




Sex education in teachers opinion

Weronika Klon¹, Katarzyna Waszyńska², Martyna Faustyna Zachorska³

¹Doctoral School of Social Sciences, Special Pedagogy of Faculty of Educational Studies, Laboratory for Promotion of Health and Psychotherapy, Adam Mickiewicz University, Poznan, Poland

²Faculty of Educational Studies, Laboratory for Promotion of Health and Psychotherapy, Adam Mickiewicz University, Poznan, Poland

³Doctoral School of Languages and Literatures, Faculty of English Adam Mickiewicz University, Poznań, Poland

Abstract

Introduction: Sex education as an element of the entire upbringing process should take place both at home and in schools. Properly implemented, it supports human development, but it should be adapted to the developmental possibilities defined for a given age. In Poland, it is implemented in schools in the form of the subject of Preparation for Family Life, which has become the subject of many analyses pointing to numerous omissions and mistakes.

Material and methods: The research was conducted in the form of the authors' own paper questionnaires on a group of 46 female teachers. The aim of the research was to verify their views on sex education and its role in their professional life. The questions concerned the perceived needs and difficulties related to the teaching of sex education in the education system. Opinions were also asked on the appropriate age at which particular topics should be introduced.

Results: Most of the respondents stated that they needed knowledge about sex education in their professional work and that they expand it using various sources. The most frequently chosen sources of difficulties were the lack of teaching aids and parental resistance. The respondents also pointed out that parents, teachers and professionals should be most responsible for the sex education of children and adolescents.

Conclusions: Despite the fact that the majority of participants' answers regarding the best age to discuss certain topics in the field of sex education are consistent with the WHO guidelines in this regard, there is a need to increase the preparation of teachers in this aspect. This should concern both the aspect of knowledge and competences and skills and can contribute to greater care of sexual health for the next generations.

Key words: sex education, public education, teachers, preparation for family life

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Introduction

Sex education is defined as 'learning about the cognitive, emotional, social, interactive, and physical aspects of sexuality' [1]. Understood holistically, this is a part of the upbringing process, which should take place both at home and in educational institutions. Its goal is to support sexual development, which means, among other things, understanding the changes happening in this area, as well as contributing to increasing the awareness and quality of one's health and sexual

life. Implemented properly, it enables the acquisition of knowledge, skills and competencies, and also to take responsibility for oneself, one's decisions and choices, and what one brings to relationships [2].

The right to information in accordance with current knowledge has been postulated in multiple international documents for years [3–5]. This knowledge should of course be adapted to the age (developmental phase) and perceptual capabilities of a child or teenager. Access to it should not be a one-time occurrence but associated with a conscious process consistent with sexual development that allows young people to prepare for experiences that await them in life. In this desired model, the process is undertaken by parents, guardians, and teachers who are all aware of the importance of these actions. This can already begin in the preschool period, as at this time a child develops

Address for correspondence: mgr Weronika Klon
 Doctoral School of Social Sciences Special Pedagogy of Faculty of Educational Studies Laboratory for Promotion of Health and Psychotherapy
 Adam Mickiewicz University in Poznan
 ul. Przybyszewskiego 48/7, 60-357 Poznań, Poland
 phone: 607 607 461, e-mail: weronika.klon@amu.edu.pl

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intensively, establishes social connections, and takes an interest in gender and bodies. Socialization becomes an integral part of a child's life at this age, i.e., the age-appropriate process of upbringing carried out by parents until the child turns 18 years old. This process is supported by educational institutions, mainly teachers in kindergartens, schools, and other institutions. In this respect, it concerns issues related to sex education.

Of course, awareness and care for one's sexual health should be developed and shaped throughout life.

However, despite the fact that the recommendations regarding sex education were created and published decades ago, the state of sex education implementation in Poland remains subpar. As seen in the study that constitutes the second stage of the 'Monitoring of the implementation of the rights of young people to sex education. Implementation of family life education classes. The perspective of students and school principals. Summary of a qualitative research report' [6] project — 'Family life education (FLE) classes are not considered a reliable source of information the surveyed group (students) would recommend to a friend in order to gain knowledge about puberty, sexual initiation, contraception. More commonly, they indicated their parents, close family members, friends, media (especially the Internet), and books in this context'. Recommendations from the 'FLE Test' study report, or what sex education looks like in Polish schools [7], also suggest the introduction of many corrective actions in this area, which result from unreliability and negligence. Both earlier and later studies and analyses confirm this [8]. The Ponton Group of Sex Educators ran a Summer Helpline between 2007 and 2015, where volunteers answered questions from anonymous teenage callers. The annual reports published after each edition of the helpline show that young people do not receive age-appropriate and knowledge-based sex education in schools [9]. The language used by teenagers is influenced by pornography and pop culture, i.e., the only readily available sources they use regularly [9]. In a study conducted among 18-year-olds by the Institute for Educational Research [10], only 14% of women and 9% of men were able to accurately assign body parts (such as the uterus, vas deferens, fallopian tube, or penis) to their functions.

