



SEXUAL EDUCATION: Promoting european health

Training Guide



 **POLÍTÉCNICO
DE SANTARÉM**

 **Universidad de
Castilla-La Mancha**



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E-book

Sexual Education: European Health Promotion. Training Guide

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List of Acronyms, Acronyms and Abbreviations

EdSeX	European Sexuality Education: A Breakthrough for European Health
FMG	Female Genital Mutilation
HE	Health Education
HIV	Human Immunodeficiency Virus
HNP	National Hospital for Paraplegics
SABS	The Sexuality Attitudes and Beliefs Survey
SE	Sexual Education
STI	Sexually Transmitted Infections
TA	Thematic Analysis
UN	United Nations Organization
USB	Universal Serial Bus
WHO	World Health Organization

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Preface

Working on sexual education is one of the most pressing, but also one of the most difficult issues facing today's educational systems. Reflecting these challenges in an international project is an excellent opportunity to find new reflections and approaches.

From a holistic, properly contextualized perspective, the EdSeX project presents well-founded work suggestions that make us think about what is expected from sexual education, from childhood to higher education, reflecting the training of professionals who work in area of health and education. There are many issues associated with sexuality that continue to concern us and that need to be addressed from childhood.

Sexual identity begins to be defined early, and it is also early that stereotypical ideas begin to be constructed. After many years in which biological determinism prevailed that considered the nature of men to be different from the nature of women, the concept of gender considers that the cultural issues associated with sexual identity are a social construct. Conceiving the definition of gender, in a broad, multidimensional sense, taking into account identity, sexual orientation, personal skills and interests, the deconstruction of stereotypical ideas is the basis for building greater equity between everyone from childhood.

This process implies that sexual education begins by building a critical knowledge of oneself and of others, in the recognition of diversity, from a citizenship perspective. Knowledge of oneself and of the other is also the basis for understanding the social context and the variables that characterize it, namely the risks that an uninformed sexuality can entail.

The prevention of sexual and emotional violence starts early and must be worked on constructively at the various levels of education, without forgetting higher education and the training of future health and education professionals who will have to do this work with increasingly diverse audiences. In this complex context, having a support script based on diverse experiences is excellent guidance that the EdSeX project provides us.

This Guide promotes sexual education as a dynamic learning process, from a dialogical perspective, giving visibility to sexual, linguistic and cultural diversity, using digital media in a constructive and critical way.

In addition to the work resources provided, the project has the added value of the methodological part built that leaves the way open for the development of the work already started in the different countries involved, in terms of training and research.

May the EdSeX project be the basis for the construction of many more projects!



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Health education (HE) is a process that seeks to provide knowledge, skills and resources to people and communities to promote healthy habits and prevent diseases, whose objective is to enable people to make informed decisions about their health and well-being, as well as fostering environments that support a healthy lifestyle. This process has been an important part of human history for a long time. Over the years, it has been changing and adapting to address people's changing needs. Since ancient times, civilizations such as the Egyptians, the Greeks and the Romans, gave importance to maintaining good personal hygiene and understanding the functioning of the human body. Cleansing rituals were carried out and basic knowledge about anatomy and diseases was acquired. For example, in ancient Greece, Hippocrates promoted the idea that diseases had natural causes and were the result of an imbalance in the body's humors, thus establishing the foundation for a more scientific understanding of health and disease.

After the collapse of the Roman Empire, the Middle Ages marked a different way of understanding the world. The understanding of health was mainly based on religious beliefs and superstitions. Epidemics were frequent and diseases such as the bubonic plague were especially feared. Although some public hygiene measures were implemented, such as quarantine, medical knowledge and health education were very limited.

But this situation changed in modern times. During the Renaissance, there were important advances in the understanding of the human body thanks to the emergence of scientific thought. Prominent figures such as Leonardo da Vinci carried out detailed studies on human anatomy and physiology. Furthermore, the invention of the printing press allowed for greater dissemination of medical knowledge and education on health issues, a situation that remained perennial until the 19th century. The achievements of three centuries ago were combined with numerous advances in modern medicine and microbiology, achieving a greater understanding of diseases and their causes. Public health movements emerged that focused on improving sanitary conditions, such as ensuring access to clean water and promoting basic sanitation. Additionally, people began to be educated about the importance of personal hygiene and disease prevention, both in schools and in communities.

Little by little, HE became essential in the field of public health. In the 20th century, HE programs were implemented in schools, hospitals, workplaces and communities. Mass vaccination campaigns, tobacco control programs, the first steps in sexual education and other efforts were carried out to address major public health problems.

The century in which we live, the 21st century, is committed to an evolved HE, which covers a considerable variety of topics relevant to society, and always supported by technological-communicative advances, in which its objective is to reach a wider audience. widely through the Internet, social networks and other media, which has made it diverse and accessible. In short, throughout history, HE has progressed from simple methods in ancient times to more modern and varied programs in the 21st century. During this process, it has played a very important role in promoting health and preventing diseases in people.

Its ductility allows it to be taught by health professionals, educators, community organizations, media and other channels, and can take place in different environments, such as schools, workplaces, doctors' offices, communities and the media, among others. In short, HE is essential to promote healthy lifestyles, prevent diseases, empower people and reduce health disparities, currently being a fundamental component of any comprehensive public health strategy, seeking to promote healthy lifestyles, prevent chronic diseases, take care of mental health, guarantee access to medical services and 'solid' sexual education (SE).

The latter, SE, is extremely important in promoting sexual and reproductive health, as well as in preventing sexually transmitted infections (STIs) and unwanted pregnancies. There are several reasons why it is important: It provides essential information on how to prevent STIs by using protective methods, such as condoms and safe sex practices, which is especially relevant due to the high prevalence of these diseases around the world and their impact on public health; the reduction of unwanted pregnancy, where training actions allow people to be taught about contraceptive methods and family planning, allowing them to make informed decisions about their reproductive health and avoid unwanted pregnancies, thus facilitating the promotion of individual well-being and planning familiar; the promotion of healthy relationships, addressing issues such as consent, communication in relationships, intimacy and mutual respect, aspects are essential to foster healthy relationships and prevent gender violence and sexual abuse; the empowerment and autonomy of people by providing them with knowledge and skills to make informed decisions about their sexual and reproductive health, giving them greater control over their bodies and their sexual lives; reducing sexual and gender stigma and discrimination and thus promoting acceptance and respect for sexual and gender diversity, which is crucial to creating inclusive environments and promoting equal rights for all people, regardless of their sexual orientation or gender identity; and above all mental health and well-being, addressing aspects related to self-esteem, body image and stress management in the context of sexual and emotional relationships. In short, SE plays a crucial role in promoting sexual and reproductive health, preventing diseases and unwanted pregnancies, promoting healthy relationships, and empowering people to make informed decisions about their sexual and reproductive lives, thus becoming an essential component of comprehensive education for health and well-being.

Health and happy well-being that, supported by education, ensure that full sexuality is achieved. And it is this training guide entitled "The importance of Sexual Education", the result of arduous research activity, which aims to arm health and education professionals with a tool that allows them to achieve this objective by combining reason and emotions. Because as Aristotle would affirm: "educating the mind without educating the heart is not educating at all."



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The first steps of *Sexual Healthcare*

In such a heterogeneous and participatory project like EdSeX it is necessary to share the awareness that the first steps of “sexual healthcare” are being taken, which can carefully and competently involve nurses, occupational therapists and midwives in accepting the need for a holistic approach to health which, among the determining factors of health, also includes sexual life and its importance. The action of the healthcare professional will be aimed at supporting and encouraging people in need of assistance (hereinafter “patients”), to contemplate the importance of their sexual life, explain any difficulties and, in some cases, to reconsider its recovery, but also appreciate its possible harmony.

The objective of the project is to create the conditions for raising awareness and developing theoretical-practical skills in healthcare professionals, to offer informed, respectful and empathetic assistance. Therefore, the conditions must be created to facilitate the adoption of a “non-judgmental” attitude, usually the result of a process of distancing oneself from one’s own judgments, with the need to experience these as strictly one’s own. A process that requires a great deal of internal self-discipline, as suggested by Carl Rogers, the creator of “client-centered therapy”.

Data taken from samples of nursing students, not trained on the issues, testify to attitudes of indifference, superficiality or prejudice regarding the issues of sexuality, but confirm what we already learn from previous studies, namely that healthcare professionals, if not sensitized and educated, present the same levels of acted and implicit prejudices as the population, which can lead to poor quality care. The same original cause underlies the declarations of educators/trainers who attribute the shortcomings in sexuality education to lack of time and priority of other contents. But consider that they themselves, in turn, have not received training on the topic.

A large part of the prejudices will be remedied by guaranteeing training offers of careful analysis of stereotypes, gender bias, expressed sexual and gender prejudices, therefore explicit, implicit and discrimination. The in-depth analysis of how these are created, how they can be managed, what gender biases may be that reveal themselves in the relationship with patients; therefore, an extended application of the training modules may soon give very different results.

In dealing with the great theme of sexuality, the invitation is not to align ourselves with an almost exclusive focus on the “LGBT+ issue”. In fact, it is remembered that precisely because of the consideration that must be given to explicit gender biases, but also to the more subtle and insidious implicit ones, it is also necessary to exaggerate attention to the sex (or gender/genders) observed and to gender differences that are not always so relevant, such as are sometimes represented, it can lead to prejudice.

Understanding and communicating the social, cultural and medical/health implications of gender, understood as a social construction and which – unlike biology, which is an objective reality – is not an innate, essential or deterministic quality, also implies understanding today’s reality which sees widespread discomfort linked to gender and gender-based stereotypes, taking into account that, alongside the “minority stress” that we would define as classic, the best-known one (the stress experienced by belonging to a social minority, in the case we are dealing with , sexual, gender or sexual orientation), there is also a “qualitative minority stress of women” who, despite being in the majority in almost all countries in the world, experience situations similar to those of minorities . Women, victims of neglected consideration also by genetics, herself a geneticist, thanks to the double tumors, to activate greater resilience and survival capacity, constitute the majority of elderly and elderly people, often with polypathological situations, therefore with greater need for assistance and frequency of health services.

It will be essential to take care of the knowledge related to sexual identity which we can summarize in the three typologies of female-male-intersexual (people who present sexual “hybridizations” of a genetic, anatomical, morphological type; so far over 40 typologies have been found) recommending in this regard to deepen the attention to the consequences for intersex people, who can experience diagnostic latency periods of up to twenty years, before having clarity on their natural characteristics or late awareness, due to choices of demolition or surgical reconstruction made on them at a very early age; difficulty accepting one’s own physical person, with the risk of discrimination and internalization of social discrimination. Situations that require targeted sexual health care and attention. It will be pointed out during the training that the misunderstanding and assimilation of intersex with transsexual and transgender people is very frequent (we will not focus on the different meaning here). Substantial difference given by the fact that the former have a condition given by nature, while transsexual people, not accepting their “natural” fact, exercise the freedom to choose anatomical, hormonal conformation and gender and social identification that they deem most suitable for self.

Sexual orientation (lesbian, gay, bisexual, asexual) is relevant to “who I like, who I fall in love with or if I want to fall in love” and will be presented as a different meaning from identity, expression and gender role, with which it is often improperly assimilated or confused. As a consequence of this analysis, it will not be difficult to deduce that gender identity represents who I feel as a sexual being, an internal sense of one’s gender, which may

or may not be in contrast with one's biological sex, taking into account that many people do not recognize themselves in this notion.

When we talk about sexuality, we therefore consider the set of sexual orientation, gender identity, sexual behavior and sexual health - the physical, emotional, mental and social well-being (or not) linked to sexuality.

Sexuality is linked to age and the seasons of life, particular attention will be paid to the period linked to pregnancies, voluntary or otherwise interruptions of pregnancy (with decidedly distinct experiences), the desire for unsuccessful pregnancies, etc. with undoubtedly specific problems.

Dealing with sexuality in the healthcare field also means considering the effects of pathologies, disabling events, residual capacities, new conditions to which patients can be helped to adapt. By way of example, it should be noted here that many studies have examined the functional recovery observable after stroke, heart attack and heart disease, from the point of view of healthcare professionals, but few have been interested in the long-term effects and how changes in the role and in self-perception, they can significantly alter the dynamics of marital relationships, often disrupting sexual intimacies, with depressing consequences.

Remember that the most significant "forgetfulness" in healthcare consists in neglecting sexuality in the elderly. The negative stereotypes persist about the sexual life of the elderly and suggest research into how stereotypes mutually influence, both in professionals and patients, requests and offers of help, in case of difficulties in this field. In an interesting longitudinal research (27 years) examined the association between pleasure, perceived importance of sexuality and longevity in a sample of over 55s. 60% of participants perceived their sexuality as pleasant (weakly associated with longevity) and 44% as important (regardless of whether pleasant or not). Only in the latter was the association between pleasure and longevity found to be statistically significant. Finally, it should be remembered that research by the University of Athens on centenarians from the Greek island Ikaria (included among the blue zones of the world) showed that many of them gave importance to and maintained a satisfying sexual life, challenging the mental and cultural barriers that often they stop talking about these topics.

Addressing the development of Sexual Healthcare requires sharing that "inclusivity" and "equity are accompanied by an interpretative analysis that embraces the theme of intersectionality and thus promotes understanding of the importance of declining sex/gender and sexuality, with other important determinants of health, for example age and state of health.



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1.

Importance of Sexual Education Training

Conceição Santiago; Sara Palma; Teresa Carreira; Açucena Guerra; Hélia Dias

Currently, humanity lives in conditions of great uncertainty and risk. The individual and collective vulnerability of human beings is as evident and close as living in a shared world, where inequalities and asymmetries persist between different regions of the world, namely with regard to gender inequalities for women and girls, asymmetries in access knowledge¹ and disparities in access to information in the field of sexual health and sexual and reproductive rights².

On the other hand, the scientific and technological development achieved today constitutes enormous potential in providing and accessing knowledge, and is therefore a driver of joint actions that promote transformations for a better future for all, anchored in social justice, human rights and peace¹. The collective efforts for a consistent commitment to the principles of non-discrimination, inclusion, equity, human dignity, cultural diversity, reciprocity and solidarity are highlighted here¹.

