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SEXUAL EDUCATION AND SEXUAL ACTIVITY OF STUDENTS BEFORE AND DURING THE COVID-19 PANDEMIC. A ROMANIAN-BULGARIAN QUALITATIVE COMPARATIVE STUDY

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Abstract: *The purpose of the study was to identify changes occurring in the sexual activity of Bulgarian and Romanian students in relation to the outbreak of the COVID-19 pandemic, but also to explore how respondents perceived sexual education they benefited from in the past. A self-reporting guideline was adapted right at beginning of the restrictions caused by the pandemic, in March 2020. The story of life guideline for a qualitative study was constructed as compressing 2 major categories of data: 7 items of socio-demographic information and 55 specific items on personal life, organized into age stages. Between May and December 2020 data were collected by e-mail from students between 19 and 25 years. As a first result of data collection, 102 stories were kept for deeper analyses, 50 from Romanian and 52 from Bulgarian BA and MA students, 64 girls and 38 boys. Small differences were found between Romanian and Bulgarian groups regarding the age of the first intercourse or the changes that appeared in sexual behavior in relation to the pandemic outbreak. More of the Bulgarian participants declared not having started a sexual life, and also more of the Bulgarian participants decided not to answer some of the sexuality items. The conclusions issued by the analyses of both groups showed the need for developing specific sexual education curricula, created and implemented by experts, starting with younger ages of pupils.*

Keywords: sexual activity; sexual education; students; the story of life guideline; qualitative study.

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INTRODUCTION

A UNICEF study published in the summer of 2021 reported that "In 2020 alone, 410,000 [194,000-690,000] young people between the ages of 10 to 24 were newly infected with HIV, of whom 150,000 [44,000-310,000] were adolescents between the ages of 10 and 19" (UNICEF, 2021). The reports announced from the headline that "Turning the tide against AIDS will require more concentrated focus on adolescents and young people. This is just one of the possible negative consequences of unprotected sex". Cases of new HIV diseases continue to be reported in Romania also, especially among young people, and this is most probably one of the possible negative results of unprotected sexual activity. Sexually transmitted diseases, unwanted pregnancies and mental trauma are major consequences that can be experienced especially by young people who have sex without having benefited from effective sexuality or health education. Bulgaria is still a country with a low prevalence of HIV in the general population. According to the ECDC, the newly registered cases of HIV in Bulgaria are on average 3.2 per 100,000 population in the period of 2011-2020 (ECDC/WHO, HIV/AIDS Surveillance in Europe, 2021). Newly registered cases of HIV seropositive persons aged 15 to 24 years for the period 2010-2014 are 18% of the total newly registered HIV seropositive cases for this period. They are the biggest specific target group of The National Program for Prevention and Control of HIV and AIDS 2017-2020, as data presented reveal nearly one in five people aged 15-24 knows ways of protection and rejects the main misconceptions about transmission of HIV.

Sexual education programs are proving to have positive results in sexual health-related behaviors, including reduced risk-taking, delayed onset of sex life, increased use of contraception and condoms in particular, and low reported number of sexual intercourse (Picken, 2021). Although it offers a little information compared to most EU Member States, Bulgaria introduced sexual education in a national curriculum for the first time in 2018 (Picken, 2021; in the Ordinance on Civic and Intercultural Education, without it being a compulsory subject and a small number of schools actually have classes on the subject), while Romania has not yet reported data in this regard. The need of improving educators and programs to promote sexual and reproductive health education specifically designed for teenagers came out as a conclusion of Montalti, Saloussolia, Massini, et al. (2022) study. The results of their study, conducted on 378 high school students over the age of 14 shows that a total of 61.3% of 17-year-olds already had sexual intercourse, and 90% of 15-year-olds had experienced romantic or sexual attraction. Comparing adolescents and young students from California, regarding romantic relationships and sexual activity before and during the restrictions imposed by the pandemic, Yarger, Guttmann-Gonzales, Han et al. (2021) came to the same conclusion, that sexual education and services need to be improved.

Romania still seems to be a conservative society, although there have been minor changes in recent years in terms of sex education and discussions in this area of decision makers and educational experts. Onaeș/Faludi, based on the study „Life style and demography of women from Romania", conducted in 2004, identified that the average age for the first intercourse was 19.67. Also in cohort 1920-1944, average age of the first intercourse was 19.96 and only 16.9 for the cohort 1985-1986 (Onaeș/Faludi, 2007). In a study published in 2014, on the onset of sexual life and sexual education, conducted in Romania, with 1215 participants over the age of 18, Rada found that the average age at the first sexual intercourse of young people between 18 and 24 years was 16.99 years, i.e. 2.5 years younger than respondents aged 60-74 years, and male respondents, overall younger than female respondents (Rada, 2014). The author also concluded that casual sex was not a characteristic of the study sample, and the need to improve sexual education, especially that of experts. In Bulgaria nearly 8% of young men and women aged 15-24 years had sexual intercourse before the age of 15. According to Health Behaviour in School-Aged Children survey (HBSC, 2020) 37% of boys and 25% of 15-year-old girls have had their first sexual intercourse. Moreover, one third of the students claim to have had sexual intercourse for the first time at the age of 13 and earlier. Based on findings of the international survey HBSC, conducted in 2018 in Bulgaria, Dimitrova and Kotzeva (2021) reveal significant gender and age differences in Bulgarian adolescents' health risk behaviours. Girls are less likely to report an early start of sexual life and risky sexual behaviour. Family structure and characteristics of psychosocial school environment were significantly associated with the Bulgarian adolescents' health risk behaviours (Dimitrova & Kotzeva, 2021; Dimitrova, Kotzeva, Alexandrova-Karamanova, 2020). The psychosocial school environment are significantly associated with adolescents' health risk behaviours except risky sexual behaviour, which foregrounds the role of the family in sexual behavior. Previous studies in Bulgaria acknowledge that supportive psychosocial environment has been an

important factor for adolescents' good physical and mental health (Kotzeva & Dimitrova 2007; Alexandrova & Bogdanova 2011; Bogdanova & Alexandrova, 2019).

Results indicating a decrease in the age at first intercourse and an increase in the number of partners by age cohort were found in several countries such as the UK (Mercer et al., 2013) and Sweden (Hansen et al., 2020). Romanian Reproductive Health Study 2004 found that the percentage of women who started sexual life before 16 years old was 7.1% compared to 7.9% in 1993, and the percentage of men staring sexual life before 16 years was 26.7% compared to 21% in 1993.

