



## Sexual culture of students in the educational space of higher education in Poland and Ukraine – research message

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### Abstract:

One of the tasks of preventive medicine as part of sexual prophylaxis is to improve sexual culture. Sexual culture is the entirety of sexual life of a society that originates from magic, religion and ideology in its aesthetic, emotional, family and social manifestations. It permeates art, affects the law, creates its own myths, models of love, *ars amandi*, norms and customs serving as social rituals.

The moral transformations taking place in all countries of the Western cultural area are manifested first of all by the loosening of traditional norms regulating sexual intercourse. Increasingly, researchers sensitize adults to the growing popularity of the so-called orgiastic sex, in which the escalation of sexual stimuli (influenced by alcohol and/or drugs) is associated with the lack of ethical standards and principles, which causes the preference of various atypical (eg. group sex) and deviant forms of sexual activity (eg. sadistic sex). The aim of the research presented in this study was to get to know the sexual culture of Polish and Ukrainian students. Research problems have focused on the following questions: What does the sexual culture mean for the respondents? How many times have the respondents betrayed their partner? How often do the respondents talk to their partners about sexual needs?

## 1. Introduction

The concept of sexual health appeared for the first time in 1974 at a conference convened in Geneva under the auspices of the WHO (Giami & de Colomby, 2001). This organization has engaged in the process of legitimizing dissociation between reproductive and non-reproductive sexual activity. This was to promote the idea that sexuality contributes to better health and well-being when it can be experienced and practiced freely and without restrictions, but certainly not without precise rules (Giami, 2002). According to the terminology of the World Sexology Association (WAS), accepted by Pan American Health Organization and WHO, 'sexual health is based on the free and responsible expression of sexual abilities that increase personal and social well-being and enrich individual and social life' (Pan American Health Organization/World Health Organization, 2000). 'The goal of sexual health is not only counseling and procreational care, but also improvement of life and personal relationships' (Organisation Mondiale de la Santé, 1975), as well as shaping responsible behaviors in this field expressed at the individual, interpersonal and social levels. 'A person who claims to display responsible sexual behavior does not try to harm and refrains from exploiting, harassing, manipulating or discriminating against others' (PAHO/WHO, 2000). Sexual health is therefore a 'process' that needs to be developed through a variety of methods, such as health education, which aims to make individuals accountable for their behavior and promote health, which usually affects the social context, the environment and the legal framework (Giami, 2007). Sexual health prophylaxis can include all the actions aimed at shaping



a proper human personality and the proper development of sexual needs. Human sex is not only a manifestation of libido, but it is a phenomenon that has human dimension and human conditioning. It is a special form of communication, interpersonal bonds and intimacy (Imieliński, 1992). An intimate relationship is related to physical, emotional, cognitive and empirical closeness. Physical intimacy is a sensual closeness so it involves being in someone's personal space. Emotional intimacy usually develops after reaching a certain level of trust and personal ties. Emotional relationship, however, has both a biochemical dimension, stimulated by sexual attraction, as well as a social one connected with common conversations. Cognitive or intellectual intimacy takes place when two people exchange personal thoughts and ideas, share their life conceptions and problems. Real intimacy occurs when two people meet to be actively involved in their relationship (Giddens, 1990).

One of the tasks of preventive medicine as part of sexual prophylaxis is to improve sexual culture. Sexual culture is the entirety of sexual life of a society that originates from magic, religion and ideology in its aesthetic, emotional, family and social manifestations. It permeates art, affects the law, creates its own myths, models of love, *ars amandi*, norms and customs serving as social rituals (Lew-Starowicz, 1990). All human needs, including sexual ones, are met in a manner strongly associated with culture (Imieliński, 1992). It should be remembered that the concept of a culture of sexual intercourse includes not only knowledge and skills regarding the sexual act itself, but knowledge and skills regarding open communication, respect of mutual needs, sexual fidelity, using contraception, acting in accordance with the norms. The scope of norms includes all forms of sexual activity, behavior and sexual practices that occur between mature individuals of opposite sexes, are accepted by them, do not threaten health, do not violate the principles of social coexistence (Imieliński, 1992, see also Lew-Starowicz, Fijałkowska-Grabowiecka, 2004). The form and acceptance of sexual behavior as an element of sexual culture is different in various societies.

