

Adolescents' Sexuality and School-Based Sex Education in South Korea

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I . Introduction

Sex education in South Korea has taken on a new urgency in recent years. According to many studies, the percentage of sexually experienced young persons has increased and the age of first intercourse has declined significantly (Chang 2001, Kong et al. 2000, Park 1998, Ku 1996). Ku et al. (1996) and Park (1998) reported that the rate of sexual intercourse among female adolescents was 5.2% in 1994. According to Sohn's study (2002), the rates of sexual intercourse for senior high school boys and girls were 10.3% and 7.2% in 2000. Even though the proportion of sexual activity among adolescents seems

to be lower compared to those of developed countries, it has risen recently. With marriage taking place later, more and more males and females are starting sexual activity before marriage (Kong et al. 2000, Kim and Lee 1999).

Helping adolescents to postpone sexual intercourse until they are ready for mature relationship is very important. It can be achieved by the comprehensive and effective sex education in the home and at school. It needs the equal cooperation of both parents and teachers. However, most South Korean parents seem uncomfortable when it comes to educating their children about sex due to shyness or the belief it would have a bad effect on them (Choi 1990, Lee 1990). But hesitation

or reluctance on the part of parents to talk about sex means adolescents will explore on their own and the consequence is that many South Korean adolescents get improper ideas about sex from pornographic videos, sex magazines, and the internet (Kong et al. 2000, Kim and Lee 1999, KWDI 1994, Choi 1990). Therefore, schools should have an important role in sex education. However, South Korean schools still generally lack a realistic sex education program that gives school students satisfactory answers to questions about their bodies, sexuality, and sexual behavior (Kong et al. 2000, Kim and Lee 1999). Far too little time is devoted to this subject so important for the life of young people. Therefore, schools should play an important role in sex education. Sex education in the school system is one of primary approaches to preventing health problems resulting from adolescent sexual behavior (CDC 1996, Kirby et al. 1994, Kirby 1995).

The Ministry of Education in South Korea has made a lot of efforts to offer a school-based sex education program since 1980s (Lee 2000, Ministry of Education 2000). It recommends that schools offer 10 to 12 hours of sex education in multi use time allotted during the week every year (Ministry of Education 2000). Many schools, however, do not follow the recommendation, nor offer any sex education (Kong et al. 2000).

In order to provide appropriate sex and

sexuality education information is needed about their patterns of sexual behavior as well as the proportion of adolescents who are sexually active. However, there is not enough information about the context in which sexual behavior or sexual experience of adolescents occurs, nor about the current reproductive and sexual health status of adolescents.

Given this situation, the aim of this study was to access the current condition of adolescents' sexuality and describe the status and needs of sex education in schools.

II. Methods

A self-administered questionnaire was conducted in Seoul, Incheon, and Kyunggi Province to assess the status and needs of high school sexuality education in 2000. Two senior high schools were randomly selected in each area. Survey data was obtained from 1,130 11th grade students. Survey questions were developed from both the focus group discussions and a taxonomy of questions constructed from students' qualitative responses. Three health education researchers reviewed the questionnaire items to assure face validity. A pilot study was conducted on about 30 high school students to test the flow the questionnaire. Based on the results, the questionnaire was revised before the adoption for fieldwork. A cover letter introduced the

purpose of this study, asked the respondent for his/her opinions and responses to the survey questions, and guaranteed anonymity of all responses.

The results are presented as number and percentage. Comparisons between boys and girls were tested with chi-square (X^2) tests for categorical variables and Fisher's exact test when expected frequencies were lower than five, and t tests for continuous variables. In addition, logistic regression was used to get odds ratio adjusted for sex and age. Significance was accepted at the 5% level ($p < .05$)

III. Results

1. Demographic Characteristics

The proportion of boys and girls respondents was 35.4% and 64.6%

respectively. More girls responded than boys. The age of respondents ranged from 15 to 19. 88.5% of respondents' parents were currently married, 11.5% were divorced/separated/parent(s) deceased. The majority of respondents, 56.3% of boys and 66.1% of girls replied that their self-perceived income level was average (See Table 1).

