Extended Summary

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The analysis of the qualitative study we have conducted begins with a short description of the research objectives and then continues with the presentation of the major methodological aspects of our own scientific approach. We gathered our data by using focus groups, whose beneficial aspects we analysed in the following section of our paper, from the perspective of authors who approached theoretically this method: Krueger and Casey (2000), Frith (2000), Rotariu and Ilut (1997). In our study, we used the focus group as post-survey, in its version of discussion with persons similar to those in the survey sample, with view to further understanding, deepening and completing some information resulted from the survey based on questionnaires. In other words, we used the group interview to continue the questionnaire-based survey because the combination of the two methods yielded a significant improvement in knowledge (Rotariu and Ilut, 1997). In the opinion of British author Hannah Frith (2000), the advantages of the focus group in the research of sexuality relate to three aspects: facilitating the investigation of less explored topics, accessing the language or vocabulary typically used by participants in discussion their own sexual activity, respectively providing adequate conditions for participants to feel comfortable and encouraged to discuss their own sexual activities. This method ensures an efficient manner to gather a large variety of information in a short time interval and with low costs. The increased effectiveness of this method of gathering data may prove extremely valuable in evaluating the efficiency of new questionnaires and in designing sexual health-related interventions.

Our research based on focus groups was conducted in May 2009, on a group of first and second year students of the Department of Social Work of the Faculty of Sociology and Social Work of "Babes-Bolyai" University in Cluj-Napoca. We sampled the participants according to the homogeneity principle (having same field of study and same year) in view of focusing, reducing, and simplifying and according to the convenience criterion in order to save time and costs. The selection procedure consisted in making an announcement of the theme and purpose of the group at the end of a class meeting, which was followed by students' volunteering to participate and by setting the agenda together.

We organised two focus groups and moderated them according to an interview guide built up to correspond to the designed qualitative study. At the beginning of each group interview, we paid special attention to some ethical issues related to good development and success of group activity. We paid special attention to ensure an environment characterised by a sense of safety, psychological comfort, trust, and confidentiality, which are essential for encouraging and stimulating discussions on a sensitive topic such as individual/ one's own sexuality.

Following the processing of the data obtained by means of the female students' focus groups, we reached interesting results, out of which we will select to present the most significant. In relation to the importance attached to the first sexual intercourse, students were divided into two categories, namely those for whom this event has a special significance especially students who did not start their sexual life – and those for whom this event has not represented a special moment that marked their subsequent life trajectory. We noticed three attitudes towards the context within which students decide to start sexual activity: some support the necessity of sexual debut before marriage in order to obtain a certain sexual experience and thus improve their chances to find the ideal partner. Others would start their sexual life before marriage only in the case they have found the best partner; finally, parts of the girls are firm about delaying sexual relations until marriage. Next, we noticed that these attitudes are strongly correlated with key determinants of the debut/ delay of sexual life. First, it may be the peer group pressure, when sexual debut occurs out of curiosity or of the need to be accepted in a peer group where members are already sexually active. The first sexual intercourse may occur within a stable relationship, after a period long enough for the girl to be assured that it is serious and in order to avoid losing the partner by refusing sexual relations. Finally, the first sexual intercourse is delayed until marriage in the case of girls who believe in God and consider marriage as the sole adequate setting for manifesting their sexuality.

Regarding the intrinsic rewards of the entry in sexual life, most of the girls perceived the first sexual intercourse as a positive experience even if it was different from the rest due to its emotional and fear charge. Only in one case, the first sexual intercourse was more than an unpleasant experience, which caused avoidance of subsequent sexual relations. Further, in the matter of teenage sexual activity, participants highlighted the risk of unplanned pregnancy, of sexually transmitted diseases and of other health-related disorders or issues associated with a too early entry in sexual life.

Participants were then asked to state their opinions on the influence of the major socialisation factors – family, friends, and school – on the debut or delay of own sexual life. Some of the participants reported concrete and deep discussions with their mothers, other only more general issues. All participants' mothers started their sexual life in the context of marriage and expected, even if not explicitly, that their daughters adopt the same behaviour.

