



REPORT

“Survey on adolescents and youth knowledge, attitudes and behaviors on Sexual and Reproductive Health and Gender- Based Violence”

Results of the research in high schools and faculties in Mitrovica, Leposavić, Zvečan and Zubin Potok



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ACRONYMS

HIV	Human Immunodeficiency Virus
NGO	Non-Government Organization
GBV	Gender Based Violence
UNFPA	United Nations Population Fund

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SUMMARY

“Survey on adolescents and youth knowledge, attitudes and behaviors on Sexual and Reproductive Health and Gender- Based Violence”, whose results are hereby shown, begun as a key part of a mutual program of United Nations Agencies in Kosovo „Comprehensive and inclusive approach for addressing gender based violence in the north of Kosovo“ which was realized by Non-Government Organization Mission of people Zvečan, with financial support of United Nations Population Fund UNFPA in Kosovo. Research was conducted among pupils of high schools and students and comprised a total of 748 respondents from territories of four municipalities of northern Kosovo (Leposavić, Zvečan, Zubin Potok, north Mitrovica). For the first time, among school population and population of students in the north of Kosovo, a research was conducted whose bases are perception of a condition of sexual and reproductive health of youth with simultaneous realization of prevalence and gender dimension of inter-personal and gender based violence. Estimation of system of values, knowledge, experiences and attitudes of youth about reproductive and sexual health, as well as recognition of quantitative characteristics of gender based violence can show strength and significance of traditional and cultural influences related to gender and sexual socialization in family and partner relationships.

It can be concluded by the results of this research that attitudes and behavior of youth, beside global influence through the media, are still influenced by attitudes of community and close authorities, family capacities and the context in which a young person is growing up. The most appearing sources of information about sexuality and reproductive health are internet, peers and parents. Incomplete information may produce a distorted perception of sexual experiences and incomplete understanding of sexual behavior. Reliable sources of information such as gynecologist/urologist, contents of school subjects and seminars and workshops on these issues are significantly less represented. Youth recognizes institutions (educational and health institutions) as authorities in the area of sexual and reproductive health of youth, but in practice these resources are not used enough. Insufficient awareness of youth and not enough knowledge about various aspects of sexuality and reproductive health represent a realistic risk for bringing risky decisions.

Gender related differences gained in this research point out the importance of gender perspective in interpretation of obtained results. Stereotype gender roles support gender inequality and direct to a fact that double gender standards are dominant. Information about sexual behavior related to gender lead to a conclusion that physical maturing is not simultaneously followed by psycho-social maturing which is accomplished sometime later and this tells about vulnerability of “the youngest” within the examined sample.

Within the examined sample 61% of youth in the research had sexual relationships, larger number of boys had sexual relationships than girls, students more than high school pupils, as well as youth from cities in relation to youth from villages. Average age of the first sexual intercourse is 16.69 years. An information that high school pupils had their first sexual intercourse earlier than students points out a trend of more early practice of sexual relationships of youth. Respondents who declared themselves as sexually active had the average of 2.06 partners during the past year.

It can be concluded that youth has the awareness about responsible sexual behavior. Unfortunately, this does not mean that this kind of behavior is practiced.

In relation to the perception of gender based violence with respondents of both genders, dominant influence is the influence of traditional-patriarchal pattern of gender socialization, as

well as a strong influence of culturally-historical matrix on a family, marital and partner relations. Perception of violence is simplified and onesided – violence is mostly identified with physical aggression, verbal threats and sexual abuse. All forms of violence are most present in schools and in the street/public place, and less at home. Among respondents of both genders there are victims of all forms of violence – physical and verbal violence were suffered by almost the third of respondents of both genders which points out their experience with violence. An important information is the one that girls suffer a significant percent of physical and psychological violence at home in relation to other forms of violence. A special significance is provided by findings about suffered sexual violence or indirect information about it. On the whole sample findings emphasize 20 cases of suffered sexual violence, most often in the street, then in school, and there were even reported cases of such violence at home. On the other side, among bullies, after peers/schoolmates or professors, the ones who are dominant are father, brother, sister and this is contradictory to the fact that violence is most present in school and in the street/public place. Significant contribution to the realization of „the dark number“ of violence in our environment is given by direct information/findings from respondents about cases of suffered violence of other persons – half or third of respondents indirectly witnessed cases of violence suffered by „someone else“. Perception of violence against women is burdened by patriarchal gender socialization – respondents of both genders, although not in respectable percent, justify violence of a husband toward his wife in case she is neglecting children, meaning, not performing house work.

Findings of this research should provide formulating of references for creation of public policies, practices and new approaches in the system of protection and improvement of sexual and reproductive health of youth and prevention of gender based violence.

Conducted research contains a dominant quantitative component. In order to provide complete picture of researched problems, it is recommendable to also conduct quantitative segment of the research.

INTRODUCTION

According to the national reports, all countries of West Balkans today are faced with economical difficulties and social problems, the increase of poverty, unemployment, wide feeling of economical and social insecurity for all categories of population, and the position of youth is especially endangered. Their system of values, their knowledge, experiences and attitudes about health, violence in the community, economic development and other existential issues are significantly weakened and differentiated. In the family before all, and after, indirectly, through school relations, all outer negative existential influences are reflected.

Because of this and with different shapes of violence, it is necessary to also analyze questions related to sexual and reproductive health of youth because all three issues (interpersonal and gender based violence, sexual and reproductive health) make key elements of life quality of youth. On the other side, their realization and measuring of quality of life points to a certain segment of needs of youth – safety needs (protection from violence) and health needs. Young persons are prone to various influences in narrower and wider surrounding which, more or less, influence the knowledge, attitudes and behavior in the sphere of sexuality and reproductive health.

In these socially-historical circumstances, sexuality of an adolescent is greatly under the influence of gender identity created through the process of socialization. Results of socialization are two different gender identities: socially designed identity of women – femininity and socially designed identity of men - masculinity. In contrast to gender, which is a biological category, society actively participates in creating of gender roles. Concept of gender identity is formed in the period of early development and this influences the perception of gender perspective in everyday interactions in later years of life. According to some studies, identity of a woman means she should: be attractive, if possible – sexually inexperienced, with a wish to have a relationship with an ideal man, believe in love, allow sex to "simply happen". On the other side, masculinity means that a man knows everything about sex, that he controls sexual activities in search of personal pleasure (Hodžić and Bijelić, 2003; Kocić and assoc., 2009; Dimitrijević, 2010; Grahovac, 2012; Stojadinović and assoc., 2013; Bračulj, 2015.)

Intensity of sexual drive in adolescence, is unfortunately not followed by adequate information. Parents are not willing or do not accept the role of an educator on the subject of sexual education, and school contents do not contribute to sexual education. Because of the shortfall of sexual education, adolescents are forced to learn about sexuality through mass media and from their peers. According to studies, most often used sources of information, often wrong and incomplete, are peers. Adolescents mostly know very little about sexuality, but they tend to leave an impression that everything is clear to them. Knowledge about sexuality is a significant component which influences forming of attitudes and sexual behavior; so, the society should be worried because of the fact that the level of knowledge of adolescents about sexuality is quite low (Stulhoffer and assoc., 2005; Mihajlović and Dimitrijević, 2010; Bračulj, 2015). Girls endanger their reproductive health, risking unwanted pregnancy, sexually transmitted infections, HIV/AIDS. Boys are subjected to a huge pressure of a group of peers, where absence of sexual activity has a negative influence on the status of "a real man" (Mihajlović and Dimitrijević, 2010).

Concerning sexuality, adolescents of both genders suffer the lack of information – predominant gender standards demand girls to be uninformed and not to ask for information openly. Boys are exposed to the risk as well, because they have to present themselves as "specialists" and they should not ask for information openly. This shows how a social design of

sexuality directly influences health of youth. Knowledge about possibilities for preventing conception among adolescents is unsatisfactory and this is one of the main reasons for the occurrence of unwanted pregnancies in this period of growing up and maturing (Dimitrijević, 2010).

Findings of this research should raise new questions and trigger “taboo” subjects related to their reproductive and sexual health, protection from gender based violence and to point out health and safety needs of this part of population in the area of northern Kosovo.

The area of northern Kosovo in which this research was conducted comprises a few communities (northern Mitrovica, Zvečan, Leposavić and Zubin Potok), which, although connected, have their own particularities. Cultural context and social relations are different in rural and urban communities and they influence the level of information obtained by youth about reproductive health and modalities of their sexual behavior. Zubin Potok is, in the sense of social contacts of youth, in a certain degree isolated and closed community. It is consisted of a smaller urban community and rural areas, where residents mostly know each other and where social control of behavior is more expressed. „Conservated“, meaning less exposed to global trends, are the attitudes about acceptable behavior of youth in all areas of life, as well as when it comes to reproductive health and sexuality. Northern Mitrovica is a complete oposite to this community, it is exclusively an urban area with high-educational institutions and by this a great number of youth which are not only domiciled residents, but come from other places for education. Social contacts and inter-personal influences of various mycro-cultural systems are more intense. Zvečan is, with its urban part, connected to Kosovska Mitrovica, and the rural part bears characteristics of other rural environments in this area. Leposavić comprises an urban area with educational institutions and a large rural area.

Because all of this, the estimation of health and safety needs of youth should be used by decision makers, creators of public policies in the area of health of youth, education, prevention of violence in the community and other.

PURPOSE AND GOAL OF THE RESEARCH

Basically, this research has the character of quantitative research and according to the goal direction it also has characteristics of *contextual*, *explorative*, but also *evaluative* research. In analyses, interpretation and discussion about its results, a strategy of *comparative studying* can be applied – results of this research can be compared with the results of researches of similar goal directions which were conducted in the past five year period in the area of Kosovo (meaning, Serbian local communities). However, for the first time among high school pupils and population of students in the north of Kosovo a research is conducted, which, in its basis has the perception of a condition of sexual and reproductive health of youth and at the same time realizes incidence, prevalence and gender dimension of inter-personal violence. Recognition of quantitative characteristics of gender based violence (GBV) shows strength and significance of traditional, cultural and historical influences related to gender socialization and masculinity in family and partner relations in the area of northern Kosovo.

Goals of the research

- *Estimation of influences of psychological and demographic factors on sexual and reproductive health of youth, their perception, attitudes and understanding of gender based violence in the north of Kosovo. Demographic factors are defined as individual characteristics of respondents in the frame of sample and are related to gender, age, education and occupation.*
- *Estimation of a system of values, knowledge and experience of youth about reproductive and sexual health, including potential risks of HIV;*
- *Estimation of knowledge, attitudes and experience of adolescents with violence and gender based violence (GBV) in the north of Kosovo;*
- *Formulating recommendations for introducing public policies, practices and new approaches with the goal of improvement of sexual and reproductive health in the system of protection from gender based violence.*

METHODOLOGY

Project “**Survey on adolescents and youth knowledge, attitudes and behaviors on Sexual and Reproductive Health and Gender- Based Violence**”, conducted in high schools and on faculties in northern Mitrovica, Leposavić, Zvečan and Zubin Potok during October/November 2016 is by many things unique. This is the research which is, concerning problems and subjects, directed to basic headwords of sexual and reproductive life of adolescents and their attitude toward gender based violence. On one side, its findings should emphasize health and safety needs of youth and adolescents in the area of northern Kosovo, while on the other side it should define recommendations for creators of public policies in educational, health and safety system. This research also has the explorative character. Its results should open for research and exploration the unexplored domains of human safety and quality of life and raise new questions which appeared during surveying in this part of Kosovo.

Conceptually-theoretical approach, tasking of key concepts

For needs of this research, key concepts are defined in a following way:

1. Sexual and reproductive health of youth (family planning, contraception, sexually transmitted infections and HIV)

Sexual health according to the definition of SZO is the condition of physical, mental and social wealth concerning sexuality. It implies a positive approach with respect to sexuality and sexual relations, but also a possibility for satisfactory and safe sexual relations without compulsion, discrimination and violence. **Reproductive health** is a condition of physical, mental and social wealth in all areas related to reproductive system, in all stages of life. Reproductive

health implies that people are able to have satisfactory and safe sexual life and to have the ability to reproduce, as well as freedom to decide whether, when and how often to do it. The main component of this is the right of people to be informed and to have the approach to safe, effective, accessible and acceptable methods of child birth control according to their own choice, as well as the approach to appropriate health services.

2. Gender based violence

Violence based on sex/gender represents various shapes of harassment directed against individuals, based on gender inequality and his/her status in the society. **According to art. 1 of CEDAW – Committee on the Elimination of Discrimination Against Women¹**, gender based violence is a violence directed against a woman only because she is a woman, or which unproportionally affects women. It comprises every procedure which leads to making damage or suffering, physical, mental or sexual, including threatening with such procedures, force, as well as other shapes of limiting freedom. According to the *General recommendation number 19* (beside Convention) gender based violence is a violence based on gender differences, which damages or denies women to be beneficiaries of human rights and fundamental freedoms according to general international law or according to conventions about human rights. These rights and freedoms include: a) right to life, b) right not to be the victim of torture or cruel, inhuman or humiliating relationship, or punishment, c) right to equal protection according to humanitarian norms during international or internal armed conflict, d) right to freedom and safety of personality, e) right to equal legal protection, f) right to equality in the family, g) right to highest available standards of physical and mental health, h) right to fair and acceptable working conditions.

Gender based violence appears as a hardest shape of discrimination in various spheres of life. The consequence of gender based violence is, or is very likely to result with physical, sexual, psychological or economical damage or suffering of the other person, including threats by these actions, force or arbitrary deprivation of freedom, in public or in private life. It can be peer violence, violence in schools, domestic violence, violence in partner relationships, violence against elderly, violence against persons with special needs, violence in the public place, etc. Any of these shapes can be demonstrated in many ways: as physical violence, sexual violence, psychological violence. For the needs of this research, mentioned shapes of violence were tasked in a following manner (Spasić, 2009):

1. Physical violence: implies the use of body parts or weapons to threat, punish, dominate, control or hurt other persons. It is done in different ways and by different means and the consequence is light bodily harm, or in certain cases even grievous bodily harm. It comprises: beating, injuries with sharp and blunt objects, hitting, kicking, choking, throwing, causing burns, throwing various objects on a person, breaking any body part, etc.

2. Psychological violence: it is consisted out of a serious threat that the life or body of a certain person will be attacked. Threat tends to be serious and cause a feeling of endangered

¹ Adopted by United Nations General Assembly by Resolution 34/180 from 18th of December 1979. Became valid on the 3rd of September 1981. In accordance with article 27 (1). Until the 1st of March 1988 instruments about ratification or joining were deposited by 94 states. Translation taken from the Law of ratification of Committee on the elimination of Discrimination against Women, „Official Gazette of SFRJ” International contracts, no.11/1981.

safety. Psychological violence comprises various control tactics such as: intimidation, constant criticism, underestimation, various accusations, emotional blackmail, creating insecurity of the victim, verbal abuse, harassment, mistreatment etc.

3. Sexual violence: implies every injury of sexual freedom and moral, every type of degradation and humiliation on sexual basis, every type of forcing a person to sexual intercourse and rape. It represents the use of forced sexual actions which enable domination, manipulation, threatening and hurting of other person. This kind of violence is often followed by physical and psychological violence and these cases of violence are often performed simultaneously.

Sampling and the description of a sample

According to the data of authorized institutions, there are 9200 students (data from school year 2014/2015) studying in high educational institutions in the area of northern Kosovo. At the same time, in the same school year 2548 pupils were registered in high schools from this area. According to this, forming of stratum in the procedure of stratification of the sample, meaning, random sampling, was based on two criteria: age (15-18 and 19-24) and educational institution (high school and university institution). Total of 748 respondents of both genders participated in the research.

Table 1. Stratification of the sample

Age	15-18	19-24
Place (area of northern Kosovo)	Mitrovica Zvečan, Leposavić, Zubin Potok	
Grade/year of studies	1-4. grade	I – IV year of studies
Educational institution	1. High School Gymnasium, K. Mitrovica 2. High Technical School and Gymnasium from Vučitrn with the base in K. Mitrovica 3. High Economic School, K. Mitrovica 4. Technical School “Mihailo Petrović Alas”, K. Mitrovica 5. High Medical School 6. High School “Grigorije Božović”, Zubin Potok 7. High School, Zvečan 8. High School “Nikola Tesla”, Leposavić 9. Agricultural School from Priština with the base in Lešak	1. Faculty of medicine Priština, University Priština with the base in K. Mitrovica 2. Faculty of Art Priština, University Priština with the base in K. Mitrovica 3. Faculty of Economy, University Priština with the base in K. Mitrovica 4. Faculty of Law, University Priština with the base in K. Mitrovica 5. Mathematical Faculty, University Priština with the base in K. Mitrovica

		6. Faculty of Philosophy, University Priština with the base in K.Mitrovica 7. High technical School of Expert Studies, Zvečan 8. Teachers Faculty Prizren, with the base in Leposavić 9. Faculty of Sport and Physical Education, University Priština with the base in Leposavić 10. Faculty of Agriculture, University Priština, with the base in Lešak
Number of stratum	9 stratum	10 stratum

Determination of size of the stratum, as well as the way of conducting of surveying, according to the fact that classes in high schools are formed in such manner that they reflect *age, gender and socio-demographic structure of the community*, provides representation of the sample.

748 respondents participated in the research. Distribution of respondents according to the basic socio-demographic variables is provided in Table 2. It should be taken in consideration that not all respondents gave their answers on some questions (see the column Total in Table 2).

Table 2. Distribution of respondents according to socio-demographic variables

Variable	Category	Frequency	Percent	Total
Municipality	Leposavić	181	24.2	748
	Zubin Potok	157	21.0	
	Mitrovica	294	39.3	
	Zvečan	116	15.5	
Gender	Male	326	43.6	746
	Female	420	56.3	
Age	15-18	278	37.2	748
	19-24	458	61.6	
	25 and more	12	1.6	
Level of education	High School	278	37.2	748
	College, Faculty	470	62.8	
Relationship status	Free	420	56.7	741
	In relationship/seeing someone	289	39.0	
	Married	27	3.6	
	Divorced	2	0.3	
	Widow/er	3	0.4	
With whom they live?	With parents	637	85.8	742
	Alone	42	5.7	

	With partner	35	4.7	
	With friend/ colleague	22	3.0	
	With grandparents	6	0.8	
Way of living	Own apartment/house	539	79.4	
	Subtenant	99	14.6	679
	Boarding school/ Dormitory	41	6.0	
Place of residence	City	423	60.6	
	Village	275	39.4	698

Most respondents were aged from 19-24 years, which comprises 61.6 % of the sample. The reason for such high percent can be found in a fact that in a whole number of respondents, the greatest number of respondents were respondents from population of students. Size of the sample in municipalities is in correlation with the size of participation of population of students in total sample. 62.8% of respondents come from a population included in university education and the largest number of Faculties are placed in Mitrovica, so it is expected that the largest number of respondents comes from this municipality. Second largest sample (24.2%) is from Leposavić where the rest of Faculties are placed, while Zubin Potok (21%) and Zvečan (15,5%) have a smaller number of respondents.

Within the examined sample, females were represented in a bit higher percent (56.3%).

Concerning relationship status, the largest number of respondents 56.7%, is currently without a partner. Percent of respondents who are in a relationship is 42.6%, out of which 3,6% are in a formal status - marriage, while the rest 39% are in informal status. Based on these informations it can be presumed that at least 42.6% of respondents are sexually active.

The largest number of respondents (85.8%) live with their parents and this can influence various aspects of sexual life of youth. The rest of respondents (14.2%) are equally distributed in other categories: „alone”, “with partner, friend/colleague”, “grandparents”.

The largest number of respondents 79.4 %, lives in their own apartment/house. This information needs to be observed in the context of the previous one, where data shows that these are mutual households with parents.

An information that 60.6% of respondents live in the city, and 39.4% in the village corresponds the structure of population in this area.

Realization of the research (time frame)

Quantitative research, meaning surveying of respondents, is conducted in high schools in municipalities of Kosovo north in the beginning of October 2016. Surveying of respondents in university institutions (faculties and colleges for expert studies) was conducted in the middle of October 2016.

Researching instrument

For realization of quantitative part of the research, a questionnaire was used as the researching instrument. Questionnaire contains the total of 43 questions divided in three parts.

The first part of the questionnaire contains 6 questions related to **socio-demographic characteristics of respondents:**

- gender
- geographic location (place/municipality)
- age
- educational institution
- way of life (lives with both parents, lives with grandparents, lives with stepmother/stepfather, lives with relatives)
- way of living (lives on the land/village household, lives in an apartment, lives in hostel/dormitory)

The second part of the questionnaire (total of 28 questions) is related to the system of values, knowledge, experiences and attitudes of respondents about reproductive and sexual health, including potential risk of HIV. Questions are structured in such way that their goal is to obtain information related to: a) modalities of risky sexual behavior of youth and opinions, attitudes and experiences which contribute to such behavior, b) opinions and attitudes of youth about issues significant for their reproductive health; c) ways in which gender norms and beliefs shape sexual experiences of youth.

The third part of the questionnaire contains 9 questions related to understanding, perception and experience in gender based violence in the area of northern Kosovo (recognizing certain shapes of behavior as inter-personal violence, experience of others with physical and sexual violence with simultaneous realization of circumstances in which violence occurred – family, school, public place, faculty and other.). In the frame of values and understanding of the sample and factors of violence, traditional points of view on gender based violence were redefined (through attitudes typical for domination of masculinity, meaning gender socialization).

Questionnaire contains questions of different characters (open type questions, closed questions, dichotomic questions, questions for measuring of intensity of attitude or pleasure). The use of standardized questionnaire enables collecting identical informations, their quantitative and qualitative analyses and creates conditions for a comparative display and estimation of trends.

Processing and analyses of data

In processing of data collected with the help of constructed research instrument, descriptive procedures that were used are: 1) determination of frequency of certain answers ; 2) measures of central tendency; 3) measures of variability. Inferential procedures that were used are: 1) Hi-square test; 2) analyses of variables; 3) T-test; 4) correlation analyses.

RESULTS/ KEY FINDINGS

1. Sexual and reproductive health

1.1 Sources of information about sexual and reproductive health

In Table 3 the results shown are about the sources which respondents use to inform themselves about sexuality and reproductive health. In total 624 respondents gave at least one answer on this question. Most frequent listed source of information was internet (76.8%), after that, peers (71.6%) and parents (67.1%). Semminars have the lowest frequency of choice (36.5%), NGO / associations (37%), gynecologist/urologist (39.1%) and professors (41.7%). Smaller number of respondents, 10.3% of them, for objective or subjective reasons do not have these kind of informations, out of which 2.6% says that they did not inform themselves about listed questions and 7.7% of respondents claim that they are not interested for them.

Respondents were asked to assign rank to each of the chosen sources. An average rank was calculated for each choice. Results mostly fit the previously exposed – peers had the highest rank (2.79), after, parents (2.96) and internet (3.16), and the lowest NGO/associations (6.13) and semminars and workshops (6.17).

It should be noticed that 24 respondents circled the answer which shows that they also used other sources of information, but only seven of them listed which are those choices. Out of these, five listed television, one respondent listed encyclopedia and one listed magazine „Guide for teenagers“. Anyhow, other sources had a very low rank (8.46).

Table 3. Sources of information about sexuality and reproductive health (N = 624)

Source	Number of choices	Percent of a choice
Parents	419	67.1
Relatives	287	46.0
Peers	447	71.6
Partner	339	54.3
Contents of school subjects	315	50.5
Professors	260	41.7
NGO / associations	231	37.0
Gynecologist, urologist	244	39.1
Semminars, workshops	228	36.5
Newspapers	318	51.0
Internet	479	76.8
Some other source	24	3.8
Not informed	16	2.6
Not interested	48	7.7

Internet, peers and parents, as the most represented sources of information about sexuality and reproductive health, are not necessarily true and reliable source of information. Incomplete information obtained by using internet or from peers can give a distorted perception of sexual experiences and incomplete understanding of sexual behavior.

As it can be seen in the table, reliable sources of information (gynecologist/urologist, contents of school subjects, as well as seminars and workshops related to these issues) are significantly less represented. A small percent of information asked from gynecologist/urologist

can be interpreted as insufficient knowledge of youth about where they could go and ask for advice/information.

Following is the distribution of ranking of importance of sources of information about sexuality and reproductive health concerning: gender, education level (age) and place of living.

Table 4. Gender as a factor of ranking of importance of sources of information about sexuality and reproductive health

Source	Men	Women
Parents	3.20	2.79
Relatives	4.22	4.38
Peers	2.55	2.98
Partner	3.37	3.69
Contents of school subjects	5.04	4.75
Professors	5.43	5.47
NGO / associations	5.82	6.42
Gynecologist, urologist	5.30	4.86
Seminars, workshops	6.07	6.26
Newspapers	3.98	4.67
Internet	2.78	3.48
Some other source	8.60	8.36

Differences between boys and girls concerning rank they assigned to different sources of information about sexuality and reproductive health are displayed in Table 4.

As statistically significantly more important sources of information boys list peers and internet. On the other side, girls list their parents as a significant source of information, but this difference was on the margins of statistical significance. The difference expressed in answers related to sources of information about sexuality between boys and girls can be interpreted through the prism of sex and gender perspective. Maturing process of boys and girls is manifested in a different way, which directs them to different sources of information. Gender perspective (earlier gender maturing and physiological changes, for example first menstruation, growth of breasts) directs girls toward parents, while gender perspective, dominant with boys, directs them to peers as the main source of information.

Table 5. Age as a factor of ranking of importance of sources of information about sexuality and reproductive health

Source	High school pupils	Students
Parents	2.32	3.30
Relatives	4.00	4.49
Peers	3.26	2.58
Partner	4.53	3.09

Contents of school subjects	4.84	4.90
Professors	5.10	5.67
NGO / associations	6.53	5.88
Gynecologist, urologist	5.79	4.61
Semminars, workshops	6.36	6.05
Newspapers	5.07	3.96
Internet	3.98	2.81
Some other source	10.00	6.92

Differences between high school pupils and students concerning the rank they assigned to different sources of information show that the level of education is an important factor which determines sources of information of youth about sexuality and reproductive health. While high school pupils list parents as significantly more important sources, students consider other sources such as peers, gynecologist/urologist, magazines and internet more important. It is also important to mention that category “peers” as the source of information can be widened by category “partners”, because partners mostly belong to the same generation. It can also be presumed that a certain number of peers can be found in the category of “relatives”. Looking at the total, the main conclusion is that mostly young ones between themselves represent their own source of information about reproductive health and sexuality.

Table 6. Place of living as a factor of ranking of importance of sources of information about sexuality and reproductive health

Source	Village	City
Parents	2.79	3.04
Relatives	4.23	4.33
Peers	2.99	2.68
Partner	4.00	3.32
Contents of school subjects	4.81	4.92
Professors	5.28	5.55
NGO / associations	6.13	6.09
Gynecologist, urologist	4.90	5.19
Semminars, workshops	6.00	6.29
Newspapers	4.22	4.48
Internet	3.22	3.15
Some other source	10.11	7.47

Difference between respondents from villages and cities concerning the rank they assigned to different sources of information is displayed in Table 6. Respondents from villages list parents as more important sources of information, while respondents from the city highly rank sources such as peers and partners.

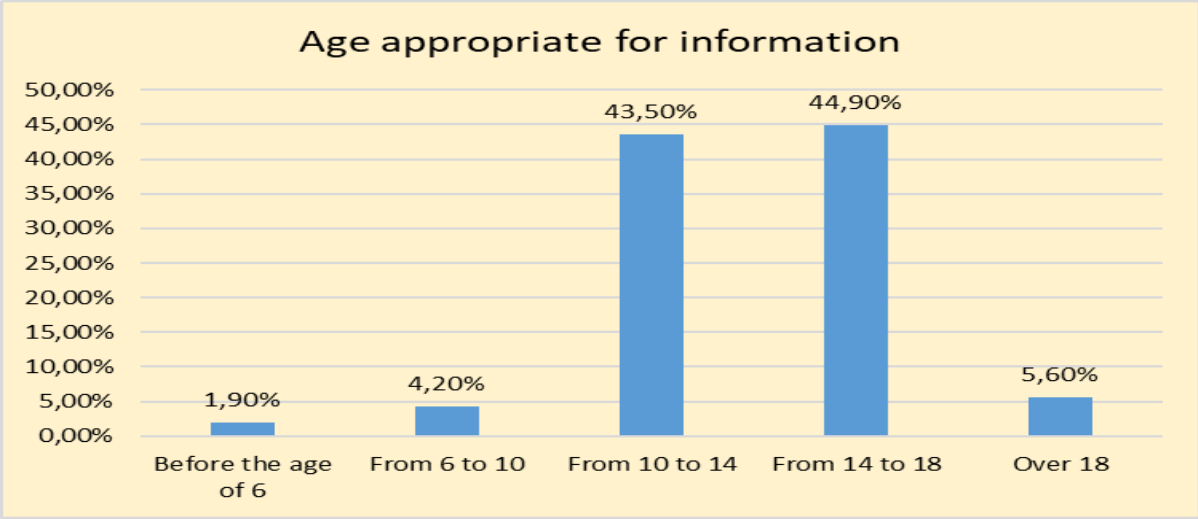
Main reason because of which parents are listed as key source of information can be interpreted by dominantly traditional structure of family relations and absence of other channels

of information. Concerning relationships of young ones from city areas, emotional separation from their parents is strongly present, as well as strong identification with peers. This is in accordance with the data that youth in city areas concern their peers as their most significant source of information.

1.2 Sexual education: opinions, attitudes and experiences

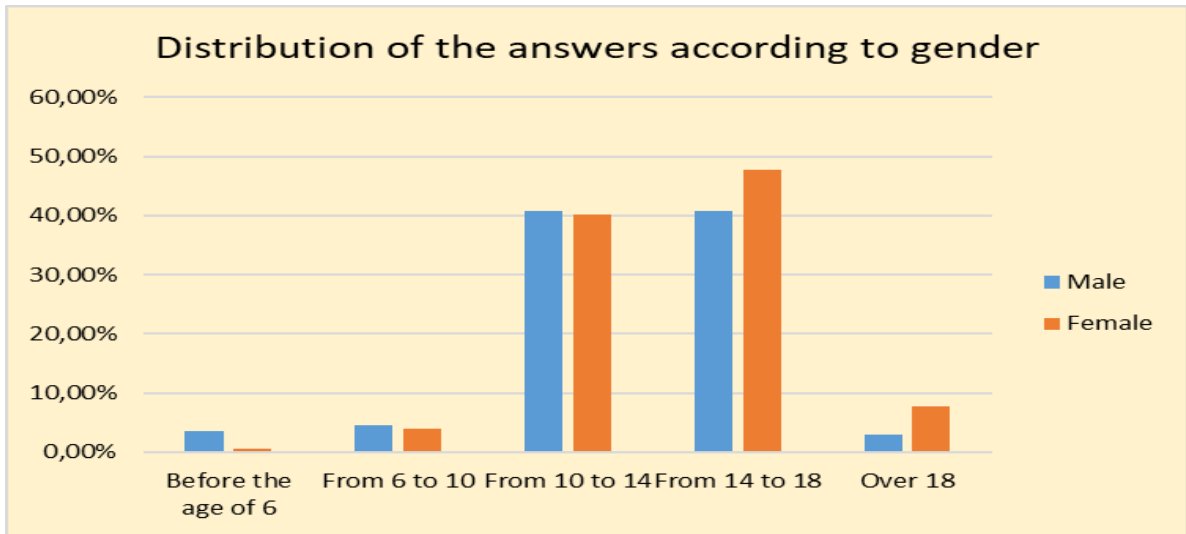
Results of processing of **attitudes of youth about the age in which they should be informed about sexual and reproductive health**, as it is displayed in Graph 1, show that most respondents think that the most appropriate age for informing themselves about sexual and reproductive health is between 14 and 18 years (44.9%), or between 10 and 14 years (43.5%).

*Graph 1. Distribution of answers on the question of **appropriate age**/ years when people should be informed about sexual and reproductive health*



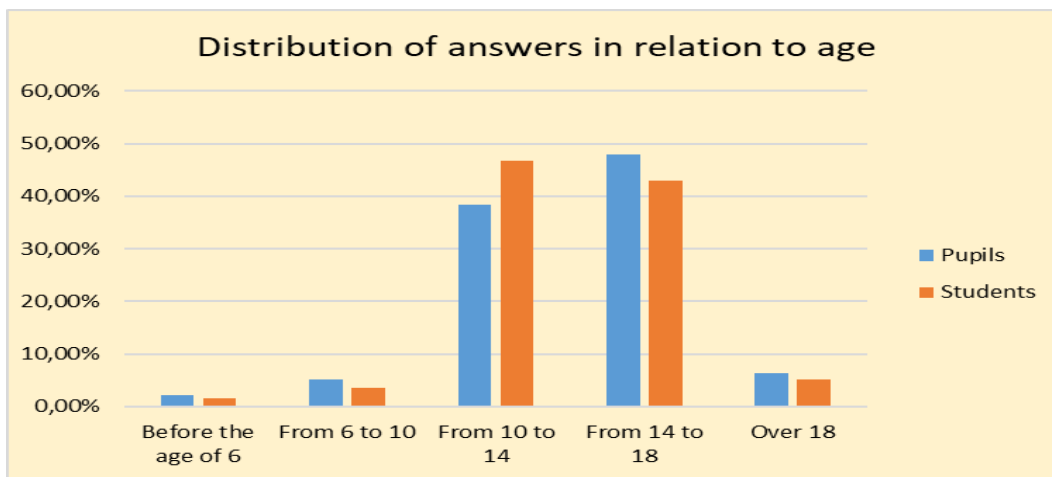
Following is the distribution of answers about the appropriate age/years when people should be informed about sexual and reproductive health regarding: gender, education level (age) and place of residence of respondents

*Graph 2. Distribution of answers on the question of appropriate age when people should be informed about sexual and reproductive health regarding **gender** of respondents*



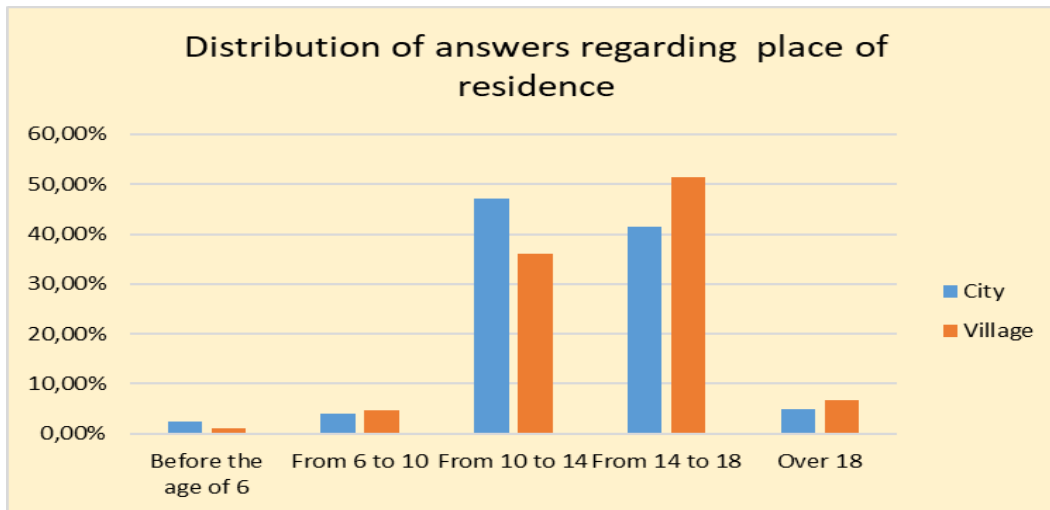
Attitudes about the most appropriate age for obtaining information about sexual and reproductive health regarding gender show that girls think that, within predominant categories (1. between 10 and 14 years and 2. between 14 and 18 years), young ones should get these informations somewhat later.

Graph 3. Distribution of answers on the question of appropriate age when people should be informed about sexual and reproductive health regarding **age** of respondents



As it can be seen from Graph 3, within predominant categories (1. between 10 and 14 years and 2. between 14 and 18 years) a slightly higher percent of high school pupils think that young ones should get these informations somewhat later, while in the population of students slightly larger percent think that young ones should get these informations earlier.

