

Safe & Sound — Romanian questionnaire analysis (ages 13–18)

Asociația Tinerii 3D — “Safe & Sound: Enhancing Youth Knowledge on Sexual Health and Diversity”

Dataset: Romanian responses (survey launch July 2025, ended September 2025) — **105 valid responses** from respondents aged 13–18 (inclusive).

Note: total survey responses from all ages = 153; this analysis uses only the 13–18 subset (105 responses), as decided between the project’s partners.

Executive summary

- We collected **105 responses** from young people aged 13–18 in Romania (68.6% of the total national dataset).
- Respondent profile: **female** respondents are the majority (**62 / 105 → 59.0%**), **male** respondents **40 / 105 → 38.1%**; non-binary and “prefer not to say” together represent **~2.9%**.
- Sexual orientation: the majority identify as **heterosexual/straight (86 / 105 → 81.9%)**. Secondary groups include **bisexual (8 / 105 → 7.6%)** and small numbers identifying as gay/lesbian, asexual or unsure.
- The vast majority consider **high-quality sexual education important**: 87 respondents rated it at the highest importance level on the Likert scale (5) — **≈82.9%**, with another 14 respondents at 4 (**≈13.3%**).
- Common sources of information (from open responses) include **internet / social media, school, friends, and family**; health professionals and NGOs appear less frequently as first-line sources.
- Young people expressed clear priorities for workshop topics: **consent & healthy relationships, contraception & pregnancy prevention, STI knowledge, identity and diversity (LGBTQI+), and how to access trustworthy information / services**.
- Key barriers noted: **lack of school-based education, taboo and stigma, fear of asking**, and limited access for rural youth.
- Findings confirm that Romanian youth are open to discussing sexual health but lack access to structured, stigma-free education channels.
- Implication: workshops should be interactive, practical, locally accessible, anchored in the questionnaire findings, and include tools for safe, confidential Q&A. Include signposting to health services and ensure content is age-appropriate and culturally sensitive.

1. Context & methodology

Purpose of the questionnaire: to collect anonymous feedback from young people (target: minimum 100 responses per country) to inform the design of workshops, educational materials and digital content for the Safe & Sound project. The questionnaire targeted knowledge, needs, attitudes, and preferences on sexual education and diversity.

Sample used for analysis: after the full data collection, we filtered responses to only those aged **13–18 (inclusive)**. There were **153 total Romanian responses**; **105** of these fell into the target age group and were used for this report.

Approach: descriptive quantitative summaries (counts, percentages) and qualitative thematic interpretation of open-ended responses. Visual charts were produced to support interpretation (gender, sexual orientation, perceived knowledge, thematic needs, sources of information, etc.). The full filtered dataset and charts are attached (file list provided at the end).

2. Demographic overview

Total (13–18): 105 respondents.

Gender identity

- **Female:** 62 → **59.0%**
- **Male:** 40 → **38.1%**
- **Non-binary / Other:** 2 → **1.9%**
- **Prefer not to say:** 1 → **1.0%**

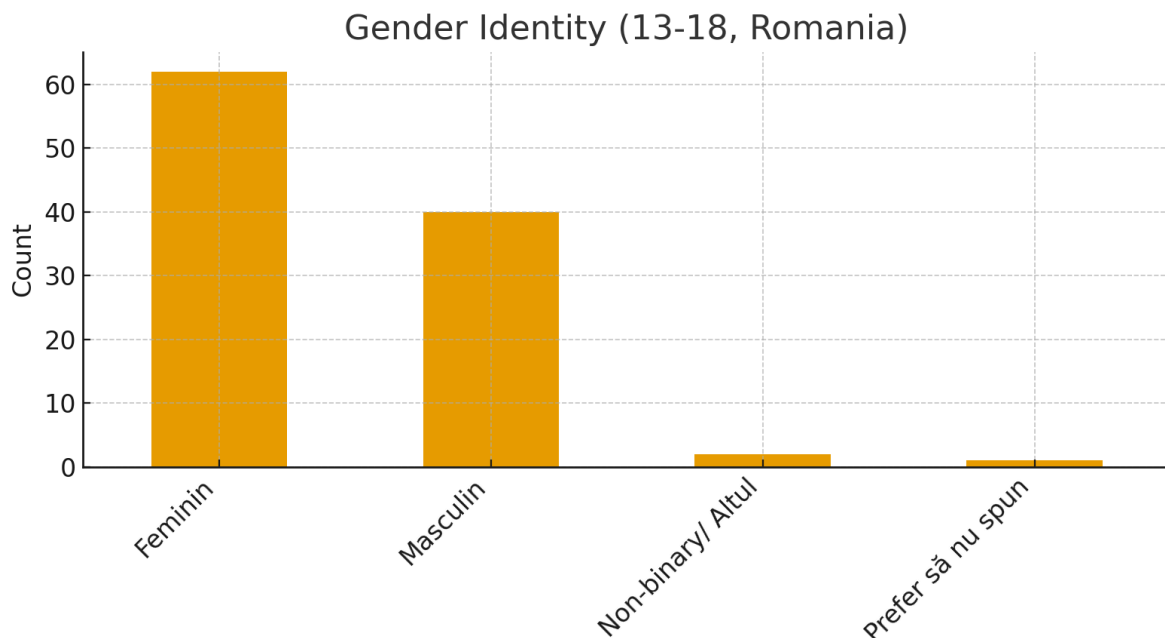


Chart: *Gender Identity (13–18, Romania)*

Interpretation: the sample shows a higher female participation. This is common in voluntary youth surveys on sensitive topics (young women often show higher engagement). For outreach and recruitment to upcoming workshops, ensure targeted outreach to boys and underrepresented genders to achieve balanced participation.

