

**Universal Periodic Review of Portugal**  
**33<sup>rd</sup> Session**



ASSOCIAÇÃO PARA O PLANEAMENTO DA FAMÍLIA

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APF (Family Planning Association) is a Portuguese NGO for Development. Working since 1967, its mission is to help people to make free and responsible choices in their sexual and reproductive lives, including the promotion of positive parenting.



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Formed in 2006, the Sexual Rights Initiative (SRI) is a coalition of national and regional organisations including Action Canada for Sexual Health and Rights (Canada), Akahata (Argentina), CREA (India), Coalition of African Lesbians (South Africa), Egyptian Initiative for Personal Rights (Egypt) and the Federation for Women and Family Planning (Poland). The SRI partners advocate together for the advancement of human rights related to sexuality, gender and reproduction at UN Human Rights Council.

**Key Words:** Health, education, Comprehensive Sexuality Education, implementation of Sexual Education in schools, law, risks

## **Executive Summary**

1. This report advocates the implementation of Comprehensive Sexuality Education (CSE) in an integrated and comprehensive way in official school programs (at all levels of education) and included in the subject of Citizenship and Development, which was already envisaged by the Portuguese Education General Directorate. This subject addresses different dimensions, such as: human rights education; environmental education/sustainable development; road safety education; financial education; consumer education; education for gender equality; intercultural education; education for development; health and sexuality education. In this sense, we consider that the main challenge is to make CSE mandatory, with nationally planned contents and evaluation, being taught by trained professionals who must have the necessary profile and personal and relational skills and supervised by entities/organizations that advise schools in these matters.

## **Problem identification for specific issues**

### *Legal and policy framework on CSE*

2. The first law on this subject was adopted in 1984. Since then, the State guarantees the right to Sexuality Education (SE), as a component of the fundamental right to education of all children, adolescents and families. According to this law, school programs would start to include, according to the different levels of education, scientific contents on anatomy, physiology, genetics and human sexuality, and should contribute to overcoming discrimination on grounds of gender and contribute to modify traditional gender roles; particular attention would be paid to the initial and ongoing teachers training, with a view to provide them an understanding of the sexuality education issue; and adequate support conditions would be established for parents with regards to sexuality education of their children. However, this law has never regulated.
3. In 1986, the “Basic Law for the Educational System” integrates SE on the schools’ commitment to contribute to personal and social growth.
4. The “Interministerial Report for the preparation of the Plan of Action on Sexual Education and Family Planning” (1998) presented some concrete measures for compliance with the 1984 law. This Report outlined SE as “an essential component of education”.
5. In the following year, the “Plan for a Global Family Policy” reinforced the need for a better access to sexual and reproductive health care for young people.
6. The decree-law 259/2000 (which regulated the law 120/99) stated that sexual health and human sexuality should be necessarily approached in an interdisciplinary perspective or integrated into class subjects. The topics that should be addressed were: human sexuality, the reproductive system and the physiology of reproduction, AIDS and other STIs, contraceptive methods and family planning, interpersonal relationships, gender equality shared responsibilities.

