


**CHAPTER 2**

**KNOWLEDGE AND POLICY CONFIGURATIONS**

**AN INTERPRETATIVE ANALYSIS DRAWING ON SEX EDUCATION POLICIES (PORTUGAL, 1984-2009)**

João Barroso, Luís Miguel Carvalho and Carla Cibele Figueiredo

**Introduction**

This chapter is based on research carried out within the project KNOWandPOL. Its main reference is the report of a study about the role of knowledge in the fabrication and regulation of a public policy focused on the existence of sex education in Portuguese schools (Figueiredo, Barroso e Carvalho, 2010). The report was informed by a research into the social and political networks associated with that policy (Figueiredo, 2011a) and by three complementary studies about the progress of the policy in three public action scenes (Figueiredo & Menitra, 2010, Menitra, 2010a, 2010b).

This chapter mainly aims to examine which types of knowledge are included in the regulation process of sex education in Portuguese schools, the way how they combine themselves and how they are used. The purpose is not to make known the policy, but rather to highlight the main organizational modalities of the relationships between knowledge and policy, as well as the
meanings (cognitions, values, and norms) that go together with them – what we call configurations of the relationships between policy and knowledge.

The chapter is organized into three sections. In the first section we will outline the main features of the regulation processes and modes that specifically define this policy. In the second section we will identify the types of knowledge mobilized alongside the political process, by highlighting those that emerge as more relevant and pertinent to the political actors involved. In the third section we will examine two of the predominant configurations in the relationship between knowledge and policy – “best practices” and “expert commissions”. In addition, we will discuss the role of experts’ narratives in the fabrication and regulation of the policy.

Before initiating the presentation of the above mentioned sections, we will provide some essential elements of the diachronic analysis we carried out about sex education policy in Portugal, between 1984 and 2009. Then, we will briefly outline the theoretical framework we adopted in the analysis of the relationships between knowledge and policy.

The trajectory of a policy

Drawing on the empirical materials, we identify, below, three characteristics that define the trajectory of this policy, between 1984, the year of the first legislative publication in Portugal, regarding sex education in schools, and 2009, the year of the latest legislation.  

First characteristic – sex education was introduced in schools within the framework of "health education". While in 1984 legislation had already stated that “scientific knowledge about anatomy, physiology, genetics, and human sexuality” should be included in the curriculum, initiatives taken by the Ministry of Education only began after almost a decade (1993) with the implementation of a “health promotion” state program, which included sex education as one of the preventive intervention areas: the Health Promotion Education Program (Programa de Promoção e Educação para a Saúde - PPES). This program ran from 1993 to 1998. Under this program, between 1995 and 1998, a pilot project of sex education in schools was implemented with shared coordination of the Ministry of Education, the Ministry of Health and a non-governmental organization that, since the 70s, had been addressing the issues related to sexuality as a public problem – the Association for Family Planning (Associação para o Planeamento da Família - APF).

Second characteristic – sex education had a discreet presence in the school system often under the impulse of the internationally designed guidelines for “health promotion” in schools. Sex education policies were nationally supported by state and non-governmental organizations but were sporadically disturbed by conjectural influences, such as government changes and legislative initiatives or public debates about matters relating to sexuality. In the former case, it should be highlighted an existing “network of schools”, which was created (with an experimental status) in 1992 in Portugal as part of the European Network of Health Promoting Schools (ENHPS), leveraged by the World Health Organization (WHO) - Europe in partnership with the Council of Europe and the European Commission. This national network was responsible for writing a guiding document on sex education practices in schools, which included several opinions requested to relevant organizations and individuals (Ministry of Education and Ministry of Health, 2000). In the latter case, it is worth referring: the changes of non-governmental organizations (NGOs) called up to support the policies in accordance with the government ideological orientation, the public controversies, albeit temporally restricted, about the voluntary termination of pregnancy, and teaching materials aimed to be used in schools with the consent of the public authorities.