Graph 4. Distribution of answers on the question of appropriate age when people should be informed about sexual and reproductive health regarding **place of residence** of respondents

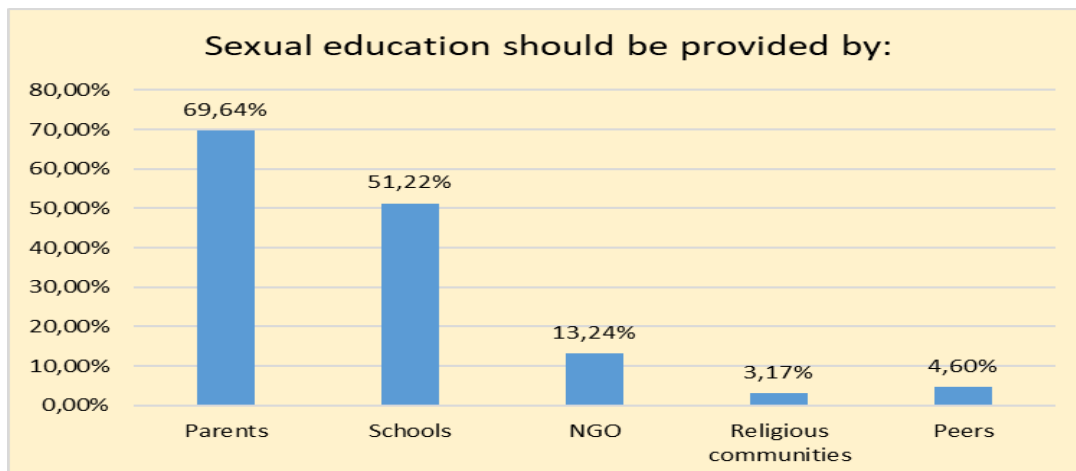


Finally, there is a small but significant connection when it comes to attitudes about the appropriate age for obtaining information about sexual and reproductive health regarding place of residence of respondents where within predominant categories (1. between 10 and 14 years and 2. between 14 and 18 years) respondents from villages think that young ones should get these informations somewhat later.

For attitudes that young ones should get these informations somewhat later, opted mostly by youth from rural areas and girls, it can be presumed that they are under the influence of traditional attitudes about sexuality as the subject intended to adults.

Attitudes of respondents about **who should provide sexual education** are displayed in Graph 5.

Graph 5. Distribution of answers on question of who should provide sexual education



Respondents were not limited with the choice of only one answer within the existing options and they could decide to choose more answers. Analyses of results shows that

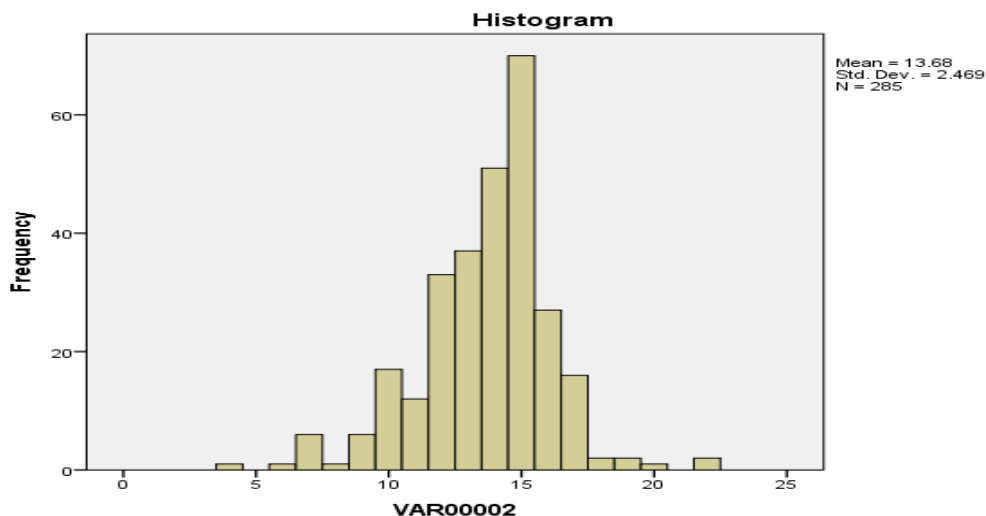
responsibility for sexual education respondents in a largest percent see in parents and schools. This finding is in colision with findings about sources respondents use to inform themselves about sexuality and reproductive health (see Table no. 3), where peers are listed as the most often source of information. This confirms presumptions that youth, within the existing sources, doubt accuracy and reliability of obtained information.

For the largest percent of young ones, 69.64%, of them, it can be concluded that they recognize that sexual socialization is happening inside of a family, but their knowledge is insufficient to know that it is happening much earlier than the period they recognize as the time when young ones should get information about sexual and reproductive health. "Sexual behavior of young ones is not only under the influence of individual intensive changes they are facing, but also under the influence of social environment". Fingerson (2005) sees sexuality of youth as a social construct and is mentioning the concept of "sexual socialization" which, according to the mentioned author, begins within the family where young ones accept attitudes of their parents and values about sexuality, addopt information about gender health and learn about boundaries and the very sexual behavior of parents."²

Schools (51.22%) are recognized as the second key authority when it comes to sexual education.

682 respondents gave their answers about **at what age did they get information about sexual and reproductive health**, out of which: 53.1% does not remember how old they were, 41.8% list the precise age, while 5.1% says that they never recieved any information concerning this issue.

Graph 6. Distribution of answers of respondents who provided the exact age when they got information about sexual and reproductive health (N = 285)



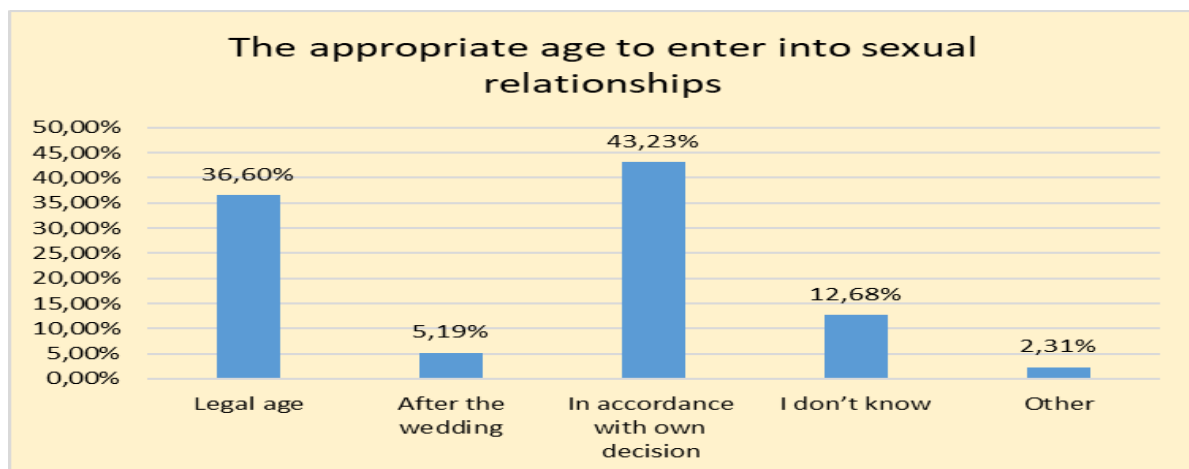
Answers of respondents who provided the exact age vary in the range of 4 to 22 years, with significantly largest number of those who got information with 15. Results of t-tests for

² Bračulj, A. (2015). Risky sexual behavior of adolescents in the area of the city of Zagreb. University in Zagreb, Educational – Rehabilitation Faculty, pg 4

independent samples show that boys are statistically significantly earlier informed about sexual and reproductive health in relation to girls. Differences between high school pupils and students, as well as between respondents from villages and cities were not statistically significant.

In the following Graph, results about **the appropriate age for entering in sexual relations** are shown according to opinions of respondents.

Graph 7. Distribution of answers about the age when to enter sexual relations (N = 694)



Majority of respondents, 43.23% of them, think that in their social environment the appropriate time considered for entering sexual relations should be in accordance with the decision of an individual, regardless of age. Second largest group of respondents, 36.60% of them, think that the appropriate time for entering sexual relations should be after completed 18th year of life.

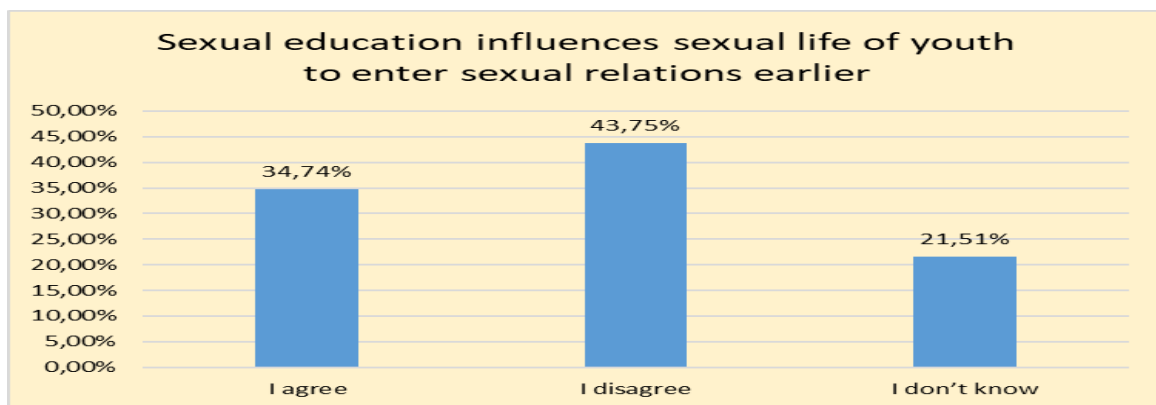
Obtained results direct to divided attitudes of respondents when it comes to the appropriate age for entering sexual relations. Respondents who think that the appropriate time considered for entering sexual relations should be in accordance with the decision of an individual regardless of age support the right to a personal choice. For other respondents, who bond this time for a hronological age, we can presume that they are lead by the attitude that by turning 18 maturity and responsibility is gained. Respecting conditions in the field and the fact that a certain number of young ones enter sexual relations earlier, education and strenghtening of youth for responsible sexual behavior is necessary, instead of preventing them to become sexually active.

In answers about the appropriate age for entering sexual relations regarding gender, age and place of residence of respondents no significant differences were detected.

Attitudes of youth about the influence of sexual education on earlier entering in sexual relations

Respondents expressed their attitude about the influence of sexual education on earlier entering in sexual relations choosing one of the options – *I agree, I disagree, and I don't know.*

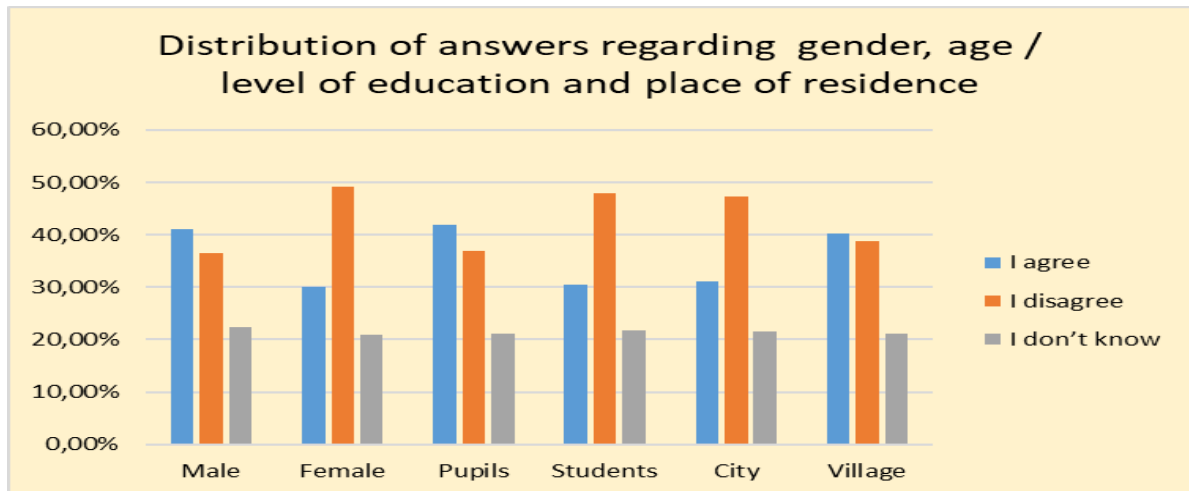
Graph 8. Distribution of answers to the claim that **sexual education influences sexual life of young people to enter sexual relations earlier** (N = 688)



In case of a claim that sexual education can lead young people to enter sexual relations earlier, opinions of respondents are divided: 43.75% of respondents does not agree, while 34.74% of respondents agrees.

Results show that there are significant differences between boys and girls, pupils and students, as well as respondents from villages and cities on the first statement. Statistically and significantly more often girls, students and respondents from cities disagree with this statement.

Graph 9. Distribution of answers to the claim that **sexual education influences sexual life of young people to enter sexual relations earlier** regarding gender, age (education) and place of residence of respondents

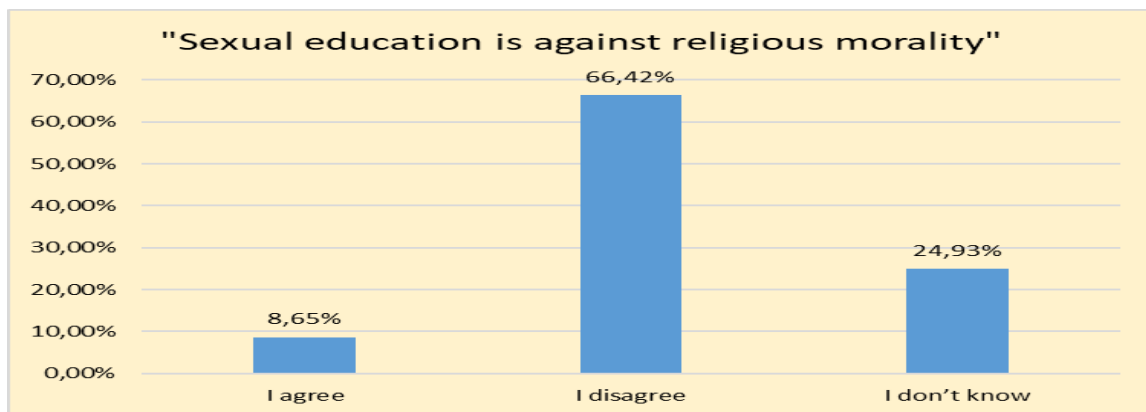


Reasons for the attitude that “sexual education can lead young people to enter sexual relations earlier” could be found in a narrower interpretation of the role of sexual education. There is insufficient knowledge that sexual education comprises medically correct informations appropriate to the age and wider subjects about sexuality such as: humane development, relations, bringing decisions, contraception, preventing infections and diseases, personal values as well, attitudes and beliefs, decisions and behavior related to gender choices and gender orientation.

Attitudes of youth about whether sexual education is against religious morality

Respondents expressed their attitude about the statement that sexual education is against religious morality by choosing one of the following options – *I agree, I disagree, and I don't know.*

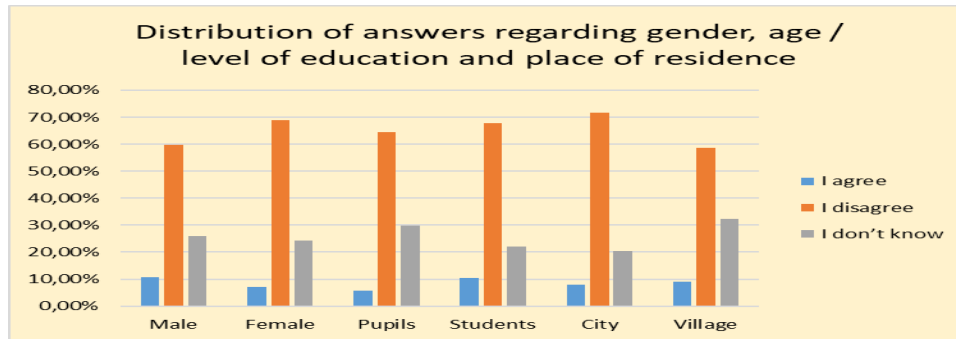
Graph 10. Distribution of answers to the claim that sexual education is against religious morality (N = 682)



As it can be seen from the Table, significantly largest number of respondents, 66.42% of them disagrees that sexual education is against religious morality.

The largest percent of young ones think that sexual education is not in contrast with religious morality.

Graph 11. Distribution of answers to the claim that **sexual education is against religious morality** regarding gender, age (education) and place of residence of respondents

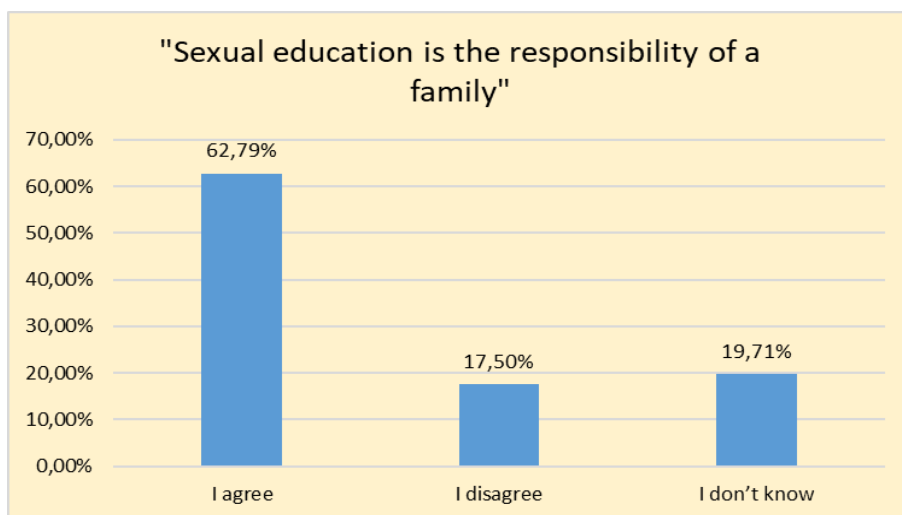


Results show that there are statistically significant differences between pupils and students, as well as respondents from villages and cities. There are no statistically significant differences between boys and girls.

Attitudes of youth about whether sexual education is the responsibility of a family

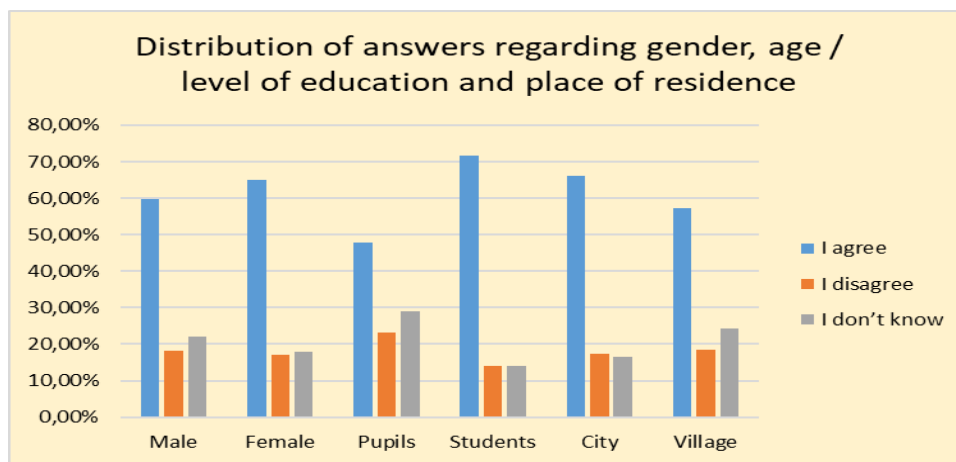
Respondents expressed their attitude that sexual education is the responsibility of a family choosing one of the options – *I agree, I disagree, and I don't know.*

Graph 12. Distribution of answers on a claim that sexual education is **the responsibility of a family** (N = 680)



Obtained percent of 62.79% of respondents who agree that sexual education is the responsibility of a family is in positive correlation with previously obtained result that youth consider parents as key authority for sexual education.

Graph 13. Distribution of answers to the claim that **sexual education is the responsibility of a family** regarding gender, age (education) and place of residence of respondents



In the results obtained for the claim that sexual education is the responsibility of a family, no statistically significant differences between boys and girls were detected, but they were detected between pupils and students and respondents from cities and villages.

Results displayed in Graph 13 show that students and respondents from the city agree far more with this claim. The claim that sexual education is the responsibility of a family is far more agreed with by students and respondents from the city. It can be presumed that both groups of respondents mentioned, through available information such as seminars and workshops, gain insight into the significance of sexual education which is directed to the adoption of responsible gender behavior, which also includes a mature decision about time and way of entering sexual relations, respecting own rights as well as rights of a partner. Concerning students, significantly higher percent of agreement with the claim that sexual education is the responsibility of a family can be observed through a prism of their chronological drawing closer to their own parental role. When it comes to pupils, disagreement with a claim and not having the attitude that sexual education is the responsibility of a family is under the influence of all challenges following the adolescent period such as: defining of personal identity, emotional separation from parents and parental authority. For young ones who disagree with the attitude that sexual education is the responsibility of a family, it is possible to interpret this in a way that they do not have enough trust in competencies of their parents when it comes to these issues.

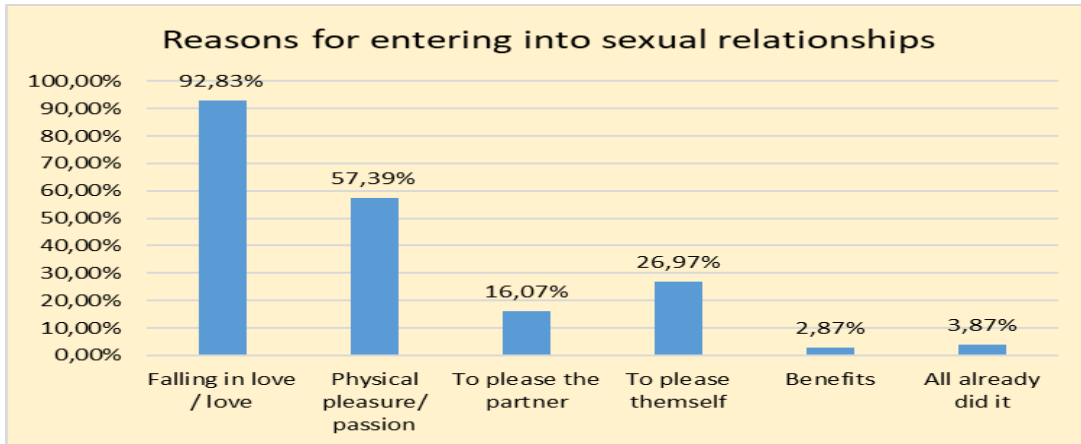
Place of residence of young ones does not have a larger influence on the attitude that sexual education is the responsibility of a family, since the majority of young ones in the village and in the city agrees with this claim.

1.3 Sexual relations: opinions, attitudes and experiences

About **the most important reasons for entering sexual relations**, respondents could circle up to three, out of a total of seven offered answers. 697 respondents circled at least one offered

answer. Although the opportunity was offered to list some other reason, no respondents did that, which points to a fact that the offered answer categories were exhaustive. Distribution of answers is displayed in Graph 14.

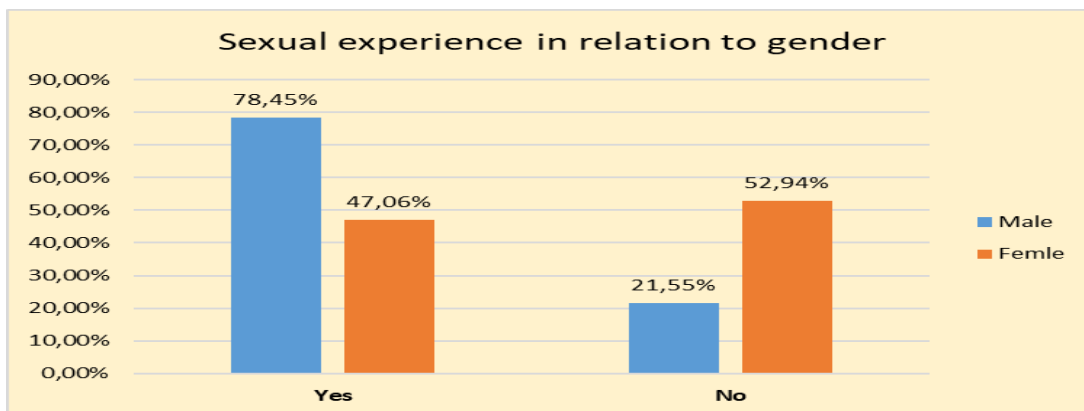
Graph 14. Distribution of answers about the most important reasons for entering sexual relations



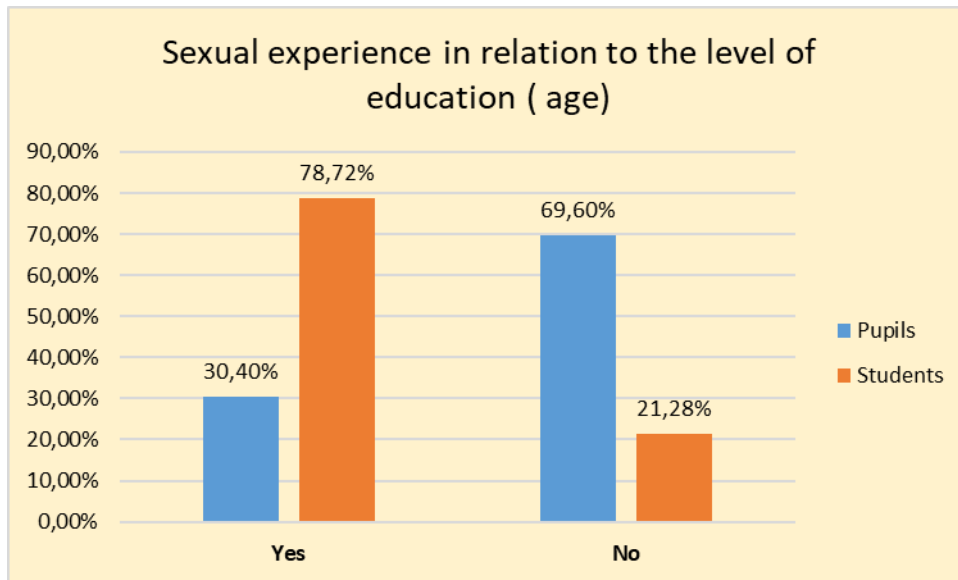
On a direct question **about weather they had sexual relations** out of 748 respondents, 673 respondents gave their answers. 60.77% of them claim that they had sexual relations, while 39.23% gives a negative answer.

Is sexual experience related to gender, age and place of living? This was checked by using bivariant hi-square tests and all three relations were statistically significant. Positive answer on a question about weather they had sexual relations is statistically significantly more often given by boys, students and respondents whose families live in cities.

Graph 15. Distribution of answers about sexual experience regarding gender

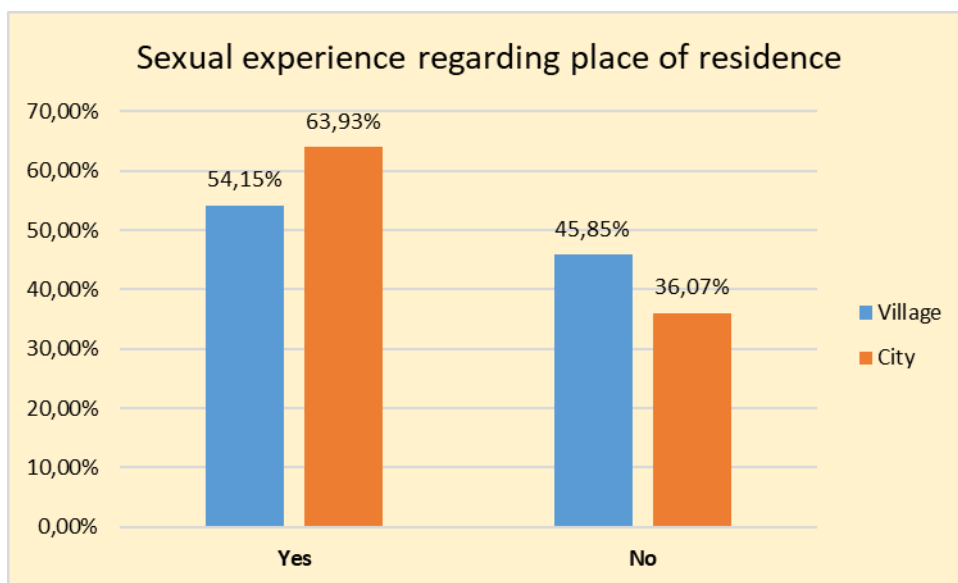


Graph 16. Distribution of answers about sexual experience regarding age



Number of students who had sexual experience is significantly larger than the number of pupils with this experience, which is expected concerning the age, accomplished independence, established relationships (formal and informal).

Graph 17. Distribution of answers about sexual experience regarding place of residence



Sexual experience is more represented among youth from city areas, which can be interpreted by greater emancipation and information obtained by youth in city areas in relation to youth from village areas.

On the question **at what age they had their first sexual intercourse**, 397 respondents gave their answers. The average value of age of the first sexual intercourse is 16.69 years. Statistically significant differences were registered regarding: **gender** – where boys had their first sexual intercourse earlier than girls; **age** – where pupils claim they had their first sexual intercourse earlier than students; **place of residence** – where respondents from cities had their first sexual intercourse before their peers from villages.

Gained information that pupils had their first sexual intercourse earlier than present students can be observed through the prism of changing trend whose dynamic is recognized in much earlier entering in sexual relations of youth. Data obtained according to the place of residence, where youth in cities had their first sexual experiences before youth in village areas, is possible to be interpreted by less social control of behavior of youth in the city.

Weather their first sexual intercourse was voluntary or by force, out of a total of 397 respondents who answered this question, five of them claim that they entered their first sexual intercourse against their will. Structure of 5 respondents who entered their first sexual relationship against their will:

- regarding gender: three boys and two girls,
- regarding education level (age): four pupils and one student
- regarding place of residence: three from the city and two from the village.

The information that significantly more high school pupils are exposed to the risk of sexual victimization can be interpreted by insufficient maturity and the lack of skills of aservative communication.

For **different aspects of sexual behavior** given in nine statements, by using five-degree scale, resopndents expressed the degree of agreement with statements, where higher numbers marked higher degree of agreement. Results displayed in Table 7 show that respondents mostly agreed with statements „First sexual intercourse should be special and planned“ and „I treat all people the same, regardless to their sexual orientation“, while smallest degree of agreement was shown in statements „Consuming sex is the only way to be satisfied in a relationship with a person“ and „It’s okay to agree to have sex although you’re not ready, if it’s a way to keep partner“.

Table 7. Descriptors of distribution of answers of respondents on statements about sexual behavior

Statement	I disagree	I mostly disagree	Niether I agree nor disagree	I mostly agree	I completely agree
The first sexual intercourse should be special and planned	9,1%	9,1%	18,9%	14,1%	48,7%

I treat all people the same, regardless of their sexual orientation	17,3%	7,9%	15,8%	17,3%	41,7%
It's okay to have sexual intercourse for just one night	26,8%	8%	21,1%	12,5%	31,6%
You do not need to have sexual intercourse in order to keep a partner	29%	8,8%	22,4%	8,6%	31,2%
Girls should be more responsible than young boys on the issue of contraception	30%	10,2%	23,4%	12,5%	23,9%
If you like someone, it's a good enough reason to enter sexual relationship with him/her	28,1%	11,3%	23,1%	18,3%	19,1%
Participation in sexual relations tells your friends that you grew up	33,9%	12,9%	22,3%	13,7%	17,2%
Consuming sex is the only way to be satisfied in a relationship with a person	48,7%	16,3%	17,1%	9,2%	8,7%
It's okay to agree to have sex although you're not ready, if it's a way to keep a partner	62,7%	9,8%	12,1%	6%	9,3%

In the following step, through series of t-tests for independent samples, it was analyzed whether there are statistically significant differences in answers of respondents on these statements regarding their gender, age and place of residence. Results of these analyses are shown in tables 8, 9 and 10.

Table 8. Differences in answers on statements about sexual behavior regarding gender

Statement	Men	Women
You do not need to have sexual intercourse in order to keep a partner.	2.93	3.19
The first sexual intercourse should be special and planned.	3.49	4.30
Consuming sex is the only way to be satisfied in a relationship with a person.	2.46	1.70
It's okay to have sexual intercourse for just one night.	3.78	2.32
If you like someone, it's a good enough reason to enter sexual relationship with him/her.	3.34	2.29
I treat all people the same, regardless of their sexual orientation.	3.27	3.99
Girls should be more responsible than young boys on the issue of contraception.	2.99	2.78
Participation in sexual relations tells your friends that you grew up.	3.00	2.24
It's okay to agree to have sex although you're not ready, if it's a way to keep a partner.	2.29	1.37

Table 8. contains results of tested differences between boys and girls regarding answers they gave on statements about sexual behavior.

Boys statistically significantly more often agree with statements such as „It’s okay to have sexual intercourse for just one night“, „If you like someone, it’s a good enough reason to enter sexual relationship with him/her“, „It’s okay to agree to have sex although you’re not ready, if it’s a way to keep a partner“, „Consuming sex is the only way to be satisfied in a relationship with a person“, „Participation in sexual relations tells your friends that you grew up“.

On the other side, girls significantly more agree with statements such as „The first sexual intercourse should be special and planned“ and „I treat all people the same, regardless of their sexual orientation“.

Obtained informations about sexual behavior regarding gender point out the importance of gender perspective in interpretation of collected results. Stereotype gender roles support gender inequality. Significant differences in agreement with offered statements show the fact that double gender standards are predominant. Sexual behavior of boys is conditioned by physical pleasure, while sexual behavior of girls is conditioned by the need to accomplish emotional closeness with a partner.

Table 9. Differences in answers on statements about sexual behavior regarding age

Statement	Pupils	Students
You do not need to have sexual intercourse in order to keep a partner.	3.18	3.01
The first sexual intercourse should be special and planned.	3.94	3.82
Consuming sex is the only way to be satisfied in a relationship with a person.	2.37	2.07
It’s okay to have sexual intercourse for just one night.	3.30	3.10
If you like someone, it’s a good enough reason to enter sexual relationship with him/her.	2.89	2.89
I treat all people the same, regardless of their sexual orientation.	2.76	3.76
Girls should be more responsible than young boys on the issue of contraception.	3.39	2.79
Participation in sexual relations tells your friends that you grew up.	3.10	2.58
It’s okay to agree to have sex although you’re not ready, if it’s a way to keep a partner.	2.47	1.77

Table 9 contains displayed results of tested differences between studens and pupils regarding answers they gave on statements about sexual behavior.

Pupils statistically significantly more often agree with statements such as „ It’s okay to agree to have sex although you’re not ready, if it’s a way to keep a pertner “, „Girls should be more responsible than young boys on the issue of contraception“ and „ Participation in sexual relations tells your friends that you grew up “.

On the other side, students significantly more agree with the statement „ I treat all people the same, regardless of their sexual orientation “.

Obtained information about sexual behavior regarding age direct to the conclusion that physical maturing is not simultaneously followed by psycho-social maturing, which is reached somewhat later. That is why consuming of sexual activities represents a demonstration of maturity and authonomy for pupils. With already mentioned attitude that „Participation in sexual relations tells that you are a grown up“ and other two attitudes that “They agree to have sex,

although they are not ready” and that „ Girls should be more responsible on the issue of contraception “ tell about the vulnerability of “the youngest” within the examined sample.