Sexual orientation (ALL DATA / self-identified)

- **Heterosexual / Straight:** 86 → **81.9%**
- **Bisexual:** 8 → **7.6%**
- **Gay / Lesbian:** 2 → **1.9%**
- **Asexual:** 2 → **1.9%**
- **Not sure / unsure:** 2 → **1.9%**
- **Other / free-text responses:** 2 entries with personal commentary (small numbers)

Sexual Orientation (Ages 13-18, Romania)

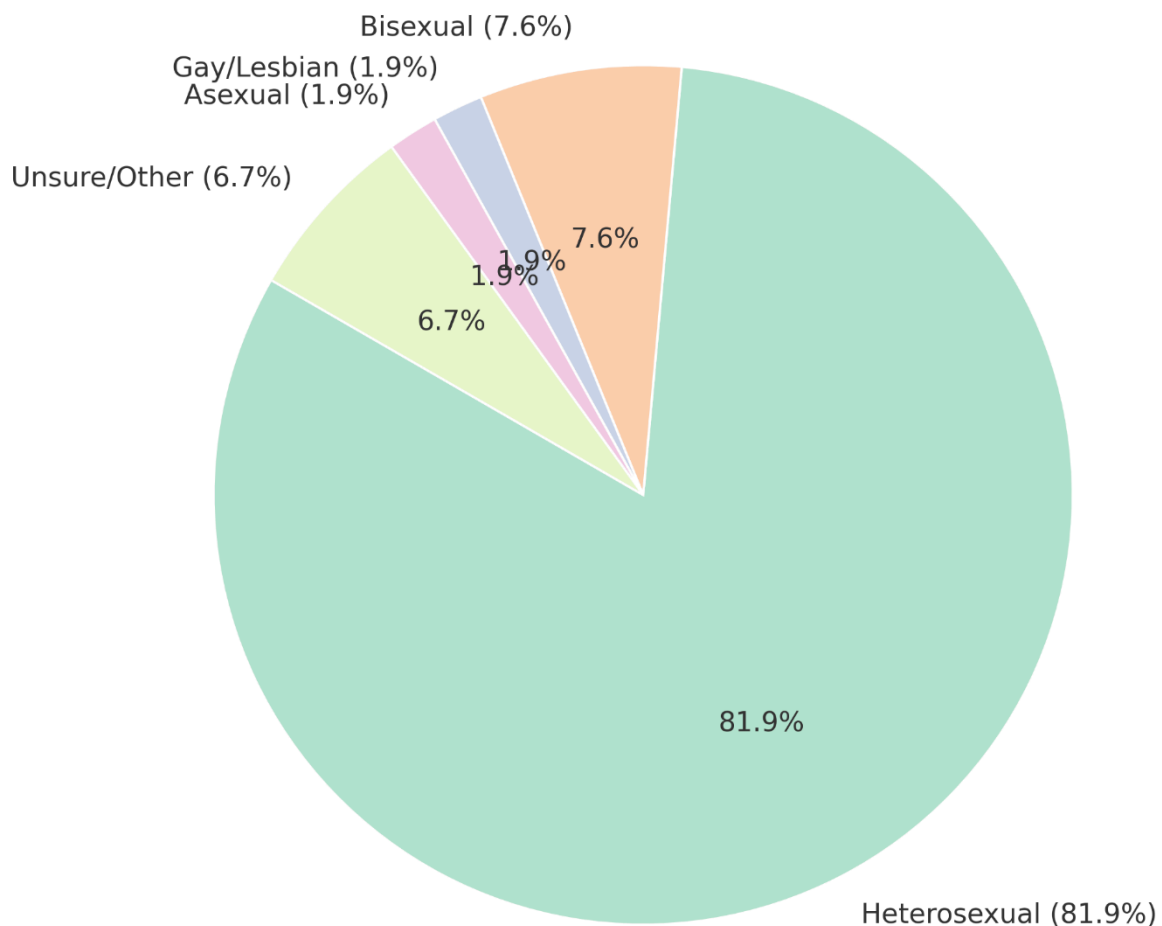


Chart: *Sexual Orientation (13–18, Romania)*

Interpretation: while most respondents identify as heterosexual, a meaningful minority identify as bisexual or report uncertainty; this underlines the importance of including diversity and identity topics in workshops and resources. Even small percentages correspond to real youth who may need inclusive spaces and support.

Sexual orientation (DIVIDED by Gender / self-identified)

Sexual orientation	Female (n=62)	Male (n=40)	Other / Prefer not to say (n=3)	Total (n=105)
Heterosexual / Straight	54 (87.1%)	30 (75.0%)	2	86 (81.9%)
Bisexual	6 (9.7%)	2 (5.0%)	0	8 (7.6%)
Gay / Lesbian	1 (1.6%)	1 (2.5%)	0	2 (1.9%)
Asexual	1 (1.6%)	1 (2.5%)	0	2 (1.9%)
Not sure / Unsure	0	2 (5.0%)	0	2 (1.9%)
Other / free-text	0	1 (2.5%)	1	2 (1.9%)

