

The Curricula of Sexuality Education in Mozambican and Portuguese Schools

What are the challenges for teachers and international partnerships?

*Teresa Vilaça, **Juvêncio Nota, **Carla Mabote

*University of Minho, Portugal

**Pedagogical University of Maputo, Mozambique

tvilaca@ie.uminho.pt

Abstract

The Ministry of Education and Culture of Mozambique has integrated in the curriculum of primary and secondary education, contents of Sexuality Education as cross-curricular themes. In Portugal, the Ministry of Education has already established from the 1st to 12th grades, similar cross-curricular contents of sexuality education with a different approach to integrate sexuality education in the school curriculum, including subject and non-subject curricular and extracurricular areas.

In this context, a comparative analysis between curricular integration of Sexuality Education and the challenges for teachers and schools and other professionals and organizations which collaborate with schools in sexuality education will be discussed with the aim of emphasising the potentials of international collaboration among students from different countries, especially those speaking the Portuguese language, and among researchers and other professionals regarding this particular area of teaching.

Keywords: Curricula of Sexuality Education, Teacher, International collaboration, Mozambique, Portugal

Introduction

The scientific community has shown that the quality of the first romantic experiences established in early adolescence is a significant milestone in a young person's development of the pattern of lifelong intimate partnerships that can establish a baseline for subsequent patterns among couples living in cohabitation, marital partners and the parental relationships with their children (Adams and Williams 2011). In this sense, Sexuality Education aims to teach about relationships and sex, in an culturally relevant and age-appropriate way, providing scientifically accurate, realistic and non-judgmental information to provide opportunities for participants involved in the educational process to allow them to explore their own values and attitudes and build decision-making, communication and risk reduction skills on the various aspects of sexuality (UNESCO 2009a, 2009b, Vilaça and Jensen 2011, Vilaça 2012).

However, although a large consensus regarding this vision of Sexuality Education exists (Vilaça 2012), and studies have shown that understanding the school environment can provides valuable information about the sexual behavior of students (serving as a filter for the promotion of sexual health or inhibiting it), and also the range of sexual knowledge and curiosity that underpin their sexual behavior may increase the effectiveness of interventions to prevent sexual risk taking behaviors in the sexual debut, few studies have incorporated the perspectives of adolescents on Sexuality Education (Charmaraman, Lee, and Erkut 2012).

In the last decade, a large number of studies in the ambit of the European Network of Health Promoting Schools applying the Democratic Health Education Paradigm by Bjarne Bruun Jensen (1997), have shown the efficacy of the IVAC methodology (Investigation – Vision – Action & Change) to value students' visions and their participation in order to develop their action competence, which means their ability to perform reflexive actions and bring about positive changes in relation to their own or community health (Jensen 1997, Simovska and Jensen 2003, 2008, 2009), and more specifically to their own or community sexual health (Rodrigues and Vilaça 2010 a, 2010b, 2011, Viegas and Vilaça 2010, 2011, Vilaça 2006, 2007 a, 2007b, 2008 a, 2008b, Vilaça, Squeira, and Jensen 2009, 2010).

The first phase of the IVAC methodology - Investigation (I) - illustrates the issues that should guide students to achieve a shared (common) perception about what the real problem they are working on today is: Why is this issue important for us? Why is it important to others? (consequences of the problem); What influence have lifestyles and / or life conditions had on this health problem? (causes of the problem). Students must be actively involved in choosing the problem and looking for an answer on why this problem is important to them. They should also work with the historical dimension in order to be able to conclude how the current condition or a given development of the problem was influenced; this is important to understand what the determinants that contributed over time to the development of these conditions were (Jensen, 2000). In other words, it is necessary to look at the problem from a historical perspective and include the social sciences to clarify the causes behind the problem remembering, in this sense, to use the observation methods to show the social, economic, cultural and social structures in which the problems were developed (Jensen 1995, 1997, Simovska and Jensen 2003, Vilaça and Jensen 2010).

The second phase - Visions - deals with the development of views on how the conditions in which participants' work could be seen in the future. This phase deals with the development of ideas, perceptions and views of students about what they want for their future lives and the society in which they will grow up in relationship to the problem under study (Simovska and Jensen 2003, Vilaça and Jensen 2010).

In the third phase of the sexuality education project - Action & Change - it is important that there is a space for the target population to use their imagination and think creatively to propose a large amount of possible actions related to the possibility of achieving some of the visions that were previously developed (Jensen 2000, Simovska and Jensen 2003, 2008, 2009, Vilaça and Jensen 2010, 2011). For every action proposed, their potential outcomes should be discussed in relation to the desired changes and the barriers that may arise and prevent the action, will result in desired changes in lifestyles and / or living conditions (Vilaça, Sequeira and Jensen 2011). Finally, the decision should be taken on what should be the first action to perform and plan, including how it will be assessed in relationship to the desired changes (Vilaca and Jensen 2010).

Some of these studies have shown how Information and Communication Technologies (ICT) could improve the establishment of co-partnerships between various schools of the same country (Vilaça 2006, 2009) or between countries (Simovska and Jensen, 2003).

In this context, a comparative analysis between curricular integration of sexuality education and the challenges for teachers and schools and other professionals and organizations which collaborate with schools in sexuality education will be discussed with the aim of

emphasising the potentials of international collaboration among students from different countries, especially those speaking the Portuguese language, and among researchers and other professionals regarding this particular area of teaching.

The Sexualisation of Curricula in Mozambican Schools

In the ambit of cultural reforms, the Ministry of Education and Culture of Mozambique has integrated in the curriculum of primary education (1st to 7th grades), general secondary education (8th to 10th grade) and medium level of general secondary education (11th to 12th grades), contents of Sexuality Education as cross-curricular themes, such as sexuality, sexual and reproductive health, sexually transmitted infections/AIDS, self-discovery and the prevention of unwanted adolescent pregnancies in various subjects (e.g., Natural Sciences/Biology, Portuguese Language and Citizenship and Morals Education).

Mozambique, like other countries in the Sub-Saharan region, is facing serious problems related to HIV / AIDS and the sexual and reproductive health of young people and adolescents. As a result, AIDS has become not just a public health issue but also the major cause of death in both young people and adults in this country (Misau 2001). In terms of global efforts to prevent and combat this pandemic among young people and adolescents, (sexuality) education plays a major role in their training and awareness; in countries where the epidemic is severe, sexually active youths with higher education are more likely to use condoms than those with lower education levels (Jackson 2004).

