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Risky Sexual Behaviour of Socially Maladjusted Youth Staying in Youth Care Centres and Their Knowledge About Sexually Transmitted Diseases

**Ryzykowne zachowania seksualne młodzieży niedostosowanej
społecznie przebywającej w młodzieżowych ośrodkach
wychowawczych i ich wiedza na temat chorób przenoszonych
drogą płciową**

Abstract. The aim of the study was to examine the tendency to engage in risky sexual behaviour among socially maladjusted youth staying in youth care centres, and to examine their knowledge about sexually transmitted diseases. Boys and girls were examined by conducting a comparative analysis regarding their sexual experiences, sexual tendencies and behaviours, and knowledge of various sexually transmitted diseases, as well as the possible behaviour of young people in the event of becoming infected with sexually transmitted diseases and engaging in sexual activity, exposing their partners to infection with sexually transmitted diseases. The youth in educational centres have the same sexual needs as those outside the centres. However, it is important to note that before being placed in a rehabilitation facility, these individuals often exhibited dysfunctional behaviour in various aspects of life, including sexual behaviour, which may have led to engaging in risky sexual activities prior to being placed in the facility. These risky behaviours may continue during their stay in the facility with partners available within the centre, as well as outside the centre during school holidays and public holidays. This is a critical area of public health research, especially since the sexuality of socially maladjusted youth remains an understudied topic in scientific discourse, and the extent of risky sexual behaviours within this group is not sufficiently scientifically understood.

Keywords: risky sexual behaviour, socially maladjusted youth, youth educational centres, sexually transmitted diseases.

Streszczenie. Celem pracy było zbadanie skłonności do podejmowania ryzykownych zachowań seksualnych przez młodzież niedostosowaną społecznie, przebywającą w młodzieżowych ośrodkach wychowawczych oraz zbadanie ich wiedzy na temat chorób przenoszonych drogą płciową. Zbadano chłopców i dziewczęta dokonując analizy porównawczej w kwestii skłonności do ryzykownych zachowań seksualnych oraz znajomości różnych chorób przenoszonych drogą płciową, jak również ewentualnych zachowań młodzieży w przypadku zarażenia się chorobami przenoszonymi drogą płciową i podejmowaniem aktywności seksualnej narażając swoich partnerów na zarażenie się chorobami przenoszonymi drogą płciową. Młodzież przebywająca w ośrodkach wychowawczych ma takie same potrzeby seksualne jak młodzież przebywająca poza ośrodkiem. Jednak należy zwrócić uwagę na fakt dość istotny polegający na tym, że młodzież przed umieszczeniem w placówce resocjalizacyjnej funkcjonowała nieprawidłowo w wielu aspektach w tym również w aspekcie zachowań seksualnych w wyniku czego dochodzić mogło do podejmowania ryzykownych zachowań seksualnych przed umieszczeniem w placówce i następnie ryzykowne zachowania seksualne podejmowane były podczas pobytu w placówce z partnerami dostępnymi na jej terenie jak również poza placówką podczas urlopowania z okazji świąt czy wakacji. Jest to bardzo ważny obszar badań z zakresu zdrowia publicznego, tym bardziej że seksualność młodzieży niedostosowanej społecznie jest obszarem nadal pomijanym w dyskursie naukowym i skala ryzykownych zachowań seksualnych tej grupy badanej jest w niewystarczającym stopniu poznana naukowo.

Słowa kluczowe: ryzykowne zachowania seksualne, młodzież niedostosowana społecznie, młodzieżowe ośrodki wychowawcze, choroby przenoszone drogą płciową.

Introduction

Risky sexual behaviours represent a significant problem, particularly among socially maladjusted youth. These behaviours are often accompanied by a lack of sufficient knowledge about sexually transmitted diseases (STDs), how to recognise health issues following an infection, and where to seek medical assistance when experiencing symptoms. Infected individuals may be reluctant to seek medical help due to embarrassment, the need to answer numerous questions from doctors or caregivers at the centre, and the fear of ridicule from other pupils. This delay in seeking medical advice from a dermatologist or venereologist is often based on the hope that the symptoms will resolve on their own. However, the lack of prompt action in such cases poses a serious health risk. It can prolong the time required to treat the

disease, and infected individuals may continue to spread the infection to others, both within the facility and outside of it, exacerbating the spread of dangerous sexually transmitted diseases (STDs).