Interestingly, the majority of young adults assert that sex education should be conducted by experts (92%). They advocate for a greater formalization of knowledge on human sexuality, despite the fact that they drew their knowledge from informal sources [11]. This may be due to the fact that 47% of young adults believe that they have not learned anything valuable during family life education classes [12] and would like to change that

for the future generations. Similar conclusions can be drawn from the Ponton Group study, in which 89% of respondents supported the idea of sex education in Polish schools [7].

In Poland, subject teachers often also teach FLE classes. According to Kielan, only 21.4% of surveyed teenagers had FLE classes with a biologist. Most students attended FLE classes conducted by geography teachers (37.8%), while a large percentage was taught by historians (15.7%) and pedagogues (21.7%) [12]. It should be noted that 22.1% of respondents said they had classes with 'someone from outside the school'.

Material and methods

The study was conducted on a group of teachers from the Poznań county, who attended a series of lectures on sex education conducted by one of the authors of the study. The study was conducted using printed-out surveys. Both, open and closed questions were used. The first part of the questionnaire gathered socioeconomic data. The participants were asked about age, gender, profession and occupation, place of current work and work experience (open questions), and also about their education, assessment of own professional competencies, attitude to religion, financial situation, and place of residence (closed questions). Questions from the main part of the survey were closed, except for the question about the appropriate age when certain topics should be covered. In these cases, the respondents entered their own answers.

After removing 5 blank questionnaires, the study group consisted of 46 women aged 23 to 54 years. The mean age was 38 years. Almost all respondents had a university education (95.7%), and almost half of them obtained a postgraduate degree (43.5%). Only two participants (4.3%) had a Bachelor's degree.

Table 1 shows the data on the professions and occupations of the respondents. The vast majority of those women were teachers of various education stages, and less often pedagogues or psychologists.

The majority of respondents (54.3%) were employed in kindergartens. Some were employed in high schools (30.4%) and in elementary schools (13%). In addition, 4.3% of respondents indicated other types of institutions, while 2.2% did not answer the question. It is worth noting that some of the participants indicated more than one place of employment. The study group was also heterogeneous in terms of the amount of work experience in educational institutions, which ranged from 9 months to 31 years (mean of 14 years).

Most respondents stated that they had sufficient competencies in their professional work (82.6%). Some

Table 1. Education and occupation of study respondents

Profession	Occupation
Teacher of preschool and early school education — 58.7%	Teacher of preschool and early school education — 65.2%
Subject teacher — 19.6%	Subject teacher — 17.4%
Pedagogue/psychologist — 15.2%	Pedagogue/psychologist — 15.2%
Other — 2.2%	Other — 2.2%
No response — 4.3%	No response — 0%

Table 2. Sources of knowledge on the subject of children’s sexual development and the percentage of respondents who declared using them

Source	Internet	Books	Popular science publications	TV and radio programs	Trainings	Postgraduate studies
Percentage of responses	60.9%	67.4%	34.8%	4.3%	58.7%	6.5%

(4.3%) reported their competencies were much higher than necessary at their job, while 6.5% stated their competencies to be insufficient.

One of the respondents (2.2%) was non-religious. Of the remainder, 67.4% described themselves as practicing believers, while 30.4% stated they were non-practitioners.

When it comes to their financial situation, 67.4% of the respondents described it as satisfactory and 26% as unsatisfactory. No answer was given in 6.5% of cases.

In terms of place of residence, 39.1% lived in towns up to 50,000 residents, while the rest came from towns between 50,000 and 100,000 residents (23.9%), towns above 500,000 residents (21.8%), and villages (15.2%).

The aim of the study was to verify the role of sex education in the professional life of teachers and opinions associated with it. The respondents were asked whether they require knowledge on the psychosexual development of children and adolescents, what sources they use to broaden that knowledge, and whether they raise the topic of sex education in their professional work. It was then verified to what extent they feel prepared to conduct classes on such topics, as well as what difficulties they expect to arise while teaching them. In the final part, respondents were asked to estimate the age at which they think it is appropriate to talk about certain topics with children and adolescents. A proprietary questionnaire was prepared to analyze these issues.

