Abstract

The article is devoted to the study of young people’s perceptions of mental health in the context of reproductive behavior. The article describes modern approaches to the understanding of the human sexuality ontogenetic development specifics. Adolescence is the period of psychosexual reactions formation and period of psychosexual orientation development as well as maximized functioning of the endocrine system. On the basis of the individual characteristics and experiences young people generate their identity, develop their own worldview, social consciousness, outline their perceptions of paternal and maternal roles. The results of a pilot study revealing the basic specifics of young people’s perceptions of sexual health, matrimonial and reproductive behavior and parenting are provided. Based on the survey data obtained from a questionnaire, the details of the respondents’ awareness about social, psychological and medical (for instance, contraception) aspects of sexual health are given. The results of the study may be used in psychological work in individual, pre-matrimonial and family consultations.

Keywords: psychological health, adolescent reproductive health, age, ontogenesis

Relevance

In modern society the laws of youthful stages of ontogenesis and the period of early adulthood have become the basis for determining the sources of mental and reproductive health of individuals. This is a period of figurations of the sexual identity of the person, understanding and testing its individual sexual response, building relationships with the
opposite gender. Sexual and reproductive behavior of the person is due to gender roles and stereotypes accepted in the society and its particular layer. However gender roles are undergoing some major changes due to the ongoing transformation of the traditional system of sexual stratification. The problem under consideration attracts the attention of many researchers. Despite the fact that theoretically the influence of parental behavior on child development has been described fully and quite a long time ago, the problem of self-assessment of one’s own interpersonal interactions from the perspective of assessing the success and quality in the marital relationship of the parents is almost unexplored and particularly relevant (Borisenko et al., 2016).

**State of the problem**

Since the birth of the child the both environment in general and parents in particular play a critical role in the formation of the child’s sex-role identity. A proper understanding of the child’s gender identity is formed when a child is 1.5–2 years old. At this time parents become an example to follow, including the sphere of interpersonal relationship building.

Younger school age is the period of formation of the system concepts and models of sexual behavior for both genders, formed in the context of learning activities with peers (Borisenko & Solovieva, 2012). Proper sex-role behavior of parents at this age affects the formation of gender identity of the child as before (Doherty, 1993).

Teenage age (12-18 years) is the time of formation of psychosexual reactions and psychosexual orientation and a maximized functioning of the endocrine system. On the basis of the individual characteristics and experiences young people generate their identity, develop their own worldview, social consciousness, outline their perceptions of paternal and maternal roles (Morozova et al., 2015). The image of the father is of critical importance for both boys and girls (Fthenakis, 1985).

For a boy it is a role model, and for a girl it is the image of males in general. The absence of the father in the family during adolescence is very dramatic: a boy is deprived of the image of masculine behavior to reproduce. The girl does not have a clear image of the opposite sex, so her contacts with males will be difficult: she simply will not know what kind of behavior can be expected from males (Bouchard, 2012).
In youth age and early adulthood the child builds his/her sex-role and sexual behavior being in the framework of the relationship with parents, under the influence of their internalized models of sex-role behavior. A child’s sex-role and sexual behavior are often opposed to these of the parents or supplemental the relationship with parents. Also it can be based on the notions of “normality” of defined behavior.

It should be noted that the concept of sexual norms is not identical to the concept of sexual health, the latter being an integral part of the former. Besides sexual norms, sexual health, according to Krishtal & Hulman also includes sexual adaptation (Krishtal & Hulman, 1997). WHO definition of sexual health suggests it is the integration of somatic, emotional, intellectual, and social aspects of sexual well-being that positively enriches and elevates the identity, communication, love (ibid.). The fundamental elements of sexual health are the right of access to sexual information and the right to obtain pleasure. From the perspective of the World sexological organization, sexual health is a state of physical, emotional, mental and social well-being related to sexuality, not just the absence of disorders, dysfunctions or diseases (ibid.). The optimal sexual norm is defined at the end of the formation of the body (20-25 years). The following criteria of norm of sexuality can be identified: biological, social, psychological, socio-psychological norms of sexuality (ibid.). Krishtal & Hulman outline the following criteria for evaluating the optimal biological norm: proper differentiation of sex; correct sexual differentiation of the brain; no evidence of violations of psychosexual development and its completion; the absence of disease that could weaken sexual function; regular sexual activity and behavior that does not lead to the disease; the presence of mutual orgasm at genito-genital contact (ibid.).

