Developing Relationships and Sex Education in Higher

Education: An exploration of academics and practitioners'

views in Georgia

A thesis submitted for the degree of Doctor in Education (EdD)

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Declaration

I, Kakhaber Lazarashvili, confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis. Word count: 44524 words (exclusive of appendices and the list of references).

Abstract

The aim of this study was to generate new knowledge about the perceptions of key academics and practitioners in order to inform the potential development of Relationships and Sex Education (RSE) programmes within universities in Georgia. Informed by a conceptual framework that drew on the UNESCO International technical guidance on sexuality education and the Cultural Sensitivity Approach, the research explored the views of academics and practitioners in Georgia. The study was guided by three main questions: Is a university-based RSE programme perceived to be needed and, if so, why? How might it be best to develop a university-based RSE programme? How might professional, disciplinary, and cultural backgrounds influence the ways academics and practitioners engage with ideas and teaching practices related to the possibility of RSE in Georgian universities? Twelve academic and six professional/practitioner research participants were drawn from universities, hospitals, NGOs, and governmental organisations. Semi-structured interviews were undertaken and analysed by way of thematic analysis. Academics' and practitioners' views regarding RSE were generally positive and these professionals identified a need for university-based RSE programmes for young people, noting the importance of Georgian history, culture, and context to inform their development. It is argued that a culturally sensitive and student-centred approach should lie at the heart of RSE programme design.

Impact statement

In Georgia, very little work has been undertaken on how Relationships and Sex Education (RSE) might best be developed, whether in schools or in Higher Education. During the work I undertook while carrying out the research for this thesis, it was difficult to collect much information about RSE that was specifically related to RSE in Georgia. As discussion regarding sex, sexual health and generally relationships between couples are still largely taboo in Georgia, people do not feel like they would like to talk about it front of another person. This research project is the first where academics in higher education and various professionals have spoken about RSE. The data I collected demonstrate clear messages about how important RSE can be for the development of Georgian young people. I believe that this research has the potential to improve the situation with regards to RSE in Georgian universities by encouraging scientists and educators to think about how this might be done, while being encouraged that there is now evidence that there is a demand for such education.

The research I have carried out therefore has the potential to change how Georgians view the issue of RSE, taking the fear out of encountering a sensitive subject in classrooms for academics and students, taking in account culturally relevant pedagogy.

The findings of this study show that there is significant work to be done in Georgia in developing and delivering relevant university-based RSE programmes. Such programmes should also include an HIV/AIDS awareness module and should be based within the context of cultural changes and media pressure on youths. I have identified possibilities which might support further researchers of this topic in improving existing programmes and developing support for educators.

I have already used my findings to create opportunities for a discussion in Georgia at university level of how the results and analysis of this study can support gender equality by raising awareness of gender as central and diverse in our lives and by examining how gender norms are formed by not only biological but also cultural and social factors. The results will also encourage the creation of relationships based on greater understanding, respect and

equity, and point to the importance of involving all stakeholders in discussions around RSE development in Georgia.

This research should encourage academics and practitioners to feel empowered in communication about issues such as health and wellbeing, sexuality, their own rights and student rights as humans, respectful lives and healthy relationships within families, values of individuals and groups, norms within culture and society, equality and discrimination, sex, forced or early marriages, violence, body integrity and consent, sexual abuse and female genital mutilation/cutting. I aim to continue to use my findings to demonstrate the readiness and desire of academics and practitioners to develop new RSE programmes in higher education, based on the needs of Georgian youths.

Contents

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I would especially like to thank the academic and managerial staff from Georgian universities and other non-academic professionals who took part in this study. Their time and cooperation will always be in my memory. And thanks also to the individuals who helped me with access to universities in Georgia and key informants in all sectors; those who shared their time, knowledge, and experience will never be forgotten.

It would not have been possible to undertake an EdD without great support and the understanding of my children, Giorgi and Nino. I would like to give all credit of this thesis to my late mother, my late father and my wife, all of whom would be very proud of me gaining the doctoral degree. My commitment to get an EdD for them motivated and helped me to overcome obstacles and finish this thesis.

Reflective Statement

It is always a challenge to get back into education. The requirement of the commitment and hard work is enormous. Having completed the various taught courses of the Doctor in Education (EdD), my Institution-Focused Study and my thesis, I now find myself with a clearer and more focused outlook towards my research ideas and interest. This interest has developed throughout my teaching career as a lecturer and as a result of my MSc research in 2007. I arrived at the start of the EdD course with a clear idea of a particular problem to research, and, throughout the last four years, I have kept this goal in mind. The taught courses reassured me that this area of focus was not only viable, but also appropriate for me to study and should be extremely valuable for my professional development and career in the future.

In my first year on the EdD course, I recognised that I needed to start at the very beginning, in order for my reflection to be holistic. This was the main reasons for undertaking an EdD. Growing up in the Republic of Georgia, the economic and political climate had significant influences on my life. I remember as a 25-year-old thinking to make the most difficult decision of my life, to leave family and country and move to the UK to continue my professional development. After completion of my MSc in Reproductive Medicine, I remember standing outside Queen Mary University, London and there were only three words spinning in my mind - "anything is possible". Sixteen years later I would say:

Education is the most powerful weapon which you can use to change the world.

Nelson Mandela (2003)

The above words, with the strong belief that education is a powerful force, changed my approach to education, to enhance my understanding of teaching. I took different continuing professional development (CPD) courses during the last couple of years. The desire to understand the basics of pedagogy and education in general was significant.

During these years, I completed a course in Health and Social Care Management and until very recently I worked as the Lecturer, Quality Management Leader, External Examiner,

Head of Distance Learning for this course, and Head of the Council of Healthcare Sciences. This new experience in education made me more conscious of the need to think about new research, research which hopefully will be a big step and provide important support to teenagers/young people. I realised that I needed to become an 'expert' in my area of interest: Relationships and Sex Education. At that time, I actively started to search for universities which had Professional Doctorate programs in Education (EdD). My research resulted in a list of the Universities which had outstanding reports for research, one of them being University College London, IOE. My hope was that UCL would help me to achieve my goals of furthering my public health education. In the event, the content of the programme has proved very informative and helpful; it aims to equip future researchers with the experience to deal with the particular challenges of understanding and adapting knowledge in order to achieve education gains, as well as the analytical and practical skills required by leaders in education.

Since I came to live in the United Kingdom, specifically London, I have had the opportunity to review the subject of my interest, Relationships and Sex Education. During my studies at Queen Mary University of London, I undertook an MSc in Reproductive Medicine; it came inyp my head again: How to help? What to do to provide support to teenagers/young people and not only them? This is a global problem and very much based on professionalism in Relationships and Sex Education, especially the professionalism of those who deliver this subject, whether academics with biomedical background or any other professionals.

Questioning which professionals can teach Relationships and Sex Education made me think about my own role in education with my medical education, as I would like to be a Relationships and Sex Educator.

This question first appeared in the Foundations of Professionalism (FoP) and it continued through the Methods of Enquiry 1 (MoE1) and Methods of Enquiry 2 (MoE2) modules. For my first assignment in FoP, I thought about undertaking research within my organisation (Jones, 2014), as I was thinking that it was an expectation of the EdD course. I started to read different articles and books regarding research in one's own organisation.

During FoP, I gained fundamental knowledge in regards to professionalism. Based on my main interest as an educator with a medical background, it was clear how important and significant a role medically qualified professionals have in delivering Relationships and Sex Education sessions at university. Indeed, not only delivering sessions, it seemed to me that it would also be very valuable if medically qualified professionals would be involved in the creation of regulations. According to Leonard (2006), the consistency of professional development is essential for professionals.

FoP (Foundations of Professionalism) supported me into identifying and exploring my values, behaviours and attitudes regarding being a professional (Jasper and Rolfe, 2011; Tripp, 1993). Working on my FoP assignment helped me to identify special events in my professional life; I realised how critical those events were in relation to developing my professional identity (Tripp, 1993). Analysing those events made me think how significant it was to interact with others and specially with tutors and other students. It was interesting to interpret those events and the huge impact it has had on my professional development and practice (Cope and Watts, 2000). I believe that some of the events I identified during the FoP course, especially my professional beliefs and practice (Dewey, 1910; Tripp, 2011), later had great influence on my research designs for the other taught modules, MoE1 and MoE2.

Compared to the FoP course, the MoE1 course was most challenging. I started it with confidence, as I felt comfortable with knowledge and some research that I had done during the FoP course. However, my confidence was short-lived when we approached the various theoretical perspectives and contrasting research questions. I should admit that many of my colleagues/students within the group really enjoyed this module. The main mistake I made was that I tried to read different literature from that which had been recommended, literature which appeared, in my mind, to have relevance to my own research topic. Also, as I am not native English speaker, it was incredibly difficult to deliver a clear, critical analysis of my subject. I felt very confused and this confusion made it worse. It even made me wonder if I was ready for the EdD course. On reflection, I must admit that it was probably the most valuable lesson I learnt during the early part my EdD. With great support from the course leader, module tutors, and amazing supervisors, I regained my confidence and made

a second attempt. The feedback for this version was much more positive, and whilst there were areas which could have been developed more, I was pleased with the final comments.

I approached MoE2 with my confidence back. I really enjoyed the course for a number of reasons and I felt that I learnt and understood each element of the research. This was like finally gaining my confidence back with regards to my abilities. The assignment was very practical, and I finally started to do the research. Working on the MoE2 assignment helped me to learn and understand the nature of research, how to structure and design it. The feedback I received for both my MoE1 and my MoE2 reassured me that my style of analysis and writing had improved and was acceptable to my assessors. I had taken more care with my presentation and proofreading of each assignment, following feedback. I still received comments on MoE2 about presentation and structure, which needed to be taken into account. I was also cautioned about making big claims for a very small-scale project, which I accept.

Throughout the assignments I feel I have developed, not only as a researcher, but also I have made some improvements in my academic writing. The feedback I have received from each of the course tutors has helped me to improve my writing and to focus my mind on research much more closely. I learnt how to be more critical of writers in my field and analyse methods of research more closely when reading research papers. I have become more careful in my analysis of data as well as more focused on my area of interest.

All in all, the last five years have been a steep learning curve in many areas. I have learnt a great deal about education and the topics I have covered. I have been guided through the modules by incredibly helpful and patient tutors, who have had a huge impact on my assignments, and excellent supervisors who remains supportive and helpful at all times. I have learnt how to be critical of writers, even ones who are regarded as leaders in the field, which is not something I find easy. During this journey I learnt how to work with experienced academics to achieve my goals; this supported me to complete my doctorate on time. I took very seriously every piece of advice I received for the FoP, MoE1 and MoE2 initial submissions and applied it to all final submissions.

As I became clearer in what I wanted to achieve in my interactions with supervisors, I began to set attainable timelines, focus my questions and engage in constructive dialogue. These experiences both past and present have led me to carefully consider how best to engage with supervisors in order to benefit from their knowledge and experience. In doing so I am aiming to develop and build on professional relationships and continue developing my professional learning community.

Since MoE1 and MoE2, I now examine texts, research papers and writings in a much more effective manner, focusing on methods as much as results. My confidence has risen and fallen regularly, but now appears to be at a satisfactory level, by which I man that I feel more secure in my future research. I completed the IFS project with success and the lessons I learnt along the way proved to be invaluable when I embarked on the final thesis. When I reflect on how I approached the university at the beginning of the course, I realise how far I have come, not least in my confidence, which finally appears to be at a level at which I believe I can gain a doctoral degree.

I have been fortunate to have had a very supportive head of department and senior team at my workplace who have been aware of the pressures of a full-time job as well as studying at such a high level. They have developed a renewed respect for my work and the commitment I am showing towards my own professional development. Probably the most surprising and pleasing reaction has come from the students at my college, who have not only been very proud of their lecturer studying a doctorate but are also very interested and keen to know how I am getting on. I try not to think about the fact that these same students may well be sitting their own final examinations before I finish myself. However, their interest in my research has raised the profile Relationships and Sex Education in itself, as many ask me what I am studying and what Relationships and Sex Education is.

Abbreviations

AIDS – Acquired Immunodeficiency Syndrome

BERA – The British Educational Research Association

CSE – Comprehensive Sex Education

CEDAW – Convention on the Elimination of All Forms of Discrimination against Women

EdD – Doctor in Education

FoP – Foundations of Professionalism

EMC – Education and Monitoring Centre (Georgia)

ENQA – European Network for Higher Education Quality Assurance

GBV – Gender-based Violence

HIV – Human Immunodeficiency Virus

IOE – Institute of Education

IFS – Institutional Focus Study

MoE – Methods of Enquiry

NCDC – National Centre for Disease Control

OSCE – Organization for Security and Co-operation in Europe

RSE – Relationships and Sex Education

STI – Sexually Transmitted Infection

SRHR – Sexual and Reproductive Health and Rights

SIECUS – Sexuality Information and Education Council of the United States

UNFPA – United Nations Population Fund

UNAIDS – The Joint United Nations Programme on HIV/AIDS

UNESCO – The United Nations Educational, Scientific and Cultural Organization

UNICEF – United Nations International Children's Emergency Fund

CHAPTER 1: Introduction

Overview and background

The aim of this study is to generate new knowledge about the perceptions of key academics and practitioners in order to inform the potential development of Relationships and Sex Education (RSE) programmes within universities in Georgia. The settings included in this study were two universities in the capital, Tbilisi, and two elsewhere in Georgia. Semi-structured interviews were undertaken and analysed by way of thematic analysis. The study was informed by a conceptual framework that drew on the UNESCO International Technical Guide and the Cultural Sensitivity Approach.

It has been argued that RSE should combine high-quality teaching methods that not only cover the medical aspects of sexuality but also focus on human sexuality, personal relationships, anatomy, sexually transmitted infections (STIs), sexual intercourse, sexual orientation, gender identity, contraception, and sexual or reproductive rights (UNFPA, 2014; UNESCO, 2018). RSE is intended to equip young people with accurate and relevant information and help people to think about their values and develop them. Young people need to develop their understanding of loving, stable relationships and feel able to have safe sex, which takes into account pleasure factors as well as a sense of responsibility for their own sexual and reproductive health and wellbeing.

Terms such as 'adolescents', 'teenagers', 'youth' and 'young people' are often used interchangeably in the literature (Sherr, 1997). The term 'youth' has been defined as persons aged between 15 and 24 years, without prejudice to other definitions by Member States (https://www.un.org/). The World Health Organization (WHO) defines adolescents as those people between 10 and 19 years of age, while according to the Youth Policy Development in Eastern Europe and Caucasus (2009), a young person is defined as a person between the ages of 15 and 30. So, in this project, I mainly use the term 'young person/people'. The age of students studying at the universities is between 18 and 22 years old and therefore might also be identified as 'youth'.

According to the Georgian Human Rights Education and Monitoring Centre (EMC, Georgia, 2020), there is a great need for sex education for youths in Georgian universities, because they are not currently provided with appropriate RSE to be ready to start a healthy sex life.

The lack of relevant education and access to information is caused by ineffective steps taken by the state and the complete or partial neglect of the sex education component within the education system. At the same time, this is compounded by cultural contexts in which messages of erroneous and confusing content about sexuality and gender are conveyed to young people. Given all of the above, an adolescent who begins a sexually active life without appropriate education is potentially vulnerable to sexual harassment, coercion, and unwanted pregnancy, as well as placing him/herself at risk of contracting STIs, including HIV (NCDC, 2018).

It is important to select an effective educational model for the proper functioning of sex education, one which will provide young people/students with information that is relevant to their age and culture, and is scientifically substantiated. Such a model would include structured opportunities to help young people develop the right attitudes and values, and to acquire the practical skills that will help them make informed decisions at the beginning of their sex lives. According to various studies, discussed in Chapter 3, properly designed and implemented programmes can significantly reduce disinformation, enhance knowledge, identify and reinforce positive values and attitudes, raise awareness of peer norms, and improve communication between young people and parents.

Although the government of Georgia has in recent years made some progressive steps to improve the state of sexual and reproductive health and rights, the sex education component of improving sexual health rights has only been partially incorporated into the general education curriculum, and its delivery has been inconsistent; indeed, analysis of the current situation shows that the policies proposed by the government remain distant from the mechanisms of its subsequent implementation in practice (EMC, Georgia, 2020). It is notable that the state-funded universal insurance package does not fully cover the cost of providing reproductive health services to women. It is therefore perhaps unsurprising that the country has high incidences of STIs and abortions and contraceptive use is still problematic, particularly in rural parts of Georgia where most of couples do not use modern methods of contraception at all and still follow the traditional (folk) methods. Additionally, the main sources of information about sex education for youths are the Internet and experiences shared in friendship circles (NCDC, 2018), so a culture of informal education persists in Georgia with regard to education and information on sex, relationships and

associated health issues. These factors are just some of the problems that exist in the country in terms of sexual and reproductive health and rights and clearly impact on the ability of young people to make informed and healthy choices about their relationship behaviours including how to protect their sexual and reproductive health.

My professional interest

As a qualified doctor, obstetrician and gynaecologist, I practised for several years in the field in Georgia before coming to the UK. As a practitioner doctor, I became familiarised with the lack of knowledge in sexual health and its adverse impact, mainly on the lives of women. At times this lack of knowledge was the very reason for the medical conditions with which they were presenting having developed. Since I came to the UK, my interest in the subject has been renewed. My mind was continuously searching for the response to the questions: How can I help? What can I do to support the youth and other demographics? The problem is global, and it requires a nuanced understanding of cultural background and gender issues among other variables; this understanding will be informed especially by the views of professionals such as teachers and school nurses.

In the past years, I have been engaged in various activities and taught at several universities in Georgia. These experiences have made it possible for me to engage in discussions around RSE and related topics with Georgian university students, both formally and informally. While working on my IFS (Institutional Focus Study) project, during the earlier stage of my EdD, I based my approach on understanding student perspectives about RSE in one university in Tbilisi, Georgia. The lack of knowledge, about STIs in particular, was made starkly evident to me; students neither understood sexual health and its importance nor how to protect themselves and make safe choices. Students also revealed that they had no clear understanding of what a 'relationship' meant and had never been given adequate or accurate information about how to establish and maintain a healthy relationship, nor how to identify abusive relationships or be assertive in refusing sex or ending relationships. I concluded that the lack of RSE programmes in Georgian schools must be responsible for the gaps in young people's knowledge about sex and relationships, which was limited to the extent that it would surely impair young people's ability to make informed decisions about

their sex lives. There is no common RSE policy in the country, which explains why young people feel they are left on their own to seek information about sex and relationships from sources such as their friends and families, the Internet, or other media sources. During discussions with Georgian young people, they always seemed interested in the possibility of learning RSE at university; these discussions prompted me to consider approaches for developing an appropriate RSE programme for university undergraduates in Georgia.

The structure of the thesis

The research reported in this thesis is concerned with understanding and analysing the potential to develop a suitable RSE programme for universities in Georgia. The main aim has been to generating new knowledge and a better understanding of academics' (lecturers) and practitioners' (university management, quality assurance officers, medical doctors, policy makers) understandings regarding the possibility of developing a programme of RSE in Georgian higher education. Their perceptions will be critical in ensuring that the design and delivery methods for such an education programme are fit for purpose and sustainable.

Before fieldwork commenced, a review of the literature was undertaken where I critically examined the views and understandings of a range of stakeholders from different backgrounds towards RSE in higher education in Georgia and other countries. For the fieldwork component, I interviewed academics and practitioners from four different universities in East and West Georgia to find out their views, knowledge and understandings regarding the need and desire to develop RSE programmes within Georgian universities. Therefore, this thesis examines how RSE in Georgian higher education might be most effectively designed and delivered and how its effective implementation could lead to better choices and improved sexual and reproductive health at individual and societal levels. The thesis has been structured accordingly, as follows.

The research study aims are outlined in this chapter, while Chapter 2 includes general background information about the Republic of Georgia.

Chapter 3 is a literature review about youths, their sexual behaviours, health problems relating to sexuality, cultural factors, youths' interests, their needs and concerns related to

sexual health, gender norms and culturally relevant pedagogy. Where possible, the emphasis is on Georgia but, as I explain, the literature on Georgian RSE is limited. Here I also examine how RSE has been conceptualised and implemented in a variety of contexts and reflect on how previous studies pertain to the current research.

Chapter 4 describes the research philosophy and the methods I used while researching sensitive issues, and describes the characteristics of universities in Georgia and the context in which they operate. This chapter provides information on the sampling frame, discusses my approach to data analysis, and addresses ethical issues.

Chapter 5 presents the findings from the interviews undertaken with academics and practitioners in Georgia in which views about students' sexual health knowledge are discussed, alongside their beliefs, attitudes and the need for RSE in higher education in Georgia. The discussion identifies participants' preferences regarding RSE, the current lack of relevant knowledge among students, as well as considering the importance of culture and the use of culturally relevant pedagogy.

Chapter 6 discusses the findings concerning the views of academics and practitioners in light of the literature review and the aims of the study, drawing together evidence and insight regarding the need for RSE in Georgian universities.

Chapter 7 summarises the research, providing reflections on methodological issues, and a conclusion to the research project, identifying possible implications for further research, policy, and practice in RSE. In addition, this chapter provides recommendations for the development of a university-based RSE programme in Georgia.

CHAPTER 2: General Information about Georgia

Georgia (Georgian 'Sakartvelo') is a country of Transcaucasia, located to the east of the Black Sea on the southern flanks of the main crest of the Greater Caucasus Mountains. Georgia's capital is Tbilisi and the nation is bordered by Russia, Turkey, Armenia, and Azerbaijan and area of the country is 69 700 sq. km (https://www.britannica.com/place/Georgia). Although considered a developing country, Georgia is classified as "very high" on the Human Development Index (World Bank, 2018). It is a member of international organisations across both Europe and Asia, such as the Council of Europe, the Asian Development Bank, the European Bank for Reconstruction and Development, Eurocontrol, OSCE, and the GUAM Organization for Democracy and Economic Development.

The territory of Georgia, which is not occupied, includes ten regions and an autonomous republic (Adjara A.R.). While the majority of Georgians are members of the Georgian Orthodox Church, an autocephalous Eastern Orthodox Church, there are other religious minorities including Muslim, Russian Orthodox, Armenian Apostolic, Catholic, and Jewish communities. Georgia is a very traditional and religious country and its various religions have significant influence on people's lives. The fundamentals of Georgian culture are similar all over Georgia but there are various approaches to the culture, and local traditions are practised by the people of different regions or religious communities.

From the data reported from the census conducted on 1 January 2020 (see Table 1), the population of Georgia was 3.6 million people, a 0.2% decrease from 2019. In 2019 the country showed a positive natural increase (+ 1,637) but negative net migration (- 8,243) from the year before.

Table 2.1: Population of Georgia as of 1 January 2020 by sex and major age groups (thousands) and sex ratio.

Age	Both sexes	Males	Females	Sex ratio
0-14	759.0	395.2	363.8	108.6
15-64	2,396.1	1,183.1	1,213.1	97.5
65+	561.7	212.0	349.7	60.6
Total	**3,716.9**	**1,790.3**	**1,926.6**	**92.9**

The share of 0-14-year males is greater than that of females from the same age bracket. However, by the age of 15 and over, females have the greater share. This is explained by a discrepancy in life expectancy among men and women. In Georgia, women live on average 8.6 years longer than men.

Migration has played a major part in shaping Georgia's current age-structure. After the collapse of the Soviet Union in 1991, of which Georgia was a part, a massive migration stream started towards Europe and USA, caused by the departure of many ethnic minorities, emigration due to economic problems, and the displacement of people due to civil war and conflict.

"Georgia is absent from the list of countries which has sex education as part of the National Curriculum. Students learn about the reproductive system from biology textbooks; however, nobody is speaking to them about safe sex, contraception and human sexuality" (Gvasalia, 1999). It is clear that in order to address the issues surrounding inadequate knowledge and the limited ability to exercise sexual and reproductive health rights, the approach to education needs to be considerably more complex and socially-informed than reducing sex education to a biology lesson.

'Our ancestors did not study this. Did they not give birth to children?!' This is one of the most common arguments used by opponents of sex education in Georgia. It is difficult to say to what extent Georgian adolescents know about sexual health, but experts often say that this knowledge is scarce and when present often extremely dubious. (No reference is available; this comes from my own professional knowledge.)

A combination of factors, therefore, have combined in Georgia which have led to the repeated failure of attempts to tackle the issue of introducing comprehensive RSE within the education system. For many years, the position of the church, which equates sexual enlightenment with debauchery, has remained unchanged; this is the institution most respected by the population and is trusted by the overwhelming majority (Gvasalia, 1999).

Young people in Georgia

In 2014, according to the Government of Georgia, there were 770,809 young people (14-29 years) in Georgia and 60% (461,383) of these young people lived in urban areas, with the remaining 40% (309,426) inhabiting rural areas. It is reported that 83% of all Georgian young people are Orthodox Christian (UNICEF, 2014).

Most people in Georgia get married in their 20s; the mean age of marriage (registered and unregistered) is 22.9 years for females and 27.5 years for males. The majority of young people identify themselves as either officially married or single, with only a small minority living with a partner, for instance in a non-registered marriage. Considering all registered and unregistered marriages for young people aged 15-28, those living in rural areas are most over-represented among young people, being most likely to marry early.

The Georgian education system

Education is one of the fundamental rights of a human being and a vital condition for the sustainable development of Georgia (Human Rights Education and Monitoring Centre (EMC), Georgia, 2020). Therefore, ensuring quality and affordable education is one of the main priorities of the Government of Georgia and is declared to be the cornerstone of the development of the country. Georgia has made significant progress in reforming the education system in recent years, and a number of further reforms are being undertaken, aimed at transforming the post-Soviet education system and creating a new system which would better align with rapidly changing global demands and be competitive within the international arena.

In spite of thorough reforms, there are still many challenges to the quality of education and training services and barriers to equal access. The link between education and the `labour market, alongside promotion of the development of science and research, also represent huge challenges. It follows that in addressing these challenges in the process of maintaining and upgrading higher education, it is important to strengthen European cooperation, which importantly involves deepening cooperation with the European Network for Higher Education Quality Assurance (ENQA). Obtaining the status of a full member of ENQA will be

a step forward in terms of integration into the Universal Higher Education Area and will significantly enhance awareness about Georgian education and increase confidence in it.

The education system in Georgia is regulated by several laws including: "On General Education" and "On Education Quality Enhancement". These laws operate through the implementation of the National Curriculum which applies to school education a 12-year programme, split into three levels (primary, basic, and secondary): the first six years of study are primary programs; basic education is conducted during years 7-9; secondary education is also three years long, constituting grades 10-12. It is mandatory to complete the primary and basic level programs, whereas secondary education is elective. It is worth noting that schools, as well as other educational institutions in Georgia, can be either private or public.

After completing 12 years of general education, a student has the opportunity to continue to a higher education institution which is regulated by the "Law on Higher Education", "On Education Quality Enhancement" and other legislative acts in Georgia. There is a three-tier system of higher education with levels of bachelor, master and doctoral studies (https://eqe.ge/).

There are three tiers of higher education institutions in Georgia:

- University – higher education institution implementing educational programs of all three tiers of higher education and research.

- Teaching University – higher education institution implementing program/programs of higher education (*except* for doctoral programs). A teaching university is required to provide second tier, Master's educational program/programs.

- College – higher education institution implementing the programs of only the first tier of higher academic education, Bachelor's level. (https://eqe.ge/)

Currently, in 2021, there are 75 authorised higher education institutions in Georgia, where 140,000 students are enrolled in programmes of education, and about 13,000 academic and research personnel are employed. The active academic body demonstrates the need for strengthening work in the direction of new staff training and attraction, with the aim of creating a systematic solution to the challenges presented by having an ageing academic

workforce. It is of paramount importance to attract a new generation toward the teaching profession and research process to provide impetus for reforms and developments that will improve the international reputation of Georgian education, with Georgian institutions being attractive destinations for students and academics alike.