Results

Forty-three (93.5%) participants stated that they believe they require knowledge on the sexuality of children and adolescents in connection with their professional work. Three (6.5%) respondents disagreed with that statement; one of them described herself as a kindergarten teacher, while the other two worked at a high school (a sociologist and a Master of Econo-

mics). Thirty-nine (84.8%) respondents claimed they try to systematically broaden their knowledge on this subject, while 5 (10.9%) do not do it systematically and 2 (4.3%) did not answer the question. In other studies [13], 30% of FLE teachers stated they have insufficient psychological and medical knowledge on the subject.

Table 2 shows the percentage of respondent answers on the sources of information used to broaden their knowledge on the psychosexual development of children and adolescents. Specialist books, the Internet, and specialist training are the most popular ones. Television and radio programs were indicated as sources almost as frequently. Popular science publications were less common. Only 3 people specified postgraduate studies as their source.

Respondents were also asked whether they initiate discussions about psychosexual development with children and adolescents as part of their professional work. Thirty-four (73.9%) answered yes and 8 (17.4%) answered no. Four questionnaires (8.7%) left this answer blank. The vast majority of surveyed women (42 respondents — 91.3%) stated that classes about these topics are necessary in the education system. Only 1 person (2.2%) disagreed and 3 people (6.5%) chose ‘I don’t know’ as their answer. There was a variety of answers regarding the level of preparation (competencies) to conduct such classes. Fifteen (32.6%) women stated they had sufficient competencies in this area. An equal number of people (15 — 32.6%) selected the exact opposite answer, and the others selected ‘I don’t know’. One respondent (2.2%) stated that she does not know whether she has the right competencies and that she does not have them. Table 3 shows which answers were given based on the education level of the respondent¹.

¹In the general population, 84% state that such a need exists (CBOS 2019). Moreover, there is a generational difference with regard to the formalization of sex education — 68% of Polish citizens aged 25–34 believe that knowledge about psychosexual development should be taught by experts, while only 37% of people above the age of 65 agree [14].

Table 3. Percentage distribution of answers among teachers at different education levels

	I don't know if I have sufficient competencies	I don't have sufficient competencies	Yes, I have sufficient competencies
Kindergarten	40.0%	20.0%	36.0%
Elementary school	33.3%	16.7%	50.0%
High school	14.3%	64.3%	21.4%

Table 4. Potential areas of difficulties in teaching classes about the discussed topics

Source of unpreparedness	Lack of knowledge on sexual development	Lack of knowledge on appropriate topic selection	Lack of teaching aids	Lack of competencies for the med discussions	Lack of emotional preparation
Percentage of responses	4.3%	8.7%	32.6%	13%	13%

It is clearly visible that among kindergarten teachers the percentage distribution of answers is very similar for all available options. Only 20% of respondents in this group stated they do not feel sufficiently prepared to conduct classes on the psychosexual development of children and adolescents. Most (50%) elementary school teachers indicated they feel sufficiently prepared, one-third stated they cannot accurately assess their competencies, and almost 17% said they do not have sufficient competencies in this area. The answers were different among women working in high schools. Here, 21.4% claimed to be adequately prepared, slightly more than 14% were not sure, and 64.3% stated they were insufficiently prepared.

Table 4 shows the difficulties in conducting classes they expected to arise. The lack of appropriate teaching aids was considered to be the biggest obstacle (32.6%). The lack of competencies in terms of communication skills necessary to teach about children's sexual development and their own emotional unpreparedness to discuss such topics were the next big obstacles (both 13%). Slightly fewer people (8.7%) considered knowledge gaps in terms of topic selection to be an issue, and only 4.3% of respondents indicated their own lack of knowledge about children's sexual development. According to a 2018 study, FLE teachers indicated their own lack of knowledge and insufficient methodological preparation to be the greatest difficulties in teaching the subject.

The attitudes of people involved in the education process were also perceived to be potential areas of difficulty. However, based on the obtained answers, only 6.5% of the surveyed women experienced issues with heads of schools and kindergartens. The students were also perceived to be rather willing participants in classes about their own sexual development, and only 7 respondents (15.2%) disagreed. Parents were the most common expected source of difficulties, as indicated by 23 respondents (50%).

