

# School-based Sexuality Education Curricula: Are Parents Supportive?

Viktoriya I. Yuodeshko<sup>1</sup>

<sup>1</sup> *Research Institute of Labour of the Ministry of Labour and Social Protection of the Republic of Belarus, Minsk, 220004, Belarus*

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**Received** 23 February 2023 ♦ **Accepted** 5 April 2023 ♦ **Published** 27 June 2023

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**Citation:** Yuodeshko VI (2023) School-based Sexuality Education Curricula: Are Parents Supportive? *Population and Economics* 7(2):23-39. <https://doi.org/10.3897/popecon.7.e102566>

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## Abstract

This paper discusses the findings of a study on the attitudes of Belarusian parents with school-aged children towards school-based sexuality education programs. The study aimed to measure parental support for comprehensive sexuality education (CSE) and its individual components, identify the topics and age ranges approved by parents, and determine which course characteristics are important to them. Descriptive statistics and binary logistic regression were used to evaluate the factors that influence parental support for introducing sexuality education in schools.

The study found that a fairly high share of 60.6% of parents were supportive of the introduction of CSE, despite low satisfaction and awareness of the current information presented in schools. Parents approved a median age of 13.3 years as the minimum age for CSE curriculum. However, topics such as safe use of cell phones, computers, the Internet, and social media; psychological pressure and violence; peer bullying; confronting peers; sources of help; relationships, love, friendship, parenting, and family were considered permissible for earlier age ranges.

The study found that parental support to school-based sexuality education is influenced by several factors. These include parents' normative ideas about the balance of responsibility between family and school in educating children and adolescents about sexuality, the level of awareness of and satisfaction with available information on sexual development and health in the school curriculum, whether parents have a college degree, parents' personal experiences in having intimate conversations with their children, and any difficulties they may encounter in such communication. The paper offers recommendations for a CSE course architecture that is relevant to the context of Belarus and meets parental expectations, as well as on perspectives for advancing sexuality education in Belarus.

## Keywords

Belarus, sample survey, children, adolescents, reproductive health, sexuality education, parents

**JEL codes:** I18, J13

## Introduction

Reproductive health is an important part of the Sustainable Development Goals (SDGs) agenda. It is closely linked to achieving Goal 3 “To ensure healthy lives and promote well-being for all at all ages”, which calls for universal access to sexual and reproductive health services, including family planning services, information, and education; and Goal 5 “Achieve gender equality and empower all women and girls”, which calls for universal access for women and girls to services that help them realise their reproductive rights. (UN 2015).

International experience has shown that sexuality education curricula are one of the most effective policy tools for introducing reproductive health policy. CSE curricula have been widely implemented around the world, providing a comprehensive body of knowledge, values, and practical skills to help children and adolescents make responsible and age-appropriate decisions (UNESCO 2018).

The practical implementation of CSE varies from country to country in terms of minimum age for attending educational programs, course title, course content, and requirements for teachers (Wellings & Parker 2006). Despite these differences, CSE curricula have proven effective in reducing teenage pregnancies, abortions, and births; preventing sexually transmitted diseases; promoting safe reproductive behaviour among adolescents and young adults; improving interpersonal relationships; and reducing violence (UNESCO 2018).

In Belarus, there has been some experience in implementing courses that include components of sexual and reproductive health education for schoolchildren. Five to seven instructional hours per school year are devoted to these topics, with life skills-based HIV-related curricula implemented in 96.8% of the secondary schools (Yepoyan 2014). Basic information on human reproduction is taught as part of the Biology subject, while HIV prevention is covered within the context of preventing other infectious diseases under the Health and Safety subject as early as junior school. However, sexuality education courses are not yet comprehensive or introduced in all schools. In addition to school-based subjects and courses, there is a network of youth initiatives called Y-peer in Belarus that offers peer-to-peer training in the basics of a healthy lifestyle.

Reproductive health issues remain pressing in Belarus. Studies have shown that 53% of the adolescents and young adults aged 15-24 have comprehensive knowledge about HIV transmission routes (Belstat and UNISEF 2021). Accordingly, the remaining 47%, almost a half, lack knowledge about reproductive health.

The government-approved National Action Plan for Gender Equality in Belarus for 2021-2025 includes measures to promote gender-oriented healthcare. Specifically, it calls for the development and introduction of educational programs on reproductive and sexual health for adolescents, taking into account gender-specific behaviour. It is therefore theoretically and practically important to assess the readiness of society, particularly parents of children and adolescents, for the introduction of these curricula.

The results of a sample survey of parents of school-age children in Belarus regarding their attitudes towards school-based sexuality education curricula have wide applications. Firstly, the research methodology and approaches to constructing the questionnaire are of interest and can be used to conduct similar studies, primarily in Eastern Europe and the former Soviet Union. Secondly, the survey results can be used to develop and implement CSE curricula for schoolchildren in Belarus. This includes justifying their relevance and capacity for introduction, selecting content components and specialists to teach the courses, assessing parental support to the curriculum content, and advocating for their introduction.

## Methods

### Purpose

The purpose of this study was to examine the attitudes of parents of school-age children and adolescents towards CSE. The study focused on measuring respondents' support for CSE and its individual content components, as well as identifying topics and age ranges approved by parents. A "positive" or "rather positive" attitude towards CSE was used as a measure of the respondents' support.