Cultural impacts seem to be a key factor affecting children, when they learn, as a result of the socialization process and knowledge of cultural norms and taboos, which behaviors are accepted and which are not (Kempnińska, 2017b). Increasingly, researchers sensitize adults to the growing popularity of the so-called orgasmic sex, in which the escalation of sexual stimuli (influenced by alcohol and/or drugs) is associated with the lack of ethical standards and principles, which causes the preference of various atypical (eg. group sex) and deviant forms of sexual activity (eg. sadistic sex) (Lew-Starowicz, 1990).

## 2. Sexual problems of the youth

Young people, driven by the desire to gain new experiences, often take risky behaviors, the consequences of which in the future may affect their health (Kanadys et al., 2012). Studies show that the percentage of young people who had first sexual contact prior to the age of 15 increases (Currie et al., 2012). Many researchers emphasize that the media are largely responsible for the premature sex life, often with a coincidental partner. The young people, regardless of their country of origin and age, are, on all sides, 'bombarded' with information, either explicitly or subconsciously. Omnipresent advertising, the Internet direct their thoughts to sexual needs. From January 2004 to February 2014 on Google Trends tm (GT) the most searched words were 'sex' – English spelling and 'pornography'. The largest group of users, regardless of the country and the religion, were young people at school age and students (Wood et al., 2017, see also Markey, Markey, 2013). Although most teenagers engage in sexual intercourse before leaving high school, only half of sexually active youth regularly use contraception (Centers for Disease Control and Prevention, 2012). Such high-risk sexual behaviors lead to the increase of unintended pregnancies, abortions and sexually transmitted diseases. In the US, teenagers' birth rate is the highest among developed countries. Every year, about 750,000 teenagers get pregnant and over 80 per cent of pregnancies are unplanned (Ott & Sucato, 2014). In 2016, the rate of live births by adolescents up to 19 years of age was 0.73 per cent in Ukraine, 1.6 per cent in France and 2.96 per cent in Poland (State Statistical Offices). The use of ineffective contraception, and above all, the unforeseeable consequences of sexual activity, causes an increase in the abortion rate in this age group (*Femmes et hommes, légalité en question*, 2017). It is also estimated that the number of teenagers who have made at least two abortions is increasing (Vilain, 2011). In 2014 in the US, about 12 per cent of abortion patients were teenagers: people aged 18-19 accounted for 8 per cent of all abortions, 15-17 years – 3 per cent and people under 15 – 0.2 per cent (*Induced Abortion in the United States*, 2018). Most abortions were made by teenage girls abandoned by a partner and coming from low-income families (Jerman et al., 2016, after: Kempnińska, 2017). The rate of