7. From 1995 to 1998, in a partnership with the Ministry of Education (ME) and the Directorate-General for Health/Ministry of Health (DGS/MS), APF had been involved in an experimental Sexuality Education Project in various regions of the country. After this experience, in 2000, were edited the “Guidelines for Sexuality Education in Schools”. This was the first and, until today, the only joint document of the ME and the DGS/MS for sexuality education in schools. This document presents: Conceptual, ethical, legal and methodological framework for Sexual Education in schools; approach to the role of teachers and the connection to families; defines the objectives and themes that should integrate sexual education in the various cycles of primary and secondary education.
8. From 2000 to 2007, APF signed and executed a collaboration protocol with the Ministry of Education, supporting the development of CSE programs in hundreds of Portuguese schools, so it was possible to supervise the ongoing work.
9. In 2002, APF was accredited as a teacher training center, continuing to ensure training of thousands of teachers.
10. From 2005 to 2007, a working team on SE developed a framework for clarifying SE in schools, placing it in the broader context of health education. Thus, in 2006 and 2007, the Dispatch 15987/2006 established new guidelines to frame SE in schools. SE becomes one of the four components of the Health Education Project that all schools should elaborate and implement, under the coordination of a teacher designated by the schools for this purpose (Order no. 2506/2007).
11. In July 2009, the Law 60/2009 which established the SE system in schools, was approved by the National Assembly and constitutes the clearest legislative instrument in this area, defining the objectives of SE in the school and its curricular and organizational framework.
12. Reaffirming the mandatory basis of SE, this law defines that each child and youngster have a minimum of hours of SE in the 12 grades of the national compulsory education - 6 hours per year for children from the 1st to 6th grade, and 12 hours for children/youngsters from the 7st to 12th grade. The establishment of Health Education Offices in schools is a central aspect of the implementation of SE.
13. Law 60/2009 was regulated by Administrative Rule nº 196A/2010 and defines the contents of SE for each one of the educational stages.
14. In 2009/2010 and 2010/2011 there was a considerable development of SE in schools: in one hand, there was state’s funding available (open calls) for schools’ health education projects (namely, SE); in the other hand, the law recognized SE as a priority among the so-called “non-disciplinary curricular areas”.
15. From 2011 to 2015, Portugal faced a serious economic downturn, marked by crisis, unemployment and uncertainty, as well as by a significant number of families living in poverty. In 2013, 27.4% of the population was in this situation. In addition, there has been a high level of emigration, especially of adults and young adults, who were severely affected by unemployment (in 2013, around 35%). This economic and social crisis led to austerity policies and consequent lack of funding in education (especially services/staff have not been renewed and updated) health (especially health promotion) and seriously in social security.
16. In July 2012, a Ministry of Education dispatch allowed schools to develop extracurricular activities in other time slots (credits). The compulsory basis of SE was withdrawn, making it an option for schools. The same happened with Education for Citizenship, and Decree-Law no. 139/2012 was published, stating that education for citizenship as a cross-sectional area can be approached in all

- curricular areas, not being imposed as an isolated compulsory subject, but enabling schools to decide their offer.
17. To evaluate the implementation of the law 60/2009, an independent working team was created in 2014. A report was produced then. This qualitative and quantitative report reflects the situation in schools. Although almost all the schools claimed to comply with Law 60/2009 (by organizing SE activities for the students and maintaining the Health Education Offices), the qualitative study shows other aspects of the implementation of the Law 60/2009. In this sense, the report stresses how teachers struggled with lack of time, exhaustion and failure to recognize the importance of SE by their schools. In fact, these were symptoms of a school culture much more concerned with the acquisition of technical and scientific skills than with the development of personal and social skills. On the other hand, this reflects the reduction of available human and material resources, because of successive budgetary cuts in the education system.
  18. In 2016, within the scope of the priorities defined in the Program of the XXI Constitutional Government for the area of education, the “National Strategy for Education for Citizenship” (ENEC) was produced, which resulted from the proposal elaborated and presented by the Education Working Group for the Citizenship (Dispatch 6173/2016).
  19. The most significant change was the visibility given to Comprehensive Sexuality Education (CSE) and especially in its operationalization through a new subject - Citizenship and Development. Another relevant aspect was the elaboration of the new “Guidelines for Health Education” by the Ministry of Education and Ministry of Health that were published in June 2017. Although previous references already existed, the elaboration of this new framework reinforces a global (comprehensive) model of SE. On the other hand, it is innovative in focusing CSE in the broader development of youngsters’ personal and social skills.
  20. Citizenship Education is embodied in the Citizenship and Development (CD) curriculum component that integrates the matrices of all educational stages. The ENEC is based primarily on a whole school approach, as well as establishing closer relationships with other stakeholders as a way of building and breathing citizenship at school.
  21. In 2017/2018, the pilot phase of ENEC took place, which covered only the initial years of each educational stages: 1st, 5th, 7th and 10th, in 235 schools. The evaluation results of this pilot phase are not known yet.
  22. In the first educational stage, Citizenship and Development has a transdisciplinary nature, in the second and third educational stages Citizenship and Development will be autonomous and evaluated like any other discipline.
  23. In curricular terms, the discipline of Citizenship and Development will be organized in three groups. The first one is mandatory for all levels and cycles of schooling and addresses issues such as human rights, gender equality, interculturality, sustainable development, environmental education and health.
  24. The second group should cover at least two educational stages of basic education and will focus on topics such as media, institutions and democratic participation, financial literacy, consumer education, sexuality and road safety.
  25. The third group has optional application in all educational stages and will address the themes of entrepreneurship, labor market, risk, security, defense and peace, animal welfare and volunteering.
  26. Since 1998, regarding SE in youth policies, the IPDJ - Portuguese Institute for Sport and Youth - has developed a set of instruments of SE and counseling for young people, namely a helpline.