Risky Sexual Behaviour of Socially Maladjusted Youth in the Context of Sexually Transmitted Diseases

Human sexuality, beyond its biological, cultural, and social aspects, and its connection to both mental and physical well-being and relationship-building, can carry severe health consequences. It also poses a threat to public health due to the potential spread of STDs. Over the years, the „lifestyle of modern adolescents has undergone significant change in terms of customs and culture”¹. According to J. Imacka and M. Bulsa, „modern threats to adolescent health are primarily the result of social, environmental, and behavioural factors, the so-called *<social pathologies>*”². It is important to note that „the term risky behaviour refers to a wide spectrum of behaviours, both quantitatively and qualitatively. This term encompasses behaviours such as the use of psychoactive substances, eating disorders, suicide attempts, and broadly understood criminal behaviour”³. According to J. Imacka and M. Bulsa, „[...] risky behaviours among youth are interconnected, meaning that engaging in one type of behaviour increases the likelihood of participating in other risky behaviours or patterns”⁴. The predictability of these behaviours is also an important factor to consider. However, these are not the subject of this thesis, so this discussion only focuses on the issue of sexual risk behaviours. B. Woynarowska and colleagues, based on their research, concluded that „the use of psychoactive

¹ C.G. Tobała, *Ryzykowne zachowania seksualne młodzieży będące następstwem wczesnej inicjacji seksualnej*, [in:] M. Dubis (ed.), *Pedagogiczno-psychologiczne uwarunkowania wybranych zachowań seksualnych*, Lublin 2017, p. 100.

² J. Imacka, M. Bulsa, *Ryzykowne zachowania seksualne młodzieży jako czynnik zwiększający ryzyko zakażenia chorobami przenoszonymi drogą płciową*, „*Hygeia Public Health*” 2012, 47(3), p. 272.

³ C.G. Tobała, *Ryzykowne zachowania...*, op. cit. p. 100.

⁴ J. Imacka, M. Bulsa, *Ryzykowne zachowania...*, p. 272.

substances by adolescents, such as drugs, alcohol, cigarettes, and other substances, poses an additional risk and leads to engaging in risky sexual behaviours"⁵. It is important to note that socially maladjusted youth are in adolescence, a period that inherently fosters risky sexual behaviour. Social maladjustment combined with adolescence further increases the likelihood of such behaviours occurring. Furthermore, living in a same-sex environment results in risky sexual behaviour towards same-sex partners and the development of sexual preferences specific to homosexual relations, regardless of the sexual identity of the young people interacting sexually⁶. Due to the lack of opportunities to engage in sexual relations with preferred partners based on gender, as evidenced by my research conducted on a group of 154 boys and girls with normal intellectual abilities and mild intellectual disabilities residing in youth care centres, sexual relations are often initiated with same-sex individuals, despite the youth identifying and declaring themselves as heterosexual. This is specific to individuals living in total institutions and, additionally, in same-sex environments. As a result, sexual drive is directed toward individuals of the same sex, due to the lack of access to preferred sexual partners⁷. This has also been confirmed in studies by other authors on populations living in total institutions and same-sex environments. While it is not possible to completely eliminate risky sexual behaviours, efforts should be made to reduce them, with educators playing an active role, supported by the facility's administration. This involves educating youth about reducing risky sexual behaviours, particularly concerning unplanned pregnancies and potential sexually transmitted diseases, by providing access to condoms and explaining how to use them properly. The issue of sexual education has its roots in the 20th century. As A. Długołęcka and Z. Lew-Starowicz note, „sexual education in Polish schools remains

⁵ B. Woynarowska, M. Szymańska, J. Mazur, *Wiedza i przekonania o HIV/AIDS. Zachowania seksualne. Raport z badań wykonanych w 1998 roku*, Warsaw 1999, p. 6, as cited in C.G. Toboła, *Ryzykowne zachowania..., op. cit.*, p. 101.