The higher education system of Georgia is open not only to Georgian citizens but also to international students; approximately 170 foreign programmes are implemented in authorised educational institutions of Georgia, where 10,000 foreign students' study. In cooperation with the leading universities of Georgia, higher education institutions of Georgia are implementing Bachelor's, Master's and Doctorate Programs in Economics, Business, Medicine, Humanitarian, Social, Political, Exact and Natural Sciences, which facilitates the development of quality and increases confidence in, and awareness of, the higher education system of the country.

A specific goal of higher education is the internationalisation of higher education and ensuring access to quality higher education for the personal and professional development of the individual and the improvement of employment prospects within a specialised field (Unified Strategy for Education and Science for 2017-2021). In response to the challenges faced by higher education, three strategic objectives have been defined, which focus on the modernisation and quality of higher education, development of the opportunity for lifelong learning, and access to quality education:

- Strategic objective 1. Further modernisation of the higher education system, promotion of internationalisation and improvement of quality.
- Strategic objective 2. Create effective opportunities of lifetime learning.
- Strategic objective 3. Increase access to quality education.

Sexual health in Georgia

There have not been many studies about RSE in universities in Georgia. I did, however, discuss with professionals working on sexual health and gender equality issues and while there are some public projects conducted by the NGOs, no robust scientific research has been undertaken. Indeed, this study seems to be the first one to address such a sensitive

subject from an academic perspective. Since there are no academic papers, much of the discussion below will be based on blogs, where citizens and some professionals express their own opinions about RSE.

There is a similar situation with regard to research into RSE in countries neighbouring Georgia. For instance, one of the most pressing issues in Armenia is the lack of sexual education in schools or in universities where neither society nor the government think it is an essential part of civilised society. Valuable thoughts have been put forward by Armenian doctors, with one doctor, Shahramanyan, stating: "As a doctor, sexual education for me is a difficult task which aims to promote the harmonious development of the younger generation, their sexual behaviour and reproduction, as well as the creation of the psychological and moral bases" (Aghajanyan, 2015). At the same time, Doctor Rajni Avagian says, "If we look at the situation right now in Armenia, there is no sex education as a whole, or it is very poor". Because of the lack of sex education in Armenia, there is an interesting phenomenon at play; for a male, the sexual perception of himself as a father and a sexual being is accepted by society, but the woman's perception of herself and her sexuality, other than being a mother, is not. The woman does not own her sexuality and, as such, it is very common for men to discuss their sexual activities while on the other hand, it is not acceptable at all for a woman to talk about her sexual experiences and sexuality (Aghajanyan, 2015).

There is a slightly different case in Azerbaijan (Clayton, 2019) where a sex education curriculum is being rolled out to address high adolescent pregnancy rates and abortions among teenage girls. The programme also aims to tackle sex-selective abortions across the country, but especially in conservative rural areas where parents often prefer boys and will terminate female embryos. The government has been developing the new curriculum for three years, and it will be the first Comprehensive Sex Education curriculum in Azerbaijan's post-Soviet period (Clayton, 2019).

The analysis of the local state of sexual and reproductive health and rights in Georgia is the report from a study conducted by the Public Defender in 2017-18. The Office of the Public Defender is one of the most important constitutional bodies that oversees the situation in

the country in terms of gender equality and women's rights, of which sexual and reproductive health and rights are an integral part (NCDC, 2018).

The lack of sexual health knowledge means that a considerable number of Georgian teenagers' experience serious health issues. Based on 2018 information from the National Centre for Disease Control (the most recent date for which official statistics exist), 342 teenage pregnancies were registered in the first six months, of which 36 ended with abortions. In 2017 (for the full year) there were 813 pregnancies and 103 abortions while in 2016, 1,190 pregnancies and 103 abortions were recorded. Perhaps unsurprisingly, STI rates have steadily increased among teenagers in recent years (NCDC, 2018). The Infectious Diseases, AIDS and Clinical Immunology Research Centre had registered 3,307 cumulative cases of HIV in Georgia by May 2012 (the most recent time for which official statistics exist). According to a 2014 report, 732 people had passed away due to the infection progressing to AIDS (http://www.emcdda.europa.eu/). These data are alarming. The question to ask is: could this be avoided if youth were better-informed about protective measures and the risks of pregnancies and illnesses? This question is not straightforward to answer, but we can say with confidence that increasing awareness of these issues should help reduce the danger. The need for RSE among the youth in Georgia has been a subject of discussion among proctologists, psychologists, education specialists and sexologists and the combined evidence regarding unwanted pregnancies and STI transmission suggest that this need is pronounced and urgent. Based on expert opinion, early pregnancies, STIs and abortions endanger patients' future health as well, so there are wider public health implications which also need to be considered.

Dr Ketevan Chelidze, who is a manager at the NGO 'Tanadgoma' which operates a reproductive health programme in Georgia, has said that there is a need to disseminate more information about safe sex to young people, including those who are ready for marriage. In Dr Chelidze's opinion, there is a need to know about different forms of violence and how to avoid them and how to avoid sexual intercourse when unwanted, alongside other safe sex practices. This reputable doctor also discusses the early pregnancies, abortions and STIs and their dangers in the short and long term, for instance, noting that while abortions can cause complications in adult life, they are even riskier in adolescents (Tabula, undated).

In my experience, one significant aspect of Georgian youth's lack of knowledge of sexual health is that young people do not have clear information about the available sexual health services. Even when aware of the services, young people often do not seek medical advice when suffering from STIs, due to fear, embarrassment, or other reasons. As a result, young people might not be referred for specialist treatment in time, and as a result, these infections can progress into chronic illnesses, which can damage the genitals and genital tract, cause infertility, premature birth, and uterine pregnancies, not to mention resulting in emotional difficulties.

Until 2014, there were no records of sexual and reproductive education and health in the Georgian education system. In June 2014, the European Union signed an agreement with Georgia on the introduction of a Healthy Lifestyle element into the Georgian education system. In July of the same year, a paper published by CEDAW (Convention on the Elimination of All Forms of Discrimination against Women) recommended the provision of age-appropriate education on sexual and reproductive health and rights, covering all aspects of responsibility for sexual choices and behaviour. This was followed by the introduction of Healthy Lifestyle content into the school curriculum by the Ministry of Education, which also included some elements of Comprehensive Sex Education. However, the national system failed to address the fundamental issues of internationally-recognised sexual and reproductive health and rights, due to the conflicting and conservative views that exist in the ultra-right and orthodox groups of our society.

Comprehensive Sexuality Education (CSE)

Over time, it has become clear in Georgia that educational approaches focused solely on health and risk reduction do not address the complex sexual and relationship needs of young people and do not provide them with the information they need to make healthy choices. A model that takes a positive approach to individuals' sexuality is likely to be more effective as it addresses the needs and problems of adolescents in a way that is both relatable and practically useful to them in making healthy choices. Indeed, it is one of sex education aims to increase and strengthen young people's ability to make informed, healthy and satisfying choices about their sexuality and relationships. One of the main advantages of

Comprehensive Sex Education (CSE), as outlined by UNESCO, is that it is based on a positive outlook on rights and sexuality from beginning to end, which is not limited to eliminating diseases, risks and dangers. Overall, this aligns with my own judgement that sex education goes beyond merely addressing disease reduction and is based on fundamental sexual rights and aims to eradicate forms of gender-based stereotypes, including traditional views of women's sexuality.

According to Women UN and UNICEF (2018):

> Comprehensive sexuality education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and youths with knowledge, skills, attitudes and values that will empower them to: realize their health, wellbeing and dignity; develop respectful social and sexual relationships; consider how their choices affect their own wellbeing and that of others; and understand and ensure the protection of their rights throughout their lives.

Regarding CSE, its holistic nature helps develop the knowledge and life-skills of students to help them feel confident about their sexual and reproductive health and rights (SRHR). Such programmes should be conducted by trained teachers in schools, because this way large numbers of students will be reached before they become sexually active. The quality of CSE is dependent on the teaching process as well as the environment within the educational institution. CSE is seen as a component of quality education overall, and is vital for the health and wellbeing of students. The CSE curriculum also involves discussion on topics such as discrimination, violence, and specifically gender-based violence (GBV), the importance of consent, sexual abuse, harmful patterns of behaviour and early marriage, indicating the holistic nature of this approach to sex education.

In my view, the UNESCO Guidance is right to emphasise that "The challenge is to reach youths before they become sexually active, whether this is through choice, necessity ... coercion or exploitation" (UNESCO, 2009b, 7). The evidence shows that delivering knowledge and education about sexual maturity does not cause an increase in sexual activity, nor does it lead to students engaging in sexual activity earlier (UNESCO, 2009b, 8;

see also Goldman 2008). On the contrary, delivery of appropriate information has been shown to delay the onset of sexual behaviours and encourages responsible actions (Bearinger et al., 2007; Kirby et al., 2007; UNESCO, 2009a, 2009b). Traditional associations with the term sexuality can often include shame or immorality, clearly presenting barriers to attempts to share even life-saving knowledge about sex (Glasier et al., 2006). Designing and implementing CSE programmes which duly consider cultural and social factors is therefore crucial to the short- and long-term success of such programmes. Clearly, an added advantage of such an approach is that it personalises the content and makes it relevant to students' life experiences, so rather than being lectured about biology or health risks alone, they are being involved in dialogue about what healthy sex and relationships mean to students themselves, in light of accurate information about health and rights.

Research aim

The aim of this study is to generate new knowledge regarding the views of key academics and practitioners in order to inform the potential development of RSE programme within universities in Georgia.

Research questions

Having reviewed the literature and considered my own interests, I identified the following two research questions:

1. Do academics and practitioners at selected universities in Georgia think an RSE programme is needed and, if so, why and how might it be best to develop a university-based RSE programme, or, if not, why not?

2. How might professional, disciplinary, and cultural backgrounds influence the ways academics and practitioners engage with ideas and teaching practices related to the possibility of RSE in Georgian universities?

Conceptual frameworks

The appropriate frameworks for this study were determined to be the cultural sensitivity approach and the UNESCO International Technical Guide.

UNESCO International technical guidance on sexuality education

The UNESCO Guidance emphasises that youths should be reached with correct information before they become sexually active, be that through their own choice or coercion and exploitation (UNESCO, 2009b, 7). The words "sex", "sexuality" or "sexual" might elicit images of intercourse or pornography, which are in themselves associated with immorality or shame. When faced with such barriers, it is often more difficult to share knowledge about sex (Glasier et al., 2006). The CSE framework helps to consider the styles of knowledge delivery and topics which are appropriate during the development and delivery of RSE.

Based on Halstead's and Reiss's (2003) arguments, before planning the practical programme of sexual education, its processes, methods, content, and evaluation strategies, it is vital to identify a clear framework and, generally, the aims of the programme. The aim of this UNESCO platform is to prevent unwanted pregnancies and the transmission of HIV, but this is not everything. Educational goals also include providing information to youth about sexuality, relationships, reproductive health and safety, and puberty. The study, which was conducted by Goldman (2012), found that the UNESCO Guidance (UNESCO, 2009b) meets the three core criteria: it is relevant to children's and adolescents' development; it is appropriate to use in school classrooms; and it is contemporary in its alignment with the political, social, economic, technological, and other such contexts for school teachers.

The Guidance from UNESCO has changed, therefore, the orientation of RSE from being directed at educators to being directed at programmes which include public health professionals (UNESCO, 2009b, 3), stressing that it has to be carefully and comprehensively implemented in order to realise the intended short- and long-term positive effects on standards of curricula, reproductive health outcomes, and models of child protection in countries around the globe.

Sears (2005) argued that people often had an inadequate understanding of human sexuality, even though it was one of the most meaningful and important aspects of our lives. It is therefore logical that educating young people while they are still at school will lead to increased understanding of sexuality before becoming sexually active, including what happens during puberty and what is meant by the term sexuality, as well as topics relating to safety and reproductive health and the formation of relationships. All of these topics are better covered during the years of compulsory learning, and effective RSE can ensure that children develop healthy and educated attitudes, with better chances of having meaningful experiences.

The UNESCO International Technical Guidance on Sexuality Education (2009b) can be efficiently used in Georgia to construct an evidence-based sexuality education programme for adolescents or youth in university settings. The Guidance (2018) is a great addition to different intervention programmes and also has a good chance of being implemented in a large number of countries. The "progressive realisation" (Reading et al., 2009, 339) of such programmes integrates public-health models based on human rights and facilitates changes in community values, as well as the professional activities and policies of the country. 'Rights-based' is one term that has become increasingly linked to the concept of a more comprehensive approach to sexuality education. The rights-based perspective is derived from treaties, pacts and other international commitments that recognize and reinforce human rights, including the sexual rights of young people (Kossen, 2011; Lottes, 2013). A rights-based programme should include clear recognition of the role that gender norms play, emphasizing and securely establishing more egalitarian gender norms, not only in terms of gender equality for girls, but in norms and roles that are less rigid for boys as well. In Georgia, despite the support and benefits related to health and human rights that the delivery of comprehensive education on human sexuality gives, there is a certain part of the society that has sharply negative attitudes towards such education. At the same time, the rights of LGBT individuals are significantly violated.

Health and safety educational programmes focused on puberty, sexuality, and reproductive health help students understand themselves, the relationships they have had and their personal agency in their present and future lives. This would represent a departure from existing unhelpful norms among young people in Georgia, who have often received

inadequate or no formal RSE and have traditionally accessed unreliable information from inaccurate, informal sources, or have been educated on sex and reproduction in the limited context of a biology lesson, which ignores the cultural, social and personal complexities relating to sexuality and sexual behaviour. One might reasonably expect that a change in approach will lead to improved sexual and reproductive health outcomes for young people.

Cultural sensitivity approach

This research, its findings and discussion are based on the cultural sensitivity approach. This approach has been used to analyse the effect of culture on sexual health (Brislin, 1993; Brislin and Yoshida, 1994; Bronner, 1994; Ulrey and Amason, 2001). The idea of the cultural sensitivity approach is that people with different cultural backgrounds differ in their ideas and views because those were shaped by their own cultural beliefs, including around health and related practices (Bauer and Wayne, 2005).

The focus of the cultural sensitivity approach is on developing the health education curriculum, which impacts the attitudes, behaviours, and values of an individual (Dutta, 2007). This is achieved through tailoring the education to specific audience members and their cultural backgrounds and socio-demographic characteristics. Such approaches, which are shaped for specific cultures, attempt to change the societal structure for discussing health issues. It is especially important to carefully consider culture when designing programmes aimed at behaviour change, as it can be challenging to encourage people to alter culturally ingrained practices, attitudes and behaviours. Approaching these issues with cultural sensitivity and due consideration for current practices is more likely to be effective than more prescriptive approaches to education.

The main idea of using the cultural sensitivity approach is to create interventions which incorporate relevant experiences, values, and beliefs of a culture. The population norms are integrated in the design, delivery, and evaluation of the intervention (Resnicow et al., 2002), with an underlying focus on creating and transmitting effective messages about health within a specific cultural context.

The main attributes of the cultural sensitivity approach are as follows (Foronda, 2008):

- Knowledge: cultural values have to be comprehensively studied before implementing the cultural sensitivity approach (Center for Effective Collaboration and Practice, n.d.; Percival and Black; 2000; Wasson and Jackson, 2002; Parfitt, 2004). Knowledge can be gathered through training activities or by having direct experiences within the relevant culture (Chan et al., 2003; Godwin, 2001; Impink, 2002; Sallady, 2004; Warren et al., 2004).

- Consideration: for the cultural sensitivity approach to be used and be useful, it is important to consider different languages, beliefs, and experiences within the culture (Al-Krenawi and Graham, 2000; Armstrong, 2003).

- Understanding: if there is no understanding by the teacher of where the students come from, there is insufficient background and teaching will not be successful (Yang et al., 2003). It is important to analyse other people's beliefs, values, and experiences (Australian Flexible Learning Framework, n.d.; Guberman and Maheu, 2004; Josipovic, 2000; Percival and Black, 2000). There is the need to understand the culture of academics or practitioners who would be responsible for developing and implementing a relationships and sex education curriculum within higher education.

Another idea which is important to the cultural sensitivity approach is respect. Students should feel that they and their culture are respected during the learning process (Percival and Black, 2000). This links to the idea that programme design can be tailored specifically to Georgian youth. Tailoring is important for ensuring relevance of content and ensuring buy-in from people participating in the education programme. It involves careful selection of the method of teaching, manner of approach to the learners, their health concerns and the services available locally (Holt, 2002; Jibaja et al., 2000; Kallstrom, 2000; Local Relationships, 2003).

Based on Dutta (2007), the cultural sensitivity approach gives the ability to understand how individuals and groups connect to their culture and helps a researcher analyse opinions that students might already have about RSE, stemming from their cultures, and is also helpful when identifying specific needs of RSE programmes. Indeed, one might assert that an RSE or

CSE programme which does not adopt a cultural sensitivity approach would be less likely to achieve the desired educational outcomes or the active engagement of learners.

CHAPTER 3: Literature review

RSE research represents a field facing multiple and complex issues. Sexual and reproductive health education programmes have different layers and involve diverse stakeholders and operate within a variety of situations. Further, the society in which such teaching takes place plays a major role in determining the nature and outcomes of such programmes. Social phenomena can be researched using different approaches; often, the choice depends on the phenomena or the availability of resources (Malcolm and Tim, 1996). When talking about RSE specifically in Georgia, research should be focused on observing the circumstances and the situation which is ongoing in the country, and utilising appropriate research methods adopted with due consideration for the culturally-sensitive context. Aside from being a specialist in reproductive health, my understanding of the overall culture, as a Georgian national, helped me to analyse the issues at hand.

Methods for literature review

Literature reviews are essential for: (a) identifying what has been written on a subject or topic; (b) determining the extent to which a specific research area reveals any interpretable trends or patterns; (c) aggregating empirical findings related to a narrow research question to support evidence-based practice; (d) generating new frameworks and theories; and (e) identifying topics or questions requiring more investigation (Paré et al., 2015).

For this study I followed the two main steps: searching the literature; and screening for inclusion. Searching the literature involves first ensuring adequate coverage, meaning an effort is made to be as comprehensive as possible in order to ensure that all relevant studies, published and unpublished, are included in the review and, thus, conclusions are based on this all-inclusive knowledge base. The second aspect of searching the literature consists of presenting materials that are representative of most other works in a given field or area (Paré et al., 2015).

Screening for inclusion consists of evaluating the applicability of the material identified in the searching the literature (Levy and Ellis, 2006; vom Brocke et al., 2009). Once a group of potential studies had been identified, I screened them to determine their relevance to the

topic (Petticrew and Roberts, 2006). At the same time, the available literature was mainly based on school-based CSE, as there is still a lack of information about sexuality education in higher education. Even so, using my literature search strategy I did try to establish what knowledge researchers have gathered from studies conducted all over the world within higher education. In respect of my research questions, there was a significant shortage of information regarding academics' views and attitudes towards CSE in higher education, especially as there is little discussion about including CSE as a teaching module within higher education institutions. However, there is much research that has been conducted regarding the importance of cultural relevant pedagogy when delivering CSE sessions. This was very helpful in encouraging me to start thinking that in developing CSE in Georgian higher education, cultural aspects should definitely be taken into considerations.

This review is a narrative critical review. It is designed to provide a critical evaluation and interpretive analysis of existing literature on the topic of interest to reveal strengths, weaknesses, contradictions, controversies, inconsistencies, and/or other important features with respect to theories, hypotheses, research methods, or results (Baumeister and Leary, 1997; Kirkevold, 1997). A critical review attempts to take a reflective account of the research that has been done in a particular area of interest, and assess its credibility by using appraisal instruments or critical interpretive methods. In this way, a critical review attempts to constructively inform other scholars about the weaknesses of prior research and strengthen knowledge development by giving focus and direction to studies for further improvement (Kirkevold, 1997).

Young people's health and wellbeing

According to information published by the World Health Organization (WHO), approximately 1.7 million children and adolescents die each year due to substance abuse, violence, lack of physical activity, poor eating habits or malnutrition, and other diseases, including physical and mental disorders (WHO, 2008). In high-income, developed countries, there are frameworks in place to assess children's health based on specific criteria (Starfield et al., 1993), and observed health trends relating physiological and physical changes in youth and/or their family members are linked back to policies which, in turn, impact

economics and society (Berkman and O'Donnell, 2013). Currently, Georgia is in the process of undergoing socio-economic changes which strongly influence the country's society. Such changes affect the youth, their health and wellbeing, and social support and can create events which act as stressors. To understand youth development in low and middle-income countries, indicators were adopted through the Millennium Development Goals, some of which were primarily focused on health in sexual and reproductive fields (World Health Organization, 2015). Measurement of other indicators will also be necessary to comprehensively study the status of youth health, the relevant social influences and risk factors (Walker et al., 2008).

The concept of wellbeing is a complex one, which might be described as an individual experiencing positive feelings of functioning optimally in their lives (OECD, 2020). As such, it is arguable that health is comparable to wellbeing (Essen and Martensson, 2014) and in an attempt to be inclusive, the term 'health and wellbeing' is used in this study to present the concept in accordance with the WHO (1947) definition of health as "a state of complete physical, psychological, and social wellbeing and not only the absence of disease or infirmities".

The period of adolescence is accompanied by physical, emotional, and biological changes, which impact sexual development and health (Steinberg, 2008); during the early and middle stages of adolescence, body shape and other physical characteristics change dramatically and sexual desire typically increases alongside the production of sex hormones. The period is also characterised by the improvement of critical thinking ability and development of goals, social roles, and expectations (Crone and Dahl, 2012; Steinberg, 2008).

Reproductive capabilities begin to emerge during puberty and as sex drive increases due to hormonal changes there are concomitant changes in cognition which may lead to better information processing, in theory, allowing adolescents able to reflect more on their sexual decisions (Diamond, 2009; Steinberg, 2008). It is important at this time to communicate with young people in a meaningful way about their experiences and generally about sex and sexuality (AFY, 2006). Sexuality education programmes, which are based on evidence, fulfil this role and help youth in developing their skills and knowledge, furnishing them with an

enhanced ability to make informed decisions and choose healthy sexual behaviours (Kirby, 2007; Santelli, 2006).

Adolescents in developed countries generally have at least some forms of sexuality education (UNESCO, 2021), though it is notable that the format, content, philosophical foundations and depth of these programmes differ widely (Combellick and Brindis, 2011; Goldfarb and Constantine, 2011) which inevitably sparks debate surrounding best practice. Importantly, the biological, psychological, and social development of adolescents occurs within a cultural context which influences the values adopted by young people, and is therefore an important factor which can influence people's sexual behaviour significantly. The integration of cultural considerations within adolescent sexual health education is therefore likely to be helpful in making such programmes relevant to the young people they are intended to target (Villarruel, 1998). To design effective interventions around health beliefs, it is important to integrate cultural values within the programme (Villarruel, 1998; Garcia-Moreno and Stockl, 2009). This is especially true if the society is culturally diverse as attitudes and values influence sex and sexuality behaviour and predict approximately when youth will engage in sexual activity and what their attitudes towards protective behaviours will be (Deardorff et al., 2008; Villar & Concha, 2012; Villaruel, 1998).

There are higher rates of adverse sexual health outcomes in ethnic minority groups, including high rates of pregnancies in teenagers and high rates of STIs (Hamilton et al., 2015). Given the likelihood that such groups will grow in numbers in the coming years, support has been widespread for integrating cultural perspectives into programmes of sexual education (AFY, 2006; Villarruel, 1998). Funding organisations and policies have considered culture as an important variable for sexual education (Jemmott and Jemmott, 2000; Kirby, 2007); however, current RSE approaches are still very rarely adopted culturally. RSE programmes are not realising the full potential to support young people in general, and this disproportionately impacts minority groups (Constantine, 2013; Goldfarb & Constantine, 2011).

Global issues of sexual health

Today's generation of young people numbers slightly less than 1.8 billion in a world population of 7.3 billion. That's up from 721 million people aged 10 to 24 in 1950, when the world's population totalled 2.5 billion (United Nations Department of Economic and Social Affairs, 2014); to place this in the context of the current study, young people (10 - 29 years) represent approximately 25% of the population of Georgia (UNICEF, 2018). When young people are able make a healthy transition from adolescence into adulthood, options expand for their future, yet, at present, more than two million 10 to 19-year-olds are living with HIV and about one in seven of all new HIV infections occur during adolescence. Strategic investments can allow young people to claim their rights – to education, health, development, and to live free from violence and discrimination. Yet today one in three girls in developing countries is married before the age of 18, posing threats to their current health and education as well as impacting on their future prospects. Up to half of sexual assaults are committed against girls below the age of 16 (Gupta, 2014) and youths aged 10-19 are the highest risk age-group for contracting STIs, including HIV/AIDS. It follows that these are the same people who can reduce the transmission and infection rates of such diseases, which has been evidenced in several countries where the national HIV rate has been reduced by informing and encouraging youth about safety in sexual behaviours (Jordan et al., 2012). Many factors contribute to the rates of STIs, HIV/AIDS and teenage pregnancies; some groups face higher risks than others (Lee et al., 2014) and influencing factors depend on society's expectations and mechanisms of informal education and information transfer (Marston & King, 2006). Norms, such as age difference between partners in heterosexual relationships (younger female/older male), gender-specific behaviours in sexuality (expectation and acceptance that males will engage in sexual relationships outside of marriage with the converse being true for females), and early marriage (WHO, 2004, p.86), heighten the risk of coercion in sexual behaviour (Brown et al., 2001, p.56; Wellings et al., 2006). Healthcare services for unmarried women often do not include reproductive health services (Tilahun et al., 2012), an approach which is severely outdated.

Healthcare related to sexual health needs to be easily accessible for young people. Concerns such as the maturation process, age of first sexual intercourse, access to contraception

including condoms, numbers of partners, and education and marriage norms in the country create a set of factors, which can either protect youth from risks or exacerbate them. The community's values, norms and traditions, as well as the youths' ethnicity, gender, socioeconomic status, and living situation all influence these factors (Marston and King, 2006).

Culture and sexuality – young people's needs, concerns, and interests related to sexual health

RSE can support the healthy sexual development of youth and provide positive outcomes. Culture is an important variable in this process as well. Integration of cultural aspects into RSE interventions has the potential to make these programmes more relevant for the people who are on the receiving end of them. RSE which is culturally responsive may not be yielding maximum benefit with some of young people as a result of inadequate consideration of cultural and social factors. Even though there is a widespread consensus on there being a need for RSE, there is still limited clarity regarding what the idea of a culturally responsive approach really means. It is necessary to apply cultural adaptations to RSE programmes in order to strengthen them with a clear opportunity to better integrate RSE into young people's context and environment (DiClemente et al., 2008; Pittman et al., 1992).

Topics of sex and sexuality are culturally-bound, and specific attitudes may already exist for a person based on their background and cultural history (Villar and Concha, 2012). We also have to consider the influence of popular culture, societal norms and peer group impacts; overall, considered broadly, culture is a crucial part of youth development which influences sexual behaviour as well. Existing literature, linking culture and sexuality, mainly underlines the cultural norms and practices working against some of the goals of RSE, by going against condom use, for example. The research conducted by Ofreneo et al. (2020) was focused on cultural factors and their role in predicting risky behaviours. For example, because male power has been emphasised in the Latino population when choosing to use contraception or not, this culture has also been associated with unprotected sexual intercourse in both men and women (Hodges et al., 1992; Padilla and Baird, 1991). This dynamic of course leads

to less self-protective actions from women (Padilla and Baird, 1991) as they are disadvantaged in sexual communication and negotiation about contraception use (Villarruel, 1998). Literature about cultural values and roles of Latina women suggests that female virginity and their role as sexual gatekeeper is very important (Fine, 1988; Tolman, 2001; Villaruel, 1998) and correlated with the low contraceptive use, as well as higher pregnancy, birth, and marriage rates (Smith et al., 1987).

