

ROLE OF PARENTS IN HYGIENIC AND SEXUAL EDUCATION OF CHILDREN AND ADOLESCENTS

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The issue of protecting reproductive health is closely related to the children's and adolescents' awareness of the negative impact of early sexual activity and pregnancy, as well as sexually transmitted diseases. At the same time, awareness of parents involved in raising children is poorly understood. The study was aimed to estimate the parents' competence (awareness) in the field of children's sexual and hygienic education by conducting a webinar and an online questionnaire survey. Parents were surveyed in 2022–2023. A psychologist conducted the webinar, after which the online questionnaire survey was carried out in order to assess the effectiveness of the webinar as a relevant tool to improve the parents' competence. It was found that almost all parents believed it was necessary to discuss the issue of sexual education with children, however, among them only 64.4% actually addressed the issue. Parents had no consensus on the age of starting sexual education in children. The main difficulties in communication with children were shyness, insufficient knowledge and the lack of methods to inform the child. According to 91% of women and 66% of men, the webinar conducted by psychologist was the best method to improve the parents' competence. It appeared to be informative for 90% of parents. The joint efforts of parents, doctors, psychologists, and teachers are the solution to the problem of sexual and hygienic education. Furthermore, informational and educational work with parents and the family is important, since the child's sexual and hygienic education is started since early age.

Keywords: sexual and hygienic education, parents, online questionnaire survey, webinar

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Compliance with ethical standards: the anonymous online questionnaire survey did not violate human rights, did not endanger the respondents and was compliant with the biomedical ethics requirements.

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РОЛЬ РОДИТЕЛЕЙ В ГИГИЕНИЧЕСКОМ И ПОЛОВОМ ВОСПИТАНИИ ДЕТЕЙ И ПОДРОСТКОВ

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Проблема охраны репродуктивного здоровья тесно связана с уровнем информированности детей и подростков об отрицательном влиянии ранних половых отношений и беременности, а также заболеваний, передающихся половым путем. При этом осведомленность родителей, участвующих в воспитании детей, изучена недостаточно. Целью работы было оценить компетентность (осведомленность и информированность) родителей в области полового и гигиенического воспитания детей путем проведения вебинара и онлайн-анкетирования. Анкетирование родителей выполняли в 2022–2023 гг. Психолог провел вебинар, после которого также был проведен онлайн-опрос для оценки эффективности вебинара как актуальной формы повышения грамотности родителей. Установлено, что почти все родители считали необходимым обсуждать тему полового воспитания с детьми, однако лишь 64,4% из них действительно затрагивали данную тему. Родители не имели единого мнения о возрасте начала полового воспитания детей. Основными трудностями при общении с детьми были стеснительность, отсутствие достаточных знаний и способов донесения информации детям. По мнению 91% женщин и 66% мужчин, наилучшим способом повышения грамотности родителей был проведенный психологом вебинар. Он оказался познавательным для 90% родителей. Решением проблемы полового воспитания и гигиенического образования детей является совместная деятельность родителей, врачей, психологов и педагогов, при этом важна информационно-образовательная работа с родителями и семьей, поскольку половое и гигиеническое воспитание начинается с раннего возраста ребенка.

Ключевые слова: половое и гигиеническое воспитание, родители, онлайн-анкетирование, вебинар

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Соблюдение этических стандартов: анонимное онлайн-анкетирование не ущемляло права человека, не подвергало опасности респондентов и соответствовало требованиям биомедицинской этики.

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The issue of the development and protection of reproductive health is of great medical and biological significance, it is closely related to demographic processes. In recent years, this issue is discussed not only by doctors in the context of treatment of inflammatory and infectious disorders, but also by hygienic physicians in the context of preventive care. They try to identify the causes leading to reproductive health deterioration in the

youth. Awareness of children, adolescents, and young adults of the reproductive function development, negative impact of early sexual activity and pregnancy, as well as sexually transmitted diseases is among important aspects of the issue [1–3].

The researchers report low awareness of adolescents of different ages (school-age girls, female students of medical college, university students) of the issues related to reproductive

health protection. The scientists believe that the lack of awareness among adolescents is closely tied to the lack of specialized programs on the issue in the educational process, i.e. with the information awareness degree. Thus, medical college students believe that it is better to acquire information related to sexual maturation on one's own at the age of 16–17 years, while university students think that understanding of the issues related to sexual sphere is achieved only at the age over 13 years [4–8].