Several girls remembered having been told to avoid sexual relations and the risk to have children before getting married (parents emphasising the role of educational achievement), and the sexual information often did not include details necessary for the understanding bodily functions, the consequences of sexual activity and the importance of common sense decisions. Some participants suggested that their parents expressed their sexual values by non-verbal and indirect means ("it goes without saying" that the student should not engage in premarital sexual relations). Most of the girls perceived their mothers as a source of support and a person they can discuss with openly various aspects of sexuality. One participant only stated that she had discussed openly sexual issues with both parents. The majority of the participants at the focus group had older or younger siblings but sexuality topics are not always discussed with them. Yet, in the case of younger siblings and respondents who started their sexual life, discussions on sexuality are common and they advise their siblings in relation to sexuality issues.

As to the role of the peer group, some of the participants did not perceive any influence on their own sexual behaviour while others sensed group pressure to start sexual life. Whereas students who started their sexual life are part of friend networks who, in their turn, had started their sexual life, students who did not do this befriended persons sharing the same values and beliefs. As to school, participants admitted to have talked about sex with female schoolmates. It seems there is a separation on sexes between schoolmates, which facilitates discussions on intimate topics. According to participants, teachers in secondary and high school can be divided in two categories in terms of the specific influence they had on girls' sexuality. The first category, especially class masters/mistresses, avoided this subject, were embarrassed by or avoided the topic altogether while the second paid a special attention to this topic, which was noticed, appreciated and considered extremely useful. Almost all girls remembered school campaigns promoting bodily hygiene and sexual education but they were scattered and did not followed a structured program. However, participants considered these as useful.

Concerning contraception at the first sexual intercourse, the participants at the focus groups can be divided into two almost equal categories, namely those who planned the moment of the first sexual intercourse and those caught unawares by this event. In the former situation, the girls used a contraceptive method, namely the condom in all cases. In the case when the first sexual intercourse was unprotected, only one student appealed to emergency contraception, namely the day after pill. Even though I did not ask an explicit question on unwanted pregnancy, I inferred from the context or the participants mentioned themselves that

they did not have to face it. However, some of the participants had schoolmates who got pregnant. It seemed that participants knew the risks of not using contraceptives as early as the first sexual intercourse. A characteristic shared by the students who used contraceptives at the first sexual intercourse was timely planning and discussions with the partner about the event. However, situations were mentioned in which the non-use of contraceptives at the first sexual intercourse was based on the trust in the partner; neglecting of this aspect could have put the participants at risk as to sexually transmitted diseases and a pregnancy.

I considered important to ask the participants' opinion on sexual education, whose responsibility it was, at what age it should occur and what would be its contents. It is worth mentioning that the participants agreed unanimously that the parents, within the family, should perform sexual education. Only one of the students pointed out that parents might lack the necessary knowledge and abilities to offer their children an adequate sexual education and highlighted the need to organise training courses for parents. As to the most suitable age for starting sexual education, participants considered that it should be covered with all age groups, from young children to teenagers and its contents should be differentiated according to age. Thus, for younger children, information should be more general and it should go into more detail as they grow older. Several participants emphasised that sexual education should also provide ways in which children can avoid sexual abuse, a very important element in maintaining young people's physical and psychic health. At the end of the discussions, some participants admitted that there are still people who regard sexuality as a taboo topic that should not be approached in conversations.

One of the advantages of the focus groups was that participants encouraged and challenged each other to detail and argument their own opinions on the topics discussed, a fact that contributed to a better and more nuanced understanding of their inner feelings concerning sexuality. Another gain of the group interviews was that participants managed to share experiences and genuine feelings of their personal sexual life and bring clarifying examples based on other persons' experience in their environment, a fact that allowed us to get familiar with the vocabulary and language used by the participants for the sensitive subject of sexuality. One of the setbacks of our qualitative research is that the focus groups included only female respondent. We did not have access to male students' opinions because they are poorly represented in our faculty. We expect that focus groups with boys should lead to different results as to the significance of the first sexual intercourse and of the determinants of the debut of sexual life and the use of contraception for this event.