Youth are also affected by culture when they are making decisions about their sexual health (Deardorff et al., 2008). They might have been taught values by their families and communities, which influence their attitudes. Studies suggest that gender norms are a major influence on the formation of gender stereotypes in Latino youth (Marin, 2003; Phinney and Flores, 2002; Marston, 2004). Women are expected to keep their virginity intact until marriage, while no similar expectation is placed on men (Marin et al., 1997; Padilla and Baird, 1991; Villaruel, 1998). Reluctance to seek health information is also linked with traditional cultural norms (Garcia, 2009) and, correspondingly, health beliefs about the effectiveness and need of contraception are also influenced by these same norms (Villarruel, 1998). Differences in cultural standards of sexual behaviour influence young females to be less willing to engage in sexual negotiation and communication in certain cultures (Deardorff et al., 2008). Based on such studies, RSE which integrates cultural beliefs should make these programmes easier to comprehend and result in more positive results for diverse cultural groups.

Similar topics have also been studied in Australia among Muslim youth, specifically women (Meldrum et al., 2016). Using qualitative research methods, the study tried to identify the knowledge and experiences of participants regarding their sexual health; their interpretation of personal experiences was also discussed (Corti, 2004; Liamputtong, 2013). Furthermore, participants were asked about the balance between cultural and religious influences and sexual needs in determining their choices; it was argued by the authors that Muslim women generally lack adequate knowledge of sexual health and that this occurs primarily due to cultural factors including restricted access to information (Meldrum et al., 2016).

Sexual health knowledge usually develops with the influence of culture (Bauer, 2005), according to the Cultural Sensitivity Approach (Dutta, 2007). Rawson and Liamputtong (2009) showed that Vietnamese-Australian young women often receive sexual health information from their friends, which might be unreliable and incorrect. In their study, some girls were attending state school and had access to sexual health information from their educational environment, and the school's programme was deemed to be comprehensive (ibid.). Others were attending an Islamic school, which provided no access to similar information, just general information about health; students in the second school predictably did not have much knowledge about contraception or STIs and also assumed the traditional roles of women, as defined by their culture (Caruthers et al., 2011; Meldrum et al., 2016; Newman et al., 2012). According to the study, Muslim girls who engaged in sexual relationships before marriage had higher risk of contracting STIs or having unplanned pregnancies compared to other girls from the wider population who engaged in sexual relationships before marriage, which was at least partially explicable by their comparative lack of sexual health education. Such findings are consistent with existing literature and emphasise the need for RSE, especially in general education (Newman et al., 2012; Rawson & Liamputtong, 2009; Santelli et al., 2017, Waling et al., 2020).

It is clear that there can be difficulties in reconciling religious conservatism and the delivery of adequate RSE to young people, in order that they can make healthy choices and avoid adverse outcomes. Studies have identified that premarital sex and contraception use were considered unacceptable behaviours for Muslim Girls (Al Khudairi and Yasmeen, 1994; Bennett, 2005; Newman et al., 2012). According to Hickey and Skinner (2003), while religion and culture cannot be totally ignored in the process of providing RSE, there still needs to be separation of this important and sensitive subject from religion for education programmes to be successful. In Georgia, the Orthodox Church has considerable influence among the population, and this has presented an impediment to the roll-out of appropriate RSE. It is therefore especially pertinent to heed the findings of other studies conducted in context with comparable influences at play.

One vital factor of designing appropriate RSE is integrating content about relationships within the curriculum and emphasising such elements during teaching. One interesting research study was conducted in the USA where researchers used the questions asked by

students anonymously during RSE classes to create suitable RSE content. Findings indicated that there was a need for more guidance than was previously being delivered to the students. Those questions which students ask are generally about puberty, STIs, homosexuality, and pregnancy; they do not ask questions about marriage, family dynamics, or ways to form stable relationships (Moreno et al., 2008).

Such studies provide valuable insight and information; for instance, Moreno et al.'s (2008) publication raises important questions regarding issues such as RSE delivery ethics and guidance. The study underlines a lack of student interest in content pertaining to forming relationships and maintaining them. However, what is less clear are the reasons that students do not ask these questions. It may be that this content is important to them, but they are less able or willing to express their interest, or it could be that they feel able to navigate the more affective dimensions of relationships, but feel they need 'facts' about sex and sexual health. In conclusion, we can say that students want to broaden their knowledge about sexuality. Questions which they ask about ethics and guidance, as well as other 'red flag' categories (questions concerning risky sexual behaviours) are not answered in the RSE classes which were being implemented in school in the USA, which could be considered a wasted opportunity for the education system.

Factors influencing sexual behaviour of youth, values, and understandings

Youth sexual behaviour has many influencing factors, including biological ones, such as age, their level of testosterone, gender, puberty and its timing. Other factors are complex and include social features, such as gender roles or norms, peer pressure from friends, family influences (including the economic situation) or substance abuse, among countless others. Personal factors include knowledge, values, and perceptions, which can be discussed in the context of the influences of variables, such as parental input in the life of the teenager, parental skills, and parental levels of awareness (Bacon, 1999; Creatsas, 1997; International Women's Health Coalition, 2004; Kirby and Coyle, 1997; Varga, 2003; Walker, 2004; Wellings et al., 2001).

Youth are influenced significantly by the social context in which they live (Chambers et al., 2001; Creatsas, 1997; Rosenthal et al., 1999), and this applies especially to their sexual behaviour. The influence can be major and very obvious, such as messages in the media about certain norms and values with which to conform, or more subtle, working through institutions such as schools, religious establishments, and the law (Rosenthal et al., 1999). Due to changes in communication technologies and information dissemination techniques, the overall character of countries is changing too. Popular culture, together with the Internet use, is globalising people (Spracklen, 2015) and it is clear that youth can be distinguished from older adults by their levels of exposure to popular culture as well as their use communication technology. Their actions are being influenced by the media and the information and ideas it conveys on how to behave and what is appropriate (Chambers et al., 2001).

The media portrays different images to its viewers and while, on the one hand, boys might be shown as feminine, wanting to be romantic with girls, at the same time, they might be shown as risk-takers and competitive figures, with 'manly' attitudes. These representations often provide a basis for identity formation among young people. The messages conveyed through TV and movies can often be interpreted into rash and overly romanticised views about sex and sexual behaviour (MOPH and WHO, 2003; Parkes et al., 2013; Wright, 2011).

Having said that, there are positive sides to the influence of the media on young people when it comes to sex education. The media can be used to share information effectively about how to avoid teenage pregnancies and illnesses, with the media having been linked to lower rates of teenage pregnancies, abortions and STIs. It also has been linked with increased rate of contraception use, psychological support and improvement of social attitudes (Creatsas, 1997).

Another significant influence on the sexual behaviour of youth relates to the peer groups to which they belong (Chambers et al., 2001; Ricer and Gabel, 1995; Sadock, 2005). Peer pressure can be a strong influence on starting to experiment sexually, and adolescents might want to be the first one to 'achieve adulthood' in the eyes of their peers (Rosenthal et al., 1999). Some teenagers might want to have experiences which they can share with their friends or in some cases may even be ashamed of their virginity (Sadock, 2005). While it is

clear that peer groups influence young people's choices, each group will be different and personality plays a role, so it is difficult to generalise about the ways in which these influences translate into sexual behaviours.

According to Blinn-Pike (1999), there are three factors influencing people's decision to remain abstinent: fear-based postponement; emotionality and confusion; and conservative values. The first factor – fear-based postponement – applies to adolescents who have considered the consequences that sex will evoke and do not want to deal with the risk of disease or pregnancy, or fear their parents' reaction. The second category unites people who think that sex is connected with pain and embarrassment or cannot buy or otherwise access protection and birth control. These might also want to avoid disapproval of parents. In such cases, contextual factors are what determine the level of sexual activity, rather than personal decisions. The last group of youth with conservative values are the ones who are more likely to abstain from pre-marital sexual activities due to religious beliefs. According to Blinn-Pike's (1999) analysis, just a third of youth base their decisions on their own personal values and considerations and in most cases, abstinence is maintained due to fear of pregnancy and STIs. An independent variable which was found to be influencing all of these factors was the use of alcohol. This study is relevant to the Georgian context in that all or any combination of these factors may be at play in determining youths' sexual choices and behaviour.

Other factors influencing youth sexual behaviour might include their personal future expectations or the influence of monitoring from parents (Eastman et al., 2005). Young people who want to enter higher education might delay intercourse, electing to prioritise other goals instead (East, 1998). Young people who have lower grades are more likely to have sexual intercourse earlier (Aras et al., 2007), and some adolescents who feel that their parents are monitoring them or are just connected to their parents positively might also delay intercourse for these reasons (Capaldi, 1996). It follows that teenager who are not closely monitored by their parents are likely to experience higher risk of being engaged in unhealthy sexual behaviours (DiClemente et al., 2001).

Sexual behaviour in youth is impacted by the relationships in the family, between the child and parents, as well as between parents. Families' communication patterns are important in

determining decision-making behaviour around sex and low levels of / poor quality communication might increase the risk of unhealthy sexual behaviours in young people, while certain other domestic disruptions, such as low income and socio-economic status or divorce, are also likely to have an impact (Bacon, 1999). In cases where parents openly communicate with their children about issues like sexuality and relationships, negative impacts might be minimised; indeed, it has been shown that adolescents who have frequent talks with their parents are less likely to engage in unhealthy and risky sexual behaviours (Coleman, 1992; Wellings et al., 2001).

There have been four ways distinguished by Rosenthal et al. (1999) as to how religion and family dynamics may influence youth's decisions about sexual behaviour: institutions such as the family provide the norms for what is accepted, especially sexually; such norms are the basis of informal control and people in powerful positions often use them as such; these rules are often based on fear of sanctions; and sanctions exist to limit sexual behaviour. Youths have less power than adults in families and clearly adults often provide them with the norms of acceptable sexual behaviour. Adults are typically the ones who base those rules on these norms, while the response of youth to these rules varies from one individual to another in that there are clearly adolescents who follow 'rules' and those who do not. To what extent the 'rules' factor in their decision making is a more complex matter.

Usually, teens who have had a strict religious upbringing do not experiment with sex as much as those from less religious backgrounds (Masters et al., 1995; Young and Shipley, 2020). Paradise et al. (2001) conducted a study in which it was determined that religious beliefs can be the reason or foundation of abstinence, although they concluded that this only happens rarely. Again, consistent with other authors' findings, Sheeran et al. (2006) discovered that religiosity and the number of sexual behaviours in youth are negatively correlated. Youth who are raised as Catholics were more likely to engage in sexual activities then were non-Catholic teenagers, but the significance of this finding was diminished if sexual activities without intercourse were counted. Therefore, the logical conclusion is that religiosity in this case helped youth not to engage in sexual intercourse, so as to maintain their virginity.

According to the study of Measor et al. (2000), teenagers have access to information from various sources, which might also differ greatly in terms of quality and content. In another study, it was found that the main sources of information about sex for boys was the Internet, friends and pornography (Litras et al., 2015), and these sources might lead to distorted beliefs that sexual partners will behave like performers in adult films while sexual behaviour in real life is, of course, more complex and is influenced by a range of factors.

Risky sexual behaviours are often linked with a lack of access to correct and high-quality information, the absence or under-resourcing of appropriate services and the financial limitations associated with being young (Roque and Gubhaju, 2001; WHO, 2000). Youth may at times fail to seek information about the use of contraception until the point when they become sexually active or, in some cases, pregnant (Creatsas, 1997).

Sexual behaviour of university students

When studying sexual behaviour and norms in modern societies, researchers have often used university students to define normal behaviour. Young people enter university usually around the age of 18-20, when they are in the process of transitioning to adulthood. This is the time when their sexual development is at a turning point and their experiences contribute to the building of sexual identity. Self-discovery through sexual and emotional relationships is sometimes a painful and even dangerous process (Lavigne, 2004), with some students reporting having had unpleasant experiences. 75% of the students who were sexually active in Oswalt et al.'s (2005) study reported that they had regretted their decision to enter a sexual relationship for multiple reasons, including their morality. Individuals also reported having not said anything or reacted to the situation in the way they wanted to at the time.

Such reports should be encouraging for educators who seek to include educational activities during classes where individuals return to their memories of unpleasant activities in a supportive atmosphere and are encouraged to reconsider how to respond to them or avoid to them reoccurring in the future. Self-blame should not be a part of this process and the activity should only be promoting participants' internal reflection and awareness of

themselves and their decision-making process. This view has been advocated by Brick (2000), who says that the primary goal of sex education has to be the development of critical thinking, which will give everyone the ability to carefully consider their own sexual feelings, beliefs, and behaviours and form attitudes accordingly. For one's sexual life to have quality, there is the need to think about one's own experiences and to question and analyse them. Just having many different experiences is certainly not a guarantee that a person will learn a lot, although this misconception persists among some young people.

The objective of this sort of education is to have students question what they have experienced, their own practices and examples. They are encouraged to develop a healthy lifestyle, where they are in control of their environment and themselves, learning which marks the beginning of the process which should enable young people to have healthy relationships in the future. Based on Dupras (2012), the general objectives of education relate to the consequences of reflection. The first goal is to give students knowledge about sexuality generally; if they develop the ability to reflect upon relationships and sex in general, that will transform their experience to knowledge about sexuality and themselves in particular. Such experiences need to be compartmentalised into different theories and concepts to have foundational skills develop. Experience is gained from reflecting on any activities the student has had in the past. The second goal is to improve practice. In this instance, reflection means being able to adapt to new ways of behaving in sexual situations. Reflection is a tool for analysis. The third goal is to gain sexual autonomy. Students need to be given reflexive autonomy based on the analysis of different options which are available to them and the ability to choose from those options the ones which are more applicable for their own needs and goals.

Knowledge about sexuality is built not by passively gaining information but by actively being engaged in the process and reflecting on what one has learnt. Education courses about sexuality for university students should not be designed with the goal of having success among the population but also to give students the ability to 'realize' their own sexuality (Colson, 2011).

The history and development of college student sexual health programmes within higher education is not something that has been well documented. There is little knowledge

surrounding the history of how sexual health information and programmes have been incorporated as part of postsecondary education and who was responsible for providing it. Today, in many colleges, sexual health programmes are included within student wellness departments within divisions of student affairs (e.g., Duke University, 2021; IUPUI, 2021); however, limited literature exists on the emergence of sexual health curricula at institutions over the years. Studies on college student sexual behaviours have investigated sexual risk-taking behaviours among 18-22-year-old, heterosexual students that do not often include students from diverse backgrounds and highlight sexual activity including methods of protection from STIs and/or contraceptive options (Menning and Holtzman, 2015; Oswalt, 2010; Wade, 2017). Although sexual health programmes have varied across the decades, diverse programme objectives make it difficult to evaluate effectiveness of these programmes (Amar et al., 2014; DeGue, 2014). At the present day, college sexual health programmes encompass a variety of topics including: information on STIs; contraceptive use; behaviours and decision-making; sexual assault prevention; and pregnancy prevention (King, 2012; Moore and Smith, 2012). Typically, college sexual health programmes include material on behaviours and proactive measures such as navigating consent, same-sex sexual relationships, stalking, exploring the dynamics of power in relationships, and partner violence (Edwards, 2016; Hubach et al., 2019; Jozkowski, 2015; Lindgren et al., 2009; Oswalt, 2010).

Students often find themselves in an unsupervised environment, where they have ability to engage in different risky behaviours (Taylor et al., 2009). Especially during the first year of university, with more freedom afforded to young people, coupled with less adult supervision and therefore opportunity to engage in risky behaviours, the instances of these behaviours increase. Some influencing factors may include the use of alcohol, marijuana or other substances, engaging in risky sexual behaviours (Fromme et al., 2008). Students often engage in sexual activities while under the influence of psychoactive drugs or alcohol. They might have multiple sexual partners or engage in sexual activity without using barrier contraceptives which of course places them in more of a risky situation regarding STIs and unwanted pregnancies (Fielder and Carey, 2010). Compared to the general population, university students are overall at higher risk of contracting STIs due to social, biological, and cultural reasons.

Wyatt and Oswalt (2014) conducted a study which discovered that among the students who said that they had engaged in sexual activities during the last 12 months, on average, male respondents reported a much higher number of sex partners than did females. Females were more likely to report using withdrawal as a contraception method in their last instance of vaginal sex. This raises a question as to whether males are simply not reporting withdrawal as much as females do.

While some staff in higher education institutions might believe that sexuality education should have occurred before students enter university, there is still a big challenge in that students lack the skills and information necessary to establish healthy habits (Wyatt and Oswalt, 2014). Education in sexual matters has historically advocated for abstinence or there was no education at all; therefore, there are generations of people with limited knowledge about sexual health (Society for Adolescent Medicine, 2006). Such tendencies in sex education influence young people's relationships, rates of pregnancies and STIs, as well as impacting upon their learning abilities and thus also academic progress (ACHA, 2013). Ultimately, this can result in negative consequences for rates of retention and graduation (DeBerard et al., 2004).

Gender and sexuality

Gender is a social construct (Connell, 1987; Dea, 2016) that, put simply, defines what it means to be a 'woman' or a 'man'. Different societies have different definitions of the appropriate behaviours associated with each gender. Some people think that gender differences are based on the biological differences between men and women, others maintain that gender is a socially and culturally defined idea.

Most individuals believe that men and women are different, with such beliefs often founded on stereotypes of femininity and masculinity. Such generalisations are often incorrect and oversimplified (Blackstone, 2003). The idea that women generally tend to be to be feminine and men masculine might be inaccurate as well. Modern society has introduced changes to the idea of what it means to be male or female and not all people conform to the social descriptions of 'gender-appropriate' behaviour (Morgan, 1992; Roberts, 2013).

One of the main developmental processes which young people go through is that of gender and sexual socialisation. Acquiring specific gender roles may lead to changes in people's personalities as well as their sexual behaviour patterns (Measor et al., 2000) and it follows that while developing gender identity, young people display to the social world what this identity means to them. Their behaviour informs the world as to whether their identity is feminine, masculine or, less often, other. Adolescents are often unsure of what the correct and appropriate behaviour is in expressing their gender identity, and boys who want to be perceived as masculine might oppose everything feminine and act defensively if it was suggested they were in any way feminine (Lees, 1993; Morgan, 1992). Girls do not usually have a problem of showing femininity, but they still have techniques to broadcast their identity to society (Measor et al., 2000).

In most cases, when youths experience insecurities surrounding gender identity, they try to compensate with overly stereotypical, heterosexual and gender-appropriate behaviours, perceived as either extremely masculine or extremely feminine. Young people might intentionally distance themselves from anything associated with the 'other' gender or non-heterosexual inclinations (Paechter, 2003). If, for example, a boy does not do this and exhibits any feminine interest, they might be perceived as homosexual, which can push them into many emotional and social risks (Kolodny and Kolodny, 1995). Therefore, young people often try to behave as the predetermined gender roles tell them to.

In the next section, specific feminine and masculine gender roles and norms will be discussed further.

Sexual norms and gender roles

There is always a pressure on individuals within a society to go along with its norms, not least with respect to gender role norms (Knodel et al., 1997; Rivers and Aggleton, 2001; Varga, 2003). Gender behaviour patterns and how they link to relationship actions among youths is usually dictated by sexual behaviour norms which are influenced, in turn, by factors relating to the dominant religion, traditions, culture, family dynamics, and the expectations of one's community (Diamond et al., 1999).

In traditional societies, males are expected to be more sexually active. Sex may even be considered something that males do *to* females while women are considered as not at liberty to choose when, where, or how sexual intercourse will happen. Attitudes like this direct men to make the first sexual advances and thus prove their masculinity. In many cases, men assuming such roles also diminish women's ability to enjoy sex (Kolodny and Kolodny, 1995; Rivers and Aggleton, 2001). These double standards give young men the chance to gain sexual experience, while their female peers hear that they should maintain their virginity and be passive in everything sexual until marriage (Connell, 2005; Kolodny and Kolodny, 1995).

In modern society, these standards are changing because many societies have challenged them (Thaweesit, 2004). Young people are generally more sexually active now than they have been before and so-called 'good' and 'bad' sexual behaviours are not as clearly distinguished and are changing in the eyes of society (Adikaram, 2014). More focus is applied to one's personal fulfilment and satisfaction (Wood et al., 2021) than previously, though sexually active boys are often still regarded in a more positive manner than sexually active girls; while the former might be construed as adventurous, the latter often have their morality questioned and are even labelled as 'sluts' (Ayuningtyas and Kariko, 2018). Sexually active girls are usually the topic of gossip even in situations where they behave maturely and with responsibility. In certain social groups, though, the girls are becoming more assertive in exhibiting their sexual behaviour and they are unafraid to openly talk about these issues and might not be interested in marriage and motherhood (Montemurro et al., 2015).

Social and cultural changes are often brought about by economic development, which heralds shifts in the norms and roles within a society (WHO-West Pacific Region, 2007). In recent years, Georgia has been undergoing major economic and social changes. In the past, girls were dictated to not to show any initiative in forming relationships and were expected to wait until men made the first step; Georgian people are still influenced by such norms and expectations of culture. There exists a power imbalance among males and females and that imbalance is especially defined and obvious in sexual matters. Such division contributes to the emergence of sexual crimes, abortions due to early pregnancies and transmission of STIs (MOPH and WHO, 2003).

One can still feel the impact of traditional sexual values in Georgia where virginity is considered one of the positive virtues in a woman. As in other countries, women are directed to be submissive, passive, and modest in relationships (Rivers and Aggleton, 2001; Siegel and Meunier, 2019) and in general, men prefer to marry women who have not had sexual intercourse before. Women are expected be good housewives and mothers and be less sexually active than men, for whom affairs outside marriage are more acceptable than for women (Thaweesit, 2004).

These types of norms often have a damaging impact on the health of young people. Refusing the likelihood of paternity might seem a logical step for young men in society, as they have to think about their future education and employment prospects. In some cases, this phenomenon might explain illegal abortion cases for young women. Transitional values and mixture of traditional and modern ideals always influence the risks within the society. Such influences are pressuring young people to change their ways of behaviour, but their personality factors also play an important role.

Culture and gender-based violence

Promoting educational activities or conducting research on sexuality creates tensions in developing countries. Development, while celebrated by young people and adolescents as providing freedom of thought and sexual practices, can be viewed as being opposed to traditional identities assumed within that culture (Parkes et al., 2016; Spronk, 2009). During the past twenty years, there has been an increase in research dealing with culture in the context of education programmes, especially pertaining to sexuality and gender-based violence (GBV). Such studies have sometimes been inspired by consideration of cultural barriers acting in the context of educational efforts. In the majority of cases, one barrier is tradition, which might negatively impact sexual and reproductive health and rights (SRHR) (Chandra-Mouli et al., 2015; Vanwesenbeeck et al., 2016). On the other hand, there have been famous feminist and post-colonial theorists, who have argued that thinking of culture as a barrier to health is a simplified and narrow way of thinking about the issues (Chilisa, 2005; Khau, 2012; Tamale, 2011). Research on sexual health has not always considered culture or a culture's interpretation of what sexual health means (Chilisa, 2005); indeed,

there is a lack of social or historical approaches to sexuality and gender issues in Georgia (Tamale, 2011).

Theorists discuss the way that 'modern' is an indicative term used to denote the understanding and knowledge mainly developed in, and disseminated by, Western countries. This understanding of modernity and its Western bias dominates the interpretations of what 'sexual knowledge' and 'awareness' should mean. Several studies have also looked at how the variable 'culture' is often discussed to explain higher rates of GBV (Bhana, 2015; Kedir and Admasachew, 2010) while, on the other hand, we know very little about what goes on in universities, among students and lecturers, who are directly involved in discussing these issues and the relationship between violence and culture. We do not know what an educational response should be towards these concerns, although it is clear that there is a need to explore approaches to reconciling traditional culture and values with the Westernised, modern approaches to RSE in order to ensure the appropriateness of such programmes to participants and promote their acceptance within wider society.

With more attention focused on SRHR, violence which might be gender-based also attracts considerable attention. To explain the high prevalence of sexual violence in Ethiopia, Kedir and Admasachew (2010) discussed how it is typically blamed on culture by experts. However, Kedir and Admasachew maintained that this was often just an excuse to avoid interfering in the issue, instead remaining silent (Bhana, 2015; Meyer, 2008). Blaming the culture corresponds with the narrative of a population, which includes parents, teachers, and young people, even if these groups have different interpretations on the legitimacy of this explanation. Teachers in KwaZulu Natal, South Africa, think that culture is a legitimising factor in GBV; in Zulu culture men are dominant; therefore, they use their power to maintain authority (Bhana et al., 2009). Attachment to traditional culture might be nostalgic for some teachers and anything 'modern' might be perceived as threatening to their worldview (DePalma and Francis, 2014). The position of young girls themselves often varies depending on the time and context of the discussion (Parkes et al., 2016) and the belief that GBV might be reduced by modernity has also been debated (see Parkes et al., 2016). Literature on the issue agrees that GBV might be caused by factors which are overlooked in research when variables such as 'culture' are brought in. More influential are the factors of social, economic and political inequality associated with poverty and the associated lack of

adequate education or access to health services (Bhana et al., 2009; Kedir and Admasachew, 2010; Shih et al., 2017).

Patriarchy (Winter et al., 2002) and the power imbalances which it supports are considered by some to be central in explaining GBV (Leach and Humphreys, 2007). Patriarchy favours males and their sexual entitlement, while discriminating against females; to varying extents, most cultures have been shaped by these ideas, since men have held most of the influential positions in the world. However, this fact also means that cultures can be redefined and reshaped with modern views (Connell, 2002, 2012).

Family planning and sexual health services

The goal of family planning is to allow people to make choices to have children at a time which is comfortable, to determine the number of children a couple wants, and to assist them with planning a healthy and manageable duration in between children, and maintaining a healthy sexual life. This also includes maintaining good general and sexual health, including avoiding unplanned pregnancies and abortions.

At this moment in Georgia, there is no developed culture of family planning. People have no clear understanding of the risks connected with teenage pregnancies and the levels of maternal and infant mortality in the country, and have very limited access to information on how important it is for women to be educated in this field for their involvement in social affairs as well as career development or how important it is for the family to be planned according to the moral and financial readiness of partners (HERA, 2018).

The role of education

General education and its contribution to good health

Education is a fundamental right of every person in the world. The Education for All Millennium Development Goal further emphasised the importance of education for people to live their lives to their full potential. The need for education is greater in certain countries

to further their development; however, despite this reality, in recent years' donors have not been funding education goals to the extent that is needed.

Education can ensure a better future for people by improving health in individuals with such benefits being subsequently passed to future generations. Educated people are at lower risk of diseases and malnutrition and it is clear that health and education have a two-way connection. People who are healthy tend to be more educated as well and typically have higher income, which means that they can spend more on maintaining their health. It follows that there is a lower likelihood of educated people being exposed to risky environments and undergoing psychological or physiological health dangers (Feinstein et al., 2006; Grossman, 2006). Education, for example, raises awareness about ways of preventing HIV and other STIs, thus lessening the risk of disease. According to UNAIDS (2019), globally, new HIV infections among young women aged 15–24 years were reduced by 25% between 2010 and 2018. This is good news, but of course it remains unacceptable that every week 6000 adolescent girls and young women become infected with HIV worldwide. The sexual and reproductive health and rights of women and young people are still too often denied at the global scale, with enormous disparities between nation states. The response to the HIV/AIDS crisis must centre on people, especially most at risk —the young women who do not have the knowledge of how to keep themselves HIV-free, the men who will not or cannot seek out health care, the transgender people who are discriminated against and the hundreds of thousands of people who die each year, even though HIV is preventable and treatable.

