

***AWARENESS AND ATTITUDES  
OF TEACHERS AND PARENTS TO  
COMPREHENSIVE  
SEXUALITY EDUCATION***



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**AWARENESS AND ATTITUDES OF  
TEACHERS AND PARENTS  
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Study report and infographics  
can be accessed online by the QR-code:



This study has been conducted by the Cedos Think Tank in partnership with the Info Sapiens Research Agency, upon commission of the United Nations Population Fund (UNFPA) and with the support of the Ministry of Education and Science of Ukraine. The materials, conclusions and recommendations articulated in this publication reflect the views of the authors and do not necessarily reflect the official position of UNFPA.

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## BRIEF FINDINGS OF THE STUDY

**Most parents and teachers have a positive attitude to informal comprehensive sexuality education in the family and during activities outside of school.** The family in which a child is brought up must provide sexuality education: this position is supported by 89% of parents and 92% of teachers. At the same time, significantly fewer mothers and fathers (48%) have positive views of their child's participation in relevant informal activities outside of school, such as workshops, lectures, online courses; a quarter of them (25%) share a negative attitude to this. At focus group discussions, parents and teachers named lack of information about the content of these activities and information about those who conduct the activities—that is, parents' exclusion and lack of influence or control on their part—as the reason for their distrust. Which means that the level of support for sexuality education in informal circumstances can be different if specific examples are discussed.

**Formal comprehensive sexuality education (in school) is supported by the majority.** In particular, parents believe this format to be important and relevant because not all of them are confident in their knowledge of specific human sexuality topics, and they are not always ready to discuss them with their children in general. Almost 84% of parents and teachers believe that there should be sexuality education in school. Most respondents support starting it in the first or fifth grade; at focus group discussions, participants also mentioned earlier age for starting formal sexuality education—in kindergarten. However, neither parents nor teachers are satisfied with its present state; in particular, some of them believe that there is no sexuality education in school at all. Nevertheless, some activities which can be viewed as components of sexuality education already take place in school: class hours and elective classes, lectures by specialists invited from the outside (such as medical workers), film screenings, preparation of posters, etc., and teachers are involved in their organization and conduction.

**Teachers mostly evaluate their preparedness for the implementation of sexuality education in school positively, but objective indicators reveal the opposite.** About 40% are confident of their knowledge about certain (sensitive) sexuality education topics and of their ability to discuss them with students. However, the situation with preparedness is different if we do not look at subjective assessments of the teachers themselves. In the survey and at focus group discussions, some of them reproduced stereotypes, myths and assumptions. In particular, 62% of the surveyed teachers are convinced that girls who wear short hemlines and makeup

encourage boys to active courtship by doing so; 33% believe that abortion must be banned in Ukraine; 36% think that non-heterosexual orientation requires treatment; and 19% believe that children with HIV should not study together with other children. If teachers share these assumptions, this can affect not only the way they present the material in class or at extracurricular activities, but also their behavior and treatment of students who, for instance, contradict their views of “normality” by having certain characteristics. In addition, very few of the respondents have received training related to sexuality education at pedagogical HEIs or further professional education courses. After all, these opportunities can be missing in general, since CSE has not been introduced in schools—therefore, there is no need at the government level to prepare teachers for it or organize such training.

**The situation with parents’ preparedness to provide sexuality education to their children is similar to the situation among teachers.** A third of them are similarly confident of their knowledge on particular topics (32%) and believe that they will not feel uncomfortable while discussing them with their child (30%). However, parents harbor stereotypes and biases as well. For example, 29% believe that young people who have had several sexual partners are licentious, 27% think that having sexual relations before marriage is shameful. Among the surveyed parents, 68% have already had experience of providing sexual education to their child in the family, and another 27% plan to do it. At the same time, about a half of all parents do not prepare for such conversations in any way; on the other hand, 28% read articles online, 21% read specialized books for children, 12% watch blogs by sex pedagogues or psychologists to prepare.

**Almost a half of all parents (44%) and teachers (43%) are convinced that they have no barriers in discussing issues of human sexuality with children.** Nevertheless, both in the survey and at focus group discussions, the participants spoke about their own psychological unpreparedness, lack of understanding of where to start these conversations and how to have them, worries about lack of interest on the part of children and teenagers or about their negative reaction, etc. In addition, the study participants mentioned that they themselves had no such experience when they were kids, either in the family or at school.

**For parents to undertake a leading role in the sexual education of their own child, they require education for themselves, consultations by specialists, information materials.** Although in the survey, 68% of parents said they had already provided sexuality education in the family, at focus group discussions, few mothers and fathers had such experience. Some of them had deliberately

organized conversations with their children on the topic of deciding to start sexual activity, about safe sex or the menstrual cycle; others had conversations after watching TV shows or films related, for instance, to the topics of early pregnancy or sex. But some parents have never thought about the need to provide sexuality education in the family before, or have postponed it indefinitely. Regardless of their experience, parents themselves spoke about their need for help with information and preparation on how to have these conversations with their child; teachers also spoke about the need to work with parents and teach them. The requests came down to several key points: how to present information correctly depending on the child's age without harming them; how to start the conversation and what the methodology for having it should be; obtaining experience of conducting sexuality education activities which parents did not get themselves when they were kids. According to the survey findings, 88% of parents would like the school to help with sexual education for their children. For example, they are not confident of their knowledge in some sexuality education topics, so these topics should be explained by specialists, particularly at school, according to the participants of focus group discussions. In addition, focus group participants expressed interest in participating in consultations or workshops with specialists, particularly if these take place at school after working hours; they also expressed their need for social videos on sexuality education and other information materials.

**Teachers who would like to be involved in sexuality education for students have requests for their own training, supplementary materials and support on the part of the Ministry and other participants of the education process.** 91% of the respondents would find textbooks and other class materials useful: at focus group discussions, teachers said that textbooks currently did not contain enough information on topics that are part of sexuality education, so they needed to additionally look it up on the internet or in other sources. 80% or more teachers also believed it would be useful for them to take a course in sexuality education, participate in workshops about the approaches and methods of conducting the relevant classes with students, to learn about the experience of implementing sexuality education from their colleagues who have already had this experience. The majority did not receive the relevant training when they studied at universities or participated in further professional training courses. However, some teachers at focus group discussions said that they were interested in this issue, had searched for relevant materials and recommendations online, referred to specialized books, etc. So, at the moment, the level of their preparedness depends to a large extent

on the teacher's own initiative and their interest in the topic in general. Among other requests, teachers also mentioned having a separate organization which they could address to receive consultations on how to conduct classes or to get advice, invite specialists from the organization to teach classes; and support from the MES: its confirmation that sexuality education must be present in school and methodological recommendations on its implementation.

## ACRONYMS

<b>AIDS</b>	acquired immunodeficiency syndrome
<b>CSE</b>	comprehensive sexuality education
<b>FGD</b>	focus group discussion
<b>GSEI</b>	general secondary education institution
<b>HIV</b>	human immunodeficiency virus
<b>HEI</b>	higher education institution
<b>IPPE</b>	institute for postgraduate pedagogical education
<b>MES</b>	Ministry of Education and Science
<b>STI</b>	sexually transmitted infection
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
<b>UNFPA</b>	United Nations Population Fund

## INTRODUCTION

According to the definition provided by the UN *International technical guidance on sexuality education*, comprehensive sexuality education “is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality.”<sup>1</sup> It aims to equip children and teenagers with knowledge and skills that will empower them to realize their health and rights, develop respectful relationships with others, be responsible for their own wellbeing and that of others. In particular, comprehensive sexuality education plays a preventive role with regard to such problems as gender-based violence and gender inequality, spread of sexually transmitted infections, HIV/AIDS, early unwanted pregnancies, etc. It can be held both in formal settings (at education institutions, particularly general secondary education institutions) and in non-formal settings (for instance, in the family, in the form of online courses, workshops or lectures, health clinics, youth centers). Its key principles include:

- scientifically accurate and age- and developmentally-appropriate information;
- incremental learning of topics;
- comprehensive thematic content, including a broad scope of issues which can be converged in the following key blocks: relationships; values, rights, culture related to human sexuality; understanding equal rights of women and men; violence and staying safe; skills for health and wellbeing; the human body and development; human sexuality and behavior; sexual and reproductive health;<sup>2</sup>
- upholding human rights, particularly the right to education and health, non-discrimination, etc.

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<sup>1</sup> UNESCO. 2018. International technical guidance on sexuality education, p. 16.

<sup>2</sup> The list of key topics proposed in the International technical guidance on sexuality education. Source: UNESCO. 2018. International technical guidance on sexuality education, p. 35

Other organizations that work with sexuality education, such as the International Planned Parenthood Federation (IPPF), also emphasize its importance for protecting children's and teenagers' health and recommend introducing it in schools and outside, in informal settings.<sup>3</sup>

However, for the Ukrainian society, sexuality education is a sensitive, sometimes even avoided topic, especially with regard to school-aged children. The lack of a broad dialogue about this phenomenon leads to a situation where many myths and fears still exist around the concept of sexuality education.

Myths and fears around sexuality education are often based on the false claim that the sooner and more we tell children about human sexuality, the worse it affects their behavior and health. However, previously conducted research demonstrates that this is far from being true. In 2008 and 2016, UNESCO commissioned a review of studies about the effects of sexuality education on sexual behavior and health, as well as on the knowledge about sexuality and health. Previously conducted studies show that school sexual education curricula help obtain the following results: delayed initiation of sexual intercourse; decreased frequency of sexual intercourse; decreased number of sexual partners; reduced risk taking; increased use of contraception and condoms in particular.<sup>4</sup>

According to the study of Ukrainian teenagers conducted as a part of the Health Behavior in School-Aged Children in Ukraine project<sup>5</sup> in 2018, 6.6% of 15-year-old girls, as well as 18.5% of boys had already had sex. These numbers had decreased somewhat since 2002, when the first wave of the study was conducted (29% and 12.1%, respectively). However, the average age of the first sexual experience had barely changed over these years: among girls, it was 14.9 in 2002 and 15.1 in 2018; among boys, it was 14.2 and 14.4, respectively.

Among the 15-year-olds who had sexual experiences, 23% did not use either a condom or birth control pills (the girlfriend or partner of the boy who was surveyed) during the latest sexual intercourse. For comparison, in the Netherlands, where sexual education starts in kindergarten, this number is 11%; the number is the

<sup>3</sup> IPPF. 2010. Framework for Comprehensive Sexuality Education (CSE): From choice, a world of possibilities.

<sup>4</sup> UNESCO. 2018. International technical guidance on sexuality education, p. 28.

<sup>5</sup> The Health behaviour in school-aged children (HBSC) international project involves 49 countries; Ukraine joined in 2002, and 5 waves of surveys of teenagers have been conducted in total. In Ukraine, the research is conducted by the Oleksandr Yaremenko Institute for Social Research.

lowest—just 8%—in Denmark. <sup>6</sup> In addition, according to a WHO report, birth rates among 15 to 19-year-old girls in Ukraine are higher than the average for European and Asian countries: 27 per 1,000 girls, versus 17 per 1,000 girls, respectively. <sup>7</sup> In the comparative table, Armenia, Serbia and Belarus are above Ukraine with a minimal difference. <sup>8</sup>

At the same time, students aged 10 to 17 receive knowledge about sexual relations mostly online; less frequently, from their peers and from TV shows; and only then the list of sources includes parents and teachers. <sup>9</sup> Although according to international recommendations, the key agents of knowledge transmission in sexuality education are supposed to be parents and school teachers, in practice it is not always the case — far from it, in fact.

The support and participation of parents in comprehensive sexuality education is not just necessary but crucial. For children, their parents' behavior provides an example of relationships, expressing emotions, distribution of gender roles in the family. <sup>10</sup> At the same time, due to a lack of knowledge about the content and goals of sexuality education, parents often have reservations about the need to introduce it. And although the goals of sexuality education do not include transforming the institution of the family, certain more conservative-leaning social circles still maintain the opinion that knowledge provided by sexuality education can harm this institution. However, its tasks do not include anything related to substituting the role of parents or the institution of the family in general. On the contrary, schools provide support and supplement the role of parents in sexuality education.

<sup>6</sup> Inchley J, Currie D, Budisavljevic S, Torsheim T, Jåstad A, Cosma A et al., editors. Spotlight on adolescent health and well-being. Findings from the 2017/2018 Health Behaviour in School-aged Children (HBSC) survey in Europe and Canada. International report. Volume 1. Key findings. Copenhagen: WHO Regional Office for Europe; 2020. p. 25

<sup>7</sup> WHO. 2018. Situation of child and adolescent health in Europe, p.171.

<sup>8</sup> Ibid, p. 164.

<sup>9</sup> UNICEF, Oleksandr Yaremenko Institute for Social Research. 2019. Social conditions and indicators of health of teenagers and young people: based on the findings of a sociological survey as a part of the Health Behavior in School-aged Children international project.

<sup>10</sup> WHO. 2010. Standards for Sexuality Education in Europe. Online access: [https://www.bzga-whocc.de/fileadmin/user\\_upload/WHO\\_BZgA\\_Standards\\_English.pdf](https://www.bzga-whocc.de/fileadmin/user_upload/WHO_BZgA_Standards_English.pdf).

Therefore, a significant role in implementing sexuality education at the local level is played by teachers as well <sup>11, 12</sup>.

They have to be motivated, treat the subject they teach without bias, spread verified information, understand the foundations of comprehensive sexuality education; under these conditions in particular, it can be effective. <sup>13</sup> But to do this, teachers themselves need an opportunity to study, to take specialized courses and workshops as a part of their further professional training. In addition, it is important for them to be supported by the leadership of the education institutions where they work, particularly to be encouraged to teach sexuality education topics. But comprehensive sexuality education has not been introduced in schools yet, so teachers do not receive the relevant training. Instead, thematic elective classes or, for example, class hours can only take place as isolated initiatives of individual teachers.

De jure, there is no formal sexuality education in Ukraine: school curricula do not include this class, and the concept of sexuality education is not featured in legislation—in particular, the Law “On general secondary education” does not mention this phenomenon. In fact, however, it does take place in schools, because some topics related to sexuality have long been included in some mandatory courses taken by all students. <sup>14</sup> This applies to Biology, Health Basics, Law, Ukrainian Literature and Foreign Literature, Ukrainian Language, and Civic Education, which are taught in 5th through 11th grade. However, there is no separate framework document which would structure these topics and the corresponding expected learning outcomes that should be achieved by students; thus, sexuality education remains unnoticed in Ukrainian schools.

<sup>11</sup> Ibid

<sup>12</sup> UNESCO. 2018. International technical guidance on sexuality education. Online access: [https://unesdoc.unesco.org/in/documentViewer.xhtml?v=2.1.196&id=p::usmarcdef\\_0000260770&file=/in/rest/annotationSVC/DownloadWatermarkedAttachment/attach\\_import\\_d8d4de18-19d0-4a35-8eb2-ab5eaa5ca5d3%3F\\_%3D260770eng.pdf&updateUrl=updateUrl2037&ark=/ark:/48223/pf0000260770/PDF/260770eng.pdf.multi&fullScreen=true&locale=en%5B%7B%22num%22%3A146%2C%22gen%22%3A0%7D%2C%7B%22name%22%3A%22XYZ%22%7D%2C0%2C842%2C0%5D](https://unesdoc.unesco.org/in/documentViewer.xhtml?v=2.1.196&id=p::usmarcdef_0000260770&file=/in/rest/annotationSVC/DownloadWatermarkedAttachment/attach_import_d8d4de18-19d0-4a35-8eb2-ab5eaa5ca5d3%3F_%3D260770eng.pdf&updateUrl=updateUrl2037&ark=/ark:/48223/pf0000260770/PDF/260770eng.pdf.multi&fullScreen=true&locale=en%5B%7B%22num%22%3A146%2C%22gen%22%3A0%7D%2C%7B%22name%22%3A%22XYZ%22%7D%2C0%2C842%2C0%5D)

<sup>13</sup> Training matters: A framework for core competencies of sexuality educators.

<sup>14</sup> Cedos. 2019. Sexuality education in schools: is there anything to improve?. Online access: <https://cedos.org.ua/uk/articles/stvorennia-peredumov-dlia-rozvytku-seksualnoi-osvity-v-shkolakh>.

Until now, not all parents or schools in Ukraine are involved in children’s sexuality education—moreover, not all of them realize its importance or even think about it, although they are actually the key agents of the children’s socialization. Comprehensive sexuality education remains invisible in schools, and families still fail to discuss the “taboo” questions which are important for their child’s future wellbeing—and there can be numerous explanations for this. Working to provide comprehensive education in school and in informal settings is a big task that requires attention from the government and involvement of many parties.

For this purpose, it is important to first reveal and describe the attitudes of parents and teachers as the key agents of children’s socialization towards comprehensive sexuality education, as well as their readiness to participate in it. This is the **purpose** of conducting this study. Accordingly, it had the following **goals**:

1. Assess the fraction of parents and teachers who support CSE in formal and informal education.
2. Reveal teachers’ readiness to introduce and launch CSE in school. Determine the role and the extent to which teachers support CSE in school. Determine how teachers evaluate their ability to talk with students about sensitive topics, and their level of knowledge and skills related to CSE.
3. Evaluate parents’ readiness to support CSE for their children, their ability to talk with their children about sensitive/intimate topics.
4. Discover what parents and teachers need in order to be able to undertake the leading roles in CSE.

The findings of this study will be useful for making evidence-based decisions while developing comprehensive sexuality education in Ukraine as a part of the New Ukrainian School reform, while developing and updating curricula for secondary education, informing what kind of support teachers and parents need, improving the process of training future teachers and their further professional training, working with parents to increase their participation in their children’s education, and developing adult education.

The study has been conducted by the Cedos Think Tank NGO in partnership with the Info Sapiens Research Agency and initiated, as well as supported financially, technically and organizationally, by the Office of the United Nations Population Agency (UNFPA) in Ukraine.

The team of authors included Tetiana Zheriobkina, Mariya Kudelia, Yulia Nazarenko; the report has been reviewed by Anastasia Fitsova and Tetiana Stepurko, edited and translated by Roksolana Mashkova. The survey was conducted by the Info

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## METHODOLOGY OF THE STUDY

In December 2019–June 2020, upon commission of UNFPA Ukraine, the Cedos Think Tank conducted a study of the awareness and attitudes of teachers and parents to comprehensive sexuality education. To accomplish the tasks which the researchers faced, the study involved conducting a quantitative (a survey) and a qualitative (focus group discussions, hereafter referred to as FGDs) components.

### Qualitative component of the study

Within the qualitative component of the study, 10 FGDs were conducted in January-May 2020. The FGD method allowed us to collect primary descriptive information on the views, awareness and readiness of parents and teachers for CSE. By introducing group dynamics into discussions of this topic, which is underrepresented in the social discourse, the method proved to be better than other qualitative methods for allowing us to track the arguments of parents and teachers who have different views on CSE, including those who did not have any views about it at all at the beginning of the discussions.

In Kyiv, Chernihiv, Lviv, Kharkiv, Odesa (the state capital and oblast centers which represent the country's different regions), we conducted 2 FGDs in each: with parents and teachers separately. The first 6 FGDs were conducted as in-person meetings, and the rest were remote meetings via video calls.<sup>15</sup> Each group included 8 to 9 participants, and the average length of discussion was 2 hours; the discussions were recorded on audio, and the attendants were warned about it beforehand.