In this context, the Mozambican Ministry of Education, as part of its curriculum reforms, made the integration of the content on Sexuality Education (Sexuality, Sexual and Reproductive Health-SSR), cross-curricular themes in the curricula of Primary and General Secondary Education, highlighting the 8th grade. Sexuality and Reproductive Health Education, apart from addressing or transmitting only a set of information about anatomy and physiology of genitals and the reproductive system, is also related to sexually transmitted infections (STIs) and AIDS prevention and demands a deep and serious reflection about values, beliefs, attitudes and behaviours regarding sexuality.

The content on sexuality is introduced for the first time in the curriculum of the 3rd grade in the Natural Sciences subject. In this grade, sexuality is treated in the Self-Discovery Unit, which has a workload of two classes per week, each with duration of 90 minutes. The main content in this teaching unit is the different transformations that occur throughout the lifecycle (childhood, adolescence and adulthood) and the main objective is to enable the student to understand the different stages of life that are part of human development (Table 1).

Table 1. The Self-Discovery Unit in the Natural Sciences subject of the 3rd grade

Specific objectives	Contents	Basic skills	Methodological suggestions
<i>Student should be able to:</i>		<i>The student:</i>	
- Describe the different stages of a person's life	Stages of life: childhood, adolescence, adulthood	Understands that the different stages of life are part of human development	From the family of the students to get them to identify the different stages of people's lives

In the 4th grade, the Self-Discovery Unit is also addressed in the Natural Sciences subject, also with two classes per week with duration of 90 minutes. According to the program, this theme is aimed primarily at developing students' self-esteem through knowledge and the knowledge of body care. In this unit, contents such as body knowledge, respect for the body and body hygiene are present (Table 2).

Table 2. The Health and Self-Discovery Units in the Natural Sciences subject of the 4th grade

Specific objectives <i>The student should be able to:</i>	Contents	Basic skills <i>The student:</i>	Methodological suggestions
<i>Health (4 hours)</i>			
- Identify some of the most common diseases	Some diseases (e.g., cholera, tuberculosis, measles, malaria, tetanus, AIDS)	Knows the most common diseases, their signs, symptoms and method of prevention	Students may obtain from the survey knowledge about the most common diseases, and describe their signs and symptoms
-Discuss some measures of disease prevention	- Measures to prevent some diseases		
-Identify the modes of transmission of most common diseases	- Modes of transmission of more common diseases		
<i>Self-Discovery (2 hours)</i>			
-Develop self-esteem through knowledge and body care.	- Knowledge of his/her own body - Respect for his/her own body - Hygiene of his/her own body	-Respects his/herself and respects others -Values him/herself	- Students can make different designs for short, tall, thin, fat people, etc. and starting from there the teacher explains that people should be treated with respect, equality and dignity as human beings. - Develop the spirit of personal self-esteem or value.

In the Natural Sciences subject of the 4th grade, the Self-Discovery Unit is preceded by the Health Unit, where students study some more common diseases in Mozambique (e.g., cholera, tuberculosis, malaria and AIDS), and their mechanisms of transmission, prevention and treatment with four teaching periods of 180 minutes being reserved for this theme. The main objective is to enable the student to understand and identify the most common diseases, their symptoms and prevention methods.

Sexuality is also addressed in the 4th grade of the Social Sciences subject, for example, in the Family Unit, where students discuss: the social, economic and cultural roles of family members, the rights and duties of the family; rites and ceremonies; and rules and basic principles to be observed in key moments of the family (birth, birthdays, adolescence,

marriage, death, rites and rituals). This topic has 16 teaching periods and among other objectives, this Unit aims to develop students' skills and abilities and allow them to know the environment which they live in, which means their community and their country; to prevent diseases like AIDS and other sexually transmitted infections; to appreciate and value their culture, including traditions and patterns of behaviour and to demonstrate positive attitudes and values to the society in which they live.

The Social Sciences subject of the 5th grade does not have any topics related to sexuality and reproductive health. In this grade, sexuality and sexual and reproductive health issues are treated with great and particular emphasis in the Natural Sciences subject, although other subjects such as the Portuguese language subject makes some reference to topics such as: Family, Health and Hygiene, feelings, desires and attitudes and dealing with their sexuality in their own socio-cultural and affective aspect.

The Natural Sciences subject addresses the issue of health in a global way, that is, basic rules of hygiene, and prevention of some common diseases, and in the Reproductive System Unit, the anatomy and physiology of the human reproductive system is dealt with in four teaching periods. In this unit, the following contents are addressed: the constitution of the male (penis, testicles, seminal canals, urethra, and scrotum) and female (vagina, uterus, fallopian tubes, ovaries) reproductive systems, genital hygiene and fertilization / reproduction (Table 3).

Table 3. The Reproductive System, Self-Discovery and Health Units in the Natural Sciences subject of the 5th grade

Specific objectives <i>The student should be able to:</i>	Contents	Basic skills <i>The student:</i>	Methodological suggestions
<i>Reproductive system (4 hours)</i>			
- Know the importance of reproduction in living beings	- Male reproductive system (penis, testicles, seminal canals, urethra, scrotum)	Identifies the major organs and functions of reproductive systems	The teacher may use pictures or murals and can ask students to produce posters representing the male and female reproductive systems
- Identify the main organs of the female and male reproductive tract	- Female reproductive tract (vagina, uterus, fallopian tubes, ovaries)		
- Describe the functions of the major organs of the reproductive system	- Hygiene of genitals		
- Understand the process of fertilization.	- Fertilization		
<i>Self-discovery (4 hours)</i>			
- Recognize the changes that occur at puberty	- Transformations that occur in puberty, pregnancy and childbirth	-Recognizes the characteristics of behavior in the different phases	Asking students to say if they notice differences in their own bodies and
- Accept the changes that occur in his/her			

- | | | | |
|---|---|---|--|
| <ul style="list-style-type: none"> - Discuss the issues of having or not having children - Recognize the signs of pregnancy - Understand the consequences of teenage pregnancy | <ul style="list-style-type: none"> - Consequences of teenage pregnancy | <ul style="list-style-type: none"> of change -Understands that the changes occur in all people and are part of the development of the individual -Prevents situations leading to teenage pregnancy | <ul style="list-style-type: none"> those of colleagues or older siblings. |
|---|---|---|--|

Health (4 hours)

- | | | | |
|---|--|--|---|
| <ul style="list-style-type: none"> - Identify the modes of transmission and prevention of AIDS - Develop behaviors of solidarity with people living with AIDS - Explain how diseases spread - Apply preventive measures | <ul style="list-style-type: none"> - Methods of transmission of AIDS - Solidarity with people living with AIDS - Infectious diseases (cholera, meningitis, flu, scabies) - Non-communicable diseases (malaria, heart disease) - Some preventive measures for contagious and non-contagious diseases | <ul style="list-style-type: none"> -Protects him/herself from diseases including AIDS -Understands the ways of transmission of diseases including AIDS | <ul style="list-style-type: none"> -The teacher leads the way with advertising posters on HIV / AIDS and explores with students, the messages contained therein. If possible, ask a health professional to conduct a lecture on HIV / AIDS according to the respective ages of the students. |
|---|--|--|---|

