

RIASE

REVISTA IBERO-AMERICANA DE SAÚDE E ENVELHECIMENTO
REVISTA IBERO-AMERICANA DE SALUD Y ENVEJECIMIENTO

SEX EDUCATION IN SCHOOL: CONTEXTS FOR CHANGE

Ermelinda Caldeira - PhD in Nursing. Adjunct Professor, University of Évora/School Superior of Nursing S. João de Deus

Manuel José Lopes - PhD in Nursing. Professor Coordinator, University of Évora/School Superior of Nursing S. João de Deus

ABSTRACT

Sex education is, nowadays, one of the priority intervention areas in our country and occupies a position of interest in the development of educative and public health politics in the European Union.

Several studies have been developed, addressing the sexuality in younger people issues^(1,2,3,4), which verify the precocity of starting sexual relations amongst teenagers, the inexistence of a regular sexual partner and the reduced systematic use of condoms during situations of increased risk.

In this context, sex education's interventions headed to individuals at this stage of life become relevant. Especially because its unquestionable the crucial role that sexuality plays in adolescent growth and development, in the interpersonal relationship, respect, communication, self-esteem and in the assertiveness and self-confidence.

In the view of the above, we chose the research-action methodology. During the diagnostic phase we applied a set of instruments of which we highlight the questionnaire: assessment of teachers' attitudes towards sexual education (QAAPES)⁽⁵⁾; conceptions and practices in relation to sex education - version for teachers⁽⁶⁾.

The presented results relate only to the first phase of the process.

These allowed us to note the recognition of sex education in school as an explicit necessity. In the opinion of teachers this concerns all teachers and should be addressed preferably in the teaching component. For these, the main purpose of sex education is to develop the students' skills so that they can live their sexuality in a healthier way.

Descriptors (MeSH): Sex Education; sexuality; adolescent; school health.

INTRODUCTION

This article derives of the doctoral thesis of the first author⁽²⁾ and it is centred in the attitudes and conceptions of Primary Education teachers (keystage 2), in relation to Sex Education (SE) implementation in a school context. The school is in the region of Alentejo.

The SE within the school system is a privileged place to enable young people to increase their knowledge about sexuality. It is also an important means for promoting proper

attitudes and behaviours as to what SE is concerned. The path of SE in Portugal has not been an easy one; it has been subject of controversy and debate among the various intervening parties in the educational process.

SE is framed by Law (no. 3/84)⁽⁷⁾. Although this law focuses primarily on the right to family planning, it includes the first legal mention about the right to sex education. Thus, in its article 1, stipulates that “estado garante o direito à ES, como componente do direito fundamental à educação”. This law considers essential practical aspects, such as the inclusion of sex education content related in the curricula and the training of teachers, but also emphasizes “intervenção dos pais”.

However, it was only 25 years later that legislation was passed which made sex education in schools obligatory. Thus, a frame was provided to define purposes of SE within the school life (Law no. 60/2009)⁽⁸⁾. The law 60/2009 lead to the establishment of SE in primary and secondary education, in the sphere of health education. It provides for the development of a systematic, holistic, program based on the promotion of personal and social competences and, simultaneously, focusing on the needs of a specific target audience: adolescents.

With this law, schools were confronted with a new reality: the need to implement SE on a mandatory basis. The intervening parties of these educational contexts were thus faced with a law that expected from them new competencies and new roles. Yet, a doubt remained: how to transform legislation into practice?

To educate for an active, true, and conscious sexual life is everyone's responsibility. The intervening parties in the SE of adolescents are his/her family, friends, school staff, health providers, and the media⁽¹⁰⁾. All these parties will help to build a system of values, attitudes and conducts related to the adolescent's sexual conduct. It is necessary that parents, teachers, health practitioners, peers and other professionals interact with the adolescent to inform and train them. They must not ignore their voice, allowing them to be assertive in their options. Family (parents) and school (teachers) are agents of the adolescent's sexual education. They create synergies to intentionalize processes of analysis, procedures, awareness, and change in what their level of knowledge and attitudes is concerned^(11,12).

Teachers, as intervening parties in the training of SE, guarantee the requirements for success, by getting involved in the implementation of programs and in the reorganization of contexts that encourage multidisciplinary. The agreement with SE and the program to be developed are a *sine qua non* condition for its execution. If the teacher has a

non-conservative attitude, he will probably give more importance to the subject, creating a higher motivation when teaching and implementing the program more easily⁽¹³⁾.