developing venereal diseases in the 15-19 age category is also high. For example, in the US, approximately 37.7 per cent of sexually active women are infected with chlamydia, gonorrhea or syphilis and they are often not aware of this. Higher morbidity occurs among adolescents whose partner was the same age or a year older (O'Brien, 2013). It is estimated that every year the US government incurs costs of the order of 16.4 billion dollars for the treatment of sexually transmitted diseases (*Sexual Risk Behaviors...*, 2016). Annually, HIV infection is also growing among adolescents. In the US in 2014, 22 per cent of new cases of viral infection were diagnosed at people aged 13-24 years (*Diagnoses of HIV Infection*, 2015). In Europe, the country most affected by the incidence of this disease is Ukraine. It is estimated that 0.31 per cent of the population lives with HIV, 0.064 per cent with AIDS. The level of virus infection among the teenagers is 0.62 per cent. The main cause of infections is having unprotected sex and using non-sterile syringes by drug addicts (*Profilaktyka...*, 2011). In Poland, people diagnosed with HIV infection in 2014 were primarily defined as very young people up to 29 years of age (they constituted about 34 per cent of new cases). The most common way of HIV transmission were sexual contact between men and risky heterosexual contacts (*HIV/AIDS*, 2016). Researchers also emphasize that the most significant among young people is the phenomenon of promiscuity, i.e. sexual contacts deprived of emotional ties, taken with accidental, often changed partners, 'hook-up culture' (e.g. Kempnińska, Rudenko, 2018 ; Kempnińska 2017a ; Widman et al., 2014 ; Rigsby, Macones & Driscoll, 1998). According to a study conducted in 2011 by the Youth Risk Behavior Survey (YRBS), 15.3 per cent of teenagers had sexual intercourse with four or more partners. Only 10 per cent of those taking risky behaviors have been tested for HIV. However, a study from 2015 showed that 21 per cent of adolescents having sexual intercourse in the last 3 months were under the influence of alcohol or drugs (*Youth Risk Behavior Surveillance*, 2016). Too many young people around the world make sexual contacts with hardly little knowledge about sexuality and possible consequences of a sex life. Even fewer know what it means to respect the other person. This lack of information and critical reflection is the beginning of many dramas. Sincere and open communication with a partner about sexual health issues can promote decision making as for sexual safety (Noar, Carlyle & Cole, 2006). Studies show that young people who are more likely to engage in truthful sexual conversations with their partners are more likely to delay their sexual debut and to consistently use condoms after starting sexual intercourse (e.g. Crosby et al., 2003, Guzmán et al., 2003, cf. also. Fishbein & Ajzen, 2010, Widman, Golin & Noar, 2013). Surveys conducted among 15 046 young students from American universities have shown that the frequency and regularity of condoms use depends not only on age or country of origin, but on communication forms and topics taken by intimate partners. The results emphasize the urgent need to improve communication skills, especially in what concerns the use of condoms, HIV prevention and sexually transmitted diseases among young people (Widman et al., 2014a). Many sexually active teenagers – up to half, as it is shown in some studies (e.g. Ryan et al., 2007) – never talked about any sex issues with their partners. One of the factors that probably affects communication in teen relationships is the extent to which they can discuss sexual health issues in the 'pre-dating' period. Based mainly on the theory of social learning (Bandura, 1977), theoretical models of interpersonal communication and development of social skills suggest that communication is a learned behavior that can develop over time through observation and practice (Greene, 2003). Teenagers who have had the opportunity to talk about sexual health or have got information about sex from other sources (parents or friends) have more often discussed sexual issues with their partners (Powell & Segrin, 2004; Sprecher, Harris & Meyers, 2008 ; see also Prinstein & Dodge, 2008). The teenagers with more sexual experience communicated more often with the partner (DiIorio, McCarty, Denzmore & Landis, 2007). In addition, research has shown that open sexual communication between parents and adolescents can be a factor protecting against premature sexual behavior by delaying the onset of sexual intercourse and more frequent use of contraceptives and condoms (Commendador, 2010). In American studies carried out among 603 young people (57.2 per cent girls) by Widman et al. (2014) was assessed the frequency with which communication with partners took place in relation to six sexual themes: 1) using condoms; 2) use of other forms of birth control (e.g. birth control pills); 3) sexually transmitted diseases; 4) HIV/AIDS; 5) becoming pregnant/getting pregnant; 6) abstinence/waiting for sex. More than half of the youth reported that they had not discussed any of the six aspects of sexual health with partners, 29 per cent of the youth reported that they had not talked about any of these topics with their parents, and 25 per cent said they had not raised these issues with their best friends. Sexual abstinence/waiting for sex was the question discussed by the largest number of young people: 62 per cent with a parent, 58 per cent with their best friend, and only 33 per cent with a partner.



A study of the total number of results showed that 46 per cent of teenagers discussed at least one topic concerning sexual health with a partner, 71 per cent with a parent, and 75 per cent with the best friend. The discussion on all six topics related to sexual health was the least common: only 8 per cent of the youth indicated that they had discussed them with their partners, 26 per cent with parents and 20 per cent with friends. In-depth analysis showed that girls discussed much more sexual topics with parents and friends than boys, but communication with partners had not differed significantly between the sexes (cf. also Gillmore, Chen, Haas, Kopak, and Robillard, 2011). Importantly, teenagers who discussed more sexual health topics with their partners indicated much more frequent use of condoms and dual protection at their first intercourse. Shaping communication skills in the field of sexuality at adolescents can be crucial to equipping them with the knowledge necessary to promote sexual health and reduce HIV rates, sexually transmitted diseases and other sexual health problems (Widman, Choukas-Bradley, Helms, Golin, Prinstein, 2014), in other words, it should affect the increase in the level of sexual culture.