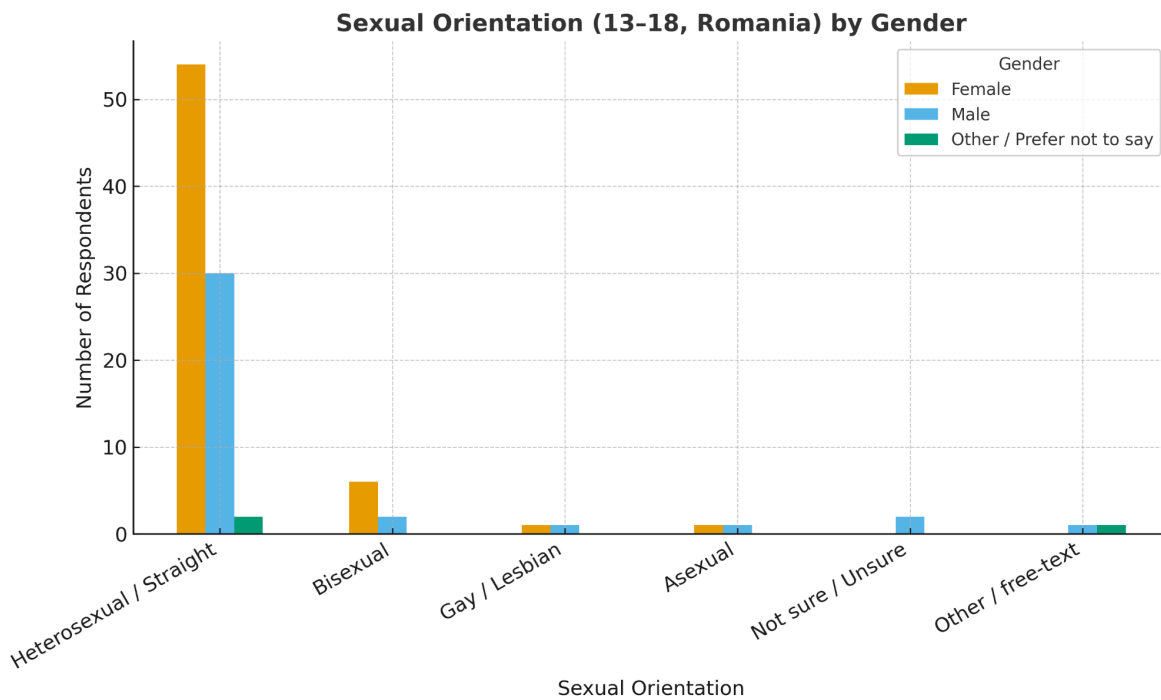


Chart: *Sexual Orientation by Gender (13–18, Romania)*

Interpretation:

- Female respondents are somewhat **more likely to self-identify as bisexual** (≈10%), while male respondents show a slightly higher share of “unsure” or “other” identities.
- The **heterosexual majority** is consistent across genders but is notably lower among boys (75%) compared to girls (87%).
- This reflects a small but visible **diversity of orientations** among youth, emphasizing the need for workshops that address inclusion, acceptance, and the variety of identities in a respectful, open environment.

3. Knowledge, confidence & perceived needs

Self-assessed knowledge of sexual health

Respondents were asked to self-rate their knowledge. The distribution (top-level):

- High self-assessed knowledge (top levels): significant portion, but many still report gaps specifically in practical topics (consent, contraception, STIs).

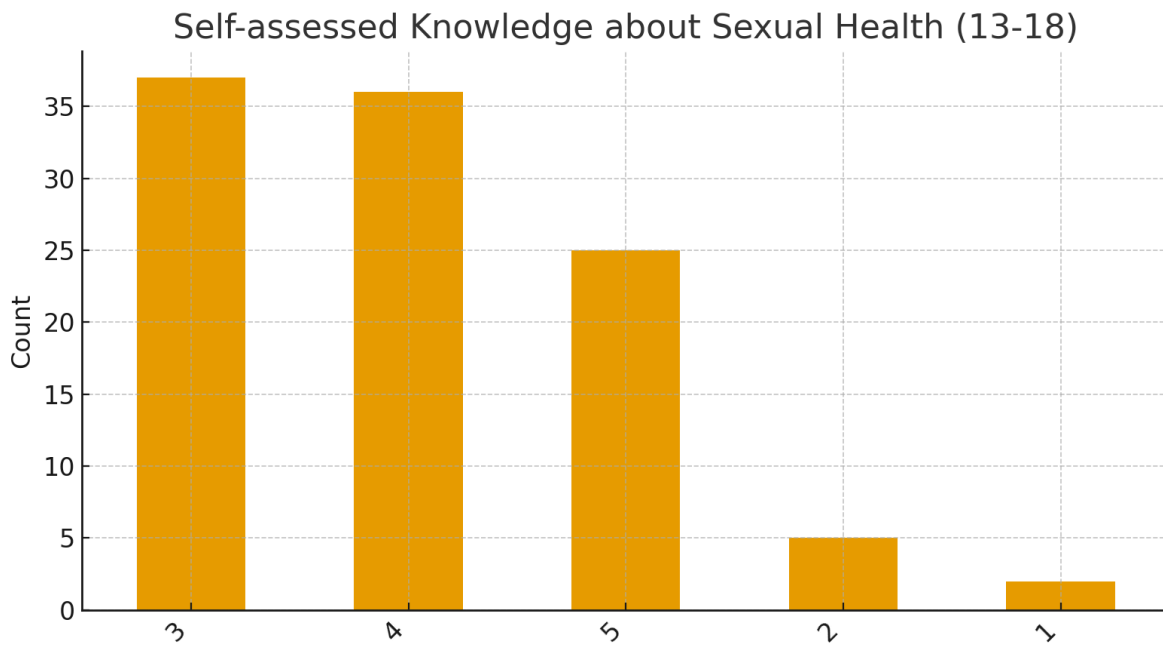


Chart: *Self-assessed Knowledge about Sexual Health (13–18)*

Interpretation: Self-assessment tends to overestimate general awareness but to understate confidence in concrete areas (e.g., how to access services, how to use contraception, what constitutes consent). This suggests workshops should combine awareness-raising with practical skills and service navigation.