In contrast to the surveys of adolescents and youth in Belarus (Belkevich & Babyna 2011; Belkevich et al. 2011; Tishchenko et al. 2010; Shaposhnikova 2020) and educators (Denisyuk & Chechkov 2021), the parents' attitudes to various aspects of sexuality education are not to be found in the Belarusian research literature. Therefore, the hypotheses of this study are not sufficiently defined, and this research is largely exploratory. Its key result is obtaining basic data on parents' attitudes to schoolchildren's sexuality education and quantifying the group of supportive parents.

The study relies on descriptive statistics and binary logistic regression to evaluate the factors of parental support for the introduction of sexuality education in schools.

### Sample

This study used quantitative methods, i.e., a representative sample survey of 1,000 parents aged 25–49 who were raising children aged 6 to 18. The sample was stratified by region (six regions and the city of Minsk), place of residence (cities, towns, rural areas), and gender (see Annex). The fieldwork was conducted in December 2020 using formalised individual questioning. Data were collected through computer-assisted web interviewing (CAWI).

### Toolkit

Structurally, the survey questionnaire includes the following four thematic clusters of questions:

- socio-demographic characteristics of the respondents,
- parents' experiences in communicating with their children about sexuality education,
- involvement of schools in educating children about sexuality,
- content of the sexuality education curriculum.

The survey explored parents' opinions as to how important it is for a child to have knowledge on 18 sexuality education topics, how necessary it is to receive the knowledge as part of the school curriculum, and what is the appropriate age of children to discuss them. The sexuality education topics were developed in accordance with the 2018 International Technical Guidance on Sexuality Education (UNESCO 2018).

### Limitations of the Study

Limitations of the study included:

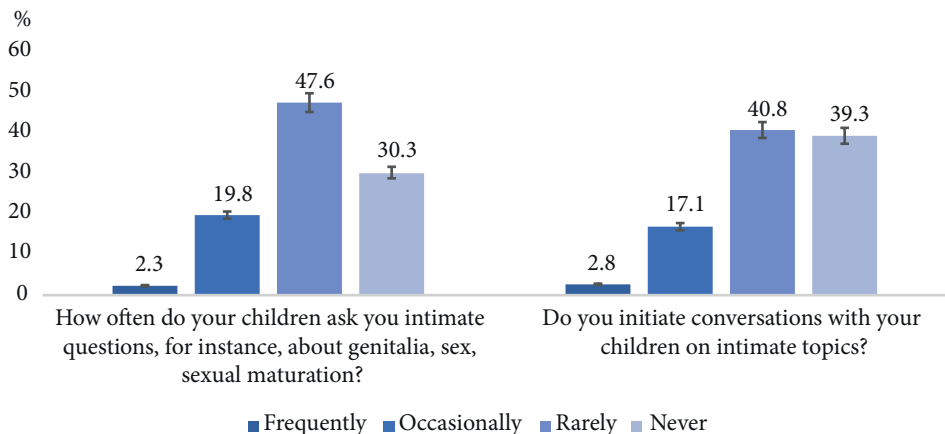
- impossibility of quantitatively describing the general sample (parents of schoolchildren) and its structure using statistical data available. Therefore, the sample is distributed in accordance with the distribution of men and women aged 25–49 by region and place of residence;

- sample bias, due to exclusion of potential respondents who lack Internet access. According to the official statistics, those account for 9.6% of the population aged 25-54 (Belstat 2019);
- a limited set of socio-demographic characteristics that may influence the respondents' views on children's sexuality education: specifically, the survey did not account for religion, confession, etc.

## Findings

### Parents' experiences discussing intimate topics with their children

Nearly a third of parents never receive intimate questions from their children, and almost 40% never initiate such conversations (Figure 1). These two groups overlap, with nearly a quarter of the parents never discussing intimate topics with their children, either on their own initiative or at their children's request.



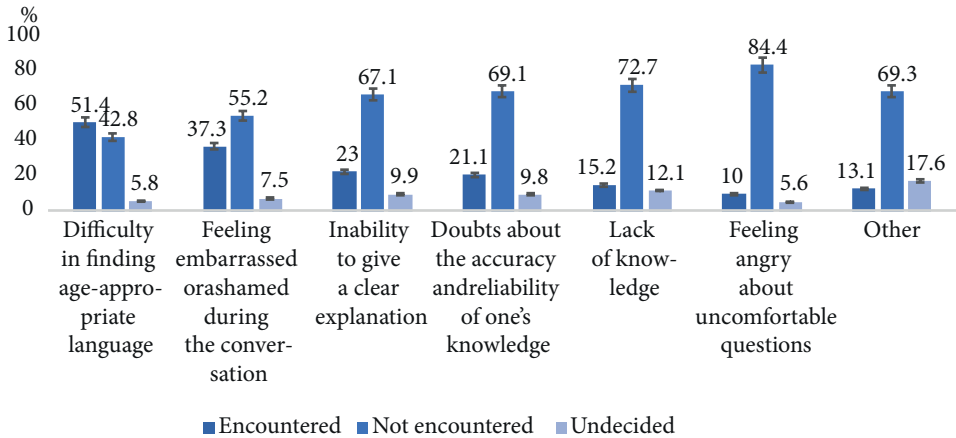
**Figure 1.** Distribution of parents by experience discussing intimate topics with their children, % (n=1000). *Source:* Author's estimates based on survey data.