In contrast to Russia, in European countries (such as the Netherlands, Scandinavian countries) parents are used to talk to children on the issues related to sex starting from preschool age [9]. Many researchers in our country have the same opinion, since conversations between parents and the young child in the format the child understands open the door for understanding the issue in the future [10]. We believe that the problem of assessing the parents' awareness of the children's sexual education is important in this context, however, there are sporadic papers on the issue in the available literature.

The study was aimed to estimate the parents' competence (awareness) in the field of children's sexual and hygienic education by conducting a webinar and an online questionnaire survey.

METHODS

The study was performed in 2022–2023 by conducting the anonymous online questionnaire survey. The questions of the questionnaires were designed by the authors based on the literature data analysis.

The study was carried out in three phases. A total of 445 parents (32% males, 68% females) were surveyed to understand the awareness level. Then a webinar (lecture and seminar) for parents was conducted together with the psychologist, which was attended by 33 people (48% males, 52% females). During the third phase, after the event, the parents were also offered an online questionnaire survey aimed at assessing the effectiveness of the webinar as a relevant tool to inform parents.

The search for respondents was performed on public sites dedicated to bringing up children, as well as in the social media parent groups. Only people with children, who filled the questionnaire form correctly, were included in the sample of respondents.

Analysis of the results was performed considering the gender and age characteristics, as well as the number of children from parents of the studied cohort. Statistical data processing involving the use of Student's *t*-test and *z*-test

was carried out in the Microsoft Office Excel 2013 (Microsoft; USA) and Biostatistics version 4.03 (Stanton A. Glantz; USA) software packages. The *z*-test was used to estimate the share of positive responses given by females and males; the shares were compared, the hypothesis of equal shares in both groups was tested, standard error and significance level were calculated. When the significance level was set as $p \leq 0.01$, positive responses of females and males differed significantly with the likelihood of 99%

RESULTS

The gender-based differences in responses to almost all questions of the questionnaire were revealed in parents, who took part in the questionnaire survey on sexual education: women were more active, mobile, and progressive. The need to discuss the issue with children was supported by the majority of parents: 95% females and 84% males under the age of 35 years, 45% parents over the age of 45 years. However, a smaller number of parents actually talked to children: the issue was most often discussed by females (78.8%) aged 26–35 (43.2%) having two or more children (56.2%), while among males only 50% of parents were able to talk about it with children. The share of females, who discussed the issue of sexual education, was significantly higher relative to males (significant based on *z*-test, $p \leq 0.01$).

At the same time, 29% of women believed that it was necessary to foster hygienic skills and understanding of sexual identity before the child was 5 years old, however, children aged 8–10 (onset of puberty) also required particular attention. The early start of talking to the child was supported mainly by young women under the age of 35 years, while among older women this view was shared only by 8%. Almost twice less males (significant based on *z*-test, $p \leq 0.01$) believed that children had to be educated before they were 5 years old, while 27% of males believed that it was better to start later (only at the age of 5–7 years) (Fig. 1). A significantly lower number of parents (4% females and 11% males, non-significant due to small sample size) proposed to start sexual education of adolescents at the age of 15 years, convinced they had already got information from other sources.

When performing the questionnaire survey, we tried to find out the reasons for the parents' low activity regarding the issues of personal hygiene and sexual education of children in the family. It was found that 21.9% of females and 58.4% of males forgot information they had got at school in biology lessons, they did not attend the hygienic training events and had

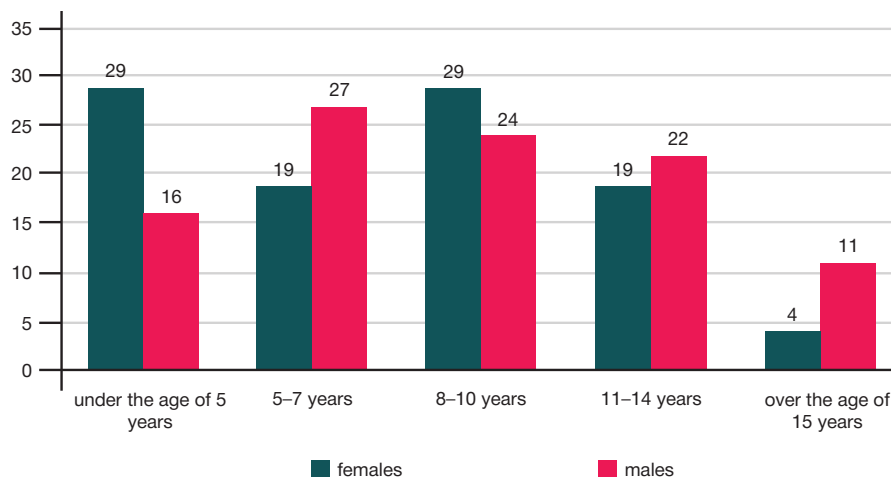


Fig. 1. Views of women and men (per 100 respondents) of the terms of starting sexual education in children