Interestingly, the average age of the onset of sexual life increased in 2004 compared to 1993 (Reproductive Health Survey Romania 2004, 2005). It should be emphasized that the biggest change in the age of onset of sexual life occurred among girls, which almost equalled that of boys. And also the proportion of those who reported an earlier sexual debut increased with age among the younger cohorts. Smith (2017) analyses from a historical perspective sexual education in Romania and states that it has been intensely influenced over time by the intervention of the Romanian Orthodox Church, but especially by the legislative decrees of the communist regime. After analysing multiple documents and interviews with decision-makers in the field of sexual education, Smith finds that in 2017 "Romania still leads most European countries in alarming statistics on sexual health" (Smith, 2017, p. 23), but also those on pregnancy and abortion in adolescents (p. 25).

Data from Bulgaria show that one-fifth of young men and women aged 15-24 have had more than one sexual partner in the last 12 months, with 32% not using a condom (HBSC, 2020). Every eleventh abortion is performed on a person under 19 years of age. The results from the HBSC study reveal that factors from psychosocial environment should be considered in health prevention programs, as development of family support programs of crucial importance for health policy and practice (Dimitrova & Kotzeva, 2021; Dimitrova, Kotzeva, Alexandrova-Karamanova, 2020).

Studying emotions involved in sexual encounters of college students, von Sadovszky and collaborators found that "individuals who experienced negative or mixed emotions expected certain sexual behaviours less than those who had positive emotions" (von Sadovszky, Vahey, McKinney, & Keller, 2006).

Faludi and Rada, in a 2019 article based on a 2013-2014 study of 1359 participants aged between 18 and 30 years, reported that "the manifestation of any form of family sexual education was positively associated with the onset of sexual life for both women and men" and that "the lack of sex education in the family decreased the possibility of a healthy sexual onset in both women and men" (Faludi & Rada, 2019). The conclusions of the article also suggest for the need to increase the quality of sexual education, by involving the family, explaining that sexual education should be differentiated by gender, producing different effects on the onset of sex life for boys and girls.

Based on the studies already conducted and aiming to find new information relevant to decision makers and educational experts, this research was developed as a comparative study on students' sexual life before and after the outbreak of the Covid-19 virus pandemic in Romania and Bulgaria. The restrictions imposed by the Sars-Cov-2 Pandemic in Romania included: social distancing, official papers to allow presence in public places (including on streets), and very limited personal contact, between people not living in the same housing. The aim of this paper is to establish cause-and-effect relationships between the characteristics of the onset of sexual life, changes in sexual behavior caused by the restrictions during the COVID-19 pandemic, and students' emotional reactions.

The sexual education concepts used in the presented research covered all kinds of education: formal education (made by schools or experts), informal (non-intended educational experiences from the environment).

METHODS AND MATERIALS

Between May and June 2020, over 70 BA and MA students from various universities in Romania completed a self-applied life story guideline. Out of these, 50 life stories were selected for inclusion in this study. Half of the participants aged between 19 and 24 years were involved in BA programs and the other half in MA programs. In Bulgaria, 61 students from various universities completed a self-reported life story guideline between October-December 2020. Of these participants, 52 at aged 19 to 24 years were included in the study. Almost 60% were students in BA programs, 40% in MA programs.

The autobiographical guideline *The story of life* was built (includes 2 major categories of data) sections: 7 items containing socio-demographic information and 55 specific items, in the form of open-ended questions about aspects of personal life, emotions, sexual experience, etc. organized into

age stages. The age stages were organized chronologically and coincidentally with the major stages of schooling, in order to facilitate the updating of the information and it's rendering with high accuracy. Only items related to sexual life from all age categories / stages included in the guide were used for the study described.

The categories and items analysed for this research were: V. Almost an adult – In adolescence, secondary school time (grades IX-XII): 8. I can say about my first intercourse (vaginal penetration) ... (Age? How was it? What context/situation? What were your feelings for the partner you had? What comes to your mind when you think about it? Etc.), 9. My sexual life was ... (How, how much, with who? How did you feel about it?), 10. Regarding sexual education that I received from my parents I would say ... (To whom did you speak mostly about it, what they said about sexuality?); VI. A new Chapter – During college/university (before the restrictions required by the pandemic): 7. I can tell about my first intercourse that ... (What feelings, what situation, how do you relate to this experience?), 8. I can tell about my sexual life during college/ university/ masters that... (How many partners? What kind of relationships? What have you learned? What were the challenges? Any disappointment?); Your life has changed during the Pandemic of SARS-CoV-2 virus: 3. I can tell about my sexual activity (vaginal penetration) during the pandemic... (When? With who? How did it change?), 4. I can tell about my self-stimulated sexual activity during the coronavirus pandemic... (more, less, more intense?).

All items have been built to provide freedom of response and explain in more detail participants' sexual experiences during different ages. Their translation into each of the languages in which they were applied (Romanian or Bulgarian) was done scientifically both by linguistic standards and by the psychological meanings of the concepts, so that the comparison was made on criteria with a very high degree of similarity.

The dissemination of the study was done by people known to the participants and invested with a high degree of scientific trust: university professors, or former professors. The transmission of the completed questionnaires was done directly to the research team by e-mail address. The introduction of the instruments in the database and their archiving was done by encoding the name of each participants in a unique questionnaire number. This ensured the anonymity and confidentiality of the information.

The analysis of the content of the life stories received from the students was made starting from the following research questions: What is the average age declared by the students regarding the beginning of their own sexual life? What are the emotions that students associate with the onset of sexual life and sexual activity in general? How was the sexual education of the participants carried out and by whom? How have the students' sexual behaviours changed in relation to the restrictions imposed by the onset of the COVID-19 pandemic and what were their emotional effects?

The first step in analyzing the data collected was descriptive and was done using SPSS vs. 20 statistical software and Excel software from the Microsoft Office suite. The second stage of the analysis was introduction of all valid responses collected in the content analysis software Nvivo March 2020 issue trial version and coding of the responses in keywords and subsequently, describing more general response categories. By using this software, the extensive and subjective answers were coded and the categories of concepts that generated the presented results were classified. The first categories of codes were generated in relation to the research questions as follows: 1. The beginning of sexual life with subcategories based on age: a) Adolescence and b) Youth; 2. Sexual education (reference persons and topics of discussion); 3. Details of sexual life with subcategories: a) Details prior to the pandemic, b) Details of the pandemic: - with penetration and - self-stimulation. In the third stage, major conceptual categories of response and additional customized subcategories were created, based on which the conceptual scheme was created.