The last three decades have seen major changes in the understanding of sexuality and human sexual behaviour, especially since the beginning of the HIV pandemic, but also by understanding the nature of discrimination and inequality and by the application of human rights related to sexuality and sexual health issues².

The concepts of sexuality and sexual health have also undergone changes over the years, consolidated in public health evidence, scientific and social progress³ and in the production of important standards of human rights for the promotion and protection of health sexual².

Sexuality is not defined in a simple way. It will be enough to examine the word sexuality itself, which has different meanings according to the language. The consensually accepted understanding defines sexuality as a central dimension of the human being, complex, subjective, multivariable and integral³.

Sexuality is clearly an experience lived individually. It is an important component in the creation of self-concept and the development of a sense of identity and encompasses the human need for intimacy and privacy³. Sexuality is present throughout life and can be experienced or expressed in different ways at different stages of the life cycle, in line with the physical, emotional and cognitive maturation of the individual⁴.

As a social construct, sexuality is shaped by individual practices and cultural values and norms⁵. Thus, human sexuality includes diverse forms of behaviors and expressions that differ widely between and within cultures. According to social expectations, namely the predominantly biological view that considers heterosexuality and homosexuality as unchangeable in sexual orientation and with regard to the sexual object⁴, certain sexual behaviors and expressions are acceptable and desirable, while individuals considered to have socially unacceptable sexual characteristics or practices suffer from marginalization and stigma, with harmful consequences for their health and well-being².

Paraphrasing Dias and Sim-Sim⁴, "sexuality mediates the Being, sexual health determines physical, mental and social well-being". Sexual health, widely recognized today, requires a positive and respectful approach to sexuality and sexual relationships³, by including specific aspects of reproductive health and the possibility of having safe and pleasurable sexual experiences, without coercion, discrimination and violence².

In this understanding, it would expand the awareness of sexuality as a fundamental human dimension for people's health and well-being, considering the different forms in which it can be experienced (pleasure, affection, relationship and reproduction when desired), the different degrees of commitment, the importance of a natural and positive attitude towards sexuality and the value of tolerance towards diversity⁶.

In fact, the expression or experience of sexuality is closely linked to the making of simple or complex choices, conscious or unconscious, free or conditioned by the interaction of various biophysiological, sociocultural and political factors. As well, deprivation or lack of access to information about sexuality, associated risks and health care increases vulnerability to sexual health problems, resulting in pathologies in several areas².

Based on the premise that all human behavior is learned and developed in the sociocultural environment, the family and the school play an important role in the learning of children and young people and in their preparation for the roles and responsibilities of adult life^{5,6}. However, with regard to sexual behavior, many young people reach adulthood without the necessary empowerment to have control and make conscious, responsible and free decisions about their sexuality⁵.

Reinforcing what was previously mentioned, societies themselves, with different social and legislative norms, cultural values and beliefs associated with the experience of sexuality, can be promoters or, in the opposite sense, can repress the development of knowledge, attitudes and tools that contribute to relationships safe, healthy and positive, as well as in the acquisition of positive values, such as respect for human rights, gender equality and diversity⁸.

Accepting education as the privileged means of health, positive and effective sexual education, adjusted to age and with culturally competent and inclusive interventions, is assumed to be a source of integral health and promotes fair and respectful human relationships in all societies^{6,9}.

Evidence on the effectiveness of sexual education carried out at school, as a pedagogical approach to topics related to human sexuality in a curricular context, has gained strength over the years, not only due to the increase in studies on these issues, but also due to the diversity of countries in the world in which research is carried out. Evidence shows how sexual education has positive effects on increasing knowledge about various aspects of sexuality, risk behaviors for early and unwanted pregnancy and sexually transmitted infections (HIV and others), as well as a improvement in attitudes related to sexual and reproductive health⁷.

The results also highlight that sexual education carried out at school must be part of a strategy that operates as a network, through partnership mechanisms that involve multiple community contexts, health services and families⁷. Torres-Cortés et al.¹⁰ suggest the inclusion of ecological approaches that include contextual and community components as these are determinants of sexual behavior. And, also, of crucial importance, the participatory involvement of young people in building healthy and satisfying relationships and in learning and making decisions about sexual and reproductive health⁶.

In fact, sexual education recognized and legitimized as a right is, nowadays, addressed in schools. However, the literature has shown that differences persist in the approach to affective-sexual education at the level of school curriculum programs, as well as a lack of teacher training to act appropriately and coherently on these issues^{6,10}.

As a result, the lack of training or inadequate training in sexuality education makes young people vulnerable. On the one hand, misinformation and shame in the search for reliable information on issues associated with sexuality makes young people more susceptible to the great exposure of sexually expressed materials through the internet or Media⁷ and on the other hand, due to lack of tools and knowledge that helps them to have preventive behaviors and positive attitudes related to the experience of sexuality⁶. It should also be noted that the sociocultural and religious dynamics of multicultural societies generate the coexistence of different cultures and subcultures, with the sharing and exchange of knowledge, information, practices, customs and values in the same environment, and which guide people to exercise their autonomy and freedom of choice.

In this sense, international literature recognizes that Higher Education institutions have an important role to play in empowering young students, through a comprehensive approach to sexual education¹¹, with educational programs that consider sexuality a multidimensional, encompassing biological, psychosocial and guided by values¹⁰, which promote the development of a healthy and conscious identity and the development of self-confidence in the face of social discrimination¹¹.

Focusing on the teaching and learning process of nursing students on sexual competence, in countries in the southern part of the European Union (Spain, Italy, Portugal), Soto-Fernández et al.¹¹, that the curricular programs are guided "by a behaviorism based on a biological vision of sexuality", with theoretical and clinical teaching especially aimed at reproductive health, justified by the lack of time and the priority of other contents.

This lack of training of nursing students in sexual competence becomes relevant, with an impact on the full experience of each person's sexuality, but because nurses, when providing holistic care, have a preponderant role in satisfying sexual and health needs. reproductive health of people at all stages of the life cycle.

The evidence has been consistent regarding the insufficient preparation of nurses to inform/advise healthy or sick users about sexuality¹¹. Saus-Ortega et al.¹², analyzing the contents of the the sexual and reproductive health discipline in undergraduate nursing curricula at Spanish universities, conclude that the contents are basic and limited, varying in quantity and content covered between universities and in a training more focused on reproductive health and less on sexual health, causing a lack of essential knowledge for nurses' professional practice. In agreement, Yahan and Hamurcu¹³ show that the sexual and reproductive health contents in most curricula of undergraduate Nursing programs in Turkey may not be sufficient to increase students' knowledge.

The importance of defining common curricular programs for European and international higher education would become evident, which go beyond the acquisition of knowledge about sexuality, including other dimensions such as learning procedures and attitudes^{11,12,14}. The paradigm shift, which places the student at the center of learning and the use of participatory methodology, which favors interaction and the development of critical thinking, makes the student active in their training and promotes positive attitudes towards sexuality, satisfaction sexual needs and the development of safer and healthier sexual practices.

The evidence is also consistent with the importance of nursing students' curricula integrating simulated practices based on real healthcare scenarios, showing a significant increase in knowledge about sexuality and changing attitudes towards the use of contraceptive methods.

In this understanding, the combination of different educational skills in the field of sexual competence and the training of specialized teachers is crucial in higher education in nursing, so that future nurses are able to create innovative solutions and humanitarian interventions aimed at the sexual and reproductive health of users throughout the life cycle, since positive attitudes favor counseling in the context of sexual and reproductive health¹².

The 2030 Agenda and the Sustainable Development Goals⁷, in a joint vision for the good of humanity, aim to solve the needs of people, both in developed and developing countries.

The EdSeX project, based on Goal 3: Quality Health and Goal 5: Gender Equality, consolidated a cross-cultural and multidisciplinary training approach, by being promoted with students, teachers and health professionals but also in the rural and urban community, through practical training interventions for young people, women and migrants, aiming at the promotion of sexual and reproductive health. A multicenter educational project that can contribute to the multidisciplinary knowledge of human sexuality; for the full right to education about sexuality, in its experience and diversity of expression, with respect, protection and compliance with human rights; in information, access to health services and sexual and reproductive health care, with respect, non-judgment, holistic and culturally congruent.

2.

EdSeX Project

Raquel Fernández César; Patricia del Campo de las Heras; Irene Soto Fernández; María Sagrario Gómez Cantarino

The World Health Organization (WHO)¹ requires that administrations at all levels, municipal, regional, national and supranational, attribute capital importance to higher education in the present and future of Europe. Within the contents of university training programs, sexuality emerges as a relevant topic in the nursing course and also in other university courses, in the areas of health and education, to promote integral health from a holistic perspective. However, a review of the scientific literature on the presence of sexuality in Higher Education curricular programs suggests that it is not sufficiently developed, as it is incomplete or has a superficial development.

Project description

The EdSeX project aims to promote the development of sexual competence, understood holistically, through a dynamic, continuous and transversal learning process. Knowledge, awareness, values and cultural skills come together in this project through technology, contributing to the development of digital competence.

One of its objectives is the inclusion of diversity in all areas of education through understanding, dialogue, visibility of sexual, linguistic and cultural diversity, through educational activities through an intuitive and attractive digital platform.

The role of universities is increasingly important in a changing society like today. This project has an international perspective, in which the skills and competencies acquired through Higher Education are valued and we focus on sexual competence, with regard to the teaching-learning process. It aims to go beyond a vision of biological and reproductive health, expanding to a transcultural and multidisciplinary training approach, taking into account sociocultural factors, introducing a model of comprehensive sexual education in Higher Education.

It promotes intercultural dialogue and awareness of a new Europe enriched by different cultures. In line with objective 5 of the United Nations 2030 Agenda, **the project aims to train in sexual education to achieve gender equality through the empowerment of women and girls**, in addition to contributing to strengthening this education in other social areas (youth associations, women and migrants), providing new visions of sexual competence and contributing to the modernization of sexual education in the socio-health field.

Project development

The European Project Sexuality Education: A Breakthrough for European Health (EdSeX) proposed a multicenter, exploratory, descriptive and cross-sectional study with a quantitative and qualitative approach that was developed over two years, according to its protocol, published in 2023². The research was carried out in the educational community, including students, teachers and health professionals from nursing courses at five universities from different parts of the world (Portugal, Spain, Italy and the United States), and by women (young people and immigrants) from these communities.

The study has several target populations, that is, those to whom it is aimed. Firstly, its recipients are nursing students, with whom it is intended to define their perspective on sexuality and the content taught at the university, as well as their level of knowledge. Secondly, university professors and health professionals, with whom we check their perspective on sexuality in the classroom as well as their level of knowledge in this area. And, finally, we worked with the community (women, young people and migrants) to whom we tried to bring sexuality from a useful and pleasurable perspective.

The EdSeX project has specific objectives to achieve that aim to provide a global and inclusive vision of sexuality in the European sphere (Figure 1).

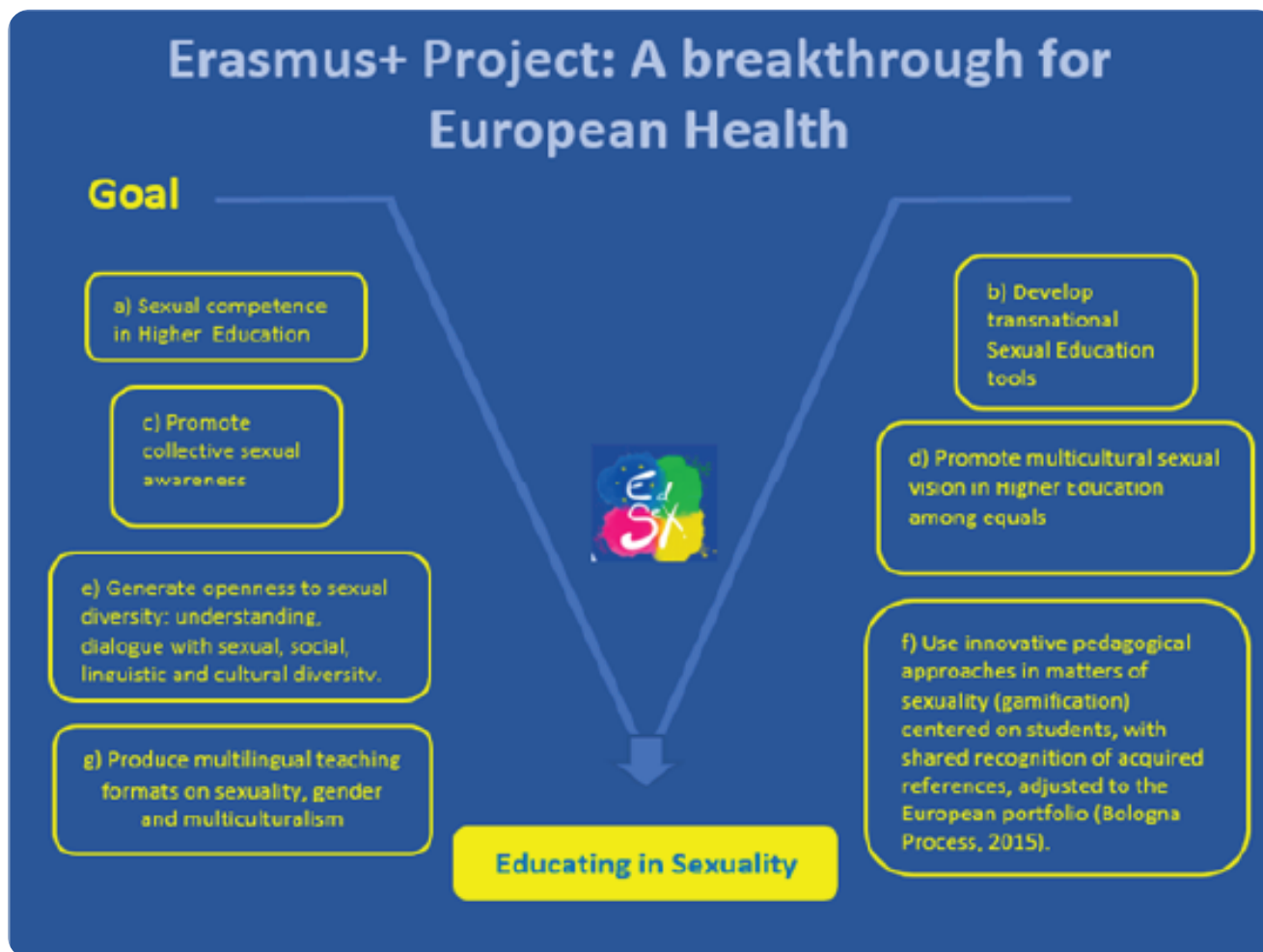


Figure 1. Description of the objectives of the EdSeX project. ■

To measure the study variables, the project used instruments such as questionnaires and semi-structured interviews. During data collection, ethical principles were guaranteed, as evidenced by the favorable opinion of the Social Research Ethics Committee of the University of Castilla-La Mancha under code CAU-661803-V4Z4.