Any teacher can address these issues if he/she has training and motivation. Yet, he/she must acknowledge the specificity of the subject. The teacher must be willing to address the issues debated, to answer emerging questions and solve problems, that might be embarrassing⁽¹⁴⁾. The teacher doesn't have to be an expert in SE but must be an informed professional who has had the opportunity to reflect upon the subject⁽⁹⁾.

In view of the findings, it is necessary that the school, as an institution that shares educational function, assume a formal SE. It is in the adolescence that SE is most required. This should be considered as an enabling instrument, through which adolescents can acquire knowledge and develop skills to take care of and improve their sexual health. Thus, providing the means to stimulate their individual and social empowerment^(15,16,17).

In our country SE, has had a difficult and slow journey, due to not so clear educational policies and schools' and teachers' lack of will to pursuit a SE⁽⁶⁾.

A study carried out in Portugal⁽⁵⁾, with 600 teachers who taught in the Primary and Secondary Education, showed that they had a positive attitude towards SE. Most of them felt comfortable to approach sexuality issues with their students. However, few have shown intentions of getting involved in their school's future SE actions.

Involving SE in schools imply changes, not only in the beliefs/representations, personal assumptions, professional and institutional but also in school's dynamics itself. It is based on a new curricular dynamic which is intended to include different "actors", such as parents, teachers, and peers and even includes "scenarios" such as family, school, street and community⁽¹⁸⁾.

Participants' motivation and commitment are requisite. It is only with motivated and prepared teams that we can enter a difficult and tortuous path. Teachers' training needs must be acknowledged, so that SE, as legislated, allow them to change their assumptions and beliefs⁽¹⁹⁾. A study carried out with Primary Education teachers⁽¹⁹⁾ revealed that they need to acquire scientific knowledge about the subject, training to deal with values, content explicitation, appropriate aims for each school year, training to dealing with children's curiosity and problems, and training to deal with parents' intervention. Several studies certify the importance of teacher's training in this area^(20,21), as well as the involvement of young people in the planning of SE projects⁽²¹⁾.

In this regard, Mason⁽²²⁾ concluded that 10 and 11 years old students require an extensive and interactive SE, which can be obtained using a flexible pedagogy that allows children to understand the modifications faced in relation to their bodies, relationships, and sexualities.

Due to its relevance in human development, sex education should be approached according to the students' age, with continuous actions organized according to the project methodology⁽¹³⁾. It is therefore imperative, before starting a program, to identify the needs of those for whom it is destined. A strict diagnosis of the situation that includes all the intervening parts in the educational process is the starting point for an efficient program.

METHODS

The research is anchored in the research-action methodology (RA). The option for this methodology is that research-action is a practical method which deals with real problems⁽¹⁴⁾. It involves acting to improve practice and the systematic study of the developed action effects^(14,15). It is self-evaluative (modifications are constantly evaluated) and cyclical (initial discoveries generate possibilities for change to be implemented in the next cycle)^(14,15).

The study began with the analysis of a practical situation, this being the first stage of the whole process.

The first stage of the research was guided by an explanatory, descriptive and quantitative approach study, with the purpose of understanding teachers' attitudes, conceptions, and practices about sex education.

The sample is made up of 26 teachers from a Secondary Education school in the region of Alentejo.

Bearing in mind the research, the questions, and objectives mentioned before, a questionnaire as a data collection instrument was used. The questionnaires were applied: Questionnaire Assessing Teachers' Attitudes Towards SE (QATATSE)⁽⁵⁾ and Assumptions and Practices of SE a in school context⁽⁶⁾.

QATATSE⁽⁵⁾ is constituted by three dimensions: evaluative, cognitive and emotional.

Evaluative dimension: it consists of a scale of attitudes with 10 items being five positive and five negative. The answer is given on a Likert-type scale with five points (strongly disagree (1), strongly agree (5)). The scale quotation is obtained by calculating the agents' total after the inversion of the negative items.

Cognitive dimension: measured in a scale of knowledge in relation to the SE, with 15 items and possibility of an answer in True or False. The scale quotation is obtained by the sum of the number of correct answers to the questions which can range from 0 to 15.