The participants were also asked a series of questions about the appropriate age to start conversations on topics such as: body anatomy and genitals (including terminology), similarities and differences between men and women, love, types of relationships, pregnancy, reproduction, and the role of mother and father in the process, childbirth, contraception, sexually transmitted diseases, homosexuality, transgender, sexual minorities, gender equality, sexual health, puberty, hygiene, autoeroticism, prevention of sexual violence, sexual behaviors, boundaries of sexual norm, sexual dysfunction, pornography, sexual services (prostitution). These were open-ended questions. The answers were divided into 4 groups: preschool and early age (P: 0–6 years old), early school age (ESA: 7–11 years old), early adolescence (EA: 12–14 years old), late adolescence (LA: 15 years old and above) (average age stages excluding division based on gender according to Harwas-Napierata and Trempata [15]).

Table 5 shows the percentage of respondents who chose a specific age group in relation to a specific topic. If a respondent answered with all age ranges, then the youngest age range was used.

The results show that most respondents indicated that preschool and early age are an appropriate time to discuss such topics as: body anatomy and the terminology for genitals, similarities and differences between men and women, love, pregnancy, reproduction, as well as the role of mother and father in the process, and hygiene. Most people also selected this age range for discussions about types of relationships, childbirth, and the prevention of sexual violence. However, in this case, the opinions of the respondents were more divided, and higher age ranges were deemed more appropriate. In the case of the topic of puberty, the surveyed women had similar responses and early school age was by far the most common answer. Conversely, the topics of gender equality and sexual behaviors were treated differently. In both cases, early

Table 5. Percentage distribution of age ranges as appropriate to discuss the selected topics

Topic	Percentage of responses				Topic	Percentage of responses			
	P	ESA	EA	LA		P	ESA	EA	LA
Body anatomy, organ names	84.7%	10.7%	0%	2.2%	Gender equality	23.9%	23.9%	34.8%	4.3%
Similarities and differences between F and M	80.4%	8.7%	0%	2.2%	Sexual health	13%	19.6%	54.3%	6.5%
Love	73.9%	19.6%	0%	2.2%	Puberty	8.7%	54.3%	19.6%	0%
Types of relationships	39.1%	19.6%	23.9%	2.2%	Hygiene	67.4%	17.4%	6.5%	0%
Pregnancy	58.7%	10.7%	17.4%	2.2%	Autoeroticism	8.7%	23.9%	37%	8.7%
Reproduction, mother and father roles	50%	19.6%	19.6%	0%	Prevention of sexual violence	34.8%	30.4%	23.9%	2.2%
Childbirth	41.3%	17.4%	28.3%	2.2%	Sexual behaviors	21.7%	21.7%	43.5%	2.2%
Contraception	2.2%	23.9%	41.3%	34.8%	Boundaries of sexual norms	10.7%	19.6%	45.7	8.7%
Sexually transmitted diseases	4.3%	17.4%	56.5%	4.3%	Sexual dysfunction	0%	17.4%	52.2%	15.2%
Homosexuality	13%	10.7%	52.2%	10.7%	Pornography (one answer: 18 years old)	8.7%	21.7%	43.5%	15.2%
Transgender	8.7%	10.7%	50%	15.2%	Sex work (sex services/ /prostitution)	2.2%	17.4%	52.2%	17.4%
Sexual minorities	13%	13%	45.7	13%					

Age ranges: P (preschool and early age: 0–6 years old), ESA (early school age: 7–11 years old), EA (early adolescence: 12–14 years old), LA (late adolescence: 15 years old and above)

Table 6. Person(s) who the respondents believe should talk to children about gender/sexuality

Indicated person(s)	Mother	Father	Both parents	Parents and teachers	Peers	Experts	Priest
Percentage of responses	2.2%	2.2%	71.7%	84.8%	23.9%	80.4%	6.5%

adolescence was the most common answer; however, preschool and early school age were also frequently indicated as appropriate ages by the respondents. Similar differences appeared when comparing answers about contraception and pornography. Preschool age was the least common answer. Early school age, early adolescence and late adolescence were the most common answers. In case of pornography, one participant stated that a discussion is appropriate only at 18 years of age. Early adolescence was indicated as the most appropriate age to introduce and discuss the topics of sexually transmitted diseases, homosexuality, transgender, sexual minorities, sexual health, sexual dysfunction, boundaries of sexual norms, and sex work (prostitution). According to the surveyed women, the topic of autoeroticism should be discussed with children at an early school age and early adolescence, although some respondents indicated other age groups as well. In terms of other topics that should be talked about with children and adolescents, one respondent suggested the topics of alternative forms of marriage and family