Discussions about intimate topics with children are more likely to occur at the request of the child than on the parents' own initiative. Only 2% of the parents frequently discuss these topics when asked by their child, while 20% do so occasionally and nearly half do so rarely. Less than 3% of the parents frequently initiate discussions about intimate topics on their own, while 17% do so occasionally and 41%, rarely (see Figure 1).

Most parents (66%) experience some embarrassment when discussing intimate topics with their children. The most common source of embarrassment is difficulty in choosing plain and age-appropriate language, which affects 56% of the parents. The second most common difficulty is psychological embarrassment related to feelings of shame, awkwardness, or anger among parents when communicating with their children, affecting 40% of the parents. The third most common difficulty is a lack of reliable knowledge among parents, affecting 27%.

More specifically, the difficult situations faced by parents when discussing intimate topics with their children include: half of parents struggle to find age-appropriate language; one in three feel embarrassed or ashamed during the conversation; one in nearly four are una-

ble to give clear explanations; one in five have doubts about the accuracy and reliability of their knowledge; one in nearly seven lack the necessary knowledge to answer their children’s questions; and one in ten feel angry about uncomfortable questions (Figure 2).



**Figure 2.** Difficult situations encountered when discussing intimate topics with children, % (n=1000). Source: Author’s estimates based on survey data.

### Who’s responsible for sexuality education: School vs. Parents

Most parents (46%) believe in equal involvement of school and family in sexuality education of children and adolescents. However, a significant proportion of parents consider this to be rather the responsibility of parents rather than schools (32%), or exclusively of parents (17%). A very small percentage of parents believe that the responsibility for sexuality education of their children should lie primarily or to a greater extent with schools (Figure 3).

That said, 43% of the parents are not aware if information about sexual development and sexual health is part of the school curriculum. An equal share of parents consider this information to be inadequate. Less than 15% of the parents are satisfied with the adequacy of the information (Figure 3).

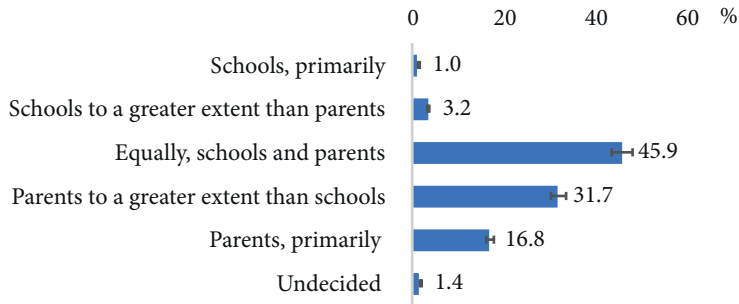
### Parents’ Support for Introducing Comprehensive Sexuality Education in the School Curriculum

A sizeable majority of parents (60,6%) are supportive of the introduction of comprehensive sexuality education. 15% of parents are neutral, and the same percentage have a negative or rather negative attitude (Figure 4).

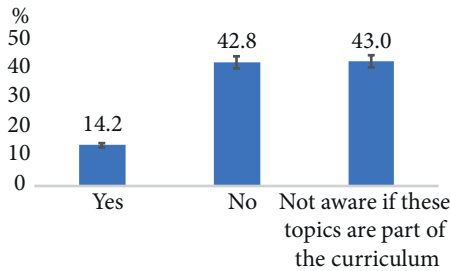
Most parents (46%) believe that the minimum permissible age for children to study CSE is 12-14 years old. The median age approved by parents is 13.3 years old. 29% of the parents believe that an earlier age of 6-12 years old is the minimum permissible age, and further 22% of the parents prefer an older adolescence of 15-17 years old (Figure 4).

52% of the parents believe that the most acceptable format for teaching CSE is having this course as part of other school subjects (e.g., Biology, Basic Health and Safety, Social Studies, and other subjects). The second most popular among parents is a mixed format, with having an independent CSE subject while some issues being included in other subjects. The least popular format is an independent and separate school subject (Figure 5).

Who should be involved in sexuality education in our society, schools or parents?

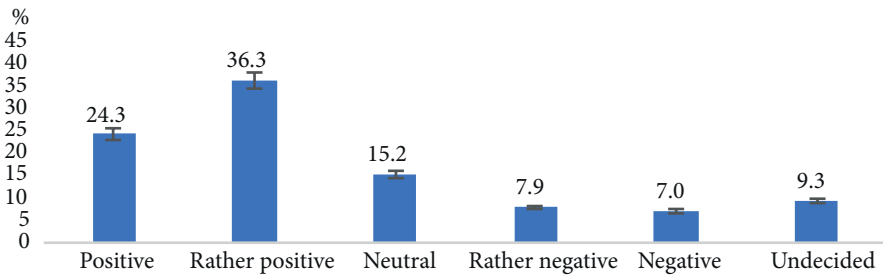


Do you think the information about sexual development and health taught in schools is adequate?

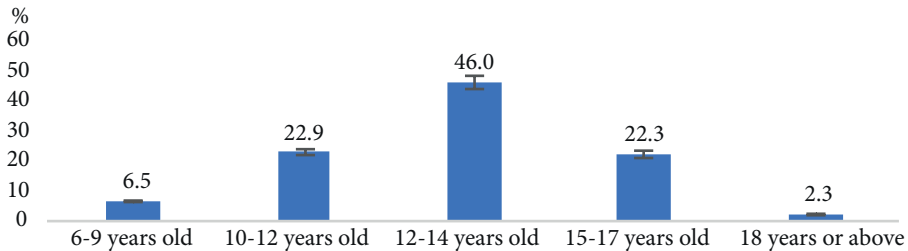


**Figure 3.** Opinions on the respective responsibilities of schools and parents for the sexuality education of children and adolescents, % (n=1000). *Source:* Author’s estimates based on survey data.