The FGDs of parents included participants whose children studied in 1st-4th and 5th-11th grades; each group had at least 3 men (one of whom had to be the father of a child attending 1st-4th grade, and two had to be the fathers of children in 5th-11th grades). The grades were set as a criterion in order to take into account the experiences of parents who have children of various ages and, accordingly, can speak about education in primary, middle and high school.

The FGDs of teachers included participants who worked in primary school and

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15 Some FGDs were held in the remote meeting format due to the restrictions of movement between oblasts and within cities during the quarantine, which was imposed in Ukraine in March 2020.

those who taught subjects which include sexuality education topics (Biology, Health Basics, Civic Education) in 5th-11th grades; all the participants had to have at least 5 years of teaching experience.

During the FGDs with parents and teachers, the following topics were discussed:

- attitudes towards comprehensive sexuality education;
- evaluation of the current state of sexuality education in school and expectations;
- readiness to support sexuality education for one's children/to support and implement sexuality education in school;
- ability to discuss sensitive topics with one's children/with students;
- needs that need to be met so that the participants could play leading roles in comprehensive sexuality education.

FGD participants were recruited by invitation letters sent to schools in the corresponding cities.

### Quantitative component of the study

In the period between February 27 and April 15, 2020, Info Sapiens conducted a survey of parents of children aged 6 to 17, as well as teachers who work at general secondary education institutions. The goal of the study's quantitative component was to assess the fraction of parents and teachers who support CSE in formal and informal education; to assess the readiness of teachers to implement and launch CSE in schools, the readiness of parents to support CSE for their children; to determine the requests of parents and teachers with regard to their participation in CSE. The survey used the method of in-person interviews with a paper questionnaire.<sup>16</sup>

In the quantitative component, we surveyed:

- 500 parents of school-age children (including 230 parents with children in 1st-4th grades; 270 parents with children in 5th-11th grades);
- 500 teachers working in general secondary education institutions (including 230 who taught in 1st-4th grades; 270 who taught at least one of the following subjects: Biology, Health Basics, Civic Education, in 5th-11th grades).

<sup>16</sup> Due to restrictions on in-person interviews during the quarantine, 50 interviews with teachers were conducted using the method of telephone interviews.

The survey's geography covered all of Ukraine, except for the temporarily occupied territories. The sample design was based on the data from the Ukrainian State Statistics Service as of January 1, 2018, on the number of school-age children and on their number in each school—hence the distribution with regard to children studying in 1st-4th and 5th-11th grades.

The sample was stratified into 5 types of settlements by oblasts:

- rural areas (villages),
- towns and urban-type villages with populations of up to 50,000;
- towns with populations of 50,000–100,000;
- cities with populations of 100,000–500,000;
- cities with populations of over 500,000.

All settlements with populations of over 200,000 were included in the sample due to their large populations. As for the other settlements, their number in each stratum was calculated as the number of interviews in the stratum divided by 3 (which was the minimum number of interviews per one settlement). If fewer than 3 interviews were to be conducted in a stratum, they were transferred to another group with a bigger population in the same oblast. Settlements with populations under 200,000 were selected using the method of probability proportional to size; if there was more than one school in a settlement, they were selected using the same method.

In each stratum, the number of interviews was proportionally distributed according to the number of students (children aged 6 to 17) in it (based on the data of the State Statistics Service). At the last stage, based on the State Statistics Service data, we determined quotas according to children's age for teachers/parents of children aged 6 to 10 (1st-4th grades) and 11 to 17 (5th-12th grades) in proportion to the number of children of the corresponding age.

The respondents were engaged through schools: the interviewers asked school principals for permission to conduct a survey among the school's parents and teachers. The Cedos Think Tank received a letter of support for the study from the Ministry of Education and Science, which reduced the risk of refusals to participate in the study. In each school, at least 3 teachers and the same number of parents were surveyed.

The samples are representative for the number of children aged 6 to 17 who live in Ukrainian regions.

The theoretical margin of error in each sample does not exceed 4.4% with the confidence probability of 95%.

15% of the sample have been verified using quality control procedures: using telephone control (the respondents' phone numbers were recorded in the form during the interview), we verified the fact of conducting an interview and its length, the correctness of filling out the form (answers to control questions were compared).

### Using the term “sexuality education” in the study toolkit

In the Ukrainian language, the issue of translating the term «sexuality education» is currently unresolved<sup>17</sup>, as there are many options - but some of them do not quite correspond to the concept of CSE. The most accurate translation is «сексуальна освіта», but it is less commonly used (and therefore not always familiar or comfortable for everyday communication) for such an analogue as «статеве виховання» (there is no equivalent in English, but it could be more closely translated as “sexual upbringing”).

After conducting the first FGDs and the survey pre-test, we determined that using the term “*sexual upbringing*” in discussions with parents and teachers meant that they had fewer questions and less need to clarify its meaning, and the term was more comfortable in communication for the respondents and informants. In view

<sup>17</sup> In English, the word “sex” has several meanings which are translated to Ukrainian, depending on the context, either as “секс” (“seks”; physical activity) or as “стать” (“stat”; biological counterpart of gender). This, in particular, can cause difficulties with understanding the term “sexuality education” in the Ukrainian-speaking environment, since, with incorrect translation, it may seem that it is “education about sex,” and not about sexuality, as it actually is. That is how some parents and teachers translated it at FGDs, and so, while choosing between several substitutes for “sexuality education,” we tended to use “stateve vykhovannnia” (“sexual upbringing”), because it sounds more neutral for research participants. But it is even more difficult to translate this term back to English, because simply providing an additional explanation is insufficient: there is no accurate equivalent with the same meaning. If we attempted to translate it literally, “sexual upbringing” would be a more appropriate option, but we believe it is not reasonable to introduce another term, because the existing ones are already confusing.

of this, in the study toolkit in Ukrainian (the questionnaire and the FGD scenario), we replaced the term “sexuality education” with “*sexual upbringing*”; at the same time, we still articulated the definition of comprehensive sexuality education at the beginning of each interview during the survey and of each FGD, clarifying that the questions will be about this concept in particular. The explanation included the list of key topics and several key principles of CSE, and was formulated as follows:

*“By this term, we mean the teaching and learning of topics related to sexuality as a sphere of human life: reproductive health and reproductive function, human body and development, relationships (family, romantic, friendship), human values and rights, violence and safety, media literacy, gender equality, etc. The main condition of such sexuality education is that the topics are taught according to age.”*

In the Ukrainian version of the report, the substitute “*sexual upbringing*” instead of “sexuality education” is only used in figures and tables, because that is what comprehensive sexuality education was called during the survey and FGDs in communication with study participants. But in the English version we leave “*sexuality education*” everywhere to avoid confusion (except for the current part).

### Ethical aspect of the study

The study meets the ethical requirements for scientific research provided by the Sociologist’s Code of Professional Ethics, adopted by the Sociological Association of Ukraine.<sup>18</sup>

### Limitations of the study

The qualitative part of the study did not involve parents or teachers who live in rural areas in FGDs. The FGDs were conducted in 5 oblast capitals, so their participants were urban residents who only had experience of urban schools, because their children studied there or they worked there. Meanwhile, the quantitative survey covered parents and teachers from rural areas.

Given the small samples of teachers and parents, the survey analysis provides mostly generalized data about each of the target groups, without a distribution

<sup>18</sup> SAU. Sociologist’s Code of Professional Ethics, 2004. Online access: <http://sociology.od.ua/index.php/norm-prav-dok/cod-soc.html>.

by quotas: parents who have children in 1st-4th and 5th-11th grades, teachers who teach in 1st-4th and 5th-11th grades. While interpreting the survey results presented with more detailed distributions, it should be taken into account that the statistical margin of error in the sample can be higher than 4.4%.

## CHAPTER 1. ATTITUDES OF TEACHERS AND PARENTS TOWARDS COMPREHENSIVE SEXUALITY EDUCATION

### 1.1. Informal sexuality education: in the family and as extracurricular activities

Most parents of school-aged children and teachers who have participated in the study share a positive attitude to comprehensive sexuality education—both informal education outside of school, particularly in the family, and formal education in school.

**FGD participants** had previously encountered the term “sexuality education” or its synonyms on television, online, particularly in articles, on social media; and teachers specifically had also encountered it in further professional training courses, at the Social Services Center, at conferences (at one of which the Honorary Ambassador of UNFPA in Ukraine mentioned this concept in her speech). But they commonly understood the concept in different ways at the beginning of each discussion: this applied to its format in general, its content, purpose, as well as its existence in Ukrainian schools. But after a more detailed discussion of CSE, they often expressed the opinion about its relevance for Ukrainian children and teenagers and its appropriateness both in families and in schools. They motivated the need to introduce CSE by the widespread phenomenon of early sexual debuts (the first experience of sexual intercourse), unwanted pregnancies among teenage girls, low-quality information online and from peers.

*“Look. I think that discussing if sexuality education is needed and if it has to take place in school is like discussing if we should learn thermodynamics in school. These are the basic rights of all our people, it’s written in our Constitution that everyone has the right to education. Including this kind of education.”*

*(Biology teacher)*

According to international recommendations, sexuality education should start in the family; that is, **the family in which the child is brought up should provide sexuality education**. This position was mostly or fully supported by both parents (89%) and teachers (92%), 6-8% in each group were undecided or had a neutral position, and the lowest fraction (3% in each group) were against it. This distribution of answers

is maintained for parents of children of various ages and for both primary school and 5th-11th grade teachers.

**Table 1. Attitudes towards the statement “The family in which children are brought up should provide sexuality education”**

Answer	Parents	Teachers
Fully support	67%	72%
Mostly support	22%	20%
Both support and do not support	5%	5%
Mostly do not support	1%	1%
Do not support at all	2%	1%
Difficult to answer	3%	1%

*Question “Please evaluate, on a 7-point scale, to what extent do you support the statement ‘The family in which children are brought up should provide sexuality education,’ where ‘1’ is ‘Do not support at all,’ and ‘7’ is ‘Fully support’?”, the options were consolidated. Parents: n=500, teachers: n=500.*

According to international recommendations, particularly the UN International technical guidance on sexuality education, the best age for starting sexuality education in the family is the first years of life. Some of the respondents’ ideas matched these recommendations: most of them chose the option of preschool age, up to 6 years old (see Table 2). However, among parents, the total percentage of answers about preschool age was somewhat lower (46%) compared to the answers of teachers (65%)—and 37% of the latter chose the option “2-3 years old.” About a fifth of parents (22%) consider it appropriate to start sexuality education in the family when the child is already 10 to 12 years old, after the end of primary school; approximately the same fraction (18%) believe it should start at the age of 7 to 9. Among teachers, these

options were picked by 14% each. In turn, support was the lowest for the options about the older age, 13 to 18 (chosen by 10% of parents and 5% of teachers).

**Table 2. At what age sexuality education should start in the family**

Answer	Parents	Teachers
2-3 years old	21%	37%
4-6 years old	25%	28%
7-9 years old	18%	14%
10-12 years old	22%	14%
13-15 years old	9%	5%
16-18 years old	1%	0%
Difficult to answer	4%	2%

*Question “And in the family, at what age should sexuality education start?”  
Parents: n=500, teachers: n=500.*

At FGDs, opinions were also expressed that parents should provide basic sexuality education since the child is born or since they start asking questions.

*“Basic sexuality education at the child’s level must start, probably, even from birth. When a child is born, parents must explain to her how to wash up, how to take care of herself, how often, how to communicate.”*

*(Health Basics teacher)*

*“I believe that these topics should be discussed when a child starts asking ‘why’, ‘Why this and why that?’”*

*(Primary school teacher)*

The situation is completely different with the support for informal sexuality education. The most concerning format is probably the one which involves events (particularly online events) outside of school and does not necessarily include parents. These can be, for example, online courses or workshops by activists or specialists.

Among parents, a half (48%) have a positive view of their children’s participation in informal sexuality education activities (and there is practically no difference between those who have older and younger children: 53% and 43%, respectively). At the same time, a quarter of parents have a negative view of this practice: 25% and 26% (see Fig. 1). The rest are either undecided or have taken a neutral position.

**Figure 1. Attitudes of parents towards their child’s participation in informal sexuality education activities outside of school (workshops, lectures, online courses)**



*Question “Please evaluate, on a 7-point scale, your attitude towards your child’s participation in informal sexuality education events outside the school (workshops, lectures, online courses, etc.), where ‘1’ is ‘Absolutely negative,’ and ‘7’ is ‘Absolutely positive;’ the options have been consolidated. Parents: n=500.*

Returning to the question of attitudes towards sexuality education in families, the support for this format was much higher: 89% of parents fully or mostly supported

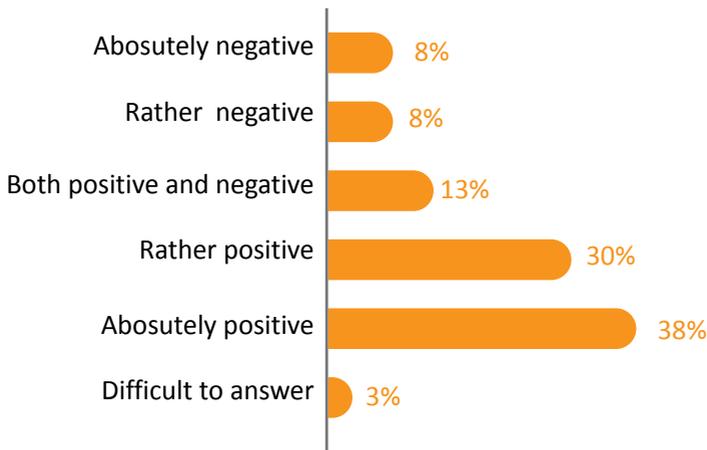
it; therefore, one of the explanations could be that they are concerned about their lack of influence or control over activities where they themselves will not be present.

*“I don’t trust them. I don’t know what kind of organization it is, what kind of licenses it has, what its rights are, what the teachers are like, what kind of education they have...”*

*(Mother of a 5th-grader)*

In turn, teachers are somewhat more supportive of **informal sexuality education** as a general phenomenon (see Fig. 2). In particular, 68% have positive views of this format, and much fewer respondents—16%—have a negative attitude to it.

**Figure 2. Attitudes of teachers towards informal sexuality education for children aged 15 and above outside of school**<sup>19</sup>



*Question “Please evaluate, on a 7-point scale, your attitude towards sexuality education for children aged 15 and above, not within the school (workshops, lectures, online courses, etc.), where ‘1’ is ‘Absolutely negative,’ and ‘7’ is ‘Absolutely positive?’,” the options have been consolidated. Teachers: n=500.*

<sup>19</sup> This question was somewhat different from the one parents were asked (they were asked about their own child): for teachers, a clarification was added about the child’s approximate age, 15 years old.

The lower support for informal CSE both among parents and among teachers can be explained by the undetermined formats and content of such education compared to the one that should be provided in school or in the family, as well as by lower familiarity with this format.

At FGDs, the question of informal sexuality education caused the highest indecisiveness among the participants. For example, who will conduct these activities: will it be a specialist or someone without the appropriate training and knowledge? Children of what age are supposed to be involved in this education? What is the content of informal sexuality education? Only some participants noted that they knew examples of informal sexuality education and could provide them. Although in general, most FGD participants in the end had favorable views of this format and called it relevant for children and teenagers.

In addition, in the course of the discussion of informal CSE, parents and teachers expressed opinions about its possible shortcomings or even risks. First of all, they mentioned a lack of control or supervision by older people, particularly parents and teachers. Not all materials online are ranked by age and only include verified information, so they can even be harmful for children and teenagers, according to the participants. And some parents distrust those who conduct such sexuality education activities because they have no information about their education, their general training, etc. Second, informal sexual education is not as accessible to all children and teenagers as education in school, because not everyone can use these resources due to, for instance, limited internet access among vulnerable populations. Third, children and teenagers may be unwilling to participate in informal sexuality education activities themselves, particularly due to a lack of interest or a fear to be ridiculed by their peers.

*“...all these online courses must be for a certain age, and we cannot always control the age of the child who watches something. So these should be, if it’s a film screening, then only under a teacher’s control [...]. If we just release it on the internet, in an online resource, excuse me, everyone will start watching everything, and we can actually cause psychological trauma to the child. It’s also dangerous.”*

*(Health Basics teacher)*

*“Don’t get me wrong, some might want to go there, but he will be afraid that he’ll be mocked at school or by friends [...]. And you don’t want to anymore, you’re not glad that you went.”*

*(Father of an 8th-grader)*

## 1.2. Formal sexuality education: at general secondary education institutions

### **Support for formal sexuality education**

The overwhelming majority of the respondents believe that there should be sexuality education in school: 84% of parents and 83% of teachers mostly or fully support this statement (see Table 3). In turn, much fewer of them have the opposite position—9% in each group either completely or partially disagree with this statement. The remaining 8% in each sample did not have a definite answer: they either could not answer this question or chose a neutral option, meaning that they neither supported nor did not support it.

**Table 3. Attitudes towards the statement  
“There should be sexuality education at schools”**

Answer	Parents	Teachers
Fully support	60%	60%
Mostly support	24%	23%
Both support and do not support	5%	8%
Mostly do not support	3%	6%
Do not support at all	5%	3%
Difficult to answer	3%	0%

*Question “Please evaluate, on a 7-point scale, to what extent do you support the statement ‘There should be sexuality education at schools,’ where ‘1’ is ‘Do not support at all,’ and ‘7’ is ‘Fully support’?”. Parents: n=500, teachers: n=500.*

At FGDs, parents and teachers discussed the importance of necessarily having sexuality education in school. As an explanation, in particular, they mentioned parents' unpreparedness to deal with these issues in the family. Parents themselves named some topics in which they did not consider themselves "specialists" enough to discuss them with children (such as HIV, reproductive health, safety, safe sex). In addition, in their opinion, children can perceive information on sexuality better if it comes from teachers or other adults.

Teachers also pointed out the problem of a lack of sexuality education in families. They associated this with the fact that parents do not have time for their children, are unwilling to hold the conversations at home, that adults themselves have insufficient knowledge about these topics, and the fact that children themselves are not ready to talk with their parents about these topics, particularly because of embarrassment.

*"You and I are living in the 21st century. The parents are either busy, or working somewhere, or they just don't want to talk about it. And then, when a child can't find an answer to these urgent questions, and a child will demand answers to this already when she is 10 or 11, when puberty starts. So where will she go? She will go online. Online, she will find, first of all, from some 'perverse' options to even much worse forms of explanations of what is going on."*

*(Civic Education teacher)*

*"[...] sometimes it happens that parents are not always that authority, kind of, for children... Well, not that the parents are bad, but I just know from my own child that for her, for example, what the teacher said is sacred..."*

*(Mother of a 5th-grader)*

*"Sometimes it happens that it either isn't discussed in the family, or the child doesn't want to hear it herself, she gets embarrassed. Or, 'Oh, mom, stop, dad, I don't want to talk about it now.' Or, 'It's too early for me to talk about that.' But in school, in society, where the child is in close contact with the other sex, there are both boys and girls, it's appropriate to talk about this at school specifically."*

*(Health Basics teacher)*

In addition to the fact that sexuality education in school allows children whose parents do not discuss these issues at home to get information, it can also be a

solution for children from families with worse socioeconomic circumstances or from incomplete families, families of labor migrants.