Third characteristic – experts were often involved in legislative initiatives. Example of this was the consolidation in law of sex education in
schools (with the approval of a specific Law), which occurred after the second referendum on the voluntary termination of pregnancy, and its legal development (Law 16/2007). A panel of experts appointed by the government—the Working Group for Sex Education (Grupo de Trabalho para a Educação Sexual - GTES) was crucial in this process. Between 2005 and 2007 this commission played the role of an “expertise of consensus” (Théry, 2005), being involved in several negotiation and deliberative practices. The Working Group for Sex Education took a number of initiatives: consulted other experts, parents’ representatives, and teachers, with contacts and meetings being later extended to the Ministry of Health, local authorities and teachers, as well as parents’ associations; encouraged, supported and monitored (through “dissemination of best practices” and initial funding) sex education projects with the participation of a reduced number of volunteered schools; analyzed Health Education materials (books and audiovisual material); created references for action, that turned into textbooks and/or guiding documents in the areas of nutrition and physical activity, drug use, sexually transmitted diseases and HIV prevention, violence in schools and, as expected, sexuality (conceptualizing it according with the ”stages of human development” and establishing ten recommendation points for the inclusion of sex education in basic and secondary education) (see Figueiredo, 2011a, Figueiredo, Barroso & Carvalho, 2010).

In summary: the Portuguese public authorities intervention regarding sex education in schools used different tools: legislation, program design, networks and working groups (involving academics, experts and administration assistants), and documentation aimed at coordinating, guiding and supporting actions with students. These interventions are the result of regulation processes involving different actors with clear and recurrent mobilization of knowledge (of different nature). Therefore, they are a best example of the - nowadays typical - intensification of the link between knowledge and politics (Delvaux & Mangez, 2010).

**Knowledge and policy configurations” in perspective**

The general acceptance that we live in a “knowledge society” and in a “knowledge economy” has reinforced scientific and technical knowledge as a key element of governmental political rationality. Since the end of the last century, there has been a systematic reference, especially by governments and international agencies, to the need to adopt a "knowledge-based policy" approach, which means “a way to help people make well informed decisions about policies, programs, and projects, by putting the best available evidence from research at the heart of policy development and implementations” (Davies, 2004, p. 2). Indeed, the arguments in favor of "evidence-based policy" falls into the “policy engineering” idea in which, as Rogers (2003, p. 70) clarifies, “the facts speak for themselves and the transition between research results and policy is achieved through a linear process”. Besides – and opposing to what rationalist theories defend – the policy decision process is more like bricolage (see Freeman, 2007). The choice of information, data, studies, conclusions or recommendations to be used, in face of the diversity of knowledge sources, forms, and contents, remains dependent on various factors, ranging from those related to the origin and type of knowledge to those that refer to the historical background of beliefs and values that guide the policy, passing through those that directly connect the situational factors of policy decision with the interaction that decision makers establish with knowledge.

The mechanistic view of knowledge as something to be applied in educational policy (underlying the "knowledge-based policy" rationale) is, thus, giving place to an interactionist approach that values learning over determination. Policy is still based “more in beliefs than in ideas” (Levin, 2001) and evidences of scientific knowledge are always challenged (ignored or used) depending on the pragmatism of governmental action. Such pragmatism often leads to a situation where the mobilized knowledge is often not used to find solutions to problems, but rather to build problems suitable to solutions
previously available or chosen to be implemented (Edelman, 1988, quoted by Parsons, 2001, p. 180). On the other hand, rather than a direct action on the policy decision makers, knowledge and research play an indirect influence on the process of public action through multiple types of learning (on individual and organizational bases) that the different actors acquire by reflecting on their practices or by formal training.

Public policies are tasks that involve “reality construction” – i.e. they do not aim to solve outside problems but are themselves procedures that build “intelligibility structures” and “world visions” (Muller, 2000). Thus, policy actors develop and contest arguments in order to define a problem in a way that reflects their values, beliefs, interests, positions and organizational characteristics. So, in order for us to understand the public policy-making, it is necessary to look at the controversies and negotiations about the legitimate way to design and interpret a reality as well as to their organizational contexts. Knowledge is just an element of the process.

It should also be noted that knowledge mobilized in policy-making may be quite diverse: in nature (“state knowledge”, “research knowledge”, “theoretical knowledge”, “practical knowledge”, etc.); as for its producers (“technicians”, “researchers”, “experts”, “professionals”, etc.); as for institutional production settings (administration, universities, research centers, think-tanks, international agencies, “communities of practices”, “networks”, etc.). This means, as Barroso (2009) noted, that the intensification of knowledge-policy relationships is related to the increase of the number of actors able to promote and/or validate the reasons where policies are based. Yet, this fact also makes knowledge to be turned into an object and into a means for dispute, so the debate on what is or what is not acceptable as knowledge – and as reliable knowledge – becomes central within policies.