2. Use of Pornographic Materials

The contact rates of comics, magazines, movies, video tapes and internet for boys were 86.2%, 73.1%, 83.3%, 90.2% and 81.1% respectively. The contact rates for girls were 46.8%, 24.0%, 53.0%, 67.4% and 22.4% respectively. Both boys and girls used more videos than other materials. Boys are more likely to use or view comics, magazines, movies, videotapes and internet compared to girls ($p = .000$). These results created anxiety

Table 1. Summary of Demographics

	(Numbers are percentages in each group)		
	Boys (n = 412)	Girls (n = 718)	Total (N = 1,130)
Gender	35.4	64.6	100.0
Age			
15	0.7	0.0	0.3
16	19.8	3.5	9.3
17	55.3	69.1	64.2
18	23.0	26.0	24.9
19	1.2	1.4	1.3
Marital status of parents			
Still married	85.3	90.3	88.5
Separated/Divorced/Parent(s) deceased	14.7	9.7	11.5
Self-perceived income			
Good	32.5	30.7	31.3
Average	31.2	39.1	36.3
Poor	36.3	30.2	32.4

Table 2. The Contact Rates of Comics, Magazines, Movies, Video tapes and Internet by Gender
(Numbers are percentages in each group)

	Boys (n = 412)	Girls (n = 718)	Total (N = 1,130)	p-value
Comics				
Yes	86.2	46.8	61.7	.000
No	13.8	53.2	38.3	
Magazines				
Yes	73.1	24.0	42.8	.000
No	26.9	76.0	57.2	
Movies				
Yes	83.3	53.0	64.4	.000
No	16.7	47.0	35.6	
Video tapes				
Yes	90.2	67.4	76.0	.000
No	9.8	32.6	24.0	
Internet				
Yes	81.1	22.4	44.8	.000
No	18.9	77.6	55.2	

in our condition because gaining some disinformation about sex from pornographic materials can be relatively uninformative and improper ideas (See Table 2).

3. Masturbation

About 31.5% of respondents said that they had masturbated, and a higher proportion of boys than girls masturbated, 78.4% and 5.4% respectively ($p=.000$). Of the 340 who responded, 'curiosity' was the most frequently quoted reason for masturbating, given by 64.8% of boys and 41.0% of girls. Sexual impulse was the second reason for boys (23.6%) and girls (35.9%) (See Table 3).

4. Experience of Sexual Intercourse

The rates of sexual intercourse for boys and girls were 33.1% and 13.2% respectively.

Of students who had sexual intercourse, mean ages of sexual intercourse of boys and girls were 15.57 (SD=1.16) and 16.05 (SD=1.21) respectively. Boys were more likely to be sexually involved ($p=.000$) and experienced earlier at first sexual intercourse than girls ($p=.006$) (See Table 3).

5. Reasons for First Sexual Intercourse

For boys curiosity (34.7%), love (25.8%), and sexual impulse (24.2%) were the main reasons for having sexual intercourse. Love (38.9%), partner's request (28.9%), and curiosity (18.9%) were the main reasons for girls. Love and curiosity were the same reasons for both boys and girls. Sexual impulse was the other major reason for boys. On the other hand partner's request was for girls (See Table 3).

6. Reasons for Never Having Sexual Intercourse

No premarital sex (35.8%), fear of being pregnant (24.7%) and immorality (16.0%) were the major reasons given by girls for never having sexual intercourse. On the other hand, no partner so far (37.8%) was the main reason for boys (See Table 3).

7. Practice of Contraception at First Sexual Intercourse

Among students who had sexual

intercourse, only 20.3% (21.1% of boys and 19.1% of girls) used contraceptives at first sexual intercourse. Of students who practiced contraception, coitus interrupts (46.2%) was the major contraceptive method for boys and condom use by boys (38.5%) for girls. The use of unsafe methods was quite common for both boys and girls (See Table 4).