According to the program, it is expected that at the end of this thematic Unit the student is able to: know the importance of reproduction in humans; mention the main organs of the reproductive system (male and female); describe the functions of the main organs of the reproductive tract, and be familiar with the process of fertilization. After the Self-Discovery Unit (introduced in 3rd grade) is developed, and for the first time, the term "sexuality" appears explicitly in the curriculum, integrating the Self-Discovery and Sexuality Unit. In this Unit, aspects such as changes that occur during puberty, pregnancy and childbirth, and the consequences of teenage pregnancy are treated in four one hour segments. According to the program, the objectives are the following: helping the student to recognize the changes that occur at puberty; discuss the question of whether or not to have children; and recognizing the signs of pregnancy and its consequences in adolescence.

Finally, the Health Unit, which had also been treated equally in previous grades, is dealt in greater depth in four one-hour segments. This thematic Unit covers among other topics, the ways of transmission and prevention of AIDS and solidarity towards individuals living with AIDS. Also, the main objectives of this Unit are to develop students' skills to prevent being inflicted with diseases including AIDS, knowing the ways of transmission of diseases including AIDS, and developing behaviour patterns of solidarity with people living with AIDS.

The content on sexuality (from the social point of view) has its beginning in the 6th grade, in the Morals and Civic Education subject, in its 3rd Unit, Man and the Environment, that has a workload of 15 hours. This Unit, among others, includes the following contents: the different relationships between men and women; the sexuality of the human body (male and female); physical changes in pre-teens; puberty – the physical, psychological and behavioural changes of the body (Table 4).

Table 4. Man and the Environment Unit in the Morals and Civic Education subject of the 6th grade

Specific objectives <i>The student should be able to:</i>	Contents	Basic skills <i>The student:</i>	Methodological suggestions
<i>Man and the Environment (15 hours)</i>			
- Identify the importance of different kinds of human relationships	- The different relationships of man with himself, with others, with nature	-Knows him/herself	-Brainstorming
- Encourage the understanding of all physical changes that lead to sexual maturity	- Human sexualized body: male and female	-Respects him/herself and others	-Starting from simple aspects that distinguish a man from a woman, and to go deeper as students grow and note differences among themselves.
- Observe in everyday life, the rules of personal and public hygiene	- Changes in the period of pre-adolescence / puberty: physical changes and psychological changes in the body and behavior	-Respects the differences between men and women	
	- Rules of personal and public hygiene	-Recognizes the changes that will occur in his/her body as he/she grows	

The major objective of this unit is, according to the program, to encourage student to understand all the physical changes that lead to sexual maturity.

Sexuality and Sexual and Reproductive Health issues are also addressed in the 6th grade in the Natural Sciences subject in the Self-Discovery and Sexuality and Reproductive Health Units (Table 5).

Table 5. The Self-discovery and Sexuality, Reproductive Health and Reproductive System Units in the Natural Sciences subject of the 6th grade

Specific objectives <i>The student should be able to:</i>	Contents	Basic skills <i>The student:</i>	Methodological suggestions
<i>Self-discovery and Sexuality (5 hours)</i>			
- Describe the menstrual cycle	- Menstrual cycle	- Is able to determine the fertile period	-To draw a picture of the menstrual cycle
- Determine the fertile	- Initiation rites		
	- Factors influencing		-To develop posters

<ul style="list-style-type: none"> period - Identify the initiation rites of their community - Discuss sexual rights 	<ul style="list-style-type: none"> decision making (family, school, church, community, taboos) - Sexual Rights 	<ul style="list-style-type: none"> -Exercises his/her sexual rights 	<ul style="list-style-type: none"> concerning sexual rights.
<i>Reproductive Health (9 hours)</i>			
<ul style="list-style-type: none"> - Recognize that the responsibility for the prevention of STDs / HIV / AIDS belongs to both the man and woman - Recognize that the responsibility for the prevention of a pregnancy belongs to both the man and woman -Discuss reasons to postpone sexual relationships - Respond assertively to pressures to have sex - Recognize the importance of counseling before starting sexual life - Recognize the importance of family planning in protecting women's health - Discuss the consequences of teenage pregnancy 	<ul style="list-style-type: none"> - Responsibility of both the man and woman in the prevention of STDs / HIV / AIDS - Responsibility of both the man and woman in preventing pregnancy - Contraception - Learning to say no to pressure from friends and partners - Searching for help / advice - Access to information and programs on reproductive health 	<ul style="list-style-type: none"> - Understands that the prevention of STDs / HIV / AIDS and pregnancy is the responsibility of both of the man and woman -Resists sexual pressures -Seeks for help when necessary 	<ul style="list-style-type: none"> -To prepare and carry out a survey of who is responsible for the prevention of STDs / HIV / AIDS and from there to explain that it is the responsibility of both individuals -To develop a short questionnaire to interview some people about who has the responsibility of preventing pregnancy -To prepare a survey of the reasons for delaying the onset of sexual intercourse -To invite a Technician of The Maternal Child Service to give a lecture on contraception and the importance of family planning -Role-play in which youths can say no to sex Role-play about situations in which it is necessary to seek advice

Regarding the Self-Discovery and Sexuality Units, the following topics are developed: the menstrual cycle; initiation rites; factors influencing decision making (family, school, church, community, taboos); and sexual rights. In the Reproductive Health Unit, topics such as the following are approached: the responsibility of men and women in the prevention of STIs/ HIV/ AIDS and pregnancy; contraceptive methods; resistance to social pressures (learning how to say no to the pressures of friends and partners, especially regarding sexual intercourse); searching for help / advice; and accessing information on reproductive health programs.

The content on sexuality and reproductive health is deepened and consolidated in the 7th grade, both in the Morals and Civic Education subject and in the Natural Sciences subject. In the Morals and Civic Education subject, despite adding more depth and consolidation in the Man and the Environment Unit, two new Units: Self-Discovery and Sexuality, and Reproductive Health are introduced (Table 6).