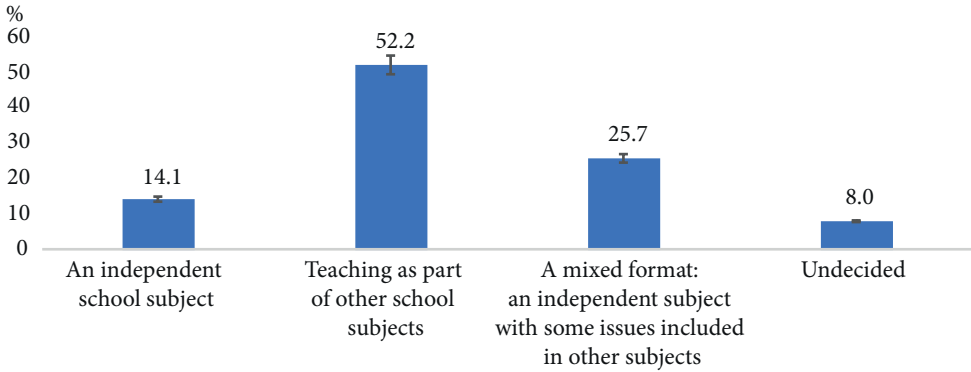
How do you feel about the introduction of sexuality education in the school curriculum?



In your opinion, what is the minimum acceptable age for taking a sexuality education course?



**Figure 4.** Parents’ attitudes to the introduction of a sexuality education course in the school curriculum, % (n=1000). *Source:* Author’s estimates based on survey data.



**Figure 5.** “Which format of the school sexuality course seems most acceptable to you?”, distribution of responses, % (n=1000). *Source:* Author’s estimates based on survey data.

The most important features of a CSE school course as seen by the vast majority of parents include: age-appropriateness of the course contents – according to 71% of the parents; and high qualification of teachers – according to 64% of the parents (Figure 6). Next in importance are: parental informed consent (46%), implementing a comprehensive approach that motivates both abstinence and safe sexual behaviour (46%), and having separate instruction for boys and girls (42%). Following by a notable margin are: prior acquaintance with the course curriculum, possibility of withdrawing from the course or its individual components, motivating students to abstain from sex, teacher gender, and coverage of the entire schooling cycle.

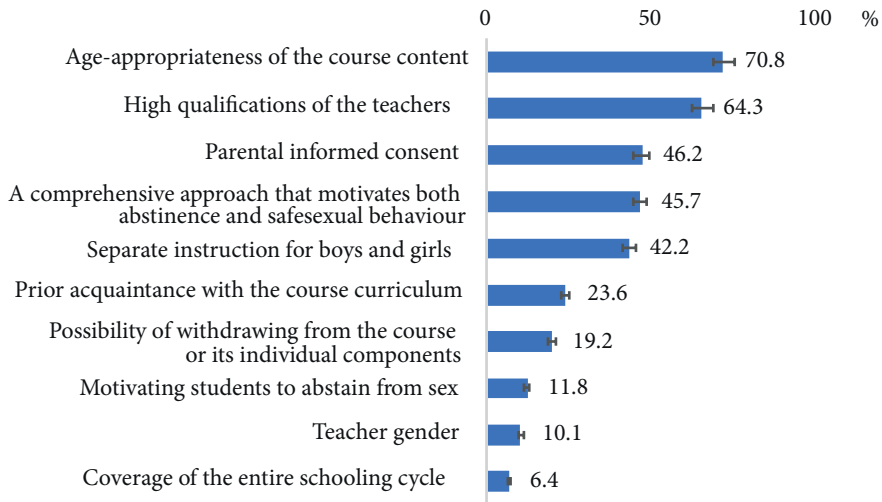
The most common choice of CSE teachers among parents is a trained sexuality education teacher – 66% of the parents think so. Next in the ranking are: psychologists – 63%, visiting physicians – 41%. Other options are much less common: school health officers account for 27%, homeroom teachers – 12%, social workers- 11%, subject teachers – 8%, religious clerics – 5%, and community representatives – below 3%.

## Content of the sexuality education course

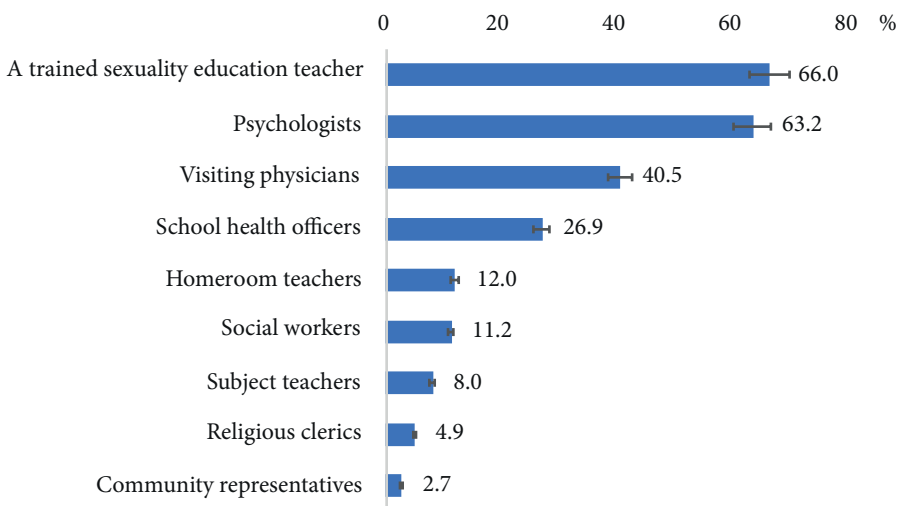
The study showed a high level of parental support for all the proposed topics to be potentially discussed as part of school instruction. For half of the topics, the share of supportive parents exceeds 80%.