8. Experience of Pregnancy

Of the 222 responded, 13% (13.5% of boys and 12.4% of girls) said that they had

Table 3. Adolescents' Sexuality by Gender

	Boys	Girls	Total	p-value
	(Numbers are percentages in each group)			
Ever had masturbation	(n = 412)	(n = 718)	(N = 1,130)	
Yes	78.4	5.4	31.5	.000
No	21.6	94.6	68.5	
Mean age at first masturbation (SD)	14.58 (1.44)	14.08 (2.24)	14.53 (1.54)	n.s.
Reasons for having masturbation	(n = 301)	(n = 39)	(N = 340)	
Curiosity	64.8	41.0	62.1	.01
Sexual impulse	23.6	35.9	25.0	
Others	11.6	23.1	12.9	
Ever had sexual intercourse	(n = 412)	(n = 718)	(N = 1,130)	
Yes	33.1	13.2	20.3	.000
No	66.9	86.8	79.7	
Mean age at first sexual intercourse (SD)	15.57 (1.16)	16.05 (1.21)	15.76 (1.20)	.006
Reasons for having sexual intercourse	(n = 124)	(n = 90)	(N = 214)	
Curiosity	34.7	18.9	28.0	n.s.*
Love	25.8	38.9	31.3	
Sexual impulse	24.2	8.9	17.8	
Partner's request	4.8	28.9	15.0	
Being forced into	2.4	1.1	1.9	
Others	8.1	3.3	6.0	
Reasons for never having sexual intercourse	(n = 238)	(n = 519)	(N = 757)	
Immorality	21.4	16.0	17.7	n.s.*
No premarital sex	12.6	35.8	28.5	
Fear of STDs	3.8	1.0	1.8	
Fear of pregnancy	9.7	24.7	19.9	
No partner so far	37.8	4.4	14.9	
Others	14.7	18.1	17.2	

Note. n.s.= not significant; * Fisher's exact test

ever been pregnant or gotten someone else pregnant. The rate was high because many of them did not use a method of contraception. Even though they used contraceptive method, they used an unsafe method of contraception such as rhythm or coitus interruption (See Table 4).

9. Source of Advice on Respondents' or their Partner's Pregnancy

Among young people who sought advice, friends and consultants at health center were the major sources of advice. Perhaps not

surprisingly in a traditional society like South Korea, only 7.8% of boys and 10.3% of girls sought advice from their parents after a pregnancy occurred. In both gender, boys and girls did not seek advice from their teachers. Both boys and girls preferred to talk to their friends (See Table 4).

10. Behavior after Pregnancy

The proportion of pregnancies that ended in induced abortion was 61.6%. Some respondents had induced abortions by a local illegal service (See Table 4).

Table 4. Adolescent's Sexual Behavior Regarding Contraception and Pregnancy

(Numbers are percentages in each group)

	Boys	Girls	Total	p-value
Ever practiced contraceptives	(n = 128)	(n = 94)	(N = 222)	
Yes	21.1	19.1	20.3	n.s.
No	78.9	80.9	79.7	
Contraceptives used	(n = 39)	(n = 26)	(N = 65)	
Male condom	41.0	38.5	40.0	n.s.*
Intrauterine device	0.0	7.7	3.1	
Contraceptive pills	0.0	3.8	1.5	
Rhythm	10.3	11.5	10.8	
Coitus interruption	46.2	26.9	38.5	
Others	2.5	11.6	6.1	
Experience of making someone pregnant or getting pregnant	(n = 128)	(n = 94)	(N = 222)	
Yes	13.5	12.4	13.0	n.s.
No	86.5	87.6	87.0	
Source of advice on respondents' or their partner's pregnancy	(n = 51)	(n = 29)	(N = 80)	
Consultant service	33.4	10.3	25.0	n.s.*
Doctor	3.9	3.5	3.8	
Teacher	0.0	3.5	1.3	
Parents	7.8	10.3	8.8	
Friends	54.9	72.4	61.1	
Behaviors after making someone pregnant or getting pregnant	(n = 51)	(n = 29)	(N = 80)	
Induced abortion at local hospital	56.8	51.7	54.8	n.s.*
Induced abortion at local illegal service	6.8	6.9	6.8	
Breaking up with sexual partner	9.1	10.3	9.6	
Currently pregnant	9.1	3.4	6.8	
Live birth	9.1	6.9	8.2	
Others	9.1	20.8	13.8	