In order to assess the answers in similar categories, a separations was made between measurable descriptive terms (like number, frequency and duration) and hard-to-measure terms (like level of preparedness, degree of agreement, pleasure intake).

RESULTS

At the time of data collection, participants in the present study were enrolled in BA or MA programs at several universities in Romania and Bulgaria. Table 1 shows the descriptive of the sample, with the age distribution of the respondents included in the study. Out of the 50 respondents in Romania, 16 (33.3%) were man and 34 were women. The average age of the respondents was 21.73 years with a standard deviation of 1.42. Out of the 34 female respondents, 14 (41.1%) attended BA and 20 MA. The male participants were 5 MA and 11 (68.7%) BA students. The distributions by the field of studies show that: 40 participants were enrolled in hu-

Table 1. First intercourse by age

	N	Before 15	15 and 17	18 and 20	Over 20	Not started	No answer
Romania							
Male	16	2	8	4	0	2	0
Female	34	0	12	14	3	2	3
Total	50	2	20	18	3	4	3
Bulgaria							
Male	22	2	14	4	0	1	2
Female	30	0	7	6	2	7	8
Total	52	2	21	10	2	8	10
Grand TOTAL	102	4	41	28	5	12	13

Table 2. Vaginal penetration onset age

	N	Minimum	Maximum	Mean	Std. Deviation
Romania					
Fem	29	17,00	24,00	18,24	1,70
(Masc)	14	13,00	20,00	17,07	1,82
Bulgaria					
(Fem)	16	15,00	21,00	18,00	1,51
(Masc)	20	15,00	19,00	16,90	1,07

manities or social sciences, 5 in technical studies, 4 in medicine or pharmacy and 4 in defense and law. In Bulgarian sample 22 were male (M=22.83; SD=1.99) and 30 were female (M=21.86; SD=2.36). The female respondents were 21 (72.4%) undergraduate and 8 (27.6%) master students. The male participants were 13 (65.5%) BA and 10 (43.5%) MA students. Nearly half (48%) of the respondents are students in the humanities and social sciences, 40% are students in technical sciences and 12% are students in medicine.

Regarding the age of the onset of sexual life, considered as the moment of the first sexual intercourse / sexual intercourse with vaginal penetration, there were also non-responses. Among those who responded in the studied sample, the variations presented in the table below were revealed.

In Romania, the age difference at the first sexual intercourse by gender shows that boys start sexual activity earlier. Male respondents declared that they started having sex with penetration, before the age of 19, 75% (12), 2 of them even before 17 years old. Girls tend to start their sexual life later, 61.7% (21) reported the onset of sexual life before the age of 19, but not before 17 years.

In Bulgaria there are also age differences at first sexual intercourse by gender. Boys declared that they started having sex with penetration before girls, with 90% of them starting that it happened before the age of 19, as 64% in age 15-17, and only 2 students starting before the age of 15. Girls tend to start later, as 43% reported the onset of sexual life before the age of 19. It can be assumed that in general the male respondents start at the age of 17, while the girls at the age of 18. Both groups most often start between the ages of 15 and 17, but this is twice as common for boys. Also, it should be noted that 23% of the girls in the sample declared that they have not had their first sexual contact, 27% of the girls and 10% of the boys not answer the question.

The distributions by gender regarding the age of onset of sexual life with vaginal penetration was presented in Table 2.

The experience of the first sexual intercourse (sexual contact with vaginal penetration) in young people in Romania (RO) and in Bulgaria (BG)

Most of the boys from the Romanian sample referred to their first sexual intercourse in terms that suggest a technical, quantitative assessment of the moment (relating information about when, if in a relationship or not, the duration of the relationship before sexual intercourse, concerns of sexual performance) and the partners' reactions, as in the quotes below.

"It simply came to our notice then. Spontaneous. No one expected it to happen, especially me,

because the person it happened was not my girlfriend, but a person I was just attracted to". (male subject number 4, age 22, MA student, RO)

"Ah, the first contact was at age 19 or 20, that is, it depends on what sexual intercourse means. I wanted to do it too, I was drunk, even now I don't consider it the first time, the first time I had sex I consider it the second time, when I was awake and we both wanted it". (male subject number 5, age 23, MA, RO)

"I had my first sexual intercourse at the age of 16, after 2 months of a relationship with my former partner. We were close, but I can't say I loved her. It was a pleasant memory. This first sexual intercourse was the first for her as well. It all happened at her house". (male subject number 12, age 20 years, BA studies, RO)

However, there were also descriptions of the emotions experienced as presented by the male subject number 17, age 21, MA student, RO):

"The first sexual intercourse meant a tense period in which I was extremely worried about what was going to happen, I felt a sort of anxiety towards my own body and a great sexual desire towards my partner. My primary performance was awkward, almost close to failure because I couldn't get my partner's vagina tight, while my penis became soft. However, after moments of relaxation and disappointment, we managed to make love".

Female respondents described their first sexual act in terms of emotional factors (why they did it, how they felt about their partner during and after intercourse), but also measurable (when, how):

"The first sexual intercourse was at the age of 17 when I was madly in love with a man 7 years older than me. It was a fleeting love, but for which I suffered so much. He wanted to have fun, and I was hoping in myself at that time that I would make him like me for something more than that. The first sexual intercourse was HORRIBLE. I was not prepared for that and it was known that the feelings were not reciprocal". (female subject number 7, age 22, MA student, RO)

"I did not want that to happen. I was almost 20 years old and I was fine with that. I wasn't complex at all because I didn't do that. The only one who pushed me from behind (my note: social pressure) started my sex life and with whom I had many quarrels, disputes, discussions… was my boyfriend who was very influenced by his group of friends and very complex that he is almost 21 and it didn't happen. I refused him many times, but he did not hesitate to insist again and again [...]. I wasn't emotionally prepared for that. [...]. I am also part of a family with certain conceptions and beliefs and I was raised too. I wanted to be a pure bride ... but it was obviously impossible. The relationship was 1 year and 2 months old. I went to the mountains with a group of friends ... and yes. It happened. […]. I thought for a while and said yes, even though I was very scared. And it happened … I did it for him … none experienced … terrible. It hurt a lot, I was a little tormented ... traumatized. I can say about the first sexual contact that it was made because I was afraid of breaking up, that it further damaged our relationship instead of consolidating and strengthening it, that I did not want it and it remained in my memory as a very unpleasant memory, a trauma that still haunts me for a long time and that I can't get rid of. Obviously, I also loved the boy ... so that it wouldn't be understood that I wasn't doing this, because if I didn't do this I wouldn't get to this point". (female subject number 23, age 20, BA studies, RO)