Emotional dimension: it consists of a comfort scale related to sexual themes. 30 items measure the comfort/discomfort of the subjects by making them talk about Sex Education themes with their students. It is based on a Likert response scale, with five points (very uncomfortable 1, very comfortable 5). The scale quotation is achieved by the averages found.

The instrument also includes questions about training in SE, the degree of participation in SE actions and intentions of future involvement in the implementation of these actions in school.

To verify the questionnaire's (QATATSE) scale fidelity (evaluative dimension and comfort), the internal consistency was evaluated by calculating Cronbach's alpha. The value of Cronbach's alpha coefficient found in the scale of attitudes was 0.81, thus demonstrating good internal consistency. This value is very similar to that of the study of Reis and Vilar⁽⁵⁾ which presented a Cronbach's alpha of 0,84. In the comfort scale, the Cronbach's alpha coefficient value was 0.96 - high internal consistency. This value is also similar to that of the above-mentioned study, which shows a Cronbach's alpha of 0.97.

The questionnaire Assumptions and Practices of SE in school context – teachers' version⁽⁶⁾ – include 70 items regarding assumptions and practices of SE in a school context. The answer is given using the Likert scale with four points: strongly disagree (1), disagree (2), agree (3) and strongly agree (4).

The statistical treatment was processed through the program Statistical Package for the Social Sciences (SPSS) version 20, using descriptive and inferential statistics.

All ethical procedures have been complied with - informed consent, confidentiality, and anonymity - respecting the Helsinki Declaration on Research Ethics involving Humans. Permission to apply the questionnaires was obtained from the School Board of Directors and from the General Directorate for Innovation and Curriculum Development (DGICD) - no. 0164200001.

RESULTS

Twenty-six teachers answered the questionnaire, 69.2% being female (Table 1). The ages ranged between 24 and 56 years, a mean of 42.85 years, a standard deviation of 8.30 years. Half of the teachers were over 42.50 years old (median age).

38.5% of the inquired teachers had no children and 30.8% had two children.

80.8% had a degree, followed by 11.5% who only had a bachelor's degree.

As to what the teaching years is concerned teachers ranged from 3 to 34 years. Average teaching years was 19.35 years with a standard deviation of 8.39 years. It was also verified that 38.5% of teachers had between 10 and 20 years of teaching practice and 30.8% between 20 and 30 years. Half of the respondents had been teaching for more than 19.50 years.

Table 1 – Socioprofessional characteristics.

	n	%
Sex		
Feminine	8	30.8
Masculine	18	69.2
Age Group		
< 30	2	7.7
[30 - 40[5	19.2
[40 - 50[12	46.2
≥ 50	7	26.9
$\bar{x} = 42.85$ $Md = 42.50$ $s = 8.30$ $x_{\min} = 24.00$ $x_{\max} = 56.00$		
Number of children		
None	10	38.5
One	6	23.1
Two	8	30.8
Three	2	7.7
Children's gender		
Masculine	8	50.0
Feminine	2	12.5
Both	6	37.5
Academic qualifications		
Bachelor's degree	3	11.5
Degree	21	80.8
Degree with specialization	1	3.8
PhD	1	3.8
Teaching years		
< 10	3	11.5
[10 - 20[10	38.5
[20 - 30[8	30.8
≥ 30	5	19.2
$\bar{x} = 19.35$ $Md = 19.50$ $s = 8.39$ $x_{\min} = 3.00$ $x_{\max} = 34.00$		

With respect to training in the field of sex education (table 2), most teachers – 73.1% – stated that they did not have training in this area. Seven teachers who claimed to have acquired training, three reported attending classes at their school and remaining four claimed to have attended courses, colloquiums/congresses, training actions and seminars. Questioned about the fact of having promoted or participated in any SE action, the majority of the seven teachers⁽⁴⁾ responded negatively. From the three teachers who claimed to have participated or promoted such actions, one said that it consisted of one

class, another referred to an extracurricular action directed to students and the third indicated action or actions in the Project Area context. All three teachers considered that the experience was globally positive. Two of them informed that they are assistants to the training and only one referred to be an active intervenient. The latter claimed to feel prepared and comfortable addressing SE issues.