Note. n.s.= not significant; * Fisher's exact test

11. Sexual Intercourse and Associated Factors

The proportion of respondents who had had sexual intercourse was not significantly different among those with married parents and those with separated or divorced parents. The proportion was higher among those with poor self-perceived academic performance ($p = .000$). The proportion was also higher among those with a boy or girl friend ($p = .000$).

Other risk-taking behaviors such as smoking and drinking were associated with sexual activity ($p = .000$). Those who had

drinking experience had a 7.3 times higher probability of engaging in sex than those without drinking experience. Those adolescents who were smoker had an 11.5 times higher probability than non-smokers.

Those who had a school-based sex education were less likely to involved sexual activity than those without it ($p = .000$) (See Table 5).

12. Sex Education Experience

In this study 68.8% of boys and 94.4% of girls had some school-based sex or sexuality education. The mean hours of sex

Table 5. Sexual Intercourse by Demographic and Background Variables

(N=1,130)

Independent Variable	Had sexual Intercourse		No Sexual Intercourse		Total		Odds Ratio (95% C.I.)
	n	%	n	%	N	%	
Gender							
Boy	132	33.1	267	66.9	399	100.0	3.24***
Girl	95	13.2	622	86.8	717	100.0	(2.40-4.37)
Marital status of parents							
Separated/Divorces	31	25.0	93	75.0	124	100.0	1.34
Married	194	19.9	779	80.1	973	100.0	(0.87-2.07)
Self-perceived academic performance							
Poor	103	31.2	238	69.8	341	100.0	2.34***
Average/Good	114	15.6	617	84.4	731	100.0	(1.73-3.18)
Whether having a boy or girl friend							
Yes	127	34.7	239	65.3	366	100.0	3.58***
No	94	12.9	633	87.1	727	100.0	(2.64-4.86)
Drinking							
Yes	206	28.5	516	71.5	722	100.0	7.27***
No	20	5.2	364	94.8	384	100.0	(4.50-11.72)
Smoking							
Yes	187	41.5	264	58.5	451	100.0	11.50***
No	38	5.8	617	94.2	655	100.0	(7.89-16.77)
Ever had school-based sex education							
No	53	33.1	107	66.9	160	100.0	2.29***
Yes	165	17.8	761	82.2	926	100.0	(1.58-3.31)

*** $p = .000$

Table 6. School-Based Sex Education by Gender

	(Numbers are percentages in each group)			
	Boys	Girls	Total	p-value
Ever had school-based sex education	(n = 412)	(n = 718)	(N = 1,130)	
Yes	68.8	94.4	85.5	.000
No	31.2	5.5	14.5	
Number of hours of sex education^a	(n = 283)	(n = 678)	(N = 961)	
1 - 2 hours	75.4	49.7	57.1	
3 - 4 hours	16.7	28.2	24.9	.000
5 - 6 hours	4.8	14.4	11.6	
7 - 8 hours	0.4	2.6	2.0	
8 + hours	2.7	5.1	4.4	
Mean (SD)	2.29(2.66)	3.39(2.87)	3.07(2.85)	.000
Satisfaction of sex education^a	(n = 283)	(n = 678)	(N = 961)	
Very satisfied	2.4	5.8	4.8	
Little satisfied	16.7	23.2	21.4	.000
Little dissatisfied	15.2	21.8	20.0	
Very dissatisfied	65.7	49.2	53.8	

^a Only respondents having school-based sex education were included.

education instruction of boys and girls were 2.29 and 3.39 hours respectively. 80.9% of boys and 71.0% of girls were not satisfied with sex education presented in schools. Boys, especially, were more unsatisfied with sex education in schools compared to girls ($p = .000$) (See Table 6).

