# *Sex education among young adults*

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#### Abstract

**Introduction:** Sex education relates to the dissemination of information regarding human reproductive system, sexually transmitted diseases, pregnancy, childbirth, puberty, menstruation, and menopause. In Albania, sex education began to become part of the education system for the first time in 1995.

**Purpose:** The purpose of this study is to determine the level of education for sexual health among young adults and to ponder upon the effects of current sex education available for them and the possibilities of improvement.

*Methods:* The study included 200 subjects 72.9% female (n=146) and 27.1% males (n=54) with age range from 18 to 23 years old.

**Results:** The main source of information for sex education turns out to be the Internet (53.8%). This form of education has had a considerable effect on the subject's sexual life, as half of the subjects think this information is enough for them. 67% of the sample (n=134), think that they need more information regarding sex education. Regarding the knowledge about sexually transmitted diseases, it turns out that the subjects are more informed about HIV/AIDS (96%). They were less informed about condyloma acuminata, HPV, chlamydia and syphilis. The most used protective method is the condom (66.5%), followed by emergency pills (11.2%) and oral contraceptives (7.6%).

**Conclusion:** Sex education among young adults in Albania results promising, as this sample of young adults was knowledgeable about STT and protection.

Key words: sex education, sexually transmitted diseases, protective measures.

## Introduction

Sex education means the dissemination of information related to the human reproductive system, sexually transmitted diseases, pregnancy, childbirth, puberty, menstruation, and menopause. Sex education helps people gain the information and skills they need to make the best decisions for themselves about sex and relationships. (Breuner et al., 2016)

As they grow older, young people face important decisions about relationships, sexuality, and sexual behavior. The decisions they make indisputably affect their health and well-being. Young people have the right to live a healthy life and it is the duty and responsibility of society to prepare young people by providing them with a comprehensive sex-health education that gives them the necessary tools to make healthy decisions.

Sex education begins early in childhood and progresses through adolescence and adulthood. Family, society, school, media, and internet serve as main sources of information regarding sex education (Guthrie & Bates, 2003). Many young people receive confusing information about intercourse and sex as they transition from childhood to adulthood. This has led to a growing demand for reliable information that will prepare them for a safe, productive and fulfilling life.

In Europe, sex education as a subject of the school curriculum has a history of more than half a century. It first started in Sweden in 1955, followed by many other Western European countries in the 1970s and 1980s. (Yepoyan, 2014) It then continued in the 1990s and early 2000s, first in France and the United Kingdom and then in Portugal, Spain, Estonia, Ukraine and Armenia. In Ireland, sex education became compulsory in primary and secondary schools in 2003. (Yepoyan, 2014)

In Albania, sex education began to become part of the education system for the first time in 1995 (Together for Life, 2022). United Nations Fund for Population Activities (UNFPA) is one of the international organizations that has contributed for almost a decade, in cooperation with the Ministry of Education, Sports and Youth, for the development of sex education and its implementation in Albanian school curricula for ages 10 to 18. For this, measures were taken to train teachers on the best practices in teaching topics related to sex education. (Together for Life, 2022)

Although sex education is introduced and implemented in Albania, according to a report by TFL (*Together for Life organization*) the number of reported STD is considerably high.

With 10% of women and 2% of men of the age 15-49 reporting at least one symptom of sexually transmitted diseases (STD) on the past 12 months. And for



the subjects of the age 15-19 this prevalence is higher with 16% of young women reporting a STD or a symptom of STD on the last 12 months. Also, according to this report, in the year 2020 there were 81 new adult cases of HIV. (Together for Life, 2022)

# Methods

#### Aim of the study

There is a need for the implementation and strengthening of sex education agenda in high school curriculum or as soon as sexual activity starts during adolescence. The purpose of this study is to determine the level of education for sexual health among young adults and to ponder upon the effects of current sex education available for them and the possibilities of improvement.

#### Sample

The study included 200 subjects 72.9% female (n=146) and 27.1% males (n=54) with the age range from 18 to 23 years old. Subjects were students from different backgrounds and areas of Albania all pursuing higher education.

#### Data Instrument

The data was collected by using Google Forms questionnaire distributed to the target population.

The questionnaire included 17 modules that were designed to gather information regarding general information of the subjects, sexuality and sexual behavior, knowledge on sexually transmitted diseases, forms of transmission and means of safe sex, as well as their form of sex education, its origins, and the need for improvement.

### Results

From the collected data, it results that 27.1% (n=54) are male and 72.9% (n=146) are female.







Regarding age of the young adults included in the study, 4.5% (n=9) belong to the age of 18, 16.4% (n=33) belong to the age of 19, 21.5% (n=43) belong to the age of 20, 24.3% (n =49) belong to the age of 21, 14.7% (n=29) belong to the age of 22 and 18.6% (n=37) belong to the age of 23.





82% (n=164) of the adults included in the study identify as heterosexual, 1.9% (n=4) identify as homosexual, 1.2% (n=2) identify as bisexual and 14.9% (n=30) have chosen the option ' other'.



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Of the 200 adults included in the study, 68.4% (n=137) affirmed that they are sexually active, while 31.6% (n=63) affirmed that they are not sexually active.



26.3% (n=53) of the adults included in the study started sexual activity before the age of 18, 51.4% (n=103) started sexual activity after the age of 18 and 22.3% (n=44) claimed that they did not have started sexual activity yet.





From the collected data, it results that 11.2% (n=22) of the adults included in the study have more than one partner in the same period of time.



