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Sex education and sex behaviour in Greek adolescents: a research review

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Σεξουαλική εκπαίδευση και σεξουαλική συμπεριφορά των Ελλήνων εφήβων: επισκόπηση έρευνας

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ABSTRACT

The sexual behaviour of Greek adolescents is studied in this paper through a research review. Young people facing sexuality often feel shame, fear and frustration and have strong concerns about contraception and the spread of AIDS. Sex education is still not included as a compulsory course in the school curriculum and adolescents are not well informed about sexual issues with those in the urban centres being better informed. For Greek adolescents accurate and constant information is necessary in order to alter the persisting stereotypes concerning sexuality leading to misconceptions in sexual and reproductive health.

KEY WORDS: Sex behavior, Sex education, adolescence, contraception, abortion

ΠΕΡΙΛΗΨΗ

Το παρόν άρθρο μελετά τη σεξουαλική συμπεριφορά των ελλήνων εφήβων μέσω μιας επισκόπησης των σχετικών ερευνών. Οι νέοι αντιμετωπίζουν τη σεξουαλικότητα συχνά με ντροπή, φόβο και απογοήτευση και αισθάνονται μεγάλη ανησυχία για θέματα που σχετίζονται με την αντισύλληψη και την εξάπλωση του AIDS. Η σεξουαλική διαπαιδαγώγηση δεν έχει ακόμη συμπεριληφθεί ως υποχρεωτικό μάθημα στο σχολικό πρόγραμμα και οι έφηβοι, κυρίως στην επαρχία, δεν είναι καλά ενημερωμένοι σχετικά με τα σεξουαλικά ζητήματα. Για τους Έλληνες εφήβους η ακριβής και συνεπή πληροφόρηση είναι απαραίτητη για την αλλαγή των στερεότυπων που αφορούν στη σεξουαλικότητα και που οδηγούν σε παρανοήσεις σχετικά με τη σεξουαλική αναπαραγωγή και υγεία.

ΛΕΞΕΙΣ-ΚΛΕΙΔΙΑ: Σεξουαλική συμπεριφορά, σεξουαλική διαπαιδαγώγηση, εφηβεία, αντισύλληψη, άμβλωση

1. Introduction

In Greece, researchers have only recently begun to study more systematically the sexual behaviour of Greek adolescents. As sexual identity, sexual behaviour and attitudes are culturally shaped, it is important to present in few words the profile of the current Greek context. Greek society is characterized by heterogeneity due to the coexistence of traditional values along with modern and post-modern trends following changes in social structures and institutions. Until this day, in both urban and rural settings, one can still perceive the traditional family with the distinct and tension provoking separation of roles between men and women whereas among younger couples of higher education dominates the so-called double career family in which both partners work and share up to a point (but not equally) domestic tasks (Alibranti-Maratou, 1999); yet even in double career families the reminiscence of the traditional values is very strong. Marriage is still considered the primary institution concerning sexual duties in Greek culture, though in a different fashion than it used to be a few decades ago especially in urban centres, while motherhood constitutes an essential part of female gender identity (Mestheneos and Ioannidi-Kapolou, 2002). In anthropological literature on gender in Greek villages reference has frequently been made to the importance of family honour - involving the sexual behaviour of women, men's success in public and social life, and the successful execution of parental and spouse roles (Vlachoutsikou and Antonakopoulou, 2007).

The more individualistic choices and life styles are available in urban centres and more often among the middle class and more educated couples than among rural, poor, less educated groups. The cultural environment is under the pressure of new models of sexual behaviour and the Greek family and gender roles are gradually altering with a will to follow the Western European model (Agrafiotis et al., 2004). The "modernising" trend in Greek society concerns the necessity for negotiating equality in gender roles and an apparent decline in patriarchy where structural links increasingly coexist with individualised interpersonal relationships (Ioannidi-Kapolou, 2004).

Family had and always has a strong, extensive and direct influence on the life decisions of its members on issues like sexuality and marriage (Mestheneos and Ioannidi-Kapolou, 2002). This influence is still evident in the narrations of adolescents that indicate clearly the need to satisfy parental aspirations concerning their education and marriage. Greek parents are proud or not according to the success or failure of their child in education. At the same time the control over the daughters' sexuality is clearly evident through the transmission of variously persisting stereotypes over what is moral and immoral concerning sexual relations (Magoulas et al., 2009).