13. Reasons for not being satisfied with sex education

Students were asked to check and the reasons for not being satisfied with their current sex education and to specify the reasons. There are several reasons for not being satisfied with sex education in schools. Lack of information was the first reason in all categories. About 74% of respondents felt that the sex education taught in schools did not cover the information that they wanted.

For example, their sex education is currently filled with reproductive anatomy that was considered *largely irrelevant*. The second reason given was lack of trained sex education teachers. Lack of materials, poor interactive teaching method, and shortage of time were the other reasons given (See Table 7).

14. Topics in school-based sex education

Students were asked to check the topics they wanted to learn from school-based sexuality education and to write specific subjects. Students felt that contraceptive methods should be thoroughly covered. Specially, they wanted to know where to obtain contraceptives and how to use them. They wanted detailed instruction preferably taught with the use of models and other visual materials. They also wanted to know the

consequences of sexual activity such as sexual transmitted diseases including AIDS/HIV and pregnancy. They expressed a need for clear information if pregnancy did occur. Overall, students favored comprehensive sex education that covered a variety of subject matter. They also stated that sex education should include many of the emotional, social, and cultural aspects of human sexuality such as dating relationships, gender roles, and gender equity (See Table 8).

15. Opinion of school-based sex education

Most boys (93.8%) and girls (95.7%) felt that school-based sex education was important. The majority of boys (89.2%)

and girls (92.6%) said that they needed some sex education or program. More than half supported the idea that sex education should be made compulsory in schools (See Table 9).

16. Timing of sex education

Students were asked when school-based sex education should start. 74.6% of respondents said that compulsory sex education should start at elementary school. Most students agreed that sex education should start early because young people already had gained some sexual knowledge from friends, media, and personal experience. Because of their early awareness, many

Table 7. Reasons for Not Being Satisfied with Sex Education(N = 961)^a

Rank	Categories	%
1	Lack of information (already knew it all)	74.2
2	No trained sex education teachers	62.2
3	Lack of materials	27.7
4	Lack of interactive teaching method	28.6
5	Lack of time	26.0
6	Lack of interest of sex education	7.4

^a Only respondents having school-based sex education were included.

Table 8. Topics Students Wanted to Learn from School-Based Sex Education(N=1,130).

(Ranked highest to lowest)

Rank	Categories
1	Contraceptives (where to get them and how to use them)
2	Sexual transmitted diseases
3	AIDS/HIV
4	Sexual behaviors including homosexuality
5	Unwanted pregnancy including abortion
6	Dating relationship
7	Social factors (gender roles/expectations/equity)

Table 9. Student Opinion of School-Based Sex Education

Questions	(Numbers are percentages in each group)		
	Boys (n = 412)	Girls (n = 718)	Total (N = 1,130)
School-based sex education is very important			
Agree or strongly agree	93.8	95.7	95.0
Disagree or strongly disagree	6.2	4.3	5.0
Sex education should be offered in school			
Agree or strongly agree	89.2	92.6	91.4
Disagree or strongly disagree	10.8	7.4	8.6
Sex education should be made compulsory in schools			
Agree or strongly agree	65.8	69.9	68.5
Disagree or strongly disagree	34.2	30.1	31.5
Timing of sex education			
Elementary school	59.4	83.2	74.6
Junior high school	38.1	16.0	24.0
Senior high school	2.5	0.8	1.4

children begin having questions about sexuality during the elementary school years (See Table 9).

IV. Discussion

In this survey, rates of sexual activity for both boys and girls have slightly higher rates than other several surveys (Sohn 2002, Chang 2001, Park 1998, Kim and Lee 1999, Kim 1997, Ku 1996). It may be attributed that the sample of students was recruited from the 11th grade populations and selected schools were chosen in Seoul and surrounding cities. The rate of sexual activity for girl is similar to Kim and Chung's (1993) survey. In South Korea it is difficult to figure out how many

boys and girls are sexually active because of no national survey for sexual activity. Also, South Korean students, especially girls, have a tendency not to report their sexual activity.