## Critical analysis of Comprehensive Sexuality Education evolution in Portugal

27. From the text presented previously we can see that there have been changes in terms of legislation but the guidelines have always been very vague and full of advances and setbacks, giving rise to the lack of responsibility and non-implementation of CSE as a school culture, encouraging non-recognition of the importance of this area by the various agents of the educational community (Teachers, Education Officers, Staff and Students).
28. In general, teachers' initial training does not include CSE, and their preparation relies on the existing training offer and their availability/motivation to attend it. Although the law defines that the CSE training is mandatory, its contents are not defined. Most teachers don't have specific and adequate scientific and pedagogical training in this area and they are not supervised.
29. Existing projects are often discontinued, require investment, but as they change from year to year, it is difficult to assess their impact. The themes aren't often addressed in a comprehensive way, which leads to a biomedical approach of sexuality, especially because it is frequently developed by health professionals from external entities who don't have specific training for the intervention, without continuity and without an integrative strategy.
30. These difficulties do not promote the access of all children and young people to sexual education, depending on the motivation of the teachers / technicians or the prioritization of their approach by the class councils and / or educational projects.
31. In this context, the problem can be illustrated by surveys/statistical data. According to Matos et al. (2011), young people demonstrated an unsatisfactory level of knowledge regarding the contraceptive pill and emergency contraception. In the same report, it was possible to verify that about 25% of young people didn't feel capable enough to talk to their sexual partners about condom use, persuade them to use condoms, refuse sex if they didn't want to. In addition, 42.8% of young people reported not having sex education at school. From those who had a sexuality education approach at school, 24.7% considered that it contributed very little/nothing to their lives. 46.8% of the young participants evaluated negatively the contribution of the school to sexuality education.
32. The HBSC – Health Behavior in School-aged Children (2014) shows that, compared to 2010, there was a decrease in condom use and an increase in sexual relations associated with alcohol or drug use. The researchers point out an alarming explanation which was the association of non-use with the high price of condoms, for economic recession.
33. The sex education sessions conducted seem to neglect some topics, since 74.9% of participants in the National School Environment Study stated that they had never seen a positive approach to LGBTI issues at school (Pizmony-Levy et al., 2017). Concerning violence against LGBT youth, this Study showed that most LGBT youth experience situations of violence at school caused by their non-heterosexual sexual orientation and by their identities and / or gender expressions.
34. In terms of dating violence, almost a third of boys legitimize violent behavior and around 24% normalize sexual violence in dating relationships. Control behaviors appear to be the most legitimized by boys and girls (28%). The persecution comprises a set of behaviors that is legitimized by both boys (33%) and girls (19%) (UMAR, 2017).
35. Matos et al. (2018) found that 38.2% of young people were not targeted for HIV / AIDS education / information at secondary level. However, most young people report having had at least one sexuality education class during the third cycle. Although they value their importance, they are not

sure about their effectiveness. Still about HIV/AIDS, many youngsters, despite identifying the two main transmission routes, have a low level of certainty regarding other forms of transmission.

### **Recommendations for action**

36. Recognition of CSE as an integral part of the formal curriculum, so that it can be assumed as any other component of the school culture.
37. Effective implementation of a discipline (eg Citizenship and Development) in which CSE is integrated.
38. The initial training of teachers, a responsibility of the universities, should specifically include a component of CSE. The teachers and members of the CSE teams may belong from all disciplinary groups; they must have a solid background on the themes/contents of CSE as well as a solid background in active and participatory methodologies; CSE should be considered as one of the priorities for teacher training.
39. The importance of the investment of the technical-pedagogical training of the main CSE agents, focusing on teachers, but also directed to other technicians - operational assistants, psychologists, therapists, teachers and associative leaders and parents.
40. Evaluate the development, implementation and impact of CSE in schools. This process must be led by an independent expert team and include necessarily the school boards, teachers, and students.
41. Use of participatory strategies and methodologies from the projects' design to its implementation, to contribute to a greater involvement and empowerment of children and youngsters in matters regarding their sexual and reproductive health and rights. This must ensure the participation of youth in the design, implementation and evaluation of comprehensive sexuality education programs and participatory strategies and methodologies in its design and roll-out.