Table 10. Differences in answers on statements about sexual behavior regarding **place of residence** of respondents

Statement	Village	City
You do not need to have sexual intercourse in order to keep a partner.	3.43	2.90
The first sexual intercourse should be special and planned.	3.99	3.78
Consuming sex is the only way to be satisfied in a relationship with a person.	2.19	2.09
It’s okay to have sexual intercourse for just one night.	2.90	3.26
If you like someone, it’s a good enough reason to enter sexual relationship with him/her.	2.81	2.95
I treat all people the same, regardless of their sexual orientation.	3.51	3.63
Girls should be more responsible than young boys on the issue of contraception.	3.04	2.83
Participation in sexual relations tells your friends that you grew up.	2.78	2.65
It’s okay to agree to have sex although you’re not ready, if it’s a way to keep a partner.	2.07	1.81

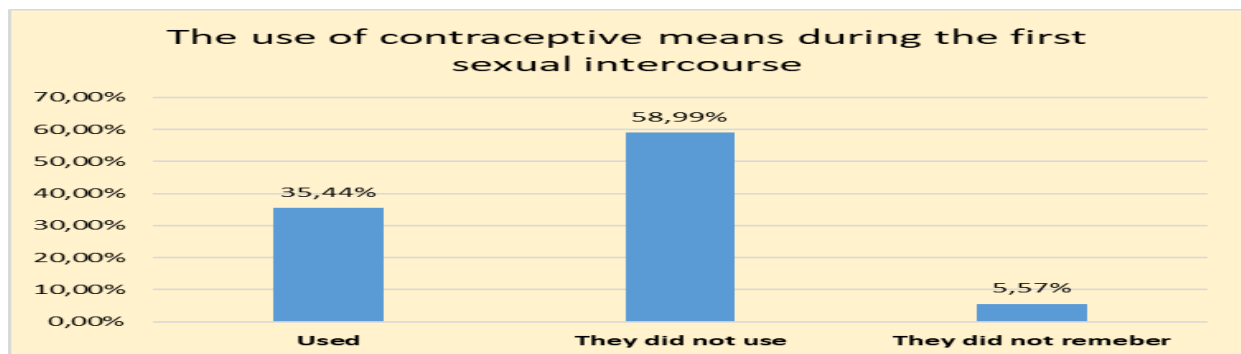
Table 10 contains displayed results of tested differences between respondents from the village and from the city regarding answers they gave on statements about sexual behavior.

There are statistically significant differences in only two items: respondents from the village significantly more often agree with the statement „You do not need to have sexual intercourse in order to keep a partner”, while respondents from the city significantly more often agree with the statement „It’s okay to have sexual intercourse for just one night“. Both attitudes reflect the cultural pattern of the environment they live in.

1.4 The use of contraceptive means and risky behaviors

The following shows attitudes and behavior of youth regarding use of contraceptive means and risky sexual behaviors.

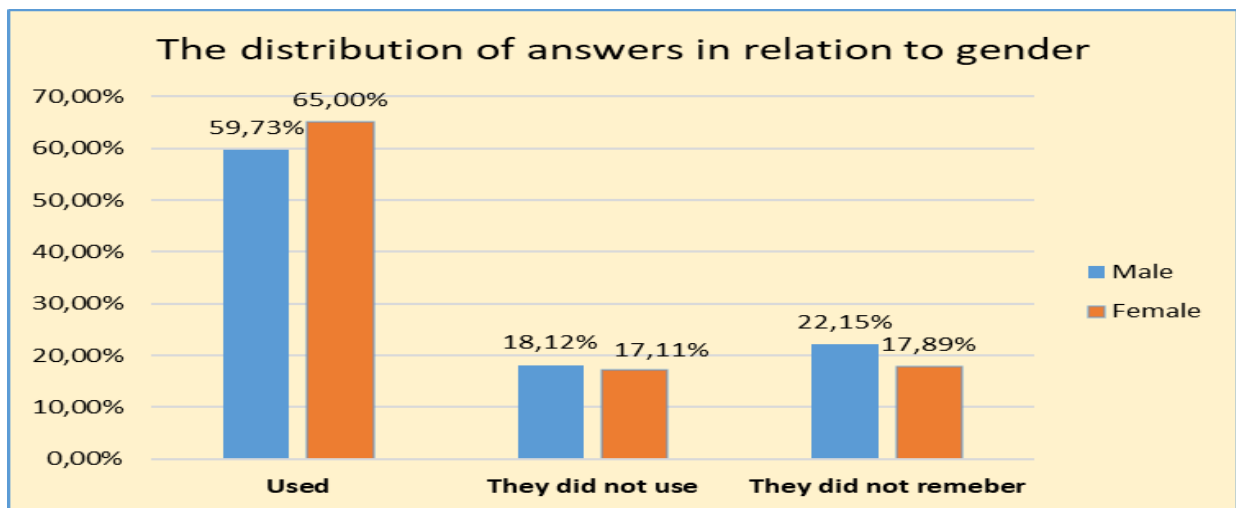
Graph 18. The use of contraceptive means during the first sexual intercourse (N=395)



Since 58.99% of young ones explained that they did not use any contraceptive means during the first sexual intercourse, it can be concluded that a large part of population of youth is prone to risky sexual behavior. Most often possible consequences of such behavior are unwanted pregnancies and sexually transmitted infections. When a trend of earlier sexual initiation is taken into consideration, risk of juvenile pregnancy or parenthood and sexually transmitted infections is increasing.

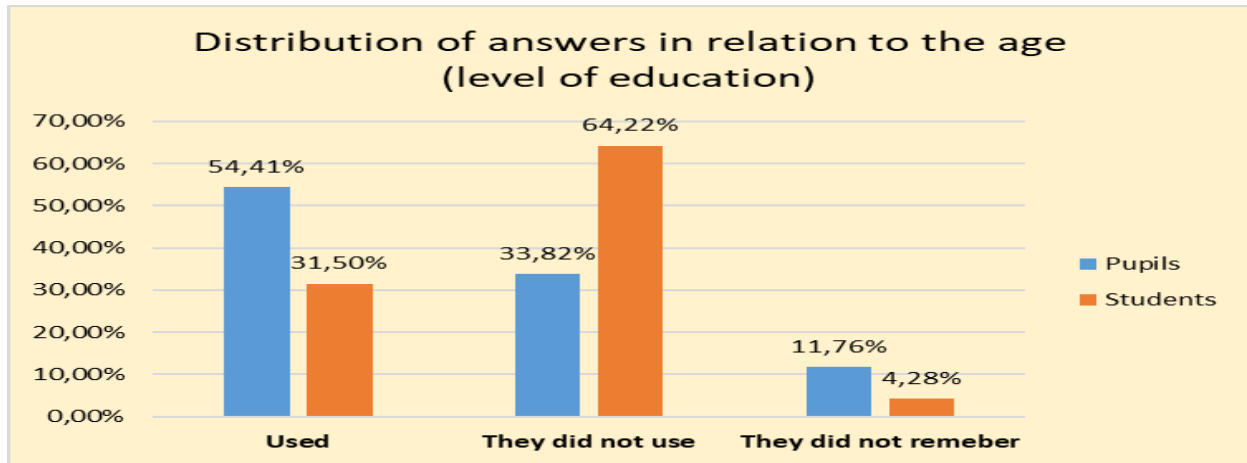
The following shows results about attitudes and behavior of youth related to **the use of contraceptive means** regarding gender, age (education level) and place of residence of respondents

Graph 19. The use of contraception during the first sexual intercourse regarding **gender**



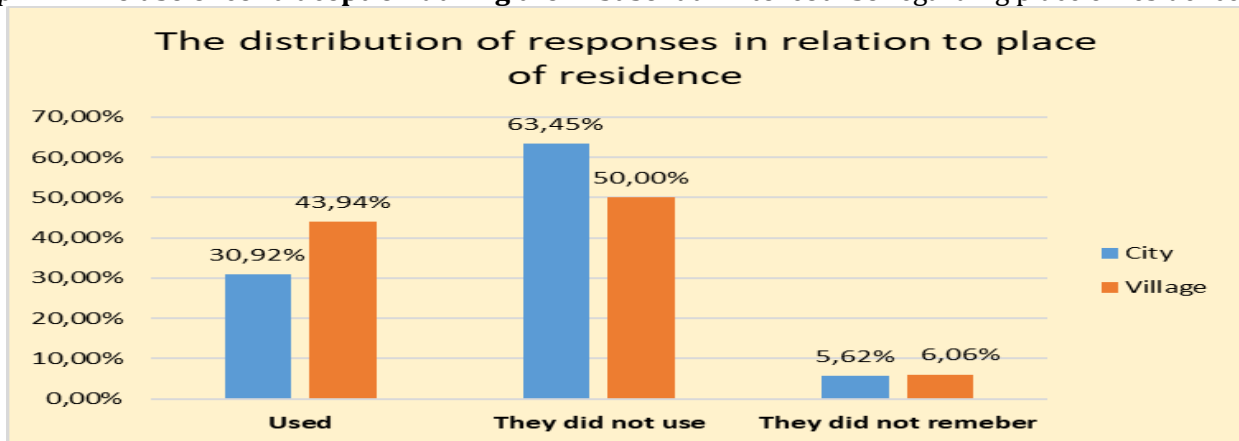
According to obtained information, boys significantly more often use protection during their first intercourse. This is also confirmed by other researches from the region with explanation that boys more often take the initiative for sexual relations and that contraceptive means - condoms for males are much more available.

Graph 20. The use of contraception during the first sexual intercourse regarding age



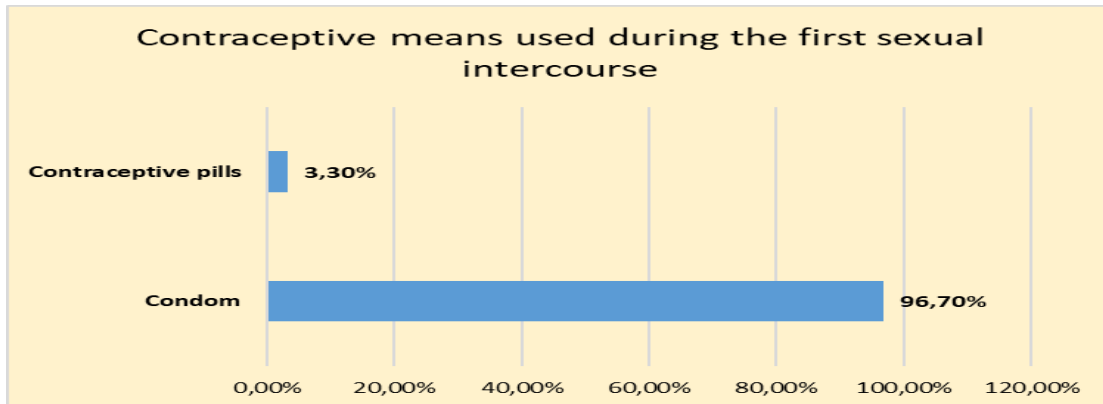
As it can be seen from obtained results, students significantly less used protection during their first intercourse than pupils. If there is a presumption that present students had their first experience many years ago, it can be concluded that attitudes of young ones have changed in the meantime, having in mind that issues of contraception became a part of public campaigns. It is possible that the all-present campaigns about the need for use of contraception influence information gained by the research and this information shows decreased risky behavior of present pupils.

Graph 21. The use of contraception during the first sexual intercourse regarding place of residence



It can be seen from Graph 21 that young ones from the city did not use contraception during their first sexual intercourse significantly more often. Reasons can vary, but the fact is that dynamics of relations and opportunities for meeting new persons are more expressed in the city and therefore, situational practicing of sexual relations as well.

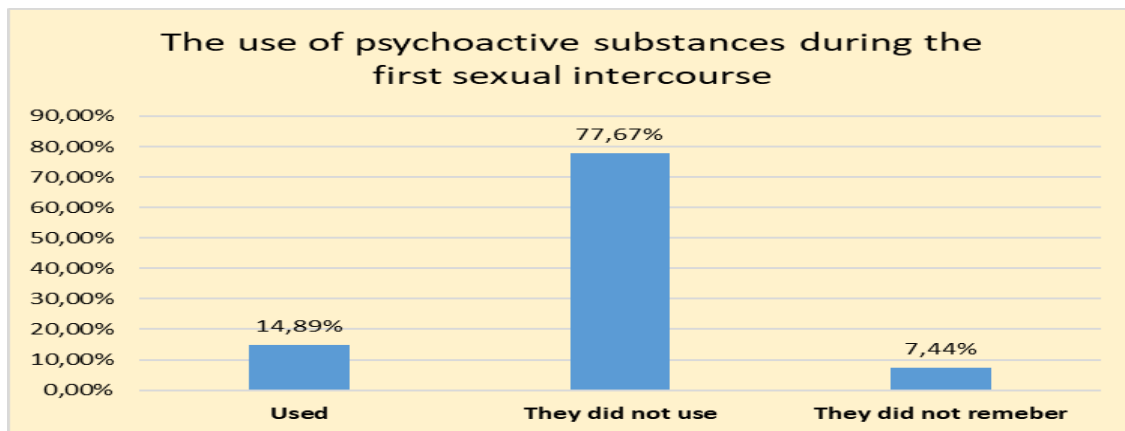
Graph 22. **Contraceptive means** used during the first sexual intercourse



The most often listed contraceptive mean used during the first sexual intercourse was a condom (96.7%), and of other contraceptive means, only contraceptive pills were listed (3.3%).

Attitudes and behaviors of youth related to **the use of psychoactive substances during the first sexual intercourse:**

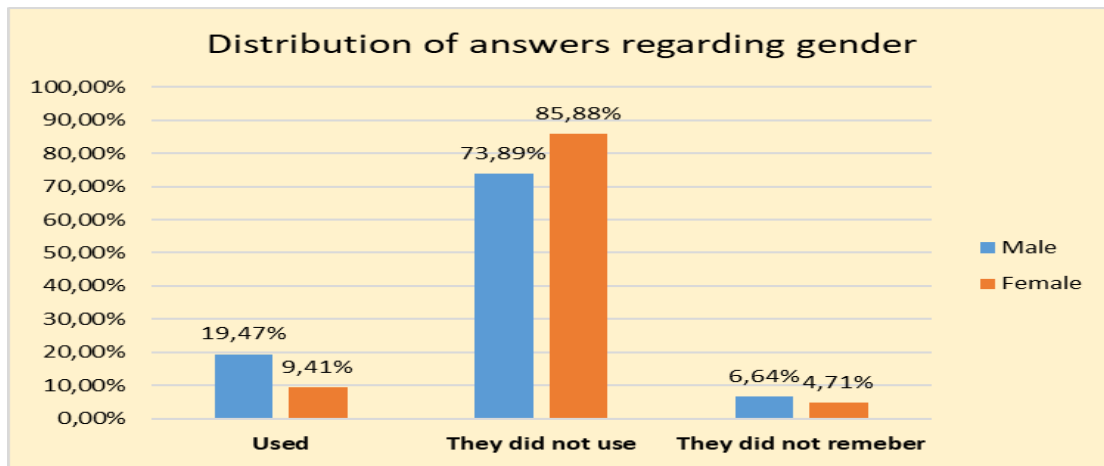
Graph 23. **The use of psychoactive substances** during the first sexual intercourse



An information that majority of young ones (77,67%) did not use any psychoactive substances during their first sexual intercourse is very encouraging. On the other side, around 23% of those who used psychoactive substances, or do not remember that they used them, represent the risky group of young ones.

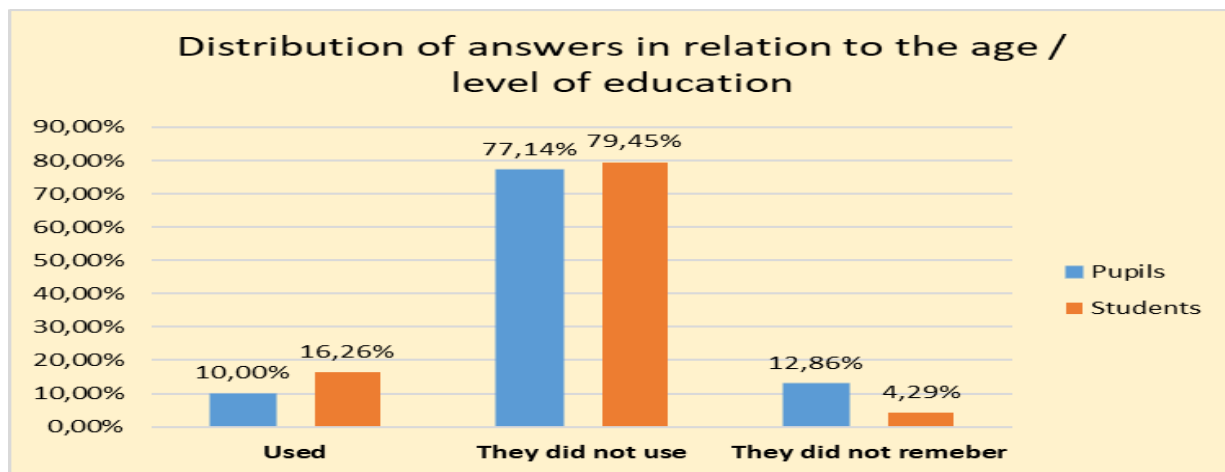
The following shows the use of psychoactive substances during the first sexual intercourse regarding **gender, age and place of residence.**

Graph 24. The use of psychoactive substances during the first sexual intercourse regarding **gender**



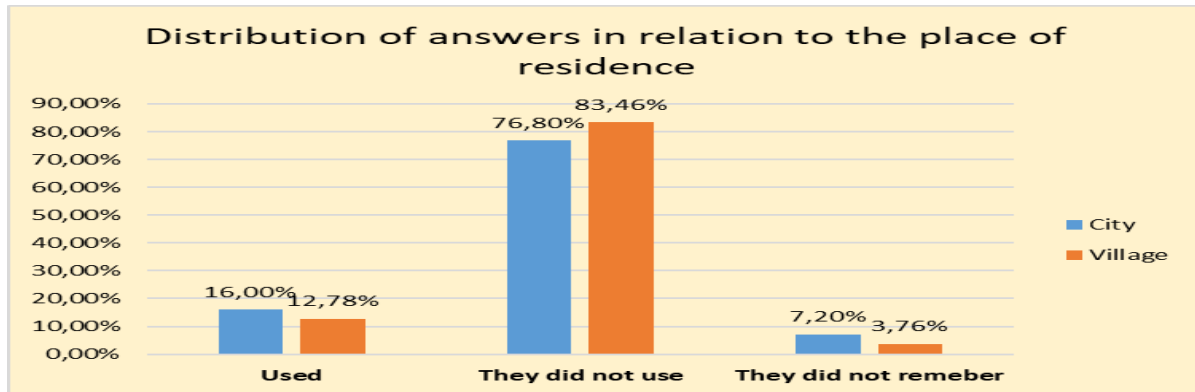
The data that 73.89% of boys and 85.88% of girls did not use psychoactive substances represents an encouraging result. Data that there is a higher percent of boys who used psychoactive substances than girls is not surprising, considering the fact that this is still culturally accepted behavior for men. It is also known that males are more prone to experimenting.

Graph 25. The use of psychoactive substances during the first sexual intercourse regarding **age**



When it comes to age, students used psychoactive substances more often than young ones of high school age. There are much more of those who do not remember among respondents of high school age. The assumption is that they are avoiding the answer because they are aware that this is unacceptable behavior, especially for high school age.

Graph 26. **The use of psychoactive substances** during the first sexual intercourse regarding place of residence

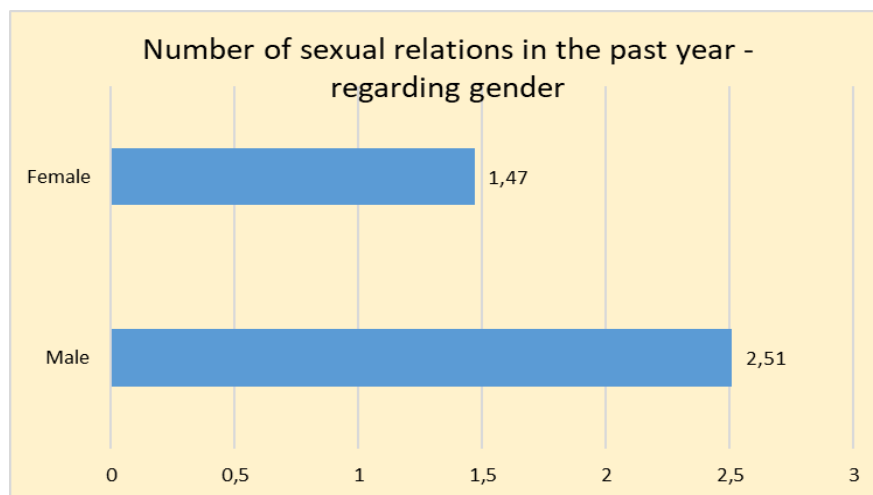


Obtained results show similar behavior of youth from the village and the city within categories “used” or “did not use” psychoactive substances.

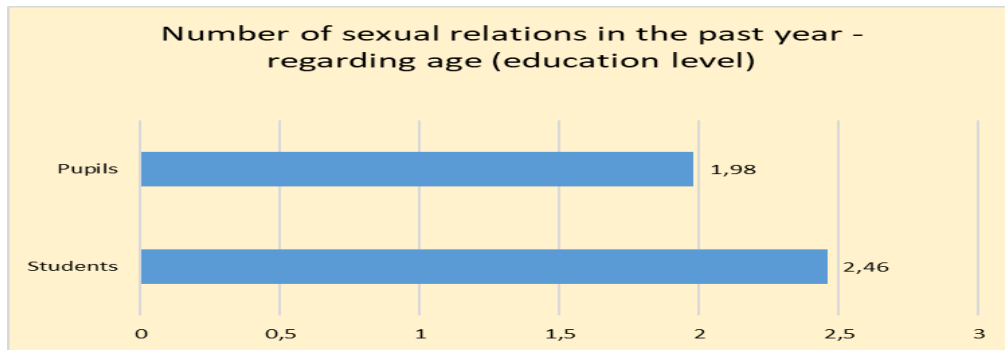
Respondents who declared as sexually active, in average had 2.06 partners during the past year.

The following shows review of results about how many persons respondents had sexual relations with in the past year regarding gender, age (education level) and place of residence.

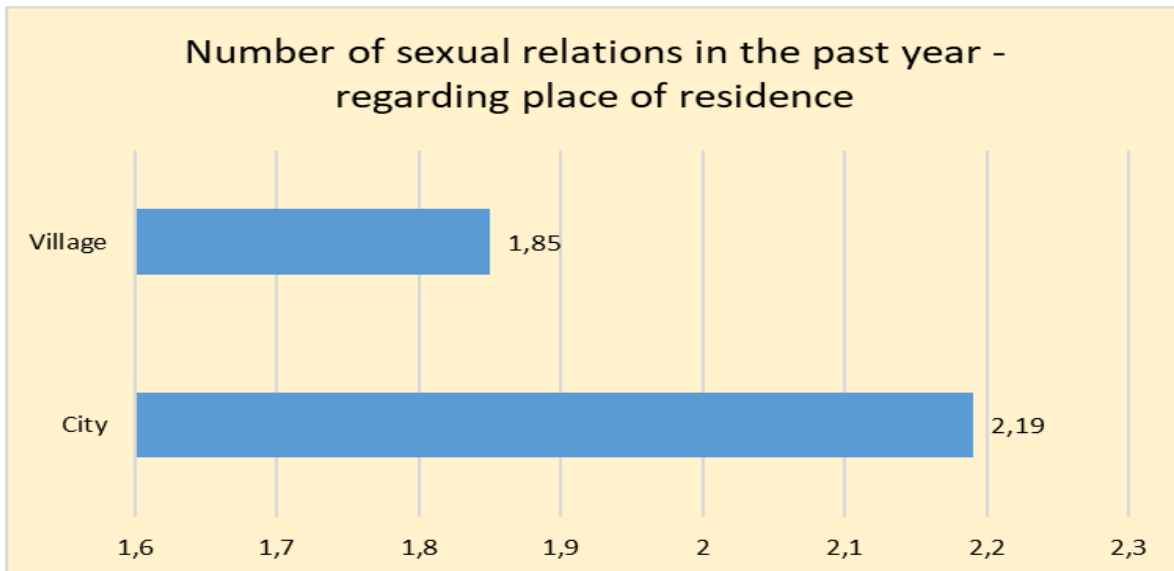
Graph 27. Distribution of answers on the question “With how many persons you had sexual relations in the past year?” regarding gender



Graph 28. Distribution of answers on the question “With how many persons you had sexual relations in the past year?” regarding age (education level)



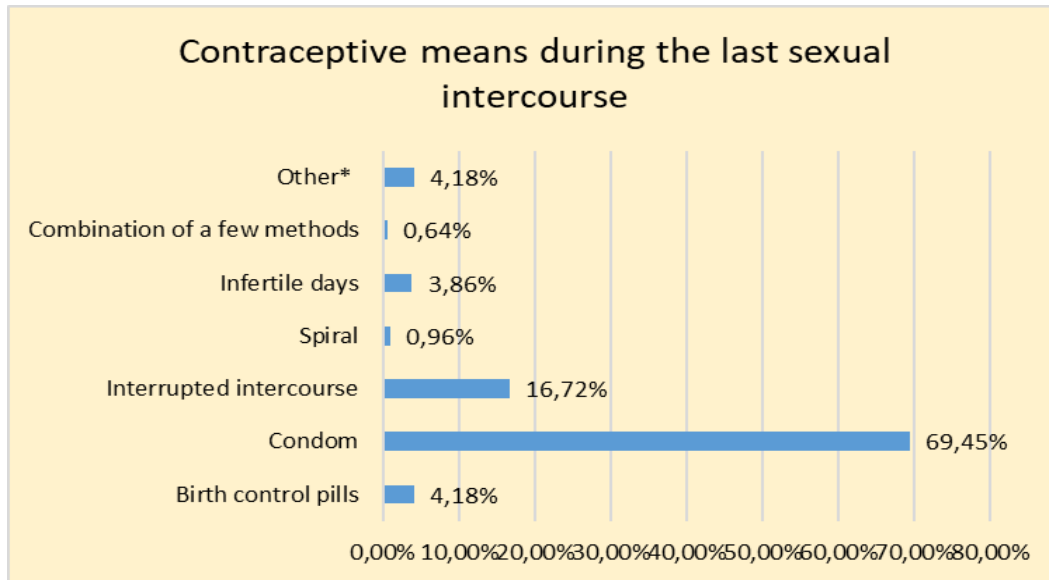
Graph 29. Distribution of answers on the question “With how many persons you had sexual relations in the past year?” regarding place of residence



Obtained results which were shown about the number of persons with whom respondents had sexual relations during the past year regarding gender, age (education level) and place of residence (Graphs 27, 28 and 29) lead to the following conclusions: a) that there are statistically significant differences regarding gender, where boys had more partners than girls, b) that there are statistically significant differences regarding place of residence, where respondents from the city had more partners than their peers from the village, c) there were no statistically significant differences when it comes to data regarding education level (age).

The use of contraceptive means during the last sexual intercourse

Graph 30. Contraceptive means during the last sexual intercourse (N=311)

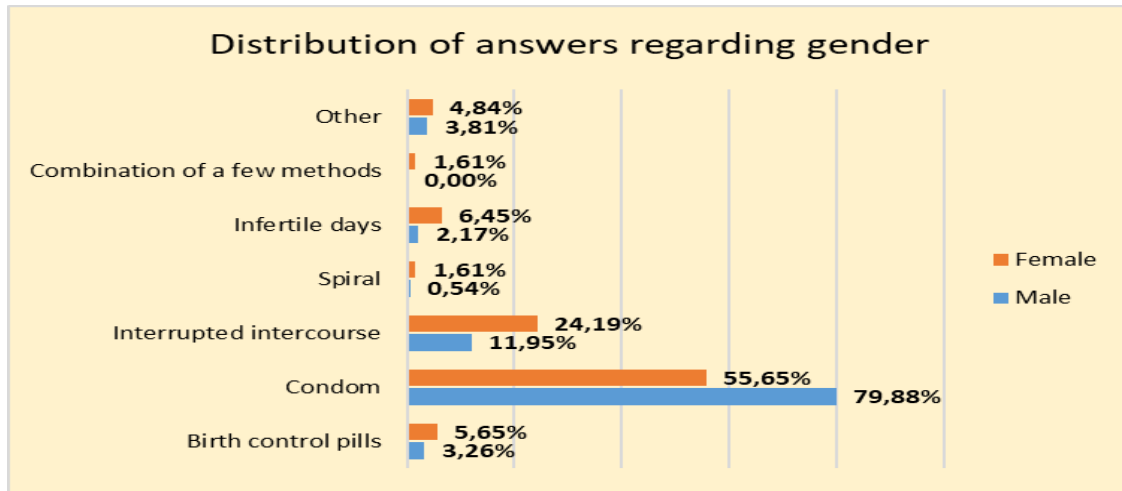


*Out of 13 respondents who circle *Other*, two of them writes *a bag*, one *viagra*, and the rest 10 of them wrote *nothing*.

It can be concluded that a condom is the most represented contraceptive method. This can be interpreted by the fact that condoms are easily available and used in situational sexual relations. A large number of information from media about a condom as a mean for protection from sexually transmitted infections, as well as advertisements of certain producers contribute wider use of condoms. Concerning the fact that other methods of contraception are represented in a negligible number of cases, this leads to a conclusion that every third young person is exposed to the risk of sexually transmitted infections, or exposed to (unwanted) pregnancy.

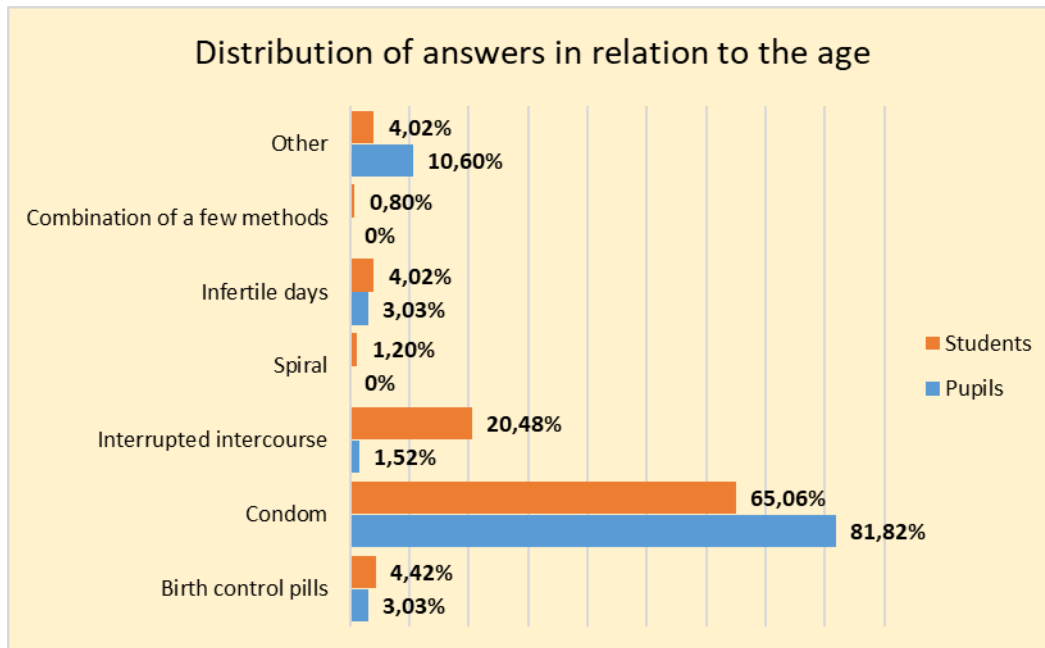
The following shows review of results about attitudes and behavior of youth concerning **the use of contraceptive means during the last sexual intercourse** regarding gender, age (education) and place of residence of respondents

Graph 31. Contraceptive means during the last sexual intercourse regarding *gender*



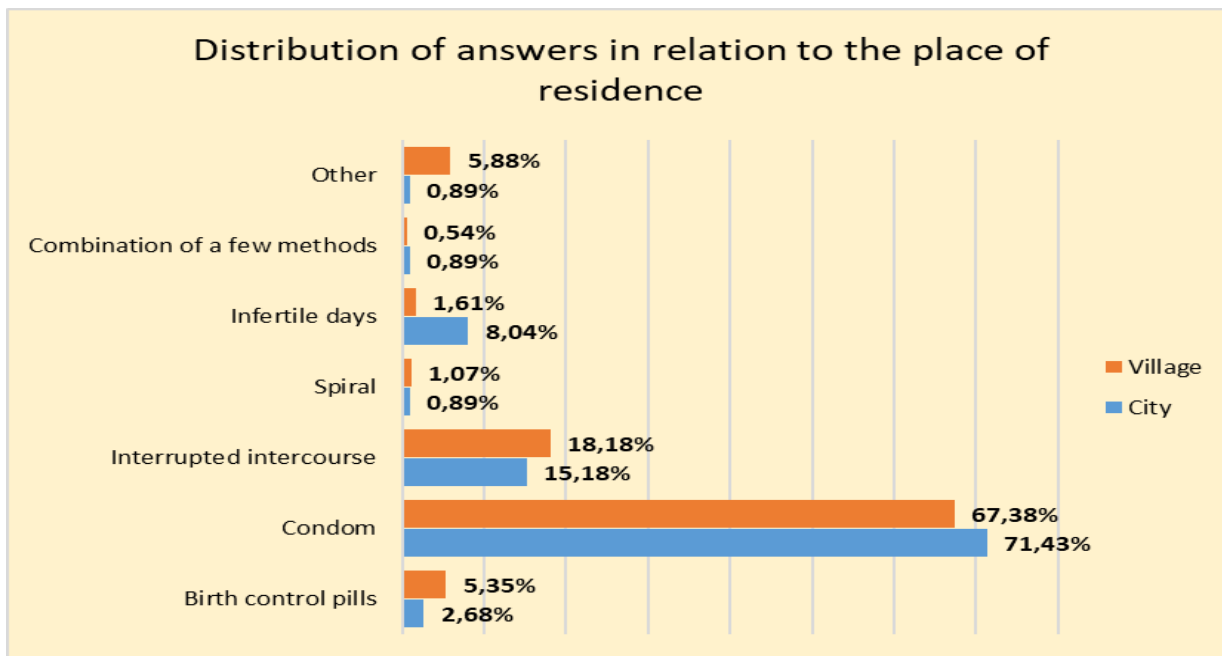
When it comes to gender, there is a significantly larger percent of boys who use condoms in sexual relations, while girls are more prone to use interrupted intercourse as a contraceptive method.

Graph 32. Contraceptive means during the last sexual intercourse regarding *age*



Predominant mean of contraception in both age groups, pupils and students, is a condom, and high school pupils used it in a higher percent (81.82%) in relation to students (65.06%). Other methods of contraception were insignificantly represented with pupils, while students used, as the second ranked, method of interrupted intercourse (20.48%) which does not represent a safe method of protection from unwanted consequences.