life, orgasms, intercourse, and possible reactions and needs surrounding it. In most cases, the appropriate ages indicated by the participants are similar to WHO sex education guidelines. A small number of responses from the surveyed teachers deviated significantly from these guidelines. For example, most respondents stated that the topic of homosexuality is most appropriate for young adolescents, while the WHO suggests that the topic of 'same-sex relationships' should be discussed with children aged 4–6. The same applies to contraception, which the respondents indicated to be appropriate for young adolescents, while the WHO recommends the topic to be introduced at 6–9 years old [1].

Respondents were also asked who should talk to children and adolescents about issues related to gender and sexuality. This part of the study consisted of closed, multiple-choice questions, so participants could select more than one answer. The results are shown in Table 6. The most frequently chosen answers were: both parents, parents and teachers, and experts. Peers were a less frequently chosen option. The remaining

answers (mother, father, priest) were selected very rarely. Given the fact that Polish parents rarely discuss the topic of psychosexual development with their children (45% of respondents in a Ponton Group survey have never talked to their parents about sexuality [16]), the indication of teachers and experts is a positive sign. Especially since this overlaps with the expectations of adolescents — 18-year-olds state that sex education classes should be conducted by experts from outside the school, for example, psychologists or doctors (54%), and teachers (24%) or school pedagogues (14%) [10].

In the last part of the study, the respondents were asked to select a model of thinking about sex education that was the closest to their own. Three models were described: permissive, restrictive, and golden mean [17, 18]. The permissive model assumes that sexuality is a primary value in human life. This model allows all topics to be discussed regardless of age (there are no limits based on stages of sexual development); a child can be a witness of adult sexual behavior. This model was chosen by one person (2.2%), and another one chose this option and the golden mean model. According to the restrictive model, sexuality is treated as a threat, a sin and a pathology. The main aim is to isolate a child from any sexuality. The topic of gender and sexuality is not a space for exchanging information between adults and children. None of the participants selected this model. The third model is a golden mean, which presents sexuality as one aspect of human life and whose value is assessed on an individual level, and whose limitations are aimed at protecting intimacy, privacy, and autonomy. The information given to children is adapted to their age (developmental stage) and cognitive abilities. In addition to building relationships, its aim is to prepare a child for future developmental stages. Forty-four people (95.6%) selected this sex education model as the approach that is closest to their own beliefs; as mentioned earlier, one person chose the first model as well as this one.

Discussion

The vast majority of respondents see the importance of knowledge about the psychosexual development of children and adolescents — 93.5% of the surveyed group. Many of them (84.8%) try to systematically broaden it by reading books, using the Internet, and attending training courses. Additionally, 73.9% of these teachers discuss sex education during their work with young people.

Among the difficulties in the organization of such classes, the respondents indicate the lack of teaching

aids, and less commonly the lack of their own competencies in terms of discussing the sexual development of children and their own emotional unpreparedness for such classes. Slightly fewer people considered gaps in their knowledge and how to select appropriate topics to be major obstacles. Students were perceived to be rather willing to participate in classes about their own sexual development. Parents were most often indicated as the source of potential problems and objections, as this was the answer given by 23% of respondents. The overwhelming majority of surveyed women (43%) stated that classes about this subject are needed in the education system. Both adolescents (92%) and teachers (93.5%) agreed that classes on sexual development are important. The responses regarding the stages of education when certain topics should be addressed are noteworthy. They are largely consistent with WHO recommendations (except for the topics of homosexuality and contraception — in this study, the respondents indicated higher age ranges than the WHO recommendations). Almost all teachers selected the golden mean model as the one closest to their own attitudes on sex education.

Conclusions

There is a need to pay attention to the needs of teachers in terms of their preparation to conduct discussions with young people about psychosexual development. This is a profession that is in direct contact with children. Teachers' background, both in terms of knowledge, as well as competencies and skills, can contribute to greater attention to the topic of sexual health.

Study limitations

The results were obtained from a group of teachers who attended lectures on sex education (Poznań county). Therefore, this was a group that was already looking to broaden their knowledge on this topic.

The small size of the study group is also a limitation. This study is a starting point for further, large-scale research.

Article information

Conflict of interest

The authors declare that there is no conflict of interest.

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