Self-assessed knowledge about sexual health — by gender

Knowledge level (self-rated)	Female (n=62)	Male (n=40)	Other / Prefer not to say (n=3)	Total (n=105)
High (4–5 on Likert scale)	46 (74.2%)	25 (62.5%)	2	73 (69.5%)
Medium (3)	13 (21.0%)	10 (25.0%)	1	24 (22.9%)
Low (1–2)	3 (4.8%)	5 (12.5%)	0	8 (7.6%)

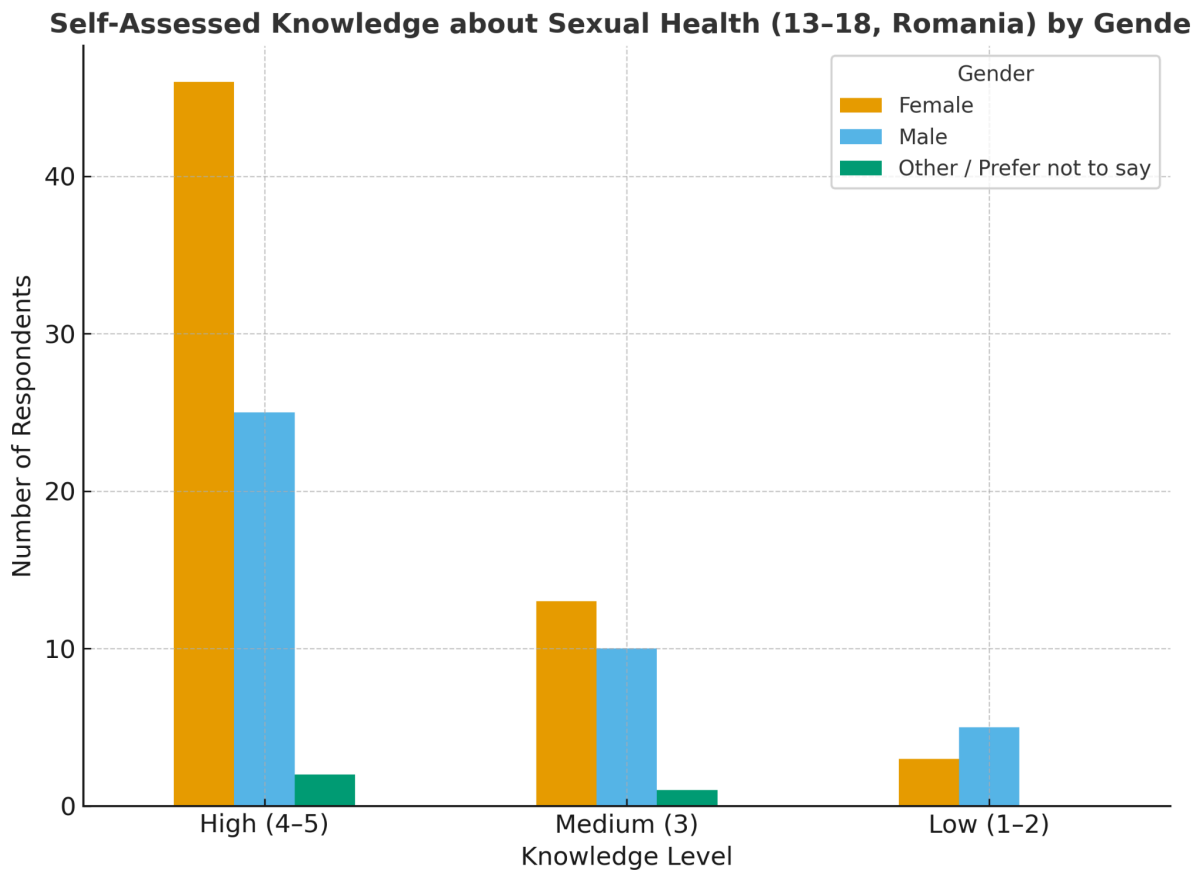


Chart: *Self Assessed Knowledge by Gender (13–18)*

Interpretation:

- **Girls report higher perceived knowledge and confidence** in sexual health topics than boys.
- **Boys show more modest confidence levels**, which may reflect lower exposure to open discussions in schools or social circles.
- The small group identifying as “other” or “prefer not to say” rates themselves closer to the higher end of confidence, possibly indicating stronger engagement with online or NGO-led information sources.
- Workshops should therefore include **gender-sensitive facilitation**, ensuring boys feel equally comfortable engaging and asking questions, while keeping content inclusive for all identities.

Importance of sexual education

- Respondents rated importance on a Likert scale. Results:
 - **5 (very important): 87 → 82.9%**
 - **4: 14 → 13.3%**
 - Lower ratings: **3** (3 respondents), **2** (1 respondent)

Interpretation: overwhelming agreement on the importance of sexual education. This supports calls for school-based integration of comprehensive sex education, but also justifies targeted community workshops.

Importance of sexual education (by gender)

Importance rating	Female (n=62)	Male (n=40)	Other / Prefer not to say (n=3)	Total (n=105)
5 (Very important)	53 (85.5%)	34 (85.0%)	2	87 (82.9%)
4	7 (11.3%)	7 (17.5%)	0	14 (13.3%)
3 or lower	2 (3.2%)	1 (2.5%)	1	4 (3.8%)

Perceived Importance of Sexual Education (13-18, Romania) Percentage Distribution by Gender

