

A GLOBALIZAÇÃO DA EDUCAÇÃO SEXUAL EUROPEIA NO SÉCULO XXI
THE GLOBALISATION OF EUROPEAN SEX EDUCATION IN THE 21ST CENTURY
LA GLOBALIZACIÓN DE LA EDUCACIÓN SEXUAL EUROPEA EN EL SIGLO XXI

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EDITORIAL

Sexuality education is an evidence-based teaching and learning process that addresses attitudes, behaviours, and beliefs related to sexual health and sexuality. This education must be adapted individually and collectively and be based on promoting respect for Human Sexual Rights. Sexuality education is essential for building more inclusive societies and improving the sexual health of the population. It is important to understand the impact of legislation on the establishment of the educational curriculum at different levels of education. The government, through education, should contribute to reducing sexual discrimination and risky sexual behaviour. There is a wide range of sexuality education content around the world. Nevertheless, the Sustainable Development Goals of the 2030 Agenda approved by the United Nations (UN, 2015) set out the joint path to be followed by countries and the different societies that make them up. The goals to be achieved are aimed at improving the lives of all citizens, including the objectives of health and well-being, quality education and women's equality. In addition to these global targets, numerous international organisations, such as the World Health Organization (WHO, 2022) and the United Nations Educational, Scientific and Cultural Organization (UNESCO, 2018), have repeatedly called on governments to improve equitable access to sexuality education and health programmes. Existing inequalities by country remain stark and negatively influence the health of their residents (WHO, 2021). In most countries where such education is provided, its main purpose is usually aimed at preventing sexually transmitted infections (STIs, Boonstra, 2015). Therefore, the mandatory and regulated content of the curriculum is oriented towards STI control and contraception, and even so this restrictive approach fails to address the challenge related to the increase in risky sexual behaviour and STIs. The difficulty of addressing this issue internationally requires the establishment of collaborative Global Health strategies between countries (UNESCO, 2018).

Sexuality education in Europe has more than half a century of history. Sweden was the first country to add it to its educational curriculum in 1955 (Parker et al., 2009). Subsequently, between the 1970s and 1980s, Finland and other Nordic countries would progressively incorporate it into their curricula. Further on, between the 1990s and the year 2000, France, the United Kingdom, Portugal, Spain, Estonia, Ukraine, and Armenia successively joined this proposal, in order of incorporation into their school curricula. Finally, in 2003, Ireland and the rest of the European countries were progressively added (EEGSE, 2016). In order to understand the educational proposals of each country, it is necessary to analyse its curriculum, approach, and teaching methodology (Calvo, 2021). In general, in Mediterranean and Eastern European countries, a biological perspective influenced by the moral ideologies of the country has prevailed, as opposed to a more professionalised and individualised perspective that has been taught in Nordic countries (Cunha-Oliveira et al., 2021). The organization in charge, in most European countries, is the equivalent of the Ministry of Education, in relation to other Ministries such as Social Welfare or Health and in cooperation with their departments (UNESCO, 2018). Concern about the spread of Human Immunodeficiency Virus (HIV), after it was declared a pandemic in the 1980s, revolutionised the importance of the integration of sexuality education in Europe. This circumstance led governments to develop strategies within health education programmes to prevent the transmission of this virus (WHO, 2021).

The most commonly used didactic method has been peer teaching in the classroom. The material resources used tend to be continuously and scientifically updated through previous published literature and guaranteed by the European Union or national governments (UNESCO, 2018). However, the didactic methodology with an interactive approach and comprehensive attention to sexuality has been the most effective in Europe (De Haas and Hutter, 2019). Other common aspect in European countries is that sexuality education is usually taught by teachers. Nevertheless, volunteers and staff from Non-Governmental Organisations (NGOs) are often hired by schools to provide this education or complement it (UNESCO, 2018). In this way, a scientific distancing from these teachings can occur, if there are no sexual health experts to support the training provided. On the other hand, jointly involving local sexual health services allows sexual health to be more effective by understanding the environment that surrounds students outside the classroom (Sperling, 2021). Sexuality is an issue that concerns the whole population, and qualified training should be incorporated into all professional areas in an interdisciplinary manner.

At the transnational level, there have been common constraints to implementation, such as: the difference between urban and rural areas, different religious identities and cultural diversity that exist in globalised societies (WHO, 2021). People living in rural areas, religious minorities, migrants, young people and other individuals at risk of social exclusion continue to be the groups with the lowest access to education and health resources and the highest incidence of new STI infections (UNESCO, 2018). Current legislation hinders the implementation of public health education strategies that comprehensively address sexuality (UN, 2015). More studies are needed to systematically investigate the legislative, educational and social impact, and to develop sexuality interventions that confront, counteract and take responsibility for negative sexual attitudes and behaviours, such as: gender-based violence, prejudice towards sexual diversity and disability, lack of affection, dysfunctional relationships in face-to-face and online environments, deprivation of sexual freedoms, transmission of STIs and all other problems that affect the sexual health of individuals. These interventions should be based on ensuring the acquisition of positive attitudes and behaviours that respect Human Rights.

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