Krishtal & Hulman define the following criteria of the optimal social norm: compliance with the general level of sexual culture partners; matching partners’ ethnic characteristics of sexuality; compliance of individual sexual behavior to accepted norms of society, morality; sufficient awareness of the psychology of sexual relations; no signs of social spouses’ maladjustment. Criteria for assessing the psychological norm of sexuality are even more blurred: the sexual behavior of adult individuals contributing to the expression of an individual identity; lack of sexual complexes; the adequacy of sexual plant motifs of sexual intercourse; the absence of the couple traits that cause a negative attitude of the other spouse (ibid.). Criteria
for assessing the socio-psychological norm of sexuality: the presence of a mutual desire
to sexual intercourse; the existence of mutual love, emotional ties; presence of an intimate
relationship optimal interpersonal space; line role positions of spouses, values, motivations,
level of aspiration and self-esteem of the spouses (ibid.). Thus sexologists describing the norms
of sexuality study the relationship between established couples.

However in modern society there is a sufficiently clear distinction between the parental
and the sexual sphere. The achievements of modern medicine and science can not only delineate
these two spheres of human life, but also suggest a more intelligent approach to parenting. In
recent decades a tendency of birth of children at a later age could be observed, especially in
developed countries. This allows some scientists to conclude that parenthood is associated not
only with sexuality, but also with a variety of other needs: a need to have children, a need to
have a follower, an affiliation; also there is a huge block of social needs (Belogay et al., 2014).
Thus, in modern society in the absence of any paternity education system, religious or social
sanctions for abandoning the child, parenting becomes personally caused.

Now scientists have scientifically substantiated the fact that the fundamental
difference between the father and the mother in the care of young children does not exist.
The father can do it just as well as the mother. But the father makes it a completely different
way than the mother does. Studies show that many women believe that the fathers care well
for children, but they do so only when they want to (a problem known as the problem of
“notions of competence”) (Borisenko & Solovieva, 2012). However, according to Fthenakis
(Fthenakis, 1985), many of the fathers are quite satisfied with the role of so-called “mother’s
substituent”, i.e. they replace the mother when she is not around, and help her doing her
errands. But now more and more often we can observe a tendency to increase the number
of fathers who take an active part in the life of a child. According to statistics, in Germany
90% of fathers are present at the birth of their children. Though it has become the norm
rather recently, before a long time joint childbirth for hygienic or moral considerations were
prohibited (Pleck, 2010). Fathers really come together with their children, with whom they
have lived through generations. In the future, they communicate more closely to their even
very small children: they care about them, cope with the swaddled and spend with them a lot
of time, go with the children, for example, to the baby’s doctor, often spend free time with children (Bouchard, 2012). They are trying to take an active part now in the lives of their children and consider the time spent with the child as a personal achievement. These data are confirmed also by American studies (Fthenakis, 1985).

According to the ecological approach proclaimed by Doherty (Doherty, 1993) social determinism paternity is associated primarily with the dependence implementation of the paternal function on the relationship with the woman-mother. According to the author, a woman should help a man to be a good father. However, the modern woman does not always have an ability to understand females’ prescribed roles, since they also have some disagreement. Therefore, she cannot help a man in the establishment of fatherhood; such a mother feels it as a threat to her own “holy maternal” role from a man who participates in the life of a child and without a specific model of parenting and fatherhood culture just try to take over the women’s model. As a result it is easier for “modern women” to raise a child alone. Such intransigence leads to no marriage during pregnancy or even the disintegration of the family and the education of a child by woman.

Another feature of modern reproductive behavior of today’s youth is the presence of the extramarital sexual relations, which lead the birth of children to be “undesirable”. Here the problem of the relationship and responsibility are closely interrelated with females’ and children’s health as well as the possibility of the birth and upbringing of the child. In the extramarital relationship these issues become more dramatic. As a result the problems of education and upbringing of the individual, including the culture of health and education, are particularly relevant today.