⁶ Cf. C.G. Toboła, *Seksualność młodzieży niedostosowanej społecznie z lekką niepełnosprawnością intelektualną przebywającej w młodzieżowych ośrodkach wychowawczych*, Poznań 2024, pp. 29–30.

⁷ Cf. C.G. Toboła, *Seksualność młodzieży..., op. cit.* p. 180-185.

highly controversial, with educational and preventive programmes regarding sexuality and sexually transmitted diseases not being fully implemented”⁸. This situation has persisted for years, and it does not inspire optimism regarding improvements. According to J. Imacka, „civilisational development clearly points to the escalation and evolution of contemporary human problems related to the experience and realisation of one’s sexuality”⁹. Debates continue about who should be responsible for providing sexual education to children and adolescents, as well as prevention efforts regarding health protection against sexually transmitted diseases¹⁰. While these debates continue, youth remain either inadequately educated or improperly informed about sexual matters, both in youth care centres and in schools and family environments. The most common sexually transmitted diseases include: syphilis, gonorrhoea, chlamydia, trichomoniasis, herpes simplex virus (HSV), hepatitis B, human papillomavirus (HPV), and HIV. These diseases are the focus of analysis in this study concerning the knowledge of the participants.

Basic Research Assumptions

The following assumptions were made for this study:

1. Socially maladjusted youth tend to engage in risky sexual behaviours.
2. Socially maladjusted youth do not possess sufficient knowledge about sexually transmitted diseases.
3. Socially maladjusted youth are not properly educated about sexuality, or their education is incomplete and based on incorrect information.

⁸ A. Długołęcka, Z. Lew-Starowicz, *Jak się kochać? Edukacja seksualna dla każdego*, Warsaw 2010, p. 9.

⁹ J. Imacka, *Edukacja seksualna jako element edukacji całożyciowej-obraz doradztwa psychoseksualnego dla młodzieży na łamach czasopism*, [in:] M. Gawrońska-Garstka, A. Zduniak (ed.), *Edukacja nieustająca wyzwaniem społeczeństwa informacyjnego. Edukacja XXI wieku*, Poznań 2010, pp. 66–80.

¹⁰ C.G. Toboła, *Ryzykowne zachowania...*, op. cit. p. 106.

Materials and Methods

The research was conducted in four youth care centres (two for boys and two for girls). The participants had normal intellectual capacity. A total of 200 individuals were surveyed (100 boys and 100 girls), aged between 16 and 18 years. The study used a self-authored Risky Sexual Behaviour Questionnaire, consisting of 14 closed-ended questions. The participants were given instructions on how to answer the questions. The participants read the questions and selected the appropriate answers. The research results were then calculated using percentage methods. The findings are presented in 14 tables, with the table titles corresponding to the questions included in the research tool.

Research Results

Table 1. Have you heard of sexually transmitted diseases? (N=200)

| Type of answer | Men (N=100) | | Women (N=100) | | Total (N=200) | |
|----------------|-------------|-------|---------------|-------|---------------|-------|
| | N | % | N | % | N | % |
| Yes | 88 | 88.0% | 98 | 98.0% | 186 | 93.0% |
| No | 12 | 12.0% | 2 | 2.0% | 14 | 7.0% |

Source: Own study based on own research

Table 2. Has anyone in your circle of friends contracted a sexually transmitted disease? (N=200)

| Type of answer | Men (N=100) | | Women (N=100) | | Total (N=200) | |
|---|-------------|-------|---------------|-------|---------------|-------|
| | N | % | N | % | N | % |
| Yes | 9 | 9.0% | 5 | 5.0% | 14 | 7.0% |
| No | 68 | 68.0% | 63 | 63.0% | 131 | 65.5% |
| I don't know, I haven't heard anything about it | 23 | 23.0% | 32 | 32.0% | 55 | 27.5% |