Table 6. Man and the Environment Unit in the Morals and Civic Education subject of the 7th grade

Specific objectives <i>The student should be able to:</i>	Contents	Basic skills <i>The student:</i>	Methodological suggestions
<i>Man and the Environment (21 hours)</i>			
-Get to know him/herself Valuing friendship and love with colleagues, neighbors and the wider community	- Human body: health and hygiene, and first aid - Transition from childhood to adolescence and adulthood: physical changes and emotional, psychological - Relationships with others: What should I do so that others do not do what I do not want?	-Identifies the phenomena of physical growth that leads to adulthood - Concludes that the student's physical growth is accompanied by changes in his/her behavior and affections	-Students discuss between themselves the physical modifications that they feel as they grow -The teacher can explain to students what is psychic and emotional behavior

In the Natural Sciences subject, Sexuality and Reproductive Health topics are addressed in the Human Reproductive System, together with the Self-Discovery and Sexuality Units (Table 7).

Table 7. The Reproductive System and Self-discovery and Sexuality Units in the Natural Sciences subject of the 7th grade

Specific objectives <i>The student should be able to:</i>	Contents	Basic skills <i>The student:</i>	Methodological suggestions
<i>The Reproductive System (5 hours)</i>			
- Recognize the major organs of the human reproductive system - Recognize their roles	- Functions of the reproductive organs: .Female (vagina, uterus, fallopian tubes and ovaries) .Male (penis, testicles,	-Knows the physiology of the major organs of the reproductive tract	-Use of models, drawings showing the main organs of the reproductive system.

vas deferens,
epididymis, urethra,
prostate, seminal
vesicles).

Self-Discovery And Sexuality (9 hours)

- | | | | |
|--|--|---|------------------------------|
| - Recognize some feelings of friendship and love | - Factors influencing the decision making | -Is able to discuss with parents about sexuality issues | - Role playing relationships |
| - Identify relationships in adolescence | - Relationships in adolescence (Friendship and Love) | - is able to report sexual harassment/ rape or sexual abuse | |
| -Enhance the role of parents as advisors and friends | - Situations that affect self-esteem | -Understands that sexuality is part of life for all people | |
| -Discuss situations that affect self-esteem | - Parents as advisors and friends | | |
| -Accept the diversity of values | - Difference between sex and sexuality | | |
| -Differentiate sex and sexuality | - Respect for diversity of values | | |
| -Discuss some aspects of sexuality | - Initiation rites | | |
| -Report harassment, violence and sexual abuse. | - Virginity | | |
| | - Sexual orientation | | |
| | - Masturbation | | |
| | - Sexual harassment | | |
-

Thus in the first Unit, the functions of the human reproductive organs are approached. In the second Unit, on the one hand, some contents are treated in a more in-depth and consolidated way, namely: factors that influence our decision-making; relationships in adolescence (Love / Friendship); situations that affect self-esteem; initiation rites; and respect for diversity and values. On the other hand new themes are introduced, such us: parents as counsellors and friends; virginity; sexual orientation; masturbation; discovery of some diseases by examining the breasts and testicles; sexual harassment; gender differences and sexuality. For all these topics, 53 hours plus an additional 15 hours for the local curriculum are reserved, which makes a total of 73 hours for the treatment of these aspects in this grade.

The approach to human sexuality and sexual and reproductive health in the 8th grade are made up around two main areas: Reproduction and Human Development and Sexual and Reproductive Health. In this context, these issues are addressed in the Reproduction and Ontogeny Unit, lasting for 19 hours.

The Reproduction and Human Development content includes human reproduction and ontogeny. The first topic includes: pregnancy and its stages of development - fertilization, implantation and formation of the embryo, foetus, pregnancy - signs, duration and care; childbirth-phases: initiation, expansion, expulsion and exit of the placenta, type of birth, breastfeeding and its importance); reproductive anatomy: constitution of the reproductive system (male and female); and reproductive physiology: male and female reproductive system; function of glands: prostate and seminal vesicles; function of the genital tract - fallopian tube, uterus and vagina; pregnancy and its development stages; signs of

pregnancy, duration and care; childbirth and its phases; types of delivery; and breastfeeding and its importance. The second topic, Ontogeny, includes the stages and characteristics of child, youth and adult development:

The second thematic area, Sexual and Reproductive Health, includes: contraception (contraceptive methods - advantages and disadvantages of each method); early marriage and pregnancy – consequences and prevention of early pregnancy; the reproductive system and health (hygiene of genitals, common STIs in Mozambique and HIV / AIDS - transmission, symptoms, prevention and treatment - diseases related to male and female reproductive systems).

In summary, previously the contents related to sexuality and sexual and reproductive health and, HIV / AIDS were analysed in the Mozambican national education programs from the 3rd to 8th grades. We rely specifically on thematic Units, its contents and its workload, the type of approach, the specific objectives to develop students' basic skills and methodological suggestions.

Sexuality Education Projects in Portuguese Schools

In Portugal, based on the distribution of AIDS cases until December 31st 2011, 41,035 cases of HIV / AIDS in different stages of infection were reported; the analysis of the distribution of AIDS cases by gender shows that 80.9% corresponds to males, and the analysis by age group shows that 25% are between 20 and 29 (MS, INSRJ, DDIURVE and NVLDI 2012). Given the long latency period between HIV infection and AIDS diagnosis, these young adults were probably infected as teenagers. Other concerns are the high incidence in Portugal of teenage pregnancies (World Health Organization 2010) and abortions before 20 years of age (World Health Organization Regional Office for Europe 2011).

The Portuguese Ministry of Education has already established from the 1st to 12th grades in the majority of curricular subjects (e.g. Natural Sciences, Morals and Catholic Religion Education, Languages, History, Geography), similar to Mozambique's cross-curricular topics of Sexuality Education but with a different approach, to integrate Sexuality Education in the school curriculum, including subject and non-subject curricular and extracurricular areas, which have emerged in recent years by way of the planning of a Health and Sexuality Education Class Project that is carried out under the coordination of the class tutor. This project should be compulsory in the educational project of the groups of schools, respecting the guidelines established by their General Council after hearing from Student and Parent Associations and teachers. In addition, by the Law no. 60/ 2009 (Assembleia da República de Portugal 2009), each class has a teacher responsible for Health and Sexuality Education whose function, together with the Class Director and all class teachers, is to develop at the beginning of the school year, the Class Sexuality Education Project, which should contain the contents and themes which will later be approached, the initiatives and visits to be made, and the invited authorities, technicians and specialists outside the school. This class project should be compulsorily included in the educational project of the school groups, respecting the guidelines established by their General Counsel after hearing from student and parents' associations and teachers.