Table 2 - Training in Sex Education.

	n	%
Training in Sex Education		
Yes	7	26.9
No	19	73.1
Type of action attended		
Course	1	14.3
School Session	3	42.9
Colloquiums / congresses	1	14.3
Training action	1	14.3
Seminars	1	14.3
Did you promote or participate in a SE action?		
Yes	3	42.9
No	4	57.1
Nature of the activity		
A class for students	1	33.3
An articulated set of classes for students	-	0.0
An extracurricular activity for students	1	33.3
Activity(ies) in the Project Area context	1	33.3
How do you evaluate this experience?		
I think it was overall positive	3	100.0
There were negative things, but I think it went well.	-	0.0
I think this experience was more negative than positive	-	0.0
I think this experience was very negative	-	0.0
What role did you play in this action or program?		
I was one of the proponents	-	0.0
I participated in the organization	-	0.0
I was an active participant	1	33.3
I was a mere assistant	2	66.7

As to the involvement in future Sex Education activities, eleven stated that they planned to develop activities in this scope and seven said to be available to collaborate with other colleagues in promoting such activities.

Based on the data obtained through the application of the scale of evaluation of teachers' attitudes towards sex education, we obtained the results that constitute table 3.

In the evaluative dimension, expressed on a scale of 1 to 5 points, the teachers obtained results between 2.60 and 4.80 points ($M = 4.02$; $SD = 0.48$). Half of the teachers presented results equal to or greater than 4.00 points. Given the results obtained, we can say that teachers showed very positive attitudes in this dimension.

The questions that presented higher response averages allow us to conclude that teachers believe that ES is very important (4.31) and it is a responsibility of all teachers (4.08). They also believe that this type of intervention helps to prevent HIV infections (4.19). On the other hand, they disagree that it should be carried out only by biology teachers (92.3%), they reject the possibility that it may stimulate early sexual behaviour in young people (84.6%) or that sexuality is learned throughout life not in school (65.4%).

High knowledge was found ($M = 9.81$; $SD = 2.59$) in relation to the knowledge scale ranging from a minimum of 1 to a maximum of 15 points.

On the scale of comfort in talking about sexuality themes, expressed in a scale between 1 and 5 points, we observed values between 2.10 and 4.63 points. A reasonable level of comfort ($M = 3.56$; $SD = 0.61$) was registered. Higher comfort levels were found in items such as "Love," "Condom," "Menstrual Cycle," or "Teenage Pregnancy," and lower levels on items such as "Eroticism," "Oral or Anal Sex," or "Masturbation."

Table 3 – Descriptive measures observed for the dimensions of the Evaluation Scale of Teachers' Attitudes towards Sex Education.

Dimension	\bar{x}	Md	s	X_{\min}	X_{\max}
Evaluative	4.02	4.00	0.48	2.60	4.80
Knowledge of Sex Education	9.81	9.00	2.59	6.00	14.00
Comfort in relation to sex themes	3.56	3.67	0.61	2.10	4.63

There were no significant gender differences in relation to the three scales. There was also no correlation between the teachers' age the results of the scales, nor were there statistically significant differences between teachers who received training and those who did not, compared to the three scales.

There was, however, a strong association between teachers' attitude towards SE and comfort in addressing sexuality issues ($r = 0.601$, $p < 0.001$) (Table 4).

Table 4 – Correlation between teachers' attitudes towards sex education and knowledge and comfort in approaching those themes.

		Attitudes	Comfort	Knowledge
Attitudes	Pearson Correlation	1	,601**	,331
	p		,001	,099
	N	26	26	26
Comfort	Pearson Correlation	,601**	1	,086
	p	,001		,677
	N	26	26	26
Knowledge	Pearson Correlation	,331	,086	1
	p	,099	,677	
	N	26	26	26

Correlation is significant at the 0.01 level.

To evaluate the practices of Sex Education in a school context, the answers given by teachers were analysed in each of the 70 items proposed by Lourenço. The items have been grouped according to conceptions (how, when, who, purposes, importance, and role of other stakeholders) and practices (training, interest and motivation, contribution of educational policy documents, what do they do intentionally, what do they do when approached by students and how they do it intentionally).

The main purpose of sex education for the teacher is to develop students' skills so that they can live their sexuality in a healthier way.