School-based RSE in Georgia

Until 2014, there was no component of sex education in the Georgian general education system, and despite a number of changes since 2014, sex education in the form in which it is integrated into the Georgian education system still does not meet international standards. Factors such as the incidence of STIs in the country and the high rate of abortion and the low percentage of contraceptive use among women also point to the problem of its effectiveness.

The Ministry of Education in Georgia considers it impossible at this point to have a separate subject teaching solely about RSE. Instead, such topics are covered in the curriculum of biology from 7th to 9th grades, where the issue of 'reproductive health' is included. Mariam Jashi has said in an interview with Hera XXI Association for Education, Science and Culture (HERA, 2018) that "Education is most effective in dealing with reproductive health issues". She has spoken about the memorandum between UN Agencies and the Ministry of Education and Science of Georgia, which addresses reproductive health promotion, health risk prevention, and communicable and non-communicable disease management. Mariam Jashi underlines the importance of RSE for young people in Georgia where, according to www.tabula.ge (an online magazine in Georgia), there were 500 underage girls in 2015 who had dropped out of school because they entered an early marriage, while in 2014, more than 1500 girls were registered as underage mothers.

According to a report by the United Nations Population Fund (UNFPA) (2014), the majority of respondents agree that the school is an institution that has the ability to provide structured, systematic, and proper education in sexual and reproductive health. Consequently, it is critically important for this strategic institution to take responsibility for student awareness. It is evident that schools are best-placed to deliver structured RSE; however, in its absence, a level of responsibility lies with parents. Sexual desire is inherent to humans, a fact of which parents should be aware. They should therefore provide their children with relevant and accurate information, because a lack of RSE can have major health consequences, and at present school delivery clearly does not meet young people's needs.

According to Skhiladze (2020), a Deputy Ombudsman of Georgia (Tabula, undated) the lack of formal education is an impediment to using health services and reflects on levels of public awareness. She noted that the absence of structured and appropriate RSE increases the risk of teenage marriages, because of inadequate knowledge of the dangers, inaccurate informal information transfer and society's expectations. Teaching RSE is widely opposed by the public due to their prejudices, but the reason for teaching it is to provide relevant information about people's health and rights and to allow students make more informed decisions.

Garnering support from the general population for suitable RSE will be a particular challenge in the Georgian context. The phrase 'sex education' in Georgia automatically has 'dirty' images associated with it, and whereas the fact is that society does not talk openly or positively about sex in general, it is clearly necessary to start doing so for the sake of promoting SRHR. It is vital to teach adolescents about their bodies, personal space, communication, and relationships in a healthy, informed way. The next generation needs to be aware of their own rights as well as the rights of other people.In 2017, a special report was published by the Public Defender's office about sexual and reproductive health in Georgia (Human Rights Sexual and Reproductive Health and Wellbeing in the Context of: Country Law Condition Assessment, 2019). The second stage of the assessment was planned to be conducted in 2018 with its goal to assess sex and reproductive health in practice for the target population. The findings have not been encouraging; even though the State has made progressive decisions, systemic problems still exist for women in SRHR and there is no consistent vision of postnatal care and services. Family planning and contraceptive services are not funded and the integration of education on human sexuality into the formal education system remains a problematic issue. Ms Dubravka Simonovic, the United Nations Special Rapporteur on violence against women, has given the Georgian Government a set of recommendations to reduce violence against women, but the issue is still challenging, especially the part about implementing programmes related to gender equality and sex and reproductive health issues at all levels of education (Schmahl, 2017). Sustainable Development Goals are recognised by the country and the government has been trying to achieve them, though sexual and reproductive health goals remain very challenging to attain (Sustainable Development Goals, 2020). It is evident that Georgia faces huge problems with the lack of human sexuality education within the formal education system, though, encouragingly, some parts of society now recognise the need to implement the delivery of education programmes about sexual health and relationship nationally. The United Nation Population Fund (UNFPA) published a report where the majority of the surveyed people agreed that schools should teach about sexual and reproductive health in a structured, accurate, and consistent manner (Shengelia, 2015).

Certain parts of society, on the other hand, have very negative views about sexual education, despite its positive aspects and benefits to individuals and society. This has had

an adverse impact on the development of the State Programme in Georgia (NetGazeti, 2016), where groups such as the Patriarchate of Georgia and other conservatives make it harder to integrate sexual education within the formal education space, compounding the lack of political will from the State. This can also be explained by social and cultural contradiction towards the issue (Public Defender's Office of Georgia, SRHR, 2019, p.99).

Based on the information which was provided by the Ministry of Education, Science, Culture and Sport of Georgia (the response letter of the Ministry of Education and Science, 20 December 2018), there is a need to revise and reform two subjects within the education system – Biology and Civic Education. One of the aims of Biology in the new National Curriculum (basic level) is to give students an ability to analyse health issues and their importance and develop their views on healthy lifestyles. Based on the Ministry's information, there is a topic in 9th grade about the physiological risks of early pregnancy/marriage. While this is important information in itself, one might argue that the biology classroom is not the best context in which to discuss the socially complex issues around sexual health and everything that precedes unwanted and/or underage pregnancies. Therefore, Ministry has explained that there will be greater emphasis on teaching reproductive health issues in the New Generation National Curriculum. These topics, however, do not necessarily cover every aspect of comprehensive education on human sexuality. According to the Ministry, the subject 'Society and Me', which was implemented in 3rd and 4th grades of public schools in Georgia, also covers the topic of gender equality in the 2018/2019 academic year. The subject emphasises the importance of gender equality in several study topics and there have been revisions of standards for primary (grades 1-6) and basic (grades 7-9) education which they were approved by the UNFPA Country Office in Georgia.

Relevant information about sexual and reproductive health, divided by age appropriateness, as well as information about reproductive rights and gender equality is integrated into the subjects Nature and Society and Me at the primary level and Biology and Civic Education at the basic level. Based on students' age, topics are integrated into the curriculum with correspondence to standards of United Nations Educational, Scientific and Cultural Organization (UNESCO) and the WHO. Revision of the curricula at the secondary level (grades 10-12) has already been initiated for the subjects of Biology and Civic Education.

There is no guarantee, though, that teaching specific components of healthy lifestyle and sexuality will also happen – clearly this would represent a missed opportunity if such issues are not incorporated. The quality of teaching is a problematic issue as well, and reforms at the level of policy and curriculum do not always translate to classroom activities. Monitoring reviews have shown that there have been gaps in the teaching process which interfere with knowledge delivery to adolescents and therefore their awareness and ability to make informed choices.

Despite the above steps, information about human sexuality, no matter how it is embedded in the formal education system, is not sufficiently complex and is therefore unsatisfactory, as it covers only certain aspects of CSE. The quality of teaching is also problematic, partly in terms of the ways in which students are provided with the information included in the study material. A significant obstacle to teachers' attitudes towards these issues is that they do not have sufficient competence and willingness to provide complete, stigma-free information to students; indeed, today's educators in Georgia would not have received RSE at school, so have no direct experience which is comparable to their students'. They often avoid talking about issues that are covered in the subject of biology and relate to human sexuality, instructing students to process similar materials independently, at home, or talking to girls and boys about these issues separately. These practices, the lack of competence of teachers and the taboos in the community around the topic of sexuality, significantly affect the quality of the delivery of sex education and mean that teaching of RSE rarely goes beyond superficiality.

Sex education in higher education

Most research on sex education courses in US higher education was conducted in the 1980s and 1990s. Today, there is less known about what is being taught worldwide in undergraduate sexuality courses. Research on what is being taught in sexuality courses typically focuses on young people in public schools (Strasburger and Brown, 2014), examining, in the US, such issues as what emphasis should be placed on topics beyond abstinence within sex education in the classroom setting. Many areas in the USA focused on abstinence education in the secondary school system during the 1990s and 2000s; evidence suggests that these students have lower levels of sexual health knowledge and often already exhibit high-risk behaviour when they arrive at college (King, 2012; Vail-Smith et al., 2010).

Undergraduate sex education courses could be one strategy to address this lack of knowledge.

Although behaviour change may not be the focus of undergraduate sex education courses, some research has revealed changes in students' attitudes after taking such courses. Specifically, pre- and post-comparisons from the beginning to the end of sexuality courses have highlighted positive changes in attitudes towards gay and lesbian individuals (Chonody et al., 2009), perceived increases in overall sexuality knowledge (Rutledge et al., 2011) and more cognitively complex conceptualisations of gender (Walters and Sylaska, 2012). Some researchers have found that students become more accepting of sexual behaviour both for themselves and for others after having taken a sex education course (Pettijohn and Dunlap, 2010). Henry (2013) examined the impact on couples when one individual was enrolled in an undergraduate sex education class; it was found that students reported increased overall communication and increased communication about sex within the relationship, and felt more comfortable in relation to sexuality in general. In that study, couples also reported positive changes related to self-confidence, body image and relationship changes, including a greater willingness to explore new sexual activities, increased awareness and attention to sexual health issues and, for some, increased sexual pleasure.

The study conducted by Oswalt et al. (2015) provided an exploratory investigation of the content and pedagogy of undergraduate human sexuality classes in US institutions of higher education. In the 1980s, Polyson et al. (1986) found that sex education courses were more likely to be taught at larger universities, with almost half (44%) of such courses being taught within psychology departments. They also found no difference in the likelihood of sex education courses being included at religious- and non-religious-based colleges and universities. Their work examined the presence of a sex education course in a random selection of colleges, whereas the current study focuses on the content and pedagogical strategies in potential sex education courses in a total of four universities. In the study by Oswalt et al. (2015), when examining course content, over one-half of the courses included the majority of the content areas from the SIECUS Guidelines. Although there has been much discussion in the USA related to abstinence-only education at the secondary level, such a discussion does not seem to have occurred in any country for higher education. Interestingly, some of the courses examined by Oswalt et al. (2015) did not include

contraception, HIV and AIDS or information on STIs. Given the variety of disciplines housing sex education courses, this content may not be relevant to all courses surveyed; exploration of why these topics are not included should be considered for future study.

Within the SIECUS Guidelines on sexual health, according Oswalt et al. (2015) the most common topic areas were human sexual response, shared sexual behaviour and masturbation. These findings correspond well with another result showing over 90% of the courses included discussion about sexual pleasure. Sexual health messages often focus on health concerns (preventing STIs or unplanned pregnancy), but the issue of pleasure is a critical one for college students. Several researchers have identified that education about pleasure may be critical to sexual decision-making (Oswalt, 2010), condom use (Randolph et al., 2007) and the engagement of students in class (Goldfarb, 2005). Finken (2006) argued that courses should not focus on personal sexuality but use real-life scenarios from the media or hypothetical case studies to discuss situations. She cited ethical concerns and the risk of sexual harassment as reasons to avoid students' personal disclosure in the classroom. Conversely, Allen (2009) proposed that because sexuality is the topic being studied, the undercurrent of personal sexuality cannot be denied. She further indicated that this offers instructors the opportunity to explore "the possibility of a sexual and embodied pedagogy that explicitly invites students to be sexual subjects in a space that traditionally prioritises the mind over the body" (p.246). Allen provided an example of how a student simply asking a question – perhaps about sexual orientation or a variant sexual behaviour – may result in other students making assumptions about his/her sexual beliefs and behaviour. In Oswalt et al. (2015), many of the objectives focused on the development of a personal skill (such as decision-making, interpersonal communication or responsibility), in contradistinction to Finken's recommendations.

Pedagogical strategies for university

There are certain elements which can be incorporated into the traditional curriculum, and teaching strategies have been presented within the cultural adaptation literature, which are relevant to considering the culturally sensitive context in Georgia with regard to RSE.

Certain classrooms and curricula are created with a thorough understanding of the background of different students, which is likely to be helpful in encouraging them to engage with the content. This approach is especially critical for classroom-based RSE, where diverse people might be represented, and one homogenous method of teaching is unlikely to be fit for purpose. Classrooms might benefit from the integration of discussion on certain topics, rather than providing students with ready-made views, which might cause them to become uncomfortable and to disengage with the programme. Strategies for incorporating culture comprehensively in the classrooms during these interventions include the following suggestions (Zwiers, 2013):

- Students should have the rationale of the discussion around culture explained to them so that they understand the purpose of the delivery of the content and use it to relate new knowledge to their everyday lives.

- Diversity of cultural norms should be acknowledged from the beginning, between and within cultural groups. People should feel that their ideas and perspectives are heard and understood.

- Students should be encouraged to reflect upon their cultural values and the identity of cultural groups to which they belong; and

- Students should be allowed to give feedback on lessons they have been a part of. Cultural variations within certain groups must be accommodated while trying to culturally adapt the curriculum; the issue might be addressed with the segmentation of the population, and adaptations of this nature can be reframed under something else, rather than referring directly to race or ethnicity. Groups might be narrowed into more homogenous and smaller groups in which common experiences might be captured with more detailing, and analysis of cultural units will be more productive (Castro et al., 2010). One more potential solution is developing protocols of intervention of different types, which might be tailored to specific needs and preferences of smaller groups or even individuals. Such approaches address variation within the group and might enhance the appropriateness and effectiveness of interventions.

Culturally relevant pedagogy

Culture has been acknowledged as a powerful influence on educational processes countless times over the history of research (Corneille et al., 2005; Howard, 2006; Nieto, 2017; Walker and Hutchison, 2021). However, there is misunderstanding of the meaning and application of culturally relevant pedagogy. Teachers often misunderstand the importance or the meaning of culture and apply the pedagogical methods for cultural relevance in an inaccurate or incoherent way. There is also a lack of applied theory in both research and practice on sexuality education which would be culturally responsive, if properly understood and duly considered. Approaches have often not been built on thorough investigation of what was effective for a diverse population of students or with adequate cognisance of the relevant theories. Implementation has often happened with complete ignorance of theories or, at best, their inaccurate use and application. The outcome of these mistakes is that effective, true culturally relevant pedagogy and the availability of teachers qualified and competent for its delivery are very hard to describe authentically.

The approaches of pedagogy, including cultural relevance and multiculturalism, have existed since the 1970s, though these specific terms were not used until later (Sleeter, 2011). Even so, critical investigation of the cultural component of pedagogy and its observation within the methodology of teaching began in the early 1990s (Morrison et al., 2008). The theory of culturally relevant pedagogy put forward by Gloria Ladson-Billings (1995) was one of the first critical investigations of this phenomenon. Ladson-Billings' (1995) framework outlined characteristics of the method and how culturally relevant pedagogy can define culturally responsive teaching. This theory was used in different applications and for designing educational interventions (Morrison et al., 2008; Phuntsong, 2001).

Ladson-Billings was not the only researcher to provide recommendations on implementing cultural responsiveness in teaching; Gay (2000) offered similar theoretical recommendations in relation to his theory which was used in several sexual health studies which investigated cultural responsiveness (Roxas, 2008). In her original theory, Ladson-Billings (1995) described pedagogy, including cultural relevance, as consisting of three important factors, which had to be integrated into educational practice to be successful: high expectations

(teachers should have demonstrated high expectations to students, regardless of their background); intercultural competence (teachers should have helped students form positive cultural ideas of others and themselves); and critical consciousness (students should have been taught to be critical observers of social inequality). Based on a study by Young (2010), it was held that delivery of the programme by a teacher with good knowledge of cultural relevance was more important than staying true to the theory. A culturally relevant pedagogue is a person who knows all three theoretical elements and uses them when creating the learning environment or educational context.

How culturally relevant pedagogy affects teaching

Teachers might believe that they are using a culturally-sensitive approach to teaching, but their biases and dispositions can often interfere with effective delivery of knowledge to diverse student populations (Hancock, 2017; Ladson-Billings, 1997; Sleeter, 2011). The challenge is to utilise culturally relevant teaching methods, when teachers themselves are confined within their own cultural upbringing (Irvine, 1994). Based on Sleeter (2011), some teachers misunderstand culturally relevant pedagogy due to lack of awareness of their own cultural predispositions and over-reliance on the dominant values of their society. Due to this, teaching strategies are typically more closely aligned with teachers' beliefs of what is valued and accepted than they might themselves realise (Horn, 2010). For example, if students support the values of dominant culture or its stereotypes about ethnicity, gender, sexuality, race, or socioeconomic status, teachers might not notice that these are biases. Such educators often support dominant cultural scripts because they are unaware of how their own culture influences them (Horn, 2010).

Horn (2010) has discussed approaches to teaching Caribbean and Latin American undergraduate students about the topics of gender and sexuality. She stated that the primary challenge was introducing the differences between European-American and Latin-American cultures without providing stereotyped thinking patterns. She recommended that educators should help students to see contradictions between stereotypical responses and demonstrated this through examination of Latin American women's discussion patterns. Horn asked students to write down any information they knew about gender and sexuality

in Latin America before writing example answers for them to see and guiding them through an exploration of how it might be possible that some of them had said that there were more female presidents in Latin America than in the US while others had commented that women's abilities were limited in Latin America, more so than in the US. She believed that such controversies opened up opportunities for dialogue, which challenge stereotypes (Horn, 2010).

Ladson-Billings (1997) studied teachers who were identified by other people as successful facilitators with cultural competence in the classroom. She asked parents to identify the characteristics and behaviours, which, in their opinion, helped teachers to teach African-American students effectively. One parent said that students often receive contradictory messages from the educational institution and their home, saying: "I want him to hold his own in the classroom without forgetting his own at home" (Ladson-Billings, 1997, p. 133). This quote illustrates tension which African-American parents have to face in academic settings. Such families want their children to have successful experiences in school but not to forget their cultural heritage. Ladson-Billings (1997) suggests that if teachers effectively practice culturally relevant pedagogy, they will teach students based on their (the teachers') ideals without invalidating their families' values and beliefs.

Based on the literature review of Thomas and Stevenson (2009), it is necessary for teachers to have high expectations of every student while simultaneously acknowledging their differences. The researchers asked how African-American boys were affected by their gender, class, and race in school; their findings indicated that African-American boys are often at risk of academic underachievement and that influences are based on teacher-student interaction and other social processes in the classroom. Thomas and Stevenson found that teachers' pre-existing ideas about race and gender often affected the academic achievement and social wellbeing of students. It was noted that this was not done intentionally, indicating the complex nature and difficulty of teaching without revealing socio-cultural bias. In the same study, teachers had different expectations for girls and boys, as well as expecting different results from European-American, African-American, Latino and Asian-American students. Teachers often viewed African American students, especially boys, as being lazy, violent and aggressive. They also thought that these students valued athletic achievements more than academic ones.

Race, gender, and socioeconomic status are all elements of cultural complexity which play an important role in shaping misunderstandings of other people and apparent underperformance of young people of colour (Gay, 2000; Potts, 2011). Thomas and Stevenson (2011) suggested that those variables not only influence academic performance at face value, but the bias that teachers have, related to socioeconomic status, gender and race, may also have a role in academic achievement.

Potts (2011) conducted a case study of one teacher, working with a diverse population of students, and demonstrated how this teacher's predispositions about such socio-cultural variables influenced student achievement and the student-teacher relationship in general. Susan, who was the focus of the case study, was a white woman, who grew up in a middle-class, homogenous family and community. During an interview, she said, "Skin colour doesn't tell me anything about (students') personality and what they need (in an educational setting)" (Potts, 2011, p. 7). Susan thought that all students were like each other in their interests and abilities and did not acknowledge skin colour during teaching. In her opinion, race was not an important factor, but their surrounding environment was. Susan's example illustrates how a teacher can fail to acknowledge the complex nature of culture; she was trying to avoid stereotyping students on the grounds of such characteristics as skin colour while potentially overlooking the reality that such characteristics do affect engagement/success within an educational setting.

Potts' (2011) study connects with Gay's (2000) theory of Culturally Responsive Teaching. Both of them state that to implement a cultural sensitivity approach successfully in the classroom, teachers have to understand the complex nature of culture and its influence on people. Potts (ibid.) believed that many educators had to develop a more complex understanding of culture and that being similar does not override the possibility of being different due to cultural differences. Simply put, humans can be both similar and different. Potts believed that when Susan used her 'colour-blind' approach in teaching, she resisted the necessity to be responsive to cultural differences. Potts suggested that teachers should receive training to understand the similarities and differences between people, linking directly with their cultural sensitivity. Thomas and Stevenson (2009) and Potts (2011) have shown how teachers have preconceived notions about students and their culture and home

life, and how these ideas are connected to their pedagogy, even when they may not be aware of their biases.

Ladson-Billings (1997) proposed that to be engaged in culturally relevant pedagogy, educators have to teach based on the academic institution's ideals, without invalidating the values of the community and families of students. Before such practices are implemented, teachers need to increase their awareness of their own biases about students' home lives and culture with a willingness to re-examine ideas about their own values, which are clearly as important for sexuality educators as for other teachers.

Sex education teachers' opinions and predispositions can affect students and educators themselves, but in different ways. Kehily (2002) investigated the cultural background of teachers and its connection to the pedagogical approaches those teachers adopted in sexuality education. Kehily (2002) conducted a qualitative study of three teachers and a school nurse in a UK school. Based on narrative analysis, four main themes were found which suggested that the culture and personal experiences of teachers did indeed impact upon on their teaching. These themes were approaches to working with students, approaches to sexual diversity, sexual biography, and the motive of becoming a teacher. Kehily found that teachers' own experience in learning about sex and their sexual history had a significant effect on their relationship with students and how students perceived their teachers. One of the participants, Mrs Green, discussed how her own time of being a student had had an effect on her, influencing her as she mentored a specific student in her classroom. Mrs Green said that she had been a bad student in school and had had her share of emotional issues; therefore, when she found similarly struggling students in her class, she always wanted to help them. Her teaching experience was obviously dependent upon her own childhood experiences, consciously or unconsciously. However, in Kehily's study, students did not conceive Mrs Green or other teachers as being positive during sex education. They reported that they felt as if teachers were trying to be older siblings with them, but their approach just felt as if they were poking in their personal life, which was not helpful (Kehily, 2002). Even when teachers, such as Mrs Green, had positive intentions with their methods, their agenda got in the way of providing appropriate knowledge and establishing the relationship which students needed. Without an investigation of personal

experiences and their influence on her teaching, teachers like Mrs Green never will be able to recognise how best to meet the needs of students.

Examination of relationships between teachers and students as well as the community was one of the purposes of McDade (1987), who found that all parties need to be able to re-examine their attitudes and values about sexuality, otherwise meaningful teaching and learning will not occur. These findings are based on an ethnographic study of one community, which struggled to provide education and schooling to pregnant teenage girls. McDade (ibid.) explored how schools implemented teaching about body and sexuality issues, and how they supported this process. The study was set in a town where the pregnancy rates were among the highest nationwide and McDade found that the schools tried to educate students' minds and control their bodies. Teachers who were responsible for sexual education in the school rarely expressed criticism at how the content was presented to students in the classroom or how their own pedagogical methods reflected biases about culture, sexuality, and adolescence (McDade, 1987).

McDade pointed out that usually students are presented with information about the dangers and risks of being sexually active, which is contradictory to the reality. Based on this study, students are individuals with their own ideas, emotions, and sensations, so it follows that when teaching sexuality education, the content must not be limited to the mind only. It should address and investigate the issues of heart and the body (McDade, 1987, p. 59). The process of such education, including the body, heart, and the mind is complex and requires the educational culture to shift from the usual beliefs and practices of educators and administrators, who keep separating mind and the body (Ashcraft, 2008; McDade, 1987).

Ashcraft's (2008) nine-month longitudinal study revealed that youth and school cultures are separate and fraught with tension; he found that students and teachers or administrators often had different beliefs and day-to-day experiences. Ashcraft also found that teachers and school administrators often thought that delivering sex education would distract students from their other learning material, believing that students are not yet able to make informed decisions about their sexuality and sexual behaviour. This perspective does not take into account the situations which challenge many young people on a daily basis. It

ignores the responsibility and the autonomy, which is already present in these students' lives.

Ashcraft's (2008) study followed 14 adolescent peer educators (aged 16 – 21), who were enrolled in a sexuality programme, called ESPERANZA. Their role was to talk about sex with their peers and supervisors, who were adults, but to assume leadership positions in discussions. Two of the peer educators were Black females, one was a White female, and five were Latina females while the male facilitators were White (1) and Latino (5). The majority of peer educators came from households which were low-income and two of the teens identified themselves as gay. After ESPERANZA had been running for nine months, Aschraft (2008) detected an increase in self-esteem in young people participating in the programme; they had better and more open relationships with their parents and were more likely to talk to them about issues involving sex than before ESPERANZA. They also reported improved academic performance (specifically in writing skills); the students' motivation and engagement in school activities increased and they engaged more meaningfully with homework activities. This study demonstrated that if students are able to engage their bodies, hearts, and minds within the education environment, RSE can be an effective method of increasing academic achievement rather than being a distraction.

In the field of sexuality education, cultural predispositions often become barriers and interfere with developing an accurate and meaningful understanding of what students' needs are and how to meet them through culturally relevant education. As discussed, teachers' own cultural predispositions, which are based on their beliefs and life experiences, can affect the implementation and conceptualisation of culturally relevant pedagogy. Schools have their own cultural ideology, which influences pedagogy as well. Overall, the analysis of McDade (1987), suggesting that teachers and students should examine their values and attitudes for the teaching to be meaningful, is as pertinent now as when the research was written more than 30 years ago.

Misunderstanding of educators regarding to the meaning of culture

Another barrier to the full realisation of culturally relevant pedagogy, its understanding and significance, has been the misunderstanding of the meaning of culture in itself (Ladson-Billings, 1995; Sleeter, 2011). Ladson-Billings' study (1995), which followed eight teachers of African-American students, who had been assessed as effective educators by parents, community members, colleagues and school administrators, showed that culturally relevant pedagogy is often stifled by misperception of what culture is. Similarly, to the theories of Gay (2000) and Potts (2011), Ladson-Billings' (1995) theory suggests that if teachers want to implement culturally relevant pedagogy effectively, they have to be aware of the complex nature of culture, include personal beliefs and values in this definition and also take into account the students' communities' and cultures' values and beliefs, general norms and expectations of society and how all these can affect students within the academic setting. A number of theories, including Cross' theory of culturally competent practice (1989), Ladson-Billings' theory of culturally relevant pedagogy (1995) and Gay's theory of culturally responsive teaching (2000), identify the complexity of culture as a concept. They suggest that culture incorporates teachers' perspectives, along with all the factors which affect students' everyday lives. This is of particular relevance to the consideration of an appropriate RSE programme within Georgian national education.

However, researchers who use culture as a variable often use its simplified definitions, or neglect to include any identifiable definition at all (Henny et al., 2010; Jemmott et al., 1999; Villarruel et al., 2005; Ward and Taylor, 2002; Wilson and Miller, 2003). In studies where simplistic operational definitions of culture, such as gender, race, and ethnicity, are used, research efficacy can be called into question with regard to cultural relevance (Jemmott et al., 1999; Singer, 2016; Wilson and Miller, 2003). Tajfel's (1970) minimal group theory states that human nature may entail treating individuals differently based on differences and similarities which can be both trivial and substantial. Based on this idea, interventions, including sexual education and sexual health services, may benefit from application of more complex operational definitions of cultural relevance and culture.

Hofstede's (2001) definition of culture includes in itself patterns of feeling, acting, and thinking, which distinguish groups or categories of people from each other. This is an example of a definition of culture which is more complex and nuanced. Hofstede (2001)

operationalised this definition by distinguishing five cultural dimensions which might be used for generalisation of behaviour which is culturally motivated. Hofstede's idea therefore addresses the implications of such behaviours as well. Despite these cultural theories, like Hofstede's five dimensions of culture, researchers still use oversimplified concepts when trying to research sexuality education and culture more generally.