2. Sexual behaviour of Greek adolescents

In the educational system it is mandatory for students aged 6-15 to attend school which is offered free as it is stated in the constitution of the country. According to the Greek legislation the legal age for sexual relations or age of consent is for heterosexual relations the age of 15 as specified by Section 339(1) of the Penal Code, which reads: "One who commits an indecent act with a person under fifteen years of age, or causes this person to commit or undergo such an act through deception, is punished ..." However, Article 347 holds a further prohibition of "seducing" a young male person if the actor is an adult and sets the age of consent for male homosexual activity to 17 (Children Sexual Abuse, <http://www.interpol.int/Public/Children/>

SexualAbuse/NationalLaws/CsaGreece.pdf). In Greek law adulthood starts at 18, when young people can vote and obtain a driver's license. Abortion is legal and it can be carried out on request until the 12th week of pregnancy. If the pregnancy is the result of a rape or incest, an abortion can be carried out until the 19th week of pregnancy. In the case of severe foetal abnormalities, the limit for terminating the pregnancy is 24 weeks. A written consent is required by the parents or the guardian of a minor.

Contraceptive methods are easily accessible from condom to the day after pill as they can be bought at pharmacies without prescription. However, the use of these methods is relatively low and abortion is still considered as a contraceptive method by teenagers. In a recent newspaper article it was reported that one out of four abortions is carried out on girls aged 16-18 (Eleftherotypia, 2010, July 26:40). Although, the female adolescents recorded higher scores on perception of general vulnerability to sexually transmitted diseases, and more positive attitudes towards condom use, compared to the male adolescents. The findings raise concern about the effectiveness of nationwide health promoting campaigns and reveal the need for new strategies targeting safe sex in adolescence (Vouzounerakis et al., 2013). Greek society compared with other European countries despite the transformations occurring at all levels, together with Spain and Italy, is adapted to the so called "Mediterranean model", indicating far lower rates of extra marital cohabitations, divorces, single parenthood, reconstituted families and births outside marriage (Muti, 2000). Yet some nuances have to be made concerning the real image of this distinction at least until further analysis and research is produced.

According to research results based on a comparative study of European countries (Hubert et al., 1998), the age at onset of sexual activity is important and crucial for the subsequent sexual life of the individual. This is why the age of sexual initiation is always investigated in research related to sexual behaviour. There were and always will be people who will start earlier or later their sexual life. However, there are significant differences between them in terms of attitudes, sexual behaviour, even in the way they adapt to the risks associated with this behaviour. For example, in the United Kingdom those who started early in their sexual life (before 16) make low use of contraceptive measures resulting in high rates of unwanted pregnancies. The same trend could be said is followed in Greece and Portugal (Ioannidi-Kapolou and Agrafiotis, 2005). It is also evident that in countries that do not incorporate sex education in their schools the onset of sexual life is quite early posing more risks to young people. This hypothesis is reinforced by the fact that the Nordic countries that have a long tradition of sex education in schools early enough appear to face less problems with unwanted pregnancies; it can be said that sex education in schools delays the start of sexual activity, and increases the rate of contraceptive measures at first intercourse significantly (Wellings, 2006).

Young people in Greece start their sexual activity in earlier ages than in the past where especially women had to wait until the age of marriage and there was a six year gap between men and women making it obvious that men had their first sexual experience with an older woman. This difference in age at onset of sexual activity between boys and girls appears to be reduced substantially and is limited to approximately two years. The age of first sexual intercourse varies as reported in different studies and it ranges, as said before, between the ages of 14-19 where girls have the highest rates at ages 18-20 and boys at 16-18 years (Ioannidi-Kapolou and Agrafiotis, 2005).

According to Theodossakis (2009), family and the social environment greatly influence adolescent boys to express their sexual behaviour earlier than girls; on the other hand, girls are

encouraged to show a special interest in love. This finding is in line with an adult population survey (Ioannidi-Kapolou and Agrafiotis, 2005) where women reported in higher percentages that they were in love with their partner at the first sexual encounter as it is not socially acceptable for a Greek woman to be in a sexual relationship without having feelings for her partner. The persistence of traditional values is also noticeable in the narratives of young girls, especially when they make reference to what is considered “appropriate” sexual behaviour for a woman, what a woman “must not” do and in many occasions they complain that their parents avoid any discussion on sexuality with them. Instead they prefer to focus on advice for the male and female roles that are socially accepted in sexual relations.