Thereby, the interpretative analyses developed here are aware that the mobilization of knowledge takes place in a competitive and confluence space – a space of competition and cooperation (between actors, between problem representations and between policy action means) –, as suggested by a reflection produced in the scope of the sociology of public action (Lasconens & Le Galès, 2007, Delvaux, 2009). As Pierre Muller (2000) does in his approach to the role of ‘ideas’ in the social construction of public policies, here we also understand knowledge as having a double condition. On the one hand, it is produced by social interaction; on the other hand, it gains autonomy and imposes itself to the social actors as a legitimate category to sustain their relationship with reality. While the cognitive frames can be transformed through the actors’ games, these same games still run in contexts or instances provided with specific rules and requirements.

In opposition to the linear and determinist view of linkage between knowledge and policy that underpins the "knowledge-based policy", in this chapter we adopt a more plural and contextualized view, in which knowledge and policy are seen as a process (Barroso, 2009): they are developed through practice and are built and rebuilt through the activities of different individual and collective actors; and they act differently yet simultaneously.

As already stated, the knowledge in use is not only diverse and competitive but also translated, transformed and reformed in the course of public action. Consequently, political struggles are inseparable either from conflicts, consensuses or mutations produced on the circulating knowledge. Yet, political struggles are also inseparable from the capacity of expression and legitimacy of different forms of knowledge. Therefore, when observing the intense presence of knowledge in policies and its more fluid circulation, it is not enough to question the empirical field about the current qualified and unqualified knowledge and about those kinds of knowledge that are under processes of simplification or, conversely, of promulgation. In parallel, it is important to note that different types of knowledge are, in themselves, constituent of distinct political processes: new modes of knowledge are
associated with new forms of public action and participation in the regulation of policies.

These are the main conceptual frameworks used for analyzing the link between knowledge and policy, taking the example of sex education. The aim is to describe and interpret the ongoing configurations of this association considering that knowledge and policy articulation, within the context of a particular public action, is strongly influenced by the following factors: (a) types of mobilized knowledge; (b) nature of policies; (c) types of actors involved and (d) modes of regulation adopted. This means that the configuration of each element partially depends on - is affected by - the configuration of the other elements. As we will attempt to show, the mobilized knowledge is not the same in policy A or policy B; or whether we deal with a bureaucratic or a post-bureaucratic regulation; or whether the actors involved in the design and implementation of policies are politicians, public servants, teachers, experts, NGO's members, etc.

Specificities of Policy Regulation

The subject of this public action – sexuality (and corporeality) – puts the social actors in the face of situations and existential dilemmas with cultural choices in conflict. This explains why this public action switches between longer periods of quietness and/or latent contest with moments of intense verbal confrontation.

This is the context for the main singularities and specificities that are going to be presented: a policy process that runs in several scenes with non-state actors having a major role; a policy with regulation supported by knowledge and actors from health and education sectors; a policy influenced by other public actions, mainly those concerning body policies (as termination of pregnancy or sexual orientation) repeatedly mobilized for other public actions; a policy marked by a cautious intervention on the part of the State and by the polemics between well-defined discourse (and actors) coalitions; a composite institutional regulation by bringing out hybridization processes and additive political logics (Barroso, 2005, Marey, 2011); a regulation dependent on transnational regulation dynamics.

A process that runs in several scenes with non-state actors having a major role

Parallel to public authority intervention in sex education in schools, the political strength of non-state actors, especially NGOs and activists connected to several causes, was regularly visible. In fact, the policy process ran in multiple scenes, “deliberative” and “non-deliberative”.

In the first case, it is worth mentioning the Parliament and the Government that produced laws and other legislative tools, obviously influenced by the controversies that characterized the political and ideological game on the part of the political parties. The parliamentary debates usually took place upon the change of the governments’ leading party, switching between the socialist (center-left wing) and the social-democratic (center-right wing). The main laws resulted from parliamentary initiatives, generally proposed by left-wing parties, related to discussions about the voluntary termination of pregnancy. In the case of Government, the switching of the government’s ruling parties influenced not just the content of different measures but also the type of actors involved, particularly in the coordination of projects and programs and in the NGOs called up to participate in the initiatives.