With regard to sex education conceptions related to "how", 57.7% of teachers agreed with the statement "sex education should be a compulsory subject". They acknowledge that it concerns all teachers (96.2%) and that it should be addressed preferably in the teaching components. It should have a transversal nature, but still, a program should

exist for each disciplinary and non-disciplinary curricular area (65.4%). It should be planned, in a systematic way, by each Class Council (69.2%).

The majority did not agree that it should only be the responsibility of parents, because it is a family issue (96.1%); it should be dealt with only by the class director in civic formation (92.3%); Activities' coordination and SE projects should be the responsibility of the respective class director (65.4%). The teachers' opinions were divided between agreement and disagreement in the items: "SE in school, should be addressed only by teachers with specialized training in SE" (50.0%); "Natural science's discipline is the most appropriate subject to deal with SE themes" (46.2% and 53.8%); and "SE, in school, should be taught by doctors, nurses, psychologists or other specialized technicians" (53.9% or 46.1%).

All teachers (100.0%) acknowledge that SE is not a matter of "fashion" and 24 of the 26 teachers (92.3%) considered to be an important and necessary subject.

Within the framework of the practices and training: "training, interest and motivation" (Table 5). Half the teachers do not feel motivated to address issues related to sexuality in the classroom. All teachers consider that to be able to approach SE in their classes they would like to be supported by specialized technicians (100.0%). They claim to have no problem talking about sexuality issues but do not know how to do it in an adequate manner (57.7%). Half the respondents also consider that they have had some difficulty addressing SE in their classes because there are no clear general guidelines (57.7%). Others still refer to the lack of scientific knowledge needed (46.2%) and lack of didactic materials to do so (30.7%).

Opinions are divided in what SE training and scientific knowledge is concerned. Approximately half of the teachers, 14, consider having the scientific knowledge necessary to teach the subjects, whereas 12 consider that they do not have this preparation.

Table 5 - Training, interest, and motivation.

Items	Strongly disagree		Disagree		Agree		Strongly agree	
	n	%	n	%	n	%	n	%
I do not feel motivated to address topics related to sexuality in the classroom	7	26.9	6	23.1	12	46.2	1	3.8
I do not feel very motivated to approach sex education in my classes because I lack support from the school's Executive Board	7	26.9	16	61.5	2	7.7	1	3.8
To approach sex education in my classes I would like to have the support of specialized technicians	-	0.0	-	0.0	18	69.2	8	30.8
I do not address topics related to sexuality in my classes, because I'm not comfortable talking about those subjects	9	34.6	11	42.3	6	23.1	-	0.0
I do not teach sex education in my classes because I do not have the scientific knowledge required	5	19.2	9	34.6	10	38.5	2	7.7
In my classes, I will only address sexuality issues if I must	7	26.9	15	57.7	1	3.8	3	11.5
I have had some difficulty in working on sex education in my classes because there are no clear central guidelines	1	3.8	10	38.5	13	50.0	2	7.7
I have no problem talking about sexuality issues, but I do not know how to do it in a proper manner	1	3.8	10	38.5	15	57.7	-	0.0
I do not address sex education more often in my classes because no one gave me didactic material to do it	3	11.5	15	57.7	7	26.9	1	3.8

Teachers' opinions are also divided into what the contribution of educational policy documents is concerned. 19 teachers consider these documents insufficient to support the practice, half (13) consider them ambiguous and those that exist do not really help. However, the majority (73.0%) agree that documents related to SE are available for consult.

As for the "how they do it intentionally", as far as the classroom context is concerned, most teachers speak openly with their students about all subjects related to sexuality (69.2%) and always use scientific terms in approaching these subjects (69.2%). The SE

activities offered to students are essentially informative (73.1%), arising from doubts posed by them (57.7%) and are not planned in a systematic way.

Regarding the planning and coordination of SE activities/projects at school, most teachers consider that there isn't one (61.5%) and that it is not usual to discuss SE's activities and projects SE the Pedagogical Council (57.7%).

DISCUSSION

The main purpose of this study was to know the concepts and practices of teachers in relation to SE in school, as well as to evaluate their knowledge and level of comfort in approaching these themes.