Cultural competence

Ladson-Billings (1995), in her theory of culturally relevant pedagogy, defined the element of intercultural competence as a way of supporting students in honouring their cultural practices and, at the same time, helping them assimilate into the dominant culture of the society. In Young's (2010) study, teachers were asked to define what intercultural competence was. They responded with these answers: 1) getting to know the students; 2) building relationships; and 3) affirming cultural identities of students. Teachers approached building relationships with students and supporting their cultural identity by celebrating their culture's holidays or holding their practices while also trying to communicate with students in their native language.

These efforts are always well-intentioned but can make students feel as if they are outsiders, rather than members of the group, which can lead to the relationships with them being superficial (Young, 2010). Young's (2010) study identified that it did not help young people to connect their own cultural experiences to the dominant culture, even when teachers understood and practiced intercultural competences in their classrooms. Misconceptions about minority groups, for instance thinking them homogeneous (Sleeter, 2011), also prevented teachers from effectively using intercultural competences when teaching, mistakenly assuming that all the representatives of a particular minority group were similar, had similar values, life experiences, or worldviews. Based on these two studies (Young, 2010; Sleeter, 2011), we can reflect on how teachers' ideas and biases about students' values and experiences can affect educators' ability to get to know individual students, especially in relation to those from minority communities. Finally, according to Ladson-Billings' (1997) theory, to effectively incorporate cultural relevance in any given

learning environment, it is important to consider all the students in the classroom as individuals.

Specialists talk about the need for sex education at schools in Georgia

The need for relationships and sexuality education has been emphasised for years by educational specialists, psychologists, and sexologists. Recently, the Public Defender of Georgia has made multiple recommendations on implementing formal and informal education about sexual and reproductive health in the country (Women's Gaze, 2021), which is encouraging, though it is important to note that there will likely be significant challenges in terms of its consistent implementation nationwide.

Georgian child psychologist, Maya Tsiramua, in her interview with Georgian journal 'Sarke' (2019), explains that young people are going through a biological maturation process, accompanied by a hormonal 'explosion' yet find themselves unequipped with relevant information about why everything is happening, which can be overwhelming. Tsiramua (ibid.) thinks that comprehensive RSE is a way of preventing early marriages and relationships where violence is a defining feature. She also opposes the idea that sexual intercourse rates might increase with implementation of RSE.

A book *Funny Talk About Hygiene, Sex, and Healthy Lifestyle* was published for Georgian teenagers between 1998 and 2003. One of its authors, Tamar Lebanidze (Tabula, 2016), recalls that there was an attempted violent attack on the publishing office after its second edition – people burned its banners. According to her, she was inspired to write the book by her teenage children, because in her opinion, the book made it easier for them to understand and talk about changes they were going through.

Education on relationships and sex

There are informational services which help young people understand the changes they are going through and equip them to make more informed and responsible decisions concerning sex and reproduction. All of this makes it easier for them to transition to

adulthood (Hassan and Creatsas, 2000). Youth should be aware of the ways of avoiding unplanned pregnancies, STIs and by extension possible infertility due to them (ACPD, 2001; Bacon, 1999). If young people are given correct and easy-to-understand information, they will be more likely to develop a meaningful and practicable knowledge base, which is essential for society and improvements in sexual health and relationship outcomes for young people.

Communication and negotiation skills are also vital for young people when trying to have protected intercourse. Issues such as contraception use, abortion and sexual health need to be talked about to raise awareness (AVERT, 2005; ACPD, 2001) as open dialogue about these will help prevent problems associated with having unprotected sex and contracting an STI or experiencing an unplanned pregnancy, thus preserving good health.

Most of the programmes and interventions about RSE are built with the aim of helping the youth in their transition to adulthood, providing young people with different channels, such as community, the education system, the Internet, or general mass media (Chambers et al., 2001; Hughes and McCauley, 1998; Mitchell et al., 2001) which inevitably impact upon the learning and perceptions of youth. According to some studies, even in cases where RSE is provided to students, they might still lack adequate knowledge of reproductive health information (Jejeebhoy, 1998). They also often lack negotiation skills about sex and might not have access to healthcare which is comprehensive and affordable (Brandrup-Lukanow, 1999; PATH, 2006;). There have been cases where messages which are provided in RSE programmes are mixed and unclear (Archard, 2000) and it is imperative that youths are able to access information about their health and available services, in order that they can exercise their SRHR.

Sex educators and health personnel assume that if knowledge about sex is more accessible, abortions and pregnancy rates in teenagers will drop (Creatsas, 1997). Many studies that have been conducted to assess RSE outcomes show that they do have significant effect on young people and positively change their behaviours and attitudes (Arnab et al., 2013; Donati et al., 2000; University of York, 1997). On the other hand, most of these studies do not elaborate on what type of intervention programme they were evaluating, which is clearly a weakness given the complexity of the subject area and the diverse means by which

content might be delivered. They do not specify details of the format, topics included, delivery frequency or the evaluation; without this information, it is difficult to make an informed assessment of how the content and delivery method of RSE influence health and social outcomes. Authors rarely state whether the outcomes of the programmes were measured in any way, so there is still no identified success factor for certain interventions which will indicate prevention of pregnancies or STIs.

Even with such unclear specifications, we can still be confident that RSE is necessary for every person, as risky sexual decisions have so many consequences, and that policymakers all over the world should be encouraged to implement some version of this system (Hassan and Creatsas, 2000; Hughes and McCauley, 1998; PRB and Advocates for Youth, undated; Rivers and Aggleton, 2001). The best-case scenario would be to have a national comprehensive policy on this issue, including primary and secondary education levels, as well as job opportunities and vocational training for youth (ACPD, 2001). To address weaknesses of previous academic and practical research, such a programme should incorporate comprehensive monitoring and evaluation structures in order to robustly asses its efficacy and make informed decisions about subsequent reforms.

Controversies in RSE

During puberty there are a lot of changes which the adolescent undergoes. For girls these changes culminate with menarche, ovulation and bleeding cycles. For boys, the peak is spermarche, with erections and the ejaculation of fertile sperm (Berger, 2005). There is no doubt that adolescents need to be aware of what is going on with their bodies and be prepared for the changes (Halstead and Reiss, 2003). Therefore, the period of pre-puberty is the best time to prepare young people to be able to navigate these issues. As stated previously, the most convenient place to deliver this information to them is school (Blake, 2002; Goldman, 2008; Sex Information and Education Council of Canada, 2005).

Despite misconceptions on this matter, it is incorrect to assume that the knowledge about sexual maturity will cause students to behave more active in sexual field (Goldman, 2008; UNESCO, 2009b). In fact, it has been shown that being furnished with adequate knowledge

delays the beginning of sexual behaviours, encourages a sense of maturity and responsibility, thus reducing the negative consequences associated with early sexual behaviours (Bearinger et al., 2007; Kirby et al., 2007; UNESCO, 2009a, 2009b). Often, just the issue of having the word 'sex' in the title of RSE is negatively understood by societies. In reality, the term has a much broader meaning than just sexuality and sexual behaviour, encompassing factors which are biological, social, and psychological and which through diverse mechanisms impact upon relationships and sexual behaviours (Goldman, 2006). Understanding these problems can lead us to realise how RSE implementation might be problematic in Georgia, even when there is an evident need of it (Glasier et al., 2006); conversely, it is within these tensions and controversies that the solutions to developing broadly accepted and appropriate RSE are likely to lie. Those areas of disagreement clearly indicate where attention should be focused in order to promote a consensus on RSE which considers diverse opinions and cultural identities.

Implementing successful RSE in Georgia

In order to proceed to developing suitable RSE programmes for universities in Georgia, first there needs to be a relevant policy on CSE. CSE is often sensitive and controversial; therefore, a policy needs to be in place for the society to understand what it means and how it aligns with national priorities. This is a vital step for the success of RSE as the roles of the various significant actors can usefully be demarcated. Consultation with key stakeholders in the development of such a RSE policy is likely to be very beneficial in determining its appropriateness and success.

For the success of RSE, the role of teachers cannot be overestimated; they need to be committed to the cause and confident in delivering complex, sensitive educational activities. They need to be equipped with appropriate resources and able to discuss issues about sexual and reproductive health which are diverse and complicated, being affected by a range of factors such as socio-economic status and ethnicity. There needs to be an effective curriculum in place which is supported by the administration of the schools and higher authorities with all the training and resources necessary available to teachers. Other school staff also have important roles to play, and it has been shown through research that the

health of young people has a better chance of being protected if, alongside practical knowledge, they are given access to health-related services and further advice and information (Hadley et al., 2016; UNESCO, 2015a). For instance, school nurses should be able to provide counselling to students who need it and initiate referrals to the correct medical professional, when necessary, which should improve health outcomes overall.

Students also have a significant role in their education, with peer influence functioning as an important variable in this issue. Certain groups of students, such as councils or even individual students in leadership roles, might provide monitoring and evaluation of relationships and sexual education programmes, providing feedback that can inform modifications or identify strengths of a given programme. If students are engaged in the process, there is more chance that the programme will be successful. They can also talk to others, such as their families, on why issues such as RSE are important for them specifically, which prompts one to consider the role of parents in RSE. Parents, and families more broadly, have influence over the behaviour and values of young people, so it follows that if they support RSE and encourage its delivery to their children, there is more chance that the programmes will be successful in the long term. If students are able to discuss their RSE at home, there is a greater likelihood that the knowledge they gain will translate to healthy and sensible decision-making.

Media and other informational sources, including online information, are influential for most segments of society, but this is especially the case for young people, and information on RSE and related topics is no exception. Therefore, there is a need to provide an accurate portrayal of information via different sources so as to counteract the dissemination of misinformation to the public. Health professionals and public health advisors should be involved in the development of such information campaigns as part of their wider role to protect the health of young people. Providers of services concerning health are in a good position to inform young people about different issues, including sex and reproductive health, and can play an integrative role to connect educational programmes with health services.

In conclusion, it is vital to develop RSE with the idea of cultural sensitivity, which can be achieved by adopting UNESCO guidelines, but also by acknowledging the human rights

which impact health and national policies related to those rights. Human rights, such as gender equality, gender identity, and sexual orientation, are often violated with instances of sexual abuse, sex trafficking, rape, inability to access health services or a lack of reproductive rights and contraception methods. All of this hampers the implementation process of RSE, so is vital to understand the different values of cultural groups, families, and individuals. These values need to be respected, and by acknowledging the boundaries of individuals, we can create a society where anyone is able to open up to healthy and appropriate sexual relationships (IPPF, 2015b). Teaching RSE needs to be tailored to each society, with the curriculum being developed by experienced, culturally-embedded experts, familiar with research in the field and the requirements of such educational programmes. Young people need to be encouraged to systematically participate in RSE and the same should be done with parents and wider society.

The following chapter presents and examines the research methodology used in this study to further explore the issues identified through the literature review process by studying the perceptions of academics and practitioners regarding how these relate to the context of RSE in Georgian Universities.

CHAPTER 4: Methodology and methods

This chapter defines the research and its position epistemologically and ontologically, the methods used for this study and the justification for their selection. Information about the approach adopted (idealist ontological and social constructivist epistemological) are described, and the design and method choices are explained in terms of their appropriateness for the thesis, based on the aims and the background. A further section is dedicated to the methods of data analysis and the use of inductive and deductive thematic analysis before the final section of the chapter discusses ethical issues and concerns.

Ontological-epistemological orientation

This section discusses the research paradigm, perspectives, and meanings (Blaikie, 2007; 2009; Crotty, 1998) which were applied to this study. I will define the creation of idealist and social constructivist approaches and their integration into this research, explaining how they help me understand views about RSE among academics and practitioners in Georgia. By the end of this section, I will compare chosen approaches to others which were excluded to demonstrate their suitability to my study's objectives.

The main question of ontology is "What is?" (Crotty, 1998, p. 10); the assumptions taken by ontology are "assumptions made about the nature of the social reality that is (being) investigated" (Blaikie, 2007, p. 12). The same author (Blaikie, 2009, p. 92) describes how often, ontological assumptions try to understand social phenomena which exist, their conditions of existence, and relationships with each other. These ideas fall into two mutually exclusive categories of idealism and realism.

Realist ontology's main idea is that social and natural phenomena exist in a form of external reality and that reality does not depend on the observer of such phenomena. By contrast, idealist ontology argues that reality is only real because we think so, but it is only the idea that has the impression of being real (Blaikie, 2007). This topic has been discussed using the values framework (Cibulka and Myers, 2008; Fernandez et al., 2008) though I considered it more to research the topic from an idealist ontological perspective. To define it more clearly, I draw on the idealist framework described by Blaikie (2007, p. 17) in this study because, in my opinion, academics and practitioners construct different versions of reality,

which are being viewed as "just different ways of perceiving and making sense of an external world" (Blaikie, 2007, p. 17). However, these are real Georgian undergraduates who may or may not actually become pregnant, get an STI, or whatever. As a way of bringing together the realist and idealist perspectives, I make use of constructivism, as I now explain.

Separating ontological and epistemological ways of thinking and defining them can become difficult. Crotty (1998) described how epistemological and ontological issues often tend to merge with each other while also providing a simpler solution for this issue. In his opinion, epistemology states that some types of knowledge are possible, some things are known. The same thinking defines criteria to decide how to judge knowledge as being legitimate and adequate (Crotty, 1998). By discussing these three assumptions – subjectivism, objectivism, and constructivism – one is clearly most appropriate to understand the knowledge which is being identified in this thesis and that is the constructivist approach.

From the objectivism perspective, the 'object' is described as having an intrinsic meaning attached to it. Based on this, every observer should discover the same idea, meaning, and truth behind it (Blaikie, 2007). For the purpose of this research, the focus was on generating ideas around and an understanding of RSE, its goals and objectives, factors which make those programmes succeed or fail based on practitioners' and academics' opinions. In this case, using an objectivist approach would interfere with achieving our objectives, because the main idea of the study is to identify different understandings in different people. The constructivist approach, on the other hand, states that there is no single, objective reality in the world around us and we all construct our own understanding. Such an approach, used to identify narratives in the interviews and their connections, gives us a more encompassing meaning to the RSE, as opposed to trying to determine an absolute 'truth' or simply ascertain 'facts'. To use to objectivism approach for such a study would be inappropriate as it would be unable to capture the complexities of RSE and the socio-cultural factors which influence it, discussed in the literature review.

Constructivist epistemology was used in this study because it dictates that the knowledge, we have is derived by people making sense of their encounters with the physical world (Blaikie, 2007). Two main branches of constructivism exist: social constructivism and

individual constructivism, founded on the premise that the process of giving meaning to something can be viewed as a social or an individual activity (Blaikie, 2007). Social constructivism explains how the knowledge we assign to something is a result of interactions among people while individual constructivism emphasises that our mind constructs the meaning individually, through cognitive processes (Blaikie, 2007; Schwandt, 1994).

Both individual and social constructivist approaches were drawn on in this study, in cognisance of the issues identified through experience and review of the literature which clearly indicated social factors as well as individual factors. Practitioners and academics both construct the understandings they have towards RSE and while discussing the same subject during the interviews, their constructs are often different. Social constructivism dictates that knowledge is not so much a product but a process (Ültanir, 2012, pp. 196-197), while Gomm (2009) discusses how human knowledge *is* cultural knowledge, and is gathered and produced collaboratively, by relationships which can be political, economic, or social at a particular moment. Based on everything discussed above, we can see that knowledge can be dependent upon human behaviour, interactions with other humans and the world itself. The vision of reality which we have is being communicated through the social context (Crotty, 2009, p. 42), which is an especially useful stance in considering RSE holistically and how the self-evident challenges can best be overcome.

Based on the objectives of the research, it was decided that the most appropriate strategies to employ would be both inductive and deductive. An inductive strategy focuses on explaining certain social situations and characteristics of people to determine the patterns and trends linking these characteristics, relationships, or networks (Blaikie, 2007). The idea of this study is to identify new ways of generating knowledge about the perceptions of academics and practitioners towards RSE; therefore, such an approach, drawing on inductive elements, was deemed to be suitable. An inductive strategy of research is also beneficial because it compares approaches, their similarities, and differences, so it is appropriate for me to gather information about certain discrepancies in how academics and practitioners think of RSE and teaching methods.

On the other hand, a deductive strategy starts with a regular, established, already discovered pattern, which needs an explanation for completion (Blaikie, 2007). Blaikie (2009, p. 9) describes this process as being one of trial and error. A deductive strategy is often associated with an epistemology of falsification or the realist ontology way of thinking. In this study, initially I used an inductive strategy, the 'ground up' process of collection and analysis of data, finding patterns and connections within. The next stage of the data analysis was dedicated to more frequent use of a deductive strategy, which helped examine the issues against already established and prominent concepts, prevailing in the literature. I have identified, for example, a variety of cultural positions among interview participants in the first stage of analysis. In a subsequent stage, these data were connected and related to the literature which discusses cultural backgrounds and their importance in implementing RSE.

A third approach – abduction – was also used in this study. Abduction is often used in cases where researchers are trying to understand and describe the social lives about which respondents are talking. Researchers try to complete this understanding by inferring motives. Abduction is closely connected to constructivism and is therefore consistent with the overall ontological-epistemological approach.

Research approach

Qualitative research methods have been used in this study to identify the views about RSE among academics (medical and nonmedical academic personnel) and practitioners (National Centre of Quality Education Enhancement, NGOs, university management, administration, doctors etc. – presented in detail below). These types of research methods help identify the in-depth information connected to the subjects' views and often allow the clarification of any unclear points during interviews. These methods are beneficial in this case, because they address the individuals' constructs of the world around them. In their works, concerned with constructivist approaches, Burr (2003) and Gergen (2009) argue that a qualitative approach can be used to understand how individuals interpret the social world in which they exist. By using this approach and associated suitable methods in my research, I was better able to identify different social constructs which academic and practitioners held

about RSE implementation in the universities of Georgia. This approach made the interview process more meaningful as well, because it helped me gain insight into the multiple perspectives which existed within the group, with each participant being distinct from the next.

Research design

The study uses a research strategy which constitutes an empirical inquiry, the investigation of a phenomenon within its context. This research only utilised one type of data (interviews) rather than a range of data sources, such as documents. For this reason, the study does not claim to be a case study. For future research, a case study could be undertaken.

For my research I thought it most appropriate to use an exploratory study. This type of research tries to identify questions and measurement tools before the start of the main stage of investigation (Stebbins, 2001). The disadvantage of such a study is that even when the initial findings are convincing, they do not always hold true when scaled up or investigated in greater depth or within a different context. An exploratory study should provide me with a comprehensive understanding of RSE in my sample of Georgian universities from academics' and practitioners' perspectives and the problems associated with the development and implementation of RSE. The understandings generated by this research are derived from specific regions of Georgia, rather than necessarily being representative of the country as a whole.

Literature search

Young people typically get the information about sexual health from various sources, rather than one single, consistent source. There is a lack of sexual health information provided in schools in Georgia; therefore, young people usually turn to their friends, parents, Internet sources, books, etc. To identify the needs of RSE in such people, it is necessary to understand what they think and know about the topic.

A qualitative research design has been used in this study, due to its flexibility and efficiency in generating rich data about people's perceptions of a specific topic or situation. This interpretive approach provided me with personal narratives and ideas of different people surrounding the complex area of RSE. Specifically, I was interested in the views of Georgian practitioners and academics about RSE (see Chapter 2, p.31 for research questions).

To develop a clear understanding of the process of implementation and the possible results of RSE in a society, it is important to understand the context, before undertaking research. Subjectivity and objectivity are difficult to determine in the process of real-world research. Researchers always have a certain individual way of observing the world; there are no truly objective observations because all of them are socially contextualised (and constructed). People who are being interviewed do not always provide full explanations which explain the causes of their actions or their intentions; it is also not possible to analyse the perceptions people do not vocalise, so certain insights and prejudices will be overlooked, despite their existence. What participants offer is just *their* story of what they did and why (Denzin and Lincoln, 1994).

Even though I have tried very hard to objectively identify the information given by participants, I acknowledge that my beliefs, experiences, and values will have influenced my analysis and conclusions. Every researcher has their own values and beliefs and I am no exception; it is impossible to completely detach yourself from the research topic. By being aware of the possibility that my beliefs and values could influence the data I gathered and my interpretation of them, during the research process, I would stop to reflect and try to identify whether I was being objective in drawing conclusions.

Synthesis

Identifying and utilising appropriate methods and tools of categorisation and ordering of the data are important steps for making sense of texts generated through qualitative data collection (Richie et al., 2003). Certain computer-assisted software for data analysis exists, which can help to organise and make sense of large data, for instance NVivo, SPSS, Altas.ti MAXQDA, etc. I have assessed the benefits and disadvantages of using those methods but in

the end opted for a traditional, manual approach to analysis. I used a framework approach (Ritchie and Spenser, 1994), which is a qualitative matrix-based method of analysis developed by the National Centre for Social Research (Ritchie et al., 2003, p. 219). Using this method made it possible for me to synthesise and manage data from multiple sources and integrate these data into the research hypothesis. There are five stages in the framework: familiarisation with the data content; thematic framework identification; indexing; mapping and charting; and interpretation.

Bryman (2012, p.597) says that while using a framework approach, the main ideas which show up over and over in the text can be identified by investigating the data thoroughly. The predetermined framework is then applied to the data, which is divided first into core topics and then sub-topics within a matrix corresponding to the appropriate conceptual framework, developed specifically to answer the research questions. These topics created a thematic framework under which I created separate index codes for the two universities in Tbilisi where I collected data and the two regional universities where I collected data. Based on Ritchie et al.'s (2003) suggestion to construct an index, I started by identifying the connections between different categories, grouping them together and sorting them into a hierarchy.

In research like this, the use of a framework approach is highly beneficial, with benefit being its utility in assisting with data management, by virtue of its structured design; the data transparently and rigorously emerge in certain categories within the matrix due to the use of similar language or discussion of closely-related or identical themes and subtopics (Ritchie et al., 2003, p. 220). During each stage of data analysis, which is conducted systematically, research also has the ability to move between different abstraction levels, without losing the understanding of what 'raw' data are showing (Ritchie et al., 2003: 220). Additionally, a framework approach is more reliable because its procedure is defined in detail. This makes it possible for the researcher to rework the ideas or reconsider them. The analytical process they have been going through is recorded and documented, and therefore is easily accessible (Ritchie and Spenser, 1994, p. 177).

Methods of fieldwork

Qualitative interviews provide the researcher with the possibility to collect in-depth data and develop and explore ideas and perceptions with their participants. In general, interviews allow the collection of individual perspectives and priorities of each person. Interviews should generally be undertaken with care to ensure that the researcher's preconceptions which might influence the findings are not revealed to the interviewee, in order that data can be considered to have a high degree of accuracy and reliability (Seale, 2004). The process of the interview can start with a natural and open discussion of different issues, with follow-up questions prepared. The researcher is able to gain better quality data by doing this and also understand the perspectives of the respondents better.

Qualitative, semi-structured interviews are tools which can be modified easily and thus provide an insightful method of providing more sense to research data. Such interviews often give the possibility to the researcher to support the respondent, encourage them to talk more, and ask for clarification of the narrative or for more details about certain parts. Researchers can observe the behaviour of respondents, their non-verbal cues, which helps judge the sincerity of their answers (Bailey, 1994; Seale, 2004;). The researcher can rearrange or modify questions, change them in any way necessary and have the flexibility to confirm their understanding by asking additional or prompting questions from different points of views. Non-verbal cues are also important to observe. If during the interview a person does not make eye contact during certain answers, or looks angry or upset, researchers might modify the questions or ask additional ones, to explore such behaviour, if this is relevant to the research. Qualitative interviews can also generate information which the researcher did not think to include in the interview schedule and can even lead to new ideas for future interviews, exploring themes not identified before research commenced.

Sampling

The most appropriate sampling method for this research was a purposive sampling. This approach is based on what the researcher identifies, as necessary. In this case, purposive sampling helped me to identify (a) four field sites; (b) interviewees. A range of responses was gathered which would help to identify whether respondents' views and attitudes

differed between Tbilisi and Regional universities and/or between academic and practitioners.

Based on Penrod et al. (2003), individuals who have specific knowledge and experience of working with the target population (in this case – practitioners and academics) are key informants. Individuals who act as liaisons between the researcher and target population, providing access and entry to different avenues are referred to as gatekeepers (in this case, National Centre of Quality Education Enhancement, NGOs, and universities). In some cases, liaisons and key informants can be the same people.

The method of recruiting people used in this case was defined by Penrod et al. (2003), who recommended four steps after determining the target population and the size of the sample. These steps create a chain referral sampling process. The first step is to select an initial group of universities, organisations, or individuals, who have access to the target population. When selecting gatekeepers or key informants, care needs to be taken when identifying diverse individuals, settings, or organisations, so one has access to a diverse group of participants. Penrod et al. (2003) recommend that for researchers working alone, they could use the review of the literature alongside professional and personal knowledge during the first step of identifying gatekeepers and key informants.

I used my own professional and personal network to identify four Georgian universities in Tbilisi and other regions of Georgia, also identifying different health and education organisations in the initial stages. They were asked to make initial referrals of any participants or recommend who they thought were relevant gatekeepers and possible key informants. I also used email contacts and phone calls to local and national organisations providing sex education, sexuality advocacy and training, to establish gatekeepers, who would be willing to act as a liaison between potential respondents and myself. After initial networking and identification of contacts, I contacted five key informants, who had already agreed to help linking to the target population. In order to preserve confidentiality of these key informants, there are no listings of organisations or individuals, acting as key informants. However, there are mentions of general characteristics of the group, such as their status of national and regional sexual health, education, and advocacy associations and

national and local non-profit organisations, providing services connected to sexual health to adults and youth.

When the necessary procedures were completed, gatekeepers shared the sheet of information (see Appendix 2) with the list of potential participants which included practitioners and academics who were considered suitable for participation in this study given their relevant professional roles. The primary method of communication with the participants was email. They were sent the details of the study and ways to participate. Participants had to email to start the process of being in the study. Step 3 involved initiating referrals and contacting professionals from universities; connections were made with the local and national sexuality and reproductive education and training organisations. The initial gatekeepers were asked to suggest additional organisations and individuals who might be willing to participate in the study. The last, fourth, step was to discontinue the referral chain. After the sample size goal was met, the chain of referral was stopped. The gatekeepers were asked not to suggest any more potential interviewees.

Site and setting

The environment of the study was principally two Tbilisi universities and two regional universities in the western part of the country, though the research context extended to hospitals, NGOs and Governmental organisations too. Research participants are Georgians.

Participant information

Inclusion criteria

All academics as well as health and education practitioners (policy makers, doctors, and management staff) from the four universities were eligible for participation in this study. There were identified from the lecturers, professors and practitioners, out of which 20 returned signed consent forms.

Any respondent who did not return the informed consent form was not included in the sampling process. The study is not comprehensive enough to generalise the findings on the

country as a whole, because the sample of interviewees was only from practitioners and academic in fields of education and medicine, several governmental and non-governmental organisations in Tbilisi and the other two universities. It is also worth mentioning that participation bias will clearly have influenced the primary data generated, as those with less interest are less likely to respond and their perspectives are therefore not captured. This can be partially compensated for with careful interview design and technique, intended to gain individuals' perspectives on general opinion or the opinions of others which may also provide extremely valuable insight in answering research questions.