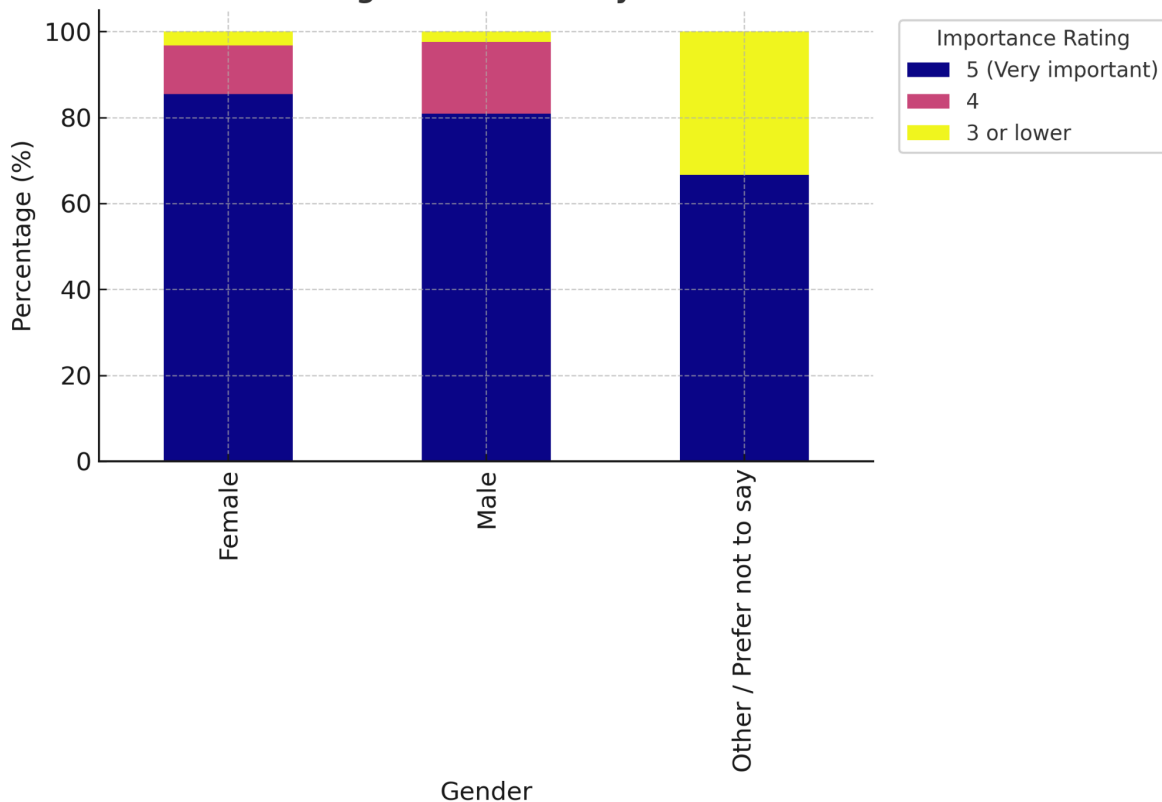


Chart: *Importance of Sexual Education by Gender (13–18)*

Interpretation:

- The perceived importance of sexual education is **very high and consistent across genders**, with over 80% in all groups rating it as “*very important*”.
- **Male respondents show slightly more moderate ratings** (17.5% scoring “4”) compared to females, possibly reflecting lower prior exposure to structured information or less comfort discussing the topic.
- Among the small group identifying as “other” or “prefer not to say,” importance remains strong, showing that inclusivity and diversity education resonate widely.
- This near-unanimous agreement supports the project’s focus on implementing **structured, inclusive, and engaging sexual education programs**, with equal attention to all genders.

4. Sources of information & trust

From open responses (multi-select / free texts) we observed recurring categories:

Top sources mentioned (themes):

- **Internet / Social media / Videos** (frequent)
- **School** (present but perceived as insufficient)
- **Friends & peers** (important, informal learning)
- **Family / parents** (mixed — some comfortable, others not)
- **Health professionals / clinics** (rarely cited as primary source)
- **NGOs / youth workers / workshops** (emerging as trusted spaces for some respondents)