"The first sexual interaction was with my second partner, the second relationship I had ever had before. It took over half a year for us to talk about this activity. Okay, he was more insistent, but I can say I was scared. He respected the fact that I still needed time. In fact, I can say that I planned every step until the moment it really happened" - a relationship)" (female subject number 2, age 20, BA studies, RO)

Stories like the ones above show that boys are more persistent and prefer transitory (no follow-up) sex or intercourse, instead of investigating in the stability of a relationship. Another finding is the tendency of girls to postpone the first sexual intercourse with penetration, sometimes they prefer discussions on this subject, in anticipation of personal and partner emotional maturity:

"It didn't happen during high school, although at one point I wanted to and I was willing to try." We frequently and regularly had intimate moments in which we explored each other and discussed our sex life." (female subject number 4, age 24, MA student, RO)

Among Bulgarian students some of the boys shortly noted the presence of contact in adolescence, as nearly a third of the boys referred to their first sexual intercourse in terms that suggest a quantitative assessment of the moment (when, in a relationship or not, the place, etc.). Some details are presented below:

„I had sexual intercourse with a girl from another city, with whom we are still friends. It was in 10th grade (male, subject 8, age 24, MA student, BG).

„I had sex contact for the first time when I was 16 years old. It happened with a girl when we were

in a villa with friends. I don't think I felt anything, we were drunk" (male, subject 19, age 23, BA studies, BG).

„Yes, I have sexual intercourse in adolescence. I started at about 15. It happened at home. I felt quite attached to my girlfriend. Now for that time I think it's normal like everyone I've been through this time" (male, subject 1, age 24, MA students, BG).

„I started at age 16. I felt in love with the girl at that time. Now I remember that, the hormones made me do stupid things for girls (male, subject 21, age 23, BA studies, BG).

„I was active.., started at 16, in an apartment. I liked one of my partners very much. The only thoughts that come to my mind are how inexperienced we were then (male, subject 37, age 22, MA student, BG)

Another part described the moment sharing the presence of emotions or positive experiences associated with the first sexual intercourse:

„My first sexual contact was at the age of 15. Then I loved the girl, we were in relationship, she was my first love. I have strong positive feelings when I think about it, especially when I realize how much time has passed since then" (male, subject 4, age 22, BA studies, BG).

„My first sexual contact was at the age of 18, with my long-time girlfriend; I felt good and emotionally connected; Now I remember that it as a pleasant experience, less disturbing than I expected" (male, subject 15, age 24 master student, BG).

Female respondents described their first sexual intercourse in terms of emotional factors (why they did it, how they felt about their partner during or after intercourse), but also measurable (when, how):

„Regarding my first time of sexual intercourse at 17, we were at home with my boyfriend, it was before noon, I was a second shift at school and my parents were not at home. I trusted my boyfriend, even though I knew back then that I wouldn't see him in the future. Unfortunately, he was also not very experienced and was not a pleasant experience. It wasn't planned, but it wasn't completely spontaneous either, because we'd been talking about it for a while. I would not say that I am sorry that this happened, although it was clear to me that our relationships would not last long. I just wondered what sex is" (female, subject 2, age 24, MA student, BG).

„I had my first sexual intercourse at the age of 15 with my boyfriend I had at that time. We only did it twice. The next time was when I was 18 and it happened with my next friend. I haven't had a boyfriend in these 3 years. I was dating and was given the opportunity to be sexually active, but I was afraid because I felt pain and bleeding the previous times" (female, subject 49, age 19, BA studies, BG).

"I was curious, but I was a little be afraid of how the boys looked at it. I saw my classmates being "shaken" by hormones, and in addition, many of my friends shared their stories with me. I wanted to wait so I could not regret it and when it happened and I would not blame myself (female, subject 14, age 19, BA studies, BG).

Narratives like the ones above show that boys not only start their sexual life earlier than girls, but are more insistent and prefer intercourse. Another finding is the tendency of girls to postpone the first penetrating sexual intercourse, as half of the studied girls started a year later than boys, while the other half have not yet had sexual intercourse or prefer not to answer the question. Lack of response may indicated concerns about sharing because the topic is personal (e.g. "Too personal despite being a pool or interview", female, subject 25, age 24, MA student, BG) or for the presence of prejudices and taboos about the topic of sexual intercourse.

Sexual education received by Romanian and Bulgarian students

Regarding sexual education, the analysis revealed that most young people, included in the study in Romania, reported that they did not benefit from an adequate or sufficient sexual education. According to their answers, 6% specifically reported that they were not enough and 10% said that they did not have sexual education at all. The general trend is that the conversations were short and superficial, and that they were often accompanied by emotional feelings from the negative spectrum.

The analysis of data on sexual education in Bulgarian sample presented that the majority of young people have not received sufficient or satisfactory information about sexuality. Every tenth person in the sample notes that the topic was not discussed at all, and 20% of the boys explicitly stated that they did not have sexual education classes. In most cases education is mainly focused on the reproductive system and contraception. Only 10% of the respondents mention that sexual education they received was adequate and focused on all aspects, including physical and mental well-being of the partners.

Sources of information on the sexual life of students in Romania and Bulgaria

There were gender differences in the Romanian sample, as shown by the answers of the 33 participants

Table 3. Person offering sexual education

	Romania			Bulgaria		
	Male respondents	**Female respondents**	**Total**	**Male respondents**	**Female respondents**	**Total**
N	16	34	50	22	30	52
No answer	2	15	17	3	4	7
No education	2	3	5	8	2	10
Talk with the mother	3	9	12	2	10	12
Talk with the father	3	2	5	5	0	5
Mother & Father	4	1	5	3	3	6
Close relatives (sister/ aunt)	1	4	5	1	0	1
Friends	1	1	2	2	2	4
Expert (psychologist)	0	1	1	0	2	2
Internet/ Books	2	1	3	2	1	3

(66%). The majority of female participants reported having conversations with their mother on sexual topics 26.47%, while the majority of male participants (25%) responded that they had conversations about sexual activity with their mother and father together. The girls also talked to other close relatives (11.76%), with their father 5.88% and very rarely with friends, an expert, or searching on the internet. The boys talked separately with their mother or father - 18.75% (even percent respectively for each parent category), without experts, sometimes searching on the internet for 5.88% and rarely with friends, as detailed in Table 3.