According to Askitis (2009), 25% of teenagers start their sexual activity at the age of 14-17 while the most common age seems to be 16-19 years. He has also stated that young people often feel shame, fear and frustration and have strong concerns about contraception and the spread of AIDS. Tsitsika et al. (2009) in a study on sexuality among 1538 students of 20 public junior high and high schools located in the urban district of Athens reported that 16% of the adolescents have had sexual intercourse, while the boy/girl ratio was 3/1. The mean age of sexual debut was 14 ± 1.5 years. Although the sexually active adolescents reported that they generally use condoms (90.6%), only 32% use them properly (at every sexual contact and throughout). At least half of them do not have adequate protection (no method used or unreliable methods applied), while 8.2% of the girls have used emergency contraception. As to the factors that may affect adolescents’ sexual behaviour, socio-economic and family statuses are primary determinants of the age of sexual debut. According to the above research data adolescents who do not live with their mother or experience a recent change in their family status (divorce, recent death) have significantly more chances of being sexually active. Thus, adolescents with unstable home environment or sexually experienced peers, as well as those that seek sexual education from siblings or friends have higher possibilities of being sexually active.

Fakinis has commented in his study (2010) that the longer period of sexual activity of young men as compared to women is a finding in line with that reported for young Greeks in the study by Parker et al. (2009) where three times as many boys as girls had indicated having intercourse by the age of 15. Papathanasiou and Lahana (2007) report that on average, boys start having sex earlier than girls, but by the age of 17, more than half boys and more than one thirds of the girls will have had sexual intercourse, while at the age of 18, three fourths of the boys and half of the girls will have had sex. Panagopoulos et al. (2008) basing their data on survey results present the average age at first sexual intercourse at 17.8 years old, with 9.6% of 15-year-old girls and 33.6% of 15-year-old boys, being sexually active.

3. The Problem of Abortion

Greece still has a high rate of abortions, although in the last years it is decreasing, and a very low prevalence of contraceptive use apart from withdrawal and condoms (Ioannidi-Kapolou, 2004). The resistance to modern contraceptive methods and repeated abortion, which is considered a contraceptive method, continues to pass from one generation to the next (Paxson, 2004). As there are no official data concerning adolescent pregnancy and abortion, this is a matter of debate (Halkias, 2004).

Mavroforou et al. (2004) carried out a research to find the individual and social profile of adolescents seeking abortion in Greece. Most of the respondents lived in a city (65%), were unmarried (73%) and 62% have had sex for the first time after the age of 15. Overall, withdrawal (49%) and the male condom (28.5%) were the most popular contraceptive precautions. Abortion was a decision for 65% of the adolescents while the partner's influence in the case of a shared decision was as high as 73%. Their parents were rarely aware about their pregnancy (28%) and decision to abort (28%). In most cases it was the first abortion (78%) and adolescents declared that were aware about the Greek Church's opposition (89%) and the existence of an abortion law (86%).

The Adolescent Health Unit of the Second Department of Paediatrics at the University of Athens, functioning since October 2006 addresses the needs of youth 10-19 years of age. According to data reflecting the situation in Greece, 30-40% of adolescent girls 16-18 years old are sexually active, 30% do not use a contraceptive method and another 30% use untrustworthy measures, such as withdrawal. Pregnancy rates have decreased over the past twenty years in Greece (from 9% in 1985 to 5.2% in 2003), which may well be explained by the increase in the abortion rate during the above time interval (1980: 28.8%, 2003: 50%).

Panagopoulos et al. (2008) in a study carried out in the Birth registry of Tzaneio Hospital, examined a 6-year period, from January 2000 to December 2005. During the study period 4628 women gave birth among which 349 (7.54%) were under the age of 19. The study hypothesis, that adolescent childbearing prevails among immigrant population, was confirmed. Teenage pregnancy rate remains high among some subsamples of the population, such as immigrants.