Source: Own study based on own research

Table 3. Tick which sexually transmitted diseases you know from the listed ones: (N=200)

| Type of answer | Men (N=100) | | Women (N=100) | | Total (N=200) | |
|----------------------------|-------------|-------|---------------|-------|---------------|-------|
| | N | % | N | % | N | % |
| Syphilis | 25 | 25.0% | 23 | 23.0% | 48 | 24.0% |
| Gonorrhoea | 31 | 31.0% | 60 | 60.0% | 91 | 45.5% |
| Chlamydia | 8 | 8.0% | 13 | 13.0% | 21 | 10.5% |
| Trichomoniasis | 7 | 7.0% | 6 | 6.0% | 13 | 6.5% |
| Herpes simplex virus (HSV) | 15 | 15.0% | 47 | 47.0% | 62 | 31.0% |
| Hepatitis B | 9 | 9.0% | 22 | 22.0% | 31 | 15.5% |
| Human papillomavirus (HPV) | 17 | 17.0% | 41 | 41.0% | 58 | 29.0% |
| HIV | 75 | 75.0% | 94 | 94.0% | 169 | 84.5% |

Source: Own study based on own research

Table 4. If you had vaginal intercourse, did you use a condom? (N=200)

| Type of answer | Men (N=100) | | Women (N=100) | | Total (N=200) | |
|-----------------------------------|-------------|-------|---------------|-------|---------------|-------|
| | N | % | N | % | N | % |
| Always | 21 | 21.0% | 17 | 17.0% | 38 | 19.0% |
| Almost always | 7 | 7.0% | 9 | 9.0% | 16 | 8.0% |
| Often | 20 | 20.0% | 11 | 11.0% | 31 | 15.5% |
| Almost never | 12 | 12.0% | 21 | 21.0% | 33 | 16.5% |
| Never | 14 | 14.0% | 19 | 19.0% | 33 | 16.5% |
| I haven't had vaginal intercourse | 26 | 26.0% | 23 | 23.0% | 49 | 24.5% |

Source: Own study based on own research

Table 5. If you have had anal intercourse, did you use a condom? (N=200)

| Type of answer | Men (N=100) | | Women (N=100) | | Total (N=200) | |
|----------------|-------------|-------|---------------|-------|---------------|-------|
| | N | % | N | % | N | % |
| Always | 29 | 29.0% | 15 | 15.0% | 44 | 22.0% |
| Almost always | 8 | 8.0% | 12 | 12.0% | 20 | 10.0% |

| | | | | | | |
|--------------------------------|----|-------|----|-------|----|-------|
| Often | 5 | 5.0% | 17 | 17.0% | 22 | 11.0% |
| Almost never | 4 | 4.0% | 15 | 15.0% | 19 | 9.5% |
| Never | 14 | 14.0% | 18 | 18.0% | 32 | 16.0% |
| I haven't had anal intercourse | 40 | 40.0% | 23 | 23.0% | 63 | 31.5% |

Source: Own study based on own research

Table 6. After having vaginal intercourse without a condom, did you feel concerned about potentially contracting sexually transmitted diseases? (N=200)

| Type of answer | Men (N=100) | | Women (N=100) | | Total (N=200) | |
|--|-------------|-------|---------------|-------|---------------|-------|
| | N | % | N | % | N | % |
| Always | 7 | 7.0% | 14 | 14.0% | 21 | 10.5% |
| Almost always | 4 | 4.0% | 1 | 1.0% | 5 | 2.5% |
| Often | 1 | 1.0% | 5 | 5.0% | 6 | 3.0% |
| Almost never | 5 | 5.0% | 15 | 15.0% | 20 | 10.0% |
| Never | 47 | 47.0% | 42 | 42.0% | 89 | 44.5% |
| I haven't had vaginal intercourse without a condom | 2 | 2.0% | 0 | 0.0% | 12 | 6.0% |
| I haven't had vaginal or anal intercourse | 34 | 34.0% | 23 | 23.0% | 57 | 28.5% |