Table 3 shows the results regarding the sources of information about person offering sexual education in the two countries.

Although one of the participants mentioned initially scientific discussions (as a support for anatomy lessons) with a nurse and later from a medical perspective (as an experience of her own work), the nurse was in fact her mother:

"I talked to my mother a few times. Dad was also present. The first time she told me how to children are made, I was in the 7th grade, learning about the reproductive system, because I didn't understand. I later had discussions about contraceptives, but very briefly. It seemed to her that I had some in the pencil box (actually they were post-its). And I talked briefly, at one point about condoms… if I remember correctly. Otherwise, she also told me about her cases at work, how she deal with 13, 15, 16 year old pregnant girls. She used to scare me with various events of this kind". (female subject number 23, age 20, BA studies, RO)

In the Bulgarian sample there were gender differences regarding the sources of information about sexual life. One-third of the female participants reported that they had conversations with their mother, and nearly a quarter of the male reported talking to their father. In 10% of the sample the conversation is conducted together with both parents. Very few young people declared they have talked to their friends (8%) or used the internet as a source of information (6%) about sexual life (see Table 3). In addition, two female participants shared receiving a scientific information related to the annual classroom lectures on December 1 on the prevalence and prevention of AIDS or from biology or specialized sexual education classes during the school time.

„Every first of December in the high school held classes on the spread of AIDS and discussed with experts prevention of sexually transmitted diseases". (female subject 27, age 21, MA student, BG).

"At school in biology classes we discussed reproductive functions, protection options, etc." (female subject 42, age 24, MA student, BG)

Dissatisfaction with sexual education received

Some respondents from Romania reported inadequate sexual education, made with vulgarity or interventions of an educational factor, often the father, resulting in embarrassing the young person. One respondent explained the lack of specific education received from her mother through a call for religiosity:

"I talked a lot with my family. I discussed many things with my mother, but I received advice from her, with whom I grew up. Generally, my mother is more "orthodox" about certain things, which is why she treats the subject with a certain clumsiness and rejection. She encouraged me not to have sex too early". (female subject number 17, age 21, BA studies, RO)

"I did not discuss sexual education with my parents. Instead, my aunt had these discussions with me. He focused more on how dangerous sexually transmitted diseases are and how to protect myself". (female subject number 12, age 20, BA studies, RO)

"With my mother alone, she just told us that we have to be careful, protect ourselves and be older when that happens because we will have time for a lifetime like that. My father sometimes made unpleasant comments that were meant to make you feel reprimanded". (female subject number 9, age 23, MA student, RO)

"My parents were not open about it. Their only fear was that I wouldn't get pregnant, which is why I saw sex as forbidden, as somethings bad. I was curious to find it, but unfortunately, I didn't like it after I discovered it. The person was not the right one" (female subject number 7, age 22, MA student, RO)

There were also respondents who explicitly drew attention to the need for sexual education, one of them being the female subject in Romania, number 14, age 19, BA studies: "I did not receive sexual education from anyone. I only knew a few things from what I heard. That's why Romania needs sexual education in schools!"

In the Bulgarian sample the dissatisfaction with the received sexual education is expressed shortly mainly by man:

"My father once tried to explain sex to me, but it didn't work. He spoke indistinctly instead of talking to me directly. At least he tried". (male subject 19, age 23, BA studies, BG).

"I would rate my sexual education on a scale from 1 to 10 as 2 or poor". (male subject 7, age 23, BA studies, BG).

The female participants do not have answers that represent explicit dissatisfaction with the received sex education.

Satisfaction from the received sexual education

On the participants from Romania only 3 of the female participants (6%), wrote that they had long and significant conversations about sexuality.

"I mostly talked to my mom and sister. There have been some lengthy discussions that any teenager can bear, but they have been helpful". (female subject number 11, age 21, BA studies, RO)

In Bulgarian sample only 15% of participants, both female and male, declare a satisfactory sexual education. Two male participants expressed their satisfaction in the following way:

„The guidance I received from my parents was adequate and focused on my physiological development as well as on my physical and mental well-being. Of course, my education in this respect was upgraded through personal efforts". (male subject 15, age 24, MA student, BG).

"Most often I talked to my father about it. We discussed the safe sex, the consequences of these activities, etc." (male subject 51, age 21 BA studies, BG).

The girls shared the conversations they had with their parents, mostly mother, as below:

„When I was younger, my mother gave me a book about the female body, which explained the functioning of the female body, the menstrual cycle and how babies delivered. At a later stage, we discussed the possibilities for safe sex". (female subject 2. age 24, MA student, BG).

„My parents talked to me and gave me good advice and examples of what to do, and most of all, that this is a very important decision in a girl's life" (female subject 9, age 20 BA studies, BG).

„My mother had a greater impact on my sexual education and I am grateful to her for advising me throughout my teenage years" (female subject 14, age 19 BA studies, BG).

„I could always freely talk to my mother about these issues (female subject 16, age 19 BA studies, BG).

In the Romanian sample most often mentioned topics in the descriptions were protection (the only topic explicitly stated by male subjects) and the prevention of unwanted pregnancy. Sexually transmitted diseases, the right time / legal age and an explicit ban were mentioned only once. Even in situations where the mother was the most present educational factor for a boy, there were answers that support the difference in approach to educational principles depending on the gender of the educated person. The information provided by fathers was usually concise, sometimes vulgar and aggressive. Sexual education was often done by other relatives: aunt, sister and less often by friends or colleagues.

"It simply came to our notice then. I learned more about sexuality from her (n.e. aunt). She didn't discourage me from having sex, but she did focus on using protection" (male subject number 12, age 20 years, BA studies, RO)

In the Bulgarian sample the topics discussed are mainly related to the functioning of the body, conception, and safer sex guidelines. The boys were short in descriptions of the topics related to sexual education. The conversations are mainly with the father, rarely with both parents, and the topic of protection was mainly touched upon. The assessment of some boys, such as the ones below, represents the feeling

of a limited range of topics or the insufficiently open attitude of the parents.

„My stepfather and I discussed the subject a lot, but not everything. In general, things fall into place with experience and time" (male subject 37, age 22, BA studies, BG).

Three of the boys expressed satisfaction with the sexual education provided, two of which were very short (just was ok), and the third boy, presented also above, declared his full satisfaction with the topics discussed.