*“The school is like an additional element. Because not all parents pay as much attention to their children as they want to. Today, we’re living in such times that many parents are abroad, many spend most of their time at work.”*

*(Father of an 8th-grader)*

### ***The beginning and the format of formal sexuality education***

Although most parents and teachers support sexuality education in school, their opinions diverge on when it should start: in which grade specifically, and in general, if it should be in primary school, or middle or high school.

Among the parents who did not express categorical objections against sexuality education in school,<sup>20</sup> 26% believe that it should start in primary school (see Fig. 3). Another 25% chose the option of the 5th grade. Teachers chose primary school more often than parents (41%) and chose the 5th grade less often (18%). In addition, 6% of parents and 11% of teachers could not pick a specific grade or could not answer at all. The smallest fraction of parents and teachers believe that it is appropriate to talk about sexuality education only in high school (10th-12th grade): 3% and 1%, respectively.

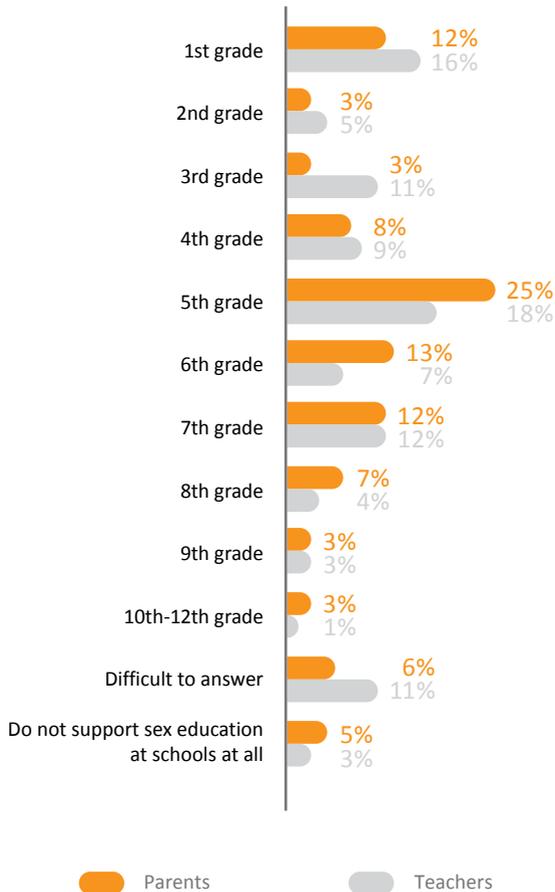
Not all teachers who believe that sexuality education in the family is necessary from preschool age chose primary school as its beginning in school. This difference can be explained by ideas about different content of sexuality education in the family and in school: while in the former case, it is basic information, particularly about hygiene and personal safety, in the latter case, it is more specific—for instance, about physiology, sexually transmitted diseases, etc.

There were no unanimous opinions about the beginning of sexuality education in school during discussions of this question at FGDs either. The following options were expressed: from birth, from kindergarten, from primary or middle school.

In addition to the fact that parents and teachers have different views on the children’s age at which sexuality education should start, their ideas about its format also differ. When the participants spoke about their own understanding of sexuality education during FGDs, they probably mentioned all the possible formats (class hours, individual classes within subjects, lectures by invited specialists, etc.),

<sup>20</sup> All those who did not answer “Do not support at all” in the previous question.

**Figure 3. In which grade sexuality education should start in school**



*Question "In your opinion, in which grade should sexuality education start at school?" Parents: n=500, teachers: n=500.*

although they were not sure that it existed in school at all. The answers to the similar question in the survey also varied.

About a half of the parents (47%) and teachers (58%) believe that the most appropriate format of sexuality education in school are lectures by invited specialists

(see Table 4). About a third also support classes with the school psychologist or social pedagogue (36% and 34%), learning individual topics within the mandatory subjects (30% and 36%), a separate mandatory subject on sexuality education (31% and 33%). Less support was expressed for class hours (25% among parents and 28% among teachers) and for a separate elective subject on sexuality education (21% and 22%, respectively).

Крім того, що батьки та вчителі/ки мають різні погляди на вік дітей, з якого має починатися сексуальна освіта, відмінними є також і уявлення про її формат. Коли на ФГД учасники/ці розповідали про власне розуміння сексуальної освіти, вони називали, здається, всі можливі формати (виховні години, окремі уроки в предметах, лекції запрошених спеціалістів/ок тощо) – хоча насправді не були впевнені взагалі щодо її наявності у школі. Поза тим, відмінними є і відповіді на схоже питання в опитуванні.

Майже половина батьків (47%) та вчителів/ок (58%) вважають найбільш доречним форматом сексуальної освіти у школі лекції запрошених спеціалістів/ок (див. Таблиця 4). Ще близько третини також підтримують заняття зі шкільним психологом або соціальним педагогом (36 і 34%), вивчення окремих тем у межах обов'язкових предметів (30 і 36%), окремий обов'язковий предмет сексуальної освіти (31 і 33%). Менше підтримки отримали класні години (25% – батьки та 28% – вчителі/ки) й окремий вибірковий предмет сексуальної освіти (21% та 22% відповідно).

**Table 4. The most appropriate formats for sexuality education at schools**

Answer	Parents	Teachers
Lectures by invited specialists (medical workers, other certified specialists)	47%	58%
Classes with the school psychologist/social pedagogue	36%	34%

Answer	Parents	Teachers
Learning individual topics within the mandatory subjects (Health Basics, Biology, Civic Education, etc.)	30%	36%
A separate mandatory subject on sexuality education	31%	33%
Class (teaching) hours	25%	28%
A separate elective subject on sexuality education	21%	22%
Difficult to answer	1%	0%

*Question “In your opinion, which of these formats are the most appropriate for sexuality education at schools?” The respondents could choose several options.  
Parents: n=500, teachers: n=500.*

At FGDs, teachers discussed the difficulty of introducing a separate sexuality education subject; the main obstacle can be the saturation of the studying schedule, because it already has many subjects with an existing distribution of hours, so an additional subject would be a burden to students. But as an alternative, it could be held not too often, for instance, once a month. As the advantages of this format, however, they named the opportunity to systematically study sexuality education topics, the ability to control the teaching of the subject and the learning results.

Primary school teachers noted that a separate subject is unsuitable for primary school because of the children’s mental unpreparedness. In turn, it would be more fitting for them to have the format of conversations involving specialists from outside the school.

*“Children in primary school do not need to be taught a whole class for 40 minutes. It’s little by little. The specialist can come for half an hour, a half-hour class.”*

*(Primary school teacher)*

Among the settings in which sexuality education classes should be held, the participants mentioned a relaxed atmosphere and the dialogue format, which is why some teachers consider it appropriate to organize them as workshops. Some FGD participants think it is reasonable to divide girls and boys into separate groups for sexuality education classes. First of all, from their perspective, this should be appropriate for some specific topics that are studied: some need to be explained in more detail or separately for one of the groups (particularly about the menstrual cycle and nocturnal emissions). Another argument for the division that was mentioned was the different pace of their development: teenage girls grow up (develop) more quickly than boys, so information should be presented to them in different ways. In addition, at shared classes, girls can be embarrassed to discuss some topics due to the presence of boys. Some participants proposed to divide children into groups after the age of 12-13, and before that, the information can be the same for everyone.

*“Even basically, let’s take boys and girls. Girls probably need more explanations. And even to explain to them this... when this menstrual cycle usually starts for them and what that means. Well, and to always know how to behave correctly.”*

*(Health Basics teacher)*

In contrast to the arguments about the need for gender segregation in education in the form of separate classes for boys and girls, other informants emphasized that this separation, on the contrary, can lead to a situation when students, in the future, will be embarrassed by these topics, or their discussion will cause rejection, reactions that are too emotional, such as laughter.

*“They laugh. Let’s say, 9th grade, boys saw that a girl has sanitary pads. Ha-ha, it’s funny for them. Well, I, for one, think that this is not very normal. We have to explain that it’s a normal phenomenon.”*

*(Health Basics teacher)*

### **Thematic content of formal sexuality education**

Sexuality education can take different formats, start in different grades in school, and its thematic content—the list of topics that will be taught—also varies. Support for it in general can depend on these characteristics, among other things.

The majority of both parents (65%) and teachers (73%) consider the topic of human

sexuality to be equally important with other topics in school (see Table 5). At the same time, the rest are almost equally divided between answers about its higher and lower importance, and only 1% of both parents and teachers believe that it is not important at all.

**Table 5. Perception of the importance of the topic of human sexuality among other topics in school**

Answer	Parents	Teachers
The most important of all the other topics	4%	2%
More important than most topics	11%	12%
Equally important with the other topics	65%	73%
Less important than the other topics	14%	10%
Not important at all	1%	1%
Difficult to answer	5%	2%

*Question “In your opinion, how important is the topic of human sexuality (particularly reproductive health and relationships) among the other topics studied at school?” Parents: n=500, teachers: n=500.*

To determine how parents and teachers see the content of formal sexuality education, they were asked in one of the questions to choose the topics which should, in their opinion, be included in the school curriculum. The list of these topics matches the topics proposed for studying by international recommendations on sexuality education (particularly by the *International technical guidance on sexuality education* from UNESCO <sup>21</sup>) and concerns the following key spheres: equality between women and men, violence and safety, skills for wellbeing, human body and development, sexuality and reproductive health—even though it is not exhaustive.

<sup>21</sup> UNESCO. 2018. International technical guidance on sexuality education, p. 37.

None of the topics on the list got absolute support at almost 100% or 100%, although the respondents were not limited in the number of options they could choose; at the same time, all the proposed options were selected by at least a third of the respondents (see Table 6).

The highest number of parents and teachers chose the topics of safety and sexually transmitted diseases. For instance, among parents, 77% believe that curricula of school subjects must include the issue of personal safety (the rules of communication with strangers), 73% want to include the topic of sexually transmitted diseases, 71% chose the topic of HIV/AIDS, 64% picked online safety and contraception. The surveyed teachers gave practically the same answers about the topics that should be in the curricula: 73% supported the topic of personal safety, 70% were for the topic of sexually transmitted diseases, 67% picked HIV/AIDS, and 61% were in favor of the topics of contraception and online safety.

The lowest fractions of parents and teachers believe that the curricula should include questions related to consent to sex (38% and 37%, respectively), nocturnal emissions (34% and 37%), sexual orientations (33% and 38%).

Interestingly, the topic of nocturnal emissions got less support than the topic of menstruation, although this physiological phenomenon is one of the signs of puberty for boys. This might be caused by the fact that for now, this topic is less discussed than the topic of female puberty. The topic of nocturnal emissions can also be less normalized in the respondents' minds, or not as important because it is not directly related to reproductive behavior or health. At the same time, 43% of both parents and teachers consider it necessary to discuss the topic of menstruation in school. Teachers' answers about these two topics should be noted separately, since less than a half chose them as the ones that should be included into the curriculum: in fact, they are already included in Biology programs.

**Table 6. Which of the topics should be included in the curricula of school subjects**

Answer	Parents	Teachers
Personal safety: rules of communication with strangers	77%	73%
Sexually transmitted diseases	73%	70%
HIV/AIDS	71%	67%
Birth control	64%	61%
Online safety	64%	61%
Pregnancy and childbirth	56%	53%
Making the decision to start sexual life	42%	51%
Equality between men and women (Gender equality and stereotypes)	41%	45%
Menstruation	43%	43%
Correct names for private body parts	42%	42%
Consent to sex	38%	37%
Nocturnal emissions	34%	37%
Sexual orientations	33%	38%

*Question “In your opinion, which of the topics should be included in the curricula for school subjects (for example, Health Basics or Biology)?” The respondents could choose all the appropriate answers. Parents: n=500, teachers: n=500.*

After reading this list of topics at FGDs, all participants mostly approved of this set; they noted that all of these topics should be discussed with children and teenagers, particularly in school.

Parents, who had the opportunity not just to express their opinion about the list, but also to propose other or more general topics that should be discussed in school as a part of sexuality education, independently named hygiene, physiology (“how boys are different from girls”), and romantic relationships. However, in this context, they often spoke about “respect of boys for girls” and about the rules of polite conversation in particular. The parents often, and emotionally, mentioned the importance of covering the issues of sexual safety: safe sex and the consequences of unprotected sex. Although some of them themselves avoided using the corresponding words, such as “sex,” “safe sex,” “contraceptive methods,” etc., instead trying to explain it differently or in disguised forms, such as “here and there,” “this.” They also mentioned the importance of protecting children from molestation by adults.

*“And the teacher should conduct it separately with boys, separately with girls. There should be something sacred for girls, something for boys. There should also be hygiene, and what feelings are and how a boy and a girl gets these feelings, what they are. Why they like each other. What it is, how to behave correctly, for example, at that date, how you should get ready for it. [...] maybe there are some topics that can be done together, but there should be some sacrament, it should be somehow, there should be spiritual upbringing.”*

*(Mother of a 9th-grader)*

*“...and health is the second topic. Responsibility. Explain to children what this can lead to earlier. Because I think that everyone has encountered early abortions, and pregnancies, and all the rest. It happens to everyone, everyone can encounter this. And this is the main thing that should be explained to children. What this is, what it can lead to.”*

*(Father of an 8th-grader)*

While discussing the question of contraceptive methods, most participants noted that they supported it and saw it as very important. They also mentioned that it would not hurt to demonstrate how to put a condom on properly. However, they did not mention female contraceptives, particularly pills, that often; some even proposed to leave this issue to interested teenagers for “independent studying.”

In general, the lack of support for the topic of contraceptive methods came down to the claim that it is not right to provide a list of them with the names of, for example, emergency contraception: some parents said that they had encountered such descriptions, but not in school textbooks.

*“I mean that they should not provide a list of pills used to have a ‘miscarriage’ without a clinic, but, for example, provide—this, for example, a condom. It is created for this, this and that.”*

*(Father of an 11th-grader)*

Teachers at FGDs also named topics which sexuality education in school should include. Primarily they mentioned those that are related to human physiology: hygiene, the differences between sexes, sexually transmitted diseases, HIV/AIDS. They also noted that they should tell students more about making a conscious decision to become sexually active, contraception and responsibility for their actions and the consequences they can lead to, particularly unplanned pregnancy.

*“I believe that children should know very well what the consequences can be. The pregnancy, how a sexual act happens. We need to explain it to them in more detail.”*

*(Primary school teacher)*

*“But, you see, when they are afraid to buy condoms, logically, they will do it without a condom. But they will still do it. This urge will still be stronger, and that’s it. We just need to teach them that there’s nothing bad in it, that it’s all over the world, a normal process, and it’s natural.”*

*(Civic Education teacher)*

Teachers who work with 5th-11th-graders noted that most topics from the proposed list were already included in curricula, but none of them was sufficiently explicated, and the issue of sexual orientations was not mentioned at all. As for primary school, only the issue of online safety is mentioned, and the rest of the topics are not included.

However, during the discussion that followed, some teachers had comments about specific topics. Of all the topics on the list, sexual orientations were discussed the most. In some teachers’ opinion, sexual orientations should not be mentioned in school, because it is the responsibility of parents—and mentioning this topic in school can only provoke their opposition.

*“And these sexual orientations, they should manage it themselves with parents, let their parents explain it to them.”*

*(Health Basics teacher)*

*“Is there a need to bring it up publicly, to emphasize this? There are parents for this, mom at home, dad. They see their child’s behavior, and they should explain this to the child, emphasize, control, present.”*

*(Health Basics teacher)*

Some teachers demonstrated intolerant attitudes to the topic of sexual orientations, reproduced stereotypes: for example, they claimed that non-heterosexuality was “unnatural,” and mentioning it at school can lead to excessive attention to “sexual minorities.” Or, even if they should be mentioned, then it must be done without “exaggeration”—by “exaggeration,” they meant transgender people. While discussing the phenomenon of sex change, some teachers expressed fear that because of the availability of such stories in the media space, children might also want to do it.

*“I mean, speaking about that gender politics. Well, there are women, men, and there is...’  
‘It.’”*

*(Health Basics teachers)*

*“Now people can change their sex. It’s just horrible, what is going on.”*

*(Primary school teacher)*

There were also teachers who had not completely decided about their position regarding what was “the norm” for them and what was not, so they could not decide if they supported the topic of sexual orientations in the school curriculum.

*“I do not lean either way yet. If I understand the goal of this sexual orientation, what it’s for, where it’s aimed, then I will express my opinion. So far, I don’t understand it.”*

*(Biology and Health Basics teacher)*

Some participants, however, supported this topic. In their opinion, students already know about the existence of different sexual orientation anyway, because they learn it from the internet and from each other, so this must also be discussed in school, there is no point in omitting it. Some proposed to include this topic, but not to allocate a lot of time to it.

*“But there are [topics] which should be given more attention, and there are others which should be less. For example, sexual orientations. We can mention them (but we know that children know all of this) without emphasizing it. But this concept can be introduced.”*

*(Health Basics teacher)*

Another topic which not all participants deemed necessary to study in school was gender equality (equality between women and men). On the one hand, not everyone actually understood what it was about: some teachers confused this concept with transgeneriness and the wish to change one’s sex.

*“I think what can touch a child is gender equality. Because, indeed, now, there are a lot... Not every child can admit it. So, she wants to change [her gender], right? And clearly, society, it... We do not accept it yet, we are not prepared for it. And, indeed, even if she wants to express and communicate it, this is the topic which is really painful for her, because she will not be understood, she will not be accepted.”*

*(Primary school teacher)*

### **Who should be involved in formal sexuality education**

According to the survey findings, the first place among those who should definitely be involved in sexuality education for children and teenagers belongs to parents, who got the most support both among parents themselves (94%) and among teachers (95%).

As for professionals who work at school, the preference here is given to teachers in general (picked by 46% of parents and 52% of teachers) or school psychologists (46% and 47%). FGD participants insisted that in order to teach children and teenagers (especially about topics related to sexuality), one needs training, an understanding of how to talk to students, and establishment of a trustful atmosphere, and that is why sexuality education should involve those who have received proper training.

In addition, about a half of teachers chose medical workers (49%), although among parents, somewhat fewer did (36%). The least supported groups among representatives of general secondary education were class teachers (24% of parents and 30% of teachers) and school social pedagogues (21% from each category of respondents).

Very few of the respondents chose older siblings, representatives of the church or religious organizations, friends or children of the same age: these options got 4% or less. Interestingly, in fact, children of the same age is one of the most widespread sources of information about relationships for teenagers aged 10 to 17, according to the findings of the survey by the Yaremenko Institute, which was mentioned in the introduction.<sup>22</sup>

**Table 7. Who definitely should be involved in the sexuality education of children and teenagers**

Answer	Parents	Teachers
Parents	94%	95%
Teachers	46%	52%
School psychologists	46%	47%
Medical workers	36%	49%
Class teachers	24%	30%
School social pedagogues	21%	21%
Older siblings	3%	3%

<sup>22</sup> UNICEF, Oleksandr Yaremenko Institute for Social Research. 2019. Social conditions and indicators of health of teenagers and young people: based on the findings of a sociological survey as a part of the Health Behavior in School-aged Children international project.