**CHART 6:** Being informed about the importance of using protective methods during sex

Of the 200 adults included in the study, 96.1% (n=192) of them affirmed that they are informed about the importance of using protective means during sexual intercourses, 3.9% (n=8) of them are not informed.





The most used protective method turns out to be the condom (66.5%), followed by emergency pills (11.2%) and oral contraceptives (7.6%). From the collected data, it appears that protective methods such as foams/gels, cervical cap, intrauterine device (IUD) and subdermal implant (Norplant) are much less used by young adults. 30.6% of adults stated that they do not use any of the protective methods.





Based on the data collected from the questionnaire about sexually transmitted diseases, it turns out that the subjects are more informed about HIV/AIDS (96%), this is also due to the global promotion against this disease. It is noted that condyloma acuminata, HPV, chlamydia and syphilis are the diseases about which adults are less informed.





CHART 9: Being informed about the other ways of transmission of SST

75.3% (n=151) of adults claimed that they are informed about other ways of transmission of these diseases, 24.7% (n=49) are not informed.



CHART 10: Symptoms related to SST

Only 7.3% (n=15) of the adults included in the study affirm that they have had concerns related to sexually transmitted diseases.



#### CHART 11: Medical check-up for symptoms/signs of disease

Of the subjects who had suspicions of symptoms related to STDs, 28.3% (n=4) of them had made medical visits for these problems, while 71.7% (n=11) were not examined by a health professional.





CHART 12: Sex education before the start of sexual activity

71.4% (n=143) of adults claimed that they had some form of sex education before starting sexual activity, 28.6% (n=57) did not.



CHART 13: Source of sex education

The main source of information for sex education turns out to be the Internet (53.8%), followed by school (39.6%), society (36.1%), family (28.4%) and other forms of education (7.1%). 17.8% of adults did not have any information source for sex education.



#### CHART 14: Influence of sex education in sexual life



Regarding the question of how much influence sex education has had on their sexual life, 15.8% (n=31) of adults chose the option 'not at all', 22.4% (n=45) chose the option 'a little', 44.8% (n=90) have chosen the option 'enough' and 17% (n=34) have chosen the option 'a lot'.



CHART 15: Inclusion of sex education in high school curriculum

From the data collected, it results that 89.9% (n=180) of the adults included in the study claim that sex education should be included more in the curricula of high schools.



CHART 16: More information needed in the topic

From the collected data, it results that a high percentage of adults included in the study, 67% (n=134), think that they need more information on these issues.

# Discussion

The purpose of this study is to determine the level of education for sex-health among young adults and to ponder upon the effects of current sex education available for them and the possibilities of improvement. The main source of information for sex education turns out to be the Internet. The internet being the main source of sex



education form for young adults is not an uncommon knowledge considering most of today's youth regardless their sexuality (Ventriglio & Bhugra, 2019) chooses the internet as a reliable source. Also considering the advancement of technology and the digital culture it is expected that most forums or education programs will be held online.(von Rosen et al., 2017) Having this form of education offered to youth is promising considering that in Albania, but not only, being expressive about sex and sexuality is still a taboo or difficult to discuss about.( Mitchell et al., 2014) Having some sort of privacy to explore, that internet offers, has its positive side, but the issue with the internet is that it also provides unreliable sources of sex education such as pornography which can cause addiction and unhealthy sexual life.(Yunengsih & Setiawan, 2021) Considering that 44% of young adolescents and children in Albania consume pornographic materials daily this rises a concern regarding their sex-health and behavior.(World Vision International, 2013)

Other issues regarding sex education are teaching it, some of the challenges include fear of teachers to discuss controversial subjects, the lack of teacher training to discuss sexuality and the taboo of discussing openly regarding sex issues and discrimination. (Donovan, 1998) Sex education should not be delivered only to heterosexual individuals but also to other spectrums of sexuality and also for individuals with intellectual disabilities. (Lam et al., 2022)

Global public health institutions have had a constant promotion and lobbying against HIV/AIDS and this is reflected on the general knowledge the population has, as seen in our study also.( Gable et al., 2009) On the other hand, we have STDs, such as HPV, which was one of the least known STDs from the subjects, besides the fact that it's one of the most common STDs in the world (Dunne & Park, 2013) and there are yearly campaigns for cervical cancer in Albania.

With globalism and changes in social construct sex-health and behavior of young adults in Albania doesn't have many differences with peers from different nationalities or cultures, all this based on a standardized sex education (Lindberg & Maddow-Zimet, 2012), even though sex education is in constant changes and improvements because of same reasons mentioned. (Leung et al., 2019)

# Conclusion

In summary from the collected data, it results that:

The main source of information for sex education turns out to be the Internet (53.8%). This form of education has had a considerable effect on the subject's sexual life where 44.8% (n= 90) of the subjects think that this form of information is enough for them. 67% (n=134), think that they need more information regarding sex education. Regarding the knowledge about sexually transmitted diseases,



it turns out that the subjects are more informed about HIV/AIDS (96%), while being less informed about condyloma acuminata, HPV, chlamydia and syphilis. The most used protective method turns out to be the condom (66.5%), followed by emergency pills (11.2%) and oral contraceptives (7.6%).

Most of the subjects included in this sample have knowledge regarding sexually transmitted diseases and usage of protection. It should be noted that the source of sex education is not reliable, because the Internet does not always provide safe information about these topics. Actors such as family and school should be more involved in teaching sex education. Information should also be offered regarding more common STDs such as HPV, chlamydia, and syphilis.

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