Diagnostic data showed that teachers give great importance to SE within the school environment. They have knowledge about the subject, but many of the inquired teachers admit that they do not have sufficient training to do so. Reis and Vilar's⁽⁵⁾ study reached the same results: Portuguese teachers have a positive attitude towards the implementation of SE in schools; have good levels of knowledge and are available for its effective development. Another study⁽²³⁾, developed in England, reveals that teachers feel they have little information/training to address some of the issues related to sexuality. Results show that although teachers' general knowledge about ES is at a good level, the specific knowledge about sexually transmitted infections and the use of the morning-after pill is poor. This could be explained by the lack of training that teachers claim to have.

As a matter of fact, we must not lose sight of the fact that for a more consistent approach to SE in the school environment, teachers should receive proper training, to demonstrate openness to the subject and to have high motivation for teaching⁽²⁴⁾.

In our study, the value of SE is mirrored by the teachers' responses. However, about half did not feel motivated enough to deal with issues related to sexuality in the classroom. The difficulties identified were mainly the need for support from specialized technicians, the lack of clear central guidelines, the lack of necessary scientific knowledge and the inexistence of didactic materials. The latter is not a recent problem. As early as 1996, Haignere and colleagues⁽²⁵⁾ realized that teachers who participated in their study mentioned that the lack of materials was their major obstacle to approaching sex education, the second one being the lack of time.

Anastacio⁽¹⁹⁾ also tried to understand the arguments presented by Primary Education teachers in favour or against SE in school. The arguments put forward in favour of the approach were based on the positive example, the positive consequence, the cause, the authority granted by law and by the nature of things, tending towards scientific coherence. On the contrary, the arguments for non-approach and against SE were mainly arguments about the individual (questioning the teachers' skills), authority for families at the expense of teachers and for example, but negative, advising future teachers through rhetorical arguments. According to the same author, intermediate positions, called avoidance, have exposed significant arguments of non-approach, characterized essentially by moral argumentation, by analogy and ignorance, based on a non-formal logic. According to Anastacio⁽¹⁹⁾ these statements evidence a feeling of insecurity as the main argument for a non-approach position.

Despite the above-mentioned aspects, teachers, when given the possibility of obtaining appropriate SE training, expressed their intention to develop and promote SE actions in the future.

Training in SE and the existence of a work team that supports teachers after training is essential. Some teachers consider themselves training agents in SE, but demonstrate feelings of insecurity, lack of comfortability and of specific training. Thus, these feelings block them to new SE actions.

CONCLUSION

The results of the study made it possible to identify the complexity of the phenomenon. Sex education at school is recognized as a priority. Teachers refer that it concerns all teachers. It should be cross-curricular and have a defined program for each disciplinary and non-disciplinary curriculum area, being planned systematically in each Class Council.

Since sex education in school is a priority, it is crucial that teachers, as well as health workers and parents, become aware of the importance of their role throughout the process joining efforts towards its operationalization. It is imperative to have as a common thread, teaching sex education is much more than just transmitting information related to sex. It involves reflecting on emotions, feelings, and attitudes, training life skills and providing scientific information on human physiology⁽²⁶⁾.

In this sense, health education interventions and sexual education as an integral part of it must be based on the developmental perspective of young people. It should be measured according to their context, based on scientific evidence and knowledge in intervention, converging both health and education systems in a common purpose⁽²⁷⁾.

BIBLIOGRAPHY

1. Simões C, Matos M. Comportamentos de risco na adolescência: fatores associados ao início precoce da atividade sexual. In: Matos M. Sexualidade: afetos e cultura. Gestão de problemas de saúde em meio escolar. Lisboa (PT): Coisas de ler Edições; 2010. P.33-55.
2. Caldeira E. Promoção da saúde e desenvolvimento dos adolescentes: A educação sexual em contexto escolar [tese de doutoramento]. Lisboa: Universidade de Lisboa; 2015.
3. Ferreira P. Contextos da iniciação sexual: idade, relacionamento e geração. In Ferreira PM, Cabral M. *et al.* (orgs.). Sexualidades em Portugal: Comportamentos e riscos. Lisboa (PT): Editorial Bizâncio; 2010. P.231-288.
4. Caldeira E. Comportamentos sexuais dos adolescentes. *Servir*. 2005; 53(1): 29-39.
5. Reis M, Vilar D. A implementação da educação sexual na escola: Atitudes dos professores. *Análise Psicológica*. 2004; 4 (XXII): 737-745.
6. Lourenço, M. Educação sexual em contexto escolar: das concepções às práticas [manuscrito publicado]. Coimbra (PT): Universidade de Coimbra, Faculdade de Psicologia e Ciências da Educação; 2007.
7. Lei 3/84. Educação Sexual e Planeamento Familiar. *Diário da República*. 1985; Iª série, n.º 71: p. 3-24.
8. Lei 60/2009. Estabelece o regime de aplicação da educação sexual em meio escolar. *Diário da república*. 2009 agosto 6; 1ª Série, Nº151: p 5097-5098.
9. Vilar D, Carriço E. Kit educativo- Saúde e sexualidade: 2º ciclo. Lisboa (PT): Associação para o Planeamento da Família; 2009.
10. Afonso E, Lucas A. A sexualidade na adolescência. *Servir*. 2001 julho-agosto; 49(4): 165-171.

