, a notable difference was found between the genders: Women were more often in favor of introducing sex education earlier than men.

Despite the strong support for sex education, some challenges remain. Religious and cultural attitudes continue to influence perceptions, with some respondents emphasizing the need to balance moral and ethical considerations. In addition, the lack of adequately

trained teachers and standardized curricula is a significant barrier to implementation. Concerns about potential misinformation, which were evident in respondents' experiences of NGO-led events, underline the importance of a scientifically based and unbiased approach.

Our research has obvious limitations. The results of the study are not fully representative of the entire Romanian population due to biases in the sample. For example, the respondents may include a disproportionate number of people with access to education or urban environments, which could distort the results. The reliance on self-reporting raises the possibility of social desirability bias, as respondents may have given answers that they consider more socially acceptable rather than reflecting their true opinions. This study provides a snapshot of opinions at a particular point in time, but does not capture changes in attitudes or behaviors over time. Longitudinal studies are needed to understand trends and long-term effects. The study may also not have adequately captured the perspectives of marginalized or underrepresented communities, such as ethnic minorities or people in rural areas, whose needs and opinions may differ.

In terms of recommendations, we can urge that the Romanian education system prioritize the introduction of mandatory sexual education programs tailored to the developmental stages of students and aligned with international standards for health education. It is necessary to develop a comprehensive training program for teachers, medical staff and school counselors to ensure accurate and sensitive delivery. In addition, schools should actively involve parents and guardians in the process by providing resources and workshops to align home and school education on sexual health issues. Last but not least, it is essential to conduct ongoing evaluation of sexuality education programs to measure their effectiveness and adapt them to changing societal needs.

While our study highlights important findings, its limitations must be recognized and considered in future research to ensure a more comprehensive and accurate understanding of the topic. The implementation of educational programs is an important step in promoting a healthier and better-informed generation.

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