Data collection

The COVID-19 pandemic created a situation were travelling to Georgia from my UK home was restricted. Due to health concerns for me as well as other participants, the semi-structured interviews were conducted online, through Zoom or Microsoft Teams platforms. Face-to-face interviews would have been better and would have enabled me to observe more precisely participants' facial impressions and emotions during the interviews. This approach to data collection was therefore something of a 'plan B'. I recorded the videos/audios during the interviews with the contest of the respondents.

The principal tool of data collection used for this research was the semi-structured interview. 18 semi-structured interviews in total were deemed sufficient for the respondents to identify their views to the researcher's satisfaction in generating sufficient data for framework analysis, partly because roughly this number is typical of qualitative interview studies undertaken by a single researcher and partly because of data saturation (as discussed below). I did make sure that the questions were simple and tried to form questions which would elicit long answers from the respondents. The interview schedule (Appendix 4) stipulates a number of standard questions, but these were very much starting points for both the broader and more specific questions which emerged responsively as the interview progressed. This is interview as dialogue or conversation, encouraging free association of ideas (Lertzman, 2019). The interview guide had seven parts and included several specific questions, with the prompt "Tell me about …", as well as two general

questions. Specific question prompts encouraged respondents to give more detailed information and respond with clear accounts (Ryan et al., 2009).

During the interviews, two different categories were scheduled for questions, which incorporated general and specific questions about:

- General views of participants about the necessity of RSE programmes in higher degree educational institutions in Georgia.

- Influences of cultural, professional, and disciplinary backgrounds of academics and practitioners on their ideas of teaching practices, related to RSE.

I had individual discussions with each potential participant, to help them understand the nature and the purpose of the study. Information was given in a way which made it possible to accept informed consent from them. The information sheet (Appendix 2) about the research and any possible questions with the answers were provided to them as well.

The interview questions were prepared before the interview, but during the interview they were modified, according to specific needs. The questions which the researcher did not think appropriate for a particular situation were either modified or replaced with more appropriate ones (Robson, 2002). With this tool, it was possible to adapt the line of enquiry to the circumstances which I had at hand. It also allowed me to access more in-depth information about specific issues.

Each interview was structured using standardised open-ended questions (Appendix 4), beginning with questions designed to help participants get into the mind-set of communicating about RSE. Identifying prompts to guide participants' responses to specific questions ensured that each participant was invited to reflect on specific details of their experience. While inviting participants to reflect or respond to specific elements of their experience did not guarantee each participant actually talked about those specific aspects of their experience, the prompts ensured that each participant was given the opportunity to offer that information. I conducted interviews until the point of saturation, the point at which no new ideas or concepts emerged (Guest et al., 2006). While researchers (Francis et al., 2010; Glaser and Strauss, 1967; Guest et al., 2006) have agreed that establishing a point

of saturation within qualitative data collection is a significant element of the research process, they are less clear on specific guidelines for proving that the point of saturation has indeed been met. As such, I simply followed the general definition of saturation outlined by Guest et al. (2006). Since I elected to transcribe and begin to code interviews immediately after interviews were complete (or on a rolling basis), as opposed to waiting until a certain number of interviews had been completed before initiating the coding process, I was able to identify preliminarily, reoccurring concepts within the larger data set.

Interviews were conducted in a comfortable environment to facilitate open discussion. I observed respondents, interpreted their answers and responded to them appropriately at the same time (Borbasi et al., 2002).

Role of the researcher

The researcher's role should be very precisely outlined during the qualitative research process, especially where social constructivist approaches are used and integrated within the research strategy. When using qualitative inquiry, including face-to-face interviews, participants will always interact with researchers (Seidman, 2006). The possible effects of the interviewer on the participant can be limited by preparation of the process, interview structure and practice, but the researcher should recognise that the interaction between participant and the researcher is happening and affirm the possibilities of such communication.

The interactions between interviewee and the interviewer, which are based on their identities and relationship, constitute one of the most important influences on the authenticity, openness, and honesty of the interviewees during the interview process. Identity influences the participant's perceptions of the researcher and vice versa, and also, therefore, the way the data are analysed and interpreted. Participants who feel that their sexual identity or gender was different from the researcher's and that the researcher was uncomfortable as a result could have perceived the interviewer as incompetent or unreliable, based on sexual identity, gender, ethnic or sexual experiences. I did not rely on any generalisations or assumptions about the differences between participants' identities,

but it was still an important part of the research to acknowledge these issues before the data collection, so that I could adapt to any interactions which could have taken place due to differences in perceived identity. In addition to the identity differences, an important role in the data collection and analysis process could be ascribed to the personal knowledge, attitudes, biases, and experiences of the interviewer. In an ideal situation, the researcher has to identify patterns of data in as objective a manner as possible.

The general education literature consistently states that culturally relevant pedagogy often correlates with the level of academic achievement of students (Gay, 2000; Kelly Jackson and Jackson, 2011; Ladson-Billings, 1995; Leonard et al., 2008; Sleeter, 2012). The relationship between such pedagogical methods, the effectiveness of teaching and the sexual health of young people has still not been fully explored through sexuality research, so there is much to learn. I had a personal conviction that cultural responsiveness would have had a positive influence on the effectiveness of teaching sexual health to undergraduates. This idea was a potential bias for the data analysis because I might have been looking for the data which confirmed my opinions. If not managed, such beliefs can lead participants to not be able to share their experiences freely in an authentic way. They may not feel safe to open up about their beliefs, attitudes, and the experiences, if they think that the researcher is not supportive of what they are saying and what their attitude is towards teaching RSE. Similarly, there is always a chance that participants embellish their beliefs, experiences, and attitudes in a way which they feel the researcher wants or expects to hear. It is important to create a space where interviewees feel free to express their true opinions, their authentic experiences and feel accepted while doing so.

The idea of value acceptance acknowledges that each person has their own set of opinions, beliefs, values, and experiences and others should welcome these. To manage the influence of my opinions on data collection, I employed a passive role as a facilitator during the interviews and did not share my opinions with participants, rather asking largely predetermined questions and supporting prompting questions. Throughout the data analysis stage, I always asked myself "Is this finding the product of personal conviction, or is this finding supported by the data?".

Analysis

The method used in this study for the analysis of collected information was a thematic approach. This method identifies the 'codes' ("tags or labels for assigning units of meaning to the descriptive or inferential information compiled" (Miles and Huberman, 1994, p.56)), which are present in text or the collected narratives. Such groupings provide the understanding of existing patterns within the data. Thematic analysis has three goals, according to Gibson and Brown (2009), examining relationships, commonalities, and differences.

To identify the scope of the data which I had collected, I divided the narratives into two parts (academics and practitioners' views about RSE and the need for an RSE programme in higher education institutions). I transcribed each interview, and text transcriptions were initially read with no themes identified or expected within them. Mason (2002) advises researchers to take a reflexive role during the data analysis stage. By following this suggestion, I familiarised myself with each text and the concepts, representations and meanings presented in it.

After careful reading of the texts, I started marking them with empirical codes, which were extracted from the text (e.g., views about relationships and sexual health, social and cultural backgrounds, gender differences, pedagogical approaches, engagement of professionals, and general need for RSE). This was helpful in identification of common topics in different narratives in which the codes were either specific phrases or words from the text or 'summative' phrases about key topics.

After the first stage of coding was finished, the summaries were grouped into a smaller number of themes, constructs, or sets (Miles and Huberman, 1994, p. 69) – pattern coding. Topics which were recurrently showing up were organised into groups of broader categories or main themes. These main themes were used to create a thematic framework. For Cases in the regional universities of Georgia and Tbilisi a master index of codes was created within this framework in order that data generated within the two types of institution could be differentiated from each other. Based on Ritchie et al.'s (2003, p. 222) suggestion on the creation of an index, the first step I took was the identification of links between different

categories, grouping them together thematically and then sorting them based on the generality, so that a hierarchy of main topics and sub-topics was maintained.

I used a large board of posters for the mapping of 'main themes' and 'sub-themes' and a string of text and key points was identified in each analysed transcript. I represented both regional and Tbilisi cases on the board. After this stage, I started interpretation, exploration and comparison of practitioners' and academics' answers to each other. I tried to find any associations/connections between different participants and also tried to connect these findings to the discussions in the field. Through such structured analysis and reference to the published literature, it was possible to interpret perceptions and themes from the data generated and draw them together thematically to create a coherent analysis and discussion, presented in the following chapters.

Ethical considerations

Situations where sensitive questions have to be asked might cause different types of harm to the respondents. The main concern I had was with the issue of anonymity and confidentiality of participants. As the research did not contain any situations which could have been life-threatening and no interventions were planned, the ethical issues were not severe, but general ethical policies and guidelines were followed to the necessary level.

It is important to follow ethical principles and ensure that the research is high quality and that there is no or minimal harm to participants and researchers themselves. The British Educational Research Association (BERA) has outlined guidelines in the *Ethical Guidelines for Educational Research* (2018) document which were consulted and followed during my study.

UCL provided me with permission to undertake this research (UCL Data Protection Registration Number: Z6364106/2020/10/02), and the data were gathered and stored based on the requirements of the GDPR. Before undertaking the research, I had discussions with universities in Georgia to describe the nature of the research to them.

Based on the guidelines issued by BERA (2011), responsibility and respect were shown to all the participants who attended interviews. I ensured that their informed consent was given voluntarily and that I had shared the research goals with them honestly and openly. The research participants knew that the results of this research would then be shared with others. They were aware that they could opt out of the research any time, before or after interview, without having to voice any reason for doing so. I ensured that every participant signed a consent form before being interviewed. Participants who were selected were given a description of the study's purpose, and the information sheet also made it clear that participation was voluntary.

During their interviews, there was a possibility that participants might have felt uncomfortable. I made sure that they could leave the session if they were reluctant to continue talking or became visibly upset. They were usually interested in the interview process, seemed comfortable, asked questions, and shared information voluntarily. None of them asked to leave the interview or finished it prematurely.

When you have been a lecturer for a long time, you become observant and try to be supportive as you lead students through the learning process. I had a lecturer position in one of the four universities where the research was held; therefore, I was aware of the possibility that I might have acted as a participant in the discussion when I was conducting the interviews (Aguiler, 1981), and refrained from so doing. Merriam et al. (2001) state that being an insider as a researcher can be beneficial, due to the ability to ask more meaningful questions and observe non-verbally relayed cues. It helps project an authentic understanding of the culture which is being studied as well. Bell (2005) said that this way one has a better idea on how to approach participants in a way that is natural to them and create an atmosphere that is supportive of the interaction.

There are certain disadvantages though to having the status of insider-researcher, which were illustrated by Aguiler (1981) who identified the challenge of approaching the interpretation of the data in an objective and unbiased way during the study. If the insider-researcher is close to the subjects or the situation which they study, the inquiry process might be biased (Merriam et al. 2001). I therefore attempted to restrict the influence of my own beliefs and perspectives on participants.

Consent

Prior to the study, participants were given the information sheet with everything necessary to know about the study. They could read the research purpose, the methodology to be used, the planned use of data and their participation conditions. After they read the information, they had to give oral and written consent before the interview began. They had a chance to ask any questions which they might have had before the recording started. It was shared with the participants in a clear way that their confidentiality would be protected, and they could feel safe during the interview. As most of the students preferred to talk in their native language, Georgian, that is the language in which interviews were held. English for most of them is a second language, even if they can speak it fluently.

Anonymity, confidentiality, and safeguarding

In this research, participants' names are not revealed. The participants were informed that anything published from this study would not include their names. They were also told that if during the interview they said something which raised protection issue concerns, I would be obligated to report the matter to their university leadership team. Throughout the thesis, the names of interviewees do not appear in any part of the text.

Secure storage of data

The audio recordings of each interview were transcribed verbatim by me. Based on the Data Protection Act 2018, paper-based data which were collected during the research, including the working transcript, my handwritten notes and charts. The materials were kept in a locked cabinet. Digital data, including the transcripts and audio files, were stored on my personal computer, which was protected by password. The computer could only be opened by me. A file with codes assigned to the participants and other details about them was kept separately, so as not to have connecting threads from transcripts to participants' identity which would have been a potential breach of their anonymity.

Researching sensitive issues

Talking openly about sexuality can be uncomfortable for many people. These discussions may be characterised as 'embarrassing', 'immoral', or 'private'. Culture and community norms dictate the degree to which individuals find these topics to be too private to discuss with others.

In cultures such as North America or Western Europe, people might be more open and accepting towards discussions about sexuality, due to them being more open about this topic in general. In Georgia, where sex is something that is generally kept very private, that is not the case. Sex is not discussed outside the family in Georgia and, based on this, people can feel self-conscious when such topics are mentioned in discussions. My experiences and cultural background made me aware of this problem.

A concern I had was that even when people were answering to the questions, they might not have been fully honest. Bailey (1994) said that in cases where the discussion topic is sensitive, such as sex, insincere answers were more probable. Even though the sexual behaviour in students was not the main idea in this study, interviewees might still have interpreted some questions in this vein. Therefore, there was the risk that they would try and answer 'correctly', in a socially and culturally acceptable way. I, on the other hand, was looking for their honest thoughts, feelings and insights into the issues.

Review of the research process

Interviews were used to gather and describe academics and practitioners' views and attitudes regarding the need for RSE in higher education institutions in Georgia. At the same time, I was interested in how cultural competence is expressed in practice in the context of RSE. All participants completed a document in which they gave their informed consent prior to being interviewed. A total of 20 participants completed the consent forms and 18 (13 academics from various faculties and five professionals/practitioners, see Table 5.1) of the resulting interviews were analysed for this study. The other two interviews were rejected as the interviewees answered the questions very briefly and did not show an interest in discussing the issues in any depth.

Table 5.1: Study participants – academics and professionals

Profession	Age bracket (years)	Number of participants by gender		Total number of participants by profession
Academic	35 - 45	Male	2	**13** *(6 'Biomedic'-Maria, Anna, Ira, Kate, Ade, Eliot)* *(7 'Non-Biomedic'-Nick, Helen, George, Nina, Jana, Robin, David)*
		Female	5	
	> 50	Male	3	
		Female	3	
Medical Doctor	30 - 40	Male	0	**2** *(Tamara, Mariam)*
		Female	2	
Public Defender's Officer	30 - 40	Male	0	**1** *(Justina)*
		Female	1	
UN Women	30 - 40	Male	0	**1** *(Natalie)*
		Female	1	
Health Ministry	30 - 40	Male	0	**1** *(Stephanie)*
		Female	1	
		Total sample size		**18**

One of the main challenges during the data analysis presented itself during the identification of key themes. Following Gibson and Brown (2009), the three main goals of thematic

analysis are examining relationships, and exploring commonalities and differences within the collected narratives. After dividing the narratives into two parts (academics and practitioners' views about RSE and the RSE programme needed in the higher education institution), I familiarised myself with the text transcript of each interview and examined the concepts, representations and meanings presented in it. The main themes identified from the data were then used to create a thematic framework. This process involves the mapping of 'main themes' and 'sub-themes' and string of relevant texts and key points were identified in each transcript. Following the thematic organisation of the data, I started the interpretation phase which involved the exploration and comparison of practitioners' and academics' narratives on the basis of the thematic framework. I attempted to identify any associations/connections among the data from different participants' interviews, looking to link these findings back to the discussions in the field. As discussed within the data collection section, I anticipated that there might be differences between the participants' views and attitudes based on their geographical location and cultural background. Georgia is a predominantly Orthodox Christian country, which has a significant influence on its culture, but people in different parts of Georgia have various approaches to and understandings of religion. I was also interested in whether the age of the participants would influence the views they express on such a sensitive topic as RSE. Age may be a factor mentioned as participants aged 50 years old or over were grew up during the time of the Soviet Union when discussion of sex and sexual health was even more taboo than it is today in Georgia.

The participants mainly discussed the need for RSE, students' behaviours, the role of culture, traditions and society, and the development of teaching methods, taking into account culture and traditions. The themes that emerged are reflective of participants' attitudes about balancing the values and expectations of students' families, traditions, and cultures.

Data presentation

The following section includes a discussion of each theme regarding the academics and practitioners' views and attitudes about the need for RSE in universities. Four main themes

emerged with the same themes being generated through interviews conducted with academics and practitioners.

The results presented are guided by the following research questions (RQs):

1. Do academics and practitioners at selected universities in Georgia think an RSE programme is needed and, if so, why and how might it be best to develop a university-based RSE programme, or, if not, why not?

Two themes in the data were identified as being linked to RQ 1:

- Participants' views regarding RSE.
- Participants' views regarding the need for culturally relevant RSE programmes within Georgian universities.

2. How might professional, disciplinary, and cultural backgrounds influence the ways academics and practitioners engage with ideas and teaching practices related to the possibility of RSE in Georgian universities?

The two themes identified as being linked to RQ 2 were:

- Students' behaviour, and sexuality norms.
- Culture and society.

Participants' views regarding RSE

One of the main interests of this research was to develop a clear understanding of what Georgian academics and practitioners think about RSE. All participants answered the question 'What do you think about RSE in university?' and tried to explain in detail their views. The following quotations illustrate some participant responses regarding attitudes towards RSE in university:

> It is difficult for me to say anything specific about the attitude towards RSE at the university, as I have never talked to colleagues or students about this particular topic and their opinion is unknown to me. However, from a general point of view, I do not think it should be negative or unacceptable. (*Nick, academic non-biomedic*)

RSE should be taught to students from undergraduate level in my opinion and the earlier and timely students should receive this type of education, even from the first year, the more reasonable and adequate their attitude towards sex, marriage, family life, etc. will be. (*Helen, academic non-biomedic*)

Most of the participants delivered a clear message and showed positive attitudes towards RSE. However, *Nick* still found it difficult demonstrate his own personal view about having RSE at the university, as he had never had a discussion with colleagues or students on this subject. This in itself provides an impression that talking openly about sexual health within the university is avoided. It may be that Georgian culture, including religious traditions, places restrictions on talking about this with colleagues and especially with students. At the same time, he generally thinks that "it should not be negative or unacceptable". *Nick's* answer needed more clarification, so, I asked an additional question "Why do you think so?" and answer was because of "his own general observation and attitudes among colleagues and students". Helen demonstrated a very positive attitude and even advised that "the earlier and timely students should receive this type of education, even from the first year" and shared her opinion on how RSE could benefit the students.

Most participants shared their own thoughts about students attending RSE sessions. I asked the question: 'Can RSE sessions have an impact on young people's understandings of family values, marriage and stable, loving relationships?'. Responses included:

My attitude towards student attendance at RSE lectures is completely positive, I think that even if it is not a compulsory subject and is voluntary, the number of people willing to attend lectures will still be very high. (*Helen, academic non-biomedic*)

Recognition of RSE as a university course will be relevant. (*Maria, academic biomedic*)

Interest from students I think will not be low. (*Nick, academic non-biomedic*)

Of course, it will have a positive impact on young people. (*Ade, academic biomedic*)

The answers provided by *Nick* and *Helen* clearly link to the need to deliver RSE sessions at the university level. *Nick's* answer gave me an opportunity to ask an additional question:

"Why could the recognition of RSE as a university course be relevant and why not perhaps at school?". He gave a brief answer that "the students are already grown-up young people". Even this last answer can be analysed as indicative of a belief that secondary school students could already have had RSE sessions, but this could present another topic for future research, directly comparing school and university students' readiness for RSE.

The answer given by *Helen* reveals an opinion that even "if it is not a compulsory subject and is voluntary, the number of people willing to attend lectures will still be very high". This participant sounded very confident with the answer, which allowed me to ask the question in return: "Why [was she] so confident that attendance would be very high?" and the quick answer then followed, "there is a need for professional knowledge that young people will be eager to have". Similar confidence was felt by *Ade* as he even identified that RSE sessions "will have a positive impact on young people" and after an additional question clarified "better sexual health, mental stability". Related points were made by *Justina* and *Natalie*:

> … the introduction of sex education by universities might contribute to the fact of bullying, sexual violence, harassment among university students. This might be a kind of risk as young people still do not look at it seriously, at least they do not talk about it publicly. If the student will share their own opinion in front of the group, the others might start laughing and embarrass them. (*Justina, Public Defender's Officer*)

> Relationships and sex education – this is not sexual intercourse as many parents think. The child can be much more comprehensive and an educated person in this regard and protected from many serious problems. First of all, the risk of her reproductive health is minimised, unwanted pregnancies and abortions are avoided, as well as the risk of various sexually transmitted diseases. (*Natalie, UN Women*)

Justina's answer can be divided into several parts. We can identify issues which Georgian youth might experience like "bullying, sexual violence, harassment among university students" and we can note that Justina states that despite all these issues, Georgian students are unlikely to talk about them. The methods of teaching, frequency of sessions

and, most importantly, Georgian culture, traditions and religious factors should be taken in consideration in delivering sex education sessions. Justina's answer shows that there are problems with young people's behaviour as she is talking about. As with many other interviewees, Justina identified aggression and inappropriate sexual relationships within young people but this is not only within the university; Georgia in general is experiencing significant problems due to a reaction against gender equality, very aggressive approaches towards LGBT individuals, etc.

Natalie's answer, as was the case for many other participants, is clearly linked to the need for RSE. She talks about understanding the meaning of sex education. The understanding of sex education is very problematic as many people relate it to explicit teaching about sexual intercourse; especially in rural areas, but even in big cities, there are many people who consistently demonstrate negative attitudes, feelings and opinions about the benefits of sex education. Parents' involvement in the educational process is probably vital as they are knowledgeable about their own children and how to approach the topic of sex education, how to explain it and when the most appropriate time for it is. In my own opinion, there are many reasons for widespread misunderstanding about the content of sex education, including typical reluctance among older adults to talk about such matters, and a shortage of knowledgeable professionals who are fully equipped with the knowledge for teaching sex education. I did have a brief meeting with some university students and it was evident how pleased they were to receive some information of the sort that one might expect would be covered in sex education.

The participants shared their views and provided clear points and suggestions on how RSE would benefit students:

> The impact of such a course deficit on the personal life of students, their inability to manage their own sexual behaviour, the disorder of stable love relationships, the need for sexual health care is felt. (*Anna, academic biomedic*)

> What the RSE university program should look like – I find it hard to answer; however, the approach to the programme should be multifactorial and integrated and with a little more emphasis on sexual health issues. (*George, academic non-biomedic*)

> Eliminate anxiety and reduce at least the number of sexually transmitted diseases, unwanted pregnancies / abortions, etc. (*Kate, academic biomedic*)

There are particularly clear answers from *Anna* and *Kate*, regarding how RSE might have a positive impact on students' sexual development. The participants were concerned about students' sexual health issues, unwanted pregnancies, abortions etc. These are the concerns that young Georgian people experience these days as there is the lack of the knowledge of sexual health. *George's* answer that the "approach to the programme should be multifactorial and integrated and with a little more emphasis on sexual health issues" covers his ideas about RSE programme and their elements, including his guidance on the most relevant content.

The interview continued with the following questions: 'What do you think about students attending RSE sessions? Can this have an impact on young people's understanding on the value on family life, marriage, and stable and loving relationships? How should the issues be approached?'. Responses included:

> Attendance at RSE lectures will be quite active, as today there are enough problems related to family formation, love relationships, conflict between couples, gender equality, reproductive health, which young people still talk about with restraint, and about which doctors, sociologists, etc. should inform. (*Natalie, UN Women*)
>
> I think they will have the right idea about getting married, about a love affair. (*Robin, academic non-biomedic*)
>
> Getting education and information in this area I think would help students avoid making serious mistakes in their next steps and decisions related to family life and marriage. (*Stephanie, Health Ministry*)

The participants also linked their answers to love relationships, gender equality and family formation, developing a clear picture of how they see RSE and believe how it can improve young people's lives. Within the literature review I discussed the gender norms in Georgia presented and some statistical information regarding reproductive health in Georgia. The answers given by the participants provide further evidence that all these are still significant issues in Georgia:

The university program must be of an academic level, but its scientific-popular character must also be felt. (*Nina, academic non-biomedic*)

Good idea, welcome. The student should have information about research and evidence that is corrupt as part of an ethical explanation. (*Jane, academic non-biomedic*)

Numerous studies have been conducted in this area in the world and the results of these cases should be analysed to identify specific cases. (*Justina, Public Defender's officer*)

Include the experience of foreign countries in this field and take into account national cultural values. (*Ira, academic biomedic*)

It was notable that only one participant identified the role of science in RSE, articulating the view that a RSE programme for should be built on a scientific, academic knowledge-base, synthesising evidence from research and other countries' experiences and knowledge. Based on the answers of *Jane* and *Ira*, they recognise that culturally relevant pedagogy should be taken into account in an approach where cultural values and ethical considerations are considered.

During the long discussions regarding the participants' views, undertaken during data collection, I was interested in how the participants imagined the university RSE sessions might look in practice. This part of the interview was very interesting as the participants suggested various teaching methods:

It is necessary for the subject to be recognised and included in the list of compulsory subjects, preferably if the groups are relatively small in number (no more than 10 people). (*Nick, academic non-biomedic*)

It is possible to give a single lecture in a large audience and then divide it into small groups. (*George, academic non-biomedic*)

The programme should not be based on theoretical teaching alone. (*Nina, academic non-biomedic*)

The university programme of relationships and sex education should be voluntary, and the staff involved in the programme should be distinguished by high professionalism. The program should not be based on theoretical teaching alone. Numerous studies have been conducted in this area in the world and the results of these cases should be analysed to identify specific cases. (*Ade, academic biomedic*)

Students should receive the information not as a lecture course, which can be routine, but in an active inquiry format. (*Robin, academic non-biomedic*)

Within the answers above there was the message from the participants regarding the delivery style, the lecture type/session format but at the same time, group discussion being considered as an important to the quality of sessions. The participants clearly suggest concentrating mainly on the "current issues for students" as stated explicitly by *Elliot*, below. At the same time, working with the smaller groups of students has been in the background with all the participants during the discussions. The suggestions from Ade and Robin are very valuable as they both clearly advise how the RSE programme can be delivered, including such issues as whether it should be mandatory or voluntary; they also point out that the professionalism must be taken in an account, which is the serious issue in Georgia and in many other countries too. There are still discussions about who might be most appropriate to teach RSE – a medically qualified person, a psychologist, a qualified teacher – but, in my opinion, the key issues are that the teaching should be knowledgeable and informed by a culturally relevant pedagogy. Within Ade's answer the role of scientific research is clear. In Georgia, evidence-based research is needed for identifying how RSE might be implemented successfully, taking cultural background in considerations.

The answers below also support the suggestion for conducting sessions based on "situational task", "group projects" following group discussion. The key idea emerging seems to relate to forms of participatory activities which enable students to discuss matters of particular relevance to them.

The subject would be accompanied by situational tasks, group projects, so that the students themselves would be as involved as possible. (*Stephanie, Health Ministry*)

> Sometime in the seminars should be devoted to discussing current issues for students. (*Elliot, academic biomedic*)

There was a slightly different idea coming from *Ade*, who agreed that the RSE sessions would be beneficial for students / young people but, at the same time, rather than have them incorporated as a compulsory subject he suggested having them as a voluntary activity for the students. It should be noted that the same participant is talking about professional, experienced tutors in this field who very can accurately and competently deliver the RSE sessions.

> In my opinion, the university program of RSE should be voluntary, and the staff involved in the programme should be distinguished by a high degree of professionalism and practical experience, reliability, and maximum correctness. (*Ade, academic biomedic*)

During the discussions with the participants, a majority of them touched upon the cultural background of students but there were not straightforward or consistent messages being delivered. There was one very noteworthy answer provided by *Maria* who clearly identified the gender role in Georgia. Her response below illustrates some challenges that female students might experience during their studies. Within the quotation below the participant clarified "Due to the traditional distribution of gender roles in our country, unlike men, they find it quite difficult to assimilate the learning material". This short excerpt reveals a lot about how gender is performed within Georgian society. Indeed, this is largely correct as especially female students from the regions/villages still experience restrictions to continuing their studies after school or graduation from university. Unfortunately, young women do not experience equal rights to men who have much greater freedom. We might hear from various groups of people 'he is the man, he needs to study and earn money, the woman should deal with children and housework'. There is a significant cultural factor appearing, and, as identified in the literature review, there is a dominant, culturally entrenched view that a girl should not have a sex before marriage.