Graph 33. Contraceptive means during the last sexual intercourse regarding **place of residence**

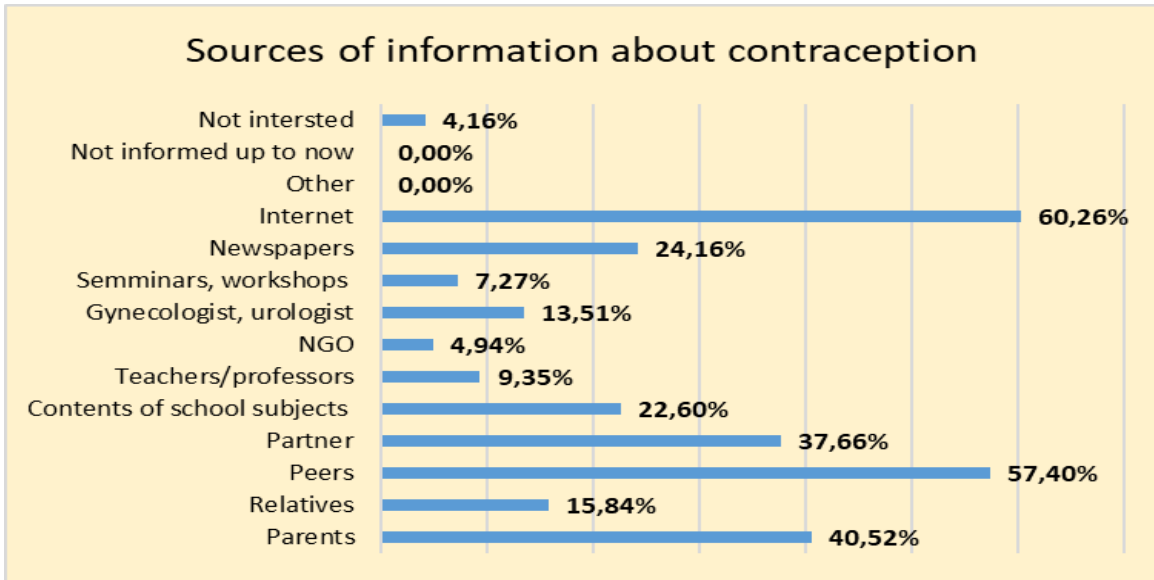


It can be concluded from Graph 33 that the largest number of respondents regarding place of residence uses condoms. Out of those who claim that they use condoms, a higher number of young ones, 71,43% of them live in the city, while 67,38% of them live in the village. The second most represented method is an interrupted intercourse, where this method is slightly more represented with youth in the village in relation to youth from the city. 18,18% of youth from the village and 15,18% of youth from the city declares that interrupted intercourse is their choice.

The following shows review of results about **sources of information and attitudes about contraception**

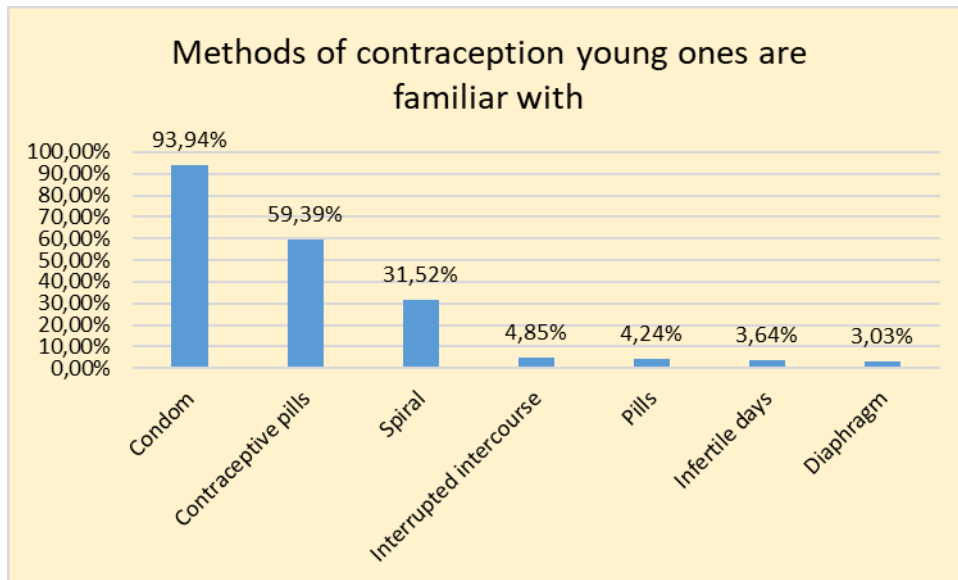
Results of statistical processing of data about sources respondents use to get informed about contraception, as well as their knowledge and attitudes about contraception are displayed in the following tables. Respondents were asked to mark their own sources of information about contraception.

Graph 34. Sources of information about contraception (N = 385)



The most often sources of gaining information of youth about contraception are: internet with 60.3%, peers with 57.4%, after that, parents with 40.5 % and partners with 37.7%. All other listed sources of information are used in a very small percent by youth. There is a significant deviation from earlier shown information about parents as one of the key sources of information about sexuality. Conversation about contraception predicts that there is a sexual activity or that young ones are planning it and this is most probably the reason why parents are significantly less consulted for this segment of information about sexuality and reproductive health.

Graph 35. Methods of contraception young ones are familiar with (N = 165)



In average, respondents list 2.01 methods. Girls mention statistically significantly higher number of contraceptive methods in relation to boys. There was no statistically significant difference in knowing methods of contraception between high school pupils and students, as well as between respondents from the village and the city.

Out of the mentioned answers it can be concluded that young ones have limited information regarding possible methods of contraception at their disposal.

Attitudes about **the responsibility for the use of contraception** are displayed in Graph 36.

Graph 36. Who is responsible for the use of contraception?



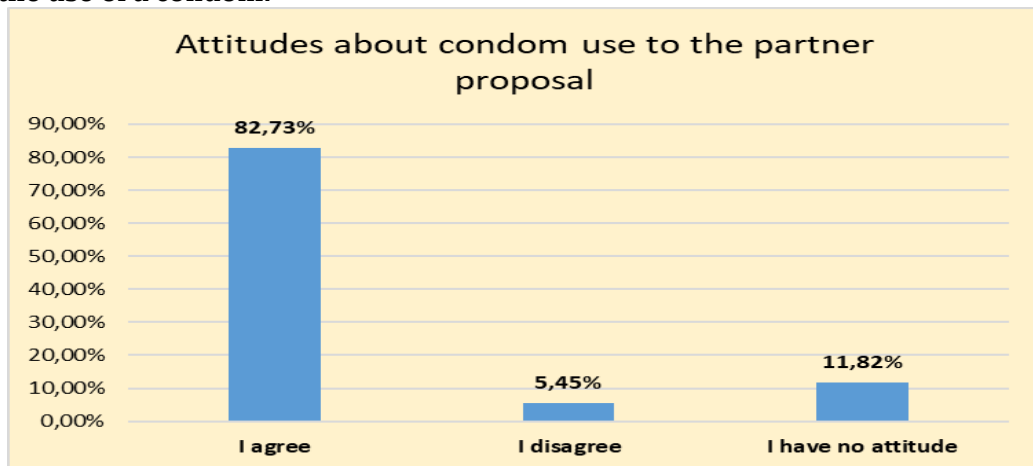
A result that 76.06% of young ones think that both genders are equally responsible for the use of contraception can be interpreted by positive changes in the approach to sexually responsible behavior in relation to traditional approach. It is possible to interpret these changes in the frame of overall social changes and influences of gender policies on improvement of position of women.

The data which is alarming is: that the largest number of young ones uses and/or knows about only two methods of contraception; a part of youth, 25% of them either consider only one gender (male or female) responsible for contraception or they do not have the attitude about who is responsible for contraception. These informations lead to the conclusion that it is necessary to intensify programs for education on subjects of sexuality and reproductive health.

1.5 Attitudes about the use of condoms

On statements related to the use of condoms respondents expressed their attitude by choosing one out of three offered answers – *I agree, I disagree and No attitude.*

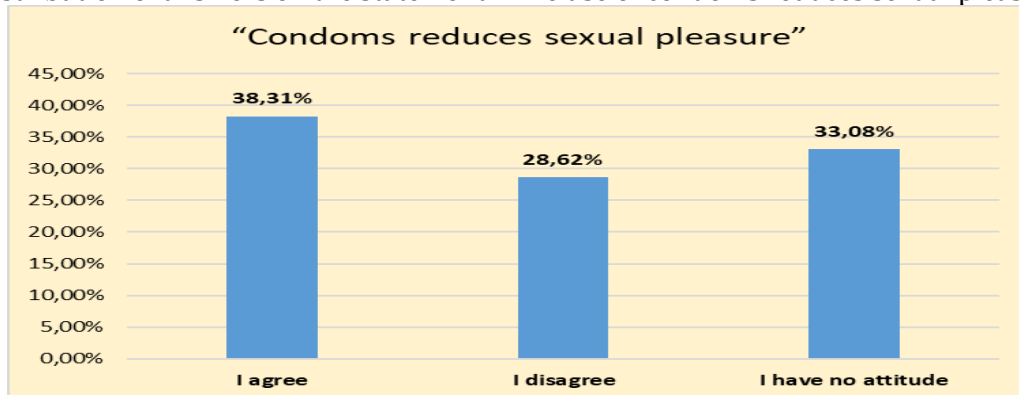
Graph 37. Distribution of answers on the statement: “ I would not have a problem with my partner proposing the use of a condom.”



Results show that boys have in average statistically significantly much more positive attitude toward the use of condoms in relation to girls. The difference between high school pupils and students was not statistically significant, nor was the difference between respondents from the village and from the city.

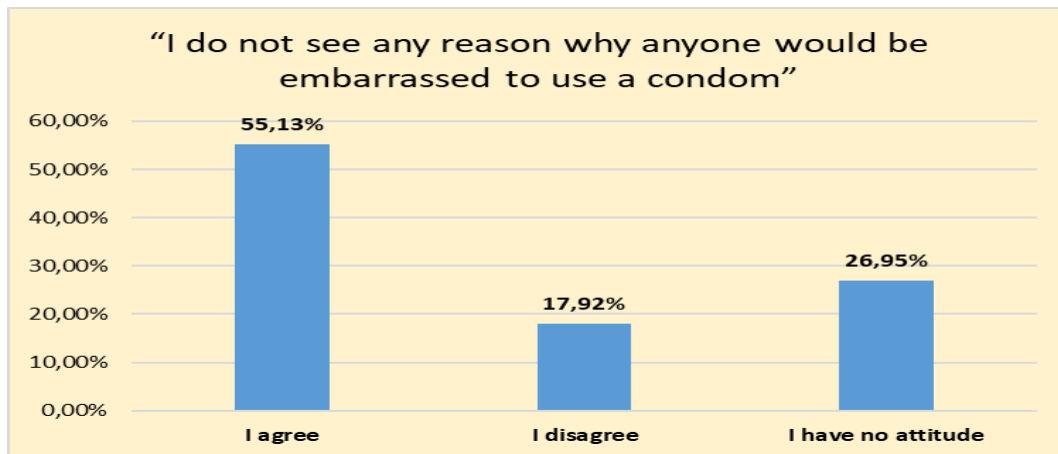
The information that the majority of young ones have nothing against the proposal of a partner to use condoms is in accordance with previous information about the high percent of young ones who really use them.

Graph 38. Distribution of answers on the statement: “The use of condoms reduces sexual pleasure.”



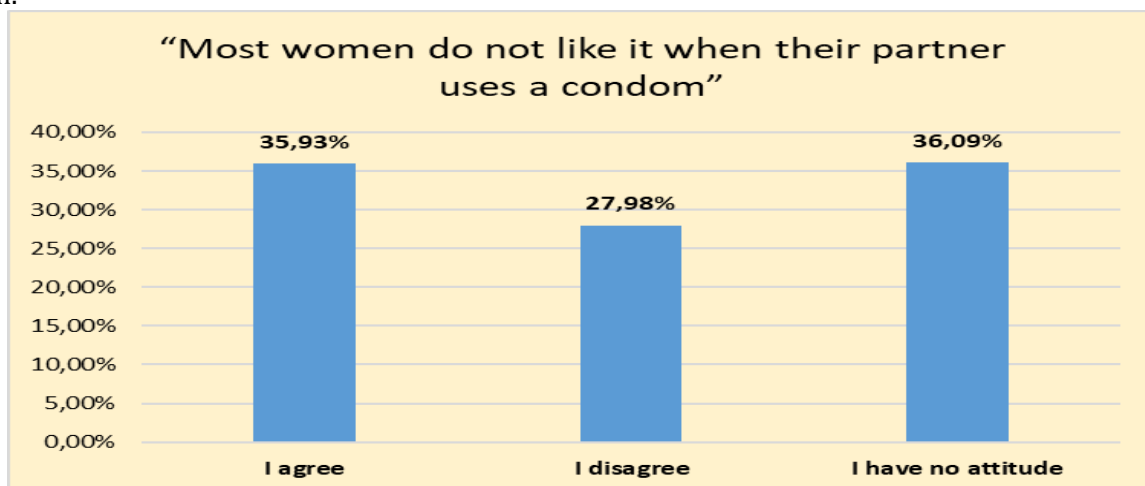
Relatively high percent of young ones think that the use of condoms reduces pleasure and this represents a risk that they could more easily decide not to use condoms. With the previously determined fact that other methods are not familiar to them/or that they do not use them, this can have the influence on a higher level of risky behavior of youth.

Graph 39. Distribution of answers on the statement: "I do not see any reason why anyone would be embarrassed to use a condom."



Obtained results show that larger number of young ones, 55.13% of them do not feel uncomfortable about using condoms. Comparing percent "of those who do not feel uncomfortable to use a condom" with percent "of those who use a condom", leads to a conclusion about the responsibility of young ones, because even if they are uncomfortable, still a large number of young ones is willing to use it.

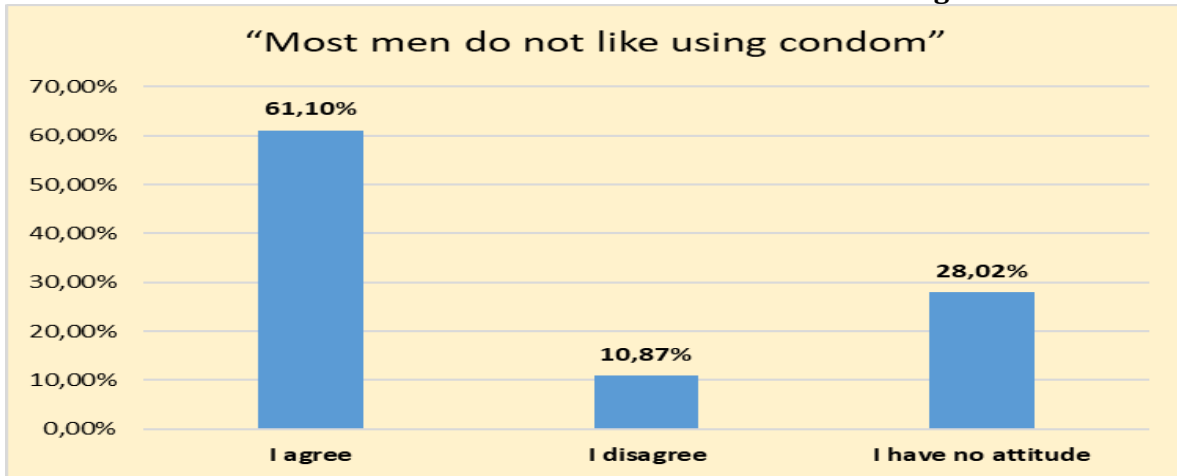
Graph 40. Distribution of answers on the statement: "Most women do not like it when their partner uses a condom."



In the highest percent respondents do not have the attitude about a statement that most women do not like it when their partner uses a condom. It can be assumed that this group mostly

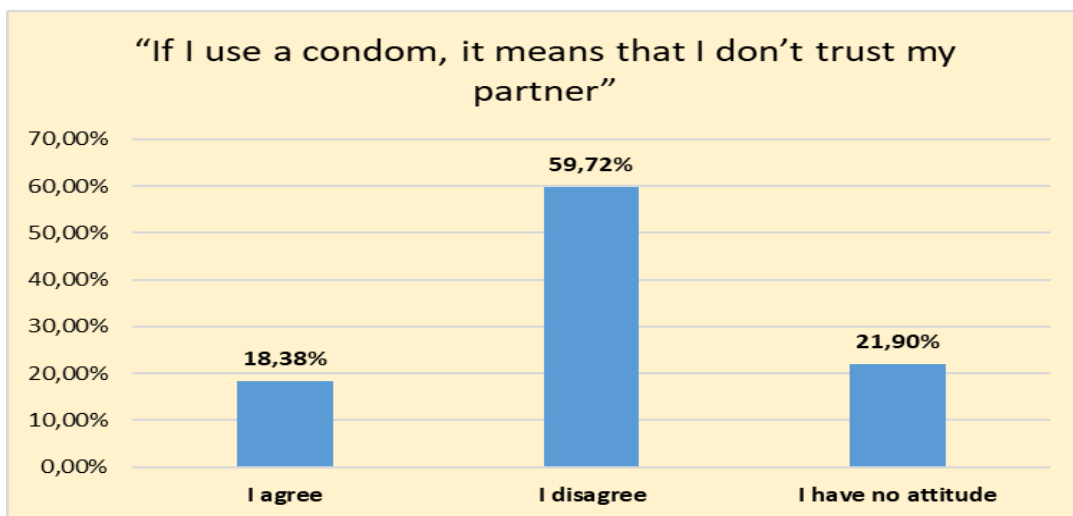
contains young ones who still aren't sexually active. The percent gained with the attitude of agreement with the mentioned statement is almost equal with the percent gained with the statement that condom reduces sexual pleasure. A few presumptions can be attached to the obtained result such as prejudice about the influence of a condom on sexual experience and experiencing the use of a condom as a factor which disturbs intimacy.

Graph 41. Distribution of answers on the statement: **“Most men do not like using condoms.”**



This high percentage of agreement with the statement that most men do not like using condoms can be interpreted by: inexperience, lack of knowledge and uncomfortable feeling of men while using this method of contraception; attitude that a condom reduces sexual pleasure, personal experience with the use of a condom as a factor which disturbs intimacy.

Graph 42. Distribution of answers on the statement: **“If I use a condom, it means that I don't trust my partner”**

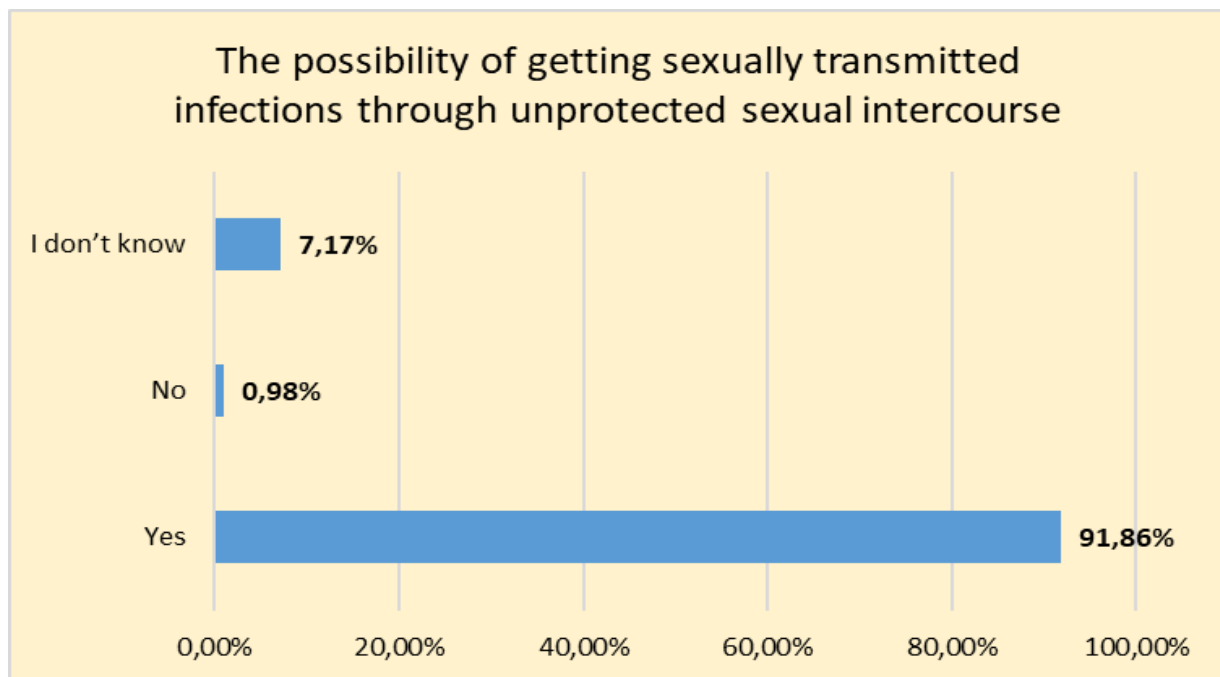


The highest percent of respondents disagrees with the statement that the use of condoms implies distrust toward a partner. Only a small number of respondents agree with this statement. Obtained results direct to a conclusion that there is an awareness of youth about the significance of using of condoms.

1.6 Knowledge about sexually transmitted infections

The following results show the level of knowledge of youth about sexually transmitted infections.

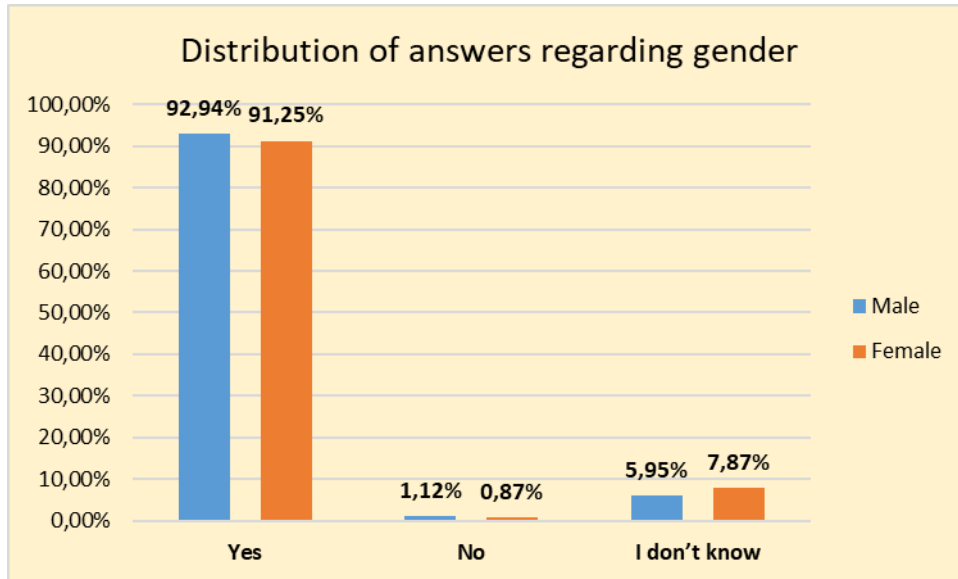
Graph 43. Distribution of answers on the question „Is it possible to get sexually transmitted infection through unprotected sexual intercourse? “



It can be concluded that almost all respondents (91.86%) have the awareness that it is possible to get sexually transmitted infections through unprotected sexual intercourse.

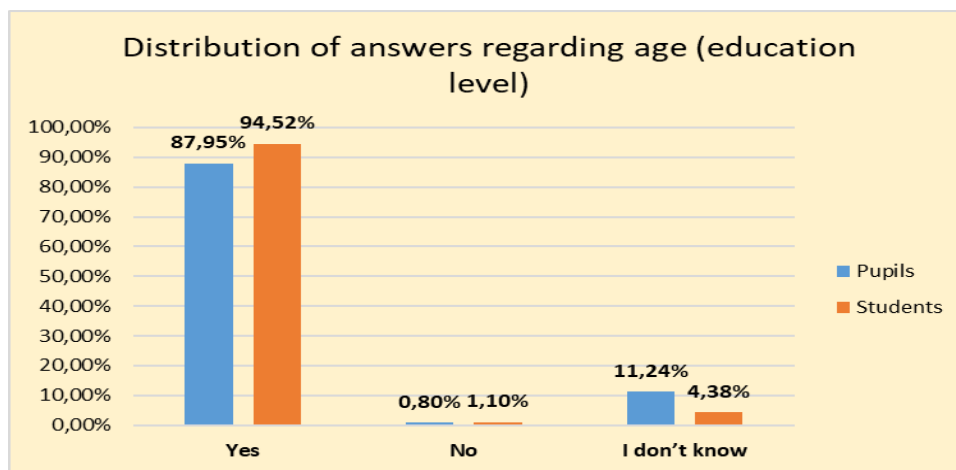
When this question is analyzed from the perspective of **gender, education level (age) and place of residence of respondents**, situation is as following:

Graph 44. Distribution of answers on the question „Is it possible to get sexually transmitted infection through unprotected sexual intercourse?“ regarding **gender**



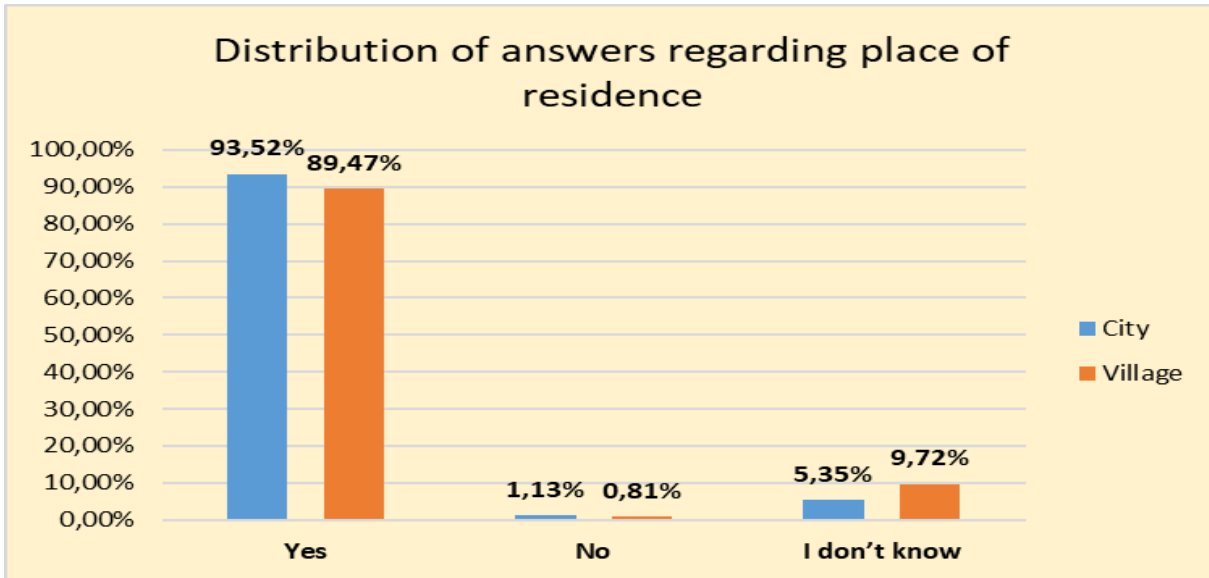
As it can be seen from Graph 44, there is no significant difference between boys and girls in perception of possibility of getting sexually transmitted infections through unprotected sexual intercourse.

Graph 45. Distribution of answers on the question „Is it possible to get sexually transmitted infection through unprotected sexual intercourse?“ regarding **age (education level)**



Lack of knowledge that there is a possibility of getting sexually transmitted infection through unprotected sexual intercourse is significantly more represented with high school pupils.

Graph 46. Distribution of answers on the question „ Is it possible to get sexually transmitted infection through unprotected sexual intercourse” regarding **place of residence**

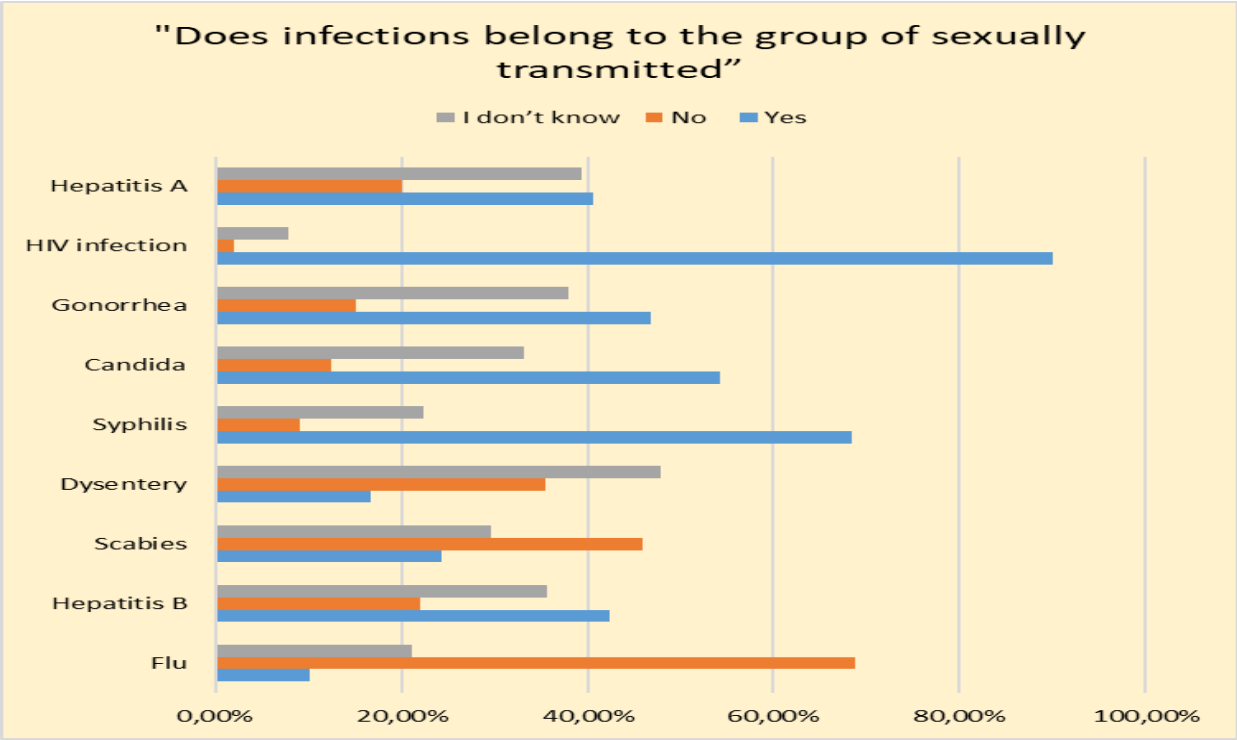


There is no significant difference between youth in the city and in the village in perception of a question about a possibility to get sexually transmitted infection through unprotected sexual intercourse.

Knowledge of respondents about sexually transmitted infections

Information about how much are respondents introduced with sexually transmitted infections were gathered by estimating how much do they know about which of 10 mentioned infections belong to the group of sexually transmitted infections. Respondents gave their attitude about each individual infection choosing one out of three options: “yes”, “no” and “I don't know”.

Graph 47. Distribution of answers on the statement “Does infections belong to the group of sexually transmitted?”



Results show that respondents in average give 59.3% of correct answers on ten questions about sexually transmitted infections. Reliability of summary scores of respondents was satisfactory high.

Knowledge about sexually transmitted infections is analyzed from the perspective of genders, education levels (age) and place of residence of respondents, and the result is as following:

- No statistically significant difference between boys and girls was detected regarding their knowledge about sexually transmitted infections
- Age is shown to be a significant predictor of knowledge in the sense that students have larger knowledge than pupils
- Statistically significant differences regarding place of residence were registered. Respondents who live in the city have higher rate of correct answers in relation to respondents who live in the village.

1.7 Knowledges about HIV

The following results show the level of knowledge of youth about HIV.

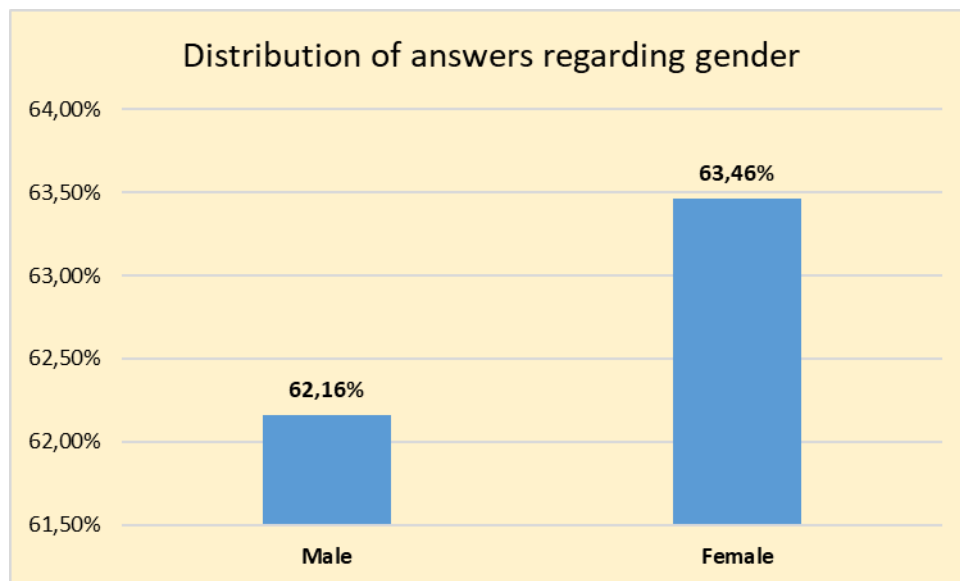
Table 11. Distribution of answers of respondents on the test of knowledge about HIV

Question	Yes	No	I don't know
Can a person get infected with the HIV virus through kissing someone who has HIV infection?	21,21%	57,88%	20,91%
Can the risk of HIV be reduced by having sex with only one uninfected partner?	39,36%	33,84%	26,80%
Can the risk of HIV infection be reduced by regular use of condoms	67,02%	12,88%	20,09%
Can a person become infected with HIV if he/she shares a meal with a person infected with HIV?	13,50%	62,58%	23,93%
Can HIV virus be transmitted by a pregnant women to fetus?	60,87%	6,52%	32,61%
Can HIV be transmitted by using used needles and/or syringes?	81,53%	3,97%	14,50%
Can HIV be transmitted by ordinary interpersonal contacts with a person infected with HIV?	7,80%	72,48%	19,72%
Can HIV be transmitted through dishes and cutlery, towels, etc.?	12,60%	62,36%	25,04%
Can a person who looks healthy have HIV infection?	68,55%	7,00%	24,44%

Results show that respondents in average give 62.9% of correct answers on nine questions about HIV. Reliability of summary scores of respondents was satisfactory high.

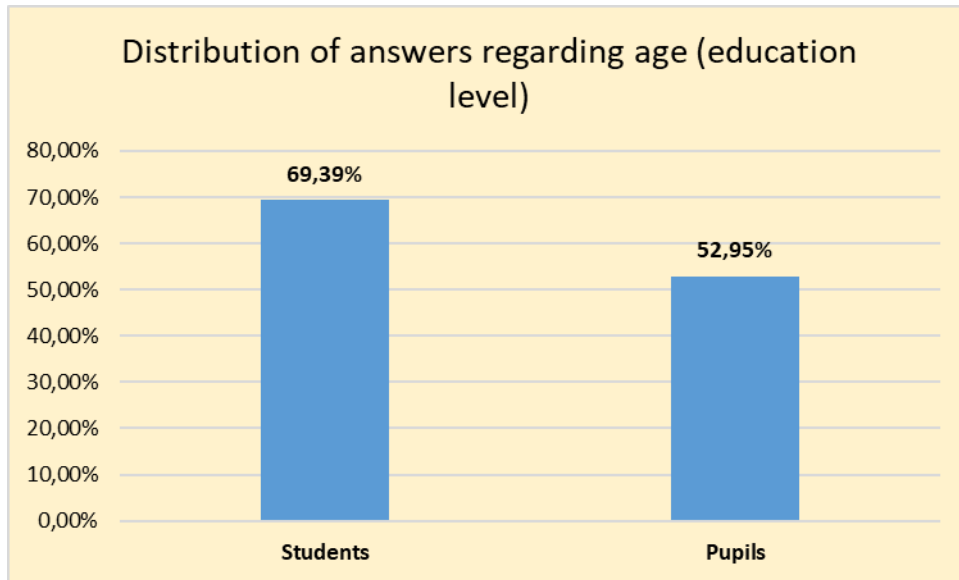
Knowledge about sexually transmitted infections analyzed from the perspective of genders, education levels (age) and place of residence, direct to the following:

Graph 48. Distribution of correct answers on the test of knowledge about HIV regarding gender



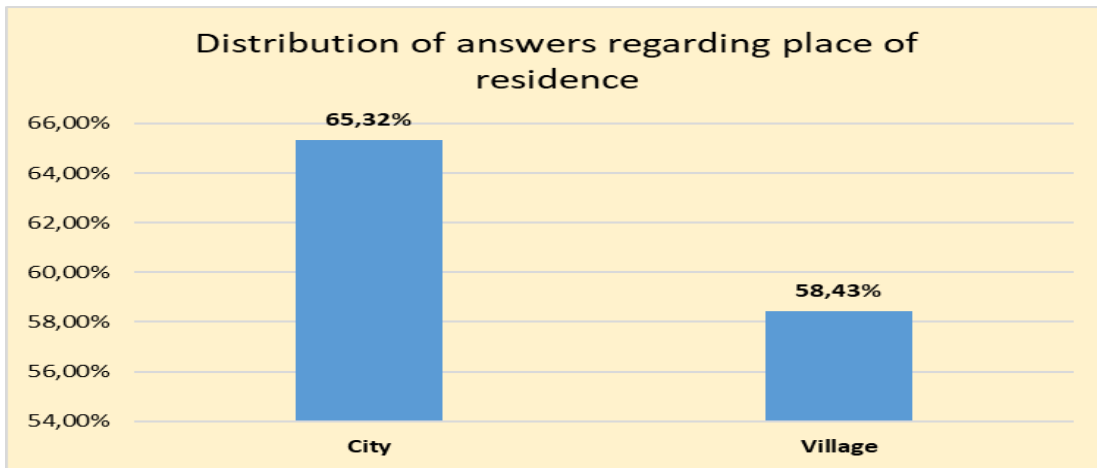
As it can be seen from Graph 48 no statistically significant differences were detected between boys and girls concerning their knowledge about HIV.