According to the Law no. 60/2009, the content of Sexuality Education should be developed within the framework of non-subject curricular areas and should respect the transversality

inherent in the various subjects and also, integrating the subject curricular areas. This Law also establishes that the groups of schools of the 2nd and 3rd cycles of basic education and secondary education should make available to students an Information and Student Support Office (ISSO). The care and operation of the respective ISSO provided by trained professionals in the areas of Health Education and Sexuality Education must operate at least one morning and one afternoon per week, coordinating its activity with the respective Health Units of the local community, or other state agencies, including the Portuguese Youth Institute, and should ensure a site on the Internet with information that promptly ensures an answer to questions put forward by students and, have a comfortable, functional and discrete environment for its operation, organized with the participation of students, which ensures confidentiality to its users, and adequate access to contraceptives methods.

The number of hours devoted to Sexuality Education should therefore be tailored to each level of education, and each class should not be less than six hours for the 1st (1st to 4th grades) and 2nd (5th to 6th grades) cycles of primary education, and twelve hours for the 3rd cycle (7th to 9th grades) of primary education and secondary education (10th to 12th grades). In Portugal, Sexuality Education is understood as being part of the entire educational process and one of the components of health promotion where students should be the principal actors (ME, MS, APF, and CAN 2000). Since sexuality is considered as a life area and a space for dialogue, students should be allowed to put forward problems and collaborate in their resolution (CNE 2005). The curriculum of Sexuality Education must meet the minimum objectives that were set for the 1st to 12th grades by the Portuguese Education and Health Ministries (2010).

Compared with the Mozambican curricula for the 3rd and 4th grades, the Portuguese National Guidelines for Sexuality Education of the 1st cycle of primary education (from de 1st to 4th grades) is similar to the Mozambican “Self-Discovery” Unit. Portuguese Guidelines have established that teachers should create conditions for students to become aware of their own bodies and discover the differences between boys and girls, as well as to increase their awareness regarding the existence of different kinds of families, to be able to protect their own body and to understand the notions of limits, such as saying no to abusive advances (Table 8).

Table 8. The Portuguese contents of 1st Cycle (from 7 to 10 year-old)

Concept of body
The body in harmony with Nature
Notion of Family
Differences between boys and girls
Protection of the body and notions of limits, saying no to abusive approaches

According to Vilaça (2006), these contents conform to the bio psychosexual development of this phase of the lifecycle because from around six to seven years of age, children have already generally acquired a clear understanding of the basic anatomical differences between the sexes and usually begin to not want to expose their bodies; the internalization they are making of the sexual morals of adults through comments and gestures that they see in sexual behaviors and examples they received from adults, brings about a strong modesty in the exhibition of their bodies. Vilaça (2006) argues that the attitudes and practices of

parents influence children's self but at the same time, the curiosity of the child is likely to bring out games like "playing doctors" which can simply add games to inspect the genitals of one another or by sometimes touching, kissing or rubbing these organs; by eight and nine years of age, children are generally still unaware of the erotic element of sexual activities and only see them as jokes, therefore sexual arousal is more a sub-product of these deliberate activities.

The Portuguese contents from the 5th to 6th grades are similar to the Mozambican contents of the "Reproductive System" and "Self-Discovery" Units of the Natural Sciences subject of the 5th grade and the "Man and the Environment" Unit in the Morals and Civic Education subject and the "Self-Discovery and Sexuality" Unit in the Natural Sciences subject of the 6th grade, as is described in table 9.

Table 9. The Portuguese contents of the 2nd Cycle (from 11 to 12 years of age)

Puberty: biological and emotional aspects
The body transformation
Secondary sexual characters
Normality, importance and frequency of bio-psychological variants
Diversity and tolerance
Sexuality and gender
Human reproduction and growth, contraception and family planning

The WHO Europe, Federal Centre for Health Education and BZgA (2010) advocates that between the ages of 11 and 13, the interests of pre-adolescents shift as they start concentrating more on a detailed knowledge of the body and the sexual organs, and especially those of the opposite sex. They argue that during puberty, social identity is supplemented by the search for a psychological identity; adolescents reflect on their personal qualities and significance and consider their place in the world, forming an identity that is closely linked with their self-image. Vilaça (2006) adds that sexual development is accelerated during puberty; at puberty begins biological sexual maturation, including the maturation of the reproductive system and the development of secondary sexual characteristics which leads to a sudden change in the configuration of the body. As a consequence, the mental representation that pre-teens have of their body, together with the attitudes and feelings that it arouses in others, evolves throughout life as they experience different sensations in their relationship with their environment and those around them. In this sense, according to Vilaça (2006), at this age pre-teens need to assume a new potential function of the body, its reproduction capacity, and to learn how to cope with the re-definition of their self-image and about new sensual and sexual responses.

The Portuguese contents from the 7th to 9th grades develop in a more in-depth way the previous contents of the 2nd cycle but add the development of the reflexive thinking in students to promote their self-reflection regarding their own and peer values and attitudes regarding: prevention of violence and physical and sexual abuse and sexual risk behaviours; adolescent maternity and the termination of pregnancy; and parenting as part of a healthy and responsible sexual and reproductive health (Table 10).

Table 10. The Portuguese contents of the 3rd Cycle (from 13 to 15 years of age)

General physiology of human reproduction
Menstrual cycle and ovulation
Sexuality as one of the most sensitive components of the person, in the context of a life project that integrates values and an ethical dimension
Use and accessibility of contraceptives methods and side effects
Epidemiology and prevalence of major STIs (HIV and VPH2), prevention methods
Prevention of violence and physical and sexual abuse and sexual risk behaviours, say no to sexual and emotional pressures
Percentage and understanding of adolescent maternity and terminations of pregnancy, and their respective sequels meaning
Notion of parenting as part of a healthy and responsible sexual and reproductive health

These contents are more focused on sexual and reproductive health and how to gain access to contraceptive methods and for the first time, HIV/ AIDS and other STIs are approached in the curriculum. Therefore, the prevention of STIs is carried out later in Portugal than in Mozambique but other contents from the 7th to 9th grades are similar to Mozambican grades.

From the 10th to 12th grades, the Portuguese Education and Health Ministries (2010) have established that the curriculum of the 3rd cycle should be approached in secondary education (from the 10th to 12th grades) but using as a starting point, the national and EU reality regarding: first sexual intercourse; evolution and impact on rates of pregnancy and abortion and epidemiology of STIs, namely HIV/ AIDS (Table 11).

Table 11. The Portuguese contents of secondary schools (from 16 to 17 years of age)

Repeat contents linked to the national reality:
Trends in age at first sexual intercourse
Contraceptive methods available and used. Reasons for their failure and for teens do not use them
Evolution and impact on rates of pregnancy and abortion (between us and the EU)
Aspects related to the incidence and sequelae of STIs (HIV and HPV)
Physiology of human reproduction: identifying the menstrual cycle and fertile period depending on the characteristics of their menstrual cycles

The principal differences between Mozambican and Portuguese programmes regarding Sexuality Education are not related to the content selection but on the ways of their integration in the school curriculum and regarding the methodological approach. In Portugal, students have always been regarded in the Law as the principal actors in Sexuality Education, accepting sexuality as an area of life and as a space for dialogue, where students should put forward their own or their community's problems and collaborate, individually or collectively, in seeking solutions to these problems. Following this logic, only the active

participation of students in school activities contributes for their genuine involvement in Sexuality Education.