The results of this survey showed that boys were more likely to be sexually involved than girls. We also found that sexual activity was a marker for other risk-taking behaviors that have been noted in other studies (McCullough and Scherman 1991, Hacker et al. 2000, Sohn 2002). Hacker et al. (2000) and Sohn (2002) found that sexually active students had lower school achievement and were more likely to have used drugs and alcohols. We found that students ever had sexual intercourse were more likely to have poor grades. The risk-taking behaviors such as smoking and drinking were strongly associated with sexual

activity. Sexually experienced students were more likely to have used cigarettes and alcohol. This fact gives an idea that sex education should consider the link between sexual activity and high-risk activities such as under age drinking and smoking. Therefore, sex education should be viewed as part of the wider curriculum because of link between drinking and smoking behavior and sexual activity.

In this survey, most students having sexual intercourse did not use a method of contraception. Even though some students used contraceptive methods half of them used an unsafe method of contraception such as rhythm or coitus interruption. Due to poor practice of contraception, 13% of those experienced sexual intercourse had ever been pregnant or gotten someone else pregnant. Most pregnancies ended in induced abortion including the abortions by a local illegal service. Even though a pregnancy occurred, most students did not seek advice from their parents. They preferred to talk to their friends on their pregnancy. This fact gives that we cannot expect parental sex education for their children. Not surprisingly, most parents in South Korea want schools to have the responsibility for sex education of their children because they are reluctant to speak openly with their children about sex and sexuality. Therefore, school should take into account the various duties and responsibilities

to educate and protect adolescents. Various kinds of sex education programs should be offered in school to help adolescents know about safer sex.

In this study, sexual activity is associated with sex education. Those had school-based sex education were less likely involved in sexual activity than those without it. Other studies d that young people who have had sex education are not more likely to have sexual intercourse than those who have never taken a course (Zelnick and Kim 1982, Marsigliano and Mott 1986). Among those teenagers who are having sexual intercourse, students who have taken sex education classes are significantly most likely to use contraception (Zelnick and Kim 1982, Marsigliano and Mott 1986, Dawson 1986)

Although sex education seemed to associate students' sexual activity, the quality of sex education in South Korea was very poor. The mean hours of the education instruction of boys and girls were 2.29 and 3.39 hours per semester. Most school students got only a fragmented - mainly biological - knowledge about sex from the shortage of sex education instruction. We found most students were dissatisfied with the education because of teachers' lack of information and skills in delivering it. Most teachers providing sex education were not qualified and/or trained. Especially, boys were more likely to be dissatisfied than girls. This result can be

attributed to sex education focusing on girls rather than on boys. Schools therefore need to make a conscious effort to make sex education relevant to boys and find some methods to satisfy them.

Currently there is no national law or policy on sex education in South Korea. In many countries sex education have been taught as one element of health education, set within the wider context of health promotion and the health-promoting ethos of schools. However, health education has not been incorporated as part of the school curriculum in South Korea. Thus the Ministry of Education must decide whether sex education should be included as part of the curriculum in schools and, if so, what the educational provision should consist of, and how it should be organized. The guidance that schools, teachers, and governors can give on how to deliver effective sex education should be developed.

School board members and school administrators should adopt policies mandating a comprehensive school-based sex education. School-based sex education should cover human development, relationships, inter-personal skills, sexual behavior, sexual health and knowledge about sex, and sexuality in society in both national and international contexts at age-appropriate levels. There is a need to develop the guidelines, textbooks, and materials for a comprehensive sex education that is

appropriate to the age and maturity level of the young person. In the U.S., a model for a comprehensive sex education curriculum was developed by the Sexuality Information and Education Council of the United States (SIECUS) National Guidelines Task Force and revised in 1996 (SIECUS 1996). It should be developed a South Korean model for a comprehensive sex education that is appropriate for South Korean culture, norms and sound sexual values sexuality.