Answer	Parents	Teachers
Representatives of the church or religious organizations	2%	4%
Children’s friends/acquaintances of the same age	1%	1%

*Question “Who definitely should be involved in the sexuality education of children and teenagers?” The respondents could choose up to 3 options.  
Parents: n=500, teachers: n=500.*

To explore the ideas among parents and teachers about who should be responsible for conducting sexuality education for children and teenagers, the reverse question was also added to the questionnaire: who definitely should not be involved in this process.

Although in the previous question, the option “Children’s friends or acquaintances of the same age” got the least support (1% in each group), only about two thirds of the respondents are convinced that they definitely should not be involved in sexuality education: 64% of parents and 69% of teachers gave this answer (see Table 8). Almost a half of teachers (48%) and a third of parents (36%) did not believe it was appropriate to involve representatives of the church or religious organizations. In complete accordance with expectations, the respondents’ religiosity was associated with their answers to this question: for example, parents who participate in services and follow the rites of their religion were less likely to say that representatives of the church or religious organizations should not be involved in sexuality education. And another 24% of parents and 30% of teachers did not support the participation of older siblings.

**Table 8. Who definitely should NOT be involved in the sexuality education of children and teenagers**

Answer	Parents	Teachers
Children’s friends/acquaintances of the same age	64%	69%
Representatives of the church or religious organizations	36%	48%
Older siblings	24%	30%
Teachers	8%	4%
Class teachers	5%	4%
School social pedagogues	5%	3%
Medical workers	3%	3%
School psychologists	3%	2%
Parents	1%	0%

*Question “Who definitely should NOT be involved in the sexuality education of children and teenagers?” The respondents could choose up to 3 options.  
Parents: n=500, teachers: n=500..*

Among those who should be involved in implementing sexuality education, FGD participants also mentioned parents, medical workers (particularly school nurses, sexologists, gynecologists and andrologists), NGO representatives, psychologists, particularly school psychologists, social pedagogues, class teachers, teachers.

Parents were deemed the main actors of sexuality education: they are the ones who must provide basic information, the foundations, particularly from birth. However, in the opinion of teachers, parents are not always competent and do not always know how to talk to children, or they just transfer the responsibility to schools due

to a lack of time. So at FGDs, the participants also discussed the need for training and sexuality education for parents themselves.

*“Upbringing is, first and foremost, the family, everything comes from the family. And parents are the most responsible for teaching their children.”*

*(Biology teacher)*

*“First of all, we should start with parents. To communicate information to them as well. Because there are many parents who... Well, they have no information [...]. A father told me, ‘What do you want from me? I’ve handed the child over to you, work on it.’”*

*(Primary school teacher)*

FGD participants mentioned the need to involve psychologists in conducting classes on the topics related to sexuality education, because each age and each child might need an individual approach. In addition, students can be embarrassed by those who work at their school. Therefore, involving specialists who do not teach classes on a daily basis will allow children to open up more and to ask all the questions that interest them. At the same time, there were objections: the job of psychologists does not include sexuality education on top of other things; in addition, some schools do not always have them.

*“By the way, there are even bonuses in this, if he [the teacher] does not work at the school, but comes from the outside... Maybe the children will be able to ask them some questions which they [will not ask] the teachers whom they are used to...”*

*(Mother of a 7th-grader)*

Medical specialists were also mentioned. However, opinions were somewhat divided on this, because for some parents, in particular, an important criterion was that the person who conducts sexuality education activities for their children have pedagogical training. Some also proposed to involve sexologists.

*“Maybe a medical worker, but if he, again, knows how to talk to children. Because you need to know how to talk to children.”*

*(Mother of a 9th-grader)*

*“But if we’re talking about teaching the subject of ‘sexuality education,’ or, say, we can call it something else, it doesn’t matter that much... This subject must be taught by a sexologist. There is this field of science, sexology, which studies problems related to sex. This is my personal opinion.”*

*(Health Basics teacher)*

While discussing the role of teachers who already work at schools in sexuality education, parents mentioned those who taught Biology or Health Basics. However, the opposite opinions were expressed about class teachers. For example, that it is better not to involve them in such activities for high schoolers because this can be uncomfortable for students: they will have to regularly communicate with these teachers in class later, and the teachers know them very well, particularly know their parents, so this will not help to achieve positive results in sexuality education. Class teachers themselves sometimes noted that this would mean additional workload for them, which would require separately allocated time and separate responsibility.

*“All of this should, indeed, be taught by someone who is not a class teacher. A class teacher can support this, so that the children are not shy, but the information should be given by someone who... Well, who can communicate the information in the necessary amount to each age, and, like, not say anything excessive.”*

*(Mother of a 5th-grader)*

*“In primary school, it can be the class teacher, but in high school, by no means.”*

*(Mother of a 10th-grader)*

*“Because children know: if you tell the class teacher something, the whole school will know it.”*

*(Health Basics teacher)*

An important factor, in the opinion of parents, is not just the children’s age, but also the age of the teachers involved in sexuality education in school. For example, they claimed that younger teachers will deal with teaching this subject or specific topics better, because children trust them more and are less embarrassed, and these teachers themselves are capable of establishing better communication.

*“First of all, there should not be an age gap. It should be a young professional who has not yet moved too far away from that worldview. Who still remembers himself as a kid... I am judging by myself, at 25, I remembered perfectly what I had at 15, what I was afraid of, what my first love was like, how I was anxious, how I suffered [...]. They remember, they must know this.”*

*(Father of an 8th-grader)*

The importance of the teacher’s gender as a factor that can affect the success of sexuality education in school was also mentioned. If this was discussed, a female rather than male teacher was preferred.

*“I agree that it should be a woman, because a woman is more flexible, and if we’re talking about each child specifically, then each child probably also needs their own approach, how to explain something to whom, and if it’s for the whole class, it should be explained in a way that, well... That all children can accept, so that it doesn’t provoke some kind of...”*

*(Mother of a 5th-grader)*

*“A woman can... I know she can communicate this information better. Well, I don’t know, for me, if I was now in eighth or sixth grade, I think I’d listen to a woman more than to a man.”*

*(Father of a 3rd-grader)*

The advantage of involving teachers in CSE is that they already teach at schools, because there can be a problem with sufficient supply of outside specialists mentioned by FGD participants, such as sexologists, gynecologists, etc. While it can be quite easy to find such personnel to conduct sexuality education in Kyiv, it is unlikely in small towns or villages. In addition, this can be unsuitable for primary school, because it is harder for small children to trust strangers.

*“I believe that, after all, the teacher himself must work on education in reproductive health and so on. Because, for example, if a sexologist comes, right? We’ve invited her to a class. A strange lady or man comes. [...] They don’t know this person. So they might not be frank, they may be shy, they may not listen. It’s primary school, after all.”*

*(Primary school teacher)*

But some parents did not believe that it was appropriate to involve teachers in implementing sexuality education in school. They explained their position by the fact that teachers lack proper training and lack motivation to teach in general.

*“Wait, but do we have trained personnel? Who will teach it, our teacher, our Halyna Ivanivna? She just cannot establish moral contact with them. Teachers are extremely unmotivated, especially now. They don’t even want to teach their own subjects, and we are letting them onto this thin ice of sexual life. I think that parents need to be taught a lot of things!”*

*(Mother of a 10th-grader)*

In addition to out-of-school specialists, school employees, particularly social pedagogues, class teachers and teachers of some subjects can be involved in this process. As for class teachers, there were opinions both in favor and against them. On the one hand, they can have class hours with students on these topics, extracurricular and without grades, and they spend more time with the class than others. In particular, this was mentioned by those who work in primary school.

*“I believe that from the 1st grade, there is a conversation about ‘boys and girls,’ well, personally I have it, because I teach from 1st grade. So even for the physical education class, when they change in 1st grade, they do it all in the classroom. And they do the same in 2nd grade... But they understand that it shouldn’t be like that. So these talks should come from the class teacher, from 1st grade. Of course, it should not be imposing, it shouldn’t be lectures, but conversations must be held.”*

*(Health Basics teacher)*

FGD participants also mentioned priests as those who can be involved in implementing sexuality education. Their role, in some parents’ opinion, could be to cover questions about spirituality and the emergence of the human being.

*“But why are you so afraid of them [religious communities]? Do they want to harm your children or you, or what? Priests should be the ones who cover the issues of morality; medics are for the issues of medical responsibility, lawyers for the issues of legal responsibility. Priests would be the first whom I would send for these tasks, so they could tell them how you were made ‘from above’ and how you morally carry this human responsibility.”*

*(Mother of a 10th-grader)*

They also mentioned examples of sexuality education events conducted by representatives of the church, but not in school and for those who volunteered to attend.

*“We just had a very positive experience of such communication. My daughter was in Lviv, we went into a cathedral (I should mention that it was a Catholic cathedral). And there were classes there of a catholic priest with young people, aged about 15 to 35—we just happened to be there completely randomly. He just talked about it in a human language, without morality.”*

*(Mother of a 7th-grader)*

At the same time, there were objections, including categorical ones, against the participation of representatives of churches or religious organizations. Explanations for this position included fears of possible “suggestion” of their own views, beliefs that schools must remain secular, meaning that church must be separated from them.

*“We are all people of different religions, believers, non-believers, Muslims or whoever. We are citizens and we pay taxes for our school to exist, and the church is separated from school, it has nothing to do with it and it should not use school to impose its religious or other views. It’s a very dangerous side of religiosity which should not be allowed into our society.”*

*“I am all for the secular state. For example, if someone’s parents are Christian, thank God, do whatever you want at home. For example, maybe I’m Buddhist or Muslim, someone else? I’m not imposing it on you because we don’t live in some kind of Iran or somewhere else.”*

### **The current state of formal sexuality education**

Parents were asked separately in the survey for their evaluation of the current state of formal sexuality education (see Table 9). Only a quarter of parents were satisfied with its quality at the school where their child studies: 28% gave this answer. However, almost the same fraction—24%—believe that there is no sexuality education in school at all. About a fifth are either dissatisfied with it (20%) or could not answer this question (18%).

**Table 9. Parents’ satisfaction with the quality of sexuality education at the school where their child studies**

Answer	Parents
There is no sexuality education	24%
Mostly or absolutely dissatisfied	20%
Both satisfied and dissatisfied	10%
Mostly or absolutely satisfied	28%
Difficult to answer	18%

*Question “Are you satisfied with the quality of the available sexuality education at the school where your child studies?”, parents: n=500.*

At FGDs, opinions about the current state of sexuality education in Ukrainian schools mostly came down to one conclusion: it does not exist at the moment. Although some noted that class teachers or Health Basics teachers do try to conduct classes on the topics in question, as well as conduct general school events in event halls, sometimes with invited specialists. FGD participants said that these events were sometimes held for girls and boys separately. In addition, they mentioned that the Biology curriculum contained some topics which could also be considered a part of sexuality education: about the reproduction of various biological species, as well as human anatomy and physiology. At the same time, parents believe that these topics appear in the school curriculum too late, only in 8th grade.

In the case of some parents’ conviction about an absolute lack of sexuality education, it should also be noted that at least some of them did not know teachers from their children’s schools, which they admitted themselves. So some of these claims were parents’ assumptions about its state in school rather than actual evaluations.

Some parents who had heard from their children about such discussions with class teachers mentioned that the children were embarrassed during these events. Maybe some students do not tell their parents about such events at school, particularly because of the feeling of embarrassment about the corresponding topics in general or about discussing them with their parents.

Teachers also mostly noted that there was either no sexuality education in school at all, or that it was poorly developed, represented only by some topics within Biology and Health Basics classes. The lack of such education was mostly mentioned by primary school teachers in each group.

As preconditions for this state of sexuality education, the participants mentioned the taboo and the lack of understanding of its relevance in society and the government, children's quick growing up, the lack of time for it in school and the lack of personnel for its implementation.

*"We can't keep up with them. Children just develop quickly. You know, even if we compare... Well, it hasn't been long since I graduated from high school, but if we compare the way I was in 11th grade, and now compare those 11th-graders, it's completely different."*

*(Health Basics teacher)*

*"It's not that teachers have low activity. They work according to regulations. We cannot teach topics, say, speak about them for a semester, if we have 23 other topics in there."*

*(Health Basics and Biology teacher)*

### **Ideas about the influence of sexuality education on young people's behavior**

Studies conducted earlier have demonstrated a positive effect of sexuality education on young people's behavior, but mostly on specific aspects of behavior. However, in 2008, Douglas Kirby gathered all this evidence in one place and described the general results of sexuality education.<sup>23</sup> This work, in addition to providing the

<sup>23</sup> UNESCO. 2018. International Technical Guidance on Sexuality Education: An evidence-informed approach for schools, teachers and health educators. Paris, UNESCO, p. 28. Online access: [https://unesdoc.unesco.org/in/documentViewer.xhtml?v=2.1.196&id=p::usmarcdef\\_0000260770&file=/in/rest/annotationSVC/DownloadWatermarkedAttachment/attach\\_import\\_d8d4de18-19d0-4a35-8eb2-ab5eaa5ca5d3%3F\\_%3D260770eng.pdf&updateUrl=updateUrl2037&ark=/ark:/48223/pf0000260770/PDF/260770eng.pdf.multi&fullScreen=true&locale=en#%5B%7B%22num%22%3A146%2C%22gen%22%3A0%7D%2C%7B%22name%22%3A%22XYZ%22%7D%2C%2C842%2C0%5D](https://unesdoc.unesco.org/in/documentViewer.xhtml?v=2.1.196&id=p::usmarcdef_0000260770&file=/in/rest/annotationSVC/DownloadWatermarkedAttachment/attach_import_d8d4de18-19d0-4a35-8eb2-ab5eaa5ca5d3%3F_%3D260770eng.pdf&updateUrl=updateUrl2037&ark=/ark:/48223/pf0000260770/PDF/260770eng.pdf.multi&fullScreen=true&locale=en#%5B%7B%22num%22%3A146%2C%22gen%22%3A0%7D%2C%7B%22name%22%3A%22XYZ%22%7D%2C%2C842%2C0%5D).

grounds for viewing CSE as necessary, also debunks some myths that can exist around it. According to the review, availability of CSE in school affects young people's behavior in the long term; in particular, the following trends are observed: the beginning of sexual activity is postponed, the number of sexual partners decreases, the use of contraception and knowledge about risks of unprotected sexual relations increases. To check whether misconceptions are typical among Ukrainian parents and teachers, the questionnaire included 5 different statements corresponding to the school CSE outcomes described in the previous sentence; the first 3 were presented as negative influences. Parents and teachers had to decide to what extent they agreed or disagreed with them. Despite the significant support and recognition of the necessity of sexuality education for children both in school and in the family, the respondents did not always have evidence-based knowledge about CSE's effects on behavior.

There were statements regarding which a significant part of parents could not decide how to answer. These statements were about CSE's influence on the age when sexual activity starts, on the number of sexual contacts and partners. For instance, 24% of parents could not decide if they agreed with the claim that sexuality education affects the frequency of sexual contacts among young people in the future.

In some of the questions, the knowledge of most parents was accurate: 80% and 74%, respectively, agreed that thanks to sexuality education, "The level of knowledge about the risks of getting pregnant, contracting sexually transmitted infections increases" or "Birth control is used more often."

Somewhat fewer (but still, almost a half of) parents do not believe in the myths about sexuality education's negative influence on young people's sexual behavior. In particular, 51% of parents do not believe that it leads to an earlier start of sexual activity, 48% do not believe that the number of sexual partners increases, and 43% disagree that the frequency of sexual contacts increases.

**Table 10. Parents' opinions about the existence or absence of influence of sexuality education on young people's behavior**

Statement	Completely agree	Mostly agree	Mostly disagree	Completely disagree	Difficult to answer
Sexual life starts earlier	15%	17%	26%	21%	20%
The frequency of sexual contacts increases	16%	17%	27%	16%	24%
The number of sexual partners increases	13%	17%	27%	21%	22%
Birth control is used more often	44%	30%	8%	6%	13%
The level of knowledge about the risks of getting pregnant, contracting sexually transmitted infections increases	55%	25%	7%	7%	6%

Parents: n=500.

*Note: The statements "Sexual life starts earlier", "The frequency of sexual contacts increases", "The number of sexual partners increases" are false.*

Among Ukrainian teachers, the myths and misconceptions about the negative effects of sexuality education on young people's behavior are also widespread, but much fewer respondents believe in them compared to parents. In particular, most teachers understand that sexuality education does not entail teenagers becoming more sexually active: 55% disagree with the statement about the earlier start of sexual activity (see Table 11). In addition, over a half (56% and 60%, respectively)

understand that sexuality education does not affect an increase in the frequency of sexual contacts and the number of sexual partners.

Just like parents, teachers know (or guess) that as a result of sexuality education, young people use birth control more often (74% and 75%, respectively) and have more knowledge about the possible risks of sexual relations (75% and 80%, respectively).

**Table 11. Teachers' opinions about the existence or absence of influence of sexuality education on young people's behavior**

Statement	Completely agree	Mostly agree	Mostly disagree	Completely disagree	Difficult to answer
Sexual life starts earlier	14%	17%	27%	28%	13%
The frequency of sexual contacts increases	15%	15%	34%	22%	14%
The number of sexual partners increases	14%	13%	31%	29%	13%
Birth control is used more often	49%	26%	10%	6%	9%
The level of knowledge about the risks of getting pregnant, contracting sexually transmitted infections increases	54%	21%	12%	8%	5%

Teachers: n=500.

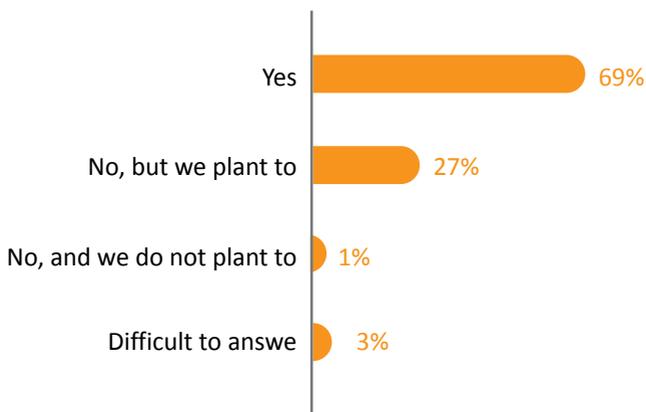
Note: The statements "Sexual life starts earlier", "The frequency of sexual contacts increases", "The number of sexual partners increases" are false.

## CHAPTER 2. READINESS OF PARENTS AND TEACHERS TO ENGAGE IN COMPREHENSIVE SEXUALITY EDUCATION

### 2.1. Experience in the implementation of sexuality education

As for sexuality education in the family, according to the survey results, almost all families provide or plan to provide it: 95% of parents gave this answer (see Fig. 4). In turn, only 5% do not work on this and do not plan to, or did not give an answer to this question.