The family is described by the Portuguese law as the cornerstone of Sexuality Education in the school [e.g., Law No. 3/84 (Assembleia da República de Portugal, 1984); Law No. 120 / 99 (Assembleia da República de Portugal, 1999; Decree - Law No. 259/2000 (Ministério da Educação de Portugal, 2000)]. It is also always very explicit in the law that the role of co-partnerships, especially with the Health Centre of the local area of the School, and structures to support Health and Sexuality Education in the school community cannot be overlooked. As a starting point for this reorganization at the school level, the Decree - Law No. 190/91 of 17 May (Ministério da Educação de Portugal 1991) declared that the Psychology and Guidance Service is to be considered a specialized unit of educational support integrated into the school system, with the role of contributing to the overall development of the students and to the construction of their personal identity, and support for students in their learning process and integration into the systems of interpersonal relationships and the school community. No less important was the emergence of the Students Support Office in schools by Law No. 120/99 (Assembleia da República de Portugal, 1999):

The creation of a Student Support Office should be promoted, which among other goals set by the school after hearing the Parents' Associations, will hold various activities to promote health education, particularly on human sexuality and reproductive health, in conjunction with the Health Services (Article 3).

The partnerships established for Sexuality Education at the central or local level were also being encouraged by national policies. First, the Ministry of Education created the Health Promotion and Education Programs in schools by developing the *Life Project* (Projeto Vida) and the *Hurray School Project* (Projeto Viva a Escola) and later, the *Program for Health Promotion and Education*, which ended with the entry of Portugal in 1994, in the European Network of Health Promoting Schools (ENHPS), currently known as Schools for Health in Europe. In the academic year 1995/1996, the Ministry of Education implemented the Experimental Project of Sexuality Education and Health Promotion in Schools in partnership with the Association for Family Planning (APF) and supported by the General Directorate of Health. As a consequence, there appeared the "Report Prepared for the Ministerial Plan of Action on Sexual Education and Family Planning." This document was prepared by a committee made up of elements of the Ministries of Education, Health, Justice, Labour and Solidarity and, the Ministry of Youth and became a national guide to sexuality education because it delineated the roles of the state, defined the first legal document on sexuality education in schools, and established a national strategy based on three principles: the promotion of the development of Sexuality Education as a component of global education and also, as a component of health promotion; coordination between the various ministries to achieve the main objectives of Sexuality Education; identifying particular actions already undertaken in schools in order to develop their potential.

The priority objectives identified in this report, highlighted three characteristic elements of "individual and social participation," which are: "active participation", "decision making" and "making potentially correct choices" to solve individual and social problems. These objectives underlie the option for pedagogical approaches that promote the development of competence for participation in students, as these objectives highlight the notion that

Sexuality Education should integrate the development of individual abilities to live their own sexuality and to make personal decisions about their own sexual behaviour, particularly with regards to refusing sexual coercion. They further clarify that this personal decision-making has to be a personal responsibility and an activity of one's own autonomy. When this personal decision-making is not possible, the objectives contemplated that other means must exist within the community to help individuals make their own decisions. These objectives also clarify the scope of sexuality education as defined sexuality education and as a component of the overall education process and a component of health promotion in the school environment in its various dimensions: curriculum, psychosocial, ecological and community.

In order to attain these objectives, the IVAC methodology, with the use of information and communication technologies above referred to has been successfully applied in Portuguese Sexuality Education Projects (Rodrigues and Vilaça 2010 a, 2010b, 2011, Viegas and Vilaça 2010, 2011, Vilaça 2006, 2007 a, 2007b 2008 a, 2008b, Vilaça and Jensen, 2009, 2010, 2011). All students were unanimous in their agreement that the most attractive element for them in this action-oriented project was seeing their ideas and work taken seriously by adults, who worked with them as equals (teachers, doctors, psychologists and nurses), and especially by parents during their experiences of action. In these projects, the extensive possibilities for students to genuinely participate in projects intentionally directed towards the development of collective actions to solve sexual or reproductive problems with peers (peer education) or adults in the community (interviews, questionnaires and roundtables) aimed at changing life conditions, helped to enable students to make their voices heard in the school and in their society, helped them to acquire a better balance between the involvement of teachers and students at work in the school and, provided an open and reflective environment regarding sexual health and the role of students and teachers in a democratic health promoting school.

Some of these projects involved the twinning of classes of different Portuguese schools (Vilaça 2006, 2007 a, 2007b 2008 a, 2008b, Vilaça and Jensen, 2009, 2010, 2011) or classes from other countries, having students express the desire to increase their competences to talk with youths from other countries regarding sexual behaviour, sexual problems and ways to solve them (Vilaça 2006, 2008b).

Conclusions and implications for the future: Challenges for Teachers and International Partnerships

The White Paper on Intercultural Dialogue (Council of Europe, 2008) argues that intercultural dialogue can only thrive if: the democratic governing of cultural diversity is adapted in many aspects; democratic citizenship and participation should be strengthened; intercultural competences should be taught and learned; space for intercultural dialogue should be created and widened; and intercultural dialogue should be taken to the international level. Mozambique and Portugal have good possibilities to promote intercultural dialogue in contributing to solve sexual and reproductive health problems because: i) these countries share the same contents of Sexuality Education to be learnt by students and, their democratic political system wishes to empower students to control their own sexual and reproductive health; ii) although with different integration in the school curriculum, both countries use active pedagogic activities focused on students; iii) in Portugal, research

programs regarding sexuality education have been successful using action-oriented sexuality education projects with the use of ICT to promote student action competence and national and international collaboration by way of the Internet.

Therefore, currently, teachers from both countries face the following major challenges to promote an international partnership to develop collaborative work to promote sexual and reproductive health between students of Mozambique and Portugal:

- the strengthening of the links between basic and secondary schools and the university of their country, namely sharing material by way of the Internet;
- encouraging students to plan their action-oriented sexuality education projects involving twinning classes of Mozambique and Portugal;
- the promotion of action-oriented learning and practice on Sexuality Education and maintaining them throughout the lifecycle in formal, non-formal or informal educational activities;
- encouraging students to be change catalysts within their family and their community of reference to promote their sexual and reproductive health which will enable them to act as an active and responsible citizen respectful of others; and
- strengthening democratic citizenship and the participation of students.