Parents believe the following topics to be the most relevant for comprehensive sexuality education: safe use of cell phones, computers, the Internet, social networks – 91%; relationships, love, friendship, parenting, family – 92%; psychological pressure and violence, peer bullying, confronting the peers, sources of help – 92% (Table 1). Less supported topics include: sexual orientation and gender identity – 59%; sexuality, intimate feelings and desires, their permissible display, physical and emotional intimacy – 66%; sexual behaviour and its consequences, making safe decisions about sexual intimacy – 76%. These latter topics are characterised by lower support and a higher share of the undecided. Nevertheless, the sizable majority of parents support discussing these as part of the school curriculum.

What are the most important characteristics of a school-based sexuality education course for you?



Who do you think should teach a school sexuality course?



**Figure 6.** Parents' opinions on the most important characteristics of a school sexuality education course and teachers, % (n=1000). *Source:* Author's estimates based on survey data.

Parents' preferred age for teaching individual CSR topics varies significantly. For most topics, it is 12-14 years old. Parents picked up younger ages (below 12 years old) for the following CSR topics: safe use of cell phones, computers, internet, social networks – the median age is 10.4 years; psychological pressure and violence, peer bullying and confronting it, sources of help – 11.2 years; relationships, love, friendship, parenting, family – 11.9 years (Figure 7).

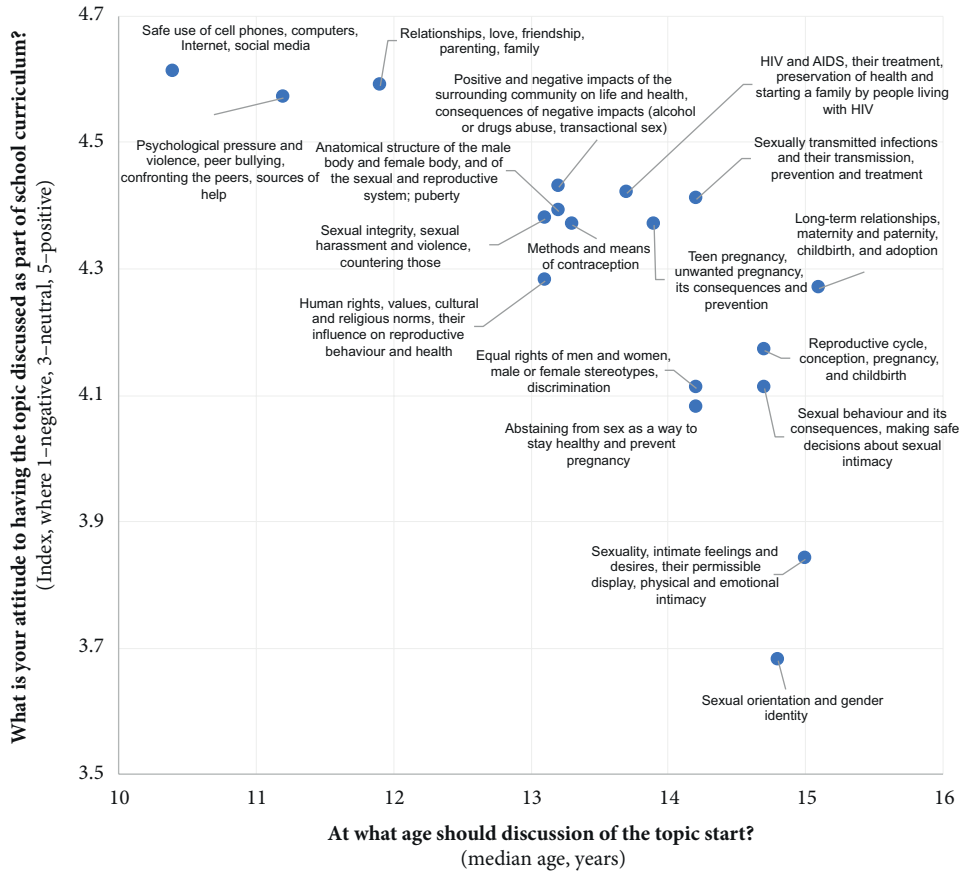


**Table 1.** Parents’ Support for Discussing Various Topics in Comprehensive Sexuality Education in Schools, % of Parents