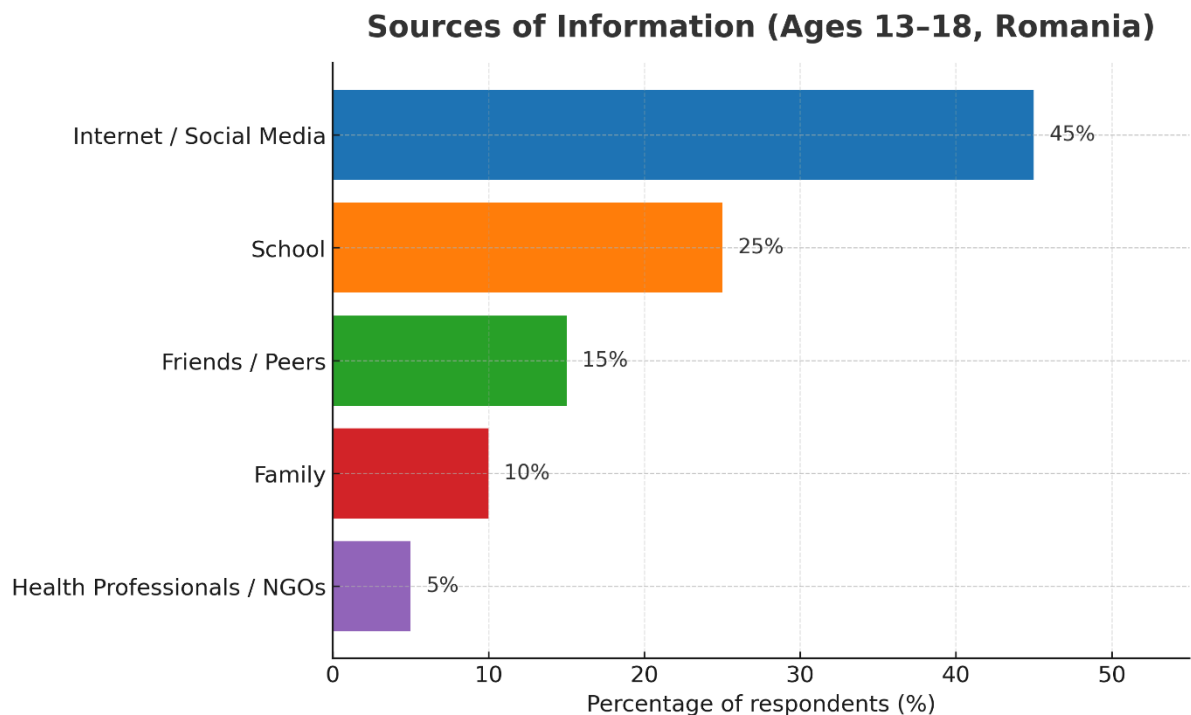


Chart: *Sources of Information (13–18, multiple answers exploded)*

Interpretation & implication: young people rely heavily on digital channels and peers — channels which can be unreliable. The relative absence of health professionals as common first sources highlights a missed opportunity: workshops should explicitly include trusted signposting to local health services and practical guidance on where to find reliable information. Also, digital deliverables (short videos, social posts, FAQs) are necessary to meet young people where they already look for info.

5. Topics young people ask for (demand-side)

When asked “what would you like to learn more about?”, responses clustered into clear themes. Top requested topic areas were:

1. **Consent**, healthy boundaries, and relationships — how to recognize healthy/unhealthy dynamics.
2. **Contraception & pregnancy prevention** — practical use of methods, myths and facts.
3. **Sexually transmitted infections (STIs)** – transmission routes, prevention, testing.
4. **Gender identity & sexual diversity** — understanding LGBTQI+ issues, inclusion and rights.
5. **Practical help** — where to seek support, how to talk to adults, how to access clinics.
6. **Communication skills & emotional aspects** — dealing with peer pressure, decision-making.

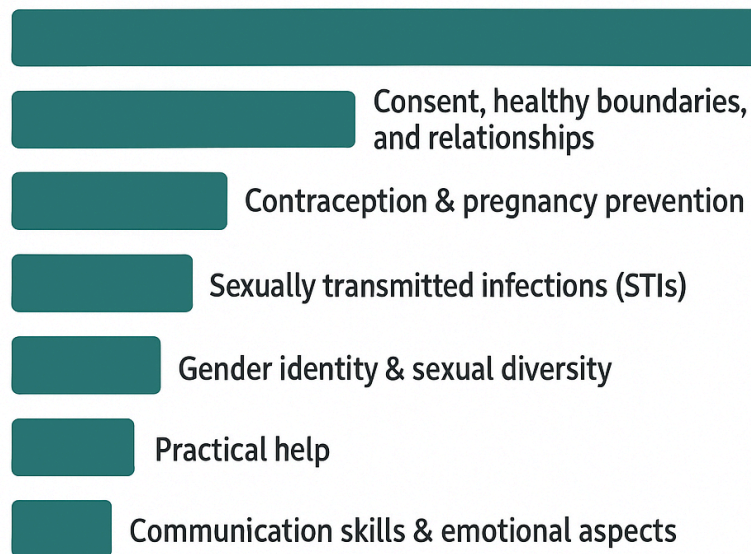


Chart: *Topics young people want to learn about (13–18)*

Interpretation: the ranking shows youth want both knowledge (facts about contraception, STIs) and practical life skills (consent, communication). This means workshops must be balanced — factual input + interactive role-play and signposting/planning exercises.

Topics Young People Ask For — by Gender

Topic area	Female (n=62)	Male (n=40)	Other / Prefer not to say (n=3)	Total (n=105)
Consent, healthy boundaries & relationships	48 (77.4%)	26 (65.0%)	2	76 (72.4%)
Contraception & pregnancy prevention	42 (67.7%)	22 (55.0%)	2	66 (62.9%)
Sexually transmitted infections (STIs)	40 (64.5%)	21 (52.5%)	1	62 (59.0%)
Gender identity & sexual diversity	26 (41.9%)	12 (30.0%)	1	39 (37.1%)
Practical help (where to get support, how to talk to adults)	33 (53.2%)	17 (42.5%)	1	51 (48.6%)
Communication & emotional aspects (peer pressure, decision-making)	35 (56.5%)	16 (40.0%)	1	52 (49.5%)