The EdSeX project is developed through results and activities (Figure 2). It is based on different instruments for each result as the study combines quantitative and qualitative research, using mainly the SABS3,4,5 questionnaire and semi-structured interviews. Outcome 1, was led by the University of Modena in Reggio Emilia (Italy), being oriented towards the university community. Extracurricular training was carried out structured in four workshops with university students, using the SABS questionnaire before and after, allowing the effectiveness of the training to be detected and measured. Semi-structured interviews with university professors were used. Outcome 2 was aimed at healthcare professionals and led by the University of Castilla-La Mancha, which held an international seminar at the National Hospital for Paraplegics in Toledo (Spain). Result 3 was led by the Nursing School of São João de Deus in Évora (Portugal), aimed at women, young pre-university students and immigrants from the community, to whom the SABS questionnaire was administered before and after receiving training through short sessions. Result 4 in turn, led by the Nursing School of Santarém (Portugal), and consists of the organization of multiplier events that disseminate the results beyond the communities where the EdSeX project has been developed, as well as the creation of a guide for training, of which this chapter is a part.

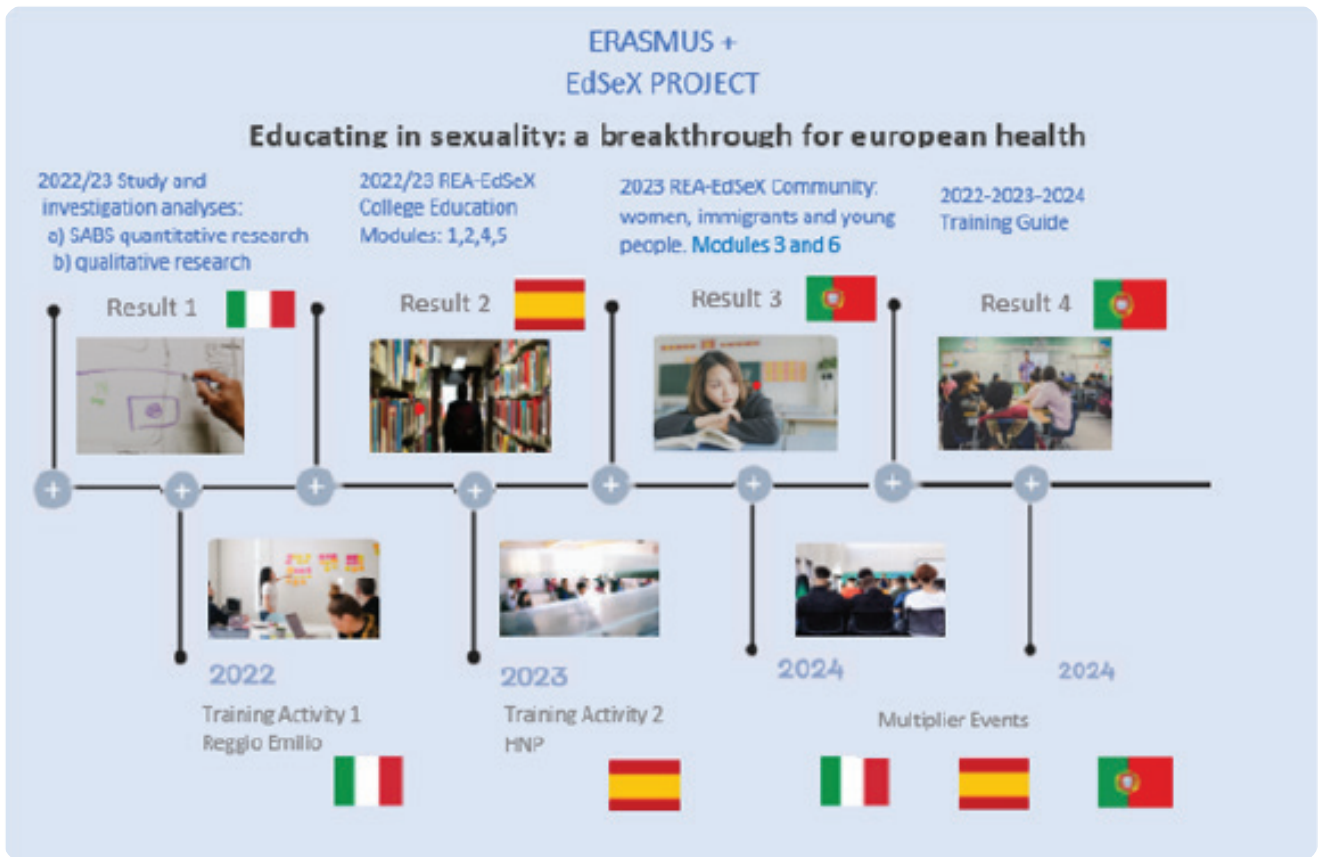


Figure 2. Description of the results and activities of the EdSeX project.

Note: meaning of the abbreviations used in the figure - SABS (Sexuality Attitudes and Beliefs Survey). HNP - National Hospital for Paraplegics (Toledo, Spain).

In short, the EdSeX project consists of a research study in the field of sexuality that unites European cultures based on inclusion, respect and committed to an education free from taboos and gender prejudices in today's society with a view to improving future society.

3.

Perceptions and Attitudes about Sexuality: The Diagnosis

Emerging data from a review of the literature says that many nurses tend to neglect sexual health care because they have little training, experience or confidence to adequately engage with the people they care for^{1,2}, creating a barrier to sexual care provided³.

To maximize the value of sexuality and sexual health education, it is crucial to understand how to optimize comfort in delivering and receiving this knowledge.

There are several studies that investigate the difficulties of professors and university students in relation to sexual health education (those that study it in health professions students are practically absent).

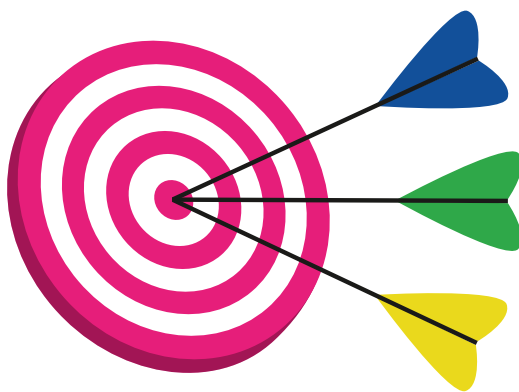
The characteristics of the studies carried out within the scope of the EdSeX project will be presented below: the perspective of professionals and the perspective of students.

3.1.

The Professionals' Perspective

Elena Castagnaro; Barbara Volta; Daniela Mecugni

Intending to investigate the point of view of nursing teachers¹, the objectives were:



Understand the perception of nursing teachers about sexuality education in professional training

Recognize teachers' attitudes towards sexual education in nursing education

Identify barriers to sexuality education in nursing training

A qualitative approach was used as it is the best way (compared to quantitative) to elucidate the challenges that teachers face when teaching sexual health education².

This was an exploratory, descriptive and multicenter study. Data were collected through semi-structured interviews carried out by the researchers themselves, 2 for each country participating in the EdSeX project (for a total of 8). Each country contributed to the preparation of the interview guide and the researchers were trained to carry it out.

The questions in the interview guide were prepared considering the study by Rose et al.³, integrating questions that meet the objectives of the study.

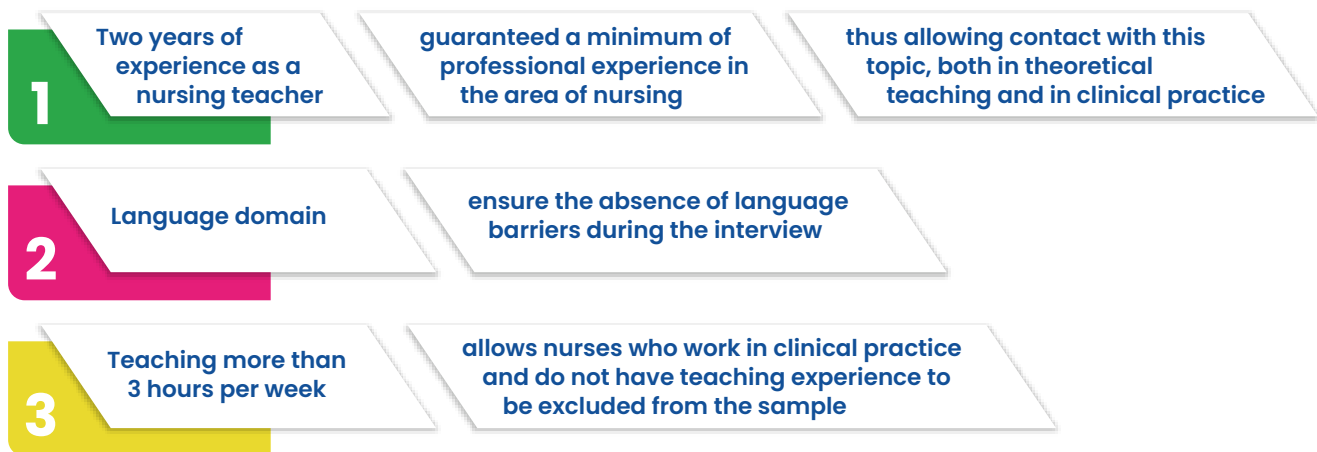
It is organized into five parts:



The questions in the interview guide were translated into the language of each partner country (spanish, italian and portuguese) to facilitate their use and subjected to a pre-test ([Appendix 1](#)).

The sample was for convenience, intentional, determined by information saturation. In the first stage, key information was identified: five professors from each university represented in the group were identified by the content taught on the topic (they teach nursing subjects, where sexuality is relevant, understandable by the syllabus of each curricular unit)..

Inclusion criteria:



The research topic, objectives and data collection methods were presented individually, in the first contact and invitation to teachers. Informed consent was sought before each interview.

The interviews were carried out in a pleasant environment close to the participants, defined with them to encourage communication, lasted approximately 1 hour and were recorded using audio recording.

Data were collected until saturation was reached (45 interviews). An alphanumeric code was assigned to each interview to respect the anonymity of the participants

In data analysis, the Thematic Analysis (TA) method was used to analyze the content of the interviews⁴. We used this method to describe in a detailed and differentiated way the theme of Sexuality Education in Higher Education in Nursing, allowing us to identify standardized meanings as the main themes emerging from the interviews.

Thematic Analysis:



To guarantee the reliability and validity criteria of the research, all criteria were followed to safeguard the veracity of the recording of data obtained (recording and transcription); verification of the data by four different teams and then the analysis and development of relationships between the data found in the interviews, to ensure consistency between the theoretical constructs and the analysis developed.

Reading the content of the interviews allowed the construction of main themes and subthemes. The study has limitations as it is a subjective approach, characteristic of qualitative studies, which makes it difficult to generalize its results. However, its contribution lies in the possibility of encouraging nursing teachers to reflect on sexuality education, in order to create strategies that allow the identified barriers to be transformed into an opportunity to improve the quality of teaching on this topic.

3.2.

The Students' Perspective

Vicky Aaberg

The education of nursing students about sexuality is crucial for the preparation of future nurses in addressing the diverse sexual health needs of the person receiving care, as this allows nursing students to be equipped with the knowledge, skills and attitudes necessary for the provision of holistic and person-centered care for different age groups^{1,2}.

The development of the Sexuality Attitudes and Beliefs Survey (SABS)³ reflects a growing recognition of the importance of sexual health in nursing practice and education, providing educators with a standardized tool to assess student attitudes and identify areas of improvement⁴. It has 12 items where participants evaluate their answers on a Likert scale from 1 = completely agree to 6 = completely disagree. To help avoid acquiescence bias, some of the items are worded backwards. The total range of possible scores is between 12 and 72 points, with higher scores indicating stronger negative attitudes and beliefs about sexuality in health care and indicating a lower likelihood of nurses and nursing students engaging in women's sexual health counseling. Conversely, lower scores indicate fewer barriers to providing sexual health care⁴.

Thus, the application of the SABS, in the study developed, aimed to identify the attitudes and beliefs of nursing students, from five universities, about sexuality ([Appendix 2](#)).

This was a descriptive, multicenter study involving a sample of 129 students, in the second, third and fourth years of the nursing course at the different universities involved. Students were invited to participate and data was collected in fall 2022 simultaneously across all sites⁴.

The SABS was originally created in english and was the same one used in the group of students from the United States of America, as well as versions of the SABS validated for use in portuguese⁵, italian⁶ and spanish⁷.

Although the study participants concerned reported significant barriers to providing sexual health care, nurse educators can and should implement educational strategies to overcome these barriers. **Nursing education programs should incorporate comprehensive sexual health content, provide clinical experiences, and offer continuing education opportunities to ensure that nurses are prepared to effectively address diverse sexual health needs.** By prioritizing sexual health education and professional development, nurses can play a central role in promoting sexual health and preventing sexual health disparities across the lifespan^{4,8}.