Topics In Comprehensive Sexuality Education	Support, %				Age to start discussing the topic, %				
	Pro	neutral	anti	undecided	6-9	10-12	12-14	15-17	18+
Relationships, love, friendship, parenting, family	92.2	5.4	1.4	1.0	23.7	27.5	30.4	15.8	2.6
Psychological pressure and violence, peer bullying, confronting the peers, sources of help	91.9	5.1	2.0	1.0	29.0	34.3	25.9	9.4	1.4
Safe use of cell phones, computers, Internet, social media	91.0	6.7	1.1	1.2	42.9	34.6	16.0	5.3	1.2
Positive and negative impacts of the surrounding community on life and health, consequences of negative impacts (alcohol or drug use, transactional sex)	88.3	6.8	3.2	1.7	7.5	26.9	39.5	23.7	2.4
Sexually transmitted infections and their transmission, prevention and treatment	88.0	6.6	3.9	1.5	1.4	16.2	44.8	34.9	2.7
HIV and AIDS, their treatment, preservation of health and starting a family by people living with HIV	86.7	7.7	3.5	2.1	3.9	23.2	40.9	28.4	3.6
Anatomical structure of the male body and female body, and of the sexual and reproductive system; puberty	86.6	7.8	4.1	1.5	6.1	26.5	44.6	20.6	2.2
Teen pregnancy, unwanted pregnancy, its consequences and prevention	86.3	7.6	4.4	1.7	0.9	18.2	47.9	30.5	2.5
Sexual integrity, sexual harassment and violence, countering those	86.1	5.7	5.5	2.7	11.5	25.8	35.5	23.4	3.8
Methods and means of contraception	85.3	7.1	5.5	2.1	0.7	16.6	43.6	35.4	3.7
Human rights, values, cultural and religious norms, their influence on reproductive behaviour and health	80.8	13.1	3.6	2.5	9.0	26.6	38.3	23.7	2.4
Long-term relationships, maternity and paternity, childbirth, and adoption	78.9	14.1	4.6	2.4	3.2	13.9	31.6	39.8	11.5
Reproductive cycle, conception, pregnancy, and childbirth	76.6	12.6	7.7	3.1	1.6	14.1	37.8	37.3	9.2
Sexual behaviour and its consequences, making safe decisions about sexual intimacy	76.3	11.0	8.9	3.8	0.9	13.9	38.6	38.2	8.4
Abstaining from sex as a way to stay healthy and prevent pregnancy	74.6	13.1	9.0	3.3	1.6	15.8	44.6	33.3	4.7
Equal rights of men and women, male or female stereotypes, discrimination	72.6	17.6	6.8	3.0	6.6	19.0	32.6	33.3	8.5
Sexuality, intimate feelings and desires, their permissible display, physical and emotional intimacy	66.3	14.4	15.4	3.9	1.6	12.6	35.9	37.8	12.1
Sexual orientation and gender identity	59.3	17.0	19.4	4.3	3.7	16.0	32.3	33.0	15.0

Source: Author’s estimates based on survey data.

Note: The colour intensity of the cells stands for their respective values: the darker the colour, the higher the value.



**Figure 7.** Parents’ Support for CSR Topics and the Minimum Age of Discussion (n=1000). *Source:* Author’s estimates based on survey data.

Overall, parents considered most important and most approved of the topic of safe use by children of cell phones, computers, the Internet, and social media. This is the only topic for which the most preferred age group was the younger 6–9-year-olds.

Parents considered the latest age of 15 and older to be acceptable to discuss topics such as: long-term relationships, maternity and paternity, childbirth and adoption – 15.1 years old; sexuality, intimate feelings and desires, their permissible display, physical and emotional intimacy – 15 years old; sexual orientation and gender identity – 14.8 years old; reproductive cycle, conception, pregnancy and childbirth – 14.7 years old; sexual behaviour and its consequences, making safe decisions about sexual intimacy – 17.7 years old.

**Factors of parental support for the introduction of a comprehensive sexuality education in the school curriculum**

Binary logistic regression was used to evaluate factors of parental support for the introduction of a comprehensive sexuality education (Table 2).

**Table 2.** Parameters of a Binary Logistic Regression Model of Parents’ Probability of Supporting CSR Introduction

Indicator	All respondents		Men		Women	
	B	Exp(B)	B	Exp(B)	B	Exp(B)
Education						
no college degree	Reference group					
have a college degree	0.491***	1.634	0.500**	1.648	0.458**	1.581
Experience discussing intimate topics with children	0.156***	1.169	0.156*	1.169	0.147**	1.159
Difficulties communicating with children						
no difficulties	Reference group					
have difficulties	0.252*	1.287	0.243	1.275	0.267	1.307
Subjective assessment of adequacy of information about sexual development and health that is taught in schools						
Adequate	Reference group					
inadequate	1.114***	3.046	0.973***	2.645	1.292***	3.641
I don’t know if these topics are part of the school curriculum	0.675***	1.964	0.608**	1.838	0.755***	2.127
Who should be responsible for sexuality education in our society, schools or parents?						
Undecided	Reference group					
Mostly or to a greater extent, schools	2.367***	10.670	1.646*	5.184	3.378**	29.304
Equally, schools and parents	1.559**	4.755	0.675	1.964	2.868**	17.604
Mostly or to a greater extent, parents	0.585	1.796	-0.148	0.862	1.735	5.670
Constant	-2.213***	0.109	-1.418*	0.242	-3.408***	0.033
Number of observations	1000		463		537	
Nagelkerke’s R2	0.178		0.156		0.207	
Percentage of correctly predicted observations	69.0		67.8		70.6	

\* – significant at 10% level; \*\* – significant at 5% level; \*\*\* – significant at 1% level.

Source: Author’s estimates based on survey data.

*Dependent variable.* The binary variable “support” was produced from the variable “attitude to the introduction of sexuality education in the school curriculum” which assumes six possible answers. The value 1 of the variable “support” corresponds to the answers “positive” or “rather positive”, while the value 0 corresponds to the answers “neutral”, “rather negative”, “negative”, and “undecided”, respectively.