The above mentioned research data make evident that young people engaging in sexual activities lack awareness and solid knowledge on sexual matters and contraceptive methods leading to unwanted pregnancies and abortion. This conclusion is reinforced by Margaritidou (2010) who states that young girls are so ignorant that they use the day after pill (27%) as a contraceptive method without taking into consideration the side effects.

4. Sex education

Sex education aims to provide scientific facts and valid knowledge on human sexuality taking into consideration all the aspects including the biological, cognitive, mental, emotional and social in order to contribute to the smooth psychosexual development of the child and the adolescent.

Sex education is supposed to contribute to a healthy and normal psychosexual development and to provide all the necessary skills and knowledge useful in the adult lives in order to adopt a healthy and safe sexual behaviour. In modern societies the necessity of sex education has become increasingly obvious, as children and teenagers come in contact with a variety of messages, not necessarily accurate and reliable, concerning their sexual relations and sexuality in general which come from different sources and quite recently also through the internet. It is therefore important that young people at the critical stage of their psychosexual development receive information and messages that are accurate and informative in a way that offer the possibility to decide successfully for themselves including the safe measures they want to integrate in their sexual activity. The educator must demystify certain aspects of sexuality and encourage adolescents to develop their judgment, sense of responsibility, critical faculties and capacity for discernment (Duquet, 2003).

An additional objective of sex education is its significant contribution in the awareness of the importance of contraceptive measures. It is crucial for all people to understand the use of these methods and how to protect themselves from unwanted pregnancies and sexually transmitted diseases. Sex education is aiming to set the foundations for a healthy and responsible sexual behaviour in adulthood.

Human sexuality is associated with feelings of fear, shame, embarrassment, guilt and this is often linked to ignorance, misinformation, prejudices and taboos that accompany adults in their relationships and their lives in general (Askitis, 2000). In this case the role of sex education is to dispel myths, to properly update and raise awareness on issues directly affecting everyone basing all information on real facts from an early age and helping to develop healthy attitudes and behaviours (Aggleton et al., 1993).

Through the process of socialization the first sex education lessons are offered by parents and they are the same who carry on the societal values and attitudes through their behaviour and their relationship with their child. The second important moment in children's life is school. Both these institutions -family and school- should help to transmit correct information concerning young persons and their present and future relationships. This is significant for the multifaceted structure of human personality and the promotion of mental and sexual health of children and future adults.

Among the critical issues that are important for teenagers are the physical changes occurring in puberty, sexual awakening, masturbation, and the initiation of sexual life, relationship with the same or opposite sex, sexual orientation, diversity, sexually transmitted diseases and methods of contraception. All these topics should be discussed in a well designed sexual education course available to all students.

Sexual education was and still is a hotly debated issue with many dimensions: content, timing, mode of instruction, teachers (who is the most appropriate to provide sex education) what policy and procedure to follow (International Planned Parenthood Federation-European Network, 2006). The whole debate and philosophy of sex education lead to the need for regulation. According to the European Regulation 1567/2003 (art. 2) adolescents have the right to "... an adequate access to information, education and services in matters concerning their reproductive and sexual health and rights is a significant element of progress and development and requires action by governments as well as individual responsibility". Research data on sex education in schools report that well-informed young people delay initiation of sexual activity and use contraceptive methods in higher percentages reducing the chances of unwanted pregnancies and STDs (Ioannidi-Kapolou and Agrafiotis, 2005).

5. Sex Education in Greece

The subject of sex education is not included as a compulsory course in the curriculum of Greek schools, although at times there have been some moves in that direction. Education policy for primary and secondary education is designed and implemented by the Greek Ministry of Education and Religious Affairs. Fakinos who carried out a research concerning sex education in Greek schools reported a lot of inconsistencies in the literature review on this topic. According to his findings the Ministry of Education enforces a general policy of a non-compulsory curriculum that includes the Health Education Programs (Programmata Agogis Ygeias). Regional Health

Education directors for secondary education and School Counsellor for primary education act as liaison officers between schools in a given region and the ministry. Sexual education and gender relationships (diafylikes sheseis) in secondary education is offered outside the regular school program and is conducted by 1-2 volunteer school teacher(s) who receive training, educational materials, and overall assistance from the supervising regional Health Education director (Fakinis, 2010). According to Chioni (2008) the first formal steps to introducing sex education in schools were made in 1995 with the appointment of thirteen Health Education Officers in the equivalent prefectures of the country. Health education programs in primary education can be delivered by almost any teacher, can be made part of the day's curriculum, and may cover a wide variety of topics such as healthy eating habits and consumer education.