**Figure 4. Do parents work on sexuality education for their child in the family**

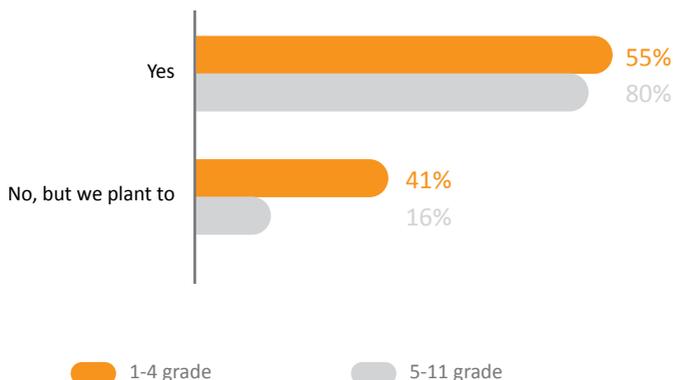


*Question “Do you work on sexuality education for your child in the family?”*

*Parents: n=500.*

In accordance with our expectations, the distribution of answers differs among parents depending on their child’s age. 80% of parents whose children study in 5th-11th grades are already providing sexuality education (see Fig. 5). In turn, among parents of primary schoolers (1st-4th grade), fewer answered this way (55%), but another 41% plan to do it in the future.

**Figure 5. Do parents work or plan to work on sexuality education for their child in the family, distributed by the grade in which the child studies**



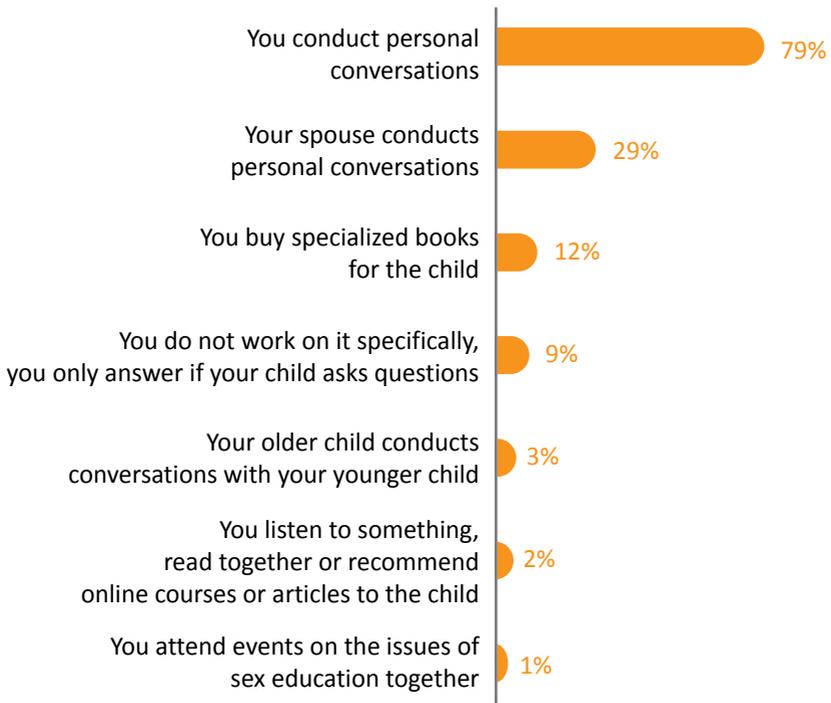
*Question “Do you work on sexuality education for your child in the family?”, only the answers of those who already engage in sexuality education or plan to do it are taken into account. Parents of children in 1st-4th grade: n=119, parents of children in 5th-11th grade: n=258.*

Among the parents who gave a positive answer about sexuality education in their family, most—75% of the respondents—conduct it in the form of personal conversations with the child (see Fig. 6). 29% also answered that this is done by their spouse as well, or only by their spouse. In general, both parents (that is, both the respondent and their spouse) are involved and conduct such conversations as sexuality education for their child in the families of 18% of respondents.

The parents at FGDs who have already had experience of conducting conversations with their children on sexuality education topics can be divided into two groups by experience: those who initiated the discussions themselves and those who had to do it in response to questions or other forms of expressing interest on the child’s part.

The parents in the first group started the conversations in different ways. Some bought books appropriate for their children’s age and read these books together. This established the foundation for further conversations and discussions. Others started conversations with their children at an older age, sometimes just “out of the blue,” and sometimes by watching films together to begin a conversation. For example, one FGD participant started to talk with her daughter after she saw her watching the Ukrainian TV show *Pregnant at 16*. FGD participants also mentioned

**Figure 6. Ways in which parents conduct sexuality education for their child**



*Question “In what way do you conduct sexuality education for your child?”, n=342 (the parents who gave a positive answer to the question about conducting sexuality education in the family). The respondents could choose several options.*

that stories about their own life experience in certain topics related to sexuality education helped them conduct the conversations: this way, children became more interested in the topics, asked questions about their parents’ experiences.

*“There are TV shows, such as Pregnant at 16. So I saw her watching it. I came up and started telling her my opinion about this... And she [listened closely] both to me and to the show, and asked about my own experience. ‘How did you get pregnant?’, ‘How did you meet?’ So, this. Somewhere, something, some case—and we enter a discussion.”*

*(Mother of an 11th-grader)*

But there were also mothers and fathers who had not had experience of discussing human sexuality with their children yet. Some of them had not even thought about it before participating in the FGDs, others were postponing the moment, waiting for a convenient opportunity, or just did not want to deal with it. Interestingly, in each parent group, after the meetings ended, some of them reported that they were affected by the discussion: they started to think about the importance of sexuality education and now were going to plan holding such conversation with their children; they also asked for the cards that listed the topics discussed, in order to use them as reference and figure them out at home.

*“I’ve got the idea to raise this topic, this issue. Because my child is finishing 4th grade now, she’s going to be in 5th, and children are growing. So I’m thinking we should discuss at least what to organize for our children, even just discuss this question with the parents in our class. I am actually interested now.”*

*(Father of a 4th-grader)*

Teachers were asked about their experience of organizing or conducting activities related to sexuality education at their school (outside of the mandatory classes), and about their willingness to engage in it, particularly to do it again. This question should be considered separately for primary school teachers and for those who teach in 5th-11th grade, given the different ages of students they work with, the content of the curricula and, accordingly, different opportunities for extracurricular activities.

Among those who teach Health Basics, Biology, Civic Education (almost 80% of them currently are or used to be class teachers), most have conducted class hours on sexuality education topics or invited outside specialists to conduct such activities: 52% and 42%, respectively (see Table 12). About a quarter (24%) have attended CSE-related workshops or lectures with students outside of the school. Almost a third of teachers have organized thematic film screenings or preparation of posters: 34% and 29%, respectively. A third—34%—have also conducted elective classes which included sexuality education topics (such as “Protect yourself from HIV” or “Grow up healthy”). These events are the choice of the teachers themselves or the school administration, and they can be a sign of their initiative and interest, since they are not mandatory. At the same time, almost a fifth (18%) of the surveyed teachers had no experience of working on any of the events on the proposed list.

**Table 12. Organization and conduction of events as a part of sexuality education by teachers**

Events related to sexuality education	Primary school teachers		Health Basics, Biology, Civic Education teachers	
	conducted	plan to	conducted	plan to
Class hours	31%	30%	52%	38%
Inviting specialists from the outside (medical workers, NGO representatives, etc.)	22%	30%	42%	45%
Attending thematic workshops or lectures outside the school	14%	19%	24%	34%
Elective classes (such as "Protect yourself from HIV," "Grow up healthy")	17%	21%	34%	31%
Organizing thematic film screenings	14%	22%	34%	33%
Preparing thematic posters	11%	18%	29%	20%
None of the above	48%	30%	18%	18%

Questions "Have you organized or conducted any of the following events related to sexuality education for students?" and "Do you plan to (in particular, plan to do it again) or would like to organize the following events related to sexuality education at your school?," n= 230 (primary school teachers), n=270 (subject teachers).

There were no significant differences in the answers of those who have already conducted such events and those who plan to do it. Somewhat more teachers plan to organize attendance of sexuality education workshops and lectures outside of the school for students, compared to those who have already done it: 34% versus 24%, respectively. Almost a half (45%) will or want to invite specialists from the outside. This option is the most popular, and it differs from the others in that teachers can participate in it only passively, and the class is taught by someone from the outside who, most likely, does not know the students and will not give grades or conduct other classes; at the same time, to conduct such an activity, there is no need to leave the school building. In turn, fewer teachers want or plan to conduct thematic class hours (38% versus 52% who have conducted them) or organize poster preparation on sexuality education topics (20% versus 29%). At FGDs, teachers mentioned that, according to their observations, the format of workshops or elective classes works better for students than regular classes. On the one hand, there is no need to give grades for participation in the class, which creates a comfortable atmosphere and helps children be more active, because they will not be evaluated. On the other hand, workshops and electives in practice take the form of an ordinary conversation, so students can ask any questions that concern them, instead of discussing previously learned material from a textbook, for instance.

Primary school teachers mentioned conducting such activities in their classes much less often. Of them, almost a third have organized class hours on sexuality education topics (31%). About a fifth or fewer picked any of the other options. However, almost a half (48%) have not conducted any of the activities offered on the list, and 30% do not plan to do it in the future.

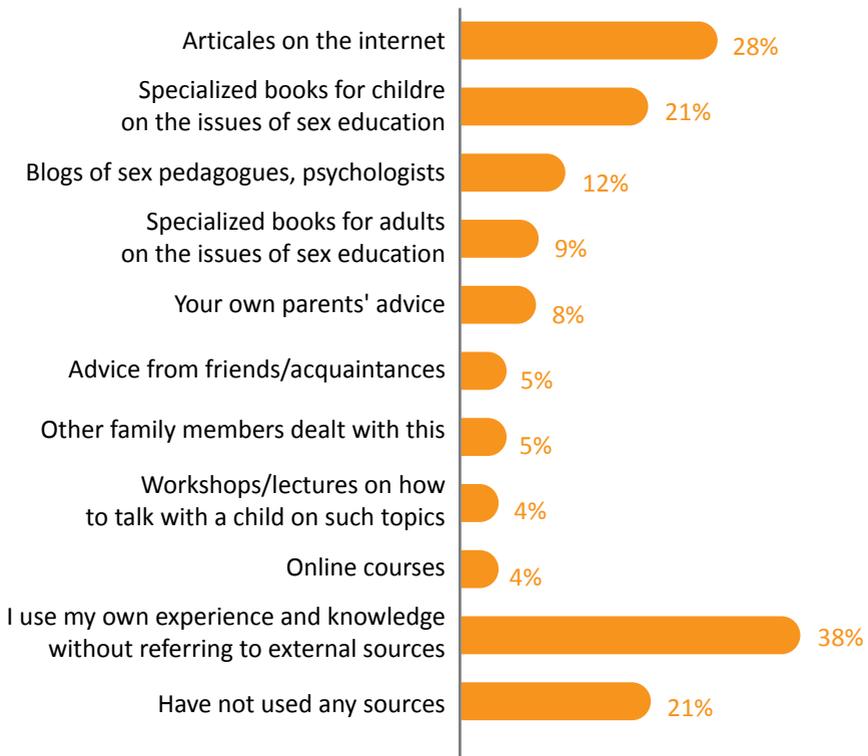
## 2.2. Preparations for the implementation of sexuality education

Most parents noted that they did not use any, or at least any external sources while preparing for conversations with their own children about sexuality education topics. In total, 59% have not used any sources for this, including 38% who answered that they only used their own experience. This does not necessarily mean a lack of any external sources whatsoever: these could be parents who had professional experience in the topic of human sexuality (such as medical workers) or those who have older children and previous experience of sexuality education.

It should be noted that all participants were asked this question, regardless of whether they have had experience of providing sexuality education to their children.

So some of the parents who noted that they had not engaged in sexuality education for their children but they planned to could also have been preparing for these conversations. In turn, the 21% who have not used any sources can include those who have not had conversations with their children on sexuality education topics, at least not personally. In the rest of the cases, the most popular among parents were online articles and specialized books: 28% and 21%, respectively (see Fig. 7).

**Figure 7. Sources used by parents to prepare for conversations with their children on sexuality education topics**



*Question “Which sources do you use while preparing for conversations with your child on sexuality education topics?”, n=500. Note: The respondents could choose several options.*

If we look at childhood and teenage experiences of those who are parents now, 58% did not have any conversations with their parents or relatives about sex and/or puberty. A significant part (40%) were not told about menstruation specifically either. That is, a significant part of parents have no relevant examples from their childhood which they could use as reference now in conversations with their own children. Despite this, 60% of parents claimed that they often or periodically had such conversations with their child. In fact, this fraction can be even higher, because interpretations of the concept of “sexuality education” can vary significantly, especially if the respondents heard it for the first time.

At a FGD, one mother said that she used her own teenage experience of conversations about sexuality with her mother, but in order to do it completely differently—to make the conversations more comfortable for her child than they were for her.

*“I had no barrier, because I, for instance, remember from my own experience how my mother told me about this and how embarrassed she was, and I felt how I would want to hear it from my mom. So I presented it to her differently. Well, she liked the conversation, for example, about menstruation, about pregnancy, about some methods of contraception... Well, about the topics we discussed, that is, I told her. She liked it, and I just felt that she was open to contact...”*

*(Mother of a 10th-grader)*

How do teachers prepare for conducting classes on sexuality education topics? Since there is no separate school subject on sexuality education yet, there was also no corresponding specialization at pedagogical universities. However, since 2017, when the new Law “On education” was passed, those who do not have pedagogical education are also allowed to teach.<sup>24</sup> Under these circumstances, it is completely possible that graduates of other departments will work at schools, such as psychologists or medical workers, whose training included more topics on human sexuality. At the same time, this has been allowed for a relatively short time, while most teachers who work at schools now got their degrees earlier than three years ago.

In one way or another, their training could have included specific topics related to sexuality education, for example, about the human reproductive system and function for those who specialized in “Secondary education (biology).” In addition, teachers must regularly take further professional training courses, where they also potentially

<sup>24</sup> According to the requirements for pedagogical workers in Article 58 of the Law “On education,” it is enough to have higher, professional pre-higher or professional-technical education.

can receive such training. The reality and length of the process of introducing sexuality education in school and its development depends, in particular, on their knowledge of human sexuality and their skill in teaching these topics.

To find out about this training from the teachers themselves, we asked them about the inclusion of elements related to the content, methods or practices of teaching human sexuality topics into their studies (see Fig. 8). Almost a half did not receive such training either during their studies in HEIs or as a part of further professional training. From the list of subjects which could prepare teachers for conducting sexuality education classes, which was provided in the questionnaire, the highest number of respondents received key information on human sexuality—this option was chosen by 22%. Fewer of them noted that their university studies involved training on how to talk with parents about sexuality education, reading curricula, learning cultural, particularly religious sensitivity in teaching these topics, and methods of teaching them. The lowest number of them received actual practice: only 6% tried to teach human sexuality topics to students when they were students themselves.

The situation with this kind of training for teachers has not changed significantly even since they started working at school. During further professional training, the studies of about one fifth of the respondents included the topic of how to talk with parents about sexuality education, as well as reading curricula—19% gave each of these answers. There was no significant difference between the number of teachers who received training in conducting sexuality education classes during further professional training courses and during university studies. In particular, over a half of them have not studied any of the topics from the proposed list: 55% at universities and 52% during further professional training.

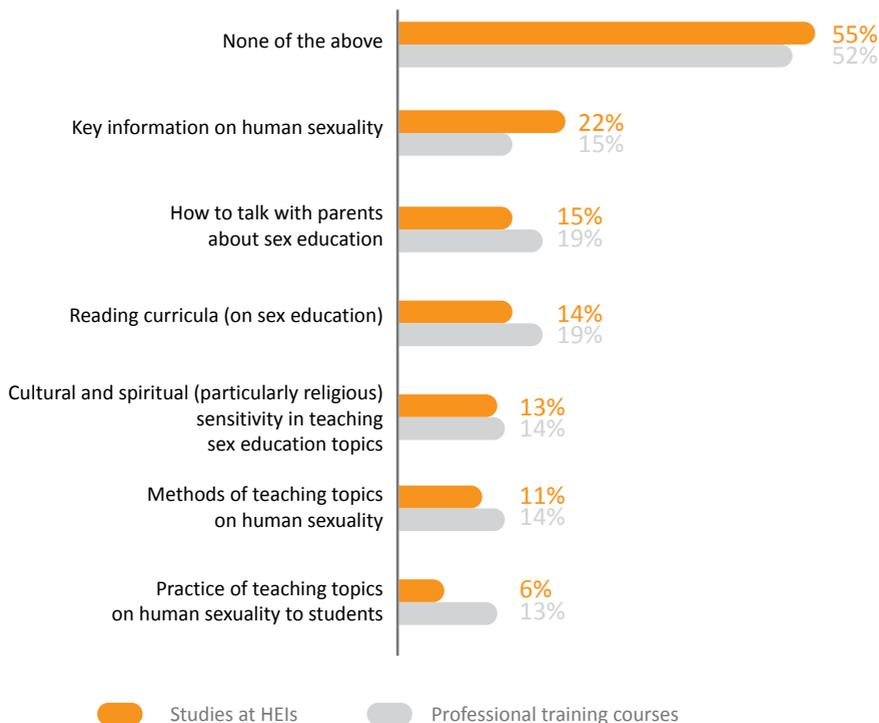
Among the educational activities related to sexuality education in which teachers have participated, the most popular ones were workshops from institutes for postgraduate pedagogical education (IPPEs) and lifelong education academies (which were a part of their further professional training), as well as forums, conferences and webinars.

At FGDs, teachers remarked that during their university studies, they were not trained to teach sexuality education topics; one of their explanations was that it was a characteristic of the time, because some studied in the Soviet Union, where “there was no sex.”

*“We were not trained for many things. We graduated back in the Soviet Union.”*

*(Health Basics teacher)*

**Figure 8. Teachers’ training during their studies to prepare them for implementing sexuality education at schools**



*Question “Did your studies while obtaining higher education or further professional training involve any of the following?”, n=500.*

*Note: The respondents could choose several options.*

But even those who got their degrees later did not have specialized training either. There were teachers who studied topics connected to sexuality education at the university, particularly about reproductive health and negative consequences of sexual relations, which were only mentioned within biology and medicine courses. One informant had more training than others because she studied to become a social pedagogue, so her studies included at least some superficial discussion of the issues of sexuality education.

*“Yes, since I encountered social pedagogics, we raised this issue. And partially... Well, not as broadly as I’d like, but we had the questions, talked about them: abortion, sexuality education.”*

*(Health Basics teacher)*

Teachers mostly did not really approve of the quality of opportunities for further professional training which were available to them or which they took: IPPE courses, further professional training courses and courses from NGOs. They had not been offered courses on human sexuality topics specifically. At the same time, a barrier to their participation in the courses is also the requirement to pay for them, as teachers cannot always afford it. Although some did have experience of studies at IPPEs where they were told “something tangent to sexuality education,” these were isolated cases. For example, one FGD participant learned about literature and sources dedicated to reproductive health at a course. Some teachers had attended courses organized by NGO representatives, but it was not a regular thing.

In general, most teachers do not try to look for further training options on their own, particularly because they do not know where and how they can be found. As for specific classes, teachers usually find information to prepare for them on the internet. Among specific sources, they mentioned online courses for teachers on the Prometheus and EdEra remote learning platforms. They also look for articles, textbooks, video materials online (for example, they mentioned the cartoon *When a Girl Grows Up*), which they then show in class. At the same time, teachers discussed that school textbooks alone are not enough to prepare for classes and their teaching: information there is mostly presented superficially, trivially, it does not expound some topics enough and avoids others completely. So they are forced to use additional materials, although there can be problems with those, too—for instance, it is hard to find them in Ukrainian and not in Russian.