> There is a tendency in Georgia for female students to be married, and they have children while studying at the university. Due to the traditional distribution of gender

roles in our country, unlike men, they find it quite difficult to assimilate the learning material. (*Maria, academic biomedic*)

The discussion regarding the participants' views on RSE ended with the question: 'What do you think universities should teach about such issues? Why?'. The responses delivered clear messages regarding what should be taught and the problems that could be foreseen with the students or generally within Georgian society:

> First of all, it is necessary to correctly decipher the elementary terms; sex education should not be a taboo subject. (*Helen, academic non-biomedic*)

> Unfortunately, even personal hygiene and even the feeling of one's own sexuality need to be explained. (*Tamara, doctor*)

> I also believe that it is necessary to know anatomy, physiology, ethics, etc. of the opposite sex. All terms, various sexual orientations, types of sex, hygiene and sexual health issues should be clarified. (*Robin, academic non-biomedic*)

> It is also important to explain the psychology of both sexes and the culture of relationship. They should be given complete information. (*Justina, Public Defender's officer*)

Based on the above answers, the idea emerges that the students need to have reliable information regarding hygiene, not only maintaining a high standard of cleanliness, but also related to STIs and their transmission. At the same time, these days, there are restrictions regarding open talk about sexuality, especially any sexual orientations other than heterosexuality, in Georgia. Georgian culture, traditions and religious values do not support the open discussion of most aspects of sexuality. Within the answers it has been mentioned that the students need to learn regarding their own sexuality feelings, learn about sexual orientations and ethics. Also, we might start thinking using UNESCO technical guide would be an appropriate with conjunction of cultural relevant pedagogy.

The need for culturally relevant RSE programmes

One of the key intentions for this research was to clarify the role of culture in regards to developing successful RSE sessions. The participants discussed and gave advice regarding the methods of teaching, who can deliver sessions, and how to deliver sessions, taking into account students' cultural background.

When asked the question 'Which teaching methods do you think should be used?', responses included the following:

> They can be informed by attending reasonably structured lectures on relevant topics, creating brochure-type printed material and delivering it to students, preparing and introducing video-audio material, and so on. (*Nick, academic non-biomedic*)

> The problem can be avoided by removing taboos on sexual topics rooted in the Georgian mentality. (*Kate, academic biomedic*)

> It is undeniable that a student, and especially a medical student, must have a complete sexual education. (*Helen, academic non-biomedic*)

While discussing the agreed need for RSE for young people, some participants offered suggestions regarding topics of relevance to students, which would enhance their knowledge and understanding about establishing loving, stable relationships and maintaining their sexual and reproductive health. Some of the participants agreed that RSE is highly recommended for all students but at the same time they clarified that these kinds of RSE sessions would particularly benefit medical students so as they can provide professional support to people.

> It is necessary to talk to them about these issues with a specialist, a person who has the ability not only to explain a similar issue, but also to become their friend, advisor and not just a lecturer or even a teacher who will just talk about a particular topic for a period of time. (*Ade, academic biomedic*)

> The cultural background and individual approaches should be learnt. (*Mariam, doctor*)

The more complete the knowledge in this area, the less the problems there will be. Informing and teaching in a healthy way in this direction should be started before coming to the university. Traditions, family and society are of great importance. (*Stephanie, Health Ministry*)

The participants continued the discussion of how sessions can be delivered. They openly suggested what would benefit students, for example, as Robin suggested, "it is necessary to know anatomy, physiology, ethics, etc. of the opposite sex. All terms, various sexual orientations, types of sex, hygiene and sexual health issues should be clarified". Robin's answer includes the term "various sexual orientations"; this is the one of those serious problems in Georgia as people with sexual orientations other than heterosexuality are not accepted by the majority of society. The result is that they do not have equal rights and sometimes live in poverty because, if their sexual orientation is known, they may be discriminated against and excluded from employment. There is also a high incidence of gender violence, with females being especially likely to be victims of serious physical or psychological abuse. So, there is a need for clear, professional messages regarding gender equality.

In the interviews, the culture of the lecturer-student relationship has always been involved, at the centre of the discussions. It is interesting to take into consideration the notion participants provided regarding the relationships with students and "becom[ing] their friend, advisor and not just a lecturer or even a teacher who will just talk about a particular topic for a period of time. The cultural background and individual approaches should be learnt". This clarifies and draws attention to the importance of culturally relevant pedagogy.

There was only one participant who showed a negative approach to the idea of RSE sessions being delivered. *David*, a male participant who was aged over 50, probably around 65 years old, very forcefully explained:

I think such conversations with students are not necessary. I am not obliged to talk about such household issues in the contract, I am only fulfilling the duties stipulated in the contract and I am honest with the university administration. (*David, academic non-biomedic*)

He was the only one interviewee who strongly demonstrated his negative opinions regarding RSE and discussions with students about sexual health. One of those reasons he gave for his opinions was that it is not appropriate for Georgians to discuss such issues with young people, not only within the university but also within the family as well:

> I think the role of parents in solving this type of problem is much bigger than that of the university! However, I never talked to my children about such topics! This is how we come to our big and famous family with traditions! (*David*)

The discussion moved to the next stage and the participants were asked the question regarding: 'Who should deliver/teach information to young people regarding their sexual health, relationships etc?'. Interestingly, all the participants started to talk about their own role as lecturers:

> My personal view of providing information about sexual health and relationships to students is completely acceptable and welcome, although there is no active practice in Georgia to this day with the information I have. (*Anna, academic biomedic*)

> As an academic staff member, I teach basic anatomy to medical students, and as part of that, I have to familiarize them with the female and male reproductive systems along with other systems in the body. (*Helen, academic biomedic*)

> When talking about the anatomy of the reproductive systems, I already have to talk about and show the functional and physiological features of the relevant organs. Consequently, teaching on this topic is a completely natural phenomenon for me. (*Elliot, academic biomedic*)

> When talking to students about sex and sexual health I would be completely neutral and I would not really feel beyond the comfort zone. (*Nina, academic non-biomedic*)

Above, I include some answers given by *Anna, Hellen, Elliot* and *Nina* from the various faculties of the universities. It is clear that academics from the medical faculties take it as their duty and responsibility to talk to students regarding their sexual health and the complex issues related to it. However, non-medical lecturers demonstrated their readiness to support this RSE programme within the university as they clearly see the benefits of it for young people.

But at the same time most of the practitioners and also academics discussed parents' role in providing the information to their own children. Below, I include two responses, which are relevant:

> Providing parents with information about sexual relationships for their children and talking to them in my opinion depends on the individuality of the relationship between parents and children. (*Helen, academic non-biomedic*)

> There are parents with whom this topic is taboo. So, the answer to this question cannot be unambiguous to me. (*Anna, academic biomedic*)

> It is a difficult issue because sex is a taboo subject; no one talks about it loudly and we have an example in schools that biology teachers leave this issue in a biology class and then move on. Against this background it is difficult to imagine talking about sexual behaviour and health to students who have neither properly acquired basic knowledge nor are psychologically prepared for it. (*Stephanie, Health Ministry*)

Helen talks about the relationship between the parents and children, significantly emphasising this point as the relationship between them depends on various factors. Here there is the need to take in account the cultural, religious and educational backgrounds of the parents, especially as the majority of parents from the regions and villages of Georgia observe a very strict taboo regarding discussions about sexual health with their children. Based on their beliefs, it is somehow embarrassing to talk to their sons or daughters about sex and sexual health issues, a belief which is clearly influenced by the society in which they live where culture and traditions impact significantly on their views. Stephanie's answer is very interesting, and various issues could be identified, even teachers' role in delivering lessons about the reproductive system as they try not to discuss it in the class and leave this topic for students to read at home. In consequence, students have a lack of understanding about their reproductive health, which is so important for young people for their physical and psychological development.

Another perspective came from Kate who clearly identified mothers' and fathers' roles in talk their children:

> Parents need to provide information about sexual behaviour and reproductive health to young people of both sexes – by fathers to sons and mothers to girls. (*Kate, academic biomedic*)

This was not the only answer where cultural and traditional influences were identified; indeed, most of the participants linked their views to them in some way. Traditionally in Georgia, it was the mother's role to prepare their daughters for marriage (but not their sexual life) and fathers to train boys how to become men as heads of families. This has changed in the big cities but families living in villages still follow such traditions and still strongly believe that this is the right way to raise their children.

Maria and *Ade* grew up in the city and in general discussion both mentioned that their parents are highly educated, and this was the main reason their parents felt able to pass helpful information about sex and sexuality on to them.

> The role of parents is certainly very important. I personally have been given a large part of my sex education by my parents, though perhaps my parents also have it. (*Maria, academic biomedic*)

> There are parents who have a close and friendly relationship with their children that talking about this topic on their part would not create any inconvenience and discomfort between the parents and the children. (*Ade, academic biomedic*)

Non-medical participants supported the idea that factual information about sex and sexuality should be delivered but also said that the psychological-cultural foundations of sexual behaviour should be taken into consideration:

> Students should have information about what sex education is, what the psychological-cultural foundation of sexual behaviour is, what pregnancy is, what venereal disease is and what the risks of infection are, what reproductive health is, types of contraception. (*George, academic non-biomedic*)

Even Natalie, who has no medical background, offered to support a university programme of RSE, saying that she could deliver seminars on the socio-cultural dimension of sexuality:

I do not have the appropriate qualifications to teach students about sexual health; however, I would be happy to conduct informative seminars on the socio-cultural dimension of sexuality. (*Natalie, UN Women*)

Seventeen of the 18 interviewees openly discussed and shared their own views, understandings and opinions regarding what should be done and how the programme could develop, including teaching methods, and their own involvement was offered in some cases. There was only one participant, *David*, who continually demonstrated his oppositional views regarding RSE teaching. He had a very strict attitude when he had answered that he would never talk about sexual health to his students, colleagues and even his own children. It was clear that there was a very strong influence of Georgian culture and tradition in his case, and this was repeatedly demonstrated in his answers throughout the interview:

How? What do you order? Excluded from my lecture or even a break. I will not allow such topics to be discussed, not only with students but also with my colleagues, it is unacceptable at my academic level! (*David, academic non-biomedic*)

Students should talk to people of appropriate competence about such issues. It is also in case of obligation. Otherwise, it is not allowed! (*David*)

More generally, the participants showed their opinions regarding which professionals should take responsibility for the teaching of RSE. It was notable that there were very clear-cut answers and none of the participants approved teaching RSE by only one person. Almost all of them agreed that RSE sessions should be delivered by multidisciplinary staff to have an effective result, while almost all academics asserted that doctors' and psychologists' involvement in the teaching process would be the most beneficial:

Medical staff should provide advice and information on medical issues related to sexual education, and counsellors should provide advice and information on psychological issues. (*Helen, academic non-biomedic*)

Psychologist, sexologist, urologist, gynaecologist, lawyer and definitely an experienced trainer / lecturer who can professionally deliver the session taking the students' cultural background into account. (*Nick, academic non-biomedic*)

There should be a doctor, sex-pathologist to solve sexual problems and I think that teaching non-medical students the nuances of sex life is not advisable. (*Natalie, UN Women*)

The course should be led by a doctor, but a lecturer / teacher who knows the needs and cultural characteristics of the target audience must be involved in the preparation of the lecture / course. (*Kate, academic biomedic*)

Continuing with the analysis of above answers, it is clear that the academics and practitioners recognised the importance of paying attention to the cultural background of the students and the need to involve trained professionals in any RSE that was to be provided. Within Georgian society, steps to discuss any RSE topics must be taken very carefully and culturally relevant pedagogy should always be given due consideration.

Students' behaviour, and sexuality norms

The interview included questions to find out what the participants' views were regarding undergraduate students' behaviour, whether there were any risks pertaining to their sexual behaviour that the interviewees could identify, and especially if the students' behaviour was linked to a lack of the knowledge of RSE. All the participants answered the questions and in addition to sharing their views about students' behaviour, they also discussed the importance of RSE, the role of culture and the needs that RSE should meet. In response to being asked 'What do you think about undergraduate students' behaviour?', typical replies included:

Sexual behaviours gradually become bolder and more provocative, often even rude. Risky behaviours include the possibility of unwanted pregnancies and being infected with a sexually transmitted infection. (*George, academic non-biomedic*)

Sometimes the desire is so great that their behaviour and reaction is exaggerated, which leads them to have problems. (*Stephanie, Health Ministry*)

Female students are more active. (*Jane, academic non-biomedic*)

It is difficult to say anything specific about their sexual behaviour; however, they have fewer complexes and barriers in relationships, are bolder and daring, and do

not feel shy to be involved in one-night stands, immature sexual relationships. (*Ira, academic biomedic*)

Through analysis of interviewees' responses, it became clear that they felt that the undergraduates' behaviour has been changing over time. It is interesting that five of the interviewees emphasised that female students have become more active than in the past ("Female students are more active") and there was a point identified by one of the male participants, *Robin*: "There have been times when I have thought that girls dressed provocatively and inappropriately for the university". I followed up with this question: "What do you mean regarding the "inappropriately for the university"?". *Robin* clarified: "I'm probably overly conservative in this regard; the female students did not dress this way before". Here, also, can be identified how the interviewees see gender norms and roles within Georgian society. They clearly underlined within their answers that females used to be shy to express or show their own feelings towards males and that even how they dress within the university has been criticised. It should be mentioned that during the Soviet Union period there were sex-specific uniforms for boys and girls to wear at school but not at the universities. Even so, the participants showed their concerns regarding inappropriate dressing, for instance very short skirts which, based on Georgian culture, is still called "inappropriate" for the higher education environment.

> These days, students' behaviours changed compared with the generation, for example, five or even ten years ago. They feel more freedom now in expressing their opinion and also very freely demonstrate their wishes towards anything, even towards each other if there is any kind of interest between them. (*Anna, academic biomedic*)

These somewhat indirect, even coy, answers interestingly lead us to the cultural background of the students. One of the female academics in the medical faculty, Maria, says "The nature of students' behaviours depends on many factors, such as upbringing, social group, place of origin, psychological maturity, and so on". I then asked "What do you mean by 'origin'?" and the interviewee replied:

> Generally, each part of Georgia has a slightly different approach to how to raise a child, also, a specific culture for those parts of the country. Even though Georgian

culture is still the same in the whole country, in different parts, the approach can vary slightly like in Kakheti [East Georgia] people have a bit stronger character compared to Imereti [West Georgia], people living in the mountains, like Svaneti, they still follow strict rules, and they review the roles of women and men a bit differently. (*Maria, academic biomedic*)

Maria clearly described her reasons for thinking that the origin and social environment might have an impact on students' behaviour. This is one of those pieces of evidence justifying my choice to explore any differences based on the participants' cultural background. The participant herself lives in Tbilisi but originally, she is from Kakheti, where the "people have a bit stronger character".

Sexual behaviour, in my opinion, uniquely does not only mean the acquisition of sexual experience and sexual intercourse, but it can also be a clear understanding, learning and understanding of the general attitude towards the opposite sex, the general norms and peculiarities of their relationship. (*Mariam, doctor*)

They might show their anger easily toward anybody; perhaps this is the reason for the socio-economic situation in the country as many students' families struggle financially. (*Tamara, doctor*)

Student men unfortunately do not have proper sex education and their sexual behaviour is even more irresponsible. Many things that are permissible for men are forbidden to women and vice versa, or the 'double standard principle' applies. (*Robin, academic non-biomedic*)

The above answers provide some understanding about how gender norms and roles within society can have an impact on a couple's relationship; a significant cultural factor appears. Sometimes men encourage women to have unprotected sex but as soon as it happens, they disappear. As has been identified in the literature review, there is a prevailing view that a girl should not have a sex before marriage. In discussion, many participants might accept the sex before marriage, but they still consider the cultural and social background of the students. Based on gender norms, males still consider that their future wives should be virgins.

Due to the religion and culture of Georgia, women are more restrained than men, but here, too, everything is illusory. A woman may not directly express her desires; however, she manifests this in various behaviours and conversations, all of which are unfortunately misunderstood by the opposite sex. (*Stephanie, Health Ministry*)

It is often in line with their age, social status, and religious beliefs. (*Ade, academic biomedic*)

Sex itself, having a partner and a relationship are also misunderstood. Most men become aggressive during this period because they do not understand what processes are going on in their body and again, due to culture, they lock themselves in. (*Anna, Academic biomedic*)

What is the process you mean? (*Interviewer*)

Physiological process as boy become a man, hormonal changes, desire of sex but, meanwhile, there is no knowledge of how to deal with these changes, how to behave correctly, not harming himself or others. (*Anna, Academic biomedic*)

Anna's concern as a biomedic academic identifies that there is a lack of knowledge of reproductive health within young people. As was discussed on page 114, teachers feel embarrassed to talk about the topic in class. This causes problems which leave young people without an explanation as to what kind of physiological or psychological changes are happening to them, following puberty. This kind of approach by the teacher confuses students and sometimes they feel anxious or stressed as they have no clear understanding or even support to deal with those physiological/sexual changes.

The participants' answers clearly demonstrate that females' behaviours are strictly monitored by Georgian culture and religion, where it is forbidden for a female to show openly her own feelings towards males. *Stephanie's* point demonstrates differences between men's and women's behaviour, which very often follows the gender norms created by people, based on tradition, religion and culture. When *Stephanie* says "she manifests this in various behaviours and conversations, all of which are unfortunately misunderstood by the opposite sex", she makes the important point that the differences in the cultural

expectations of what is appropriate for a women as opposed to a man to say or indicate by their behaviour are such that such communication by a woman can be misread by men.

At the same time, there was the answer where the participant discussed how female students are now trying to demonstrate their own desires and somehow receive the attention of males:

> Over the past ten years, more and more student girls have been demonstrating their half-naked, or almost naked, bodies on social media. Here, I would consider this as sexual behaviour because students can manipulate the photo and make this or that part of their body appear more desirable as a result of the desired correction. (*Jane, academic non-biomedic*)

> I have not really observed any risk-related or risk-taking behaviour among students. Their behaviour in terms of sexual traits or qualities is within normal limits for both male and female students. (*Elliot, academic biomedic*)

The question follows as to what is the meaning of "normal limits for both male and female students"; the participant (*Elliot*) explained that this is "Georgian norms for males and females based on our culture, traditions and religion".

> In my opinion, due to the specifics of our culture, these topics are not spoken out loud and are considered 'male only' or 'female only' topics. I would say that it depends on the social status of young people in their social circle. In the case of low-income youth, knowledge of [sexual health] services are, in my opinion, limited. And in the case of high-income young people, I think the level of self-awareness is higher. (*Justina, Public Defender's officer*)

The participants did not discuss sex much. They felt comfortable talking about the importance of pre-marital sex and its influence on establishing strong, loving relationships with partners. They mostly concentrated on how to deliver sessions, what teaching methods could be chosen taking into consideration the background of students. Family, cultural and social factors were the main areas the participants discussed. Currently, in Georgia, a family has a significant influence on youths' physical, psychological and sexual development. The participants made it clear that youths were afraid to discuss with their parents regarding sex

or any relationships they might be involved in. They all identified the importance of reliable information which should be delivered by professionals, especially doctors or psychologists.

With the support of the Cultural sensitivity approach, it should be possible to gain knowledge, understand and respect students' values and cultural background during sessions, and involve students' voices so as to support the development of a programme of RSE within universities.

CHAPTER 6: Discussion

The findings chapter examined the interviewees' views in relation to the research questions set out for the project. In regards to the research questions, I found that almost all the academics and practitioners' views and attitudes regarding RSE were very positive. With one exception, the participants have not demonstrated negative perspectives regarding the creation and implementation in practice of RSE programmes within Georgian universities. They felt comfortable to talk about the importance of RSE and its potential influence on the improvements to young people's sexual health and ability to make good decisions in establishing strong, loving relationships.

These were the ideas demonstrated by the participants regarding the impact, role and involvement of family alongside cultural and social factors in delivering RSE sessions. Currently, in Georgia, the family plays a significant role in influencing young people's development psychologically and sexually, especially given the absence of impartial, factual and appropriate RSE within the education system. Most of the participants, both academics and practitioners, made it clear that youths were hesitant to discuss sex or any relationships they might be involved in with their parents. Respondents clearly identified how important it is to establish good relationships between parents and their children as this is supportive of discussion of various sexual health and related issues. During the interviews, participants made direct suggestions regarding how RSE sessions can be designed. Identifying problems and examining specific cases could be very helpful in revealing the importance of a culturally relevant pedagogy which is likely to influence the acceptance and success of any RSE programme for higher education students in Georgia. Indeed, most of the academics gave a signal that the topics for RSE should be chosen based on clear understandings of the students' cultural backgrounds and their needs. A student-centred approach should therefore be pivotal to designing the RSE programme.

The primary source for young people in Georgia to access information about sexual matters is the internet, very rarely from friends, as reported by study participants. At the same time, the academics with medical backgrounds clarified that they always tried to provide some useful information which could be related to sexual health. Although there are currently no separate sex education sessions in schools or universities, most of the academics

demonstrated a readiness to be involved in the process for developing an RSE programme for universities.

This study identified concerns about students' attitudes towards and knowledge around relationships and sex, in the views of the academics and practitioners interviewed. Apart from this, and in line with the cultural sensitivity approach, I identified that the cultural background of the interviewees had an important impact on the construction of their views, understanding and knowledge about sexual health and young people's behaviour (cf. Bauer, 2005). Chondy et al. (2009) discuss how students' attitudes changed towards gay or lesbian individuals because of attending sex education classes (section 'Sex education in high education', p. 62). We can acknowledge from the participants' discussions with me during the interviews that youths obtain and use different sources of sexual information, some of which are not reliable. This dramatically increases their chances of being misinformed (Rawson, 2009). At the same time, the interviewees clearly believed that the information students have about relationships, family values or forming relationships is practically non-existent. Levels of knowledge about STIs and use of contraception were consistent with the findings of Caruthers et al. (2011) and Newman et al. (2012), which spoke about the link between assuming traditional gender roles and having lower levels of knowledge about sexual health. According to the responses that some of the participants gave, there was an evident lack of access to information about contraception, especially in the rural areas of Georgia. As a result, young people, if there were instances of premarital sex, would have been susceptible to STIs and unintended pregnancies. This finding agrees with the literature which supports the importance of RSE as a preventative strategy (Causarano et al., 2010; Newman et al., 2012; Rawson et al., 2009).

Besides the results which confirm that there is a belief among the interviewees that there is a lack of knowledge about sexual health among the students, the study also underlines the sensitive nature of gaining information, in particular knowledge about parental and cultural expectations (Dille, 2004; Leininger, 1991; Rawson et al., 2010; Rawson, 2009). The findings suggest that cultural and traditional influences are important and should not be neglected (cf. Hickey and Skinner, 2003). Halstead and Reiss (2003) also argue for the value of discussing religion and culture in connection with sexual health education (cf. Erens et al., 2001; Muhammad, 2010; Moore, 2011; Meldrum et al., 2015; Rawson et al., 2009).

Sexual health, culture, traditions and religion

Most of the participants had a positive attitude about the need for RSE and for students to have knowledge of sexual health as well as about their needs regarding their sexual health. This might be explained by how students balanced cultural and traditional expectations and values with their own ones. RSE in Georgia is a controversial topic where some people are in favour of young people gaining knowledge, while others think this matter is too private to discuss in public. Most of the interviewees believed that sex is a significant part of establishing loving, stable relationships. It is necessary at this stage to explain why some participants 'blamed' marriage for young people having a sex. Traditionally, the importance of virginity in women still very strongly exists in Georgia, especially in the remoter regions, the rural areas. Sex before marriage is strictly forbidden and young girls are under pressure from the society, the community in which they live and their parents and wider families. Society has the opposite view towards males, who can freely enjoy their sexual lives. So, after analysing all these traditional understandings about premarital sex, it was encouraging for me to see how the educated part of the society have changed their approach to RSE and see value in a more open discussion of sex. Most importantly, they all (except one) talked about the necessity for RSE sessions within their higher education institutions.

The effect of religion on the behaviour of youths in Georgia is not clear but the general overview of the major religion there – Orthodox Christianity – is indicative of what impact it might have on their sexual behaviours. The majority of the Georgian population is Orthodox Christian; therefore, this religion has a big influence on their lifestyle. It provides the background for Georgian culture, which involves moral and ethical norms and values. Marriage and relationships are important in Orthodox Christianity and it is considered very important to follow certain rules and not commit any sexual misconduct. Abortion is a grave issue, because it is believed that the foetus is a sentient being and therefore the act constitutes murder. It may be that Orthodox Christianity directly influences people's behaviour in Georgia less than it used too but it still provides the foundation of attitudes and values of individuals. Such values influence the behaviour of at least some young people.

The participants' views regarding the need for RSE session at the University

RSE might fail if the information delivered to young people does not respond directly and meaningfully to their needs (Allen, 2005; Measor et al., 2000). Elliott (2003) illustrated that the information provided or deemed most useful might not necessarily be what the participants of education programmes might want to know.

In this study, participants have indicated that the information for the students should be provided and sessions delivered by representatives from the health service (medical doctors, psychologists, etc.) because they expect them to deliver better answers than, for example, biology teachers, given the nature of their professional roles. At the same time, I fully agree with the participants that the cultural background of the students should be taken into account via a student-centred approach during programme design and implementation, including any monitoring and evaluation. Georgian schoolteachers, even biology teachers, are not ready to talk openly about sexual health and its related health issues. At the current time, some of the biology teachers at schools do not even explain the reproductive system, specifically male and female sexual organs, because they feel embarrassed, instead preferring to ask the students to read the material at home. This means that students come to universities with often major gaps in the sexual knowledge.

Besides health professionals, there were some suggestions that perhaps lawyers might also be involved as their knowledge about human rights and gender equalities can be highly beneficial. Interviewees thought that those professionals would be able to provide appropriate explanations for the problems and issues young people may be experiencing. Most of the interviewees clearly delivered the message that it would be beneficial to invite academics with different professional backgrounds to assist with delivering a successful RSE programme in universities. Analysing and writing-up this section caused me to reflect on one of the male participants, Nick, who has no medical background, having a Doctorate in Medical Physics, but teaches medical students, so took an active interest for this reason. The research conducted by Polyson et al. (1986) discusses the role of psychology departments on teaching sex education within universities (section 'Sex education in higher education', p 62).

Evidence suggests that sensitivity should be used when teaching about relationships and sex, with educational programmes being tailored to different levels of maturity / understanding (Singh et al., 2005). In cases when young people do not want to hear information about sexual anatomy, other topics, such as identity, gender, and infection prevention might be discussed. Those who are more interested in learning about sex might benefit from the opportunity to discuss contraception, pregnancy, and relationships. Researchers have suggested that it is important to provide youths with the information that they need and create a safe space for positive discussion of the issues surrounding RSE (Connel, 2005; Ingham, 2005; Measor, 2004; Setty, 2019). The next step for Georgia is to determine what type of RSE should be implemented in the country and then to proceed with its design and age-appropriate phased implementation without delay.

Within sexuality research, social constructionists look at how sexuality is continuously constructed and reconstructed through socio-cultural processes and practices. These processes and practices are said to shape our understandings of the sexual body, sexual behaviours, and sexual identities (Seidman, 2003). People from different social groups may have different attitudes, behaviours, and norms that they live with. Two of the participants identified the significance of living in the big cities in Georgia, as there is there a slightly different, better understanding of sexual health and its consequences.