„The guidance I received from my parents was adequate and focused on my physiological development as well as my physical and mental well-being" (male subject 15, age 24, MA student, BG).

Girls present topics related to sexual education in a little more detail than boys. A significant part is represented by conversations with both parents, more often the mother about the functioning of the female body, the problems related to sexually transmitted diseases and the means for prevention and safe sex. Two female participants wrote more deep discussion related to how important a sexual act is in a girl's life, or how important is it to be realized with the right person, etc.

Students' sexual life before and during the restrictions imposed by the COVID-19 pandemic

The opinions and reactions of the students are divided regarding the changes in the sexual life due to the restrictions imposed by the pandemic. The main criterion of division was whether or not they lived with their sexual partner.

Regarding sexual activity before and after the onset of restrictions caused by the Covid-19 pandemic, the analysis required categorizing the answers as follows: B*efore the pandemic (BP) and during the Pandemic Penetrating Sexual Activity (P-PSA) and during the Pandemic Sexual Self-Stimulation (P-SS).*

In the Romanian sample, two participants reported homosexual sexual activity, both of whom stated that they were in a long-term relationship with their partner prior to the establishment of the restrictions. Responses to sexual activity prior to the pandemic tend to be expressed more qualitatively, and those subsequent to the onset of restrictions rather than quantitative.

The analysis of answers regarding before pandemic sexual activity comparison by gender of the Romanian participants revealed five categories. Most of respondents explicitly reported active sexual life, 13 men (81.25%) and 29 women (85.29 %). Intensive sexual activity was mentioned by 2 men (12.5 %) and no female. Only 3 of respondents referred to sexual life as regularly, and they were men (18.72 %). Less than a half of respondents wrote they were having sexual life with only one partner (not necessarily a life partner), 6 men (37.5 %) and 16 women (47.05 %). No answer was given by 3 of the female participants (8.82%).

In the Bulgarian sample comments on sexual activity before and during the pandemic are brief, with a few exceptions. Only one man reported having a homosexual relationship that started before the pandemic and continued in a long-term relationship with a partner, evaluated as positive relation. Male participants were twice as likely to be active as women, with 13 male or 60% of the sample active before the pandemic compared to 9 female participants or 30% of the sample. Five of the men (22.7%) who were in a relationship with a permanent partner share the positive experiences from their relationships. Only 3 female (10%) declared active sexual life with permanent partner. Five other male of the sample (22.7%) shared shorter, but enriching or interesting sexual experiences compering with only one female. We should add that nearly half of women did not respond, or indicated that they had not been yet sexually active compared to 5 of male (22.7%) no answer and 1 male not started yet. Only one boy said that he did not feel sexually active because he did not feel sexual and had less contact before pandemic, than 4 girls who found that they had fewer contacts because they did not have regular partners or did not feel good with their partners.

No changes in penetrating sexual life after the onset of the restrictions were reported by 2 (12.5 %) man and 9 (29.47%) women in the Romanian sample. Also, no changes were reported regarding self-stimulation sexual life by 2 man (12.5%) and 2 (5.88%) woman. Part of women decided not to answer the items regarding changes in sexual life before and after the pandemic restrictions, one did not complete the item about self-stimulation and other 3 (8.82%) missed self-stimulation item as well as that for penetration sexual life. Answers as „stupid" were offered by 3 men referring to self-stimulation sexual life. Consistent part of the students reported no or very rare penetration sexual life: 10 (62.5%) men and 15 (44.11%) women, and also on self-stimulation sexual life: 7 (43.75%) man and 20 (58.82%) women. Still there were registered some situations of increasing sexual life. Penetrating sexual life growth was reported by 2 (12.5%) men. Self-stimulation sexual life increase was described by 2 (12.5%) men and 5 (14.7%) women. Decreasing sexual life was also reported for penetration sexual life by 2 (12.5%)

men and 3 (8.82%) women, and self-stimulated sexual life decrease was reported by 2 (12.5%) men and one woman.

For participants who stated that they were in a stable relationship and lived with their partners, the analysis showed minor changes in sexual behaviour, almost non-existent.

Before the Pandemic: "I would say that my sex life […] has improved, but also that I have made efforts in this regard." *During pandemic Penetrating Sexual Activity* (P-PSA): "It has not changed significantly compared to the time before the pandemic". *During pandemic Sexual Self-Stimulation* (P-SS): "I had a slight increase in the frequency of my sexual activity through self-stimulation." (male subject number 4, age 24, MA student, RO)

(BP): "My sex life was based on a communication relationship, in which the most important thing is to listen to your partner and he listens to you back. I had regular and protected sex every time", P-PSA: "I had regular and protected sexual activity, neither more often nor less often than usual.", P-SS: "I did not have sexual activity through self-stimulation." (female subject number 6, age 21, MA student, RO)

Most of the descriptions made by the female respondents regarding the sexual life are laconic, short and lacking in details, as is the one offered by the Romanian female subject, number 13, age 21, master student: "It's a normal one." P-PSA: "It's the same.", P-SS: "I'm not doing anything to myself." The poor expression is also preserved when the participant reports multiple partners as the female subject in Romania with number 26, age 22, MA student: BP. "More boys", P-PSA: "Regular", P-SS: "Non-existent". At the same time, it is often noticed in the answers of the female representatives of the word "love", either in the composition of the descriptive sentences, or individually when the answers are very concise.

In the case of male respondents who were involved in a relationship prior to the restrictions and had an active sex life, no changes in sexual behaviour were found before and after the installation of the restrictions:

(BP): "It was quite active. Since the third year of college, I have the same girlfriend and I would not change anything", P-PSA:" She is a very good one. My partner and I live together", P-SS:" Very rarely, because I live with my girlfriend". (male subject number 3, age 24, MA student, RO)

Except one of the boys, who explicitly reported a decrease in sexual activity with penetration after the onset of restrictions even though he lived with his partner: BP: "That it took place exclusively with my girlfriend, having irregular but constant sex.", P-PSA: "As being significantly rarer because of my mental difficulties that cause a low sexual appetite and because of my partner's vaginal health problems.", P-SS: "That grew up, in the direction of trying to satisfy me outside of relationships with my partner". (male subject 17, age 21, BA studies, RO)

For male respondents who did not report a stable relationship at the time of the pandemic, the descriptions show changes in sexual behaviour, but also concerns and emotional reactions:

(BP): "Regular. We had some interesting episodes", P-PSA: "Zero. I didn't risk leaving the house for that. Especially since I didn't know what could happen after the physical interaction. I had no certainty that the person could be uninfected. ", P-SS: "Hm. I can't say anything has changed. It was normal, without excess)" (male subject number 6, age 22, MA student, RO)