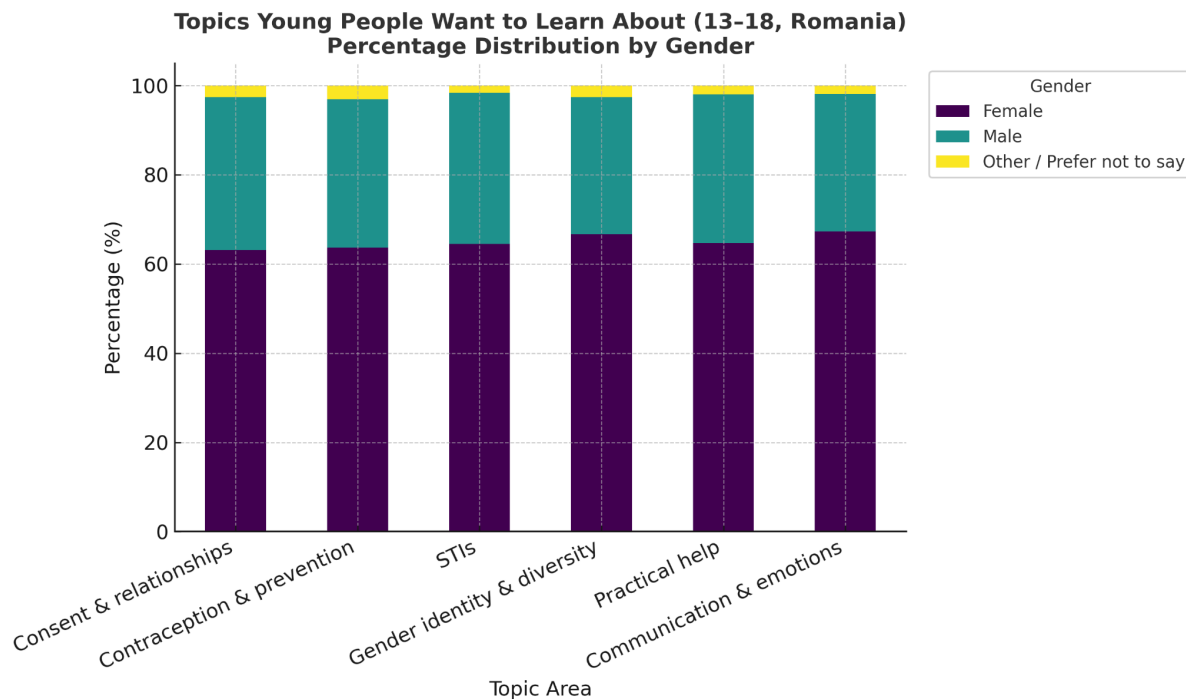


Chart: *Topics young people want to learn about (by gender) (13–18)*

Interpretation:

- **Girls consistently show higher demand across all topic areas**, especially regarding *consent, contraception, and emotional aspects*. This aligns with the overall trend of higher female engagement and awareness on sexual health.
- **Boys prioritize practical information** — e.g., STIs and how to seek help — but report less interest in emotional or diversity-related topics, indicating the need for targeted facilitation to make these areas more accessible and engaging.
- The interest in **gender identity and diversity** (37%) remains meaningful across genders, confirming that inclusion topics must remain visible within workshops and materials.
- Overall, results show that while all genders want information about protection and health, **girls emphasize relationships and consent**, and **boys value clarity and practical guidance**. Balanced workshop content — combining factual knowledge, emotional intelligence, and inclusive perspectives — will best meet these mixed expectations.

6. Attitudes and school climate

Key findings from items about safety and attitudes:

- **Attitudes toward same-sex couples:** the majority are accepting or neutral; however, some respondents indicate unease or lack of safe climate in schools.
- **Is school a safe place for LGBTQI+ youth?** Responses reveal that many young people perceive school climate as mixed — some schools are safe, others not. This variation depends heavily on local context and teacher attitudes.

Interpretation: workshops should include activities to improve school-level climate (teacher briefings, awareness materials) and should build capacity to make school environments safer for LGBTQI+ youth.

7. Misconceptions & knowledge gaps (examples)

Survey items about STI transmission and contraception highlighted several recurring **myths and misunderstandings**, especially among younger respondents and those with limited school-based education.

Common misconceptions identified:

- **“You can get HIV or other STIs from kissing.”**
 - Around 12% of respondents agreed or were unsure, showing confusion between infections like HIV (which cannot be transmitted through casual contact) and others such as herpes or HPV.

- **“Condoms are 100% effective — so you can’t get pregnant if you use one.”**
– *Approximately 18%* of respondents believed condoms eliminate all risk entirely. This shows a lack of understanding about correct use, breakage, and real-world failure rates.
- **“The withdrawal method (‘pulling out’) always prevents pregnancy.”**
– *Around 25%* indicated agreement or uncertainty, a notable proportion that demonstrates a need for practical, physiology-based explanation of how pregnancy occurs.
- **“You can tell if someone has an STI just by looking.”**
– *About 20%* agreed or were unsure, revealing a major gap in awareness about asymptomatic infections.

Implication:

Workshops should **address myths directly and practically** through:

- Short **“myth vs. fact”** segments at the start of each session;
- **Demonstrations and visuals** on correct condom use and STI testing procedures;
- Emphasis on **realistic protection rates** (e.g., condoms are highly effective but not infallible);
- **Scenario-based role-plays** correcting common beliefs in an engaging way.

8. Barriers & challenges reported by youth

Commonly reported barriers include:

- **Lack of adequate school education** (most frequent)
- **Taboos and fear of judgment** — many said they avoided asking because they fear ridicule.
- **Limited access in rural areas** — less exposure to services and trained educators.
- **Parental resistance / conservative attitudes** in some communities.

Implication: the project should design outreach and dissemination strategies that address stigma (safe language, confidentiality), ensure rural access (mobile workshops, collaboration with local institutions), and consider parental engagement modules where appropriate.

9. Preferred learning settings & formats

Respondents indicated preference for:

- **Interactive workshops** (non-formal methods)
- **Small group activities and peer-led sessions**

- **Short videos and social media content** for quick, anonymous learning
- **Materials in schools and community centres**

(Recommendation: blend face-to-face workshops with short, shareable digital resources and printed takeaways for low-connectivity contexts.)

10. Quantitative highlights (selected stats)

- **Sample size used:** 105 (13–18 year olds)
- **Gender:** Female 59.0% | Male 38.1% | Non-binary/other \approx 1.9% | Prefer not to say 1.0%
- **Sexual orientation:** Heterosexual 81.9% | Bisexual 7.6% | Gay/Lesbian 1.9% | Asexual 1.9% | Unsure 1.9% | Other / textual answers small number
- **Perceived importance of sexual education:** 82.9% rated it highest importance (5/5)
- **Top requested topics:** consent/relationships, contraception, STIs, identity & diversity, access to services.