Graph 49. Distribution of correct answers on the test of knowledge about HIV regarding age (education level)



Age showed to be the significant predictor of knowledge about HIV, as it can be seen from Graph 49, meaning that students have larger knowledge than pupils.

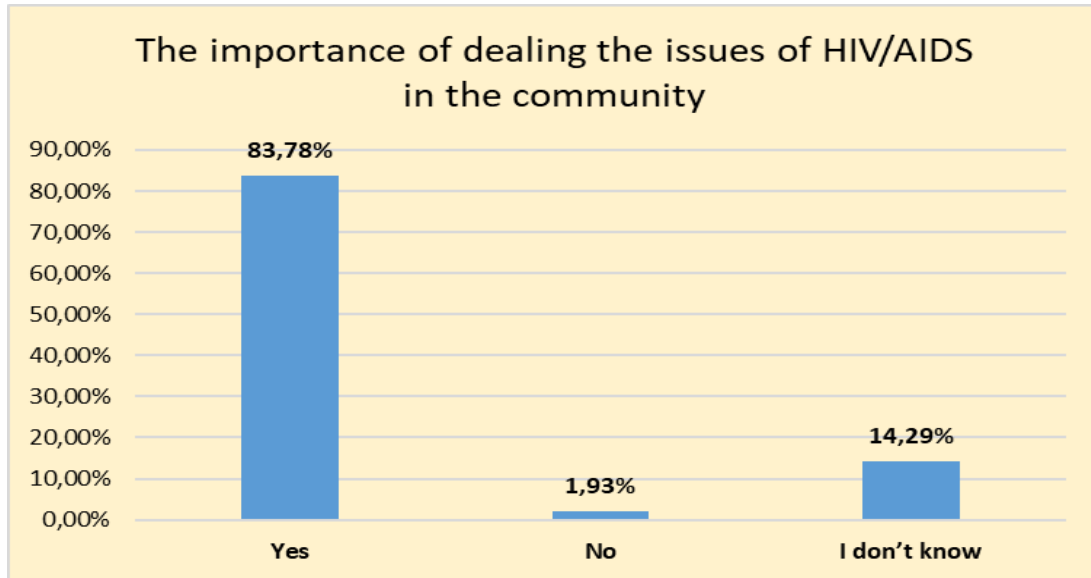
Graph 50. Distribution of correct answers on the test of knowledge about HIV regarding place of residence of respondents



When it comes to knowledge about sexually transmitted infections regarding place of residence of respondents, statistically significant differences were registered. Respondents who live in the city have the higher rate of correct answers than respondents who live in the village.

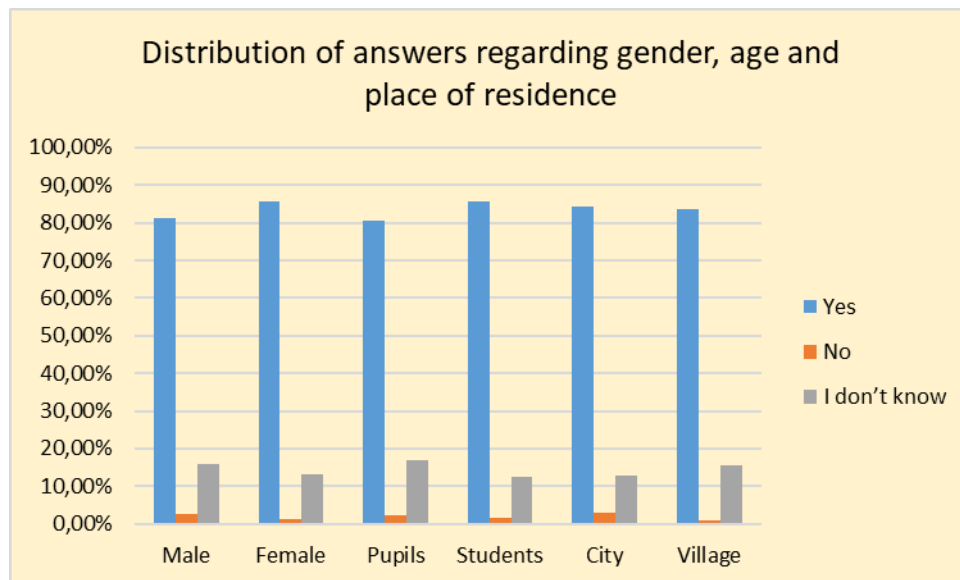
1.8 Other questions about sexually transmitted infections

Graph 51. Distribution of answers on the question „Do you think that it is important to deal with the issues of HIV/AIDS in the community you live in?“



A very high percent of young ones, 83.78% of them think that it is important to deal with the issues of HIV/AIDS in the community they live in.

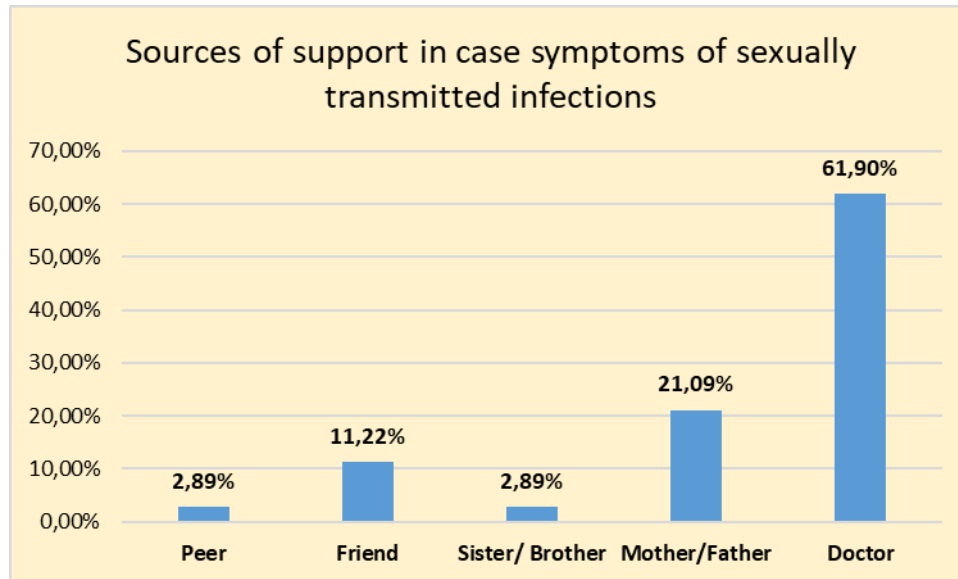
Graph 52. Distribution of answers on the question „Do you think that it is important to deal with the issues of HIV/AIDS in the community you live in?“ regarding gender, age and place of residence of respondents



Analyses of results according to all parameters (according to gender, education level /age and place of residence of respondents), show high degree of agreement of all respondents about the need of a community to deal with the issues of HIV/ AIDS.

The following is the review of results gained on the question: "In case any symptoms of sexually transmitted infections occur to you, whom would you first ask for advice and help?"

Graph 53. Distribution of answers on the question "In case any symptoms of sexually transmitted infections occur to you, whom would you first ask for advice and help?"



When it comes to health problems it can be concluded from the obtained results that medical experts represent the authority for young ones (61.9%). This can be interpreted by the perception of youth about the endangerment of own health and recognizing of real resources of help and support. In these cases peer support is not estimated as adequate, although it was highly ranked as the source of information about sexuality and reproductive health. On one side this can be interpreted by the estimation that peers do not possess needed knowledge and on the other by uneasiness because of the possible stigmatization.

Whom should they first refer for advice and help in case of the occurrence of any symptoms of sexually transmitted infections from the perspective of genders, education levels (age) and place of residence of respondents, direct to the following:

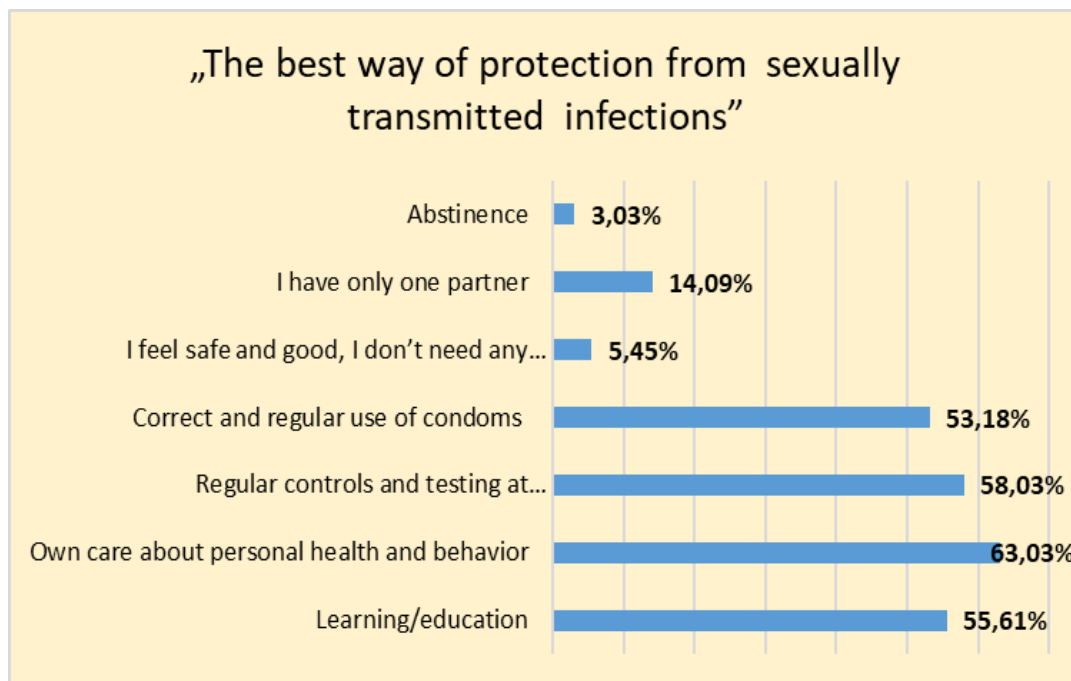
- Respondents of both genders, in case of any symptoms of sexually transmitted infections, are in the largest percent ready to refer to: the doctor, than father/mother, and finally a friend. Still, these sources significantly vary in percent assigned to by different genders. When it comes to the doctor, a significant difference between boys (73.85%) and girls (52.76%) can be seen. When it comes to father/mother, with boys this choice is inside the value of 11.54%, while with girls it is inside the value of 28.22%. When it comes to the choice of a friend, boys choose this source in a 8.08% of cases, while girls choose it in a

13.80% of cases. These information can be interpreted by differences in behavior between genders, where girls are more prone to asking for an advice and help of their close ones.

- Respondents of both genders, pupils and students, in case of any symptoms of sexually transmitted infections, confirm the same rank: doctor, father/mother and a friend. These sources also significantly vary in the percent which respondents assign to chosen options. Both ages are in the highest percent ready to refer to a doctor, but there is a significant difference between students (73.64%) and pupils (42.27%). When it comes to a choice of father/mother as support, pupils choose this option in a 37.27% of cases, and students in a 11.41% of cases. A difference this significant can be interpreted by still a strong interconnection of pupils with their parents, especially when they have health problems. For the third rank of source of support (friends) pupils choose this option in 11.36% of cases, while students choose it in 11.14. % of cases.
- According to the criteria of respondents belonging to the city-village, it is also confirmed that three main ranks are taken by the doctor (in the city 61.31%, and in the village 60.68%), father/mother (in the city 21.73%, and in the village 21.79%) and friends (in the city 10.72% and in the village 11.97%). There are no statistically significant differences between respondents from the city and from the village.

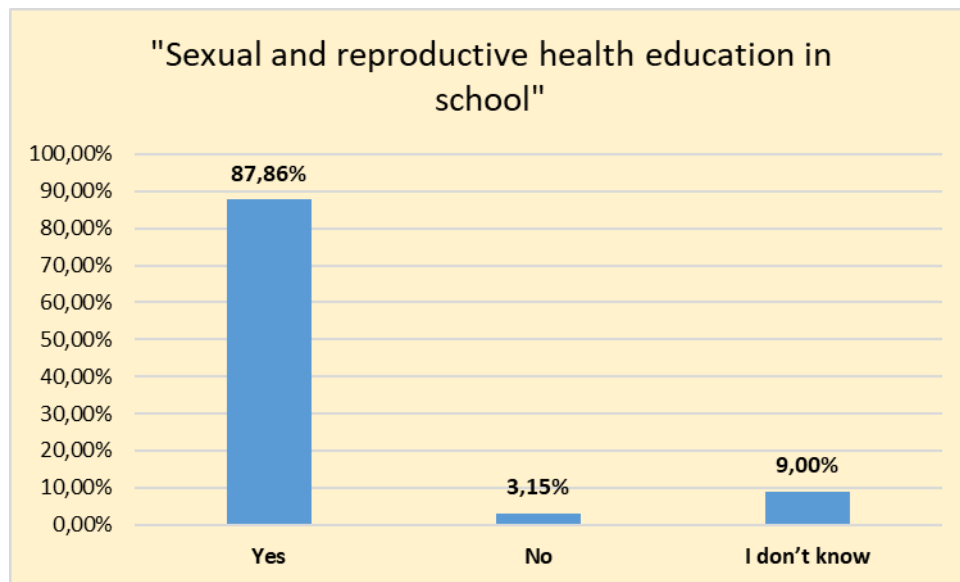
Distribution of answers **about the best ways of protection from sexually transmitted infections** is displayed on Graph 54.

Graph 54. Distribution of answers on the question „What is the best way of protection from sexually transmitted infections?“ (N = 660)



Out of the obtained results it can be concluded that young ones have the awareness about responsible sexual behavior through four choices highly ranked by the youth and those are related to: ones own care about sexual health and behavior (63.03%), regular controls and testing at gynecologist/urologist (58.03%), learning/education (55.61%), correct and regular use of condoms (53.18%). Choices listed by a negligible number of respondents are related to: subjective sense of safety (I feel safe and good, I don't need measures of protection), monogamous relationship (I have only one partner) and abstinence as a way of protection from sexually transmitted infections.

Graph 55. Distribution of answers on the question „ In your opinion do you think it would be good to have **sexual and reproductive health education in school?**“



There is a very high percent of agreement with the need of introducing subjects about sexual and reproductive health in school education (87.9) and this can be related to previously expressed recognition of learning as an important part of responsibility about personal health. Also, perception of youth about presently missing and unreliable sources of information and a strong sense of exposure to risks can be mentioned as one of the reasons, and out of this comes the expressed need for introduction of these contents into the educational curriculum.

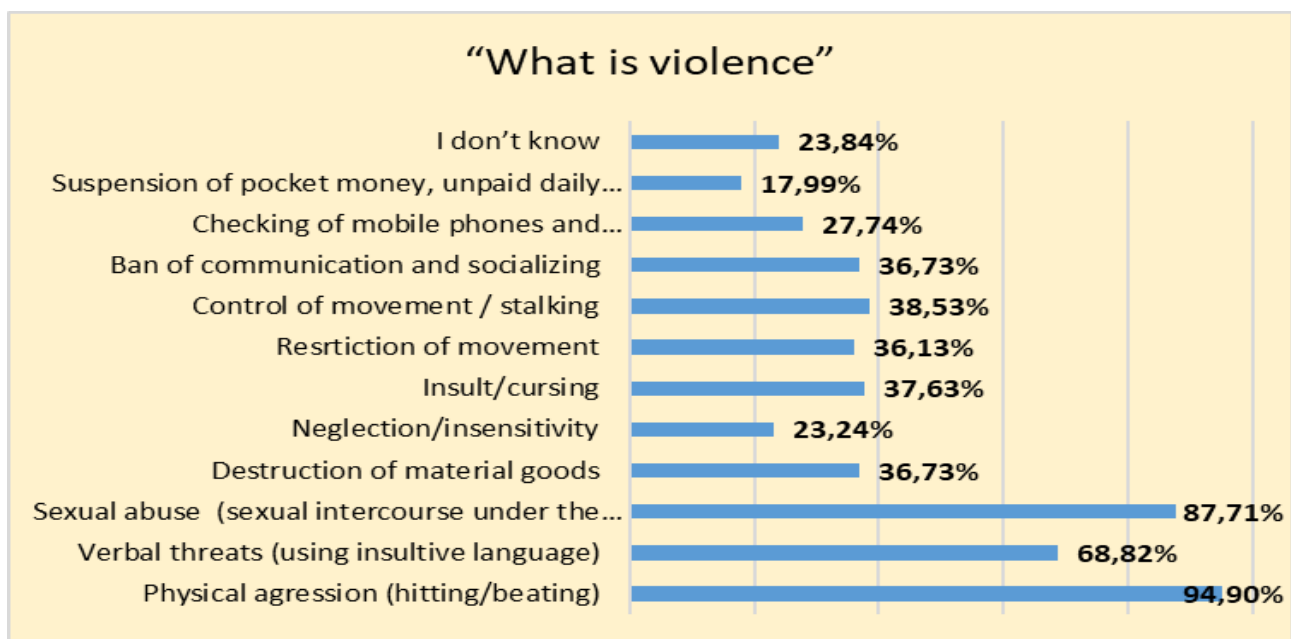
This particular finding is equally represented by both genders, respondents regarding the place of residence (village - city). Pupils support this idea somewhat less (in relation to students), which can be interpreted through the perception of their higher burden – new subject, learning, grades.

2. Violence

In conceptual determination and understanding of the concept of violence, respondents have possibility of a multiple choice. The highest number, 94.9%, of them identifies the concept of

violence with physical aggression, after, with sexual abuse (forced sexual relations) in total 87.7% of answers, meaning, with verbal threats 68.8%. (Graph 56.) Approximately the same percent of respondents identifies violence with control of movement, insults and cursing, prohibition of communication and socializing, as well as limiting of movement. Only the third of respondents recognizes the so-called control tactics as a form of violence and those are: (neglecting / insensitivity / insults, cursing / movement control / stalking / prohibition of communication and socializing / checking of mobile phones and communication on networks. What raises special attention is the fifth of respondents (23.8%) who don't know what violence is and who did not choose any answers.

Graph 56. Distribution of answers on the question „Based on your understanding what is violence?“ (N = 667)

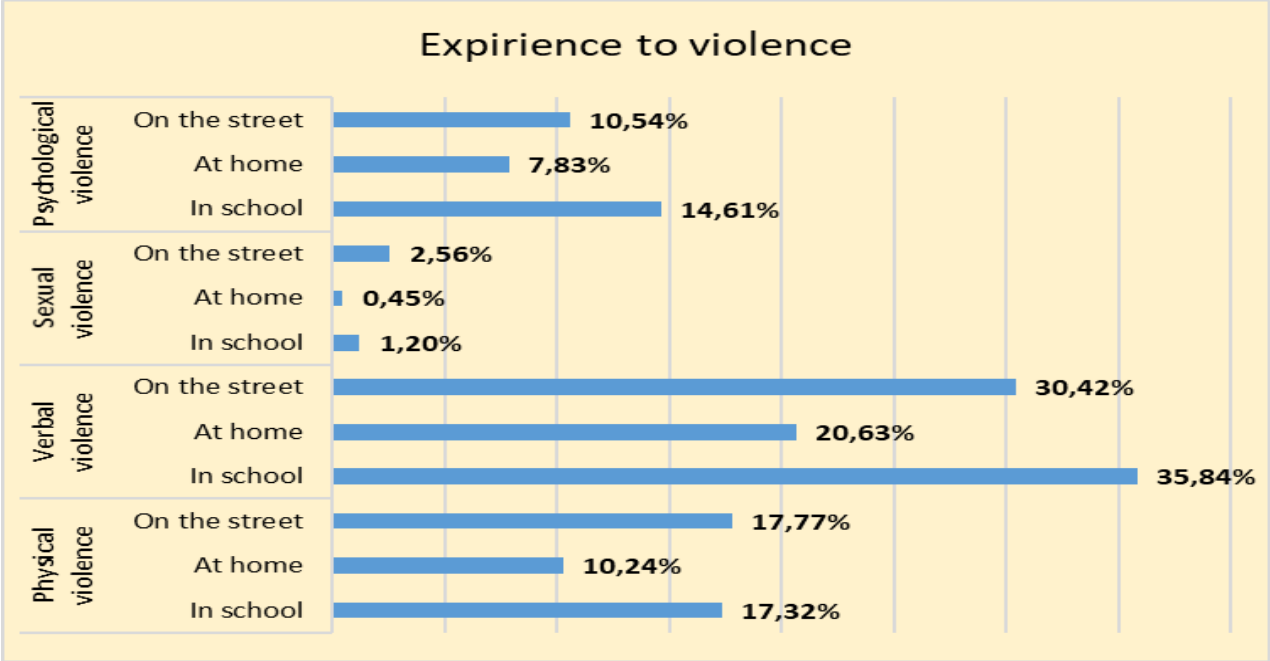


2.1 Experienced violence

Positive answers of almost the third of respondents about the experienced violence show the largest number of those who answered about experienced violence in school, or in a public place (street, and a significantly smaller number of them at home. This finding is related to all kinds of experienced violence (physical, verbal, sexual, psychological). The most present form of violence is verbal violence (dominant in school environment, than in a public place and at last in the family, at home). The next form is physical expressing of violence which is almost equally present in a public place, than in school and finally at home. Psychological violence is mostly represented in school environment, than in the street, in a public place. Respondents give the

smallest number of information concerning experienced violence about sexual violence, but they locate it into the school environment and in the street (Graph 57).

Graph 57. Distribution of answers on the question “Did you ever experience violence?”



Sociodemographic characteristics of respondents and experienced violence

Experienced violence (physical, verbal, sexual and psychological) regarding the place of occurrence of violence and gender of respondents

Table 12. Records about positive answers on the question about experienced violence regarding **place and gender**

Kind of violence	Place	Boys (N = 287)	Girls (N = 375)
Physical	In school	27,87%	9,33%
	At home	10,45%	10,13%
	In the street	32,75%	8,36%
Verbal	In school	37,98%	34,13%
	At home	21,95%	19,73%
	In the street	40,07%	22,67%
Sexual	In school	2,09%	0,53%

	At home	1,05%	0%
	In the street	3,83%	1,60%
Psychological	In school	14,98%	14,13%
	At home	7,32%	8,27%
	In the street	12,89%	8,80%

When it comes to experienced violence regarding gender of respondents, it can be concluded that *boys*, as victims, have the most experience with physical violence in the street (third of respondents), than in school (27.87%), they mostly experienced verbal violence in the street (40.07%), 11 witnessed about experienced sexual violence in the street, six of them have experienced sexual violence in school, three of them experienced violence at home, while psychological violence is mostly experienced in school (14,98%), and after in the street.

According to the structure of answers, *girls*, as victims, have somewhat less experience with suffered violence. Out of 375 girls who gave the answer on this question, 97 (27,82%) of them experienced some kind of physical violence (most often at home, than in school). 76,53% of them experienced verbal violence (most often in street or in school). 2 girls witnessed about sexual violence in school and 6 of them experienced sexual violence in the street. 31,20% of girls experienced psychological violence, and within this percent this form of violence is the most represented in school (*Table 12*).

There is a statistically significant difference concerning physical violence in school, significantly more experienced by boys, as well as in the street. A very significant information is the one that girls experience a significant percent of physical and psychological violence at home, in relation to other forms of violence.

Experience with verbal violence is the most present on the whole sample (in total 574 cases or 87%). The second most present is physical violence (301 cases or 45%), psychological violence (218 cases or 33%) and sexual violence (28 cases or 5%).

Experienced violence (physical, verbal, sexual and psychological) regarding place of occurrence of violence and age (education level) of respondents

Table 13. Records about positive answers on question about experienced violence regarding **place of occurrence of violence and age (education level)**

	Place	Pupils (N=269)	Students (N=395)
Physical	In school	18,22%	16,71%
	At home	11,15%	9,62%
	In the street	14,13%	20,25%
Verbal	In school	35,32%	36,20%
	At home	14,87%	24,56%
	In the street	30,11%	30,63%
Sexual	In school	1,49%	1,01%

	At home	0,37%	0,51%
	In the street	3,35%	2,03%
Psychological	In school	21,19%	10,13%
	At home	10,41%	6,08%
	In the street	13,75%	0,00%

Physical, verbal and psychological violence pupils most often experienced is schools, after in the street, while 9 of them witnesses about the experience with sexual violence in the street, 4 in school, and 1 at home (in total 14 respondents). The most present form of violence is verbal, after that psychological and finally physical violence.

Students most often experienced physical violence in the street, verbal and psychological in school, and sexual in the street and in school. The most present form of violence with this population is verbal (in total 361 respondents or 91%), after that physical (184 respondents or 46%), psychological (in total 97 respondents or 24%), and sexual violence (14 respondents, or, 3%).

Experienced violence (physical, verbal, sexual and psychological) regarding the place of occurrence of violence and place of residence of respondents

Table 14. Records about positive answers on question about experienced violence regarding **place of occurrence of violence and place of residence of respondents**

Kind of violence	Place	City	Village
Physical	In school	16,28%	18,46%
	At home	11,11%	8,85%
	In the street	17,05%	18,46%
Verbal	In school	36,43%	35,77%
	At home	20,67%	20,77%
	In the street	32,04%	28,46%
Sexual	In school	1,55%	0,77%
	At home	0,78%	0,00%
	In the street	2,84%	2,31%
Psychological	In school	14,21%	15,77%
	At home	8,27%	4,91%
	In the street	10,59%	6,98%

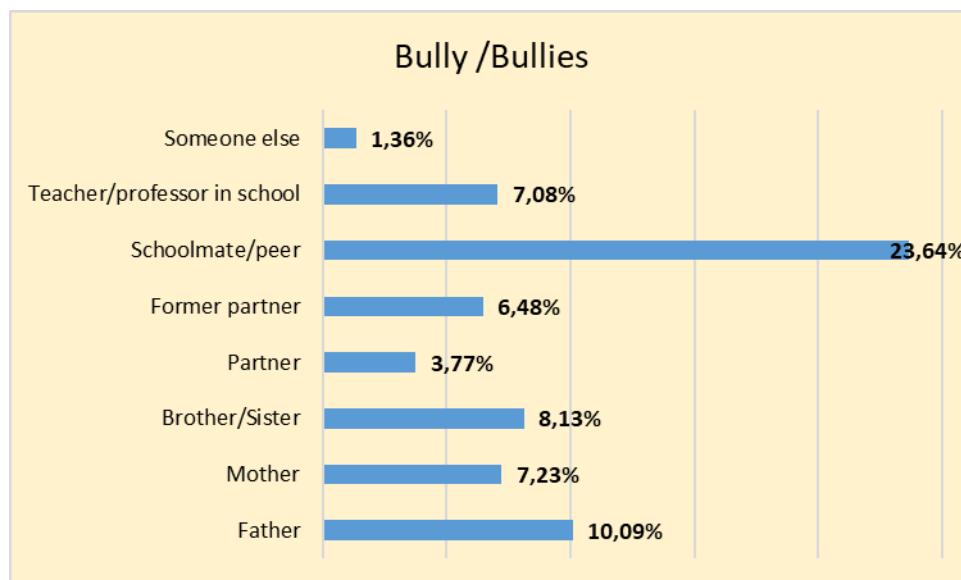
In the city area, respondents experienced all forms of violence mostly in school or in the street, although a larger percent of respondents who experienced violence at home can be seen, where special attention should be paid on cases of sexual violence in school (4), in the street (9) and at home (1 case).

When it comes to areas of city municipalities, the most present form of violence is verbal (89%), than physical (44%), psychological (33%) and sexual (2%). In village areas, the most present shape of violence is verbal (85%), than physical (46%), psychological (33%) and sexual (3%). So, there are no statistically significant differences on the level of sample in the case of this socio-demographic characteristic.

2.2 Bullies

In the structure of bullies those who are dominant are classmate/peer with 23.64%, than father with 10.09%, brother/sister with 8.13%, mother with 7.23%, teacher/professor with 7.08%, former partner with 6.48%, present partner with 3,77%, someone else with 1.36% (*Graph 58*). In the category of „Someone else“ respondents mention: street fights (3), unknown persons (2), policeman (1), buss driver (1), opposite team fans (1) and drug addicts (1). This kind of a structure follows the matrix of special forms of violence, meaning, it is the fact that respondents mostly experienced violence in school (peer as a bully), and verbal, physical and psychological violence. The ones that correspond with this distribution as bullies are father, brother/sister, mother in relation to verbal, physical or psychological violence at home, or teacher/peofessor in school. Gender dimension of violence is confirmed by the experience with former partner or present partner as a bully.

Graph 58. Distribution of answers on the question „Who did you experience violence from?“



This kind of a distribution in the structure of bullies is confirmed with boys and with girls. There is a statistically significant difference only with a schoolmate/peer, who much more often appears as a bully with boys than with girls. There is also an interesting finding where former partner appears as a bully in a higher percent with girls (in studies about gender based violence this finding is mostly related to psychological violence, or the so-called stalking, but in this case this finding should be confirmed by additional research).

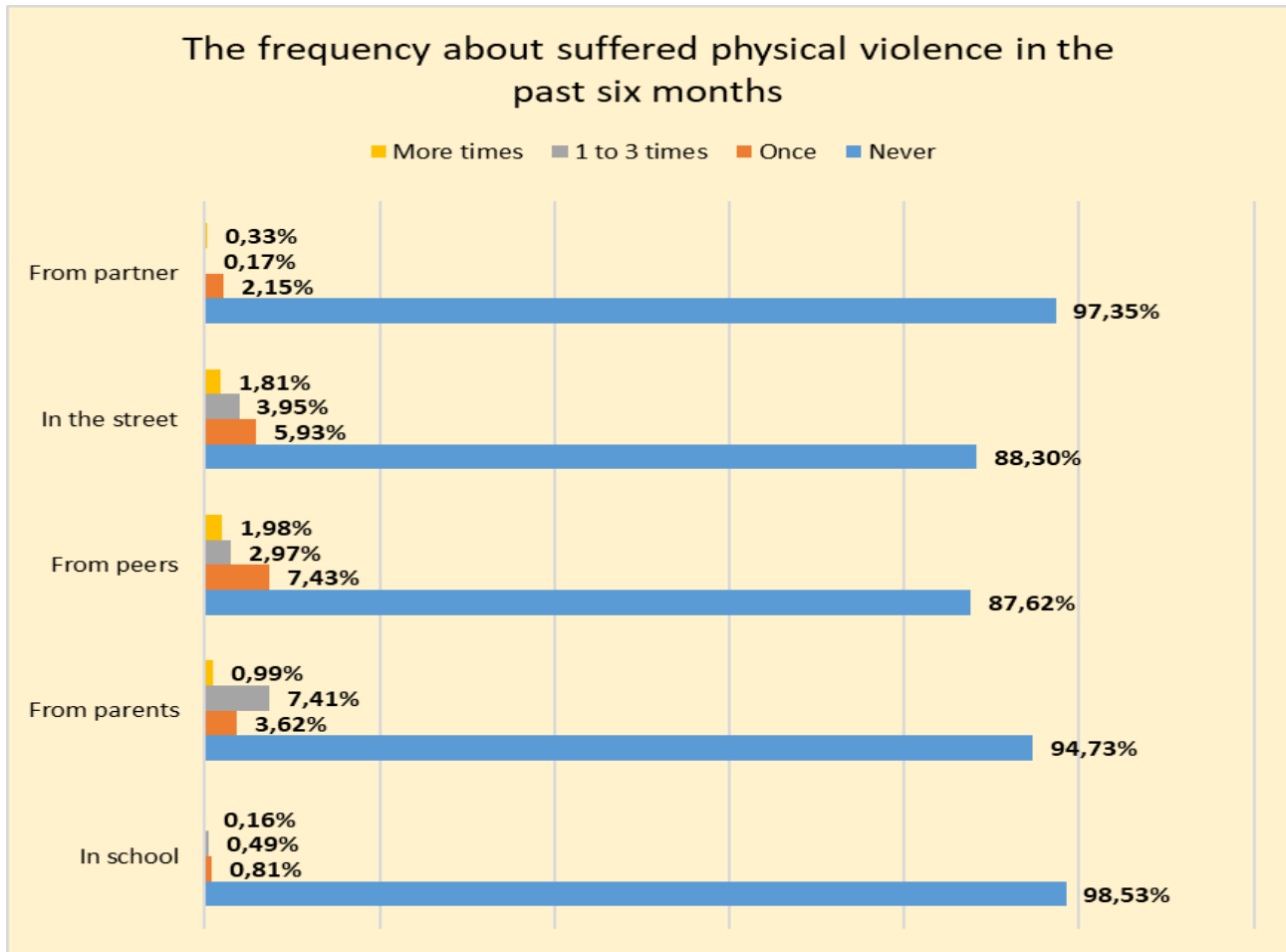
Meanwhile, with high school pupils, in the structure of bullies, after their peers the one who are dominant are teacher/professor, after that brother/sister, and finally father or mother, while with students the ones that are most present after peers are parents, than former partner, than brother/sister and in the end a professor. The existing structure of bullies with high school pupils shows dominant presence of peer/school violence and verbal, psychological and physical violence at home. Students are (were) exposed to violence in school/faculty, than at home, from their parents and/or close relatives (brother/sister). It can be presumed that in these cases verbal and psychological violence are most represented.

Almost identical structure of bullies can be seen regarding place of residence of respondents. There are no statistically significant differences in this structure between respondents from the city or village area.

2.3 Frequency of suffered violence

Findings about the frequency of suffered violence in the past 6 months indicate the highest frequency of violence of peers (once or more times), after that violence in the street and finally violence from parents (*Graph 59*). This also shows the average rank of suffered violence in the past 6 months in relation to socio-demographic characteristics of respondents. However, when it comes to the comparison of the sample of boys and girls or the average rank, *Mann-Whitney U* test shows differences concerning suffered physical violence from peers and in the street (boys suffered this form of violence twice more often than girls). With other forms of violence, but also with other socio-demographic characteristics there are no statistically significant differences.

Graph 59. How often have you suffered physical violence in last 6 months?