It is suggested that the SABS be applied to diagnose the situation for the population under study and even review the curriculum plans of nursing courses, carry out workshops, training, seminars or sessions on topics of sexual education relevant to nursing students, to that difficulties and discomforts in approaching the topic to peers and people who are the focus of nursing care can be mitigated.

4.

Training Activities in Higher Education Context

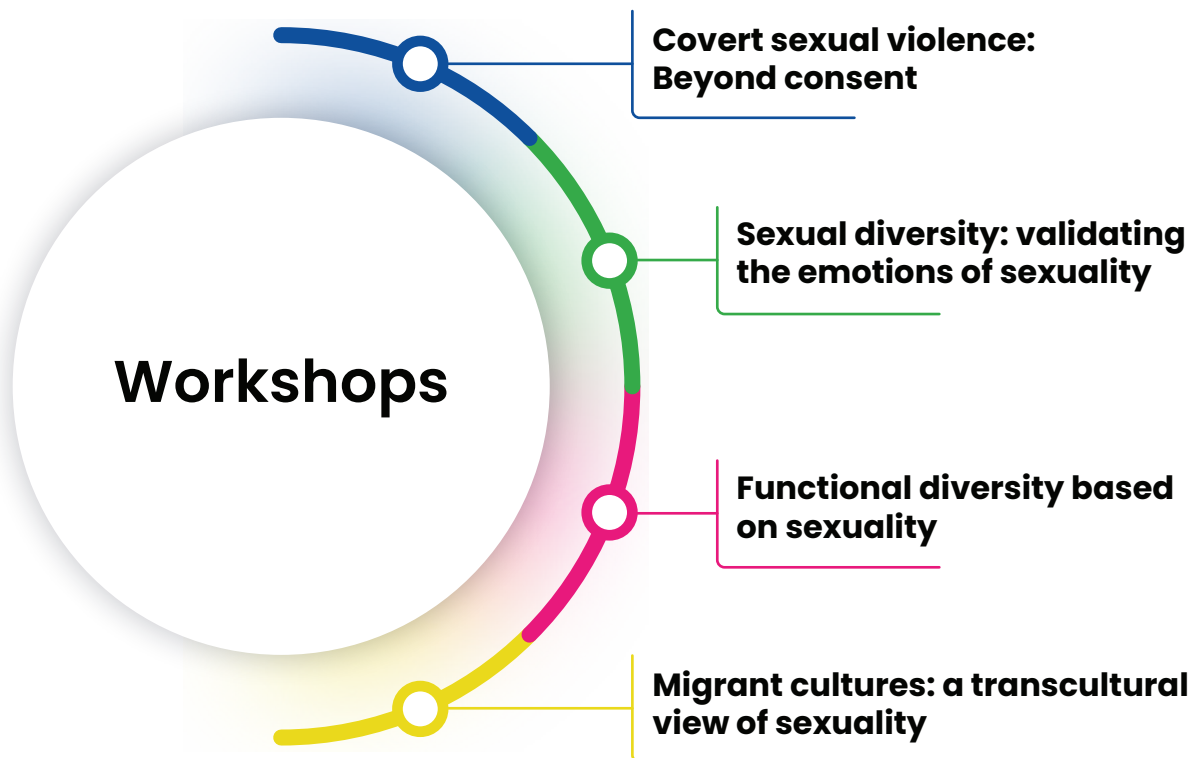
The training activities aim to raise awareness and promote debate and reflection among participants on aspects related to dating violence, consent to sexual activity, the emotions inherent to sexual diversity and sexuality in migrant cultures, increasing young people's health literacy.

Although sexuality is a relevant topic in health courses in southern European Union countries such as Spain, Italy and Portugal, it appears that the syllabus contents of the curricular units are inadequate and incomplete, based on a biological vision of reproductive health with scarce content. and outdated.

Providing sexual education in schools can significantly contribute to young people's satisfactory experience of sexuality. To achieve this, it will be necessary to address a wide range of topics, so that young people's decision-making results in healthy behaviors.

This guide was created with the purpose of establishing a sexual education guidance program to be implemented by teachers, aimed at students.

It consists of three distinct activities, carried out through workshops.



4.1

Workshop “Covert Sexual Violence: Beyond Consent”

Vicky Aaberg; María Victoria García López; Benito Yáñez Araque; María Sagrario Gómez Cantarino

It is during adolescence and early adulthood that intimate relationships begin, where situations of dating violence may arise.

Understood as “behavior within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviors” and also involving deprivation or neglect.

Dating violence can occur in both heterosexual and homosexual relationships, at any age, ethnicity, culture, religion or socioeconomic status. Considering these aspects, your approach becomes pertinent

Keywords: Consent; Sexual Violence; Violence in the relationship.



Preparation Phase



Target audience

Higher Education Students



Duration

Up to 80 minutes



Number of students

10 to 30



Inclusion criteria

- ✓ Student from 2nd, 3rd or 4th year;
- ✓ Be over 18 years old;
- ✓ Express commitment to participating in the Workshops;
- ✓ Report interest in the topic.



Disclosure

Individual presentation to each selected class (theme, objectives, purpose of each participant, promoters involved), exhibition of a poster promoting the theme in strategic locations, presentation of the workshop schedule, registration schedule (registration method/place/contact); poster promoting the theme with the location, day and time of each workshop ([Appendix 3](#)).



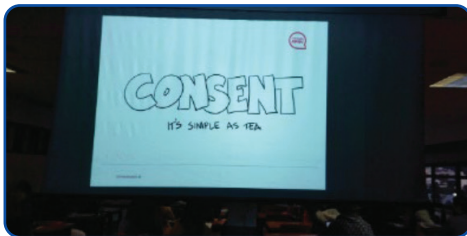
Goals

- ✓ Raise awareness among Nursing Degree students about the aspects inherent to sexual violence in the most diverse spectrums (e.g. physical, psychological and economic violence practiced in intimate relationships, such as consent to sexual activity).
- ✓ Promote students' reflection on this topic by making them individuals involved in their personal and professional dimensions in denouncing this social scourge.



Themes

- ✓ Consent to sexual activity;
- ✓ Consequences of lack of consent;
- ✓ Origin of problems around consent;
- ✓ Theory of Sexual Scripts;
- ✓ Strategies to improve consent and reduce sexual assault.



Activities to Develop

Presentation / Framework of the theme

🕒 20 min

Present the concepts of: consent to sexual activity; consequences of lack of consent; origin of problems around consent; Sexual Script theory; repercussions of dating violence; strategies to improve consent and reduce sexual assault; national and international data on dating violence; legislation and victim support networks/organizations.

Courseware: Computer/Video Screen (Internet connection or Universal Serial Bus [USB])

Participation

🕒 20 min

- ✓ Expert in the thematic area (e.g. victim support organization entity)
- ✓ People victims of sexual violence

Expert participation

Articulate the theme with the national reality. Share strategies and experiences regarding support networks and ways of supporting victims.

Victim participation

Expose the experience and encourage group reflection.

Courseware: Computer/Video Screen (Internet connection or USB)

Animation vídeo

🕒 10 min

Video presentation

Show up to three videos. The videos presented must illustrate different forms of dating violence, which is consent to the sexual act. Participants identify the causes of dating violence, consent and how to act in these situations.

- ✓ "Tea Consent" - youtu.be/oQbei5JGiT8
- ✓ "Coffee Consent - the other half of the consent argument" - youtu.be/WOrGa7vPzvQ
- ✓ "Enthusiastic Consent!" - youtu.be/AqBQHle7XwQ
- ✓ "Jovem em situação de violência no namoro - onde recorrer?" - youtu.be/UhLz2ppnzmu

(choose a maximum of three)

Courseware: Computer/Video Screen (Internet connection or USB)

Discussion and synthesis on the topic presented

🕒 25 min

Debate, inviting participants to share other examples of violence and forms of consent to sexual acts and ask questions such as those below:

- ✓ How did you feel when watching the videos presented?
- ✓ What if it were you?
- ✓ How would you feel with a friend of yours?
- ✓ What would you do?
- ✓ Where would you look for help?

Synthesize the main aspects to remember about dating violence and consent.

Workshop evaluation

🕒 5 min

Brainstorming; knowledge assessment questionnaire with QR-code.

- ✓ Define dating violence in two words?
- ✓ What types of violence do you know?
- ✓ In two words, how do you define consent to sexual act?

4.2.

Workshop “Sexual Diversity: Validating Emotions of Sexuality”

Mónica Raquel Pereira Afonso; María Eva Moncunill Martínez

Sexual Education constitutes a fundamental aspect of human formation. Through this workshop, educational resources are made available to higher education students, published on the EdSeX website. Self-reflection of concepts related to sexuality is encouraged, self-progress is promoted through continuous supervision and students' creativity is stimulated, which will later be reflected in the work carried out¹⁻³

Keywords: Sexual Diversity; Sexual Education; Emotions; Sexuality.



Preparation Phase



Target audience

Higher Education Students



Duration

Up to 80 minutes



Number of students

10 to 30 (Define according to the type of Workshop to be developed. Larger groups if it is more informative and smaller groups if you want to promote debate and reflection of ideas).



Inclusion criteria

- ✓ Student from 2nd, 3rd or 4th year;
- ✓ Be over 18 years old;
- ✓ Express commitment to participating in the Workshops;
- ✓ Report interest in the topic.



Disclosure

Individual presentation to each selected class (theme, objectives, purpose of each participant, promoters involved), exhibition of a poster promoting the theme in strategic locations, presentation of the workshop schedule, registration schedule (registration method/place/contact); poster promoting the theme with the location, day and time of each workshop ([Appendix 4](#)).



Goals

- ✓ Explain concepts related to sexuality. Explain the differences between sexual identity, gender and sexual orientation.
- ✓ Make known the legislation on sexual and reproductive health and sexual education.



Themes

- ✓ Sex Education;
- ✓ Sexual identity (biological sex);
- ✓ Gender identity (gender with which you identify);
- ✓ Sexual orientation (sexual attraction and desire);
- ✓ Myths in sexuality;
- ✓ Current legislation.



Activities to be developed

Presentation

🕒 10 min

Presentation of Speakers

Activity Notebook

🕒 10 min

Proposed activities

Ask students to write:

- ✓ What do you consider Sexual Education to be;
- ✓ What do you understand by sex; erotic sexuality?
- ✓ Gender and gender entity are similar concepts;
- ✓ What differences exist between: transsexual, transgender and transvestite

Courseware: Computer/Video Screen (Internet connection or USB) / Notebook and Pen

Expert participation

🕒 20 min

Expert in the thematic area (e.g. specialist in sexuality, legislation)

Articulate the theme with the national reality. Share strategies and experiences regarding supporting network.

People who share experiences and experiences about their sexuality (homosexuality and transsexuality)

Courseware: Computer/Video Screen (Internet connection or USB)

Animation video

🕒 10 min

Video presentation

Show up to three videos. The videos presented should illustrate different forms of expressing sexuality, allowing participants to identify and reflect on aspects related to issues of sexual diversity, sexual education, emotions and sexuality.

- ✓ "Identity and Gender" - youtu.be/l6UxgSYE5k4
- ✓ "Learning about Sexual Orientation, Gender Identity and Expression" - youtu.be/UBVlhPBU2Vg
- ✓ "The importance of Sexual Education" - youtu.be/yQy8seUd2uM
- ✓ "UN Free & Equal: The Lesson" - youtu.be/gniErZlyzbA

(choose a maximum of three)

Courseware: Computer/Video Screen (Internet connection or USB)

Discussion and synthesis on the topic presented

🕒 25 min

Debate, inviting participants to share what they understand by sex, sexual relations, sexuality, gender identity and emotions linked to the experience of sexuality and ask questions such as those listed below:

How did you feel when watching the videos presented?

Synthesize the main aspects to remember about questions of sexual diversity.

Workshop evaluation

🕒 5 min

Brainstorming; session evaluation questionnaire and knowledge assessment of previously completed answers.

4.3.

Workshop “Functional Diversity Experienced from Sexuality: Lifelong Sexuality Education”

Maria Angustias Torres Alaminos; María Jesús Bocos Reglero; Jorge Perez Perez

The organization of public events on the topic of sexuality not only contributes to the population’s knowledge on the subject, but also demystifies fears, prejudices and taboos about it, which is why it becomes extremely important and must be replicated whenever necessary and understood.

On the 22nd and 23rd of February 2023, “1st Conference on sexuality, part of the International Health Socio Seminar: Educating on sexuality throughout life” was held at the National Hospital for Paraplegics (HNP).

This hospital has an innovative sexual reference unit in Spain as it focuses on patients with functional diversity.

This Conference was organized by Nursing professionals, as members of the multidisciplinary team at the National Hospital for Paraplegics. Not forgetting that Marjorie Gordon described sexuality in her ninth standard, which is therefore necessary to make a holistic assessment of people.

Over the course of 2 days, a visit to the National Hospital for Paraplegics was carried out, showing the impact that, in this case, a spinal cord injury has on both children and adolescents, women and men who face a new way of feeling and living life. his sexuality. To this end, cases were presented, which were studied and resolved by teams of experts, applying sexual competence from an integrative and holistic view ([Appendix 5](#)).

Likewise, sexuality was analyzed from different perspectives: with the school nurse, the elderly, the teacher, the patient, pediatric oncology, psychology and sexual therapy.



School nurse



Elderly



Teacher



Patient



Pediatric oncology



Psychology



Sexual therapy

The Conference aimed to promote knowledge in health, promote and improve scientific culture from an informative perspective, as well as scientific and professional vocations among young people and adults. This involved 20 people, professionals and patients, who spoke in a forum with 150 participants who attended the different presentations and workshops that took place during the days of the conference ([video 1](#), [video 2](#), [video 3](#)).