### 3. Material and method

Pilot studies for an international research project: *Formation of health behaviors and sexual culture of students in the educational space of higher education in Poland and Ukraine* was carried out from January 2017 to February 2018. For the purposes of the research, one adopted a diagnostic procedure based on multilateral exploration of the literature and research in the area. The analyzes carried out constitute an introduction to a more complete study of the issue of sexual culture and health attitudes of students. Due to the limited selection of research samples, they can not be generalized to the entire population of Polish and Ukrainian students. For the purpose of the research, a questionnaire was prepared to study attitudes in the field of pro-health sexual behavior, with particular emphasis on sexual culture of students and selected sociodemographic variables. The questions concerned, among others, the age of sexual initiation, the length of acquaintance before the first sexual intercourse, the use of contraception, the concept of 'sexual culture', and also risky sexual behavior of students. The research was conducted among students living in campuses; in Poland was carried out at the Universities in Warsaw, Poznań, Toruń, Bydgoszcz, and in Ukraine at the Kiev Universities. Taking into account the topic and nature of research (intimacy, sensitive aspect of research questions), a targeted selection of the sample using the Snowball Sampling Method was chosen. In the first phase, a small group was invited to the study (in Poland, 8 full-time doctoral students and the ones being on the last year of Master's studies as well as 9 respondents from the final year of studies in Ukraine). In the second phase, the respondents were asked to disseminate research among their colleagues. Their participation in the research was voluntary and took place in their spare time. Questionnaires filled in by the students were provided in a sealed envelope. In this study, the sample was analyzed regarding three independent variables: the student's country of origin, gender and marital status.

The aim of the research presented in this study was to get to know the elements of the sexual culture of Polish and Ukrainian students regarding mutual communication between the partners and their mutual faithfulness.<sup>1</sup>

Research problems have focused on the following questions:

- 1) What does the sexual culture mean for the respondents?
- 2) How many times have the respondents betrayed their partner?
- 3) How often do the respondents talk to their partners about sexual needs?

The research involved:

In Poland: 111 full-time students (undergraduate, graduate and doctoral students): 50 women and 61 men. The women are in the 18-25 age range: 23 come from cities; 12 are married, 26 in a stable relationship without being married and 12 have a partner but do not live with him. The men are at the age of 18-35 and respectively 10 come from cities, 19 are married, 32 live with a partner but they are not marriage couples, and 10 have a partner but they do not live together.

<sup>1</sup> Other research results are presented in the article *Hook – up' in the sexual culture of Polish and Ukrainian students – a communique of research* (2018).





In Ukraine: 115 people – 51 women and 64 men. The women are in the age range of 21-36. 43 come from cities, 6 from villages, 2 did not indicate the place of birth. 8 are married, 10 in a stable relationship without being married, 31 are single but having a partner, 2 did not answer. The men are in the range of 21-39 years. 53 are city dwellers, 8 are married, 8 are in a stable relationship but not married, 46 are unmarried, but have partners, 2 did not give an answer.

#### 4. Conclusions of the studies

The concept of 'Sexual culture' means something quite different for each individual. An important variable in our research indicating a different treatment of this concept is nationality. 33 Polish female students indicated that for them sexual culture meant mutual respect of sexual needs, 17 others mentioned the faithfulness between partners, 7 emphasized the use of contraception, 2 did not give any answer<sup>2</sup>. Among Polish male students 29 pointed to fidelity, 22 to respecting needs, 14 to use contraception, 3 did not respond. Ukrainian female students pointed to respect of the needs – 46, contraception – 5, sexual fidelity – 3. In contrast, men underlined respect of the needs – 52, contraception – 12 and loyalty – 8.