These challenges imply working on three key competence areas: democratic citizenship, language and history and the identity of both countries involved. Applying IVAC methodology in sexuality education involves civic, historical, political and human-rights education, education in the global context of societies and on cultural heritage. This methodology involves a multidisciplinary approach and combines the acquisition of knowledge, skills and attitudes – particularly the capacity for reflection and the self-critical disposition necessary to solve sexual problems in culturally diverse societies.

References

Adams, H. L., and Williams, L. R. 2011. What they wish they would have known: Support for comprehensive sexual education from Mexican American and White adolescents' dating and sexual desires. *Children and Youth Services Review* 33: 1875–1885.

Assembleia da República de Portugal. 1984. *Educação sexual e planeamento familiar*. Decreto-Lei nº 3/84 de 24 de março, D.R. I Série, nº 71, 981-983. http://www.spdc.pt/brightcontent_images/11251_3.pdf

Assembleia da República de Portugal. 1999. *Reforça as garantias do direito à saúde reprodutiva*. Lei nº 120/99 de 11 de agosto, D.R. I Série - A, nº 186, 5232-5234. <http://dre.pt/pdfgratis/1999/08/186A00.pdf>

Assembleia da República de Portugal. 2009. *Estabelece o regime de aplicação da educação sexual em meio escolar*. Lei nº 60/2009 de 6 de agosto, D.R. I Série, nº 151, 5097-5098. <http://dre.pt/pdf1s/2009/08/15100/0509705098.pdf>

- Charmaraman, L., Lee, A. J., and Erkut S. 2011. "What if You Already Know Everything About Sex?" Content Analysis of Questions From Early Adolescents in a Middle School Sex Education Program. *Journal of Adolescent Health*, 50: 527–530.
- CNE - Conselho Nacional de Educação. 2005. Parecer "Educação Sexual nas Escolas". Lisboa: Conselho Nacional de Educação.
- Council of Europe. 2008. *White paper on intercultural dialogue*. Strasbourg: Council of Europe.
- Jackson, H. 2004. *Sida em África: continente em crise, SAT*. Zimbabwe: Harare.
- Jensen, B. B. 1995. Concepts and models in a democratic health education. In *Research in environmental and health education*, ed. B. B. Jensen, 151–169. Copenhagen: Research Centre for Environmental and Health Education. The Danish University of Education.
- Jensen, B. B. 2000. Participation, commitment and knowledge as components of pupil's action competence. In *Critical Environmental and Health Education. Research Issues and Challenges*, eds. B. B. Jensen, K. Schnack and V. Simovska, 219–237. Copenhagen: Research Centre for Environmental and Health Education. The Danish University of Education.
- Jensen, B. B. 1997. A case of two paradigms within health education. *Health Education Research*, 12 (4): 419-428.
- Ministério da Educação de Portugal. 1991. *Cria nos estabelecimentos de educação e ensino públicos os serviços de psicologia e orientação*. Decreto-Lei nº 190/91 de 17 de maio, D.R. I Série-A, nº 113, 2665-2668. <http://dre.pt/pdfgratis/1991/05/113A00.pdf>
- Ministério da Educação de Portugal. 2000. *Promoção da saúde sexual, saúde reprodutiva e planeamento familiar*. Decreto-Lei nº 259/2000 de 17 de outubro, D.R. I Série - A, nº 240, 5784-5786. <http://dre.pt/pdfgratis/2000/10/240A00.pdf>
- ME, MS, APF, and CAN - Ministério da Educação, Ministério da Saúde, APF, CAN. 2000. *Educação sexual em meio escolar. Linhas Orientadoras*. Lisboa: Ministério da Educação, Ministério da Saúde.
- Ministérios da Educação e da Saúde de Portugal. 2010. *Regulamentação da Lei nº 60/2009, de 6 de agosto*. Portaria nº 196-A/2010 de 09 de abril, D.R. I Série, nº 69, 1170 (2) - 1170 (4). http://juventude.gov.pt/Legislaçao/Documents/Portaria%20n.º%20196-A_2010.pdf
- MISAU. 2001. *Inquérito Nacional sobre saúde reprodutiva e comportamento sexual dos jovens e adolescentes*. Maputo: INJAD.
- MS, INSRJ, DDIURVE, and NVLDI - Ministério da Saúde, Instituto Nacional de Saúde Dr. Ricardo Jorge, Departamento de Doenças Infecciosas Unidade de Referência e Vigilância Epidemiológica, Núcleo de Vigilância Laboratorial de Doenças Infecciosas. 2012. *Infeção VIH/SIDA, a situação em Portugal em 31 de Dezembro de 2011*.

Lisboa: Instituto Nacional de Saúde Dr. Ricardo Jorge, I.P., Departamento de Doenças Infecciosas Unidade de Referência e Vigilância Epidemiológica Núcleo de Vigilância Laboratorial de Doenças Infecciosas

Rodrigues, C. De J., and Vilaça, T. 2010 a. Género e aprendizagem participativa orientada para a acção em educação sexual em Educação Moral e Religiosa Católica no 7º ano de escolaridade. In *Educação para a Saúde, Cidadania e Desenvolvimento Sustentado*, eds., H. Pereira, L. Branco, F. Simões, G. Esgalhado, and R. M. Afonso, 519-531. Covilhã: Departamento de Psicologia e Educação da Universidade da Beira Interior.

Rodrigues, C. De J., and Vilaça, T. 2010b. Género e o efeito da aprendizagem participativa e orientada para a acção no desenvolvimento da competência de acção em educação sexual. In *Sexualidade e Educação Sexual: Políticas Educativas, Investigação e Práticas*, eds. F. Teixeira, I. P. Martins, P. R. M. Ribeiro, I. Chagas, A. C. B. Maia, T. Vilaça, A. F. Maia, C. R. Rossi, and S. M. M. De Melo, 214 – 222. Braga: CIEd. <http://www.ua.pt/cidttff/PageText.aspx?id=11400>

Rodrigues, C. De J., and Vilaça, T. 2011. Responder às necessidades em educação sexual dos adolescentes: influência do género no desenvolvimento da competência de acção. In *Atas do XI Congresso Internacional Galego-Português de Psicopedagogia*, org., A. B. Lozano, M. P. Uzquiano, A. P. Rioboo, J. C. B. Blanco, B. B. da Silva, and L. S. Almeida, 457 – 467. Corunha: Universidade de Corunha, Universidade do Minho.

Simovska, V., and Jensen, B. B. 2003. *Young minds.net/lessons learnt: Student participation, action and cross-cultural collaboration in a virtual classroom*. Copenhagen: Danish University of Education Press.