*Independent variables.* The model incorporates all variables that have a statistically significant relationship with parental support.

*Level of Education.* A binary variable taking the value 1 for the respondents who have a college or higher degree, and the value 0 for all other respondents having a level of education lower than that.

*Experiences discussing intimate topics with children.* An ordinal variable produced by the following two questions: “How often do you receive intimate questions from your children, such as about genitals, sex, sexual maturation, etc.?” and “Do you initiate discussing intimate topics with children?”. These have four possible answers: “never,” “rarely,” “occasionally,” and “frequently”. The transformed variable takes values from 1 to 7, where 1 stands for having no experience discussing intimate topics with children either on the parents’ initiative or at the children’s request, while 7 implies frequent experience discussing intimate topics with children either on the parents’ initiative or at the children’s request.

*Difficulties communicating with the child.* A binary variable taking the value 1 if the parents responded that they had difficulty choosing the age-appropriate language or explaining information clearly. The value of 0 stands for the absence of such difficulty.

*Subjective assessment of adequacy of information about sexual development and health that is taught in schools.* The variable implies the following answers: “adequate,” “inadequate,” “I don’t know if these topics are included in the school curriculum”.

*Parents’ opinions on who should be responsible for sexuality education in the community, schools or parents.* This is a categorical variable taking any of the four values: “undecided,” “mostly or to a greater extent, schools,” “equally, schools and parents,” and “mostly or to a greater extent, parents”.

*Empirical results of model evaluation.* It follows from the results of the binary logistic regression model evaluation that the parents’ normative perceptions of the balance of responsibility between the family and the school for sexuality education of children and adolescents have the greatest influence on the likelihood of their being supportive of school-based sexuality education. The probability of supporting a sexuality education course increases markedly for parents of either gender who believe that sexuality education should be the responsibility of schools or equally of schools and parents.

Parental dissatisfaction with the information about sexual development and health that is taught in schools is a significant factor that strengthens support to school-based sexuality education. Parents being unaware of whether these topics are included in the school curriculum also increases the likelihood of parental support. It is worth noting that this is a fairly large group of parent respondents, a combined 86%.

Factors such as having a college degree, personal experience discussing intimate topics with children, and whether difficulties present themselves during such discussions also increase the probability of parents being supportive of the introduction of a school-based sexuality education.

That said, difficulties in communication lose significance when the model is run separately for each gender. This may be due to the fact that women in general are more likely to discuss intimate topics with their children (the contingency coefficient 0.177,  $p \leq 0.001$ ). The study shows that the more experience parents have communicating with their children, the more often they encounter different kinds of difficulties, such as communication difficulties in choosing age-appropriate and clear language (the contingency coefficient 0.320,  $p \leq 0.001$ ), and doubts about the adequacy and reliability of their own knowledge (the contingency coefficient 0.267,  $p \leq 0.001$ ), as well as psychological difficulties experienced by parents, such as feeling ashamed, embarrassed, or angry during the discussion (the contingency coefficient 0.215,  $p \leq 0.001$ ).

## Discussion of Findings, Recommendations

Parents’ experiences in discussing intimate topics with their children are quite scarce (on a regularity scale). Nearly one in four parents never discuss intimate topics with their children

regarding the structure of the child's body, growing up, sex, etc. We believe that the taboo nature of intimate topics among parents is widespread in Belarus.

Frequent difficulties in discussing these topics are connected primarily with difficulty in communicating with children (choosing the language that would be clear and age-appropriate to children) and psychological discomfort experienced by parents when communicating with children (feeling ashamed, embarrassed, or angry). The lack of knowledge and doubts about its reliability are also relevant. That said, most parents do recognise the importance of their own role in their children's sexuality education. This can be viewed as an untapped potential for a fuller information support by parents for children. With this in mind, there is a need to strengthen information support for parents on sexuality education of children and adolescents, with a focus on child-friendly ways and methods of communication, as well as reliability and completeness of information. Given the findings from the simulation of the parental support, an emphasis on developing parental competencies and enhancing intrafamilial communication practices with children, especially among parents with lower levels of education, can increase parental support for CSR.

Equal involvement of schools and parents in the sexuality education of children and adolescents in Belarusian society enjoys support from nearly half of parents. The school, therefore, is recognised as a family's partner in the sexuality education of children. At the same time, the level of parental satisfaction with the amount of information about sexual development and health in the current school educational process is low. In fact, parents either do not consider the information provided to their children to be adequate or do not know whether sexuality education is included in the school curriculum at all. Thus, there is a deep gap between the school and the family regarding sexuality education. There is actually no partnership in place, i.e., well-coordinated, complementary actions between schools and parents to protect the sexual and reproductive health of children. This increases the risks of information deprivation of children and the use of unreliable sources of information.

The request from parents to introduce CSR in the school curriculum has not only become pressing and relevant but also enjoys an active support from parents. The level of support for the introduction of CSR in schools is high at 60.6%. Given the low parental capacity for sexuality education along with a low satisfaction with the school's contribution to the task, the introduction of CSR can be a key informational link in preserving the sexual and reproductive health of children and youth.