For the majority of respondents, sexual culture means first and foremost respect of sexual needs (55 indications among Polish and 98 among Ukrainian students). However, to be able to respect the partner's needs and require to respect the own needs, open, sincere communication is necessary. Unfortunately, in Poland, the culture of conversation on sexual topics « is only aborning ». Partners do not communicate with each other or do it so too late. But how can one of the partners get to know the sexual preferences of the other, if this one does not express them in any way? We are not clairvoyants. The principle of partnership is that in a relationship you talk about your needs and desires. Only 19 Polish students always tell the partner about their needs, 5 does it rarely. Only 9 respondents live in relationships in which the man does not tell about his expectations. 10 women declared that both partners respect each other's needs, 14 say that they respect the needs of a man while the male partner does not (and has no intention of changing anything in their behavior); in 9 cases, both partners do not respect their needs, although they know about them. 29 Polish students openly inform a woman about their needs, 7 do it rarely. Their female partners, on the other hand, rarely talk about their desires (21) or do not do it at all (18). Only 12 men respect the needs of the other person, although three-quarters of them expect this attitude from women. In Ukraine, only one female student declared that she did not tell her partner about her needs (he does not do it either); 42 creates a relationship in which the expectations of both parties are respected. In the group of men only 4 subjects (bachelors) do not tell their partners about their needs and 55 respect the both partners' mutual needs. Another element that contributes to sexual culture is the observance of sexual exclusivity. 35 Polish female students and 33 male students never cheated on their partner. 10 Polish women and 13 Poles betrayed their partner only once, 5 women and 15 men admitted to repeatedly failing to be faithful. Quite often, people living in cohabitation (12 out of 26 women and 21 out of 32 men) were more likely to be betrayed than those who were married (1 in 12 women and 4 in 19 men). 33 Ukrainian female students and 48 male students have never betrayed their partner. 8 women and 4 men betrayed their partners more than once, respectively (4 men do not remember how many times they have not been faithful). As for the women, 12 unmarried women admitted to betrayal (9 not living with a partner and 3 sharing the same home), while among the men such a situation mainly concerned bachelors not living with a partner (14 out of 46) and the married ones (2 out of 8). Betrayal is one of the risky sexual behaviors. Taking care of your partner's health is also one of the elements of sexual culture, which often is unfortunately forgotten. 6 Polish women, 12 Poles, 20 Ukrainian women and 25 Ukrainians had a test to find out if they had the virus HIV. Definitely more respondents declare the use of contraception: 32 Polish women and 31 Ukrainian ones, among men respectively – 37 and 48.

#### 5. Discussion

According to Anthony Giddens, an increase in the level of freedom and equality can be seen in the intimate relations of modern Western societies. The moment when sex was separated from reproduction and became a source of pleasure, we can talk about plastic sexuality. 'Plastic' refers to erotic expression, both in terms of

<sup>2</sup> The question concerning the sexual culture was of the type of multi-choice questionnaire.



individual choices and the framework of social norms. Plastic sexuality, which can be shaped according to individual sexual needs, is a consequence of effective contraception but also of the economic and social independence of women. People in Western societies have a much wider choice today than ever before when, how often and with whom to have sex. A fascination with sex is a feature of modern culture. The reason for this is that sex generates pleasure, and the pleasure is the best-selling commodity in the modern world, 'the leverage of consumer goods marketing' (Giddens, 2006, p. 209). The central figure of our modern fast-changing times is therefore a woman or a man who does not create any lasting bonds, does not enter into close relationships, but establishes some contacts. This is closely related to the theory that the less you invest in a relationship, the less you lose when you part. We are consumers and we demand our rights: love and sex must give us what we would expect from other purchases: newness, diversity, transparency and speed. Every day it is more and more difficult to create a reality composed of lasting relationships (Bauman, 2003), it's much easier to make non-binding contacts without worrying about the good of your partner. We do not establish a closer relationship and in casual contacts we do not have any serious reason to talk about vital or just any issues to a partner because it is evident that when we talk to the other person we let her enter our world, the conversation favors engagement, relationships and intimacy.

Although we are an increasingly open society, we do not know how to talk about sex. Many parents are afraid to discuss this sphere not only with their adolescents, but also with grown-up children. If in our childhood or adolescence we do not learn to talk openly with our partner about our intimate expectations, then later we will be ashamed to admit that satisfying sexual rapprochements become difficult. We cannot deny that sex is an important part of our lives. Problems of the intimate life, unclear situations often affect the quality of a married couple's life, foster conflict and lead to betrayal and, consequently, to separation. The results of our research do not reflect the whole of the phenomenon, they do not comprehensively cover its causes and effects. We do not know how many respondents have hidden some aspects of their sex life. Despite these obstacles, it is worth working to improve the sexual culture of young people. The only question is how can this be done? Start with yourself, your family, and sex education. Remember that behaviors taken from the family home tend to consolidate and inherit. If we do not honestly talk to our partner, or later to our offspring, according to the theory of learning, the child in his adult life will reproduce our style of conversation. So let's not avoid talking to children about sexual issues. Perhaps the level of sexual culture of young people would be higher if a number of institutions were involved in the education process in addition to the family: school, churches, local authorities and non-governmental organizations. The culture and responsibility must be shaped from an early age, because it depends on the level of knowledge, awareness, the reciprocity on many levels of life and, above all, such a process takes time.

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