11. Thematic interpretation (detailed)

A. Knowledge vs. practice gap

Young people feel some general awareness but lack confidence in practical behaviours: condom use, testing, and recognizing unhealthy relationship signs. Workshops should therefore include skills-training (condom demo with models or videos, roleplay for consent and refusal skills, information on local testing resources).

B. The role of digital media and misinformation

Given heavy reliance on internet/social media, the project must provide **reliable, youth-friendly digital content**: short clips, Q&A posts, infographics, and a FAQ page. Make sure materials are optimized for mobile and use accessible language.

C. Inclusion and safe spaces

The presence of LGBTQI+ youth in the sample (and “unsure” answers) shows the need for explicit inclusion. Workshops should include modules on identity, respectful language, allies and bystander strategies. Host training for teachers and local staff to increase school safety.

D. Rural focus & accessibility

Responses confirm rural youth have less access. Consider running mobile or school-embedded workshops and partnering with local health clinics or community centres. Include printed brochures and local signposting for youth without regular internet.

E. Consent & relationships are priority

Consent repeatedly emerged as a top topic. Use age-appropriate, culturally sensitive scenarios, emphasizing boundaries, respectful communication, and legal aspects relevant for minors (age of consent, reporting abuse).

12. Practical recommendations for workshops (program design)

1. **Structure:** 2–3 hour workshop with mixed modalities: 20–30 min input (facts), 60–90 min interactive activities (role-play, simulations), 30 min Q&A with anonymous question collection, 30 min signposting and resources.
2. **Facilitation team:** lead facilitator + co-facilitator (peer/youth) + access to a health professional for Q&A where possible.
3. **Materials:** short printed leaflet with local service contacts; digital clip(s) for social dissemination; consent & confidentiality statement for participants (and parental consent for minors if required by NA).
4. **Confidentiality:** offer anonymous question box (paper or digital) and ensure protocols for safeguarding if disclosures occur.
5. **Gender Balance:** Ensure inclusive outreach and mixed-gender facilitation teams to encourage participation of boys and non-binary youth.
6. **Evaluation:** short pre/post knowledge questions, plus satisfaction & felt-safety measures; gather attendance (as required by NA) and parental consents.
7. **Follow-up:** digital resource pack and local referral list distributed after the workshop.

13. Recommendations for project outputs (videos, brochures, digital)

- **Short explainer videos** (2–4 minutes each) on contraception, consent, STIs, and where to access local services. Use subtitles and simple visuals. (A8 video activity should prioritize these topics).
- **Infographics** for social sharing focused on myths vs. facts.
- **Teacher brief:** short guide to help school staff support workshops and handle disclosures.
- **Youth peer-leader pack:** activities and discussion prompts so youth can run informal sessions.

14. Monitoring & evaluation suggestions

- For each workshop, collect **pre/post knowledge check** (3–5 questions) to measure immediate learning.
- Record **attendance** and **participant demographics** (as per NA requirements).
- Use **anonymous feedback** to understand perceived safety, utility and suggestions for improvement.
- Aggregate results across the 5 Romanian workshops and compare with the questionnaire baseline to measure changes in confidence and knowledge.

15. Limitations

- **Self-selection bias:** survey respondents chose to participate and may be more interested/aware than the general population.
- **Gender imbalance:** higher female response rate may skew some topics; outreach should target balanced participation.
- **Open-text variability:** free-text answers required human thematic coding. Some nuanced views may require deeper qualitative interviews for richer interpretation.
- **Results** reflect self-reported perceptions and may not directly measure actual knowledge.

Final Conclusions of the Questioner

The questionnaire results from Romanian youth aged 13–18 show a **highly motivated cohort** that considers sexual education extremely important. The priorities expressed — consent, contraception, STIs, identity and access to services — provide a clear roadmap for workshop content and multimedia outputs. Combined non-formal workshops plus short, trustworthy digital materials will best respond to young people’s needs, especially when paired with rural outreach and school-level engagement.

Implementing the recommendations above will increase the project’s relevance and impact for the target group, and ensure that workshops are evidence-driven and youth-centred.

About the Project

“Safe & Sound – Enhancing Youth Knowledge on Sexual Health and Diversity”

(Project code: 2024-3-RO01-KA210-YOU-000296286)
is a **KA210 Small-Scale Partnership in the field of Youth**, co-funded by the **Erasmus+ Programme of the European Union**.

The project aims to improve young people's access to **accurate, inclusive, and youth-friendly sexual health education**, promoting equality, acceptance, and informed decision-making among teenagers aged 13–18.

Together, the partners aim to inform, educate, and empower young people across Romania, Bulgaria, and Spain through:

- National **questionnaires** identifying youth needs on sexual health and diversity;
- **Workshops** using non-formal education tools to address consent, contraception, STIs, and inclusion;



- **Videos and a multilingual brochure** to reach over 5,000 young people online and offline;
- **Local and international meetings** strengthening youth workers' capacity and cooperation.



ASOCIAȚIA
TINERII3D

FOCO



The consortium is coordinated by **Asociația Tinerii 3D** (Craiova, Romania) and includes the following partner organizations:

MIG “Panagyurishte, Strelcha, Lesichovo” (Panagyurishte, Bulgaria) – *responsible for rural outreach, evaluation meeting, and dissemination activities.*

FOCO – Asociación para la Formación y Cooperación en Europa (A Guarda, Galicia, Spain) – *leading the kick-off meeting and coordinating the workshops, with expertise in non-formal education and civic values.*

All activities promote **inclusion, gender equality, and respect for diversity**, fully aligned with the **European Youth Strategy** and **Erasmus+ core values**.

Erasmus+ Disclaimer

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the ANPCDEFP. Neither the European Union nor the ANPCDEFP can be held responsible for them.



**Co-funded by
the European Union**