1ST INTERNATIONAL SOCIO-HEALTH SEMINAR "EDUCATING IN SEXUALITY THROUGHOUT LIFE"



Sexuality in Pediatric Oncology

Plissit Model of Sexual Communication

Permission: Allow talking about sexuality

Limited information: Dismantling myths, basics of sexuality

Specific Suggestions: Sexual Psychopathology and Treatment

Intensive therapy: If necessary, specialized treatment (gynecology, urology, psychotherapist)



Approach to Sexuality in Primary Health Care

Promotion: Healthy behaviors

Prevention: Desired pregnancy and sexually transmitted infections

Sexual Education and Information: Different sensibilities. Promote health, equality and respect for diversity. Good treatment in relationships.

Favor: Self-care and prevention of risk behaviors, counseling and family planning, sexual counseling, diagnosis and treatment of sexually transmitted infections.



National Hospital for Paraplegic People: Health Reference

Comprehensive rehabilitation

Provision of inpatient care. Bladder, intestinal and sexual rehabilitation. Postural treatment of spinal cord injuries. Prevention of pressure injuries and joint stiffness. Telenursing care at hospital discharge.

Respiratory rehabilitation: weaning from mechanical ventilation, simultaneous decannulation and respiratory physiotherapy program.

Progressive adaptation to sitting and independence works in activities of daily living, in kinesiotherapy and in all its complementary treatments. Gait retraining. Speech therapy.

Psychological and psychiatric rehabilitation for patients and their families.





The Rainbow of Sexuality in Elderly People

The perception of professionals is influenced by misconceptions, stereotypes and myths about sexuality and aging that exist in today's society. Recognizing and talking about eroticism in old age is necessary to eradicate negative representation at this stage. The elimination of barriers that limit and discriminate the expression of sexuality in old age.

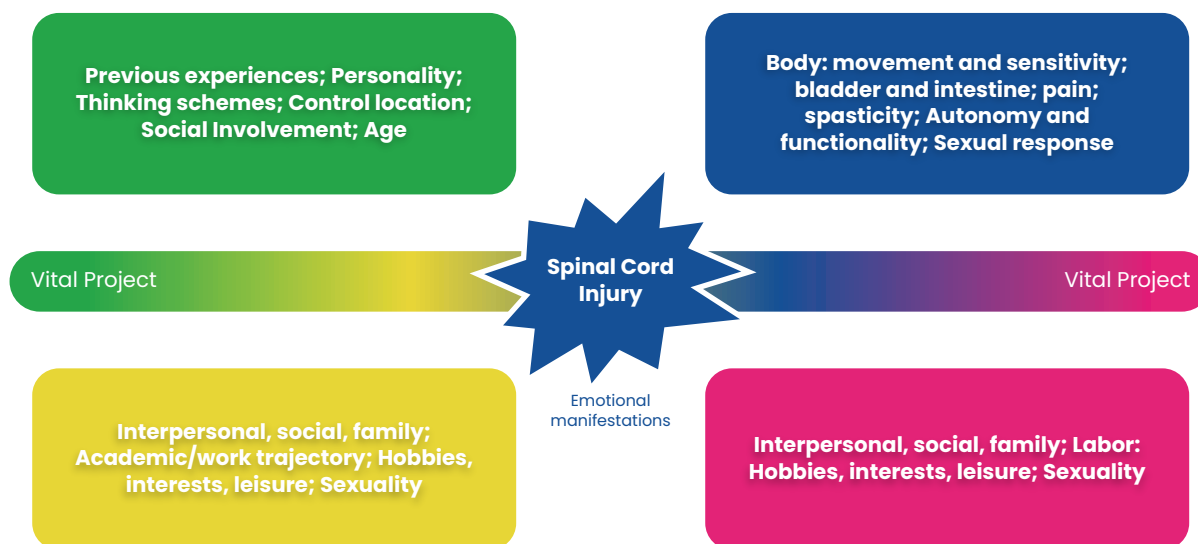
Actions:

- ▶ Training the multidisciplinary team;
- ▶ Person-centered care;
- ▶ Professional attitudes;
- ▶ Attitude of the family and the elderly.



Satisfactory Sexual Relationships in People with Spinal Cord Injury

Spinal cord injury as a vital change



Approaching Sexuality From Initial Teacher Training

Loe² Express mention of affective-sexual education, referring to freedom, equal opportunities between women and men and sexist behaviors.

Lomce³ Express mention of families with different constitutions.

Lomloe⁴ Consolidate personal, emotional-sexual and social maturity that allows them to act respectfully, responsibly and autonomously and develop their critical spirit.

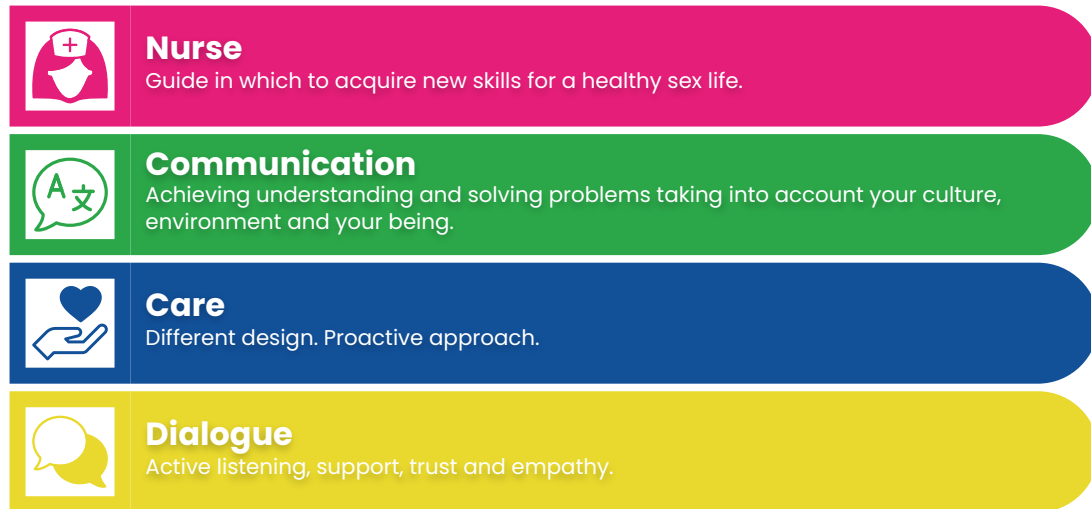




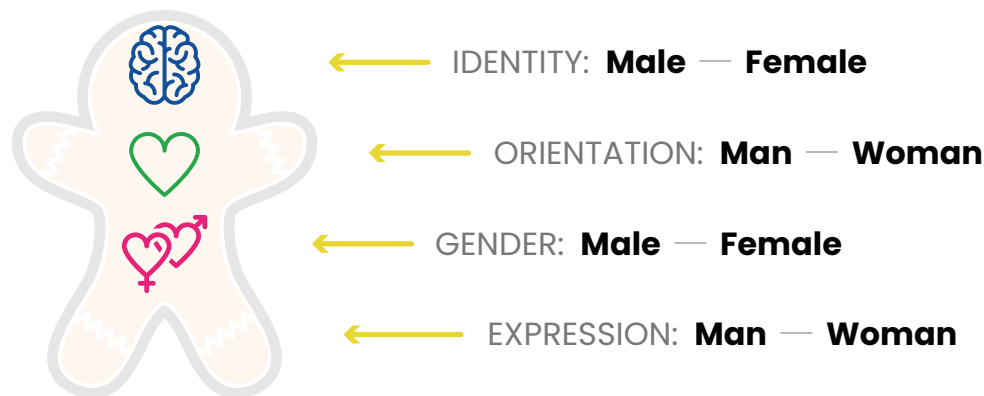
Spine Injury, Sexuality and Sports. “The Challenge of Being a Woman” [↗](#)



The nurse can provide care, accompanying the woman in her different stages.



Sexual Education and Therapeutic Toys



Sexuality, Important for the Quality of Life [↗](#)



INTEGRAL RHB Concept

Man: medical advice, orgasmic perception and subfertility.

Women: libido and sexual desire, orgasmic changes, medical advice on sexual relations and fertility.

Satisfactory Sexuality for the couple after spinal cord injury UN⁶: right to sexual health.



Satisfactory Sexual Relationships and Natural Maternity and Paternity are Possible in People with Spinal Cord Injury



Sexuality and Assisted Reproduction Unit

The Unit was born from the need to provide solutions to the problems that a spinal cord injury causes in men and women in their sexual and reproductive health.

4.4.

Workshop “Migrant Cultures: Looking at Sexuality from Transculturality”

Alba Martín Forero-Santacruz; Mónica Raquel Pereira Afonso; Victoria Loperosa Villajos

Currently, we live in a society in which there are increasingly more migratory movements across borders, which makes adequate training necessary to be able to offer an intercultural and quality approach to sexual and reproductive health care. Migrants, mainly in an irregular legal situation, see how their health rights are scarce due to risk factors such as poverty and psychological discomfort linked to cultural uprooting and difficulties in accessing social and health services.

This activity aims to analyze how culture influences people’s sexuality, with the aim of allowing reflection and the acquisition of awareness and skills in sexual, social and cultural diversity¹⁻⁵.

Keywords: Migrant Cultures; Sexuality; Transculturality.



Preparation Phase



Target audience

Higher Education Students



Duration

Up to 60 minutes.



Number of students

10 to 30.



Inclusion criteria

- ✓ Student from 2nd, 3rd or 4th year;
- ✓ Be over 18 years old;
- ✓ Express commitment to participating in the Workshops;
- ✓ Report interest in the topic.



Disclosure

Individual presentation to each selected class (theme, objectives, purpose of each participant, promoters involved), exhibition of a poster promoting the theme in strategic locations, presentation of the workshop schedule, registration schedule (registration method/place/contact); poster promoting the theme with the location, day and time of each workshop ([Appendix 6](#)).



Goals

- ✓ Raise awareness among Nursing Degree students about aspects inherent to multiculturalism and the experience of sexuality in the most diverse spectrums.
- ✓ Promote students' reflection on this topic, making them proactive and intervening individuals in their personal, professional and social dimensions of this reality.



Themes

- ✓ Culture;
- ✓ Multiculturalism;
- ✓ Interculturalism;
- ✓ Transculturalism;
- ✓ Sexuality and Culture;
- ✓ Sexuality and the Media;
- ✓ Sex and Cultural Taboos;
- ✓ Female Genital Mutilation;
- ✓ Sexual Orientation of Migrants;
- ✓ Discrimination and Persecution;
- ✓ Support for Emigration.

Activities to be developed

Presentation/Framing of the theme

🕒 20 min

Present concepts of: Culture, multiculturalism, interculturality, transculturality, FGM, discrimination and persecution based on sexual orientation, legislation to support migrants to later understand how they impact the sexual sphere.

Courseware: Computer/Video Screen (Internet connection or USB)

Expert participation

🕒 20 min

Expert in the thematic area (e.g. professionals who work with migrant populations)

Articulate the theme with the national reality. Share strategies and experiences regarding support networks. Migrants who are already integrated into the country and who serve as support for the integration of migrants.

Courseware: Computer/Video Screen (Internet connection or USB)

Video presentation

🕒 10 min

Show videos about FGM. The videos presented must illustrate what FGM is. Participants identify the causes of FGM and its complications in women's lives and public health and how to act in these situations.

- ✓ "To end female genital mutilation: UNFPA and UNICEF" - youtu.be/k6KqfAPhD5I

Courseware: Computer/Video Screen (Internet connection or USB)

Discussion and synthesis on the topic presented

🕒 25 min

Summary [video presentation](#) to start debate.

Debate inviting participants to share their experiences about sexuality in migrant cultures, starting from the question:

- ✓ How can we support the integration of migrants?

Joint reflection on:

- ✓ Our history, beliefs and culture so as not to interfere with our vision and care;
- ✓ How to help resolve the basic aspects of life: work, legal, health;
- ✓ How to take advantage of any context and opportunity to address sexuality.

Summarize the main aspects to be retained.

Discussion and synthesis on the topic presented

🕒 25 min

Debate, inviting participants to share the aspects inherent to multiculturalism and the experience of sexuality in the most diverse spectrums, and ask questions such as those indicated below:

How did you feel when watching the videos presented?

Synthesize the main aspects to remember about multiculturalism and experience of sexuality.

Workshop evaluation

🕒 5 min

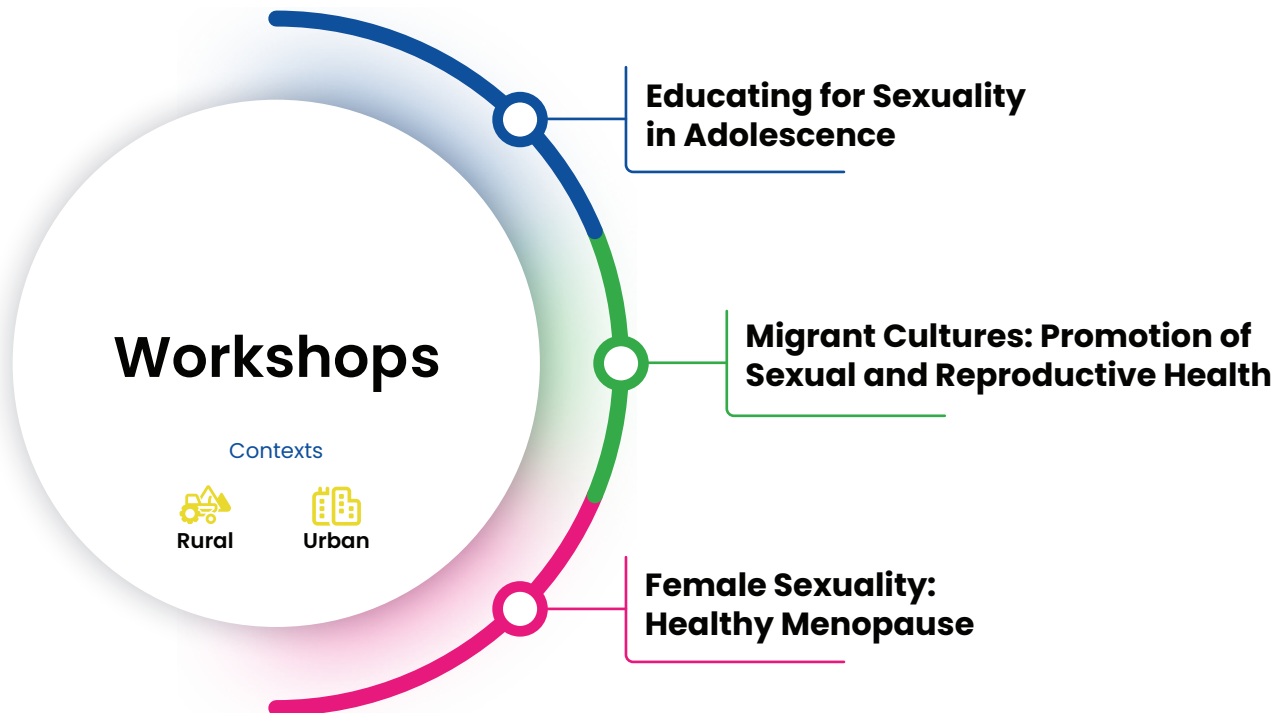
Brainstorming; knowledge assessment questionnaire with QR-code.