The study showed that the following three formats of CSR teaching are possible in terms of the available parental support:

- introduction of CSR components into other school subjects with providing specialised training of subject teachers along with relying on invited psychologists and medical doctors (the parents' most preferred format);
- a mixed format, where along an independent CSR subject, some thematic modules are included in other school subjects (the parents' second most preferred format). This format should rely both on professional training of sexuality education specialists and a training component (e.g., skills enhancement) for subject teachers;
- teaching CSE as a separate subject in the school curriculum (the parents' least preferred format). This format relies on professional training of teachers in sexuality education (retraining, skills enhancement, etc.). Parents mostly trust psychologists, medical doctors, and medical professionals as potential CSE teachers.

Age-appropriateness of the course content and relying on qualified teachers are among the most important CSE characteristics for parents. Two-thirds of parents emphasised that.

Parents' demand to be informed about the course content is high: an informed consent to CSR instruction is important to almost half of the parents and prior acquaintance with the course curriculum, to one in four parents. A comprehensive approach to CSR that motivates both sexual abstinence and safe sexual behaviour, with just under half of parents being in its favour, is supported by many times more parents than the exclusive motivation of students to abstain from sex, which is supported by just one in ten parents. One in five parents believe that it is important for children to have an opportunity to withdraw from the course or its individual components. Therefore, information and prior acquaintance with the course content and its positive effects are extremely important for increasing parental support and achieving successful implementation of CSR. Thus, for a CSR course to gain parental support, it should have the following key and mandatory attributes: the course content should match the age of children, rely on qualified teachers, and motivate students for both sexual abstinence and safe sexual behaviour. Prior acquaintance of parents with the CSE course content, the teachers, and their competencies, and obtaining informed parental consent can significantly increase parents' support and interest and strengthen the family-school partnership.

Each of the topics recommended by the International Technical Guidance on Sexuality Education for introduction in the school-based CSE course is supported by more than half of the parents.

The most endorsed minimum age for introduction of the CSE course is 12-14 years old and the median age is 13.3 years old. Parents believe that certain topics are most acceptable to discuss only in high school at the age of 15 and above, such as: sexual behaviour and its consequences, making safe decisions about sexual intimacy; sexual orientation and gender identity; the reproductive cycle, conception, pregnancy, and childbirth; sexuality, intimate feelings and desires, their permissible display, physical and emotional intimacy; long-term relationships, maternity and paternity, childbirth, and adoption. Other topics proved to be highly relevant in the Belarusian context and approved of by parents for study as early as elementary school at the age of 6-9, such as safe use of cell phones, computers, the Internet, social networks; psychological pressure and violence, peer bullying, confronting the peers, sources of help.

The development of a CSE course for Belarus can thus be based on the established international approaches and the International Technical Guidelines for Sexuality Education. Its modification, given the views of parents, may include:

- exploring topics relevant to the Belarusian students at an earlier age (elementary school, ages 6-9), such as: safe use of cell phones, computers, the Internet, social media; psychological pressure and violence, peer bullying, confronting the peers, sources of help;
- optional study of topics with less parental approval, or their study in high school at the age 15-17, for instance: sexual behaviour and its consequences, making safe decisions about sexual intimacy; sexual orientation and gender identity; reproductive cycle, conception, pregnancy, and childbirth; sexuality, intimate feelings and desires, their permissible display, physical and emotional intimacy; long-term relationships, maternity and paternity, childbirth, and adoption.

Given the findings of this study, the CSR advocacy in Belarus requires taking a comprehensive approach that should include an awareness-building module for parents in the following areas:

- highlighting the CSR and its positive effect on health and sexual behaviour of children and adolescents, familiarization with international practices and results of CSR introduction;
- familiarization with the CSR course content, topics covered, their specific content and teaching techniques;

- making an emphasis on compulsory adaptation of all topics to match the age of children;
- building trust in CSR teachers and their professional competencies;
- strengthening parent-school interaction in sexuality education.

## Acknowledgements

The paper was based on the findings of a survey conducted with a financial support of the United Nations Population Fund (UNFPA) in Belarus. The questionnaire was developed, and the results of the survey analysed by the author.

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## Annex

Descriptive statistics of the sample

Characteristics	Number of respondents	%
<b>Gender</b>		
Female	537	53.7
Male	463	46.3
<b>Age</b>		
25-34 years old	347	34.7
35-44 years old	516	51.6
45-49 years old	137	13.7
<b>Region</b>		
Brest region	143	14.3
Vitebsk region	120	12.0
Gomel region	150	15.0
Grodno region	112	11.2
Minsk region	154	15.4
Mogilev region	111	11.1
City of Minsk	210	21.0
<b>Place of residence</b>		
Cities	623	62.3
Towns	157	15.7
Rural areas	220	22.0
<b>Number of underage children</b>		
1 child	366	36.6
2 children	463	46.3
3 or more children	171	17.1
<b>Children of different ages</b>		
0-5 years old	392	39.2
6-9 years old	554	55.4
10-14 years old	503	50.3
15-17 years old	203	20.3



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<b>Characteristics</b>	<b>Number of respondents</b>	<b>%</b>
<b>Marital status</b>		
In a registered marriage	826	82.6
In a non-registered marriage	70	7.0
not in marriage	103	10.3
Other	1	0.1
<b>Level of Education</b>		
General basic or secondary school	84	8.4
Vocational or vocational secondary	368	36.8
College or postgraduate	548	54.8

### **Information about the author**

- Viktoriya I. Yuodeshko – PhD in Economics, Head of Centre for Social and Demographic Research of the Research Institute of Labour of the Ministry of Labour and Social Protection of the Republic of Belarus, Minsk, 220004, Belarus, E-mail: v.yuodeshko@gmail.com.