(BP): "It was quite rich, it's not necessarily a reason for pride, it was interesting that I experimented with several girls", P-PSA: "It doesn't exist", P-SS: "a lot." (male subject number 5, age 23, MA student, RO)

The onset of the restrictions during the pandemic lead to some changes in the lives of participants in the Bulgarian sample. Four of the male (18%) declared lack of sexual activity, and 2 others stated that they lacked sexual activity due to the restrictions (9%). Only two of the female explicitly declared a lack of sexual activity during the restrictions - one because of the pandemic and one because of the lack of a partner. No changes in penetrating life after the restrictions reported 14 (64%) man and 11 (37%) women, indicated that they are active as before. Nine (41%) of men and 8 (27%) of women declare regular sexual activity, while 11 (50%) men and 9 (30%) women are related to one partner. More active sexual life is described by 6 (27%) of men and 2 (6,7%) of women. At the same time, we should point out that 2 of the boys did not give an answer compared to 8 (27%) of the girls, with 6 (20%) more stating that they are not sexually active yet.

For the participants who were in a stable relationship or lived with the partner restrictions do not lead to a significant change in their sexual lives, even in some it improves.

"I live with my girlfriend, so everything is the same as before the pandemic" (male subject 36, age 24, MA student, BG).

"Sexual activity remained the same" (male subject 1, age 24, MA student, BG).

"Yes, I had contacts. Every day with my partner. Sex has become better because we stay at home in comfort" (male subject 37, age 22, BA studies, BG).

"During the pandemic I met a great boy and now we have been together for 5 months. We have sex 3-4 times a week and we have a similar level of sexual desire. We are very harmonious (female subject 2, age 24, master student, BG).

In summary, a significant part of the comments of both men and women are short and indicate the presence or absence of activity, permanent or non-permanent partner, frequency, etc.

For participants in whom the pandemic results in a lack of sexual activity, most of whom are men, the description is also brief and conclusive:

"I had no sexual contact during the pandemic" (male subject 3, age 20, BA studies, BG).

"I was not active. I did not have a girlfriend during this period (male subject 19, age 23, MA student, BG).

"I can say that there was no activity. And not just because it was a pandemic, but also because I didn't have a boyfriend (female subject 24, age 24, MA student, BG).

In general, the descriptions of students during the pandemic lack subjective experiences with few exceptions, noting positive aspects related to sexual activity: "It was amazing" (male subject 7, age 23, BA studies, BG); "It was a lot of fun" (female subject 6, age 24, MA students, BG).

DISCUSSIONS

The age of onset of sexual life

Onaeș/ Faludi identified that the average age for the first intercourse of the Romanian young people was decreasing: 19.96 for cohort 1920-1944, and only 16.9 for the cohort 1985-1986. (Onaeș/Faludi, 2007), the data collected within this study showed a slightly difference. Reported results are also slightly similar to the ones from the Reproductive Health Survey Romania (2004, 2005), that found increasing of the average age at the beginning of sexual life in 2004 compared to 1993. The average age declared by the students in the Romanian sample studied, for the onset of sexual life (ASP) was 17.83 years, 17.07 for boys and 18.20 for girls. Results are very similar to those of Montalti et al. (2022) in Bologna, Italy. Students represent the social category with the highest level of education among young people. Their ages, 19 to 25 correspond to the cohort 1995-2001. The results might be revealing a very small increase of the age, due to the selected sample (university population), or it might suggest a plateau zone in decreasing the average age.

In Bulgaria the average age for the onset of sexual life declared by students was 17.39, as 16.90 for boys and 18.00 for girls. The results represent a slightly higher age in the present study than the national average, if we consider that it is around 16 years or nearly 25% of girls and 37% of boys at 15 years old have already had first sexual intercourse according to WHO data (HBSC, 2020). However, the results cannot be generalized due to the smaller and highly educated sample. The results presented that girls tend to start later as nearly half (43%) not started before age of 19, while the other half does not respond (27%) or declares no sexual activity (23%). The results are in line with previous Bulgarian research findings that girls are less likely to report an early start of sexual life and risky sexual behaviour (Dimitrova & Kotzeva, 2021). Hence, girls presented the tendency to postpone the first penetrating sexual intercourse, but also a significant number of them avoid the topic either because of its intimate nature or because of their unwillingness to share. The lack of responses can also be interpreted as the presence of taboos in the Bulgarian society regarding sexual intercourse or the topic of sex in general.

In Romanian population as in Bulgarian also, there is a percentage of students none responding to specific sexual items. The number of non-responding is higher in Bulgaria (27%) compared to Romania (6%). Also, there are students declaring not having started sexual life, 23% of the Bulgarian respondents and only 8% of the Romanian respondents. This might show that sexual discussions and assumptions are more open in the Romanian students' group than in the Bulgarian.

Emotions associated with early sexual life and sexual activity in general

Regarding Romanian participants, the open answers of the male participants often included several words and were more elaborate in sentences. Even the participants who reported lack of sexual activity or negative reactions to this behaviour, filled in the answer cassettes. The girls mostly tended to give short answers with very little information, three of them did not complete any information on the items about sexual activity. This could be explained by the greater openness of boys to discussions in the field of sexuality and the higher involvement of emotions for girls, thus producing an inhibitory effect on the description. The emotions triggered by the onset of the sexual life were pointed out as mostly positive by

male respondents, like: pride, joy, satisfaction, exaltation. Most of the female respondents also recalled positive emotions related to the event, but those that are not in a relationship with the same partner anymore reported actual negative emotions regarding the memory of the experience.

Nearly half of the male in Bulgarian sample briefly pointed the beginning of their sexual activity as an event, specifying a place and time, while another nearly a third of them express positive emotions about the partner or the first intercourse. Girls who are already sexually active are more likely than boys to present their emotions about the first sexual intercourse. Along with positive emotions, especially about the partner and the relationship with him, negative emotions are also declared, especially fear and anxiety from the first contact, discomfort from the experience. In some cases, the presence of negative memories leads to a lack of sexual activity for the next 2-3 years, before re-taking activity in this direction.

These findings are quite similar to the ones of Sadovszky and her colleagues (2006): the emotions related to sexual activity seem to be significantly influenced by the expectances of the person. More than that, female respondents seem to project more expectances not only from the event of the first intercourse, but mostly from the partner sharing that first moment.