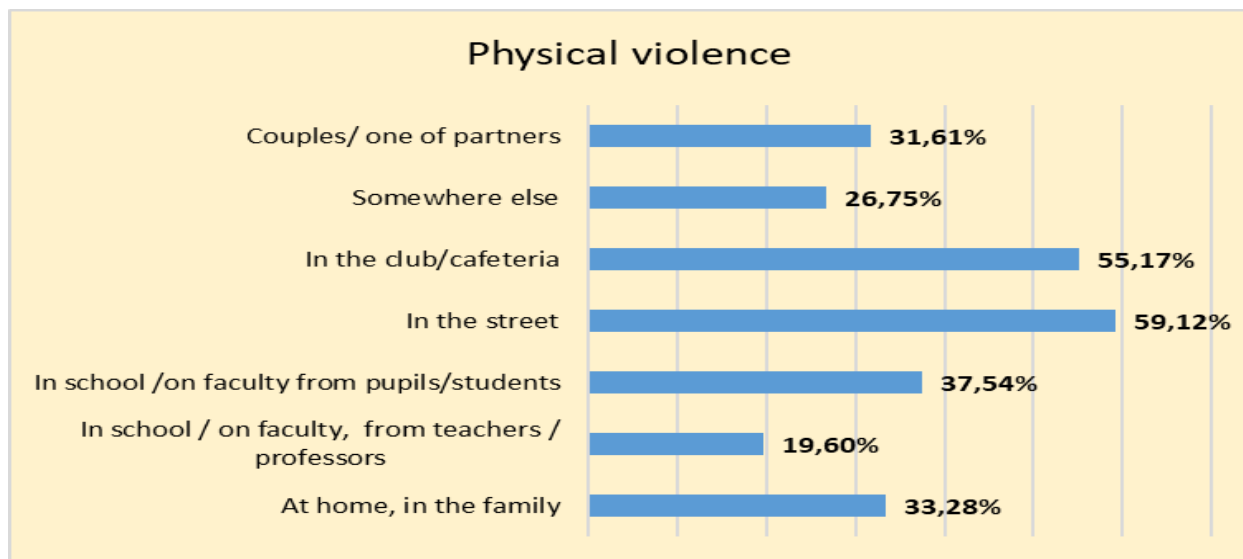


2.4 Indirect abuse experiences

Physical violence

Indirect information about experiences of others with some form of violence is extremely significant when it comes to exposing of its so-called “dark number”. In this case, more than half of respondents have information about the cases of physical violence (mostly in the street, in the club/cafeteria, in school/faculty or at home). Almost third of respondents has indirect information about partner violence (*Graph 60*). If this finding is added to reported personal experiences of respondents with violence, we get a much more realistic image of prevalence of violence in researched communities.

Graph 60. Distribution of answers on the question „Do you know someone who has been physically abused?“ (N = 658)

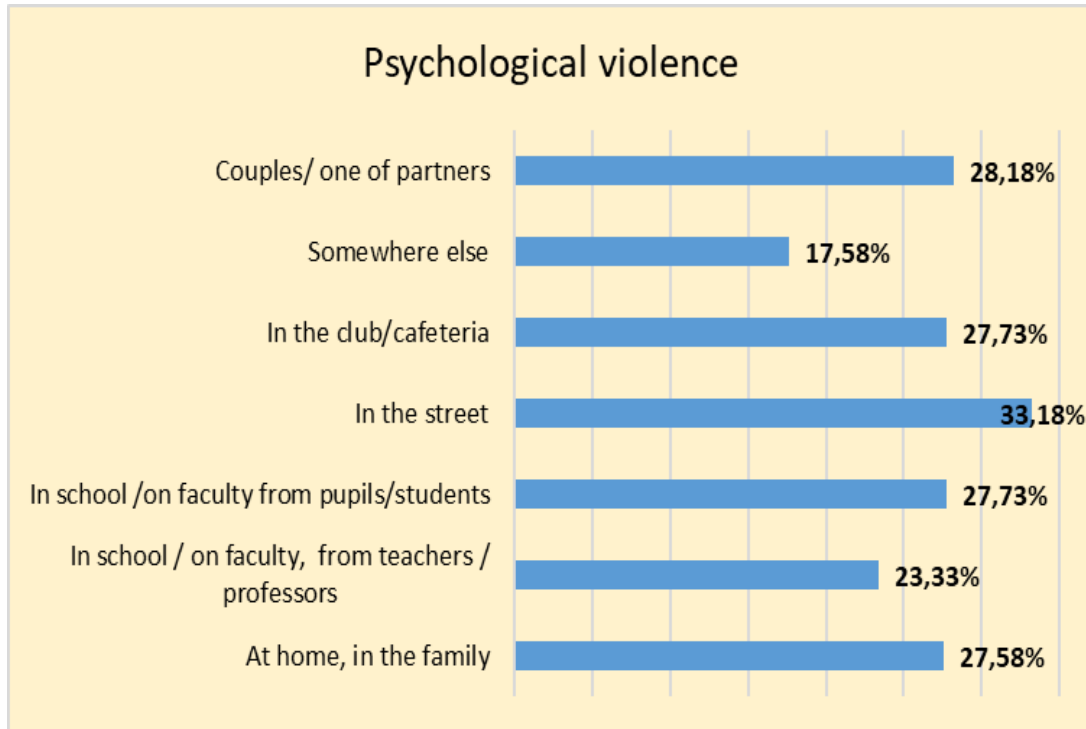


Indirect information/findings about cases of physical violence on the level of the whole sample also correspond with basic socio-demographic characteristics of respondents (*Tables no. 3, no. 4 and no. 5*). Boys most often report information about physical violence suffered by someone else in a public place (street, club, cafeteria), after in school and at home and girls, beside these information, in the highest percent have indirect information about partner violence suffered by their friends/colleagues and such. There are no statistically significant differences regarding gender.

High school pupils mostly report cases of physical violence suffered by others in the street, in the club or in school from pupils/peers. Students have indirect information about physical violence in the street, in the club and finally at home. They also have more indirect information about partner violence. Regarding the mentioned forms of violence, statistically significant differences were spotted in the frame of the age category of respondents as a socio-demographic characteristic. On the level of place of residence (city/village), no findings were spotted which would show statistically significant difference in answers of respondents.

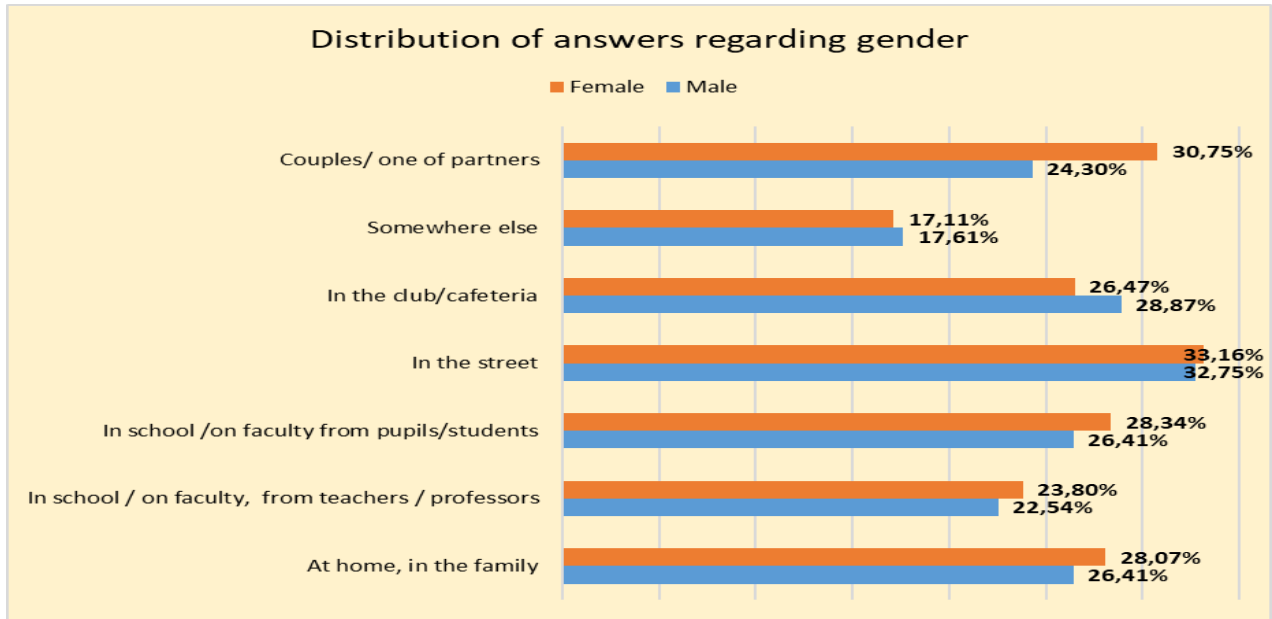
Psychological violence

Graph 61. Distribution of answers on the question „Do you know someone who has been psychologically abused?” (N = 660)

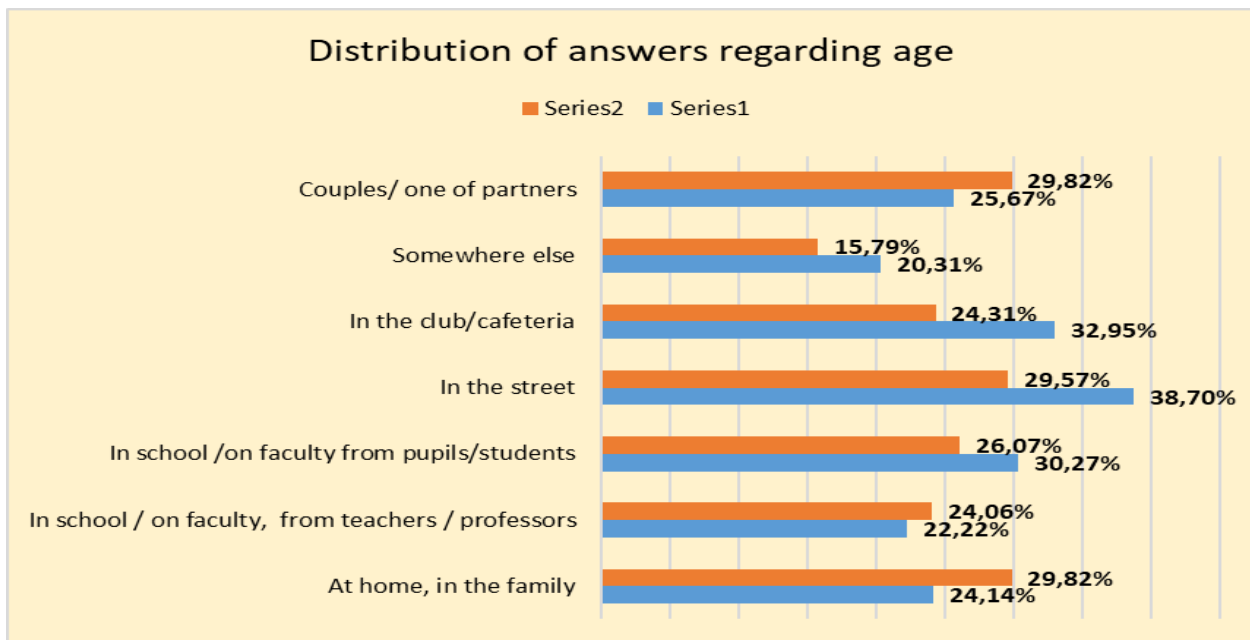


Indirect information about the cases of psychological abuse, beside information which correspond findings about physical abuse, provide additional information about the fact that this form of violence is more represented in partner relationships (28.2%) more than in schools, clubs or at home (*Graph 61*). Mostly girls (30.7%) report about this, from population of students (29.8%), with a place of residence in the city area (29.8%), which can be seen in Graphs 67, 68 and 69 where the results are shown concerning distribution of answers on the question „ Do you know someone who has been psychologically abused?” regarding gender, age (education level) and place of residence:

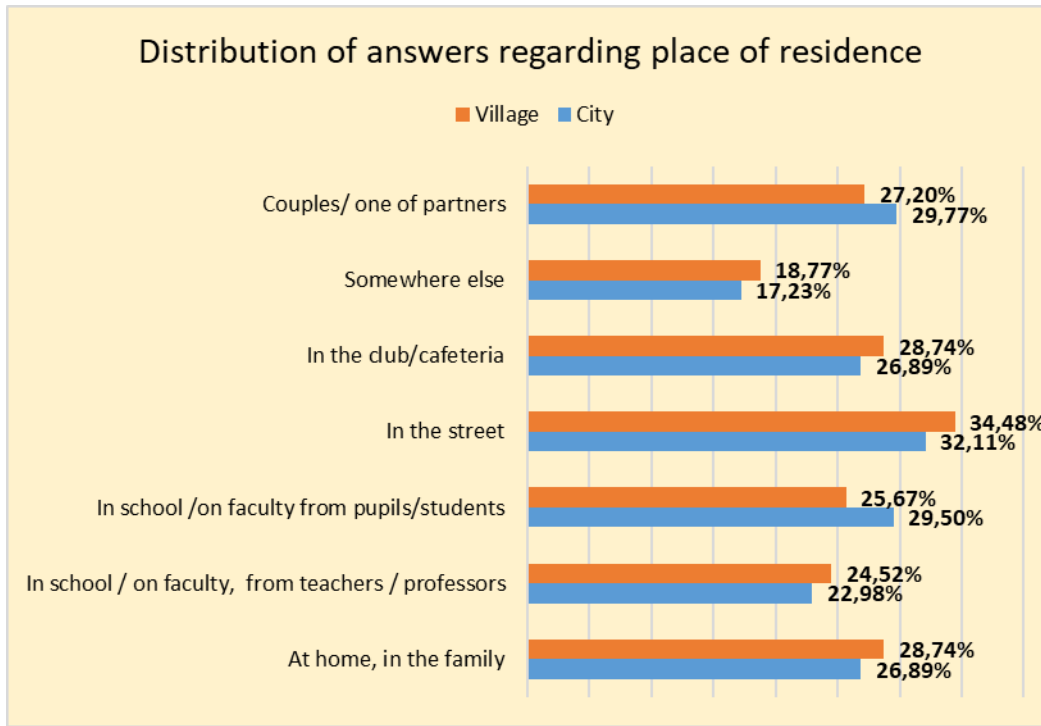
Graph 62. Distribution of answers on the question „Do you know someone who has been psychologically abused?” regarding **gender** of respondents



Graph 63. Distribution of answers on the question „ Do you know someone who has been psychologically abused?” regarding **age (education level)** of respondents



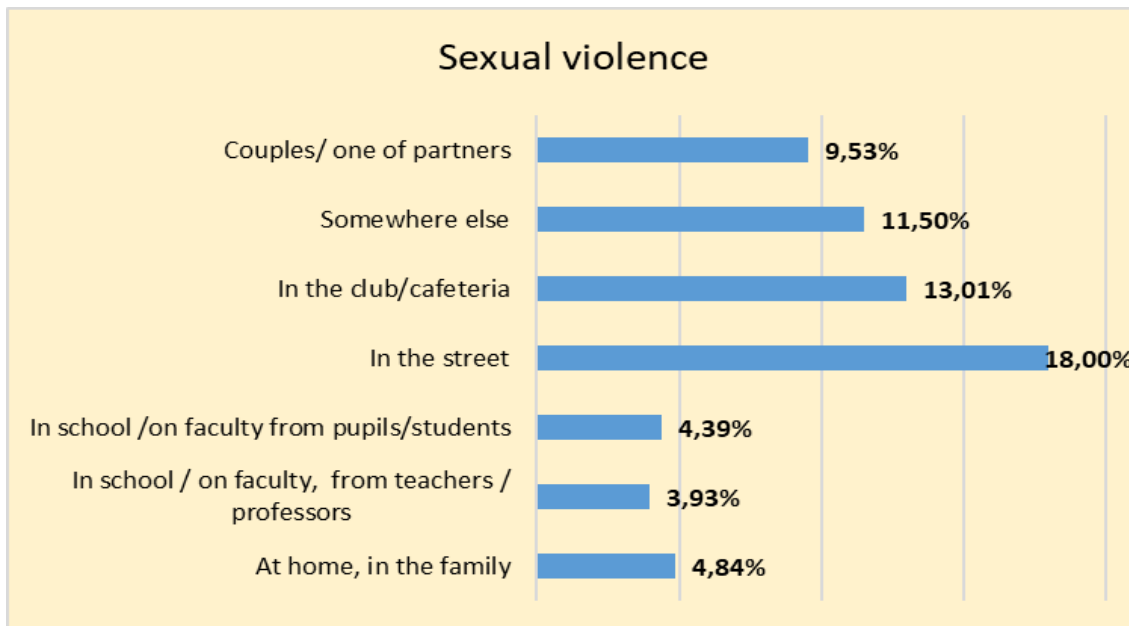
Graph 64. Distribution of answers on the question „ Do you know someone who has been psychologically abused?“ regarding **place of residence** of respondents



Sexual violence

Because of the particularity of this form of violence, special attention should be dedicated to indirect informations of respondents about experiences of others. On the level of sample (661), beside information about sexual violence which correspond with other forms of violence, findings about the cases of sexual violence in partner relationships (9.5%) are especially significant, or, *somewhere else* (11.5%) (Graph 65), where special attention should be dedicated to the headword *somewhere else* in conducting of other researches with a similar goal and/or subject directions.

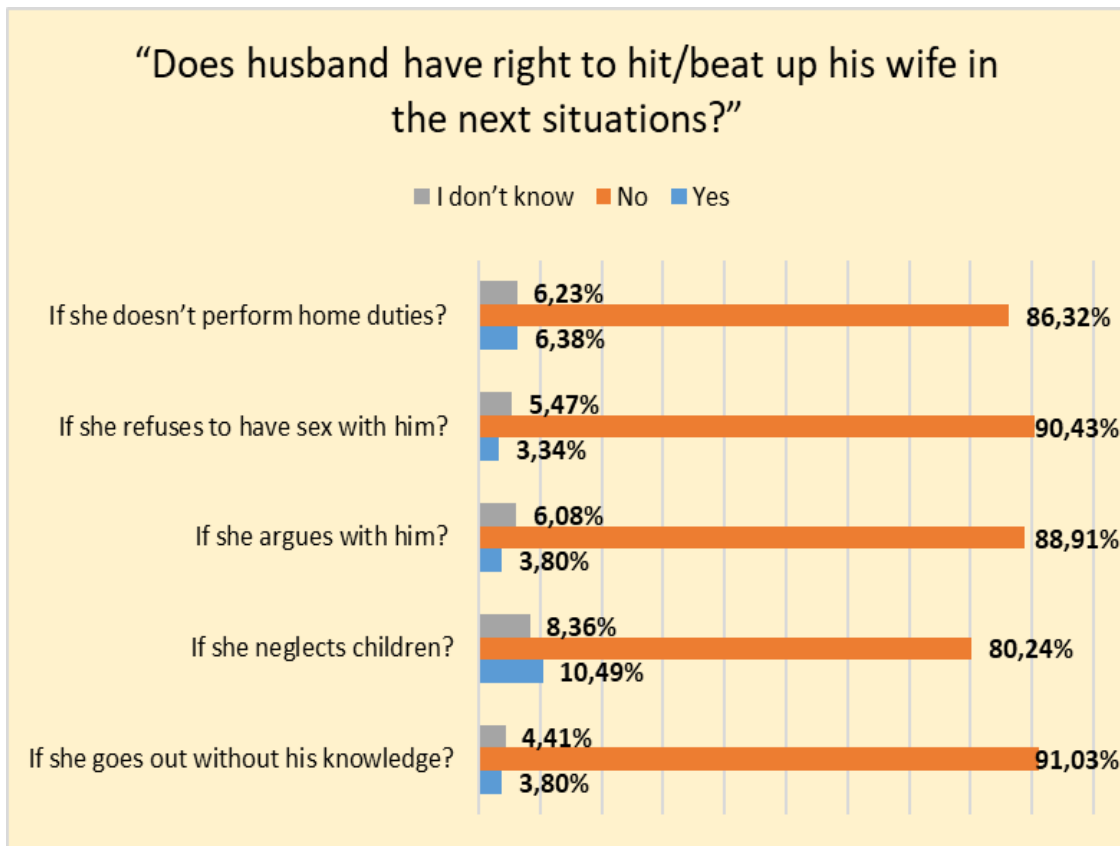
Graph 65. Distribution of answers on the question „Do you know someone who has been psychologically abused?” (N = 661)



2.5 Attitudes about violence against women

In the sample which answered the question *Does husband have right to hit/beat up his wife?* (Graph 66) in certain circumstances, the highest number of respondents (between 80 and 91%) gave negative answers. However, a certain percent of respondents gave positive answers, especially in case *a woman neglects children* (9.2%) or *if she doesn't perform home duties* (6.5%). At the same time, a special attention is drawn to a certain considerable *number of neutral answers* (*I don't know*).

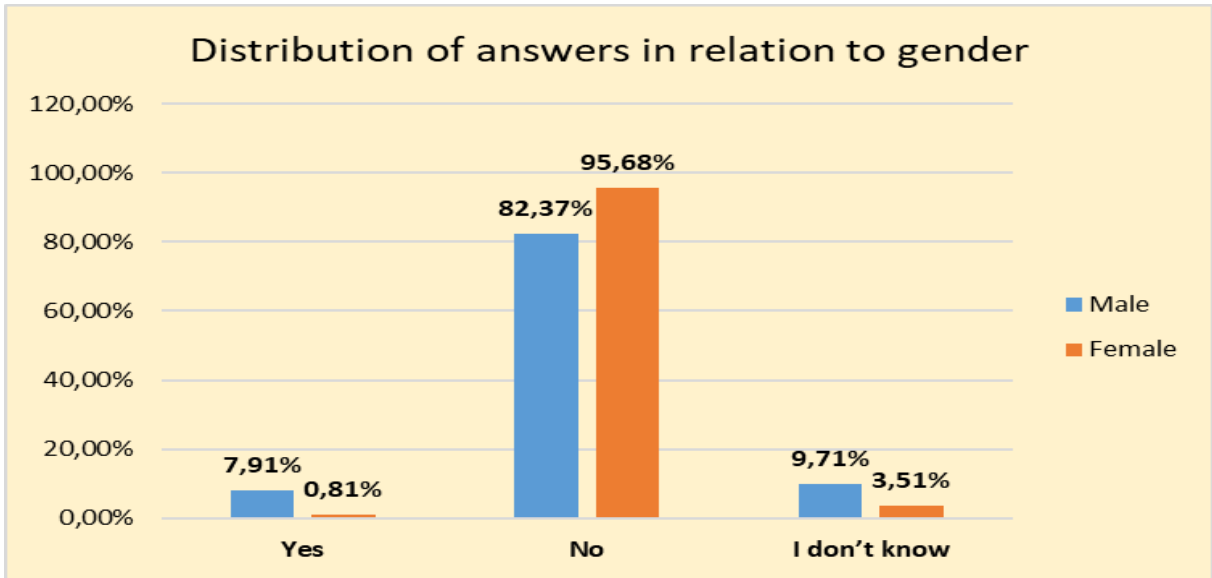
Graph 66. Distribution of answers on the question “Does husband have right to hit/beat up his wife?” (N=658)



Violence in matrimonial relations regarding gender, age (education level) and place of residence

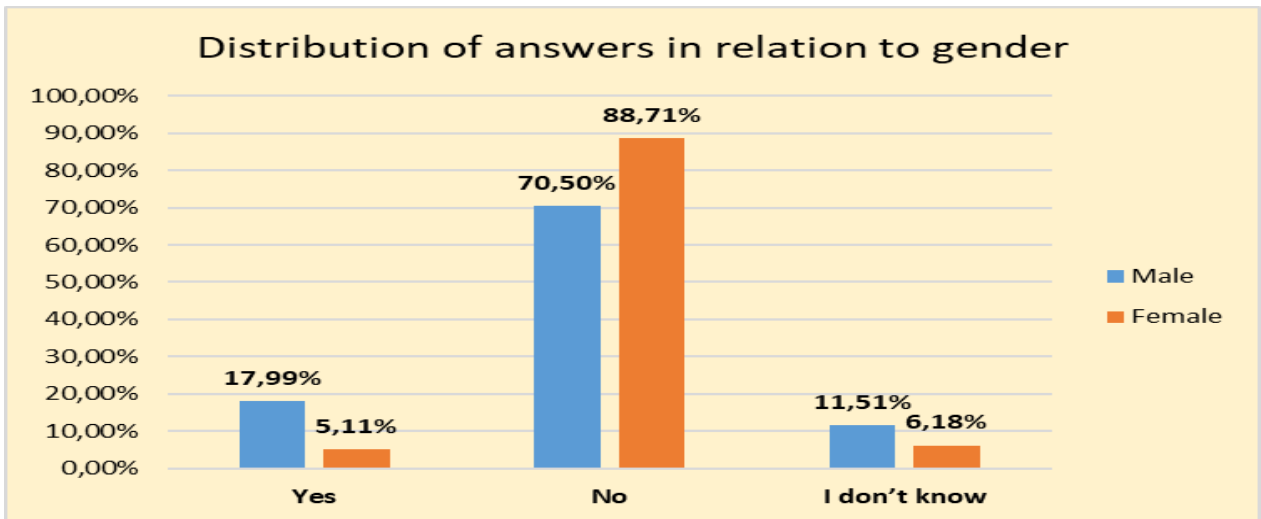
Violence in matrimonial relations regarding gender

Graph 67. Distribution of answers on the question “Does husband have the right to hit/beat his wife if she goes out without his knowledge?” regarding gender



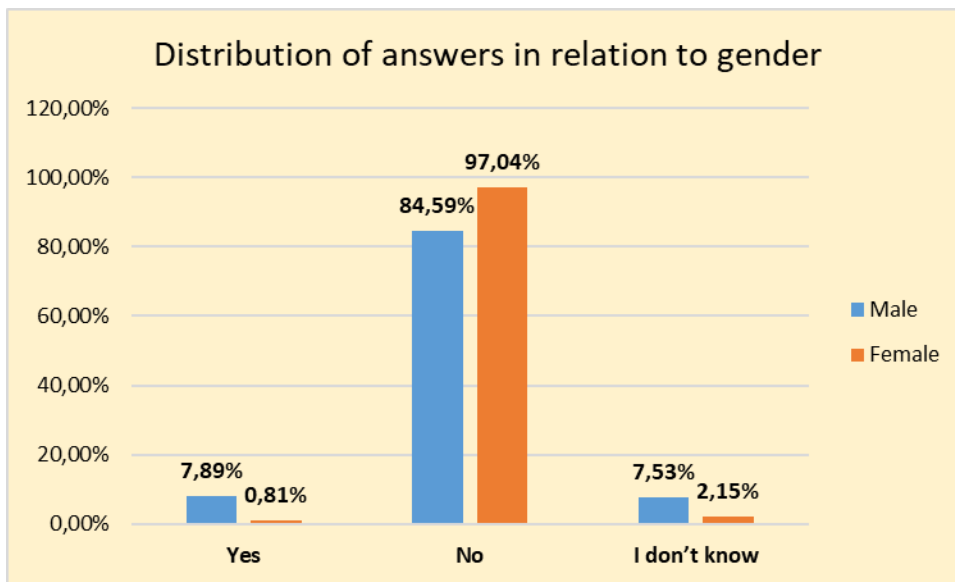
Although the highest number of respondents think that husband does not have the right to hit/beat his wife if she goes out without his knowledge, a part of boys (7,91%) think that there is this right, and approximately the same number is not sure/does not know (*Graph 67*). There is a statistically significant difference in a relation between positive (7,91%) and negative answers/attitudes (82,37%), but also an insignificant difference between positive and neutral answers (*I don't know*).

Graph 68. Distribution of answers on the question “Does husband have the right to hit/beat his wife if she neglects children?” regarding gender



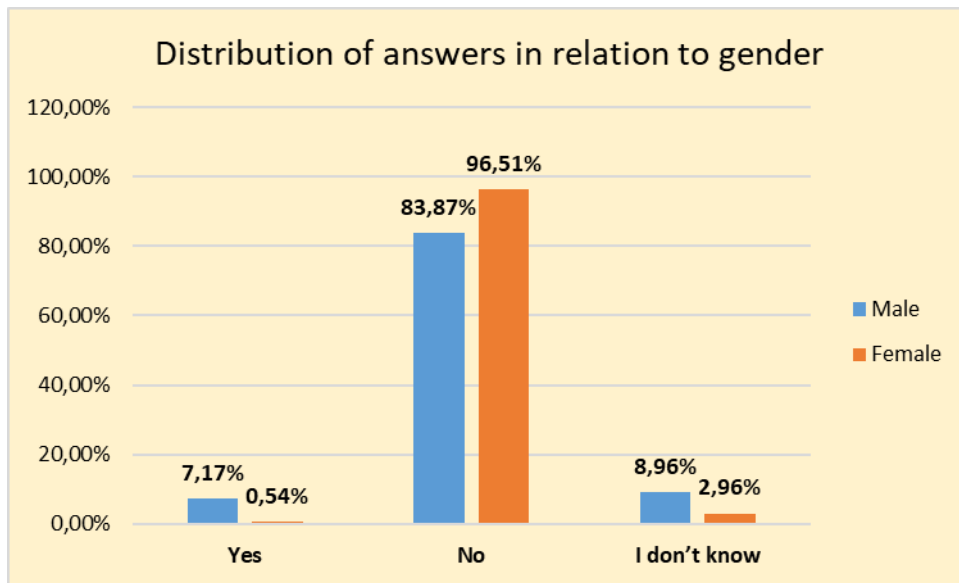
Twice larger number of boys (17,99%) and six times larger number of girls (6,18%) in relation to the previous situation, think that a husband has the right to beat his wife if she neglects children (*Graph 68*). This finding confirms a strong influence of gender socialization on respondents of both genders, in whose frames there is an attitude that exclusively women are responsible for care and upbringing of children. There is also a significant difference between positive and negative answers.

Graph 69. Distribution of answers on the question “Does husband have the right to hit/beat his wife if she argues with him?” regarding gender



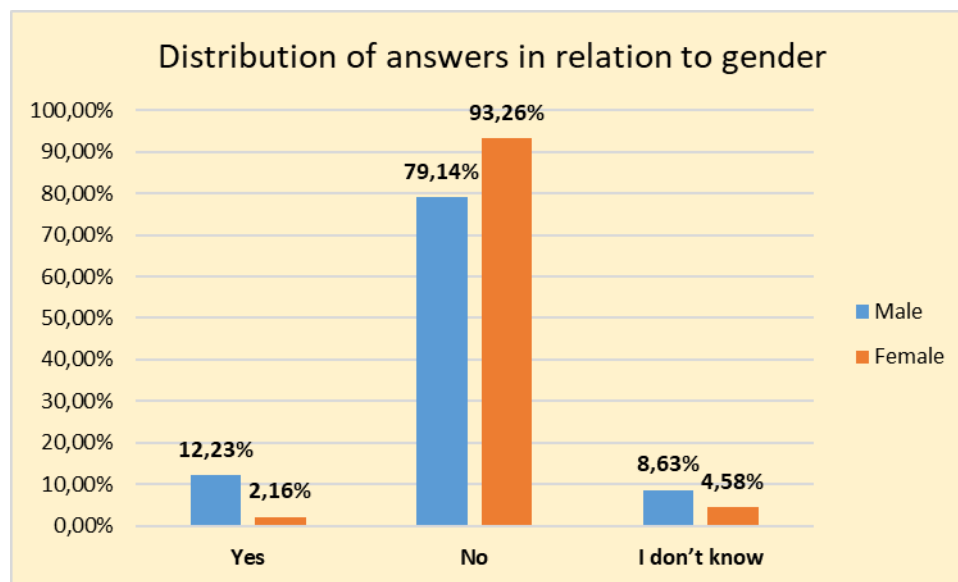
A certain number of male respondents is also not tolerant when it comes to arguments (7,89%, thinks that a husband has the right to beat his wife and 7,53% of them does not know the answer). Females are more tolerant (only 0,81% of them gave a positive answer). There is also a statistically significant difference between positive and negative answers.

Graph 70. Distribution of answers on a question „Does husband have the right to hit/beat his wife if she refuses sex with him” regarding gender



There is an almost identical distribution of answers when it comes to refusing sex. There is also a statistically significant difference between positive and negative answers and between boys and girls.

Graph 71. Distribution of answers on the question „Does husband have the right to hit/beat his wife if she doesn't perform home duties” regarding gender

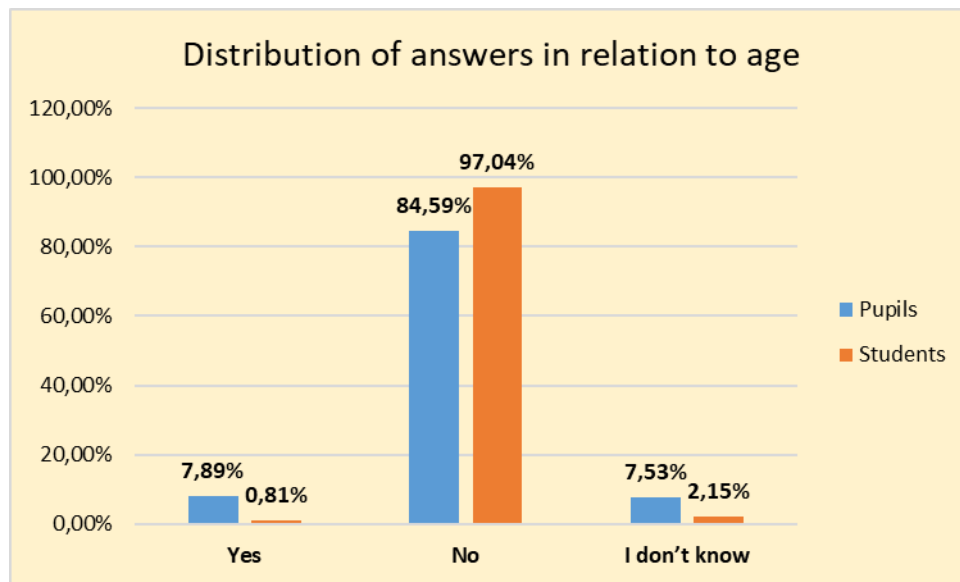


There is also a similar attitude of respondents when it comes to performing home duties (Graph 71). There is a statistically significant difference between positive (12,23%) and negative answers (79,14%) and between boys and girls.

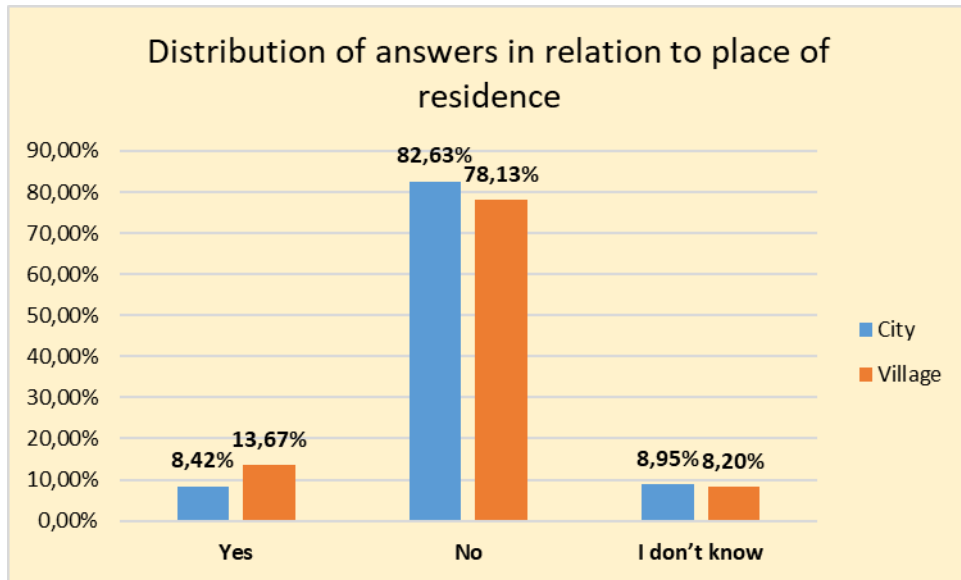
Violence in matrimonial relations regarding age (education level) and place of residence

When it comes to other socio-demographic characteristics (age, school or faculty, place of residence), distribution of answers follows the matrix of gender differentiated attitudes. This means that only on statements that “a husband has the right to beat his wife if she neglects children” (Graphs 72 and 73) and “a husband has the right to beat his wife if she does not perform home duties” (Graphs 74 and 75), more positive attitudes were expressed, meaning, agreement with these statements. On other statements, answers are distributed in the frames of negligible values (as it was the case with distribution regarding gender). However, on all statements, the percent of neutral answers should be taken in consideration.