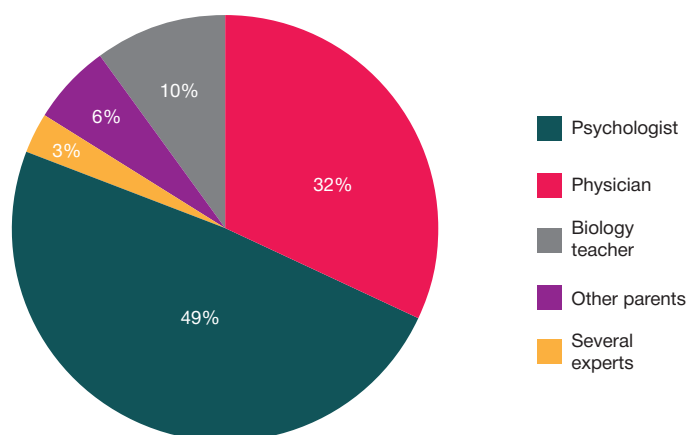


Fig. 2. Experts, whose opinions about sexual and hygienic education parents would like to know (%)

no communication skills with children. Furthermore, parents (41.5%) were frustrated by their individual characteristics (being quiet and shy, poor vocabulary).

Parents believe that various forms of information acquisition can become the solution to this problem: “book, magazine or other literature” (53.6%) or “lecture, webinar”, the majority of respondents voted for (91% females and 66% males). Furthermore, 49% of parents expressed their desire to listen to a lecture by psychologist, 32% of respondents would like a medical professional to explain the issue. Only 3% of parents wished to hear opinions of several specialists in various fields (Fig. 2). A total of 10.3% of parents believed that medical professional (pediatrician), who was in contact with the child during the visit to the outpatient clinic, could correctly explain the features of the reproductive development and personal hygiene rules.

Based on the findings we conducted a webinar together with psychologist to inform parents about the issues of children’s hygienic and sexual education. During the theoretical phase (lecture) the majority of parents managed to master new information and the terms for calm and trustful discussion of the sexual education issues with children, 91.0% of parents became feeling confident when communicating with children, 85.7% of respondents noted accessibility and clarity of information presentation, as well as logical structure of the theoretical part (Fig. 3).

During the practical phase of the webinar for parents, the method to talk to children (78.9%) became clearer, together with the way of behaving when discussing sexual education with the child (95.2%). Parents (90.5%) developed understanding of how the children felt when discussing the issues of hygienic and sexual education. No significant differences in the shares of positive responses regarding attendance and efficiency

of webinars for parents between females and males were revealed.

Thus, 95.2% of parents would advise their friends or acquaintances to attend a webinar on the issue, while 66.7% would like to attend it again. Among parents, who wanted to attend a webinar one more time, 100% were ready to pay for attendance. In terms of price females estimated the webinar 27.7% higher than males. Parents would like a physician to be a speaker during the next online event (78.6%), however, it was impossible to choose a definite format of the event: 38.1% of respondents preferred the distance format, the same number of parents chose the mixed format of the event, the least number of parents (23.8%) chose the face-to-face format.

DISCUSSION

The findings suggest that the majority of parents understand the importance of discussing the issues related to reproductive function development and features, adherence to the principles of personal hygiene with children in the family, since these are parents the newborn child contacts the first. However, only 78.8% of females and 50% of males have managed to address these issues when talking to children. The parents’ low awareness hampers the child’s harmonious development and healthy lifestyle formation. As a result, the family raises children and adolescents with poor reproductive competences. Such adolescents usually get not quite reliable information from the web-sites, friends or mates. We believe that this is due to early sexual intercourse and the desire to “be mature” in adolescents, increased incidence of sexually transmitted diseases and abortions, which is confirmed by earlier scientific research [11, 12].