11. Marques A. *et al.* (coord.) Educação Sexual em Meio Escolar – Linhas orientadoras. Lisboa (PT): Ministério da Educação, Ministério da Saúde; 2000.
12. Vaz J, Vilar D, Cardoso S. Educação Sexual na Escola. Lisboa (PT): Universidade Aberta; 1996.
13. Ramiro L, Matos M, Vilar D. Factores de sucesso da Educação Sexual em Meio escolar. *Educação Sexual em Rede*. 2008; (3): 8-13.
14. Sampaio D. Sexualidade na adolescência. In: Barbosa A, Gomes-Pedro J. Sexualidade. Lisboa (PT): Departamento de Educação Médica. Faculdade de Medicina de Lisboa; 2000.
15. Ewles L, Simnett I. Promoting health: A practical guide. London (UK): Baillière Tindall; 1999.
16. Hagan JF. *et al.* Pediatrics. Career and Technical Education. 2001; 108(2).
17. Rifkin S, Pridmore P. Partners in planning: Information, participation and empowerment. *Health Promotion International*. 2002; (17): 285-286.
18. Sampaio D. *et al.* (coords.). Grupo de trabalho de educação sexual. Educação para a saúde: relatório preliminar. Lisboa [PT: Direcção Geral de Inovação e de Desenvolvimento Curricular, Ministério da Educação; 2005.
19. Anastácio Z. Educação Sexual no 1º CEB: Concepções, Obstáculos e Argumentos dos Professores para a sua (não) Consecução [tese de doutoramento]. Braga (PT): Universidade do Minho; 2007.
20. Leurs M. *et al.* Focus points for school health promotion improvements in Dutch primary schools. *Health Education Research*. 2007; 22(1): 58-69.
21. Kirby D, Laris B, Rolleri L. Sex and HIV Education. Programs for Youth: Their Impact and Important Characteristics. Scotts Valley (US): Family Health International; 2006.
22. Mason S. Braving it out! An illuminative evaluation of the provision of sex and relationship education in two primary schools in England. *Sex Education*. 2010; 10(2): 157-169.
23. Westwood J, Mullan B. Knowledge and attitudes of secondary school teachers regarding sexual health education in England. *Sex Education*. 2007 May; 7(2): 143-159.

24. World health organization WHO (CH) Standards for sexuality education in Europe: A framework for policy makers, educational and health authorities and specialists. Cologne (DE): Federal Centre for Health Education; 2010.
25. Haignere C. *et al.* Teachers' receptiveness and comfort teaching sexuality education and using non-traditional teaching strategies. *The Journal of School Health*. 1996; 66(4): 140-144.
26. Ramiro L, Reis M, Matos M. Educação sexual: propostas para escolas. In: Matos M. Sexualidade, afectos e cultura: Gestão de problemas de saúde em meio escolar. Lisboa (PT): Coisas de Ler; 2010. P. 203-244.
27. Caldeira E, Lopes M, Arranca A. Educação Sexual no 2º Ciclo do Ensino Básico. Do Diagnóstico de Situação à Intervenção. In: Albuquerque C. (Org.). *Comportamentos de Saúde Infanto-Juvenis: Realidades e perspetivas*. Viseu (PT): Instituto Politécnico de Viseu, Escola Superior de Saúde; 2012. p. 495 - 504.

[Correspondence: ecaldeira@uevora.pt](mailto:ecaldeira@uevora.pt)