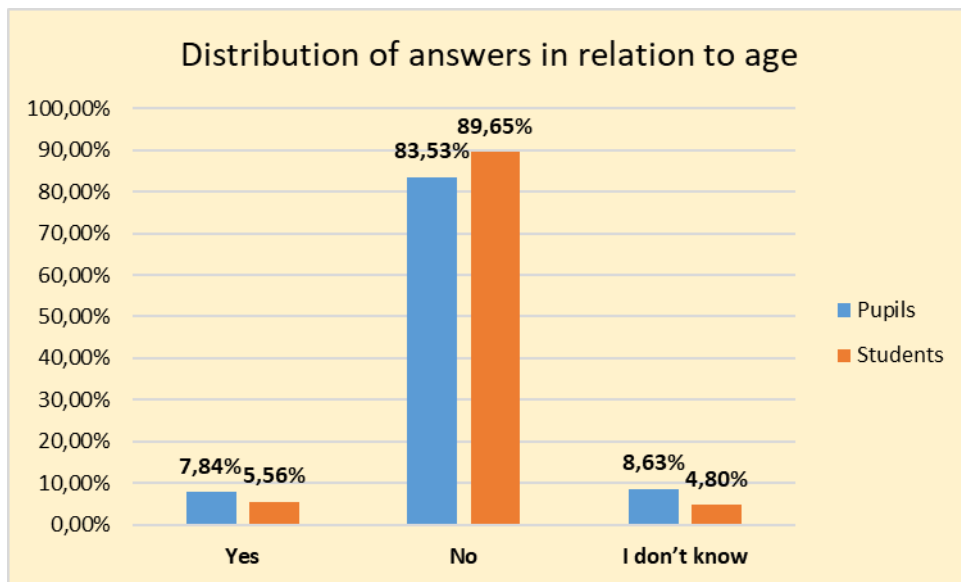
Graph 72. Distribution of answers on the statement „Husband has the right to hit/beat his wife if she neglects children” **regarding age (education level)**



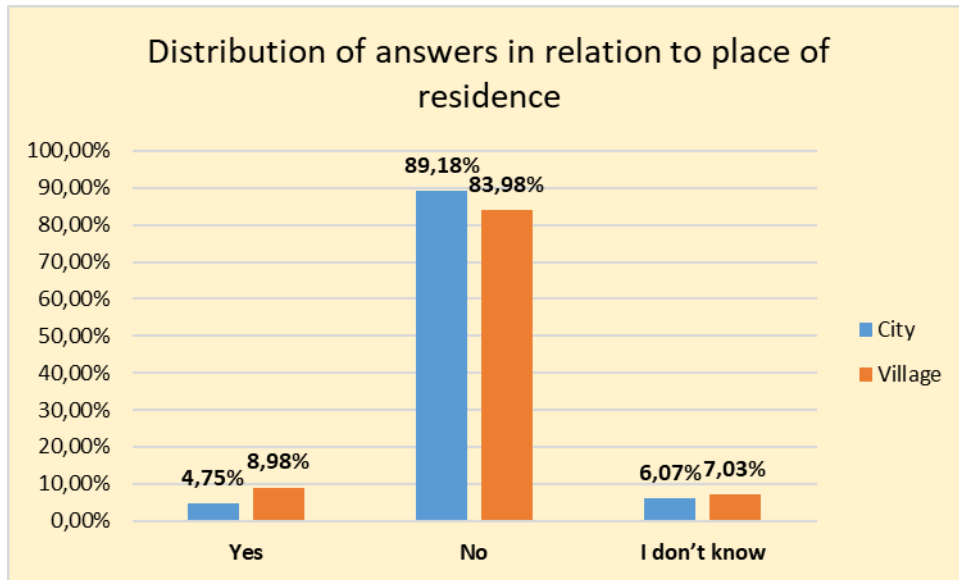
Graph 73. Distribution of answers on the statement „Husband has the right to hit/beat his wife if she neglects children” **regarding place of residence**



Graph 74. Distribution of answers on the statement „Husband has the right to hit/beat his wife if she does not perform home duties” **regarding age**



Graph 75. Distribution of answers on the statement „ Husband has the right to hit/beat his wife if she does not perform home duties” **regarding place of residence**

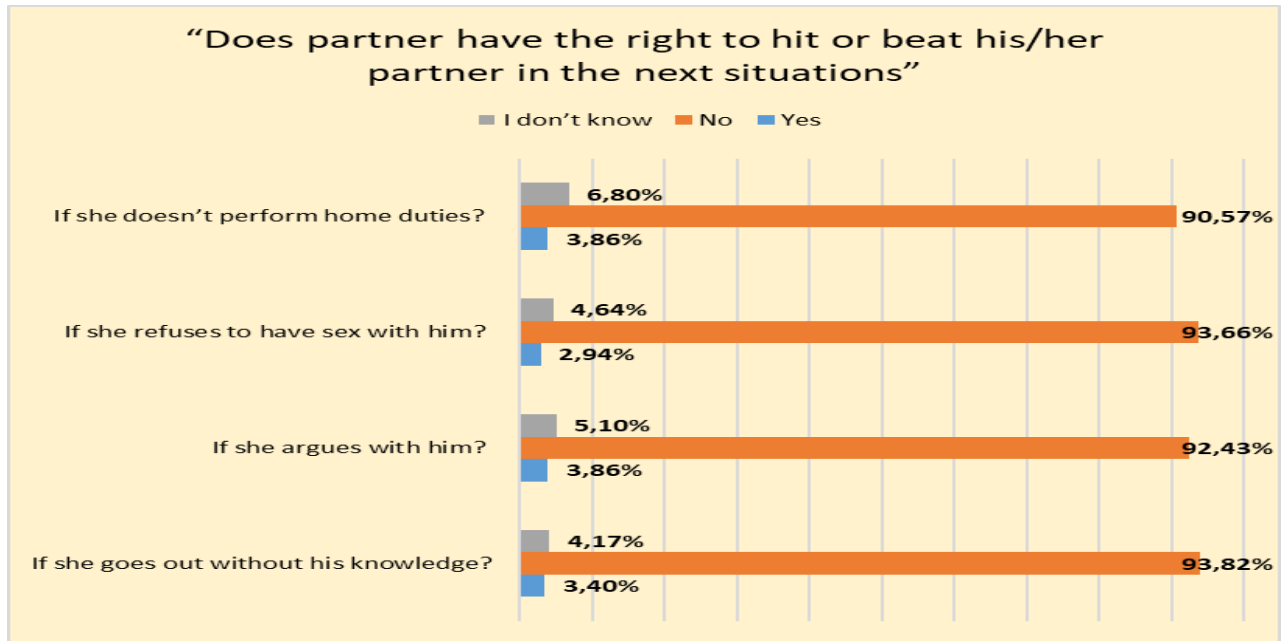


During analyses and deducing conclusions in relation to expressed attitudes of respondents toward violence against women, distribution of neutral answers (*I don't know*) should especially be considered, which mostly correspond positive attitudes toward this form of gender based violence.

2.6. Attitudes about partner violence

Attitudes of respondents about partner violence correspond to general attitudes about violence against women (*Graph 76*). It can be concluded out of given values that around 90% of respondents, in the frame of all socio-demographic characteristics, declares negatively toward any form of partner violence expressed as a form of physical violence. However, it is especially significant during analyses to take in consideration the frequency of neutral answers (*I don't know*), which are, according to the distribution, closer to positive answers toward violence.

Graph 76. Distribution of answers on the question “Does partner have the right to hit or beat his/her partner?” (N=647)

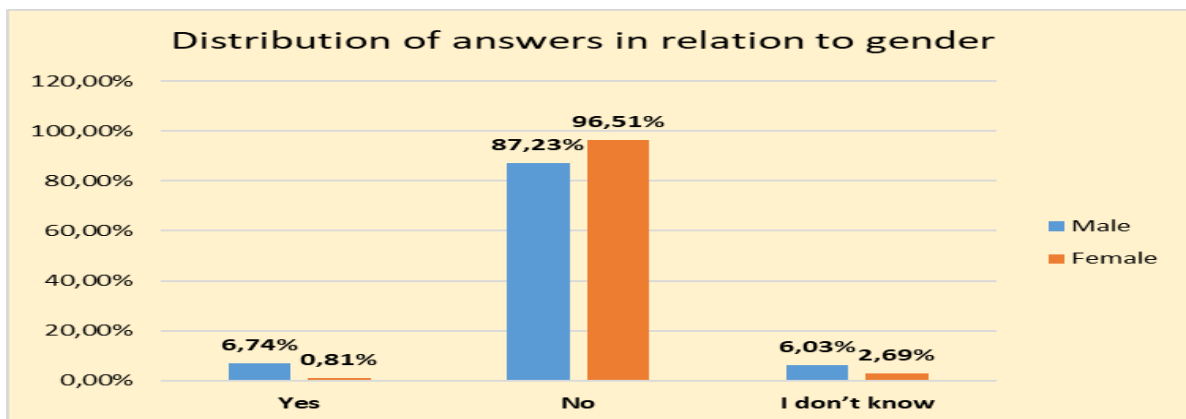


When it comes to socio-demographic characteristics (gender, age, place of residence) correspondence of attitudes with attitudes toward violence against women is also visible.

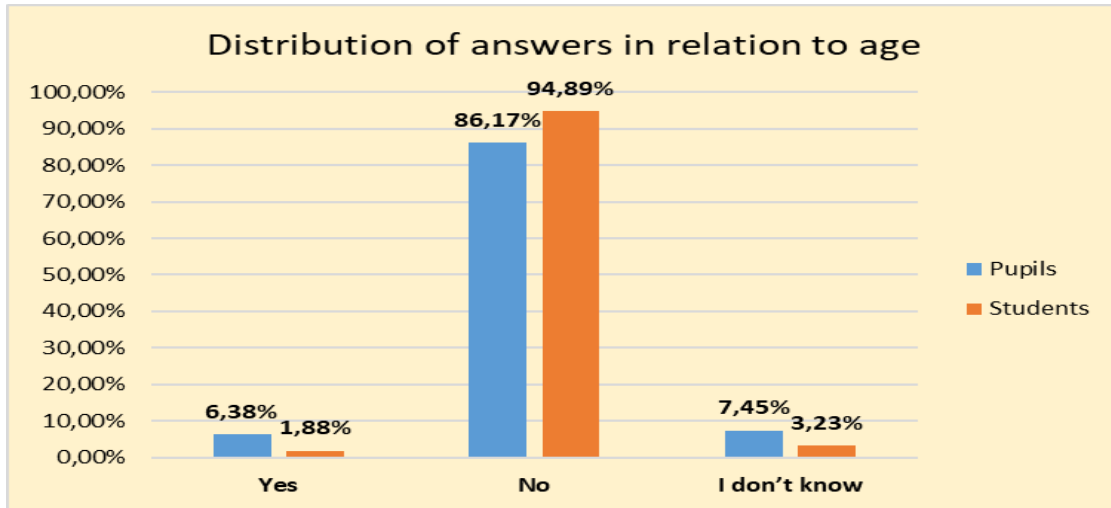
Although they represent positive attitude toward physical punishment of partners in a negligibly small percent, girls are, regarding all predicted situations, mostly against violence.

Violence in partner relations regarding gender

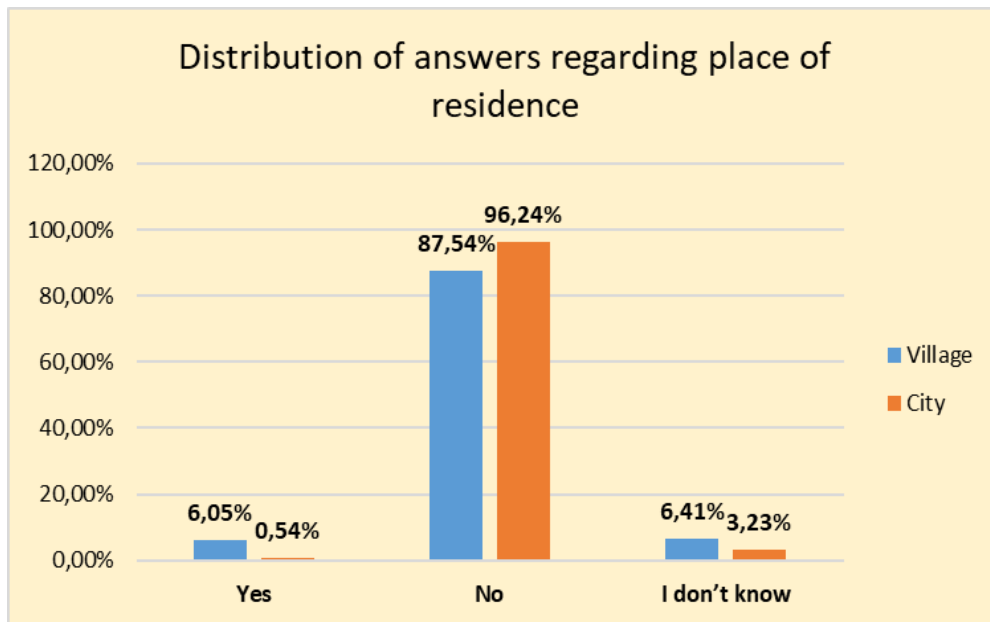
Graph 77. Distribution of answers on the question “ Does partner have right to hit or beat his/her partner if she/he goes out without his/her knowledge” regarding **gender**



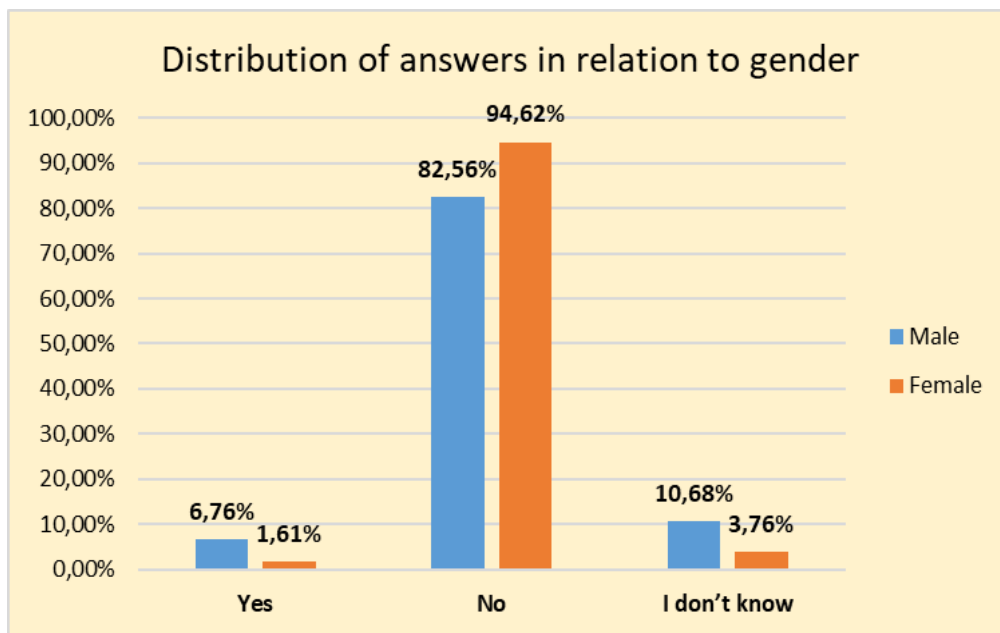
Graph 78. Distribution of answers on the question “ Does partner have right to hit or beat his/her partner if she/he argues with him/her”” regarding **age**



Graph 79. Distribution of answers on the question “ Does partner have right to hit or beat his/her partner if she/he refuses sex with him/her”” regarding **place of residence**



Graph 80. "Distribution of answers on the question "Does partner have right to hit or beat his/her partner if she/he does not perform home duties" regarding **gender**

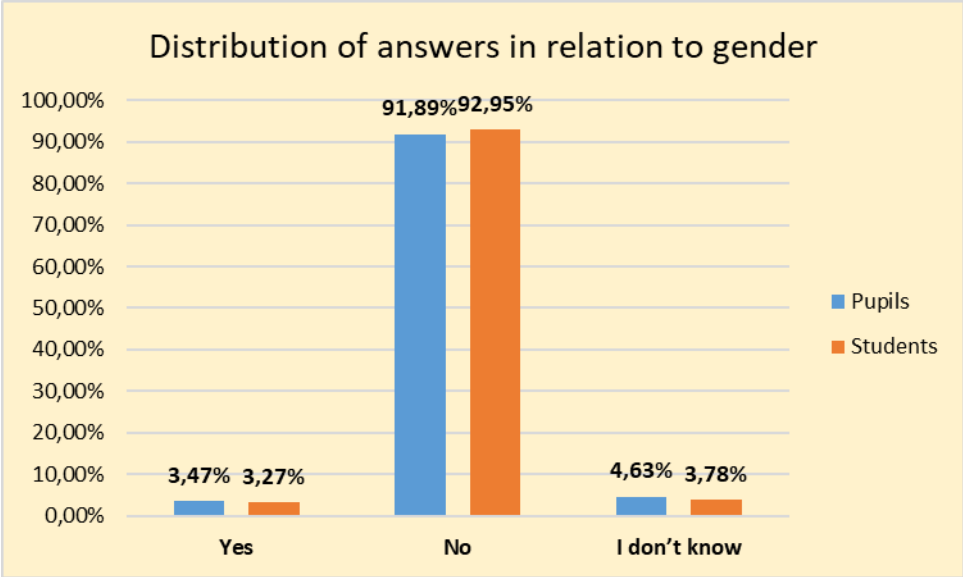


Situations in the frame which the attitude of respondents distributed according to gender were analyzed, when it comes to partner violence, represent some of the questions which, within partner relationships, can be taken as factors which generate potential violence. At the same time, those are situations with the help of which basic traditional, patriarchal and gender socializations can be tested/checked.

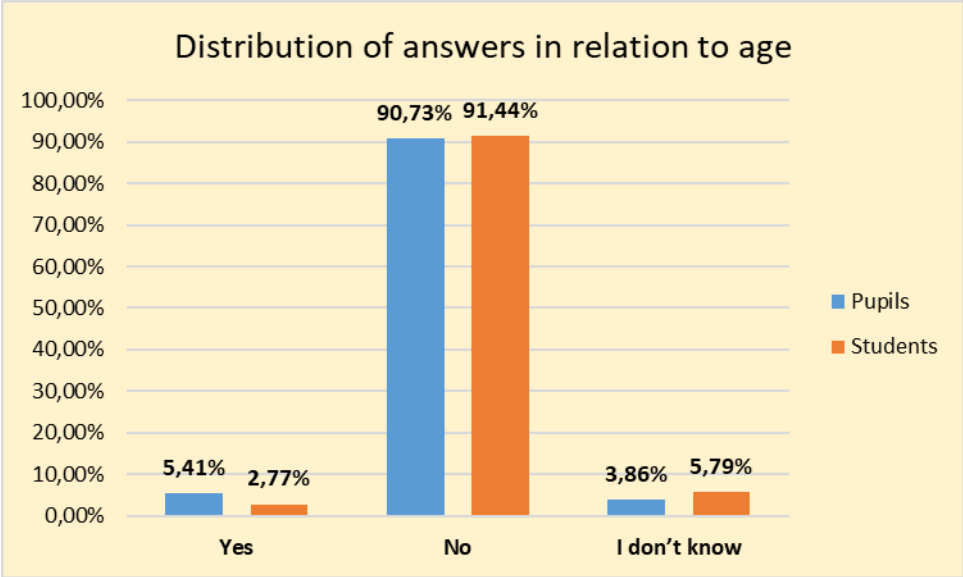
Violence in partner relations regarding age

Attitudes of respondents toward partner violence, differentiated according to age, are presented in the following graphs (Graphs *from no. 81 to no. 84*):

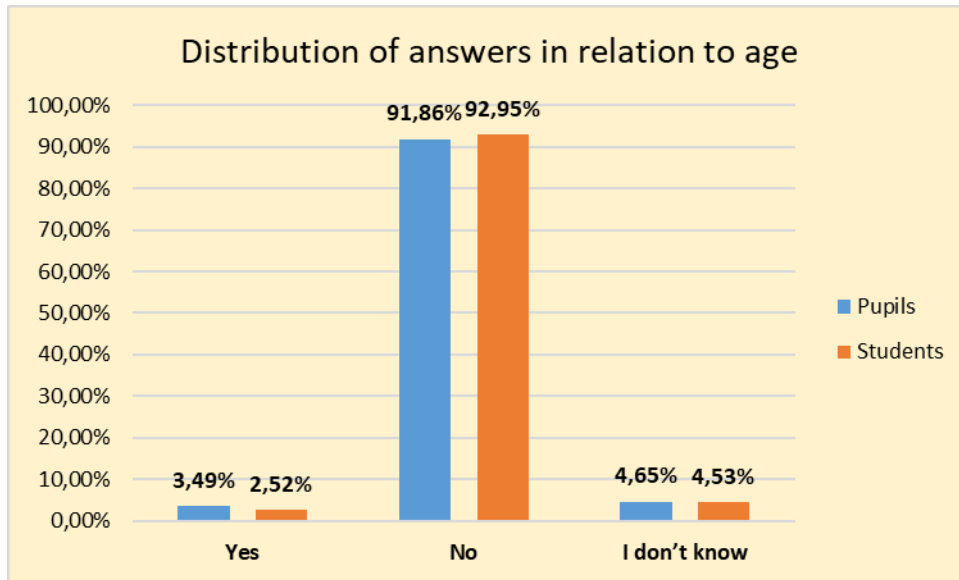
Graph 81. Distribution of answers on the question “Does partner have right to hit or beat his/her partner if she/he goes out without his/her knowledge” regarding age



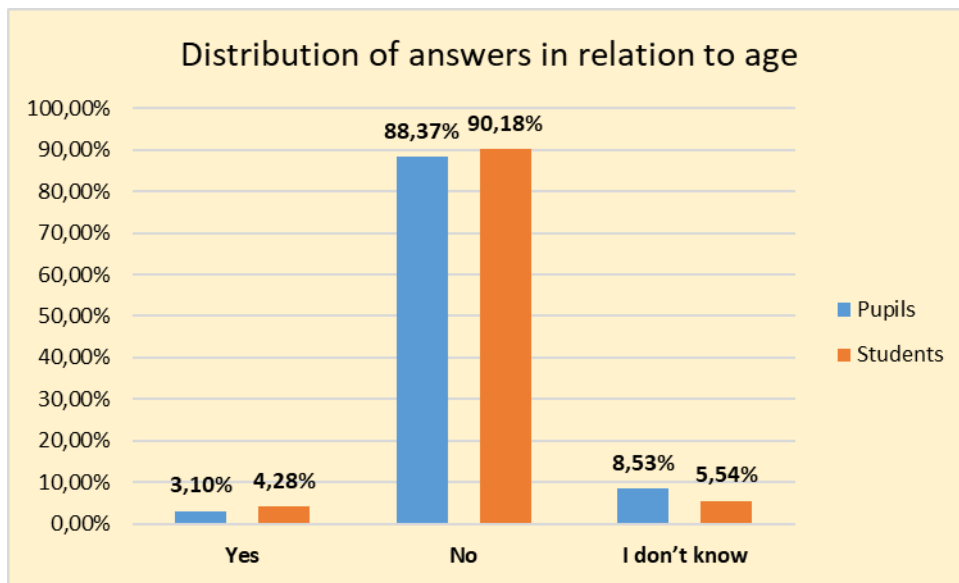
Graph 82. Distribution of answers on the question “Does partner have right to hit or beat his/her partner if she/he argues with him/her” regarding age



Graph 83. Distribution of answers on the question “Does partner have right to hit or beat his/her partner if she/he refuses sex with him/her” regarding **age**



Graph 84. Distribution of answers on the question “Does partner have right to hit or beat his/her partner if she/he refuses to perform home duties” regarding **age**



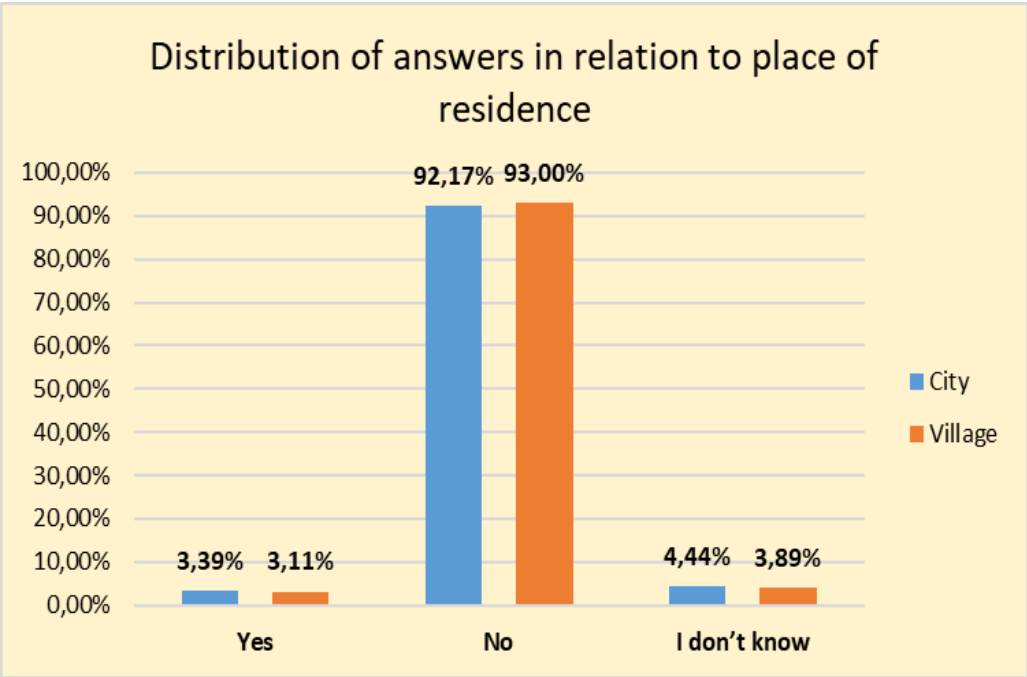
Situations in the frame of which the attitude of respondents distributed according to gender were analyzed, when it comes to partner violence, represent some of the questions which, within partner relationships, can be taken as factors which generate potential violence. Answers

of respondents, according to age, vary in the level of developed gender roles, proportional to the degree achieved in the process of upbringing and socialization, and also under the influence of tradition, culture, adopted social values and moral norms. This is why special attention should be paid on the distribution of neutral answers (*I don't know*).

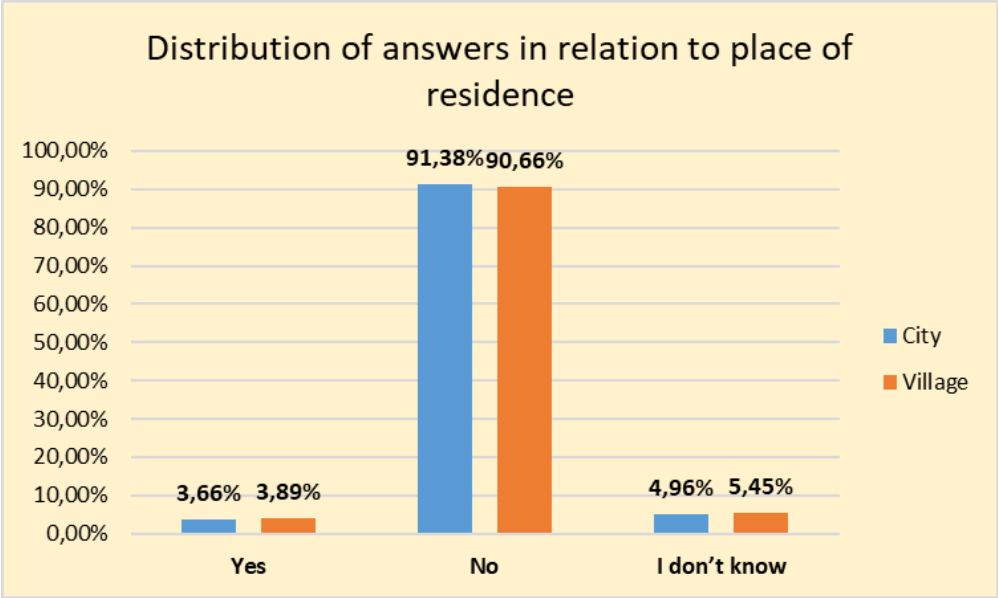
Violence in partner relations regarding place of residence

Attitudes of respondents toward partner violence, differentiated in relation to the place of residence (city/village), are represented in the following Graphs (Graphs from no. 85 to no. 88):

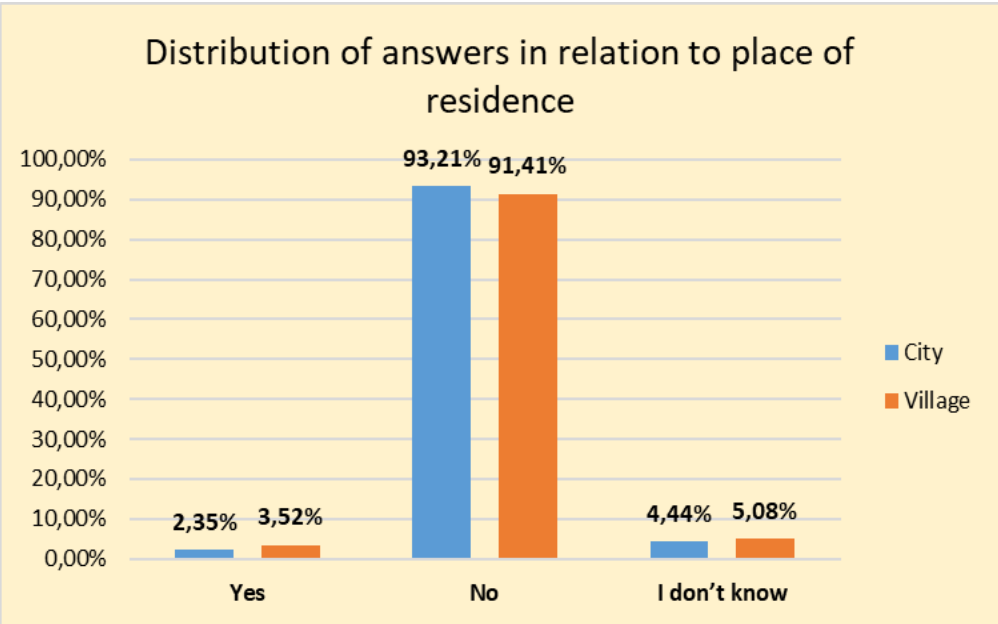
Graph 85. Distribution of answers on the question “ Does partner have the right to hit or beat his/her partner if she/he goes out without his/her permission” regarding **place of residence**



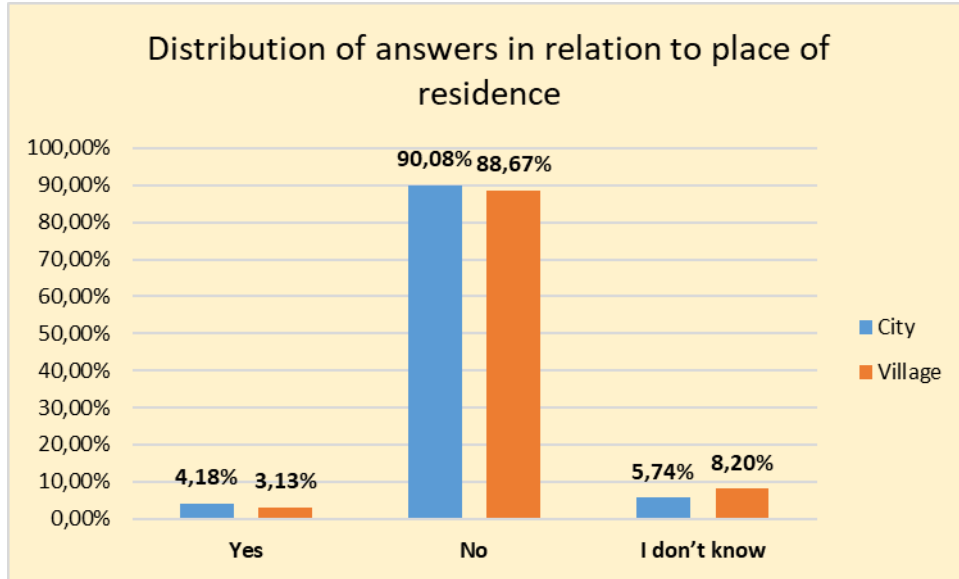
Graph 86. Distribution of answers on the question “Does partner have the right to hit or beat his/her partner if she/he argues with him/her” regarding **place of residence**



Graph 87. Distribution of answers on the question “Does partner have the right to hit or beat his/her partner if she/he refuses sex with him/her” regarding **place of residence**



Graph 88. Distribution of answers on the question “Does partner have the right to hit or beat his/her partner if she/he does not perform home duties” regarding **place of residence**



As in previous cases, in case of this socio-demographic characteristic, the largest percent of negative attitudes toward physical violence against partner can be seen. However, in this case as well, number of positive and neutral answers point to the indifferent attitudes with a number of respondents, which instructs the necessity of education and redefining of traditional gender roles.

Generally, in every part of the sample formed on the basis of certain socio-demographic characteristics, we can see a certain (approximately equal) number of respondents of both genders who express positive attitude toward violence against women (even female respondents), violence against partner if he/she is neglecting children, or does not perform home duties, or goes out without the permission of a partner. This finding points out the deeply rooted traditionally-patriarchal patterns of gender socialization, as well as a strong influence of a culturally-historical matrix on the family, marital and partner relations in the north of Kosovo.

CONCLUSIONS

Analyses of results of the research, their comparison and existing correlations show the following:

1. Opinions and attitudes of youth about issues significant for sexuality and reproductive health

Research shows that internet, peers and parents are the most represented sources of information about sexuality and reproductive health. Unfortunately, these sources are not necessarily accurate and reliable sources of information. Incomplete information, obtained by using internet or from peers can give a distorted perception of sexual experiences and incomplete understanding of sexual behavior. Various researches show that peers and media provide informations which hurry sexual activity of youth. It should be taken into consideration that attitudes and behavior of youth, beside global influence through the media, are still influenced by attitudes of community and close authorities, family capacities, as well as the context in which a young person is growing up.

Reliable sources of information such as gynecologist/urologist, contents of school subjects, seminars and workshops on these subjects are a significantly less represented source of information used by young ones.

Differences related to sources of information about sexuality between boys (peers and internet) and girls (parents) can be interpreted through the prism of sex and gender perspective. Process of maturing is manifested differently with boys and girls, which directs them toward various sources of information, girls ask their parents for support, while boys ask their peers.

Attitudes of young ones from rural areas and attitudes of girls that young ones should receive information about sexual and reproductive health somewhat later are under the influence of traditional attitudes and „sexual socialization“ which happens in a close family surrounding.

Age is an important factor which determines sources of information of youth about sexuality and reproductive health. While pupils mention parents as significantly more important sources, students consider other sources, such as peers, more important. Local context also influences the choice of sources of information. Emotional separation from parents and strong identification with peers is much more present in relations of youth from city areas, so the data that peers are the most significant source corresponds to this. Absence of other channels of information in villages, as well as the dominant traditional structure of family relations are the main reasons why parents are listed as the key source of information.

Observed in total, within the sample of respondents, young ones between themselves represent their own source of information about reproductive health and sexuality.

As it can be seen in the research, if there are insufficient informations and insufficient knowledge from various aspects of sexuality and reproductive health, than youth is exposed to a real risk from bringing risky decisions.

Within the examined sample in the research, 61% of young ones had sexual relations, boys had sexual experience in a greater number than girls, students than pupils and young ones from the city in relation to young ones in village areas. The average age of first sexual intercourse is

16.69 years. Information that pupils had their first sexual experience earlier than students shows a trend of much earlier consuming of sexual relations by youth. Respondents who declared as sexually active had 2.06 partners in average during the past year. Sex and gender differences, age, cultural pattern of the environment they live in and the level of social control influence sexual behavior of youth.