Some data illustrate well the sexual education problem. In particular, D. Hunt has found out that as a source of sexual information friends were in the first place; 2/3 of males and 4/5 of females reported that their fathers had never talk in conversations with them about it; 3/4 of males and 1/2 of females reported the same about their mothers. Only 9% of males believed that they learned in their time some information from conversations with fathers; nobody told about mothers as a source of information (Belogay et al., 2014). It seems that sexual education is quite a complex and unresolved issue until now. We believe it is important to emphasize that sexual education cannot be separated from the educational one of a personality in general.
Despite the availability of information about the sex education, according to medical statistics abortion is still one of the most popular means of birth control in our country (ibid.). This has dire demographic, economic, political, and health consequences. We believe it is important to note that these issues are avoided by teachers, parents and physicians, while these people should have the scientific knowledge about the subject and the ways to convey this knowledge to the new generation.

**Materials and methods**

Taking in account this problem we conducted a pilot study of the parameters of sexual perceptions of students: the degree of their awareness of the subjects, the age of sexual debut, the intensity of the manifestations of sexual behavior and value orientation when choosing a partner. The study took place in March-April 2016 and included 132 persons with the average age of 20 years old. As a technique we used a specially designed questionnaire, consisting of three blocks: the first block was aimed at obtaining information on the subject individual; the second unit was designed to determine the degree of awareness of the subjects in the sexual sphere of life; the third block was aimed at clarifying the information about personal sexual experiences of the subjects and their perceptions of these experiences.

**Results and their discussion**

The results in general can be described as follows: to the question “Do you consider yourself a person educated in the sexual plan?” 60% of respondents answered “Yes, rather than no”. Definitely a positive answer was given by 31%, “Rather no, than yes” - 9%, nobody gave a negative answer.

When answering the question “Where did you first learn about sex?” the most popular options were “From friends”, “From the media (television, newspapers, magazines, Internet, etc.)”, “From the books or textbooks”. The option “From parents” was rarely chosen, and nobody chose the option “From a doctor or a teacher”. Thus the questionnaire analysis showed that the majority of parents do not give much attention to sex education. This may be due to the fact that the parents have not received such education in their families. In addition, teachers and health care workers do not show initiative in informing young people in this area.
The answers to the question “Where do you get information about sex life now?” demonstrated that the respondents’ awareness of the issue increased with age. Most of the subjects indicated sources such as the media, friends/peers, and their own experience.

The most difficult part of the process of the survey was to obtain a reasoned answer to the question about the advantages and disadvantages of the existing methods of contraception. The analysis of the respondents’ answers revealed the presence of common misconceptions about the methods of contraception, such as: “hormone pills make you put on weight”, “using a condom kills pleasure”, “chemical contraceptives negatively affect the internal environment”, etc.

Interesting results were obtained by correlation analysis. Specifically, we revealed that gender is correlated with the age of learning about the phenomenon of sex. Boys tend to learn about it earlier than girls. Age and marital status are negatively correlated (-0.345). The age of sexual debut correlates with many parameters. They are in particular the desire for a first intercourse (0.712), with the use of contraceptives (0.799), abortion case (0.864), with an active sex life at the moment (0.632).

Analysis of open questions showed that there are sex differences in preferences when choosing a partner. The respondents - females are more willing to marry a male who is more educated, is older than they are, earns more than they do and is unattractive. At the same time, females are much less willing to enter into marriage with a male who is less educated, younger, does not have a regular job and earns less than they do. For questions regarding previous marriages, religion and the presence of children, gender differences were minor. Also, sex differences are manifested in the responses to the question about wanting to marry an unloved, but having all the valuable qualities for the respondent. None of the young males respond positively to this question, while one-third of girls responded positively, 2/3 of girls answered “No” and “No more, than yes”.

**Conclusion**

The data obtained indicate the fact of readiness of young people to discuss openly their ideas about sexual health, marital, parental and reproductive behavior with peers.

Many misconceptions were revealed in the sexual sphere. This fact indirectly leads to sexual aggression and the formation of social stereotypes.
There was identified a necessity of elaboration of methods and techniques to develop and assess community behaviour skills and responsibilities of potential parents.

References