- ✓ What do you understand by multiculturalism?
- ✓ What taboos and harmful cultural practices do you identify?
- ✓ How can we support the integration of migrants?

5.

Training Activities in a Community Context

This guide was created with the purpose of establishing a sexual education guidance program to be implemented by teachers, aimed at students in Basic Education, 3rd cycle; secondary school students; women and migrants. It consists of three activities, through workshops.



5.1.

Workshop "Educating for Sexuality in Adolescence"

Ana Frias; Maria da Luz Barros, Florbela Bia; Fátima Frade

Sexuality is part of a person's life, beginning to have demands and express itself more intensely in adolescence. In this phase, fantasy is enhanced, one discovers one's own body in search of new sensations, and the movement of searching for others also emerges, both physically and emotionally¹.

Adolescence is a transition phase between childhood and adulthood, where changes arise at a biological, intellectual and psychosocial level².

Education for intentional sexuality aims at the harmonious integration of the person's sexual dimension, which aims to educate towards health-promoting sexuality³.

Keywords: Adolescent; Sex Education; Sexuality.

Preparation Phase



Target audience

Basic Education Students, 3rd Cycle and Secondary Education Students.



Duration

Up to 100 minutes.



Number of students

10 to 30.



Inclusion criteria

- ✓ Be a student of Basic Education, 3rd Cycle or Secondary Education;
- ✓ Be between 13 and 18 years old;
- ✓ Attend biology and history subjects;
- ✓ Express commitment to participating in the Workshops;
- ✓ Be interested in the topic.



Disclosure

Meeting with class directors to present the workshop (theme, objectives, purpose of each participant, promoters involved). Individual presentation to each selected class, exhibition of a poster to promote the theme in strategic locations in the School and publicity of the workshop on the School's website ([Appendix 7](#)).



Goals

- ✓ Educate Basic Education, 3rd cycle and Secondary Education students on different topics related to sexuality;
- ✓ Create group dynamics using digital tools that allow students to reflect on sexuality;
- ✓ Promote student discussion on this topic by making them active individuals in changing their personal and social behavior.



Themes

- ✓ Adolescence;
- ✓ Sexuality;
- ✓ Contraceptive Methods;
- ✓ Sexually Transmitted Infections;
- ✓ Identity and Sexual Orientation;
- ✓ Consent;
- ✓ Self-image, Selfies, Sexting and Grooming;
- ✓ Historical Milestones of Sexuality.

Note: Given the diversity of topics in order to select them, at the workshop presentation meeting to class directors, a diagnosis of training needs was made. The theme "Historical Milestones of Sexuality" was always addressed in all workshops, in order to highlight the importance of Sexuality over time.



Methodology

Peer Education methodology was used, in which Higher Education Teachers (Nursing area) prepare undergraduate students (nursing area) to carry out the workshop with students from Secondary Education and Basic Education, 3rd cycle. To carry out the workshops for students of Basic Education, 3rd cycle, we resorted to the involvement of students from Secondary Education with those from the Nursing Degree so that they could jointly promote it, always with the presence of the Teachers responsible for the class and the Teacher of the University Education^{2,3}.

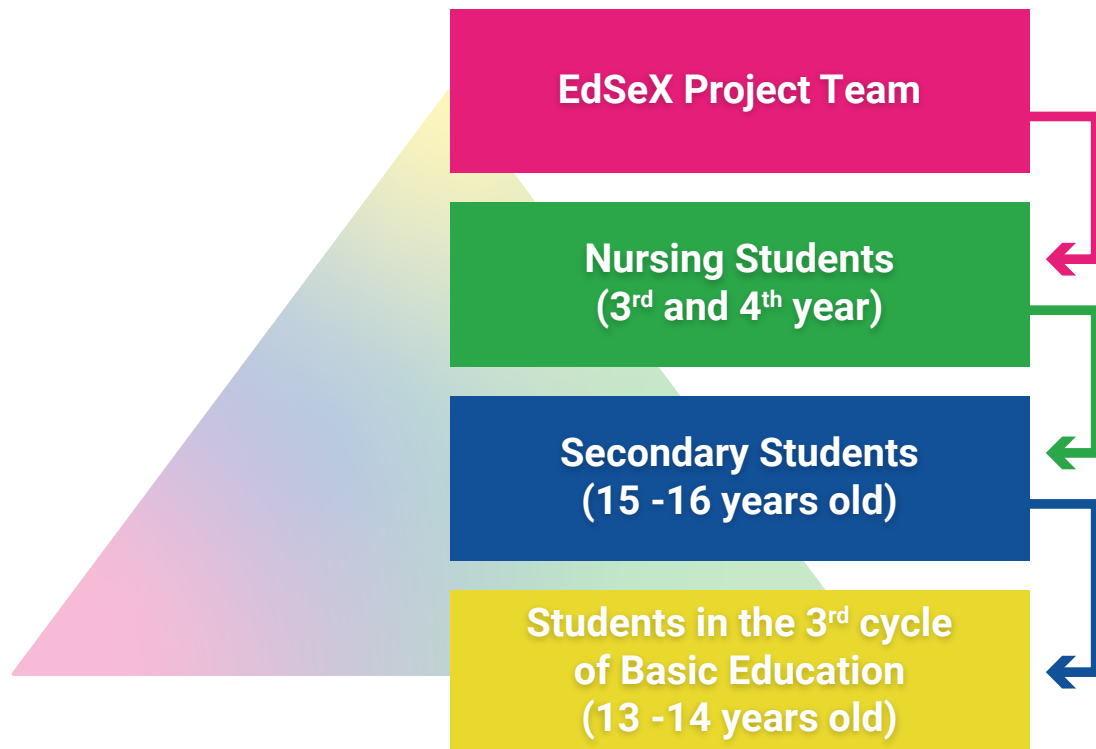


Figure 3. Educação pelos Pares |

Activities plan

Presentation/Thematic framework

🕒 15 min

Icebreaker

Icebreaker exercise for introducing and building rapport with the class;

Workshop Presentation

Presentation of objectives, concepts, themes, group dynamics, digital tools, ...

Courseware: Computer/ Video Screen (internet connection or USB)

Theoretical exposition of different themes

🕒 20 min (max. 5 min. per theme)

Theoretical Exposition of Themes

Present current Scientific Evidence regarding the topic;

Use of simple and objective language, so that the information is understood;

Clarification of doubts about the topics covered.

Eg. Sexually Transmitted Infections (STIs): presentation of the topic in a maximum of 5 minutes, followed by a dynamic group (eg. viewing and commenting on the video, phrase for reflection and discussion, Kahoot, games...).



Expository Method |

Courseware: Computer/ Video Screen (internet connection or USB)

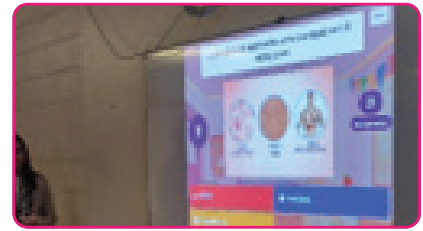
Dynamics

🕒 40 min

Kahoot

Related to the topic (check acquired knowledge).

Questions about STIs, using Kahoot; this digital tool generates a lot of support and enthusiasm in student responses; In the end, the winner clarifies doubts about the questions with the most wrong answers..



Using Kahoot |

Reflective Phrases and Reactions with emojis

In the dynamics of working on the theme of Consent, it is suggested to use reflective phrases that undergraduate students should read aloud, for example: "I've already been the target of tantrums in the middle of the street" promoting everyone's reflection on your reality and can react with emogis provided at the beginning of the activity.



Reflective Phrases and Reactions with emojis |

Posters

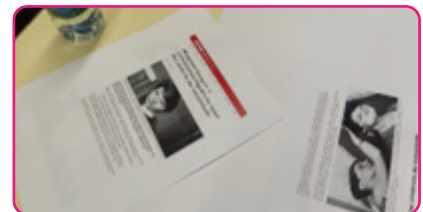
Presentation of posters to address the Historical Milestones of Sexuality, with the illustration of female individualities that contributed to specific aspects of sexuality such as the defense of the female orgasm, birth control, HIV infection, the anatomy of the clitoris..



Use of Posters |

Newspaper Extracts

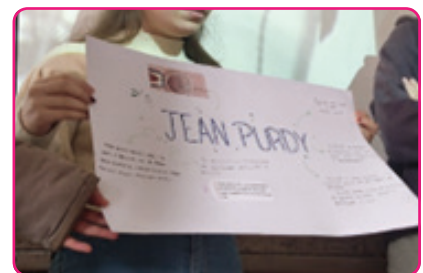
Use of extracts from newspaper reports so that students can learn more about the female individualities that contributed to the Historical Milestones of Sexuality, e.g. BBC News – News about Margaret Sanger.



Newspaper Extracts |

Group Dynamics to address the "Historical Milestones for Sexuality"

Group dynamics were used with students in Basic Education, 3rd cycle, where each group was made up of 5 students; after presentation of the posters "Historical Milestones for Sexuality", read extracts from newspaper reports (specific to each woman) and made a summary with the main contributions.



Group Dynamics |

Animation video (choose a maximum of three)

Use animation videos to explain themes and create reflection.

- ✓ "Genderbread Person" - youtu.be/b8KX3ywdCKE
- ✓ "Consent for kids" (3rd cycle class) - youtu.be/h3nhM9UIJjc
- ✓ "Tea Consent" (Secondary class) - youtu.be/oQbei5JGiT8
- ✓ "Sexting" - youtu.be/PL57cjJlp7g
- ✓ "Net with Consciousness" - youtu.be/HgnsfwTQV2A



Animation videos |

Regarding Gender Identity, the video "Genderbread Person" was used; Consent, in the 3rd cycle the video "Consent for kids" was used, in Secondary Education the video "Tea Consent" was used, making the metaphor between the Cup of tea and sexual consent; For the topic Sexting and digital security, the video "Sexting" and "Net with Consciousness" were used.

Historical Milestone of Sexuality Videos

To approach the individuals who contributed to the Historical Milestones of Sexuality, such as: Margaret Sanger or Maria Odette Santos-Ferreira... we suggest watching videos with their contributions to Sexuality.

- ✓ "Tribute to Maria Odette Santos Ferreira" - youtu.be/D2HyG74yg20
- ✓ "Margaret Sanger - Feminist" - youtu.be/5ndQXLx3pdA



Maria Odette Santos and Margaret Sanger |

Courseware: Computer/ Video Screen (internet connection or USB)

Discussion and synthesis on the topic

🕒 20 min

Debate, inviting participants to share the doubts they have about the topics. Questions are raised that generate group discussion. Eg.:

- ✓ What doubts are still present about the topics covered?
- ✓ Did the reflective phrases allow you to think about your reality?
- ✓ What did you feel when watching the videos?
- ✓ Do you consider that you have a safe practice when using the internet?

Synthesize the most important messages to take away from the workshop.

Workshop evaluation

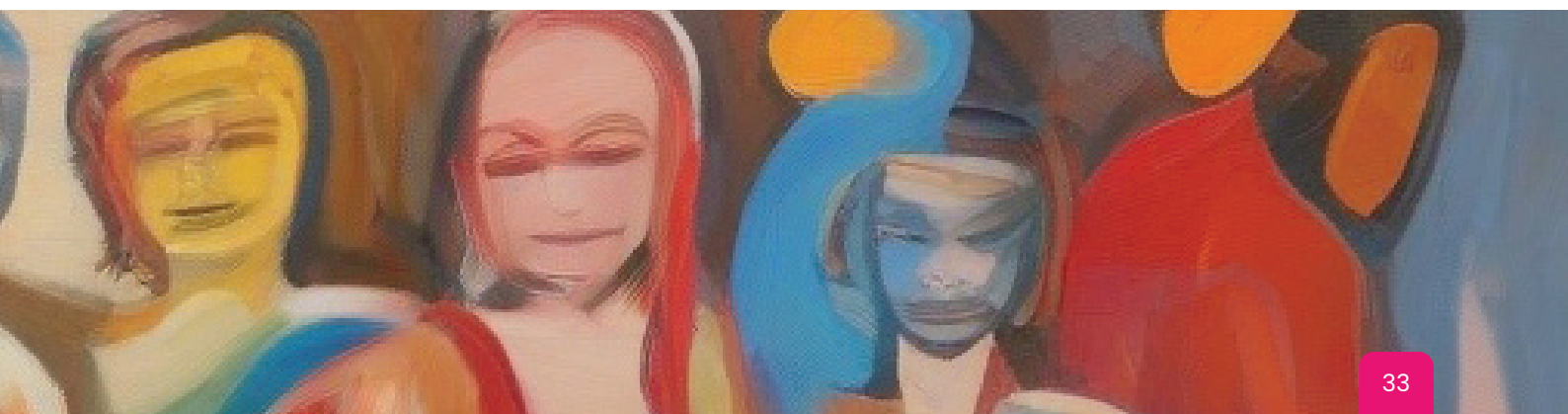
🕒 5 min

Questionnaire to assess satisfaction with the workshop with QR-Code:

- ✓ Were the topics exposed adequately?
- ✓ Was the workshop useful in increasing knowledge about sexuality?