Source: Own study based on own research

Table 7. After having anal intercourse without a condom, did you feel concerned about potentially contracting sexually transmitted diseases? (N=200)

| Type of answer | Men (N=100) | | Women (N=100) | | Total (N=200) | |
|----------------|-------------|------|---------------|------|---------------|------|
| | N | % | N | % | N | % |
| Always | 4 | 4.0% | 1 | 1.0% | 5 | 2.5% |
| Almost always | 2 | 2.0% | 3 | 3.0% | 5 | 2.5% |
| Often | 4 | 4.0% | 0 | 0.0% | 4 | 2.0% |
| Almost never | 2 | 2.0% | 7 | 7.0% | 9 | 4.5% |

| | | | | | | |
|---|----|-------|----|-------|----|-------|
| Never | 31 | 31.0% | 22 | 22.0% | 53 | 26.5% |
| I had intercourse with a partner whose health I am certain of | 4 | 4.0% | 11 | 11.0% | 15 | 7.5% |
| I haven't had anal intercourse without a condom | 19 | 19.0% | 33 | 33.0% | 52 | 26.0% |
| I haven't had vaginal or anal intercourse | 34 | 34.0% | 23 | 23.0% | 57 | 28.5% |

Source: Own study based on own research

Table 8. Have you ever considered getting tested for sexually transmitted diseases? (N=200)

| Type of answer | Men (N=100) | | Women (N=100) | | Total (N=200) | |
|---|-------------|-------|---------------|-------|---------------|-------|
| | N | % | N | % | N | % |
| Yes | 2 | 2.0% | 22 | 22.0% | 24 | 12.0% |
| No | 60 | 60.0% | 31 | 31.0% | 91 | 45.5% |
| I had intercourse with a partner whose health I am certain of | 4 | 4.0% | 24 | 24.0% | 28 | 14.0% |
| I have never had vaginal or anal intercourse, so this problem does not concern me | 34 | 34.0% | 23 | 23.0% | 57 | 28.5% |

Source: Own study based on own research

Table 9. If you did not use a condom during vaginal or anal intercourse, was it due to lack of availability or access? (N=200)

| Type of answer | Men (N=100) | | Women (N=100) | | Total (N=200) | |
|--|-------------|-------|---------------|-------|---------------|-------|
| | N | % | N | % | N | % |
| Yes | 58 | 58.0% | 14 | 14.0% | 72 | 36.0% |
| No | 4 | 4.0% | 31 | 31.0% | 35 | 17.5% |
| I haven't used a condom because I am confident about my partner's health | 4 | 4.0% | 32 | 32.0% | 36 | 18.0% |
| I haven't had vaginal or anal intercourse | 34 | 34.0% | 23 | 23.0% | 57 | 28.5% |

Source: Own study based on own research

Table 10. If, after having sexual intercourse without using a condom, you found out that your partner was infected, would you have further sexual intercourse with another partner, risking their infection without informing them that you are infected? (N=200) (N=200)

| Type of answer | Men (N=100) | | Women (N=100) | | Total (N=200) | |
|---|-------------|-------|---------------|-------|---------------|-------|
| | N | % | N | % | N | % |
| Definitely yes | 8 | 8.0% | 3 | 3.0% | 11 | 5.5% |
| Probably yes | 11 | 11.0% | 3 | 3.0% | 14 | 7.0% |
| I don't know | 17 | 17.0% | 9 | 9.0% | 26 | 13.0% |
| Definitely not | 10 | 10.0% | 41 | 41.0% | 51 | 25.5% |
| Probably not | 20 | 20.0% | 21 | 21.0% | 41 | 20.5% |
| I haven't had vaginal or anal intercourse | 34 | 34.0% | 23 | 23.0% | 57 | 28.5% |

Source: Own study based on own research

Table 11. Have you ever been infected with a sexually transmitted disease? (N=200)

| Type of answer | Men (N=100) | | Women (N=100) | | Total (N=200) | |
|---|-------------|-------|---------------|-------|---------------|-------|
| | N | % | N | % | N | % |
| Yes | 2 | 2.0% | 1 | 1.0% | 3 | 1.5% |
| No | 56 | 56.0% | 64 | 64.0% | 120 | 60.0% |
| I don't know, as I had no symptoms | 8 | 8.0% | 12 | 12.0% | 20 | 10.0% |
| I haven't had vaginal or anal intercourse | 34 | 34.0% | 23 | 23.0% | 57 | 28.5% |