Among the twenty four topics that the Greek Ministry of Education provides through the Health Education programs only three are related to sexuality: sex education - gender issues (the term "gender relations" is used instead of "sex education" to avoid the term "sex"), sexually transmitted diseases and AIDS-Hepatitis B. The rest of the topics refer to drug use, cancer and smoking, environmental and traffic education.

Thus, it can be stated that so far the issue of sex education is approached superficially with optional health education programs, outside the school timetable and with voluntary participation of students. Sex education programs are also offered by various bodies such as the Centre for the Control of Infectious Diseases (KEELPNO), the National School of Public Health or the Research Centre for Gender Equality (KETHI). However these initiatives are based on temporary basis not integrated in the curriculum and certainly cannot meet the serious needs on these issues (Kouta and Ioannidi-Kapolou, 2010). Fakinis (2010) also points out that in the way sex education programs are carried out there is a strong likelihood that a great number of students may go through compulsory education in Greece without receiving minimal, if any, sexual education.

It is evident that in this context the family has the main role for the transmission of this education to the children. Kirana et al. (2007) studied the attitudes and views of Greek parents concerning the provision of sex education to adolescents, as well as the involvement of school health coordinators of sex education programs. A questionnaire containing 20 items was constructed and administered to 93 parents of adolescents, members of the parents' associations. Another 10-item questionnaire was administered by telephone to the coordinators of all the Health Promotion Divisions of the Greek Educational system. Although the majority of parents (91%) reported that they discuss issues concerning sex education with their children – a number not easily matching the profile of Greek family earlier sketched –, only 47% stated that it is "moderately" easy for them. The majority (70%) believe that sex education should start before adolescence, but 80% believe that school is not adequate to provide it. According to a research (Ioannidou-Kapolou, 2000) it is usually mothers who talk to their daughters about sexual issues; while parents stated that sexual information should be available at elementary school level they underlined the imperative need for sexual morality expressing the fear that some topics may have a negative influence upon their children's sexual behaviour such as experiencing sexual practices earlier than they should (Kakavoulis, 2001).

6. Greek Research on Sex Education

In a qualitative research carried out by the Department of Sociology at the National School of Public Health, the transmission of knowledge on sexuality issues from adults to adolescents within the family was studied (Agrafiotis et al., 2000). The research was carried out in 2008 in the framework of the European program EAGLE (European Approaches to Inter-Generational Lifelong Learning) which concentrated on the field of intergenerational as well as trans-generational processes within the context of formal, non-formal and informal learning. The research team of the Department of Sociology focused on the way sexual information is transmitted from mothers to daughters. The main target of the research was to identify identical areas of ignorance, misconceptions and lack of adequate information on issues related to sexual and reproductive health of young girls and older women; the aim was to test the hypothesis that mothers pass inadequate information to their daughters as to unwanted pregnancies. Best (2004) stated that Greek women, as mothers, are the primary educators of their children regarding sexual education in the home, leaving it to the question how openly sexual matters are discussed.

The researchers applied qualitative methods and more specifically the semi-structured interviews for 15 women aged 30-45 years and focus groups for 20 young girls aged 15-18 years. Also, young girls who would attend voluntarily the focus groups should be divided into two groups; in one group girls that never had a chance to attend at school a sex education course, and in the second girls who had attended sporadically gender relation courses which focus mainly on biological aspects and anatomy. Women, acting as the main transmitters to their daughters of socially accepted values and information concerning sexuality pass along many of their attitudes and perceptions on these issues. A great number of the persisting stereotypes concerning sexuality lead to the reproduction of misconceptions on issues related to sexual and reproductive health. Although girls in urban centres have more information on such matters (though not through the school curriculum), and are aware of modern contraceptive methods, they admit that they need more information and express their regret that sex education is not included in the school curriculum (Magoulas et al., 2009).