Sexual education

Correlating the answers regarding sexual onset with those about comparative sexual education by gender, there is a trend of sexual education made for boys for principles that place them in a position of social and even physical superiority over female partners. According to this, girls are educated rather in abstinence. While boys were rather encouraged to have multiple sexual experiences but to protect themselves from unwanted medical and social consequences, girls were rather advised to abstain and received more information about possible unwanted consequences and their long-term effects, especially from the social point of view. Even where the boys' sexual education was done by the mother, or with her help, the attitude was encouraging. For girls, sometimes the attitude described by the participants was one of pressure, fear, guilt and a ban on having sex. The need to develop and promote sexual education is not only a result of the content analysis carried out on the qualitative survey tools applied, but also a problem concretely reported by some of the participants.

In Bulgaria there are no significant differences in sexual education for girls and boys. Rather, they do not receive different sexual education and feel equally unprepared for sexual contact. There are equally few fully satisfied girls and boys from sexual education they received (10%). Like any conservative society in which women are offered to wait, so in Bulgarian society there is probably a certain trend. But Bulgarian society, especially Christian orthodox society, which is about 85-88% of the population, is not so strongly religious as to exert this strong pressure on girls not to be active, but to encourage boys to gain experience. The need to strengthen sexual education can be pointed out, especially by professionals, because the introduced sexual education in Bulgaria is often in the form of campaigns related to AIDS or sexually transmitted diseases once a year. There are still few of these schools that have such an educational program on a regular basis.

Changes in sexual behaviour according to restrictions imposed after the onset of the pandemic

Most respondents who reported being in a relationship and living with their partner described the post-pandemic sex as being the same or slightly higher in frequency than in the previous period. The results however differ from the findings of Herbenick, Hensel, Eastman-Mueller, et al (2022) or Kusuma, Brodjonegoro, Soerohardjo, et al. (2021) that for adults living together in Indonesia, the mood for sex and sexual activity frequency slightly decreased during the COVID-19 pandemic. Same authors suspected that „depression symptoms, fear, anxiety, irritability, boredom, confusion, and feeling of being isolated experienced during strict pandemic control measures, caused by stressors such as job loss, decreased monthly income, and the current state of the pandemic are influencing these phenomena" (Kusuma, et all. 2021).

The ones who reported the most obvious and somewhat disturbing differences were the boys who were not in a relationship before the onset of the restrictions, but had an active / regular sex life. Only one boy who lived with his partner before the restrictions declared an obvious worsening of sexual activity, but not of the relationship. The results are very different from the ones of Montalti et all. (2022), who found that 58.2% of the teenagers, experienced negative effects on their relationships/sexual life, due to the COVID-19 pandemic.

The answers provided by the participants show a greater impact on the sexual life for boys and a considerably lesser impact on girls. This may be due to the social pressure felt by girls regarding sexual

activity. If before the pandemic for girls' sexual activity seems to have been burdened with responsibilities and fears, the period of restrictions seems to have settled with quite a bit of relaxation for them.

In the same way, the descriptions of the self-stimulated sexual activity are not only short, in one word, but for a significant part of the participants there is no answer - 7 (32%) of the men and 17 (57%) of the women. As expected, participants who are in a relationship (50% men and 30% women) state that there is no need for one due to the presence of a partner. Five (23%) of the men reported that self-stimulation had increased over the period compared to 2 (6.6%) of the women. It was with the same frequency in 4 (18%) of the men and 1 of the women. Only 2 men and 1 woman indicated that it was less common. Only one man and 3 women indicated that they did not feel the need to be self-stimulated. This answer и the high percentage for women may be an indication that the topic has not been opened for discussion or there are still some stereotypes that self-stimulated activity is more common in men than women.

Again, the similarities between the two samples regarding sexual activity during the pandemic can be pointed out, especially in the partnership. There is not much change, rather it indicates the presence of similarities before the pandemic, and even in some comments, both in men and women, increased sexual activity. Some similarities are in the results of Yarger, et all. (2021) who also found that most of the adolescents and young people reporting sexual active life before social restriction, have also reported active sexual life during the restrictions. Some problems related to finding a partner and hence limiting sexual activity are reported by those who are alone. There is also a visible tendency in the Bulgarian sample to avoid answering the question about self-stimulation.

Conclusions

In the study above 11.7% of total respondents declared not having started a sexual life, and 12.8% choose not to answer. The average age declared by the sample students regarding the beginning of their own sexual life goes higher than 18 years old with a majority of 39 % between 15-17 years of age.

Girls tend to answer questions about the first sexual act more often by using terms that represent emotional factors, and boys more often by using measurable terms.

Need for sexual education were found both in the Romanian and Bulgarian study groups. The common conclusion is that for a proper curriculum, multidisciplinary teams of experts should work together, at least: pedagogists, psychologists, medical doctors that are having into consideration specific cultural, educational traits of national educational system and smaller communities. More comprehensive sexual education is needed, delivered by experts on the subject, not just parents.

Pandemic times have only accentuated the previous sexual behaviour traits, but there are no major changes reported by the participants. Low engagement in sexual activity of the studied sample before the pandemic might be the reason of the reported insignificant changes, compared to the results from other studies.

Emotionally, girls seem to be more attached to the sexual partners, especially to their first partner, than boys. Even though the experience of the onset of sexual life is recalled as positive, for most of the girls that are not in a relationship with the same boy when answering, the feeling in the moment of answering the questionnaire is altered in a negative way. This could also be a results of the emotional involvement of the girls rather in the relationship that in the sexual action itself.

Limitations of the study

The main limitations of this study are: the small and unbalanced sample by gender, as well as the fact that due to restrictions imposed by the onset of the COVID-19 pandemic, data collection could only be done online.

Implication for the practice

The conclusions of the study show a common need in the Romanian and Bulgarian society of a proper sexual education, projected and implemented by a multidisciplinary expert's team, including at least pedagogists, psychologists and medical experts in sexology. More than that, the cultural environment of each of the studied groups asks for specific curricula, according to the specific approaches of the people to the topic of sexuality. Extending the study to other social groups of the same age, young people not pursuing higher education, could generate other results and of course specific conclusions. Also including different nationalities/ cultures in a similar study, could extend valuable conclusions to a wider extent.

Abbreviations

Romania: RO
Bulgaria: BG

Before the Pandemic: BP

During pandemic Penetrating Sexual Activity: (P-PSA)

During pandemic Sexual Self-Stimulation: (P-SS)

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