Source: Own study based on own research

Table 12. If you were offered vaginal intercourse without a condom, you would: (N=200)

| Type of answer | Men (N=100) | | Women (N=100) | | Total (N=200) | |
|---|-------------|-------|---------------|-------|---------------|-------|
| | N | % | N | % | N | % |
| Definitely agree | 26 | 26.0% | 17 | 17.0% | 43 | 21.5% |
| Probably agree | 26 | 26.0% | 13 | 13.0% | 39 | 19.5% |
| Rather not agree | 9 | 9.0% | 21 | 21.0% | 30 | 15.0% |
| Definitely not agree | 8 | 8.0% | 15 | 15.0% | 23 | 11.5% |
| Agree if I was sure about my partner's health | 31 | 31.0% | 34 | 34.0% | 65 | 32.5% |

Source: Own study based on own research

Table 13. If you were offered anal intercourse without a condom, you would: (N=200)

| Type of answer | Men (N=100) | | Women (N=100) | | Total (N=200) | |
|------------------|-------------|-------|---------------|------|---------------|------|
| | N | % | N | % | N | % |
| Definitely agree | 17 | 17.0% | 2 | 2.0% | 19 | 9.5% |

| | | | | | | |
|---|----|-------|----|-------|----|-------|
| Probably agree | 10 | 10.0% | 14 | 14.0% | 24 | 12.0% |
| Rather not agree | 14 | 14.0% | 18 | 18.0% | 32 | 16.0% |
| Definitely not agree | 45 | 45.0% | 49 | 49.0% | 94 | 47.0% |
| Agree if I was sure about my partner's health | 14 | 14.0% | 17 | 17.0% | 31 | 15.5% |

Source: Own study based on own research

Table 14. Did the above questions cause you to reflect on the necessity of exercising caution during intercourse, especially regarding sexual partners who might have many sexual partners, and thus their health status may not ensure safe, STD-free intercourse? (N=200)

| Type of answer | Men (N=100) | | Women (N=100) | | Total (N=200) | |
|----------------|-------------|-------|---------------|-------|---------------|-------|
| | N | % | N | % | N | % |
| Yes | 47 | 47.0% | 74 | 74.0% | 121 | 60.5% |
| No | 53 | 53.0% | 26 | 26.0% | 79 | 39.5% |

Source: Own study based on own research

Key Findings

1. 93.0% of respondents have heard of sexually transmitted diseases.
2. Respondents are aware of a few cases among their acquaintances where someone had an STD (7.0%).
3. The most well-known STD among respondents is HIV (84.5%), followed by gonorrhoea (45.5%), while trichomoniasis is the least known (6.5%).
4. 24.5% of respondents have never had vaginal intercourse, and 31.5% have never had anal intercourse.
5. The majority of respondents used condoms during vaginal intercourse (19.0%).
6. The majority of respondents used condoms during anal intercourse (22.0%).

7. Most respondents (44.5%) have never felt concern after having vaginal intercourse without a condom.
8. Most respondents (26.5%) have never felt concern after having anal intercourse without a condom.
9. The majority of respondents (45.5%) have never considered getting tested for STDs.
10. The majority of respondents did not use condoms during vaginal or anal intercourse due to lack of availability (36.0%).
11. 25.5% of respondents would definitely not agree to have sexual intercourse without a condom with other partners, knowing they are infected with an STD. However, girls showed more seriousness in this regard than boys, as most boys would hide their infection and risk infecting other partners.
12. Most respondents (60.0%) have never been infected with an STD.
13. Most respondents (32.5%) would agree to vaginal intercourse without using a condom if they were sure about their partner's health.
14. Most respondents (47.0%) would not agree to anal intercourse without using a condom, unless they were sure about their partner's health (15.5%).
15. Most respondents (60.5%) felt that the questions in the questionnaire caused them to reflect on the necessity of exercising caution during intercourse with partners whose health status is unknown or uncertain.
16. Among the female respondents, those who have never had vaginal intercourse also have never had anal intercourse.
17. Among the male respondents, the absence of vaginal intercourse was not necessarily associated with the absence of anal intercourse.

Recommendations for Socialisation and Resocialisation Practices

1. Discussions with youth about risky sexual behaviours should be conducted.
2. Discussions with youth about sexually transmitted diseases should be conducted.

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