Among Greek teenagers there is a growing recognition that a healthy interaction between males and females is essential if young people are to help each other grow biologically, sentimentally, and socially. Stereotypical views about the sexes with strong conservative elements are still deeply rooted in Greek society and are frequently imposed on teenagers, though they seem to be gradually reducing from generation to generation (Papaioannou, 2013).

Papathanasiou and Lahana (2007) report that although most adolescents are more sexually experienced and have greater knowledge than their parents when they were at their age, they engage in sexual intercourses without precautions resulting in unwanted pregnancies. In Greece, only a few teenagers are well informed about sexual issues with those in urban centres being better informed than those in non-urban areas.

The main sources of information for adolescents on sexual subjects are friends, parents, school, television and books (McLaughlin et al., 2007). The internet is also cited for many Greek adolescents as the primary source of health care information (Tsitsika et al., 2009). Adolescents who consult their friends and siblings on sex issues have higher odds of being sexually active, with an even higher percentage when their friends are sexually experienced (Tsitsika et al., 2010). Mavroforou et al. (2004) report that in their study among Greek adolescents 74% declared that they had received information on contraception: 64% from friends, 47% from doctors, 36% from the media.

In Fakinos study (2010) on young people's experience and attitudes towards sexual education, with a sample that included Greek nationals and nationals from other countries (Balkan, European, Asian and Arab countries, the United States and Canada), with regard to the length of time of sexual activity, Greek adolescents were self-reported as being sexually active for a longer period than adolescents from other nationalities, surprisingly in regard to the above mentioned "Mediterranean Model", and boys reported longer time periods of sexual activity than girls. As to the main sources of sex-related information, friends and classmates ranked first followed by mass media and magazines, family members and relatives and school. In addition, friends and classmates were considered for Greek girls (86.2%) more important than for Greek boys (61.5%). Greeks and other nationals expressed themselves positive almost unanimously (98.8% by Greeks and 100% by other nationals) about having sexual education in schools.

Greek adolescents express a great need for more information on sex related issues. According to the findings (Tsitsika et al., 2010) even among adolescents who expressed their satisfaction as to their knowledge on sexual issues, the majority would like more information on contraception and feel that they need a more formal sexual education.

Consequently, in Greece, the absence of a compulsory, well organized and systematic sexual education resulting to lack of information on significant issues such as contraceptive methods and the functions of the male and female reproductive systems could be blamed as one of the main factors contributing to the high rate of undesired pregnancies and abortions during adolescence.

The problem, in regard also to research methodology, is that sex education is easily equated with the provision of knowledge and information, which is only a part of what needs to be in place and important issues like prostitution or homosexuality are more or less ignored.

7. Discussion

In the last decades, in Greek society there was a process towards individualism and gender equity. Aspects of family life are altering including the later age of marriage, increasing rates of divorce, increase in female participation in the paid labour force, and the slow increase in single parenthood.

Young girls in urban areas experience less control by the male members of the family over their sexual life or restrictions they should follow in order to "preserve" the family name; they can date with young men and choose their own partner more freely. However Greek adolescents appear to start their sexual life without adequate information and without having followed a sex education course in their schools. At the same time, contraceptive use is very low and abortion is still considered as a birth control method. This practice, also found in the general population surveys shows that parental sex education is not working. So, it is urgent for specific measures to be taken in order to inform younger generations about the risks associated with sex behaviour. The need for a well designed and compulsory sexual education course that is part of the school curriculum is more than obvious. It should start from early childhood and continue throughout all stages of development according to the age of the child or adolescent. Accurate and constant information is necessary in order to alter the persisting stereotypes concerning sexuality leading to the reproduction of misconceptions in sexual and reproductive health and young people should have access to reliable sources of information related to their sexual life and not be restricted to information from peers and the internet.

A change in attitudes and practices towards abortion and contraceptive methods is only possible if sex education starts at very early ages and through formal education structures. The strength of the school setting lies in the fact that boys and girls are still developing attitudes and behaviours. The focus should be on the positive perception of women's body and sexuality, the promotion of the dialogue between boys and girls on these topics, the impact of sex education on their future emotional and sexual relations as adults, the promotion of peer education in challenging traditional gender roles and stereotypes.

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