*“...and there, I looked through a few books [textbooks], and none of them mentioned menstruation, nocturnal emissions. Only one book had it written somewhere. So everything is very closed, nobody talks about it, it’s very veiled.”*

*(Health Basics teacher)*

*“I use the internet, videos, if it’s possible to get them in Ukrainian, because they’re very often in Russian, and this option can’t be used for us.”*

*(Primary school teacher)*

### 2.3. Readiness to discuss sensitive topics

One of the goals of the study was to determine how parents and teachers evaluate their own ability to communicate with children and teenagers about sensitive topics related to sexuality education. For this purpose in particular, the questionnaire included questions about their confidence in their own knowledge on specific issues and their readiness to discuss them (see Table 16).

A third of the surveyed parents **positively evaluated their own ability to communicate about all the topics of sexuality education with their children** (see Table 13). One in three of them answered that, while discussing any of the sexuality education topics on the proposed list, they would feel confident in their knowledge and/or would feel comfortable discussing them. At the same time, 14% could not decide in which topics they would feel a lack of confidence in their knowledge, and 19% could not decide what would be uncomfortable for them to discuss with their children.

Among the topics regarding which parents **have doubts about their own knowledge or would feel uncomfortable discussing them**, the option of nocturnal emissions was picked by the highest fraction of respondents—18% and 21%, respectively. This partially explains the small fraction of those who have had conversations about this with their children. At the same time, the option of menstruation was picked by somewhat fewer of them—12% and 14%. Other “difficult” topics picked more often than others—from 10% to 18%—included sexual orientations, consent to sex, making the decision to start sexual life, and correct names for private body parts. For most topics, the difference between the number of those who do not feel confident in their knowledge and those who find them uncomfortable to discuss is minor. But there are a few exceptions: in the cases of HIV/AIDS, gender equality and online safety, more parents feel a certain lack of knowledge than discomfort in discussing them.

**Table 13. Parents' readiness to discuss individual sexuality education topics with their child**

Topic	Lack of confidence in their knowledge	Uncomfortable to discuss
Nocturnal emissions	18%	21%
Sexual orientations	18%	16%
Consent to sex	14%	17%
Making the decision to start sexual life	14%	13%
Menstruation	12%	14%
Correct names for private body parts	10%	11%
Sexually transmitted diseases	10%	8%
HIV/AIDS	9%	5%
Birth control	9%	10%
Equality between men and women (Gender equality and stereotypes)	8%	3%
Online safety	7%	3%
Personal safety: rules of communication with strangers	5%	2%
Pregnancy and childbirth	5%	5%

Topic	Lack of confidence in their knowledge	Uncomfortable to discuss
Would feel confident in their knowledge / Comfortable to discuss all topics	32%	30%
Difficult to answer	14%	19%

*Questions “While discussing which issues with your child would you not feel confident about your knowledge?” and “Which of the issues would be uncomfortable for you to discuss with your child?”, n=500.*

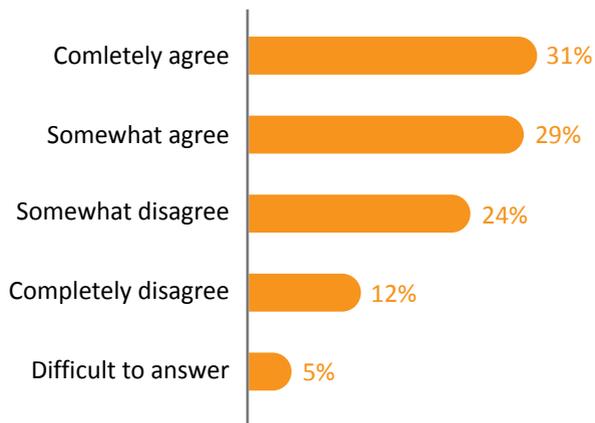
*Note: The respondents could choose all the appropriate answers.*

In addition to the information which children can receive from their parents in conversations, they also receive information indirectly by watching their behavior. For example, 60% of parents indicated that they always or almost always stopped watching a film with their child if there was an erotic scene in it (see Fig. 9). This behavior can serve as a signal for children and teenagers that sexuality and its manifestations are something to be ashamed of, which can create barriers to conversations with the children in the future.

*“We can watch [films with the child] this way, yes. That is, there was this barrier, and at first I didn’t know what to do and so on. But then we discussed it and, yes, well, of course, not the very explicit scenes. But something within the reasonable boundaries, yes, we can watch them, we can discuss something. Especially given that they’ve seen all of it online already, and there’s just a lot of it. So pretending that it doesn’t exist, well, it’s a bit weird. Wearing rose-colored glasses. But even with their behavior, their attitude, parents also give a big example, even without saying anything. Because you can, of course, talk a great deal, but if you behave completely differently, it all has an influence.”*

*(Mother of a 10th-grader)*

**Figure 9. Parents’ attitudes to the statement “When I am with my child, we always or almost always stop watching a film if there is an erotic scene in it”**



*Question “To what extent do you agree with the following statements?”, n=500*

Parents were also offered to choose the option of behavior in case they noticed their child watching a pornographic video (see Fig. 10). The most frequent answer was that they would talk with the child about the situation and explain when and where it is appropriate and when it is not (41%). But a quarter of parents would ask about the reasons (27%) and conduct a conversation on why this behavior is unacceptable (26%). The least frequent answers were that they would punish the child (4%) or tell them that everything is alright (4%).

Even though the teachers mostly have not received any special training, an even higher fraction among them than among the parents positively evaluate their ability to talk with students about sensitive topics (see Table 14). Almost 40% believe that while conducting classes on any of the sexuality education topics from the proposed list, they would feel confident in their knowledge and it would be comfortable for them to discuss it. At the same time, 21% could not answer each of these questions.

Among teachers, the topic of sexual orientations provokes the most doubts about their own knowledge: this option was chosen by the highest number of respondents, 15%. This can be explained by the absence of this question in the current curriculum, which is why teachers could have no experience with discussing

**Figure 10. How would parents react if they witnessed a situation when their child watches pornographic videos**



Question "If you witnessed a situation when your child is watching a pornographic video, how would you react?", n=500.

Note: Respondents could choose several answer options.

it in class, and therefore no opportunity to learn about it if they had not been informed before. Among the topics which would be uncomfortable to discuss in class, the first place, just like among parents, belongs to the topic of nocturnal emissions (for 17%); at the same time, the option of menstruation was chosen by somewhat fewer teachers (14%). For 15%, consent to sex is one of the topics which are uncomfortable to discuss in class, and for another almost 15%, sexual orientations is one of such topics.

**Table 14. Teachers' readiness to conduct classes on particular topics**

Topic	Lack of confidence in their knowledge	Uncomfortable to discuss
Sexual orientations	15%	16%
Consent to sex	11%	15%
Making the decision to start sexual life	9%	11%
Nocturnal emissions	9%	17%
Correct names for private body parts	8%	11%
Menstruation	7%	14%
Equality between men and women (Gender equality and stereotypes)	6%	3%
Birth control	6%	7%
Online safety	6%	3%
HIV/AIDS	4%	4%
Sexually transmitted diseases	4%	6%
Pregnancy and childbirth	4%	4%
Personal safety: rules of communication with strangers	3%	1%

Topic	Lack of confidence in their knowledge	Uncomfortable to discuss
Would feel confident in their knowledge/ Comfortable to discuss all topics	39%	37%
Difficult to answer	21%	21%

*Questions “While conducting classes on which topics would you not feel confident about your knowledge?” and “Which of the issues would be uncomfortable for you to discuss with students during classes?”, n=500.*

*Note: The respondents could choose several options.*

Thus, conducting classes on most topics which are already included in school subjects or which are recommended by international recommendations on sexuality education should not cause significant difficulties on the part of teachers themselves, according to their answers.

At the same time, the topics which were picked the most in these two questions were also the least frequently chosen by teachers as the ones that must be included in the school curriculum: menstruation and nocturnal emissions, consent to sex and sexual orientations, correct names for private body parts.

At FGDs, parents and teachers mostly answered that they had sufficient knowledge and confidence to discuss the indicated questions with children and students. But in more targeted discussions of specific topics, some did tend to admit that they could be uncomfortable, particularly the names for private body parts, sexual orientations, nocturnal emissions. They mostly explained this discomfort by their lack of knowledge about how the information must be presented or how it is better to present it, where to start. There were also opinions that topics such as, for instance, nocturnal emissions or menstruation would be better discussed by women (mothers and female teachers) with girls and by men (fathers and male teachers) with boys, since otherwise it could be uncomfortable for both sides.

## 2.4. Views on the content of sexuality education

Since in the survey, about a third of both parents and teachers answered that they felt confident in their knowledge on all topics of human sexuality, this can create an impression that a significant part of them are sufficiently prepared for these conversations. However, those who are well-informed or at least believe so can still have biases and reproduce stereotypes regarding these issues.

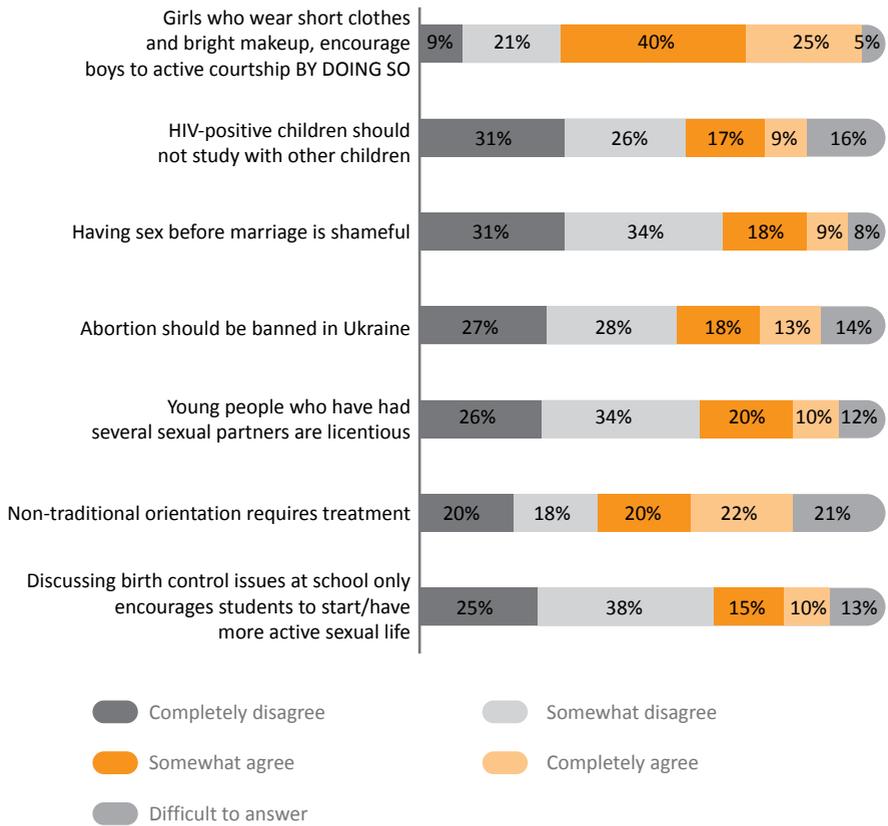
To understand what information exactly can be communicated by adults to children and teenagers, the questionnaire offered a list of statements <sup>25</sup> about issues related to sexual literacy and the sphere of human sexuality, such as sexual life, contraception, gender equality, abortion, HIV.

Over a half of the parents did not support the stereotypes (see Fig. 11). For instance, 57% do not believe that HIV-positive children must study separately from others, another 65% do not believe it is shameful to have sex before marriage, and 62% disagree with the statement that discussing contraception in school only pushes students to start/have more active sexual life. For some statements, the opinions were less unanimous. For instance, 41% believe that “non-traditional orientation requires treatment” and 38% do not support this opinion, although another 21% could not give an answer. At the same time, among those who believe that non-heterosexual orientation requires treatment, 20% indicated that they discussed the topic of sexual orientations with their child in detail. We can assume that they could have expressed their own biases and intolerance during these conversations.

At FGDs, the participants had more opportunities to reveal their opinions and considerations. For instance, parents rarely mentioned HIV independently as a topic that should be included in sexuality education. However, the question about a hypothetical situation with their child’s HIV-positive classmate provoked discussion. Those who expressed negative opinions about this likely based it on false ideas about the ways of transmission of HIV, and, once again, on stereotypes. For example, they said that they would prefer to have information about an HIV-positive child at school, while noting that they were against isolating such children. And some deliberated transferring their child to another class if they learned about an HIV-

<sup>25</sup> The list of statements was based on the UNESCO International technical guidance on sexuality education: they are among the guidelines on what children and teenagers must learn as a result of sexuality education. For the questionnaire, some of these guidelines were reformulated as false statements to avoid nudging the respondents towards expected answers.

**Figure 11. Spread of stereotypes and prejudice among parents**



Question “To what extent do you agree with the following statements?”, n=500.

positive classmate. Some participants also spoke about a need to have “specialized institutions” for teaching children with HIV separately.

*“I’m all for humanism, but still, my child’s life is more important to me. That is, I believe that those ‘at the top’ need to think about it. If there are sick people, we need special institutions. So, education and everything, pay attention to them.*

*Well, they are children, you can't track them. A recess, and that's it. You had a healthy child, and he comes home, and that's it."*

*(Father of an 8th-grader)*

*"...take, for instance, compare it to vaccination. If a child comes to school, parents know that this person is unvaccinated. So if someone comes and this [HIV-positive]... nobody's been told about it, it's definitely wrong. And if we're told, well, damn, I would probably transfer him from this class, too. Well, I wouldn't even want to take the risk, it's not about biases or that I think badly of her [the HIV-positive person]."*

*(Father of a 1st-grader)*

*"You do understand, right, we're talking about HIV. We don't just suspect that it's death."*

*'An HIV-infected child is death?'*

*'Well, of course. Yes, before it moves into an active phase, it's supported by some pills and things, but still, this person... We can't say that, but she's doomed. Well, it's true, let's look the truth in the eye. And god forbid something happens, they say it is not transmitted through lining, only blood. But there can be different situations. A needle somewhere, a knife cut...'"*

*(Father of an 8th-grader)*

The question of sexual orientations provoked even more discussion. In one mother's opinion, sexuality education is perceived negatively precisely because of "LGBT ideas" and tolerance in the curriculum. Several parents also expressed concern about the so-called "propaganda" which can be spread if these topics are included and discussed with children and teenagers: in their opinion, students can become interested in the topic of homosexuality and "decide to try" to be gay or lesbian or change their sex, too. Some were not against providing information about the existence of homosexuality, but, in their opinion, students must understand that these cases are exceptional, and they should not perceive non-heteronormativity as something normalized.

*“It [sexuality education] is needed, but it should be done right, without... It should not encourage marriage between women and men [meaning same-sex marriage]. That’s what I believe. They shouldn’t be told that you can change your sex when you grow up. All of this should not be propagated.”*

*(Mother of a 10th-grader)*

*“You can’t say that it’s completely, well, abnormal. But it should be presented in the form that it’s, like, nonsense, an exception. There are always exceptions.”*

*(Mother of a 9th-grader)*

At the same time, several parents said that their children tried to start conversations about attitudes to homosexuality themselves. From their stories, it seems like teenagers may better understand and accept sexual diversity, even if their parents have an opposite opinion.

*“Dad, what do you think about this?’ And shows me a video. I said, I don’t like it, and I’ll explain to you why, and I tried to explain. ‘But why? Why are you against this!? They just want to live like that.’ I said, because, in my opinion, it’s unnatural. In my opinion, it’s unnatural because nature has given us certain body parts, again, for a woman and a man, for procreation, and these relations are unnatural. They are unnatural to me not just physiologically, but also morally.”*

*(Father of a 4th-grader)*

*“I asked my daughter, what do you think, are sexual orientations normal, is it a norm or not. She said that we believe in our collective that it’s a norm, because they are people, too, they also want to have pleasure...”*

*(Mother of a 9th-grader)*

Parents sometimes also expressed aggressive opinions, such as that homosexual people should live separately, for instance, in concentration camps. In addition, some tried to intimidate their children with stories about punishment for being different in the olden times; for example, one father told his daughter that a hundred years ago people were hanged for it.

*“I am completely against ‘these.’ I was on vacation when six Germans came and walked around in pink T-shirts, touching each other’s butts, it’s impossible to look*

*at normally. And don't tell me everything is great and the child should know that if it doesn't work out with girls, you can just 'take' Yura, your buddy."*

*(Father of a 1st-grader)*

Of course, there were also parents at the discussions who did not support homophobic claims or such positions expressed by others. Maybe they were not as active because some participants spoke about their attitudes to homosexuality in a derogatory and sometimes rather aggressive way. At the same time, some of the parents who expressed intolerance of homosexuality said that if they learned that their child was gay or lesbian, they would be shocked but would accept it. The topic of teenage suicide was raised multiple times during discussions, and due to fear for their children's lives, parents were prepared to accept their homosexuality.

In addition to these two topics, HIV and homosexuality, there were also stereotypes about the topic of gender equality and gender roles. Since gender equality was one of the sexuality education topics proposed for discussion, some participants expressed their concern about including it into the list. They said, in particular, that equality would lead to a "middle sex" and disappearance of the roles of the woman and the man.

*"Equalization... but still, there is a certain role of the woman and of the man.*

*I understand that, maybe, when a man helps a woman around the house, it's completely normal. A woman, for instance, I, maybe, also accept that she can do a man's job. [...] I read that at school, they [children] will not be differentiated by sex, well, that's bullcrap. Excuse me for saying it."*

*(Mother of a 5th-grader)*

Mothers and fathers also often noted, in the context of the content of a potential sexuality education curriculum, that girls should have the opportunity to learn femininity, while boys should be able to learn masculinity, as well as "good manners" and gender roles.

*"From first grade, teach femininity to girls, teach boys to be men. Some subjects should be introduced so that girls could learn femininity: the kitchen, how she is supposed to look, about clothes and everything. That she should be a woman—not that boys do not respect girls now. And boys must be taught how to be gentlemen. So that they treat girls correctly, their mother, their grandmother. There should be these subjects, to teach both boys and girls."*

*(Mother of a 9th-grader)*

*“There used to be this institute of noble girls, when girls were told how they should be with a man, from which side. But now our children don’t know on which side the man should walk with a woman on his arm, and on which side the woman should be. How doors should be opened... [...] All of this should be included here.”*

*(Father of an 8th-grader)*

Just like parents, most teachers (63%) also believe in victim behavior: they somewhat or completely agree with the stereotypical statement that girls who wear short clothes and bright makeup encourage boys to active courtship by doing so (see Fig. 12). About a third of teachers also believe that “non-traditional” orientation requires treatment (36%), that abortion must be banned in Ukraine (33%), that young people who have had several sexual partners are licentious (31%). For another 27%, sex before marriage is shameful. Nevertheless, most teachers do not support stereotypes and biases (except for victim behavior).