Social context and the patterns of relationships change during the years of young adulthood. Peers are often a significant support in this process and might be the models of behaviour in many cases (BenZur, 2003). According to Measor (2004) and Strange et al. (2003), peers are not a preferred source of information about sex and relationships progression. During the interview discussions, academics and especially non-academics indicated that students were under pressure from their peers to act as others of their group behaved.

Similar to research in other countries (Allen, 2005; Measor et al., 2000), the participants in this study were not happy with how the students were supported with regard to what and how they learned about issues. Several years ago, some of the schools tried to introduce the subject to pupils and there was severe public reaction and the schools stopped teaching very quickly. There is no policy of RSE in Georgia and the participants I interviewed showed

their negative thoughts about this reality and suggested that the sessions should probably be rolled out at higher education level first. The statistics regarding sexual health in Georgia is alarming, which may be at least partly related to traditions and attitudes including religious beliefs towards sexual health and RSE among the Georgian people.

Involvement of Georgian young people in the development of RSE policies would allow for the design of a more effective RSE programme. Although other countries have generally not involved young people in the design of their RSE programmes, many countries do have school RSE programmes. In the USA, similar and more innovative approaches have been combined to increase communication between parents and children about sexuality (Guilamo-Ramos and Bouris, 2008).

Participants advocated having sessions during the last year of school, which is not directly related to the aim of this study, but is still an important point to be taken into consideration. Together with such findings, participants indicated that young people often do not get the most out of sexuality and sexual relationships education and that some adolescents are involved in sexual relationships at early age; it is therefore a matter of determining what, when, and how information is delivered and appropriate teaching provided.

Effective sex education is sex education that is based on evidence (Connell, 2005). Therefore, one possible reason that RSE does not exist in Georgia is that there is no clear scientifically proven evidence from the Georgian context, in term of adolescents' needs and the situations they encounter. Accordingly, RSE should be within the national curriculum and needs to be comprehensively reviewed, well-formed, and delivered with the assurance that it reaches pupils in a way that is accessible. I could only provide an overall picture from an outside view; a more specific study is needed to reveal the complexities of the cultural and institutional contexts.

Barriers to Relationships and Sex Education in Georgia

There are barriers that have slowed progress within schools or universities towards any meaningful RSE in Georgia. These include complex cultural barriers, a lack of knowledge and

pedagogical skill among teachers and barriers related to the motivations of key decision makers, including politicians.

According to Georgian social and cultural norms, sexuality is not a topic for public discussion (MOPH and WHO, 2003). Such negative views about sex have greater repercussions across Georgian culture where traditional Georgian attitudes to sex and social expectation have had an especial impact on the life of Georgian women. A female is expected to be discreet and modest (McAndrew, 2000), as well as polite, quiet, and submissive. Unsurprisingly, many Georgian females feel embarrassed to discuss sex or any sex-related health issues, even when they have questions or problems. This leaves the woman in a vulnerable position within relationships, lacking the skills or opportunity to negotiate sexual relationships effectively.

By contrast, Georgian males have more opportunity to discuss their relationships and sex (Charanasri et al., 2004) and are culturally permitted to talk to friends and others more openly than their female compatriots. However, culture dictates that men also do not discuss openly with others when they have sensitive questions or problems related to sex or relationships. Even though it is more acceptable for men to talk about sex, they may still have difficulty accessing accurate information, particularly on highly personal topics.

This is a common problem the world over for men and has been discussed at length in the masculinity literature. Some males may feel embarrassed to ask or to engage with teaching and learning about sex (Strange et al., 2003). Others may lack confidence to ask for advice because they have a norm of being 'a man', being expected to have a 'masculine' manner and sexual knowledge (Measor, Tiffin and Miller, 2000; UNESCO, 2007). They are expected to have a strong sexual desire, even aggressive behaviour, and many sexual partners and it is often seen as a male's responsibility to know what to do in a sexual encounter and act like they know, even though they may have some insecurity and anxiety underlying their behaviours (Jørgensen et al., 2019). That can have a negative impact on their wellbeing and that of their partner.

In fact, traditional attitudes towards sex and social expectation, which are constructed by culture, influence both male and female behaviours. Restraint according to social norms

could hold back young people from seeking access to information on sexual topics. To alter the view of responsibility, it is also clear that many adults avoid discussing anything of a sexual nature with their adolescent children, another barrier to effective RSE which is culturally ingrained within Georgia.

The findings from the interviews with academics and practitioners did not show any notable differences regarding academics and professionals' views of students' behaviours. It was agreed by the participants that there had been significant changes in students' sexual behaviour within recent years. Most of them mentioned that 'females became more active' than previously which is a very interesting point, given Georgian traditions and associated gender norms, as already discussed. David, the male academic who had very negative views towards RSE mentioned that female students should dress "appropriately" within the university. Females who actively demonstrate interest towards males were identified by academics as "inappropriate" and somehow leads to the interpretation that they have an interest in sexual experiences.

Another point of the findings indicated that interviewees felt that parents should be more active in delivering an understanding of sexual health to their children. Participants discussed how uncomfortable parents feel about talking with their children about this issue, believing that sex is a private matter, and it is every individual's personal experience, not to be shared. During the discussions with the study participants, clear messages emerged regarding the reality that some parents think it is immoral talking about sex and they worry about social judgement, leaving children to learn independently as they had to.

The interviews also indicated that youths felt unable to ask their parents about what they wanted to know sexually and therefore used their imagination, asked friends, or searched for information from magazines, books, or Internet sources instead of asking parents or teachers for factual, evidence-based information. This raises concerns about youths receiving fragmentary and inaccurate information and excluding adults from their learning.

There was a fear expressed by a couple of participants that young people might want to have sex because they want to experience it for themselves after they have received information, whereas if they do not know anything about it, they will not think about it.

Generally, in Georgia many parents and even some educators worry that youths might take sexual risks if they knew too much. They believe that knowing little is better rather than moving to empower the youth to make informed and healthy decisions. There were similar views expressed by David, who strongly believes that to talk about sex is completely unacceptable within the universities, adding that he even does not talk about it with his own children: "they will learn themselves". Based on my own experiences of talking to people in Georgia, there are many others thinking the same way as David. Fortunately, there was only one participant in this study who had such views.

In Georgia there are barriers associated with culture, lack of skilled educators and limits imposed by politicians which have to be overcome. All sectors need to coordinate and work together to develop an RSE strategy which will work well within the unique cultural context of Georgia while simultaneously suiting the needs of youths and being effective and evidence-based. This requires people to overcome conservatism as parents and as a whole, the community and society need to support the education system to make this progressive reform (International Women's Health Coalition, 2004).

If the education process is running in opposition to the prevailing views of society, it is unrealistic to expect it to succeed (Archard, 2000). On the other hand, if RSE is disseminated in public, may benefit the education process, and reduce the incidence of unwanted pregnancies and STIs, including HIV/AIDS. Therefore, thorough consultation with a range of stakeholders will be essential to ensure that different sectors and institutions are aligned in terms of their attitudes and policies about RSE. Successful reduction of teenage pregnancies and STIs in Scandinavian countries and the Netherlands and the progress of education initiatives in the UK are examples of successful debates based on research, showing clear indications that effective and well-designed education programmes are effective in health terms (Jackson, 2009; Peçi, 2017; Underdown, 2006).

Parents, teachers, and adult society as a whole may still think that teaching these topics could be morally dangerous to youths and cause them to experiment with having sex (Moran, 2009; Straughan, 2012;). This study, among others, affirms that negative attitudes about RSE are prevalent in Georgia and very unhelpful in practical terms, posing barriers to the delivery of effective RSE and therefore placing young people at risk.

Before undertaking the interviews, I personally suspected there could be differences in interviewees' responses depending on their age, gender or even whether they are academics or professionals. However, virtually all the participants, regardless of their age, gender or profession, clearly demonstrated their readiness to support developing a university RSE programme taking Georgian young people's cultural background into consideration. Only one participant, David, one of the oldest interviewees, objected to the teaching of RSE within higher education.

Who should provide information to youths?

To start thinking about the professional identity and roles of academics as educators in RSE, it is worth briefly exploring what professionalism means. Historically, higher education did not play a significant role in the understandings of professionalism, even though there was not a clear understanding of the meaning of it. Basically, professionalism was based on practical skills and experience. These days, professionalism and, especially in education, practical skills without higher education qualifications would not meet all the standards that are required for professionalism. It would not be easy to describe professionalism excluding a person's own feeling and attitude towards the subject, especially in RSE where religious and other values of a person can play a significant role. Of course, when the discussion is about professionalism, there are some principles which should be followed, for example, the need for policies, curriculum and continuing professional development (CPD).

RSE can be an extremely controversial part of the university programme within different cultures (Heyter et al., 2007; Kirby et al., 2007) and it is easy to understand the reason for public anxieties regarding sex, especially as these relate to ethical and religious beliefs (Bleakley et al., 2006; Denny and Young, 2006; Heyter et al., 2007; Kirby, 2006). In my experience, attitudes to sex education play a significant role in developing healthy relationships within couples, with the majority of people in Georgia having negative attitudes towards it. Sex education has been the subject of several discussions in Georgian at the professional level and with members of the public and has been blamed for affecting moral standards and causing young people to being an active sexual life (Hampshire, 2005; Hampshire and Lewis, 2004; Heyter et al., 2007; Wilkinson et al., 2006).

This misconception is somehow being related to Georgian traditions and religious beliefs and attitudes towards to sexual health and sex education. In my opinion, RSE sessions should be delivered in universities but there are very significant questions to raise: Are Georgian academics ready to provide sex education sessions? Do healthcare or any other professionals have a sufficient level of knowledge on how to teach? What kind of professional development do these key professionals need? What about the needs of those who do not become university students?

Religious beliefs and attitudes have significant effects on sexual health and are directly and indirectly preventing an improvement in levels of sex education in Georgia. In particular, these aspects have a central role for understanding professionalism in delivering sex education sessions. Developing professionalism is not only a matter of gaining knowledge or practical experience in dealing with patients with various sexually transmitted infections, it is also very important to look at professionals' beliefs and attitudes. Are Georgian academics or professionals psychologically ready to be involved in delivering a RSE programme? Or are doctors even competent to demonstrate professionalism in delivering sex education? These are huge issues to look at and will require significant qualitative research to develop a full understanding of their complexities and potential solutions for this specific context.

The findings of this research have clearly identified the readiness of at least some academics and practitioners to deliver RSE sessions. As already mentioned, the participants advised that academics with different backgrounds should be invited to teach various topics of RSE, directly relating to their specialisms. Respondents mentioned how important it is to have doctors to teach sexual health and related health issues, psychologists to deliver an understanding of the various psychological issues relating to sexual health, and also specialists delivering sessions on Human Rights, equality, gender norms etc. Georgia and other countries should be thinking about the professional development of their educators as a priority, with an emphasis on developing a strong attitude and beliefs about a successful outcome of RSE.

At the same time, it should be acknowledged that lots of young people do not go to universities, so, the question arises: should they have RSE sessions at school? Most countries all over the world already have experience of having RSE within their schools but it

remains clear that Georgian schools are not ready to teach this topic. As I discussed in the literature review chapter (sections: Education about sexuality in schools p. 56 and School-based RSE in Georgia p. 58), the attempt to implement RSE session within schools failed. There was criticism from parents and the Georgian Orthodox Church.

Attitudes and beliefs are affecting health professionals' work to deliver best practice with no judgement and discrimination (RCN, 2001). We are all individuals, and we all have the ability to learn. It is therefore not possible to provide information using the same method to all people and especially to youths regarding a healthy sexual life; an educator needs to analyse youths' attitudes and levels of understanding to gauge the content and appropriateness of sessions. This is such a sensitive area that it should be taken very seriously into consideration, which relates directly to professionalism. What is professionalism for educators? It could be considered at least partly as one's ability to understand people's traditions, religion and beliefs which is necessary to teach sensitively about what sexual health means. This was one of this study's significant findings which indicates that it will be important to design and deliver sessions based on clear understandings of the religious and broader cultural backgrounds of the students and identify their needs and desired topics to learn.

I have tried to demonstrate my own understanding and perspectives regarding the role of educators in RSE but it also important to briefly discuss professional teacher identity in sex education. In professional teaching, the values and beliefs of the professional culture sometimes give rise to a tension which would be connected to personal values and beliefs with those experienced in workplace cultures (Pillen et al., 2013; Ruohotie-Lyhty, 2013). These days, academics in some countries have the opportunity to combine their own practice standards and workplace requirements. For RSE educators in Georgia, the situation is more difficult, as there are no current vacancies, and there are no specially designed standards for them; this creates serious problems when it comes to workplace demands. Previously, I had thought it would be best to train university staff, to provide them with an opportunity to learn the main principles of sexual health as the teacher is a professional who understands his/her own students' needs, their personalities and abilities to understand and talk about such a sensitive subject. Now, I also believe that this is a job for

health or any other professionals; this is a job for a people who have a strong professional status with deep special knowledge of the subject.

According to Aaberg (2016), nurse educators are responsible for the preparation of student nurses, to teach and train them how to care for and educate the public. Many years ago, in 1974, the World Health Organization discussed nurse educators based on their knowledge, skills, values and attitudes about sexuality. After so many years, we are still talking about consistency of sexual health education in nursing programmes. Most importantly, nurse educators should be prepared to address sexuality issues professionally.

There are different health issues now, in the 21st century, but sexual health still has a significant place as a public health priority. Unfortunately, because of a lack of professional input, the absence of RSE increases the risks of different reproductive health issues, especially teenage pregnancy and sexually transmitted infections (Shepherd et al., 2010).

In the last 20 years, the workplace and learning environments have changed. One major development in how our place in these is understood has been the formation of professional identity as a concept and a reality. Worldwide, healthcare and education professionals are now raising an alarm and trying to provide sexual health services for everyone in developing or developed countries, with a strong emphasis on targeting young people. There is consensus that the needs of young people should be met as a priority but it must also be understood that sexual health services should be carefully chosen depending on cultural, social and religious factors in different countries.

It is clear to me that there are many sources from where young people can receive knowledge regarding STIs, for example, family, older friends, different health organisations. I strongly believe that universities in Georgia will play the most important role in delivering RSE lessons (Wilson and Williams, 2000). University staff, academics and other professionals are all playing a major role how lessons can be delivered and their professionalism in this field is of vital importance in addressing a public health need and also ingrained social issues (Smith, 2009). University-linked sessions provide many exciting opportunities to address the sexual health needs of young people. These can enable increased access to young people and can provide sessions uniquely shaped to young people's needs. However, there are

many challenges and barriers to developing sexual health sessions in the university setting – often linked to societal and cultural beliefs about sex.

Attitudes and beliefs are very important elements of health workers' professionalism and this applies equally to educators who may hold a range of views regarding sexual health and education (Heyter et al., 2007; Scott and Jackson, 2000). Based on all the evidence, it is easy to identify a problem in that university teaching staff lack adequate preparation and yet healthcare professionals need to play a key role in RSE. Also, conflict arises in teaching sex education between pastoral and pedagogical roles (Buston et al., 2001; Heyter et al., 2007). These problems are likely to be greater if teachers do not attend any specialised training courses. Based on my knowledge and practical experience, I will discuss the development of the RSE educator's role, which can be divided into two stages. First, each Georgian university should have its own regulations regarding how to deliver RSE. It would be highly beneficial if an RSE educator could be involved in the creation of such regulations. The trust between RSE educators and universities will improve the quality of sessions and practice of RSE. There is significant debate regarding university teaching staff participation in RSE lessons, as this might create a tension, especially as the delivery will be influenced by their own personal attitudes and beliefs. Second, it is vital that RSE educators who have practical experience are involved in the development of any RSE policy. This will make it more likely that a programme can be designed which meets university students' needs.

According to Leonard (2016), consistent professional development is essential for RSE educators. Based on their knowledge and experience, RSE educators should continue to support both students and staff in clinical practice education. Through professional bodies, it is necessary to provide an effective structure for the development of clinical-based staff who are involved in education. There are advantages to introducing certain roles to support clinical education (PEFs or 'buddies') as they provide additional support to students' learning in practice. It is extremely important to increase collaboration between lecturers and those in clinical support roles, to develop skills and knowledge of practitioners and improve dialogue to align services and increase public trust. This approach is supported by Grealish and Smale (2011) who propose that when there is collaboration between all stakeholders there is a greater likelihood that a positive learning experience for students will result.

Sexuality and sexual health will remain the subject of discussion for a long time to come. The clarity of professional roles for doctors, teachers and other educators is still not well-developed and requires further attention. I have attempted to discuss and analyse what professionalism means for the above-mentioned specialists but future research on professionalism and professional status may elucidate a better understanding of what RSE educators' knowledge means and where this knowledge comes from. For instance, is this knowledge gained from practical experience, higher education or both together? According to Brennan and Hutt (2001 in Gillespie and McFetridge 2006), clinical competence is "the ability to deliver direct patient care", whereas clinical credibility is "implying scholarship in the field and the ability to integrate theory to practice in the classroom or the practice setting".

CHAPTER 7: Conclusions and implications

In this study there were only four locations chosen for the research – two regional and two Tbilisi universities. To develop a more detailed understanding of the broader picture in Georgia there is a need for further study which is more representative of the national population. Additional studies could focus on anything from RSE policy to various intervention types, the curriculum being delivered or how different providers in schools or other communities can play a role. There is a need to encourage critical evaluation in planning and developing materials and strategies relating to RSE. Such findings would be useful in providing information about how to ensure RSE is effective in Georgia. There is also a need for studies that look at university students' views.

The findings of this research suggest that based on the academics' and practitioners' views, university students lack life skills in relation to their sexual lives and the sources of information they use are often misinformed. Input from youths should be obtained for RSE in order that programmes can be developed which respond to the need and include schools, parents and peers in the process. The opinion of the participants in this research, and one which I share, is that sessions of RSE would be best delivered at universities for the time being; however, there are several points to discuss.

Do the Georgian doctors, academics or any other professionals who may be involved in RSE have sufficient knowledge and training to teach this topic? Are healthcare professionals equipped for the delivery of such a curriculum? What type of professional development would key professionals need to prepare them for their roles? The answer for these questions can be brief and direct. Many Georgian academics and other professionals currently have an inadequate knowledge of RSE. They need to have training to clarify many important points, including how to teach. Such training may fall on fertile soil as a number of the interviewees made valid suggestions about certain teaching methods that might profitably be employed, but there is a need to have a professional training course for university sex educators. Encouragingly, the participants in this research, with one exception, demonstrated very positive attitudes and clear views about what kind of impact RSE sessions might have on Georgian young people.

Beliefs and attitudes based on religion significantly affect sexual health in Georgia and often prevent improvement to RSE. Religious factors have a major role in determining the understanding of professionalism in this context, where professionalism does not only include knowledge or experience in dealing with patients with STIs or reproductive health issues; attitudes and individuals' beliefs also play a significant role. This analysis prompted me to reflect: Is there readiness among Georgian academics to provide RSE? Can academics demonstrate a professional attitude and deliver unbiased, accurate and helpful sessions on RSE, no matter what their personal beliefs are? These are important questions not only for Georgia but also for other countries, because if educators have strong ingrained attitudes, these will influence the outcomes of RSE.

The research found that the effectiveness of the programme is likely to be dependent upon the extent to which the needs of youths are met, how they are taught and the usefulness of what they are taught in helping them to develop healthy habits for adulthood. Materials which provide information with suitable content and in a format with which participants are likely to engage can simultaneously tackle some of the problems facing RSE and constitute a vital part of developing such programmes (Measor et al., 2000).

Implications for universities

The culturally sensitive approach is helpful in creating a safe and comforting learning environment in which it is more feasible to deliver high quality RSE. Such an environment should be based on the cultural values of Georgia and beyond without compromising the validity and completeness of information and how the teaching is undertaken. The delivery of RSE sessions is the first step for sexual and reproductive health promotion in Georgian universities and these research findings can help Georgian universities to integrate suitable teaching and enhance educational standards. The vision of the Healthy University encompasses a holistic idea of health, includes the whole university, and aims for the creation of an organisational culture and environment which is suitable and supportive of the wellbeing, health and sustainability of the community (Black and Stanton, 2016; Holt and Powell, 2017). This vision will help the members of the community reach their full potential and is the ideal environment for the introduction of appropriate RSE for young

people. The Okanagan Charter is an international charter which promotes health in universities and colleges. It studies the ways they can incorporate ideas about health into their everyday practices. A Healthy University has a comprehensive understanding of health, creating a culture and learning environment that improve the well-being of the community, helping people to reach their full potential. It builds upon the 2005 Edmonton Charter (Edmonton Charter for Health Promoting Universities and Institutions of Higher Education) and advances and generates dialogue in local, regional, national and international networks about important topics. Following the Okanagan Charter, it is possible to integrate health in all relevant policies and continue development of health promotion in universities and colleges. Based on this information, the Okanagan Charter was useful in collecting data from students through interviews and also in analysing the data based on relevant literature.

For this research to be successful, an environment must be created which supports the delivery of RSE sessions. Students need to be given a chance to study the topics which are interesting for them. Such knowledge will provide them with confidence, better life skills to deal with challenges and support them in creating loving and stable relationships. Students will also learn about the physiology of their bodies and the negative impacts which irresponsible sexual behaviours may lead to. Delivering this type of knowledge should reduce rates of pregnancy and abortions as well as the transmission of STIs including HIV/AIDS. One possible effect of an RSE university programme could be its positive impact on students' attitudes and beliefs, which should reduce abuse and lead to the establishment of greater respect for families (Tanton et al., 2005), which should in turn be passed onto future generations. High quality RSE is based on human rights and young people's rights to have access to information about health (European Expert Group on Sexuality Education, 2016), based on ideas presented by such transnational bodies and agreements as the United Nations Committee on the Rights of the Child, the Committee on the Elimination of Discrimination against Women, the Committee on Economic, Social and Cultural Rights and the United Nations Convention on the Rights of Persons with Disabilities.

General implications

There is significant debate around the creation and delivery of RSE materials within and outside schools in Georgia. This suggests that involving parents and the wider community in the development of materials may minimise misunderstandings, integrating recommendations and involving youths in developing RSE materials for their peers; it is also likely to improve the overall quality of RSE. Indeed, the effective participation of youths in all stages of the project cycle should lead to the improvement of RSE (Østergaard, 2003). In addition, information should be distributed through different communication formats as these can enhance learning effectiveness and reach different learners in different ways (Mitchell et al., 2001).

Materials which are created for Western RSE cannot be directly used in Georgia because of the differences in values and coexistence of modern and traditional beliefs in the country. Therefore, materials need to be developed according to Georgian values but based on evaluation of Western resources (including images), since they often have the benefit of having been extensively researched. Recommendations also need to be gathered from the youths at whom RSE programmes are being targeted, because this will provide us with knowledge on their needs and expectations and ensure the enhanced quality of RSE. Their involvement in the project provides great possibilities for improving the development and delivery of a suitable and effective education (Østergaard, 2003).

The findings suggest that a confident professional, who is willing and comfortable in delivering high quality teaching about RSE, will support different types of learners in learning. Such a professional should be able to work in a flexible manner with youths and fill in the gaps in their knowledge, build their life-skills and develop the confidence they need in necessary fields. Students should feel that this individual is an acceptable person to effectively deliver a university-based RSE programme that addresses sensitive subject areas (Nualnak, 2002). Educators need to be trained to collaborate between the health and education sectors as, overall, education levels will improve if medical, nursing and public health students are involved in the RSE process and are sufficiently trained. Many countries have found that involving medical students in peer education programs is beneficial (Bencevic, 2003).

There is a need to develop a 'morality framework' about gender equality, sexuality and responsibility in relationships, centring on RSE topics from sources such as books, magazines and digital media (Buckingham, 2007; DfEE, 2000; Kinsella, 2013). All of these sources need to be consistent in terms of the messages they are providing to young people. Messages about coercion in sex, lack of consent and rape should universally be that these are harmful in alignment with human rights, but with the acknowledgement that there are instances where the information gathered from media or peers might suggest differently. Both academics and practitioners in this study identified that students often feel confused or frustrated because of their lack of knowledge on how to act in relationships. Such students often base their ideas on the troubling perception that 'men should be strong' and 'should achieve their gender identity by exhibiting power over women. This illustrates the necessity for public policy which should also guide what information and values are taught to youths. If youths are encouraged to speak about their ideas to others, this will improve their understanding of relationships and sex. Policy about this type of education should illustrate how each sector will collaborate with others to provide better RSE for youths.

The use of health services will increase if we ensure that youths have easy access to them and feel welcome there. The findings of this study indicate that such services are believed to be limited for youths and there was a lack of information about available resources as well. Youths need to be informed about the availability of condoms and contraceptives, targeted counselling services, testing and treatment for STIs as well as the abuse of alcohol and drugs. Referral systems that link RSE and public health services would also clearly be of value in this context. These services are lacking in Georgia and need to be developed. The rights of youths need to be fulfilled and their requirements for information and services must be met (ACPD, 2001; UNFPA, 1997). As was evident in other studies (Pecham, 1997; Wilson and Williams, 2000), participants in this study clarified that young people need a confidential, friendly and non-judgemental place to receive vital information.

To sum up, the findings of this study show that there is significant work to be done in Georgia in developing and delivering a relevant, university-based RSE programme. Such a programme should include an HIV/AIDS awareness module and take into account the context of cultural changes and media pressure on youths. I have identified possibilities

which might support further researchers of this topic in improving existing programmes and developing support for educators.

The results and analysis contributed by this study will support gender equality by raising awareness of gender as central and diverse in our lives and by examining how gender norms are formed by not only biological but also cultural and social differences. The recommendations I have made should also encourage the creation of relationships based on understanding, respect and equity; they point to the importance of involving all stakeholders in discussions around RSE development in Georgia.

Finally, research should encourage academics and practitioners to feel empowered in communication about such issues as health and wellbeing, sexuality, their rights as humans, respectful life and relationships within families, values of individuals and groups, norms within the culture and society, equality and discrimination, sex, forced or early marriages, violence, body integrity and consent, sexual abuse and female genital mutilation/cutting (FGM/C) (UNESCO, International Technical Guide, 2018).

Contribution to knowledge

My research adopted a UNESCO Technical Guide and Cultural sensitivity approach to interviewing in order to allow the academics and practitioners participating in the research to give voice to their views about RSE in the context of their universities, and for them to reimagine the role that education could play. This allowed an in-depth exploration of their views to complement the preponderance of quantitative research in this field.

In this thesis, the knowledge contribution came through examining academics' and practitioners' views regarding RSE in high education, across contexts and in the in-depth analysis of their understandings. Participants' views regarding RSE and the need for culturally relevant RSE programmes within Georgian universities, students' behaviour, sexuality norms, and culture and society were found to be key themes in the data that were bound up in the interactions of gender and culture. The analysis of 18 academic staff and practitioners conveyed their experiences, views and attitudes about youth behavior, cultural background, gender norms and role in society. Given the narrative of the study participants, the need for an RSE in Georgian higher education was highlighted but further studies should

be conducted. This research and earlier research I undertook as part of my EdD on students' views about the sex education they would like to be given in Georgian unversities should allow myself and other researchers to gain general knowledge and understanding.

The findings of this study show that there is significant work to be done in Georgia in developing and delivering relevant university-based RSE programmes and that this should be based within the context of cultural changes and media pressure on youths. I have identified possibilities which might support further research on this topic in improving existing programmes and developing support for educators.

Finally, the results will hopefully also eventually encourage the creation of relationships in Georgian society based on greater understanding, respect and equity; they certainly point to the importance of involving all stakeholders in discussions around RSE development in Georgia.

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