In this regard the issue of the child’s age when hygienic and sexual education should be started, as well as who should



Fig. 3. Parents’ opinions (%) about the benefits of the webinar theoretical phase

provide such education, become of paramount importance. The majority of researchers distinguish four periods of children's sexual education based on age and the child's reproductive system development stage. However, the first stage (young and preschool age children) is the basic and most important one. During this period parents are recommended to teach their children basic hygienic skills and rules of behavior, inform children about their sexual identity, about infections and parasitic infestations [13, 14]. Understanding of their gender identity by children represents one of the bases of conventional different-sex family ensuring reproduction. At the same time today there are various forms of unisexuality (transness) cultivated in sexual education classes and manifested in the form of same-sex marriage and surrogacy in such European countries, as Germany, Sweden, France, Austria, which adversely affect natural demographic processes.

Parents also play an important role during all phases of sexual and hygienic education, since the foundations of hygienic and sexual education are laid and cultivated in the family. Furthermore, the sanitary and educational work with parents is of great importance: they should be prepared to talking to the child in terms of theory and practice, considering the child's gender, age, and psycho-emotional features. Actually, our findings suggest that about a third of women agree with the statement that it is necessary to start talking to the child before he/she is 5 years old, while men believe that it is necessary to start at the age of 5–7 years.

The questionnaire survey conducted has shown that the majority of parents understanding their lack of competence would like to improve their awareness by taking part in the webinar, acquire theoretical knowledge and consolidate it in practice. However, the realities of modern life are that the majority of parents (49%) primarily want to hear information from psychologist and 32.0% — from physician; only 3% of parents would like to get information from several specialists, which suggests that parents underestimate the complex nature of the issue. Nevertheless, the questionnaire survey of parents conducted after the webinar with psychologist showed its effectiveness, since more than 90% of parents got additional information, mastered the forms and methods of talking to children.

It is beyond doubt that bringing up a healthy young generation is a complex problem that includes psychological, civic, pedagogic and no less important medical and biological aspects. In this regard, it can be recommended to conduct a webinar not only with psychologist, but also with general practitioner, which is of extra importance for young parents. In this case parents would be able to get necessary information about anatomical and physiological characteristics of the body in various age periods, as well as about various children's developmental abnormalities capable of affecting further reproductive system development, prevention of various disorders and personal hygiene rules [6–8, 15, 16].

On the other hand, the role of teachers in sanitary and educational work with schoolchildren, college students, and university students within the framework of educational process is important. That is why academic teachers recommend to develop and introduce a special academic discipline on hygienic and sexual education in the school and university educational programs, conduct open lessons on the issue, which we can agree on [17, 18]. However, our studies revealed no importance of the teacher's role in hygienic and sexual education of children for parents: only 10% of parents would like to discuss the issue with teachers.

As for raising awareness, the majority of parents believe that today webinars represent the most effective communication form, despite the fact that about 24% of parents would prefer face-to-face communication.

To summarize, we can say that despite the fact that the issue related to sexual and hygienic education has multiple aspects, the parents' educational role is important, since these are parents who represent the source of life origin. At the same time, the lack of awareness in adult males and females suggest the increasing importance of informational and educational work with parents and their families. There is a possibility of creating complex informational programs, special web-sites, where experts (physicians, psychologists, teachers) could share their knowledge of the young generation sexual and hygienic education with parents. The integrated competent approach of patients and specialists to addressing the issue taking into account gender and age, as well as individual approach to the child, would actually yield positive results.

CONCLUSIONS

The majority of parents (95% females and 84% males) attach great importance to discussing the issue of sexual education with children, however only 78.8% of females and 50% of males actually address the issue when talking to children. The main difficulties in communication with the child are shyness, insufficient knowledge, and the lack of methods to inform the child about the issue. Parents have no consensus on the age of starting the children's sexual education: women believe that it can be started before the child is 5 years old, while men think that it should be started later. The respondents (both male and female) consider a webinar conducted by psychologist (49% of parents) or physician (32% of patients) as a modern effective form of raising the parents' awareness of sexual and hygienic education. The theoretical phase of the webinar conducted by psychologist appeared to be informative for most patients (more than 90%): parents gained further knowledge and learned the essential terms, then during the practical phase they mastered forms and methods to communicate with children, became more confident in the issues of sexual and hygienic education.

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