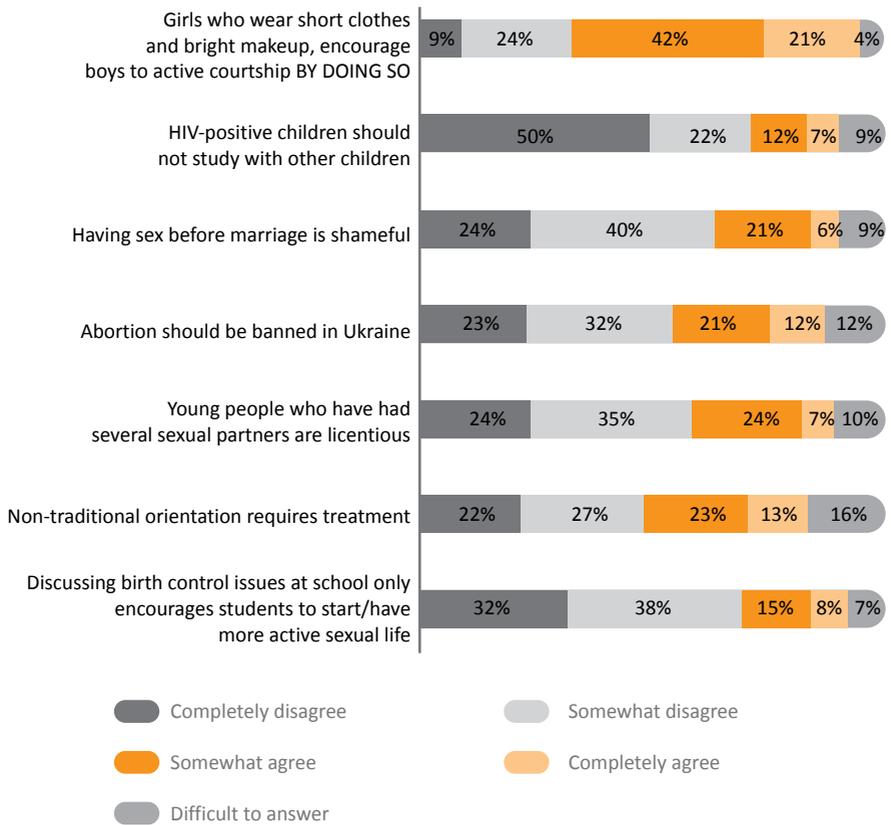
At FGDs, they generally had the same considerations: boys’ participation in these situations, particularly the acceptability of their actions and their upbringing, was not mentioned at all; instead, girls were judged for their behavior and appearance, and blame was placed on them.

*“Here’s the situation: girls start wearing underwear, I mean a bra (like, in 7th-8th grade), and boys, they have this game, run up to them from behind and... ‘He did this to me!.’ I say, ‘But why does nobody run up to, let’s say, Nastia, and grab her by anything? Why you? It means you behave that way.’ She has presented herself in a way that they can do it to her, but not to her [Nastia].”*

*(Health Basics teacher)*

Just like at parent FGDs, teachers also sometimes expressed negative attitudes towards homosexuality and towards mentioning this question at school, but they did not express it aggressively or attempted to do it in a tolerant way. Some of the participants spoke about their own examples of discussing this topic with students, particularly as a part of considering the topic of human rights, by watching video blogs, etc.

**Figure 12. Spread of stereotypes and prejudice among teachers**



Question “To what extent do you agree with the following statements?”, n=500

*“Recently, for example, there was the day of fighting homophobia. I showed very interesting videos to children in 8th-9th grades, older ones. There is this channel called ‘Damned rationalist,’ he made a very interesting video about the biology of, for example, homosexuality and heterosexuality, and about the attitude, the way it was and the way these problems were considered over time. It’s an important area of sexuality education, maybe even one of the most important ones.”*

*(Biology teacher)*

*“I talk about it [the topic of LGBT] because, actually, it’s normal, and throughout history, we know it’s normal. And I speak about situations and examples from History, from some other school subjects. And sexual orientation (what’s wrong with that?) is everyone’s right to be the way they want to be. And then (later, in chapter 2-3, we have human rights), we also directly emphasize this, that someone can be a boy, be a boy and feel like they’re a girl: well, there’s nothing scary about it, it can happen. And I feel comfortable discussing this with children. I don’t feel any giggling from children in 10th grade, on the contrary, they are very active in joining various discussions on this topic.”*

*(Civic Education teacher)*

## CHAPTER 3. NEEDS OF PARENTS AND TEACHERS FOR THEIR PARTICIPATION IN COMPREHENSIVE SEXUALITY EDUCATION

### 3.1. Barriers to participation in sexuality education

Despite the fact that most parents and teachers support formal and informal sexuality education and positively evaluate their ability to talk about sensitive topics with children and teenagers, they can face barriers in implementing these activities (see Table 15).

According to the survey results, the first place among the barriers that can serve as obstacles to participation in children’s sexuality education belongs to their own psychological unpreparedness, reported by 25% of parents and 20% of teachers. The second place among parents belongs to the lack of knowledge on where to start the conversation and how to conduct it (19%), while among teachers, the second place belongs to opposition by parents (17%). Both the former and the latter also often defined as barriers the lack of confidence in their own knowledge of certain topics and the lack of interest on the children’s part in discussing them (12-13%). Meanwhile, almost a half of both parents and teachers answered that they had no barriers at all: 44% and 43%, respectively.

**Table 15. Barriers to discussing topics about human sexuality with children and students**

Barriers	Parents	Teachers
I have no barriers	44%	43%
My own psychological unpreparedness to talk about such topics	25%	20%
Lack of knowledge on where to start and how to conduct such conversations	19%	10%

Barriers	Parents	Teachers
Lack of confidence in my own knowledge on particular topics	12%	13%
Lack of interest on the child's/students' part in discussing such topics	12%	12%
Insufficiently close or trustful relationships with the child	4%	9%
Opposition by my husband or wife / Opposition by parents	2%	17%

*Questions “Which barriers prevent you from talking with your child on topics about human sexuality (or from communicating in the way you would like to communicate)?” and “Which barriers prevent you from talking with students on topics about human sexuality (or from communicating in the way you would like to communicate)?”, parents: n=500, teachers: n=500*

*Note: The respondents could choose several options.*

At FGDs, teachers generally said that they usually talked with students openly and calmly about most topics related to sexuality education and felt no barriers. Some could use special approaches to start the conversation and explain things in an accessible manner.

*“Well, this is the simplest, as I started saying: a man, a woman, a union, is there friendship between them, and in general, I focus a lot on how god created everything. I start with god, from there, from afar, according to religion, it somehow better for explaining it. Sometimes, when you don’t know what to say, say that god created it or something.”*

*(Primary school teacher)*

Although some teachers mentioned that when they were only starting to teach at school, it was hard for them to talk about this and organize such classes, but it got easier with experience. In view of this, there were comments that an unprepared

teacher without experience would find it hard to undertake roles related to sexuality education. In general, the course of a class, even on sensitive topics, depends on how the teacher organizes it and what their own attitude is.

*“I think it depends on the teacher. How the teacher presents that subject. That is, if the teacher brings them to the level that this is a topic that needs to be discussed, and we can talk freely about it, then, accordingly, the children will also be more open, and they will accept this topic calmly and talk.”*

*(Health Basics teacher)*

*“And I also try, for instance, to talk about this as freely as possible, let’s say. About the same way as we discuss other topics. If something emerges... Well, if I see there is discomfort or, on the contrary, let’s say... The children perceive it as funny, well, I remind them that the sexual revolution took place 60 years ago, and this should not be treated in any special way, this aspect of life.”*

*(Biology teacher)*

At the same time, the participants discussed not only individual, but also structural barriers to implementing sexuality education in school. Some of them are related to the educational environment’s opportunities for additional subjects: the curriculum is oversaturated, teachers have no relevant training. They also expressed doubts about the Ministry of Education and Science’s readiness and interest in working on the implementation of sexuality education, and about the availability of funding for it. In addition, according to the teachers, some parents can also be against it, particularly because of their religion.

*“But there are a lot of various pitfalls here. It’s parents who say ‘I don’t want you to talk with my child about it.’ It’s religiosity. For example, in our city, Odesa, there are different numbers of various nations. And it’s very problematic, why girls walk around covered or can’t do something around boys and so on. So, you know, selecting all this to have it written? The same way as... Yes, parents can be busy now, they have no time for that. Maybe they subconsciously shift it to the school.”*

*(Biology teacher)*

### 3.2. Motivation to engage in sexuality education

Parents at FGDs did not talk a lot about their own motivation to conduct sexuality education in the family, but those who articulated it primarily mentioned the child's safety as the key factor. That is, the parents either noticed that their child tried to find some information online themselves, and this catalyzed the conversation, or they started thinking about the safety of both their own child and his or her future partners.

*“Fear for the future of their own child and the future of that girl whom something can happen to. When it’s ‘I didn’t know,’ yes. What is a children’s favorite excuse? ‘I didn’t know, you never told me.’ So here, I will tell you.”*

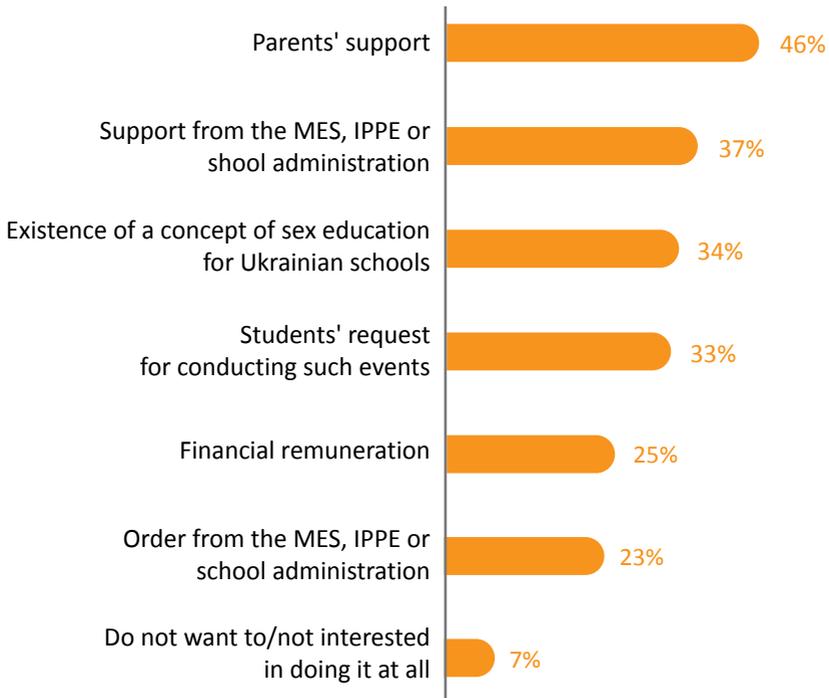
*(Health Basics teacher)*

Teachers had a separate question in the questionnaire about their motivation to implement sexuality education at their school (see Fig. 14). For a half of the surveyed (46%), it is important to have parents' support in the issues of introducing sexuality education at their school—this could serve as a motivation for them. Although at the same time, much fewer of them (17%) said that parents' opposition was a possible barrier for them to conduct classes on sensitive topics related to human sexuality.

In addition, almost a third of teachers would be motivated to implement sexuality education by support from education institutions, particularly MES, IPPE or even school administration, in the form of information materials, workshops and communications (37%), by a concept of sexuality education for the Ukrainian school (34%), and if students themselves requested sexuality education activities (33%). Somewhat fewer—a quarter—of teachers could be motivated by financial remuneration (25%) and/or an order to implement sexuality education in education institutions (23%). The smallest fraction (7%) answered that they did not want to work on implementing sexuality education at all or that they were not interested in it. And this fraction included both those who support having sexuality education in school and those who do not support it. A few other teachers gave their versions: they would be motivated by improving children's health.

Teachers at FGDs mostly discussed these motivations in the context of the future of sexuality education: what would help them to be more involved in organizing and conducting thematic activities and to participate in its development in general. For example, financial remuneration is important for some, because this requires even more time and preparation, and they are not ready to do additional work on a volunteer basis.

**Figure 13. Motivations for teachers to introduce sexuality education in their school**



Question “What could motivate you to work on introducing sexuality education at your school?”, n=500.

Note: The respondents could choose several options.

*“Yes, money always motivates...”*

*(Health Basics teacher)*

However, the most important thing which they emphasized was the approval of sexuality education at the MES level through, for instance, a corresponding order, instructions and methodological materials for its teaching. Because teachers themselves lack knowledge and materials. At the same time, some participants

expressed concerns that the MES could oppose it due to the need to fund an additional subject.

*“If we take our Ministry [of Education and Science] and tell them now that we’re going to introduce an additional course, and teachers who will teach it have to be paid for it, this will be the main opposition, and all these conversations...”*

*(Health Basics and Biology teacher)*

Teachers also mentioned the reasons which already encourage them to engage in sexuality education, to conduct classes on the corresponding topics in school within their own subjects. The reasons mostly came down to influencing the wellbeing of students.

*“Their future. I am really concerned about children actually having the skills, having the understanding and knowledge. And that this should ensure their good life in the future.”*

*(Biology teacher)*

One of these reasons is illiteracy about the issues of safety and sexual relations, which leads to unwanted consequences, particularly unplanned pregnancies and the spread of STIs, which teachers would like to prevent. They also mentioned such reasons as the lack of relationship culture between boys and girls, the taboo around the topic of sex in society. Since schoolchildren mostly receive sexuality education on their own from the internet, school should serve as an alternative source of professional information on these topics, according to teachers.

*“First of all, this is needed for the children’s safety, health and comfort. And second, it’s my job. The reasons here are probably the same as my reasons to work as a teacher in general.”*

*(Biology teacher)*

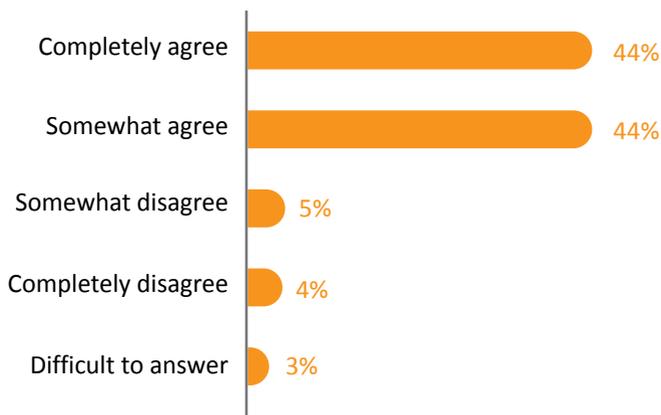
*“...Children’s behavior in the hallways also motivates me. Sometimes you see that they aren’t just hugging, but starting... Boys start grabbing girls by their bottom body parts, or how do you put it properly. So you start telling them about relationship culture, that it’s all normal, but not in the hallway.”*

*(Health Basics teacher)*

### 3.3. Parents’ needs for them to help with sexuality education

Despite the fact that parents, both during the survey and at FGDs, spoke about the family’s leading role in children’s sexuality education, 88% of parents would like the school to help with their child’s sexuality education (see Fig. 14). Only 9% do not have this request.

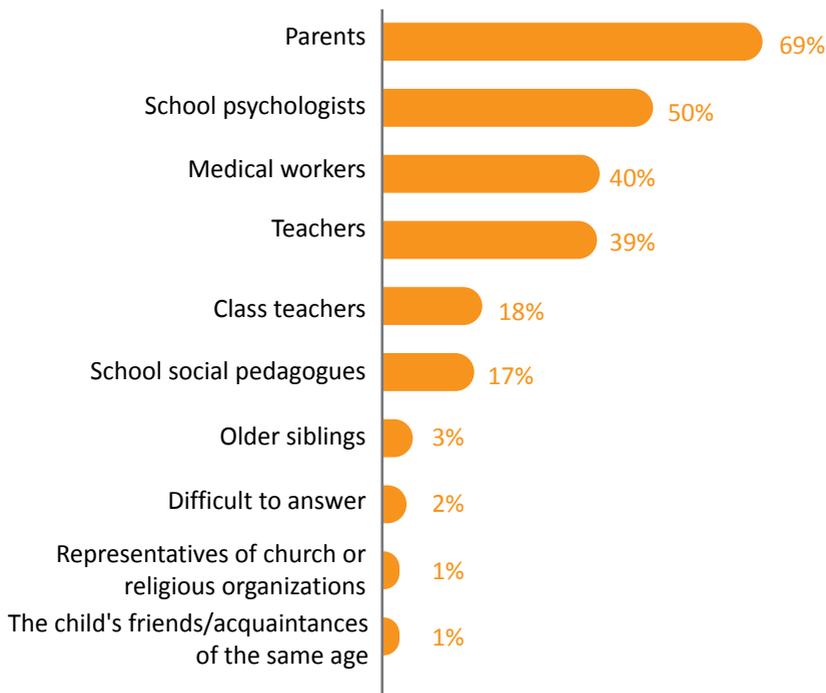
**Figure 14. Distribution of parents’ answers regarding the statement “I would like the school to help with the sexuality education of my child”**



*Question “To what extent do you agree with the following statements?”, n=500.*

Earlier, we already mentioned parents’ answers as to who should definitely be involved and who definitely should not be involved in the sexuality education of children and teenagers in general. However, it is possible that their opinions change when it comes to the sexuality education of their own children specifically. Since this question was among the last in the questionnaire, their answers also could have changed due to a better understanding of the concept of sexuality education and its components as a result of the survey. In general, the order of actors mostly remained the same: parents were on the first place, and then school psychologists (see Fig. 15). At the same time, the fraction of those who believe that parents—that is, they themselves—should be involved in sexuality education decreased in the question about their own children: 69%, versus 95% in the question about sexuality education for children and teenagers in general. For the rest of the answers, changes between the two questions were within the margin of error.

**Figure 15. Distribution of parents' answers to the question "Who would you like to be involved in the sexuality education of your child?"**



*Question "Who would you like to be involved in the sexuality education of your child?" (up to three options), n=500*

*Note: The respondents could choose several options.*

At FGDs, parents said that they needed help and training to conduct sexuality education for their children. First of all, they need information. They spoke about websites, workshops, parents' hours similar to parent-teacher conferences at school, dedicated to the topic of sexuality education in the family. In general, preparation requests from parents can be divided into two categories: content or thematic, and psychological. However, both of these categories of requests aim, in one way or another, to overcome psychological barriers which parents have with regard to conversations on topics about human sexuality.

The content needs include the actual requests from parents for information about specific topics which they find difficult to discuss with their children, because these topics provoke the most discomfort or because parents themselves may not have all the required information. These requests were expressed less often, but in general, parents mentioned sexual relations topics here: STIs and “how all that [sex] happens.”

*“Unfortunately, a lack of this education can be felt in society among adults as well. And many parents still need to be taught themselves. Or just given some sources of information where they could first read or watch it themselves to know what to talk with the child about and how to talk about these topics.”*

*(Mother of an 11th-grader)*

The rest of the requests from parents were mostly about overcoming their psychological barriers. The participants said that they did not know how and where to start a conversation with their children, how to “approach” certain topics or the conversation in general, and how to figure out what kind of information is appropriate for which age. That is, on the one hand, these topics are generally uncomfortable for parents to discuss with their own children, but on the other hand, parents are also worried that they will not be able to present the information in a comprehensible way and in the amount which the child is prepared to receive at their age. In addition, some parents are concerned that children may laugh at them, have more information or distrust them. Parents also have barriers about discussing sexuality topics with children of the other sex—that is, dads with girls and moms with boys.