Still on deliberative scenes and at a local level, it should be highlighted the importance schools had in this process. Indeed, the execution of the sex education policy allowed, at an “experimental” level for more than a decade, for the development of distinct local dynamics within each school’s educational
project. This entailed a deliberative dimension, particularly in organizational and instrumental aspects, influencing content, relevance, coverage, and continuity of actions.

Governmental political initiatives on sex education in schools were also achieved through the launching of programs, networks, and work groups aiming to coordinate, guide and support the bodies under the Ministry of Education and the Ministry of Health. These projects were entrusted to personalities with recognized special competence on the matter (usually from universities), to public servants, and to experts (though some of the latter were integrated, along the process, in central administration bodies).

Consequently, policies concerned with the existence of sex education in schools were marked by interventions from national NGOs, in particular from the APF. These organizations helped policy-making in several ways: participating in national coordination bodies, influencing work groups, integrating school support teams, incorporating activists connected to movements of support or opposed to the different ongoing measures and bringing the debate to the media.

Regarding the non-deliberative scenes, it is worth emphasizing the different areas covered by NGOs both at central and local levels. It should also be pointed out the importance of some media in moments of more intense public debate, by allowing organized opinion movements to express their ideas, particularly challenging the very existence of sex education policies or the aspects of those considered more "extreme". At last, it is worth noting the international organizations' influence, namely WHO, which is committed to widespread "health education" in school systems.

A policy involving knowledge and actors from health and education sectors

A second unique feature of this policy concerns its cross-sectorial nature. Through this policy process a strong interdependency between the sectors of Health and Education was evident, defined by mutual affection, but also by a certain tension concerning the knowledge produced in each sector.

Both sectors deal differently with education issues and approve differently their interventions. The health sector emerges as a knowledge promoter (and holder) that feeds educational practices about sexuality, whether from the epidemiology field, the physiological area, or the clinical and psychotherapeutic intervention. Thus, this sector includes pro-active and preventive sex education missions: "fights" against obesity, psychoactive substances consumption and sexually transmitted diseases as well as adoption of healthy behaviors. The education sector, with its privileged connection with young people, stands out as a helper in preventive and health promotion "crusades". Simultaneously, professionals, academics and experts from the education sector build their specificity and legitimacy around the creation of a methodological knowledge – organizational and pedagogical - appropriate to the school and its users.

This interdependency led to the creation of bonds between the Health and Education central administrations and the NGOs (first APF and then gradually expanding to others, as stated before). Through these bonds, nurtured by mutual interests, the administration gains new knowledge to be used in the system (schools, teachers) and the NGOs gain resources that help knowledge to be sustained and deepened. The NGOs put on some pressure on the Ministries to act on sex education active policies but it was a subtle pressure (hearings and opinion requests) enforcing their personal knowledge instead of using strategies for public opinion mobilization (there are neither demonstrations nor other type of public actions) against government policies. Thus, this relationship is based
more on agreement than on disagreement and it is only broken when the administration is publicly called in question about their undertaken policies.

A policy permeable to other public actions

Another feature that shows the uniqueness of this policy is its permeability to other public actions, especially other “body policies”, such as voluntary termination of pregnancy or sexual orientation, policies strongly affected by the nature of its core content - sexuality and sex, corporeality and body, which have a long lasting history of being the subject of many policies (see, e.g., Foucault, 1976; Turner, 1984) and where the boundaries of intimacy and public, communitarian and social are at play and are traced. And where, of course, the boundaries of the intervention of public authorities are drawn. Within this area are expressed and clashed different types of knowledge, which claim to have scientific truth, professional knowledge and expertise, knowledge about choices related to power relations in our societies and our lives and knowledge (religious or secular) that depends on ethical judgment.

This permeability can be seen either at problem identification or at solution representation. In the first case, permeability can be seen in the shift of the emerging body-related social topics in Portugal during the period under study (the illegal abortion and HIV in the 80s and 90s, gender identification issues and minority discrimination based on sexual orientation in the first decade of 21st century). In the second case, policy-making systematically re-conceptualizes phrases like “education for health” (where this topic is included in a wider program mainly directed to issues related to “sexual and reproductive health”, prevention of sexually transmitted diseases and family planning) and “sex education” (which is a specific program that emphasizes sexuality and affectivity matters on children and young people’s personal development as well as the fight against discrimination based on sexual orientation).