Simovska, V., and Jensen, B. B. (2008). Online learning environments and participatory health education: teachers' reflections, *J. Curriculum Studies*, 40 (5), 651-669.

Simovska, V. and Jensen, B. B. (2009). *Conceptualizing participation – the health of children and young people*. Copenhagen: World Health Organization Regional Office for Europe.

UNESCO. 2009a. *International technical guidance on sexuality education. Rationale for sexuality education*. Vol. I. Paris: UNESCO. <http://unesdoc.unesco.org/images/0018/001832/183281e.pdf>.

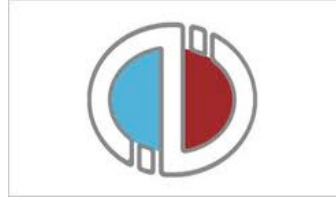
UNESCO. 2009b. *International technical guidance on sexuality education. Topics and learning objectives*. Vol. II. Paris: UNESCO. http://data.unaids.org/pub/ExternalDocument/2009/20091210_international_guidance_sexuality_education_vol_2_en.pdf

Viegas, A. and Vilaça, T. 2011. Educação em ciências e desenvolvimento da competência de acção em educação sexual. In *Actas do XIV Encontro Nacional de Educação em Ciências: Educação em Ciências para o Trabalho, o Lazer e a Cidadania*, org., L. Leite, A. S. Afonso, L. Dourado, T. Vilaça, S. Morgado, and S. Almeida, 319 – 331.

Braga: Universidade do Minho, Instituto de Educação.

- Viegas, A., and Vilaça, T. 2010. Contributos da aprendizagem sobre puberdade e reprodução humana para o desenvolvimento da competência de acção em educação sexual no 6º ano de escolaridade. In *Sexualidade e Educação Sexual: Políticas Educativas, Investigação e Práticas*, eds., F. Teixeira, I. P. Martins, P. R. M. Ribeiro, I. Chagas, A. C. B. Maia, T. Vilaça, A. F. Maia, C. R. Rossi, and S. M. M. De Melo, 119 – 128. Braga: CIEd. <http://www.ua.pt/cidttf/PageText.aspx?id=11400>
- Vilaça, T. 2006. *Acção e competência de acção em educação sexual: uma investigação com professores e alunos do 3º ciclo do ensino básico e do ensino secundário*. PhD thesis, Universidade do Minho, Braga, Portugal.
- Vilaça, T. 2007a. Dos Modelos de Educação para a Saúde Tradicionais aos Modelos de Capacitação: Abordagens Metodológicas da Educação Sexual em Portugal do 7º ao 12º anos de Escolaridade. In *Actas do XX Congresso ENCIGA*, eds., L. C. Chamosa, P. J. E. Alonso, J. R. G. Otero, L. J. Pereira, A. L. Barreiro, and M. R. Mayo, 30. Sanxenxo: Hotel Carlos I.
- Vilaça, T. 2007b. Eficácia do Paradigma Democrático de Educação para a Saúde no Desenvolvimento da Acção e Competência de Acção dos Adolescentes em Educação Sexual. In *Actas do IX Congreso Internacional Galego-Portugués de Psicopedagogía*, Eds., A. Barca, M. Peralbo, A. Porto, B. Duarte da Silva and L. Almeida, 971-982. Corunha: Universidade da Coruña, Revista Galego-Portuguesa de Psicoloxia e Educación.
- Vilaça, T. 2008a. Projecto de Educação Sexual Orientado para a Acção e Participação: Efeitos nas Escolas, Professores, Pais e Alunos. In *III Congresso Internacional Saúde, Cultura e Sociedade*, coord., F. Cruz, 128-159. Portalegre: Associação para a Investigação e Desenvolvimento Sócio-Cultural.
- Vilaça, T. 2008b. The Roles of Biological Knowledge While Exploring Action-Oriented Knowledge and the S-IVAC Methodology in Sex Education. In *BioEd 2008 International Conference Biological Sciences Ethics and Education: The Challenges of Sustainable Development*, ed. n.p. Raichvarg D. France, Dijon: University of Burgundy.
- Vilaça, T. and Jensen, B. B. 2009. Potentials of Action-Oriented Sex Education Projects in the Development of Action Competence. In *Better Schools Through Health: Learning from Practice. Case studies of practice presented during the third European Conference on Health Promoting Schools, held in Vilnius, Lithuania, 15-17 June 2009*, eds. G. Buijs, A. Jociute, P. Paulus, and V. Simovska, 89-91. Vilnius, Lithuania: Netherlands Institute for Health Promotion NIGZ, State Environmental Health Centre of Lithuania.
- Vilaça, T. 2012. Metodologia de ensino para uma sexualidade positiva e responsável. *ELO – Revista do Centro de Formação Francisco de Holanda: Educação Sexual na Escola*, 19: 91-102.

- Vilaça, T., Sequeira, M., and Jensen, B.B. 2011. Partnerships between teachers and the community: In-service training on the development of participatory and action-oriented sexual education in schools. *Doxa*, 15 (1), 85-96.
- Vilaça, T., and Jensen, B. B. 2010. Applying the SIVAC Methodology in Schools to Explore Students' creativity to solve sexual health problems. In *ATEE 2009 Annual Conference Proceedings*, eds. M. Montané and J. Salazar, 215-227. Brussels, Belgium: ATEE-Association for Teacher Education in Europe. http://www.atee1.org/uploads/atee_2009_conference_proceedings_final_version.pdf
- WHO-Europe and Federal Centre for Health Education, BZgA. 2010. *Standards for Sexuality Education in Europe. A framework for policy makers, educational and health authorities and specialists*. Cologne: WHO-Europe & Federal Centre for Health Education, BZgA.
- World Health Organization. 2010. *World Health Statistics 2010*. Geneva: WHO Press, World Health Organization.
- World Health Organization Regional Office for Europe. 2011. *European health for all database (HFA-DB)*. Copenhagen: WHO, Regional Office for Europe.



37th ATEE Conference, Eskisehir, Turkey

TEACHER EDUCATION POLICIES AND PROFESSIONALISATION

Proceedings of the 37th Annual Conference of ATEE

Published in 2013 by ATEE aisbl – Rue Hobbema 67 - B 1000 Brussels

Editors: Prof. Dr. Esmahan Agaoglu

Assist. Prof. Dr. Cetin Terzi

Res. Assist. Ceyhun Kavrayici

Res. Assist. Damla Aydug

Res. Assist. Beyza Himmetoglu

Conference website: <http://atee2012.anadolu.edu.tr/atee2012/eskisehir.php>

Eskisehir, 25th-29th August, 2012

ISBN-NUMBER: 9789081563949

EAN: 9789081563949