Additionally, qualified and trained health education teachers should provide school-based sex education because they have had the necessary training and experience in adolescent development, age-appropriate teaching methods, adolescent health, and health education methods and materials. In-service training should offer a variety of strategies and suggestions for teaching. It is also a need to have an organization of cooperative networks among schools, parents, and communities. Given the significance of sexual issues and the level of public interest, the South Korean Government should organize seminars for groups of policy makers, school board members and administrators in order that representatives from the groups are clear about the nature of the guidance and associated support material. Authorities of schools could be expected to disseminate the information about sex education program to teachers and parents.

This study has a number of limitations. First, the sample of students might not be representative of high school students because only 11th grade students were included. Seoul and surrounding cities of Seoul might not be representative of the national population. Second, there were some possibilities that some students did not want to report some questions frankly, and this might have skewed results. Third, because the data was cross-sectional, causality could not be statistically established. Nonetheless, this study assessed South Korean adolescents' sexual behaviors, which would contribute to planning future sex education programs.

V. Conclusions

Sex education should be presented in a context that values stable relationships, healthy living, and personal responsibility. Throughout the deliberation process has been the importance of meeting young people's needs. These needs will vary and it is essential that the sex education they receive in schools is both relevant and meaningful. I live in a diverse society and young people need to be aware of the value of commitment and mutual respect in relationships and partnerships. They should be aware of the value placed on marriage in traditional South Korean society. As they mature, they should be encouraged

to appreciate the value of parental responsibility and stable family life as a means of offering children security, stability and happiness.

Schools are an important setting for promoting health among young persons. A balanced program of sex education, from elementary school to high school will provide opportunities for all young people to explore these concepts and others in a coherent and supportive environment. Sex education in South Korea should be considered a part of health education like many developed countries. Sex education therefore should be one element of health education, set within the wider context of health promotion.

In this study I found that current sex education in South Korea did not meet students' perceived needs. Boys especially require more education at school, as they miss out on sex education at school. They gain some information about sex from mainly friends or mass media. Most South Korean boys have had some experience to contact pornographic videos, cartoons, movies, Internet sites, and magazines. Gaining some information about sex from pornographic materials can be relatively uninformative and improper ideas. It is vital that sex education is provided, and made relevant to, the experiences of young men. Students also need to receive education on issues as menstruation to counteract misconceptions and

stereotyping.

Ultimately, the quality of sex education is dependent on the skills and confidence of the teachers providing it. This study found that most students were not satisfied with sex education because of teachers' lack of information and skills in delivering it. Most teachers providing sex education were not qualified and/or trained. They should receive adequate training and guidelines for the training. Training should also give teachers time to practice and become comfortable in delivering it.

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ABSTRACT

The aim of this study was to assess adolescents' sexuality and to gather student opinions on current school-based sex education in South Korea. A self-administered questionnaire survey was conducted in Seoul, Incheon, and Kyunggi Province to assess the status and needs of high school sexuality education. Survey data was obtained from 1,130 senior high school students.

The rates of sexual intercourse for boys and girls were 33.1% and 13.2% respectively. Boys were more likely to be sexually involved ($p = .000$) and experienced earlier at first sexual intercourse than girls ($p = .006$). Among students who had sexual intercourse, only 20.3% (21.1% of boys and 19.1% of girls) used contraceptives at first sexual intercourse. The proportion of respondents who had had sexual intercourse was higher among those with poor self-perceived academic performance ($p = .000$). The proportion was also higher among those with a boy or girl friend ($p = .000$). Other risk-taking behaviors such as smoking and drinking were associated with sexual activity ($p = .000$).

This study found that most students were not satisfied with sex education because of teachers' lack of information and skills in delivering it. Most teachers providing sex education were not qualified and/or trained. They should receive adequate training and guidelines for the training. Training should also give teachers time to practice and become comfortable in delivering it.

Key Words : health education, South Korea, school, sex education, high school students