QRcode Assessment Questionnaire |



5.2.

Workshop “Migrant Cultures: Promotion of Sexual and Reproductive Health”

Ana Frias; Maria da Luz Barros, Florbela Bía; Fátima Frade

It is imperative that the approach to sexuality is multidimensional as it is influenced by biological, psychological, cultural, religious and spiritual factors. It is known that migratory status can compromise the promotion of sexual and reproductive health, as it still constitutes a barrier to access to health services and other social services¹. In Portugal, access to healthcare is provided for in the constitution and includes the migrant population.

Keywords: Culture; Health Promotion; Migrants; Sexuality.



Preparation Phase



Target audience

Immigrant people of different nationalities in two contexts: Urban and Rural.



Duration

Up to 60 minutes .



Number of participants

10 to 15.



Inclusion criteria

- ✓ Being an immigrant living in an urban and rural region;
- ✓ Be over 18 years old;
- ✓ Express commitment to participating in the Workshops;
- ✓ Be interested in the topic.



Disclosure

Meeting with the representative of the Division of Social Development and Citizenship for the urban population and with the reference element of the City Council for the rural population where the project and workshop were presented (theme, objectives, purpose and drivers involved) and fundraising participants. Display of a poster promoting the theme in strategic locations at the School and in the places where the sessions took place ([Appendix 8](#)).



Goals

- ✓ Promote reflection on the topic;
- ✓ Promote a multicultural sexual vision;
- ✓ Explain to immigrant people the importance of sexual and reproductive health;
- ✓ Explain to immigrant people the health resources available in the country.



Themes

- ✓ Project presentation;
- ✓ Brief approach to the history of the phenomenon of migration in humanity;
- ✓ Migratory flows in Europe;
- ✓ Framework for immigration in Portugal;
- ✓ European investment to protect migrant populations in terms of sexual and reproductive health;
- ✓ Sexuality and culture;
- ✓ Facts about FGM;
- ✓ Access and use of sexual and reproductive health services;
- ✓ Sexual orientation of migrants: discrimination and persecution.



Methodology

An expository/participatory methodology was used using Power-Point and involvement of group members and joint reflection.



Activities plan

Presentation/Thematic framework

🕒 5 min

Icebreaker

Icebreaker exercise for introducing and building rapport with participants.

Project and Workshop presentation

(Objectives, concepts, themes, dynamics).

Courseware: Computer/Video Screen (internet connection or USB)

Theoretical exposition of different themes

🕒 20 min

Project presentation;

- ✓ History of the phenomenon of migration in humanity;
- ✓ Protection of European countries for migrant populations in terms of sexual and reproductive health;
- ✓ Sexuality and culture; Facts about Female Genital Mutilation;
- ✓ Sexual orientation of migrants: discrimination and persecution.

Observations

Present the current Scientific Evidence regarding the topic;
Use of simple and objective language, validating whether the information was understood;
Clarification of doubts about the topics covered.

Courseware: Computer/Video Screen (internet connection or USB)



Expository Method |

Dynamics

🕒 10 min

Use the leaflets available on the DGS website with information on different areas such as Family Planning, Vaccination, Access to Healthcare, Mental Health and Useful Contacts, translated into English, Ukrainian, Russian, Arabic, Nepali, Hindi, Urdu, Romanian, Chinese and Mandarin.

Viewing and commenting on videos

Courseware: Brochures in support of paper removed of the web page from DGS



Distribution of DGS leaflets

Links available:

- ✓ **Inclusion of migrants and refugees.** commission.europa.eu/eu-regional-and-urban-development/topics/cities-and-urban-development/priority-themes-eu-cities/inclusion-migrants-and-refugees-cities_en
- ✓ **Leaflets in 10 languages on Migration and Health from DGS.** om.acm.gov.pt/pt/web/10181/-/dgs-divulga-folhetos-em-10-idiomas-sobre-migracao-e-saude

Videos for clarification

- ✓ **Sexual orientation of migrants: discrimination and persecution.** acnur.org/portugues/2023/06/28/pessoas-refugiadas-lgbtqia-celebram-a-diversidade-e-a-inclusao-na-maior-parada-do-orgulho-do-mundo/

The aim is to raise awareness of the different forms of sexual orientation, and the importance of respect, acceptance and support for migrant populations who suffer from discrimination and persecution in their own countries, which is sometimes the cause of immigration.

- ✓ **Sexuality and culture.** youtu.be/9svC0IUBz-g

The aim is to raise awareness of the meaning of sex and sexuality within the framework of different cultures and professed faiths.

Discussion and synthesis on the topic

🕒 15 min

Debate inviting all participants to share their doubts, experiences and opinions.

To begin, we summarized the main aspects to be considered and asked one or two questions:

- ✓ What do you think of the theme presented?



Interaction with the group

Workshop evaluation

🕒 10 min

Clarifications for completing the satisfaction assessment questionnaire on paper support.

End with a small snack and group photo with due verbal consent.



Some of the participants

5.3.

Workshop “Female Sexuality: Healthy Menopause”

Ana Frias; Maria da Luz Barros, Florbela Bía; Fátima Frade

Understanding how women experience their sexuality during the menopause transition period and aging is extremely important. Healthcare professionals must be prepared for this approach holistically¹.

Menopause and female sexuality are, even today, complex topics that are difficult to approach. It is consensual that there is a historical burden, radiated by myths and taboos, that surround this topic, making it a complex process², which is why there must be sexual education, with family and multidisciplinary support in the area.

Keywords: Woman; Menopause; Sexual health; Sexuality.



Fase de Preparação



Target audience

Women over 18 years old.



Duration

Up to 90 minutes.



Number of participants

10 to 15 (for each group – Urban and Rural).



Inclusion criteria

- ✓ Being a woman living in an urban and rural region;
- ✓ Being over 18 years old;
- ✓ Express commitment to participating in the Workshops;
- ✓ Be interested in the topic.



Disclosure

Meeting with the Management/representatives of the associations to present the project and workshop (theme, objectives, purpose, promoters involved) and attract participants. Display of a poster promoting the theme in strategic locations and in the places where the sessions took place ([Appendix 9](#)).



Goals

- ✓ Promote reflection on the topic;
- ✓ Promote a healthy sexual vision of menopausal women;
- ✓ Educate women on the importance of sexual health during menopause;
- ✓ Make women aware of sexual health resources during the transition to menopause.



Themes

- ✓ Female sexuality;
- ✓ Sexuality and age;
- ✓ Myths and taboos;
- ✓ Informed consent.



Methodology

An expository and active methodology was used using PowerPoint and involving group members in debating ideas and joint reflection following the Roleplaying technique, as well as reading a thematic poem.

Activities plan

Project presentation/Framework of Theme

🕒 5 min

Ice breaker

Icebreaker exercise for introducing and building rapport with participants.

Project and Workshop presentation

(Objectives, concepts, themes, dynamics).

Courseware: Computer/Video Screen (internet connection or USB)

Theoretical exposition of different themes

🕒 20 min

- ✓ Female sexuality;
- ✓ Sexuality and age;
- ✓ Myths and taboos;
- ✓ Informed consent.

Observações

Present current Scientific Evidence regarding the topics;

Use of simple and objective language, validating whether the information was understood;

Clarification of doubts about the topics covered.

Courseware: Computer/Video Screen (internet connection or USB)



Expository Method |

Dynamics

🕒 20 min

Using the Roleplaying technique

A technique performed by 2 members of the group, staging conversations about female sexuality between 2 women (one rural and the other urban) portraying two views on the topic.

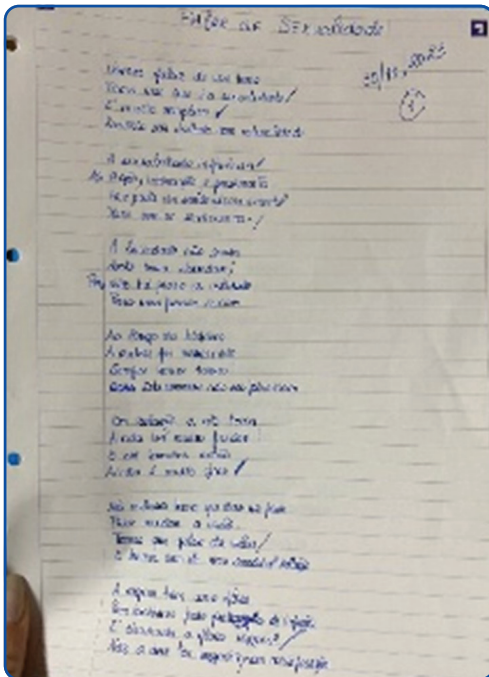
Visualization and panel discussion between group participants (rural and urban)



Roleplaying Technique |

Thematic poem Reading

🕒 10 min



Reading a thematic poem |

Discussion and synthesis on the topic

🕒 15 min

Throughout the session, encourage debate and involvement and share experiences about sexuality and sexual health.

- ✓ Do you want to share any experience or difficulties you have experienced?



Group interaction |

Workshop evaluation

🕒 20 min

Clarification for filling out the satisfaction assessment questionnaire on paper.

End with a celebratory tea and openness to experiences and feelings experienced in the area of sexuality throughout life.

Take group photo and sign informed consent.



Some trainees |

6.

Sexuality Education Model: Innovative Pedagogical Proposal

Hélia Dias; Conceição Santiago; Teresa Carreira; Açucena Guerra; Sara Palma

This Training Guide was oriented from two perspectives: systematizing the main activities of each expected result and presenting the bases of an innovative pedagogical proposal as a contribution to the development of a transformative critical consciousness in sexuality education based on a multidisciplinary and transcultural vision of higher education.

From a framework that focused on the importance of addressing this topic in the context of higher education, to the presentation of the bases of the project and the different activities from the diagnostic phase with students and education and care professionals to the activities developed in the context of higher education with students and in a community context with young people, women and migrants, from the perspective of developing personal and professional skills, the growing relevance of the topic emerges and the need to propose a model of sexuality education.

The construction of this proposal is based on variables that emerge in the literature as relevant to the construction of a concept of sexuality, sexual education and a logic more directed towards the teaching and learning process that substantiates this construction, in a close connection to the skills that the student develops. and which are expected to have a usability character.

Today, sexuality is a polysemous concept, not only in its conceptual nature, but also in its experiential nature. It is intrinsically linked to the life cycle and the nature of the processes that are experienced, where the sociocultural and political perspective is determining, which gives it a marked constructed and localized character¹. The visibility of sexuality is more evident in the public domain, but it is still necessary that debates from a research and clinical operationalization perspective be deepened. This allows the way in which each person experiences and/or expresses themselves to be framed within the individuality and uniqueness of being a person. In agreement with Kågesten & Reeuwijk^{2, p.1} when referring to adolescent sexuality, it is time for sexuality to stop being considered as associated with behaviors or a "disease that is best prevented" as it today encompasses characteristics that are not new, provoke a broad discussion – be broad, diverse and inclusive. Furthermore, regarding its transversality throughout the life cycle, it is essential that the teaching and learning process is not finite, as the person needs, even at different levels, the ability to make decisions in situations experienced and/or expressed. , so it must be based on knowledge, attitudes and behaviors that are consistent with each other, based on respect for oneself and others, in the defense of human rights, among other aspects.

The sexuality education model in terms of its representation is anchored in a generic perspective that integrates several elements related to the teaching and learning process, teachers/trainers and students who are central actors, where the school as a context and the elements linked to The same is evident, as the aspects most intrinsic to each person, whether in an individual dimension or in the development of competencies/skills. Its construction is explained.

The literature is clear that it is up to schools to develop a process of teaching and learning about sexuality. **TEACHERS** involved in this process must first recognize the **importance** of sexuality, which in the study carried out in phase 1 of this project was unanimously recognized by everyone, which corroborates the evidence. In a way, this recognition means that it is fundamental to operationalize a teaching and learning process on this topic. Despite the unanimous recognition, not everyone mentions its **inclusion in the course study plans**, which leads to the conclusion that the recommendation of the World Health Organization³ is not fully met, as since this date the need for education and training on sexuality has been recognized. and assumed as a public need in the health field. Curricula are not built with this recommendation⁴.

Several studies have developed an analysis of the **contents** that are included in course syllabi⁵⁻⁸. It should be noted that relevant content for a holistic approach to this dimension of the human being is not included. There is a restrictive orientation with a still very evident tendency towards heteronormative sexuality, more related to the reproductive dimension and the sexual dimension with a focus on sexual relations and sexually transmitted infections. Essential themes such as the deviations and behaviors of minorities, social and gender cultures, peer interaction, among others, are uncovered. However, some dissonance emerges between the

prescribed curriculum and the curriculum shaped by the teacher, as at the operationalization level themes begin to emerge that emphasize other dimensions of sexuality and are more in line with the broad, diverse and inclusive vision of sexuality⁹. There is no evidence of specific disciplines for approaching sexuality, which increases the risk of compartmentalization and does not favor the construction of an aggregating vision of the concept and its operationalization in a clinical context.

Barriers to addressing sexuality are raised at training and clinical levels. One of the most prevalent is that sexuality continues to be seen as a taboo subject, which can be understood as a barrier in the sociocultural domain that needs to be worked on¹⁰. Training should contribute so that pre-conceived ideas and beliefs held by teachers and/or students can be demystified and transformed into solid and comprehensive knowledge about sexuality and its transferability to clinical practice¹¹. Still in the sociocultural domain, cultural and religious issues emerge as influencers. There is evidence in the literature that when there are influences from religious and cultural beliefs, sexual health care can be compromised¹². On the other hand, even though sexuality is a more frequently discussed topic in everyday life, there is still difficulty in relating it to stages of life, whether at times when the disease can affect it, or for example in old age¹⁰, which reinforces the need to be worked on in the training process. At an institutional level, lack of time appears as a barrier that is corroborated by several studies^{10;13}. Similar to clinical practice where lack of time is one of the most important variables for not addressing sexuality, it also appears relevant at the training level. It seems to emerge that this subject is addressed if there is time, that is, there is a discretionary decision by the teacher that is not informed by the importance of the subject, but rather by what he decides to address⁶.