*“I had and still have a barrier, because he’s a boy. I’m saying honestly: I barely talked about any topic. I don’t know, probably I should start. He only knows about pregnancy and childbirth. When I was pregnant with the second child, when he saw a big belly, he asked, ‘Mom, are you doing it again? Will I have a brother?’ So I had to.”*

*(Mother of a 5th-grader)*

*“I think that I have sufficient information on this topic [of sexuality education], but I don’t have enough skill to communicate it. So it would really help to have a methodology for communicating what I know to a child of a certain age. Say, like, I know many things, such as playing chess or driving, but I know I won’t be able to*

*teach it, although I know perfectly well how to do it myself, because I don't have the methodology for how to communicate it properly to the person."*

*(Father of a 1st-grader)*

At least some parents see the reason for their psychological barriers in the lack of such conversations about sexuality in their own childhood. Their parents did not talk to them, so they did not have an example they could follow or, on the contrary, not follow (an example of one such participant was given above).

*"It's easier for me to talk with the older child, when she's already older. But I could not do it when she was young, it was hard for me. Well, I don't know how to do it. We didn't have this, our parents did not talk to us, we learned about everything in the street. I want to do it somehow, but I have no experience..."*

*(Mother of a 9th-grader)*

*"It was very hard for me because in our time, there was no such upbringing, there were parents who, like, bought a book, gave it to you, you read it, but basically, [that's where] it all ended for me. So I couldn't understand how to do it properly. I also read a lot of literature, listened to how my friends did it, and then used those examples to start a conversation with my child."*

*(Mother of a 10th-grader)*

Therefore, parents mostly realize their own psychological barriers regarding conversations with children about human sexuality, so they also declare their high motivation to participate in workshops, consultations by specialists and other similar events where they can obtain the information they need.

*"I'm not an expert in proper upbringing, in this. I would like to be consulted by a specialist. Even if there's a moderate fee, but with a specialist who has experience. Or a psychologist with medical [training]. Most importantly, how to approach the child morally to avoid harming her. Because one wrong word, how I would like to say it and not how it's correct, a specialist knows better after all."*

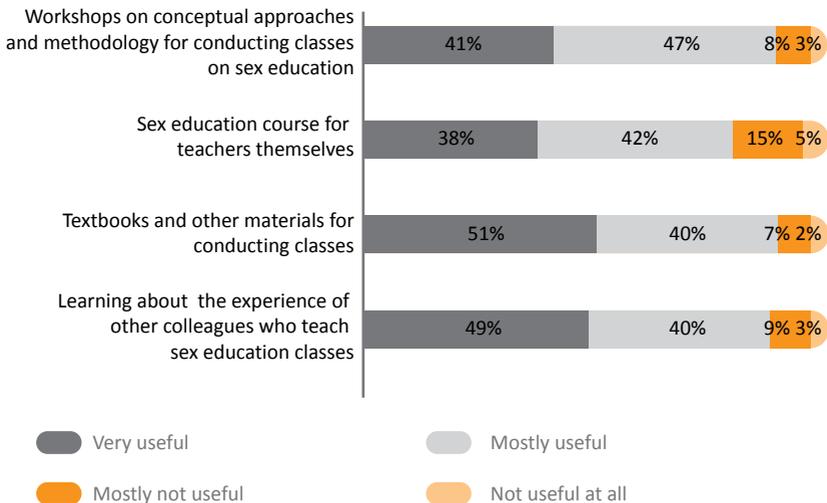
*(Father of a 10th-grader)*

### 3.4. Teachers’ demands for conducting sexuality education

Although in previous questions, most teachers answered that they had enough knowledge to discuss sexuality education topics with students and that they felt comfortable with it, at the same time, they are also interested in activities to improve their own qualification. The overwhelming majority (80% or more) believe that the proposed training formats and supplementary materials related to conducting sexuality education classes would be useful for them (see Fig. 16).

For instance, for 91% of teachers, it would be very or mostly useful to have thematic textbooks or other materials, and for 88%, it would be useful to attend educational events about the approaches and methods for conducting such classes. 89% of the respondents also believe that it would be useful for them to learn about the experiences of their colleagues who already conduct such classes, and 80% think they would benefit from taking a sexuality education course for themselves.

**Figure 16. Teachers’ evaluation of the possible usefulness of measures for further professional education and materials for them**



Question “In your opinion, how useful would the following events or additional materials on teaching sexuality education topics be for you?”, n=500.

Teachers who expressed their requests at FGDs mostly started by saying that they did not have a confirmation “from above” that there should be sexuality education in school and that they can teach these topics; in particular, they lack MES-approved methodological recommendations about how to teach these topics and with which materials.

*“So we are talking here about sexuality education, about sexuality education. But there are no regulatory documents, we did not study it, for example... We don’t know what exactly this subject is. We did not learn, for instance, the methods used in some Western countries which... Indeed, they do it very well. At the legislative level, in the curriculum, it does not say that we have sexuality education. It’s not in the curriculum. So it should be introduced at the legislative level.”*

*(Health Basics teacher)*

*“There is a catastrophic lack of this, indeed, unified textbook approved by the Ministry of Education... For example, even the correct names for private body parts. You see? Which exactly? At what age? So that there are no questions afterwards... It’s always like that. We’ll find it, but you have to look for it yourself: here, it’s this way, but there, it’s that way. One source, for instance, is outdated, another is new, elsewhere these new Euro-words are now introduced...”*

*(Health Basics teacher)*

Teachers noted that IPPE courses at the moment do not include anything related to teaching sexuality education, and in general, they are often for a fee. That is why they would like to have centralized training in these topics introduced, which would be initiated and controlled by the schools themselves, and which would be free of charge.

*“Yes, but it should not be presented as it is now, that the teacher looks for it himself. A teacher will find it if he’s interested. But what should be mandatory, from each school, like there used to be these courses, they should send us. Because, I’ll repeat myself, not all people who live in remote rural areas will sit down and look for it. They just won’t be up for that. But the children have to be taught, because children are the same both here and there.”*

*(Primary school teacher)*

*“But look, even webinars, online courses. It’s all for a fee now. We’re supposed to pay for all of it. But why can’t the government, say, create the conditions for the teacher to go and study somewhere? We’re supposed to get those certificates, as you say, for ourselves on our own.”*

*(Health Basics teacher)*

As for the format in which this training can take place, teachers mentioned options for both online and offline training: courses, modules, webinars, online courses, seminars, masterclasses, video materials. They also lack an organization that would deal with sexuality education issues and from which they could invite specialists to their classes.

*“And preferably these courses should not be in the form like the ones conducted by, for instance, our institute for lifelong education. Like, when people come to the edge of the city and sit there for a few hours, and some, let’s say, not very educated people for whom this is their job present to them. It should be short, preferably online streams or just recordings. It’s better if there is an option to ask questions.”*

*(Biology teacher)*

*“But I don’t want to call students to the children! I want to call a good professional to the children, so that they present this information to children in a quality way, not from a student’s words. If it was also separately... Even if it’s not possible to implement it in school and teach everyone. But if there was a separate institution that would work on this issue.”*

*(Health Basics teacher)*

## CONCLUSIONS AND RECOMMENDATIONS

### Conclusions

Comprehensive sexuality education can exist both in formal and informal circumstances, its content can differ between countries, cities, education institutions. Regardless of this, parents and school must be the first and the key sources of knowledge about human sexuality for children, particularly for their own health and safety. However, in Ukraine, because the discourse of sexuality education is not very widespread in society, both parents and teachers do not always know what sexuality education is. In particular, among the participants of this study, some had not even thought or heard about it until they were invited to participate. As for the topics which sexuality education should cover, there are different expectations; ideas about its existence and current state in the Ukrainian school also vary. Primary school teachers sometimes think that sexuality education does not apply to the first few grades because it is not mentioned in their curricula at all; and some parents are convinced that it does not exist in any grade. Whether sexuality education is comprehensive and high-quality, and whether it yields positive results depends, in particular, on attitudes towards it and awareness of it among parents and teachers.

The majority of both parents and teachers support comprehensive sexuality education in the family and in school. However, somewhat fewer of them have a positive attitude towards it in informal circumstances, outside of school education. This can be partially related to a lack of information about its possible content and the organizers of these activities. The most appropriate format of sexuality education in school, according to over a half of the teachers, are lectures by invited specialists; about a third of them also support classes with a school psychologist or social pedagogue, and learning specific topics within mandatory subjects. Similarly, a third of the teachers believe that it would work to have a separate mandatory subject on sexuality education. Among those who should be involved in sexuality education for children and teenagers, the respondents prefer teachers or school psychologists. FGD participants said that in order to teach children and teenagers, particularly about the most sensitive topics, one needs to have training, understanding of how to communicate with them and how to establish a trustful atmosphere, and that is why sexuality education should involve those who have the relevant training. At the same time, most parents would like to get help from their school with regard to their children's sexuality education.

Although sexuality education in school does not officially exist, teachers discuss some of its topics with students within their subjects, in accordance with the curriculum, particularly in Biology, Health Basics or Civic Education, as well as conduct other extracurricular activities. As for the latter, they can include class hours, lectures by out-of-school specialists, elective classes, film screenings, preparation of posters, etc. Most teachers are confident in their knowledge and absence of discomfort about conversations with students on human sexuality topics. Even though some of them simultaneously support stereotypical claims, particularly about victim behavior (girls wear short clothes to provoke boys to courtship), about the rights of people with HIV (whether children with HIV should study separately from other children), sexual orientations (whether non-heterosexual sexual orientation requires treatment). We can assume that their students receive biased and not always accurate information on the relevant topics in class or at other school events, as well as face prejudice against themselves or their classmates on the teacher's part. However, most teachers in the survey did not support stereotypical statements.

In addition, teachers have not received comprehensive training for the implementation of sexuality education. About one fifth of them were taught the basic information about human sexuality at HEIs, somewhat fewer learned during their studies about the methods of conducting the corresponding classes or about how to discuss sexuality education with parents. About a fifth of the teachers received training on the latter topic as a part of their further professional training. However, in general, neither pedagogical HEIs nor further professional training courses, according to the survey findings, provided any of the training options proposed in the questionnaire to most of the teachers. Meanwhile, at FGDs, the participants said that they were not always satisfied with the selection and quality of the available further training opportunities, and that they themselves did not look for other training resources because they did not know where and how to do it. However, some reported different experiences: they use the internet, read articles or specialized literature, sometimes watch online courses or other educational videos, attend related events, such as conferences. Since there is no targeted training for the implementation of sexuality education in education institutions, the question of training currently depends mostly on the willingness and initiative of the teachers themselves.

Parents are mostly ready to support sexuality education for their children, particularly with their own participation—by conducting such activities in the family. At the same time, they do not always prepare for these conversations and

have some psychological barriers. Most of them, however, think that they do not have any lack of knowledge and would feel comfortable while discussing human sexuality topics with their child.

According to the survey, most parents already conduct or plan to conduct activities as a part of their child's sexuality education. In this, over a half of them do not use any external sources to prepare for it, relying instead solely on their own experience. Fewer of them use online articles, specialized literature and blogs. At FGDs, parents noted that they felt a need for sexuality education for themselves, because they were not confident in their own knowledge about every topic; some of them are ready and interested in attending evening classes at the school if any are offered. According to the survey findings, for the biggest fraction of the parents, questions about nocturnal emissions, menstruation, sexual orientations, correct names for private body parts, and consent to sex are not completely understood and/or comfortable to discuss. At the same time, almost a half of the parents believe that they do not have any barriers in discussing topics of human sexuality with their child. Among those who admitted that barriers exist, the biggest part (about one fifth of the respondents) spoke about psychological unpreparedness to discuss some topics, as well as about a lack of understanding of how and where to start these conversations.

Although parents and teachers are mostly confident in their readiness to discuss sensitive and intimate topics related to human sexuality with children and teenagers, education and additional training for them themselves also interests them. In particular, parents, who sometimes do not know where to start and how to conduct a conversation, and who are afraid to say something wrong, would be prepared to learn together with their children, particularly after work, if the school offered such opportunities. They also have a need for consultations by specialists who could give them advice. For teachers, there are several important motivations for supporting and conducting sexuality education; first of all, it is support from parents and demand from students themselves. At the same time, systemic changes are also important for them: support from the MES, IPPEs and school administrations, availability of a concept of sexuality education for schools. A significant part of teachers believe that they would feel confident in their knowledge while conducting classes on any topic of sexuality education from the proposed list, and that it would be comfortable for them to discuss these topics. Questions related to sexual orientations, nocturnal emissions, consent to sex are the most likely to make them doubt their knowledge or feel uncomfortable while discussing them; the same topics were named as the ones which are insufficiently covered or even absent in the curriculum, so in order to conduct the

corresponding classes, teachers need to look for additional materials to explain the topic well. Teachers are also interested in participating in further professional training events on these topics if these opportunities become widely available. Of course, some of them would not be ready to add conducting or organizing new events to their existing tasks, because they doubt that they would be paid for it additionally and that additional time would be allocated to it. However, everyone (at least at FGDs), including parents, expressed support for sexuality education in school if it meets the basic requirements: information that corresponds to children's age, avoiding imposing ideas, and quality training for those who conduct such activities.

### ***Recommendations***

- To actualize and ensure better understanding of CSE in society, as well as to involve parents and teachers in its realization more actively, a broad information campaign is needed. In particular, its tasks should include improving the level of knowledge about CSE, its content and goals, its possible formats and resources, etc.
- To ensure the development of formal sexuality education and to support teachers, large-scale systemic change is needed. In particular, this should involve formal recognition of CSE: introducing this concept into the education environment, helping teachers with materials for conducting the corresponding classes. For sexuality education in school to be actually comprehensive and to have a positive effect on student behavior, it is necessary to review the existing curricula and supplement them with topics according to international recommendations, or to introduce a separate subject; in addition, there is a need to ask for recommendations from sexuality education experts, particularly those who have experience in implementing it or consulting in other countries.
- According to the study findings, parents themselves need and would benefit from sexuality education, first of all to improve their knowledge, and then to prepare and help them to participate in CSE, particularly to have conversations with their child in the family. For example, at FGD, parents expressed interest in attending such classes with their children at school in the evening. For parents to have more resources to conduct sexuality education, they should also be better informed about opportunities for informal education: their availability, options, sources, where to look for them and how to choose them, whom they can address with questions and to ask for help.

- The same applies to teachers, who mostly do not receive this training at the university or at further professional training courses. In order for teachers to be able to take the lead in CSO, they can benefit from, in particular, training on approaches and teaching methods, manuals or other support materials for preparation and work in the classroom, a sexuality education course for teachers themselves, and acquaintance with the experience of colleagues.
- The topic of sexuality education for children and teenagers in Ukraine has potential for further research. First of all, the situation around sexuality education (and its existence at all) in small towns, and especially in rural areas, needs to be researched in more detail. Residents of these towns and villages usually may have fewer opportunities to participate in various events and more limited access to resources that are useful for organizing or conducting sexuality education, because the relevant events, such as workshops, lectures or exhibitions, are mostly concentrated in big cities; it is also easier to find a specialist for consultation or to buy specialized literature in the city: small towns and villages sometimes do not even have a bookstore. In addition, the demands and expectations of children and teenagers themselves are not sufficiently studied: how they themselves evaluate the level of sexuality education provided to them (if at all) by their parents and school; which sources of information they trust in general, and which ones are authoritative for them; which formats of activities would be the most interesting and comfortable for them, etc. Many questions still remain unanswered, and getting those answers would help make evidence-based decisions and develop an effective government policy, particularly in the sphere of education and health of children and teenagers.

## ANNEX 1. NUMBER OF THE SURVEYED RESPONDENTS, DISTRIBUTION BY THE OBLAST OF SURVEYING

Region	Oblast	Number of surveyed parents	Number of surveyed teachers
EAST	Donetska	18	19
	Luhanska	11	13
	Kharkivska	26	26
WEST	Volynska	19	18
	Zakarpatska	22	22
	Ivano-Frankivska	20	21
	Lvivska	35	35
	Rivnenska	19	18
	Ternopil'ska	14	14
	Chernivetska	14	17
KYIV CITY	Kyiv	48	42

Region	Oblast	Number of surveyed parents	Number of surveyed teachers
NORTH	Zhytomyrska	17	18
	Kyivska	17	19
	Sumska	15	15
	Chernihivska	16	14
CENTER	Vinnytska	18	18
	Dnipropetrovska	42	42
	Kirovohradska	14	14
	Poltavska	15	15
	Khmelnyska	20	17
	Cherkaska	18	18
SOUTH	Zaporizka	21	23
	Mykolayivska	14	12
	Odeska	30	33
	Khersonska	16	16
<b>TOTAL</b>		<b>519</b>	<b>519</b>

## ANNEX 2. SOCIODEMOGRAPHIC CHARACTERISTICS OF PARENTS WHO WERE SURVEYED IN THE STUDY

<b>Grade in which the child studies</b>	
1th - 4th grade	46%
5th - 11th grade	54%
<b>Respondent's sex</b>	
Male	14%
Female	86%
<b>Age</b>	
18-24	0,4%
25-34	35%
35-44	51%
45-54	13%
55-64	0,6%

<b>Marital status</b>	
Married	86%
Cohabiting without registration of marriage	4%
Unmarried	3%
Divorced	7%
Widowed	1%
<b>How religious they consider themselves to be</b>	
I have faith, but I do not attend religious services, do not follow the rules or rites of a religion	22%
I sometimes attend services or gatherings, follow some rules and rites of my religion	45%
I want to or systematically participate in services or gatherings, to follow all the rules and rites of my religion	19%
I do not consider myself religious at all	9%
Difficult to answer or refuse	5%

<b>Macroregion</b>	
Kyiv	8%
Northern	13%
Western	28%
Central	24%
Southern	17%
Eastern	11%
<b>Size of settlement</b>	
Village	35%
Town of up to 50,000	23%
Town of 51,000-100,000	7%
City of 101,000-500,000	16%
City of over 500,000	20%

### ANNEX 3. SOCIODEMOGRAPHIC CHARACTERISTICS OF TEACHERS WHO WERE SURVEYED IN THE STUDY

<b>Key subjects taught</b>	
Health Basics (5th-9th grades)	24%
Biology	33%
Civic Education	8%
Primary school teachers	46%
<b>Sex</b>	
Male	7%
Female	93%
<b>Age</b>	
18-24	3%
25-34	14%
35-44	29%
45-54	35%
55-64	17%
65 and above	2%

<b>How religious they consider themselves to be</b>	
I have faith, but I do not attend religious services, do not follow the rules or rites of a religion	17%
I sometimes attend services or gatherings, follow some rules and rites of my religion	48%
I want to or systematically participate in services or gatherings, to follow all the rules and rites of my religion	21%
I do not consider myself religious at all	9%
Difficult to answer or refuse	5%
<b>Macroregion</b>	
Kyiv	8%
Northern	13%
Western	28%
Central	24%
Southern	17%
Eastern	11%

Size of settlement	
Village	35%
Town of up to 50,000	23%
Town of 51,000-100,000	7%
City of 101,000-500,000	16%
City of over 500,000	20%