Positive finding is related to the following facts:

- the largest percent of young respondents use some form of contraception
- the largest percent of young respondents did not use psychoactive substances during their first sexual intercourse
- majority of young respondents have the attitude about equal responsibility of both genders for using contraception
- almost all young respondents have the awareness that it is possible to get sexually transmitted infections through unprotected sexual relations

Negative findings are related to the facts that:

- there is a trend of entering sexual relations of youth at a more early age and earlier sexual initiation is not followed by necessary knowledges about sexual and reproductive health
- more than a half of young respondents did not use contraceptive means during their first sexual intercourse
- young respondents possess limited information related to the possible contraception methods
- young respondents use a small number of safe methods of contraception, mostly condoms, while other methods of contraception are represented in a negligible number of cases
- consuming of sexual activities represents a demonstration of maturity and autonomy for adolescents
- a part of youth behaves (un)consciously risky when it comes to sexually transmitted infections (although they are aware of the risk, they do not use condoms).

Gained results direct to the conclusion that every third young person is exposed to the risk of sexually transmitted infections or (unwanted) pregnancy.

An information that students used significantly less protection during their first sexual intercourse than present pupils is very encouraging. It is possible to conclude that in the meantime it came to the change of information and attitudes of youth, having in mind that issues about contraception became a part of public campaigns.

Differences obtained in the research regarding gender direct to the importance of gender perspective in interpretation of obtained results. Stereotype gender roles support gender inequality and point out the fact that there are double gender standards. Sexual behavior of boys is conditioned by physical pleasure, while sexual behavior of girls is conditioned by the need for accomplishing of emotional closeness with a partner.

Information about sexual behavior regarding age point to the conclusion that physical maturing is not necessarily simultaneously followed by psycho-social maturing, which is accomplished somewhat later and this tells about the vulnerability of "the youngest" within the examined sample.

Majority of young ones represent the attitude that sexual education is a family responsibility. This is significant, because there is an awareness with youth that sexual socialization (attitudes and values about sexuality and sexual health) happens within the family. A

part of young ones, of high school age, who see the role of parents in sexual education insufficiently important, are under the influence of all challenges following the adolescent age such as: definition of personal identity, emotional separation from parents and parental authority.

When it comes to sexual education, most young ones think that education concerning these issues should comprise age from 10 -18. A narrow interpretation of the role of sexual education and the lack of knowledge about sexual education can be seen on one part of young ones. A very high percent of agreement of youth with the need for introducing issues of sexual and reproductive health in school program points to the recognition of learning as an important part of responsibility about personal health. These are important informations for creators of educational policies.

Research shows high degree of respondents agreement with the need of dealing with issues of HIV/ AIDS by the community.

When it comes to health issues, medical experts, as the real resources of help and support, represent an authority for young ones. Support of peers in these situations is not estimated as an adequate one and this is influenced by their estimation that peers do not possess the necessary knowledge.

Young ones see the best way of protection from sexually transmitted infections through four ways of behavior: own care about health and behavior, regular controls and testing, learning/education and consistent use of condoms. A negligible number of respondents mention ways of protection from sexually transmitted infections and choices related to: subjective feeling of safety, monogamous relationships and abstinence. It can be concluded that there is an awareness of youth about what is responsible sexual behavior. Unfortunately, this doesn't mean that they practice this kind of behavior.

2. Key findings about gender based violence

Perception of gender based violence, meaning, analyses of results of the research, their comparison and existing correlations show that, with respondents of both genders, there is a dominant influence of traditionally-patriarchal pattern of gender socialization, as well as the strong influence of culturally-historical matrix on family, marital and partner relations in the north of Kosovo.

Positive finding is related to the fact that the highest percent of respondents is against all forms of violence. *Negative finding* concerns the fact that a certain percent of respondents has the same attitude (positive or neutral) toward all forms of violence.

Perception of violence is simplified and single-sided, violence is mostly identified with physical aggression, verbal threats and sexual abuse.

Missing of recognition of control tactics as a form of psychological violence, conditions, incapacitates or impedes perception of its gender dimension.

Misunderstanding of concept of violence indirectly points to the wrong perception of its dimensions, sample and factors, context, form of its expression, not recognizing of its victimological dimensions.

All forms of violence are most present in school and in the street/public place and in a somewhat lower percent at home, which is confirmed by correlations with all socio-demographic factors (gender, age, school, place of residence).

Among respondents of both genders there are victims of all forms of violence – almost third of respondents of both genders suffered physical and verbal violence, which indicates their experience with violence. An important information is the one that girls suffer significant percent of physical and psychological violence at home in regard to other forms of violence.

A special significance is provided by findings about suffered sexual violence or indirect information about it and this is witnessed by respondents of both genders and all socio-demographic characteristics (11 boys witnessed about experienced sexual violence in the street, 3 boys at home, and six of them have the experience with sexual violence in school; 2 girls witnessed about sexual violence at school and 6 of them experienced sexual violence in the street). On the whole sample, findings show 20 cases of suffered violence, most often in the street, after at school and there were some cases of violence reported at home. In this case, it is very important and necessary to differentiate and qualitatively clarify all forms, context, characteristics and frequency of sexual violence. This form of violence is hardest to expose and victims rarely inform about it, which is why this finding is extremely significant.

On the other side, among bullies, after peers/schoolmates or professors, the ones who are dominant are father, brother, sister, which is contradictory in relation to the fact that violence is most present in school and in the street/public place. This finding can be explained by the fact about a strong influence of traditionally-patriarchal relations in family surroundings which instruct that everything happening in the house, in the family is not publically exposed or „stays in the house“.

A significant contribution to realization of „the dark number“ of violence in the surrounding is given by indirect information/knowledge of respondents about suffered cases of violence of some other persons – half or third of respondents indirectly witnessed about cases of violence suffered by „someone else“.

Perception of violence against women is burdened by patriarchal gender socialization – respondents of both genders, although not in a respectable percent, justify violence of a husband toward his wife in case she neglects children or does not perform home duties.

When it comes to qualitative analyses, special attention should be paid on neutral answers (I don't know)– with respondents of both genders related to justification of violence of a husband toward his wife (domestic violence, marital violence), which is present with almost third of respondents.

Perception of violence among partners also contains a rational justification of violence by respondents in certain special cases (if a partner doesn't tell when he/she goes out, or if he/she argues with a partner).

When speaking about the perception of partner violence, special analyses is needed for neutral answers (I don't know) with respondents of both genders.

General conclusions regarding results of the research of gender based violence shows present, rationally accepted, morally justified, traditionally generated general culture of violence against women, or domestic violence, as well as in partner relations, but also violence in schools, among peers and from teachers/professors. Differentiation, variation and/or (in)equality is taken as the usual way of social functioning.

RECOMENDATIONS

1. Sexual and reproductive health of youth

1. Access to sexual and reproductive health should be **based on human rights**, which implies: timely informations, sexual education, protection of sexual and reproductive health, approach to the adequate medical services, reproductive choices and a larger participation in decision making.
2. Introduction of contents about sexuality and reproductive health **into the educational curriculum**. Educational system is vast and relatively languid when it comes to introduction of new and deficient contents which follow dynamic changes in the society and which influence sexual behavior of youth and their reproductive health.
3. Inter-sector partnership should be developed in all levels in order to **provide sustainability and long-term effects**.
4. It is necessary to develop programs and services dealing with sexual and reproductive health and provide their **equal availability** to youth in the city and in the village.
5. Provide **comprehensiveness of issues and planned approach** which should be directed to **strengthening of youth for responsible sexual behavior**, instead of preventing them to become sexually active.
6. Develop programs for youth which will respond the established needs **for information, educations and promotion** of reproductive health of youth, as well as prevention of sexually transmitted infections.
7. Intensify work on **issues of gender equality** directed to all actors in the community.
8. **Provide availability of information** through sources insufficiently used by youth up to now, such as **seminars and workshops**. Short educational forms, as shown in practice, have significant effects related to new knowledge and skills, changes of attitudes and adopting new values because of their interactivity and learning through experience. Subjects of workshops should provide youth with insight to significance of sexual education which is just directed to adoption of responsible behavior and this also includes a mature decision about time and way of entering sexual relations, respecting personal rights and rights of a partner.
9. Use **peer educations** more often in promotion of responsible sexual behavior, concerning the fact that young ones among themselves most often represent a source of information about reproductive health and sexuality.
10. **Work on strenghtening of competences of parents**, as someone who represents the key role in education of youth.
11. **Work on strenghtening of skills of assertive communication** with youth.

2. Gender based violence

1. In elementary and high schools, faculties and colleges, **conduct continuous educations for teachers/professors and pupils/students** on the subject of gender roles, gender equality, discrimination and gender based violence.
2. In the frame of existing teaching plans, for example Citizens education, **introduce obligatory teaching contents** related to issues of equality, human rights, non-discrimination, violence, help and support to victims of gender based violence in school, in a public place, in the family.
3. **Prepare printed materials** (manuals) on the issue of gender equality and gender based violence and disseminate a certain number of copies to educational institutions from the area of northern Kosovo.
4. Establish **peer school teams for protection against violence** in schools.
5. **Conduct special researches of gender based violence** (*domestic violence, partner violence, violence against women*) in local communities in the north of Kosovo which will determine the degree of understanding of basic dimensions of violence as an occurrence in the community (etiological, phenomenal and victimological).
6. **Separately conduct the research of violence** as a phenomenon of (un)safety in public areas of local communities, as well as violence in a public place and determine all its dimensions (especially the structure of bullies, context of violence and victimological aspect).
7. Conduct **research of school/peer violence** in educational institutions in the north of Kosovo.
8. **Conduct research of prevalence and incidence of sexual violence** (in school surroundings, partner relations, in the family).
9. With the engagement of experts, determine prevalence and incidence, etiological, phenomenal and victimological dimension of **psychological violence** (in school surroundings, partner relations, in the family).
10. As complementary quantitative, also conduct **qualitative segment of the research of violence** (through focus group interviews, expert interviews).

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ANNEXES

ANNEX 1.

“Survey on adolescents and youth knowledge, attitudes and behaviors on Sexual and Reproductive Health and Gender- Based Violence”

QUESTIONNAIRE

In frames of the project, **“Survey on adolescents and youth knowledge, attitudes and behaviors on Sexual and Reproductive Health and Gender- Based Violence”**, our intention is to realize what are knowledge and attitudes of youth about gender based violence, sexual and reproductive health. We are kindly asking you to review the Questionnaire, to take some time and patience to answer sincerely and completely on these questions. If you feel any discomfort to answer the questionnaire, you can withdraw at any time without any consequences.

The survey that we conduct is anonymous. Your answers to the questions in this questionnaire are strictly confidential, and the results will be used exclusively to improve policy and practice in the field of sexual and reproductive health and gender-based violence. Your name and last name are not required. You should only describe your experiences, knowledge and attitudes.

THANK YOU!

I GENERAL INFORMATION:

1. *Gender of respondents:*

- a) Male
- b) Female

2. *Age:*

- a) From 15 to 18
- b) From 19 to 24
- c) 25 and more

3. *Education level?*

- a) High school
- b) College, faculty

4. *Relationship status:*

- a) Single

- b) In relationship/dating
- c) Married
- d) Divorced
- e) Widow/er

5. Currently living with:

- a) Parents
- b) Alone
- c) With partner
- d) With friend/colleague
- e) Other, _____

6. Way of living/residence

- a) Own apartment/house
- b) Subtenant
- c) In boarding school/student dormitory
- d) Other, specify _____

7. Your family lives in:

- a) City
- b) Village

II INFORMATION ABOUT THE EXPERIENCE REGARDING SEXUAL AND REPRODUCTIVE HEALTH OF YOUTH

1. Your sources of information on sexuality and reproductive health is (are): Please circle your sources and rank them. The most important source of information should be ranked with number 1 and continue ranking of importance of selected sources of information through a growing range (2,3 ...):

- a) Parents, (rank) ____
- b) Relatives, (rank) ____
- c) Peers, (rank) ____
- d) Partner, (rank) ____
- e) Contents through school subjects, (rank) ____
- f) Professors, (rank) ____
- g) NGO/associations, (rank) ____
- h) Gynecologist/urologist (rank) ____
- i) Seminars/workshops on these issues (rank) ____
- j) Newspapers (rank) ____
- k) Internet, (rank) ____
- l) Some other source, which _____, (rank) ____
- m) Not informed about these issues up to now
- n) Not interested for these issues

1. **According to your opinion, at what age should people be informed about sexual and reproductive health?**

- a) Before the age of 6
- b) From 6 to 10
- c) From 10 to 14
- d) From 14 to 18
- e) Over 18

2. **Sexual education should be provided by:**

- a) Parents
- b) Schools
- c) NGO-non-government organizations
- d) Religious communities
- e) Peers

3. **How old were you when you received information about sexual and reproductive health?**

- ____ years old
- I don't remember
- Did not receive information on this issue

5. **Most people around me think that it is appropriate to enter sexual relations:**

- a) Legal age
- b) After the wedding
- c) In accordance with the decision of an individual, regardless of age
- d) I don't know
- e) Other

6. **Please rate the extent to which you agree with the statements given in the table below. For each statement, you can circle only one estimation that corresponds your opinion:**

Statement	Estimate		
Sexual education influences sexual life of youth to enter sexual relations earlier	I agree	I disagree	I don't know

Sexual education is against religious morality	I agree	I disagree	I don't know
Sexual education is the responsibility of a family	I agree	I disagree	I don't know

7. According to your opinion, what is the most important reason for entering in sexual relations? Please circle maximum 3 answers.

- a) Falling in love / love
- b) Physical pleasure/ passion
- c) To please the partner
- d) To please myself
- e) Because it benefits me
- f) All of my friends already did it
- g) Other answer _____

8. Did you have a sexual intercourse? If not, please skip the following questions until question 19.

- a) Yes
- b) No

9. Please rate the extent to which you agree with the statements given in the table below. The degree of agreement is proportional to the number, which means that 1 means you strongly disagree and 5 that you completely agree with this statement. There are no right or wrong answers, we only want to know your opinion.

<i>Statements</i>	<i>Estimates</i>				
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
You do not need to have sexual intercourse in order to keep a partner.	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
The first sexual intercourse should be special and planned.	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
Consuming sex is the only way to be satisfied in a relationship with a person.	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
It's okay to have sexual intercourse for just one night.	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
If you like someone, it's a good enough reason to enter sexual relationship with him/her.	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
I treat all people the same, regardless of their sexual orientation.	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
Girls should be more responsible than young boys on the issue of contraception.	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

Participation in sexual relations tells your friends that you grew up.	1	2	3	4	5
It's okay to agree to have sex although you're not ready, if it's a way to keep a partner	1	2	3	4	5

10. If you did, at what age did you have your first sexual intercourse?

- a) Before 14
- b) 15
- c) 16
- d) 17
- e) 18 and over

11. My first sexual intercourse was:

- a) Voluntary
- b) Forced (against my will)

12. Did you use contraception during your first sexual intercourse?

- a) Yes
- b) No
- c) I don't remember

13. If yes, please write which kind of contraception did you use ?

14. Were you or your partner under the influence of any psychoactive substances during your first sexual intercourse (alcohol and/or drugs)?

- a) Yes
- b) No
- c) I don't remember

15. With how many persons have you had sexual relations in the past year? Only the ones who had sexual relations provide the answer.

- a) 1
- b) 2
- c) 3
- d) 4
- e) 5
- f) 6 and more

16. Did you use any kind of contraception during the last sexual intercourse? If yes, please circle one answer.

- a) Contraceptive pills
- b) Condom
- c) Interrupted intercourse
- d) Spiral
- e) Infertile days/calendar method
- f) Combination of a few methods
- g) Other _____

17. Please circle your sources of information about contraception, you can circle more answers.

- a) Parents
- b) Relatives
- c) Peers
- d) Partner
- e) Contents of school subjects about contraception
- f) Teachers/professors
- g) NGO/associations
- h) Gynecologist, urologist
- i) Seminars, workshops on the subject of contraception
- j) Newspapers
- k) Internet (forums, web pages, internet consultants), specify _____
- l) Other source, please specify which _____
- m) Not informed about the issue of contraception up to now
- n) Not interested for the issue of contraception

18. Would you please write down which methods of contraception do you know?

19. According to your opinion, who is responsible for the use of contraception?

- a) Girls
- b) Boys
- c) Girls and boys are equally responsible
- d) I don't know

20. Please rate the extent to which you agree with the statements given in the table below. For each statement, you can circle only one estimate that corresponds your opinion:

<i>Statement</i>	<i>ESTIMATE</i>		
I wouldn't have a problem if my partner proposed the use of a condom.	<i>I agree</i>	<i>I disagree</i>	<i>No opinion-attitude</i>
The use of condoms reduces sexual pleasure.	<i>I agree</i>	<i>I disagree</i>	<i>No opinion-attitude</i>
I don't see a reason why someone would be uncomfortable to use condoms.	<i>I agree</i>	<i>I disagree</i>	<i>No opinion-attitude</i>
Most women like it when their partner uses a condom.	<i>I agree</i>	<i>I disagree</i>	<i>No opinion-attitude</i>
Most men don't like using condoms.	<i>I agree</i>	<i>I disagree</i>	<i>No opinion-attitude</i>
If I use a condom, this means that I don't trust my partner.	<i>I agree</i>	<i>I disagree</i>	<i>No opinion-attitude</i>

21. Is it possible to get sexually transmitted infections through unprotected sexual intercourse?

- a) Yes
- b) No
- c) I don't know

22. Which of the listed infections belong to a group of sexually transmitted infections? For each of the listed infections, please circle one of the offered options – "yes", „no" or „I don't know".

<i>Infections</i>	<i>Options for answers</i>		
<i>Flu</i>	<i>yes</i>	<i>no</i>	<i>I don't know</i>
<i>Hepatitis B</i>	<i>yes</i>	<i>no</i>	<i>I don't know</i>
<i>Scabies</i>	<i>yes</i>	<i>no</i>	<i>I don't know</i>
<i>Dysentery</i>	<i>yes</i>	<i>no</i>	<i>I don't know</i>
<i>Syphilis</i>	<i>yes</i>	<i>no</i>	<i>I don't know</i>
<i>Candida</i>	<i>yes</i>	<i>no</i>	<i>I don't know</i>
<i>Gonorrhoea</i>	<i>yes</i>	<i>no</i>	<i>I don't know</i>
<i>HIV infection</i>	<i>yes</i>	<i>no</i>	<i>I don't know</i>
<i>Hepatitis A</i>	<i>yes</i>	<i>no</i>	<i>I don't know</i>

23. Please circle only one answer in each row:

Questions about HIV	Options for answers		
<i>Can a person get infected with HIV virus through a kiss with a person who has HIV infection?</i>	<i>yes</i>	<i>no</i>	<i>I don't know</i>
<i>Can a risk from HIV infection be reduced by consuming sex with only one uninfected partner?</i>	<i>yes</i>	<i>no</i>	<i>I don't know</i>
<i>Can a risk from HIV infection be reduced by correct and regular use of condoms?</i>	<i>yes</i>	<i>no</i>	<i>I don't know</i>
<i>Can a person get infected with HIV virus by sharing a meal with a person infected with HIV ?</i>	<i>yes</i>	<i>no</i>	<i>I don't know</i>
<i>Can HIV be transferred by a pregnant woman to a child?</i>	<i>yes</i>	<i>no</i>	<i>I don't know</i>
<i>Can HIV be transferred by using used needles and/or syringes?</i>	<i>yes</i>	<i>no</i>	<i>I don't know</i>
<i>Can HIV be transferred by usual interpersonal contacts (handshake, hugging) with a person infected with HIV ?</i>	<i>yes</i>	<i>no</i>	<i>I don't know</i>
<i>Can HIV be transferred through dishes and cutlery, glasses, towels and such?</i>	<i>yes</i>	<i>no</i>	<i>I don't know</i>

24. Can a person who looks healthy have HIV infection?

- a) Yes
- b) No
- c) I don't know

25. Do you think it's important to deal with the issues of HIV/ AIDS in the community you live in?

- a) Yes
- b) No
- c) I don't know

- 26. In case some symptoms of sexually transmitted infections appear, who would you first ask for advice or help?**
- a) Peer
 - b) Friend
 - c) Sister/brother
 - d) Mother/father
 - e) Doctor
- 27. What is the best way of protection from sexually transmitted infections? Please circle more than one answers.**
- a) Learning/education
 - b) Own care about personal health and behavior
 - c) Regular controls and testing at gynecologist/urologist
 - d) Correct and regular use of condoms
 - e) I feel safe and good, I don't need any measures of protection
 - f) I have only one partner
 - g) Abstinence
 - h) Something else _____
- 28. According to your opinion, would it be good to have education about sexual and reproductive health in school teaching?**
- a) Yes
 - b) No
 - c) I don't know

III INFORMATION ABOUT THE EXPERIENCE RELATED TO VIOLENCE

- 1. What is violence according to your opinion? (You can circle multiple answers)**
- a) Physical aggression (hitting/beating)
 - b) Verbal threats (using insulting language)
 - c) Sexual abuse (sexual intercourse under the threat of force)
 - a) Destruction of material goods
 - d) Neglect/insensitivity
 - e) Insult/cursing
 - f) Restriction of movement
 - g) Control of movement / stalking
 - h) Ban of communication and socializing
 - i) Checking of mobile phones and communication on social networks
 - j) Suspension of pocket money, unpaid daily wages
 - k) Other _____
 - l) I don't know

2. **Have you ever experience? Please cycle answers in each row.**

<i>Form of violence</i>	<i>In school</i>		<i>At home</i>		<i>On the street</i>	
	<i>yes</i>	<i>no</i>	<i>yes</i>	<i>no</i>	<i>yes</i>	<i>no</i>
<i>Physical violence</i>	<i>yes</i>	<i>no</i>	<i>yes</i>	<i>no</i>	<i>yes</i>	<i>no</i>
<i>Verbal violence</i>	<i>yes</i>	<i>no</i>	<i>yes</i>	<i>no</i>	<i>yes</i>	<i>no</i>
<i>Sexual violence</i>	<i>yes</i>	<i>no</i>	<i>yes</i>	<i>no</i>	<i>yes</i>	<i>no</i>
<i>Psychological violence</i>	<i>yes</i>	<i>no</i>	<i>yes</i>	<i>no</i>	<i>yes</i>	<i>no</i>

3. **Have you ever suffered violence from? Please cycle answers in each row:**

<i>Father</i>	<i>yes</i>	<i>no</i>
<i>Mother</i>	<i>yes</i>	<i>no</i>
<i>Brothers/sisters</i>	<i>yes</i>	<i>no</i>
<i>Partner</i>	<i>yes</i>	<i>no</i>
<i>Former partner</i>	<i>yes</i>	<i>no</i>
<i>Schoolmate/peer</i>	<i>yes</i>	<i>no</i>
<i>Teacher/professor in school</i>	<i>yes</i>	<i>no</i>
<i>Someone else, specify who _____</i>	<i>yes</i>	<i>no</i>

4. **How often did you suffer physical violence in the past 6 months? Please cycle answers in each row.**

	<i>Never</i>	<i>Once</i>	<i>1 to 3 times</i>	<i>More</i>
<i>In school</i>				
<i>From parents</i>				
<i>In the street</i>				
<i>From peers</i>				
<i>From partner</i>				

5. **Do you know someone who was physically abused? (Please cycle one answer in each row).**

At home, in the family	yes	no	I don't know
In school / on faculty, from teachers / professors	yes	no	I don't know
In school from pupils, on faculty from professors	yes	no	I don't know
In the street	yes	no	I don't know
In the club/cafeteria	yes	no	I don't know
Somewhere else	yes	no	I don't know
Couples/ one of partners	yes	no	I don't know

5. *Do you know someone who was psychologically abused? (Please circle one answer in each row).*

At home, in the family	yes	no	I don't know
In school / on faculty, from teachers / professors	yes	no	I don't know
In school from pupils, on faculty from professors	yes	no	I don't know
In the street	yes	no	I don't know
In the club/cafeteria	yes	no	I don't know
Somewhere else	yes	no	I don't know
Couples/ one of partners	yes	no	I don't know

6. *Do you know someone who was sexually abused? (Please circle one answer in each row).*

At home, in the family	yes	no	I don't know
In school / on faculty, from teachers / professors	yes	no	I don't know
In school from pupils, on faculty from professors	yes	no	I don't know
In the street	yes	no	I don't know
In the club/cafeteria	yes	no	I don't know
Somewhere else	yes	no	I don't know
Couples/ one of partners	yes	no	I don't know

7. *Sometimes a husband gets annoyed or angry because of something his wife did. According to your opinion and based on your experience, does husband have the right to hit or beat his wife in the following cases (multiple answers, but choose only one offered answer in each row)*

- a) *If she goes out without his knowledge? YES / NO / I DON'T KNOW*
- b) *If she neglects children? YES / NO / I DON'T KNOW*
- c) *If she argues with him? YES / NO / I DON'T KNOW*
- d) *If she refuses to have sex with him? YES / NO / I DON'T KNOW*
- e) *If she doesn't perform home duties? YES / NO / I DON'T KNOW*

8. *Sometimes a partner gets annoyed or angry because of something other partner did. According to your opinion and based on your experience, does one partner have the right to hit or beat the other partner in the following cases (multiple answers, but choose only one offered answer in each row).*

- | | | | |
|--|-------|------|--------------|
| f) If he/she goes out without her/his knowledge? | YES/ | NO / | I DON'T KNOW |
| g) If he/she argues with her/him? | YES / | NO / | I DON'T KNOW |
| h) If he/she refuses to have sex with her/him? | YES / | NO / | I DON'T KNOW |
| i) If he/she doesn't perform home duties? | YES / | NO / | I DON'T KNOW |

ANNEX 2.

TABLES AND GRAPHS



Graph 1. What is violence according to your opinion? (N = 667)

- I don't know
- Suspension of pocket money, unpaid daily wages
- Checking of mobile phones and communication on social networks
- Ban of communication and socializing
- Control of movement / stalking
- Resrtiction of movement
- Insult/cursing
- Neglection/insensitivity
- Destruction of material goods
- Sexual abuse (sexual intercourse under the threat of force)
- Verbal threats (using insulting language)
- Physical aggression (hitting/beating)

Table 1. Information about positive answers on the question about experienced violence (N = 664)

Form of violence	Place	Frequency	Percent
Physical	In school	115	17.3

	At home	68	10.2
	In the street	118	17.8
Verbal	In school	238	35.8
	At home	137	20.6
	In the street	202	30.4
Sexual	In school	8	1.2
	At home	3	0.5
	In the street	17	2.6
Psychological	In school	97	14.6
	At home	52	7.8
	In the street	70	10.5

Table 2. Who did you suffer violence from? (N = 664)

Bully	Frequency	Percent
Father	67	10.1
Mother	48	7.2
Brother/sister	54	8.1
Partner	25	3.8
Former partner	43	6.5
Schoolmate/peer	157	23.6
Teacher/professor	47	7.1
Someone else	9	1.4

Table 3. Physical violence in the past six months regarding gender (average rank)

	Boys	Girls	Mann-Whitney U	p
In school	0.04	0.01	45041	.14
From parents	0.06	0.10	43449	.21
From peers	0.26	0.14	40108	< .001
In the street	0.28	0.13	39613	< .001
From partner	0.02	0.05	43031	.06

Table 4. Physical violence in the past six months regarding age (average rank)

	Srednjoškolci	Studenti	Mann-Whitney U	p
In school	0.02	0.02	43817	.34
From parents	0.10	0.07	42017	.24
From peers	0.28	0.14	40013	.024
In the street	0.21	0.18	42583	.79
From partner	0.03	0.04	41991	.66

Table 5. Physical violence in the past six months regarding place of residence (average rank)

	City	Village	Mann-Whitney U	p
In school	0.01	0.03	42323	.52
From parents	0.09	0.07	41514	.54
From peers	0.21	0.18	41649	.92
In the street	0.21	0.17	41539	.72

From partner 0.03 0.04 41461 .74

Table 6. Knowing someone who was physically abused regarding gender

	Boys (N=284)		Girls (N = 372)		Difference	
	N	%	N	%	$\chi^2(1)$	p
At home, in the family	88	31.0	129	34.7	0.99	.32
By teachers/professors	64	22.5	63	16.9	3.23	.07
By pupils/students	104	36.6	141	37.9	0.11	.74
In the street	169	59.5	218	58.6	0.06	.82
In the club, cafeteria	161	56.7	200	53.8	0.56	.46
Somewhere else	87	30.6	87	23.4	4.34	.037
Couples	76	26.8	130	34.9	5.01	.025

Table 7. Knowing someone who was physically abused regarding age

	Pupils (N=261)		Students (N=399)		Difference	
	N	%	N	%	$\chi^2(1)$	p
At home, in the family	65	25.1	154	38.6	12.89	< .001
By teachers/professors	62	23.9	67	16.8	5.09	.024
By pupils/students	89	34.4	158	39.6	1.84	.18
In the street	128	49.4	261	65.4	16.26	< .001
In the club, cafeteria	121	46.7	242	60.7	12.33	< .001
Somewhere else	50	19.3	126	31.6	12.08	.001
Couples	64	24.7	144	36.1	9.41	.002

Table 8. Knowing someone who was physically abused regarding place of residence

	City (N=383)		Village (N=261)		Difference	
	N	%	N	%	$\chi^2(1)$	p
At home, in the family	128	33.4	84	32.4	0.07	.79
By teachers/professors	84	21.9	44	17.0	2.37	.12
By pupils/students	154	40.2	89	34.4	2.25	.13
In the street	228	59.5	150	57.9	0.17	.68
In the club, cafeteria	207	54.0	145	56.0	0.23	.63
Somewhere else	106	27.7	66	25.5	0.38	.54
Couples	130	33.9	76	29.3	1.50	.22

Table 9. Knowing someone who was psychologically abused regarding gender

	Boys		Girls		Difference	
	N	%	N	%	$\chi^2(1)$	p
At home, in the family	75	26.4	105	28.1	0.23	.64
By teachers/professors	64	22.5	89	23.8	0.14	.70
By pupils/students	75	26.4	106	28.3	0.30	.58
In the street	93	33.1	124	33.2	0.01	.99
In the club, cafeteria	82	28.9	99	26.5	0.47	.49
Somewhere else	50	17.6	64	17.1	0.03	.87
Couples	69	24.3	115	30.7	3.34	.07

Table 10. Knowing someone who was psychologically abused regarding age

	Pupils	Students	Difference
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	N	%	N	%	$\chi^2(1)$	p
At home, in the family	63	24.1	119	29.8	2.56	.11
By teachers/professors	58	22.2	96	24.1	0.30	.59
By pupils/students	79	30.3	104	26.1	1.39	.24
In the street	101	39.0	118	29.6	6.17	.013
In the club, cafeteria	86	33.0	97	24.3	5.88	.015
Somewhere else	53	20.3	63	15.8	2.22	.14
Couples	67	25.7	119	29.8	1.35	.25

Table 11. Knowing someone who was psychologically abused regarding place of residence

	City		Village		Difference	
	N	%	N	%	$\chi^2(1)$	p
At home, in the family	103	26.9	75	28.7	0.26	.61
By teachers/professors	88	23.0	64	24.5	0.21	.65
By pupils/students	113	29.5	67	25.7	1.13	.29
In the street	123	32.3	90	34.5	0.34	.56
In the club, cafeteria	103	26.9	75	28.7	0.26	.61
Somewhere else	66	17.2	49	18.8	0.25	.62
Couples	114	29.8	71	27.2	0.50	.48

Table 12. Knowing someone who was sexually abused regarding gender

	Boys		Girls		Difference	
	N	%	N	%	$\chi^2(1)$	p
At home, in the family	17	6.0	15	4.0	1.38	.24
By teachers/professors	15	5.3	11	2.9	2.35	.13
By pupils/students	16	5.6	13	3.5	1.80	.18
In the street	52	18.3	67	17.9	0.02	.88
In the club, cafeteria	37	13.0	49	13.1	0.01	.99
Somewhere else	37	13.0	39	10.4	1.09	.30
Couples	32	11.3	31	8.3	1.68	.19

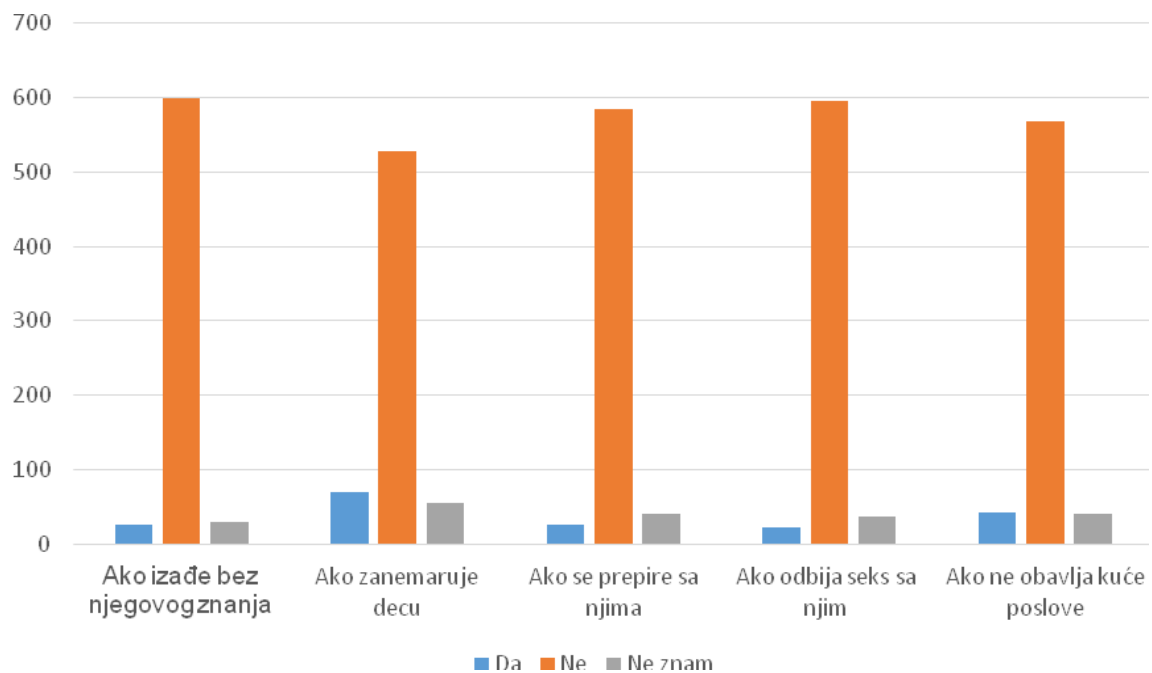
Table 13. Knowing someone who was sexually abused regarding age

	Pupils		Students		Difference	
	N	%	N	%	$\chi^2(1)$	p
At home, in the family	12	4.6	20	5.0	0.06	.80
By teachers/professors	14	5.3	12	3.0	2.28	.13
By pupils/students	14	5.3	15	3.8	0.95	.33
In the street	33	12.6	86	21.6	8.60	.003
In the club, cafeteria	25	9.5	61	15.3	4.61	.032
Somewhere else	22	8.4	54	13.5	4.10	.043
Couples	15	5.7	48	12.0	7.30	.007

Table 14. Knowing someone who was sexually abused regarding place of residence

	City		Village		Difference	
	N	%	N	%	$\chi^2(1)$	p
At home, in the family	18	4.7	13	5.0	0.02	.88
By teachers/professors	14	3.7	12	4.6	0.34	.56

By pupils/students	17	4.4	11	4.2	0.02	.88
In the street	66	17.2	50	19.1	0.36	.54
In the club, cafeteria	44	11.5	40	15.3	1.96	.16
Somewhere else	44	11.5	30	11.5	0.01	.98
Couples	41	10.7	21	8.0	1.30	.26



Graph 2. Does husband have the right to hit/beat his wife

**If she goes out without his knowledge? If she doesn't perform home duties?
 If she neglects children?
 If she argues with him?
 If she refuses to have sex with him?**