One of the most relevant variables for the way in which the teacher positions himself in the formative process of sexuality is **comfort**, which can be understood as part of a set of **attitudes** that predispose to a certain response and where the emotional and behavioral dimensions intertwine. Since sexuality is a sociocultural construct, when teacher and student are confronted with its approach, discomfort can arise on the part of both. To help teachers feel more comfortable, in addition to investing in their knowledge on the subject, their skills to work on sexuality¹⁴⁻¹⁶ must be increased, minimizing their lack of approach.

Finally, so that these factors linked to the teacher can be addressed, so that the teacher can develop a process of greater training, it is essential to increase professional development through a set of **skills**. The first, which emerges from phase I of this project¹⁰, is to recognize that the teacher lacks specific training on sexuality in a conceptual dimension and in a teaching and learning process dimension, which is corroborated by scientific evidence^{13;17}. The need for the teacher to have knowledge about content related to sexuality⁴ that actually promotes a transformative critical awareness based on a multidisciplinary and transcultural vision of higher education is reinforced, as well as teaching and learning strategies based on co-educational and understandable¹¹. It will be through this convergence that future professionals will be able to develop a practice that is congruent with people's needs and aligned with new educational, professional and social challenges.

As for **STUDENTS**, this proposed model is based on two perspectives: that which arises from knowledge about sexuality, sex and sexual diversity and from attitudes and beliefs about sexuality in care. Two studies were developed on these two perspectives that serve as a basis for this reflection^{18;19}.

The perspective linked to **knowledge about sexuality, sex and sexual diversity** is fundamental, as it has an influence not only on the student's experience of sexuality in the individual dimension, but also on the way in which it is integrated into the teaching and learning process and later on its usability. in the context of practice. Given the generally biologicalist and heteronormative approach that the teacher develops²⁰, it is expected that the student, if he or she has not integrated sexual education programs at primary and secondary school level and enjoyed a more liberal family education, will not develop a personal perspective that allows you to experience responsible, safe and empowered sexuality, nor capabilities for clinical practice²¹. The perception of sexuality was anchored in the referenced study¹⁸ in three classes: sexual orientation, heteronormativity and eroticism. This perception is closer to a restrictive view and very linked to the social norm that persists in considering heteronormativity, the dominant rule. Even though they were able to define sexual orientation and heterosexuality, it stands out as naturalized in society²². Regarding perceptions of gender and gender identity, they were expressed by three classes: gender, gender identity and cisgender. These perceptions reflect the perception one has of oneself within a sociocultural, political, moral and historical framework that frames sexuality in the contemporary world⁹. There was a mostly congruent understanding with the concepts, but the association with the biological dimension and the use of terms more characteristic of popular language were still expressed, where the expected scientific language was absent. These results are in line with other studies^{23;24}. Overall, this evidence reinforces the need for the teaching-learning process to focus on addressing these issues, as it is still incomplete, imprecise and far from what society and, in particular, the people who are cared for need.

The perspective linked to **attitudes and beliefs about sexuality in care** is crucial. As identified with the teachers, there is still an association between sexuality and its understanding as a taboo topic, which is permeated by sociocultural factors and which influence the teaching and learning process. The literature shows that students' attitudes and beliefs about sexuality in care show that there is a hesitation in assuming an active intervention⁷,

that when faced with sexual issues they tend to react with silence and change the focus of attention, often taking refuge in the procedure technique as a strategy to neutralize their approach²⁵. Variables such as the sex of the person being cared for and/or age can influence the provision of care, which refers to issues linked to gender and specifically to the sociocultural construction of gender roles in different societies and how they can influence control and prohibition in the approach to sexuality⁷. Students also identify barriers as not having time to address sexual issues, the belief that people do not expect sexuality to be addressed and not feeling comfortable²⁶.

Several studies confirm the existence of negative attitudes towards sexuality in care^{19;27}, which may indicate an increased risk of less care in the area of sexuality and therefore, a lower quality of life for the person. When teachers and students interact in the teaching and learning process and are more conservative in their view of sexuality, have negative attitudes and are less comfortable, it increases the likelihood of it being less addressed and consequently an intervention in the context of care being absent or very weak. Sociocultural factors are very relevant in this aspect, which is why they must be carefully worked on within a framework of openness, dialogue, frank and tolerant expression of opinions by everyone for everyone. In this context, sexuality as a taboo topic and the lack of education on the part of young people in the context of the family and compulsory education can make values, ideas and beliefs that are less favorable to the approach to sexuality prevail.

The recognition that the lack of health care in the area of sexuality can have serious implications for public health must be considered a priority in the path to be developed to improve the teaching and learning process.

As it is not the final objective of presenting an operational model for sexuality education, it is necessary to leave some assumptions that emerge from the various results and encourage this process of contributing to the advancement of European and even global health at this level to continue. These are comprehensive assumptions, resulting from the reflections made and their framing in guiding documents from international entities, such as the World Health Organization, which are transversal in nature and could be the basis for the continuity of this project, namely the creation of a model, as a conceptual and operational model.

Figure 4 graphically represents the proposed sexuality education model and the assumptions for its genesis:

- ▶ Higher education must commit to a process of teaching and learning sexuality, as an area of disciplinary knowledge, recognizing its multidisciplinary and multiconceptual nature;
- ▶ Higher education must increase and be responsible for a teaching and learning process that respects human rights, for education for gender equality, for the understanding of cultural, social, historical, political and other issues, including desideratum of sustainable development objectives;
- ▶ There is a need for an extensive multi-center review on the approach to sexuality that contributes to mapping the characterization of the teaching and learning process developed in different countries and cultures, from the perspective of teachers and students;
- ▶ Carrying out research on issues related to sexuality from the perspective of evaluating individual perceptions, knowledge, attitudes and skills;
- ▶ Development of recommendations on curricular review and how courses and curricular unit programs should be constructed and operationalized, which highlights the explicit inclusion of the area of sexuality;
- ▶ Promotion of teacher training in the area of sexuality and its monitoring in the development of the teaching and learning process;
- ▶ Recognition of formal and non-formal learning about sexuality.

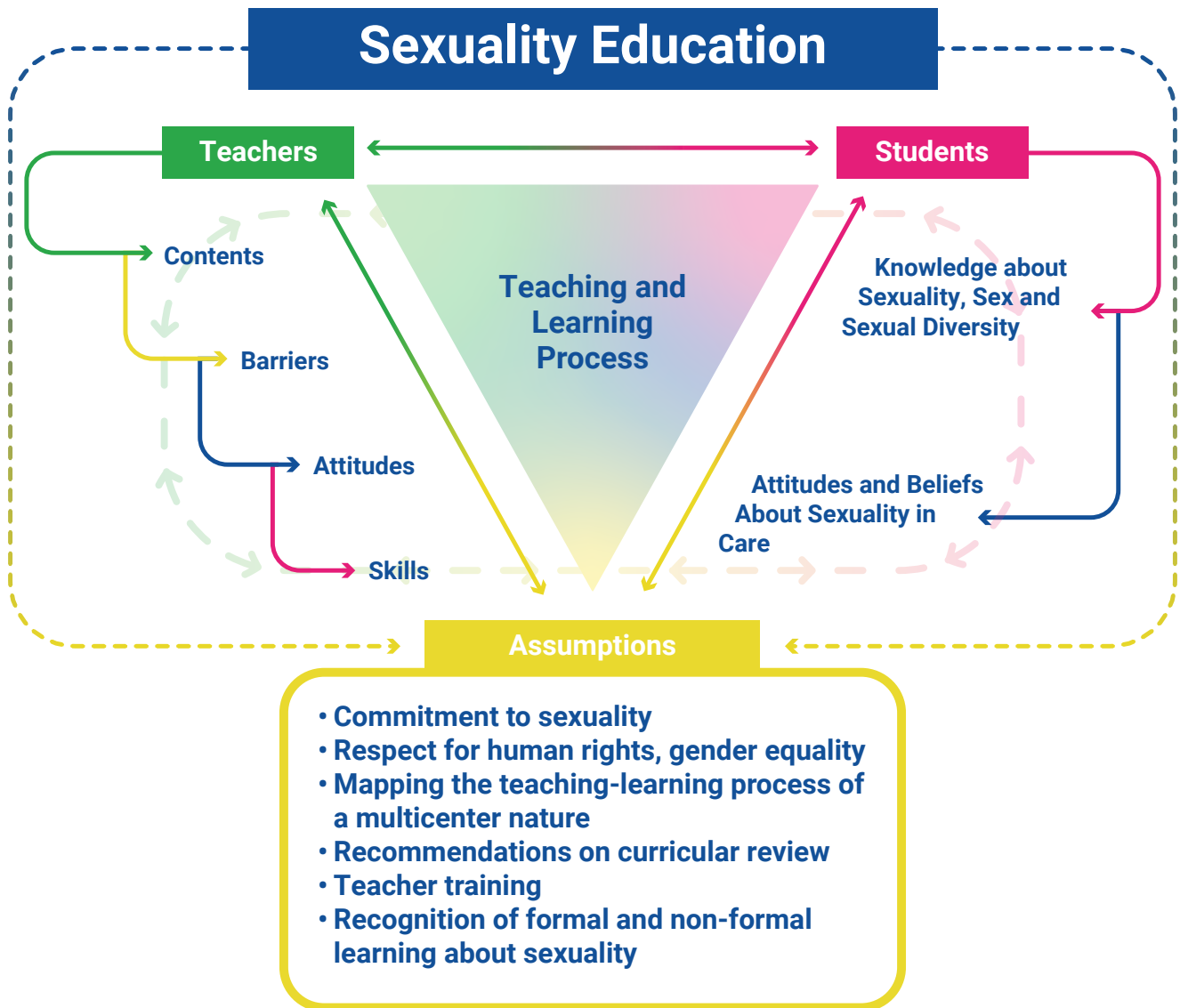


Figure 4. Sexuality Education |

There is a lot of work to be done, in a world that is constantly changing and that every day poses challenges at the individual, social, community, health care and education levels.

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Appendices

Appendix 1: Interview Guide

Interview Guide Perceptions and Attitudes about Sexuality: Diagnosis from the Professionals' Perspective

Q1: What course do you currently teach or have you taught in the past? What subjects do you teach or have you taught?

Q2: How many years have you been teaching or doing practical work with students?

Q3: Do you think this is an important topic for the training of health and education professionals? Is it part of the curriculum?

Q4: Do you know if other teachers deal with the subject?

Q5: How comfortable do you feel teaching sexual health care? How prepared do you feel to help students develop skills in sexual health care? If you don't teach it, do you feel you might have enough time for a brief introduction to it? Do you think there should be specific training for professionals to deal with this issue?

Appendix 2: The Sexuality Attitudes and Beliefs Survey (SABS) (English version)

Sexuality Attitudes and Beliefs Survey							
There are six numbers after each statement below. Circle the number that best represents your agreement or disagreement with each statement.		Strongly Disagree			Strongly Agree		
		1	2	3	4	5	6
1.	Discussing sexuality is essential to patient's health outcomes.	1	2	3	4	5	6
2.	I understand how my patients' diseases and treatments might affect their sexuality.	1	2	3	4	5	6
3.	I am uncomfortable talking about sexual issues.	1	2	3	4	5	6
4.	I am more comfortable talking about sexual issues with my patients than are most of the nurses I work with.	1	2	3	4	5	6
5.	Most hospitalized patients are too sick to be interested in sexuality.	1	2	3	4	5	6
6.	I make time to discuss sexual concerns with my patients.	1	2	3	4	5	6
7.	Whenever patients ask me a sexually related question, I advise them to discuss the matter with their physician.	1	2	3	4	5	6
8.	I feel confident in my ability to address patients' sexual concerns.	1	2	3	4	5	6
9.	Sexuality is too private an issue to discuss with patients.	1	2	3	4	5	6
10.	Giving a patient permission to talk about sexual concerns is a nursing responsibility.	1	2	3	4	5	6
11.	Sexuality should be discussed only if initiated by the patient.	1	2	3	4	5	6
12.	Patients expect nurses to ask about their sexual concerns.	1	2	3	4	5	6


Appendix 3: **Publicity poster nr 1**





Covert Sexual Violence: Beyond Consent





TEACHERS:





GUEST:

Date
Hour
Local



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UNIVERSITY OF PORTO
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Appendix 4: **Publicity poster nr 2**

Sexual diversity:
Validating the emotions of sexuality

TEACHER:

GUEST:

Date
Hour
Local



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Appendix 5: **Publicity poster nr 3**


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Diversidad funcional vivida desde la sexualidad.





CON LA COLABORACIÓN DE:
Dña. M.T Santos Gallego (Psicóloga Clínica)
Pacientes del HNP.

MIÉRCOLES, 22 DE FEBRERO
16:30 h
Salón de Actos
HOSPITAL NACIONAL DE PARAPLÉJICOS (Toledo)



Este taller está incluido en el: **Seminario Internacional**
“ Educando en Sexualidad a lo largo de la Vida”
Días 22-23 de Febrero (HNP).
Inscripción gratuita: 

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Appendix 6: **Publicity poster nr 4**

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Migrant Cultures: Looking at Sexuality from Transculturality

TEACHERS:

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Appendix 7: **Publicity poster nr 5**


Educating for Sexuality in Adolescence: History Workshop

TEACHER:


Date/Hour:
Local:









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Appendix 8: **Publicity poster nr 6**

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Migrant Cultures: Promoting Sexual and Reproductive Health

TEACHERS:

DATE
Hour
LOCAL



The illustration shows a central stethoscope surrounded by approximately 15 hands of various skin tones and sleeve patterns, symbolizing global unity and healthcare.

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Appendix 9: Publicity poster nr 7














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Experience of Sexuality in Women

TEACHERS:

DATE
Hour
LOCAL



    
   
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