On the other hand, public authority interventions related to sex education in school were used for public actions aimed at other problems and integrated in other political agendas. For example, the parliamentary hearings prior to the approval of 2009 Law (see Menitra, 2010b) were the stage for a broad intervention on the part of advocacy NGOs, namely organizations connected to LGBT associations. These NGOs could, thus, show their political choices about matters on social and citizens’ rights regarding sexual orientation.

At local action contexts the same recurring use can be also identified, albeit in a different way. Reference can be made to findings of a case study that was carried out in a town in Centre Portugal (Figueiredo & Menitra, 2010, Figueiredo, 2011a), which discloses a political guideline in favor of sex education practices in schools, integrated in a community project developed by a local association. More precisely, sex education policies are integrated in a public action guided by a local development program and supported by an inter-organizational network with locally circumscribed objectives. Sexuality and sex education were included in the project within a fictional scenery, with singular purposes on/for the local community as well as for actions from health and education professionals: to empower people and the community for organized action (self-organization), favoring non-formal or informal means of intervention. Consequently, policy measures and non-local knowledge on "sex education in schools" were taken as instrumental within the development of the major principles of the local “common good” and the actions perceived as appropriate in that context.

A policy marked by a cautious government intervention and by controversies between well-defined discourse (and actors) coalitions

As it turned out, the quantity and diversity of legislation and the intensity of the debates have not resulted in the consolidation of an effective sex education policy at the national level. In general, the different governments
considered this to be a sensitive issue and only acted as a reaction to the legislation approved by the Parliament. Hence, the majority of the initiatives took an “experimental” nature and an emphasis was placed on the need to make queries and to base decisions on expert knowledge. However, the diversity of the guidelines and the more or less volunteer nature of the development of this policy, during the period under study, do not result exclusively from the parties’ switching in government or the power balance in parliament. Indeed, individual and collective actors, organized in associations or opinion movements (advocacy coalitions), emerged along the process (in different moments and circumstances). They clustered around shared beliefs, values, ideas, and objectives, particularly with regard to whether or not a ‘sex education in schools’ policy was in need and, if so, contents and ways of achieving it. These coalitions were particularly noticeable in the controversies generated around two main questions: (a) whether sex education in schools should exist and who should have the authority to educate sexuality to minors: the State or the Family; (b) which concepts and methods of sex education would be most appropriate.

Regarding the first question, it should be noted that in the public debate the presence of an explicit opposition to sex education _tout court_ was not visible. In fact, the conflicts and agreements have been set around two other complementary issues, as stated before: to establish whether or not sex education in schools should exist; who has the authority to educate sexuality to minors: the State or the Family? Thus, the controversies will end to become associated to wider political debates about the State-society relationship (Carvalho & Figueiredo, 2012). One of those, closer to the possible contents of sex education in schools, relates to the means and limitations of the socializing role of the public school, especially regarding "values" and "moral" issues. Another one has to do with intervention ways of the State in the public school regulation. This strong connection becomes clear when we analyze the arguments about whether sex education in schools should exist or not. Supporters usually use the following arguments (see Carvalho & Figueiredo, 2012): the State must guarantee the provision of education on a equality and equity basis; the State should fund, regulate, possess, and provide school education; the State is responsible for setting the aims, methods, and contents of the Public School educational service; the School has a socializing mission and is an institution everyone attends; education given at the School should be global, not just instruction; the school socializing mission forces it to address issues related to values and habits (grounded in “universal values and rights”). Opponents, on their turn, use the following type of arguments: the education of children is a parental right (and a duty); it is the State responsibility to regulate the school sector and subsidize families so they can choose the school for their children; parents are the primary educators and the family is a nuclear area of socialization; the School fundamentally should be a place of instruction; and the State must refrain from dealing with matters involving values and customs.

As for the second question – sex education contents and methods – it is part of a wider conflict about human sexuality and ways how to design and implement the education of this. For some, sex among young people has been (for a long time) an established social practice (and increasingly precarious). Therefore, public authority interventions should be carried out in a way that those sexual practices do not produce “undesirable” effects in society. In this line of thinking, “undesirable” varies: "risks to public health"; a social world inhabited by individuals unable to maintain healthy emotional and relational practices; the reproduction of sociocultural stereotypes and inequalities (and subjugations) that those legitimate. For others, the cause-effect relationship is put in almost inverse terms: it is the choices (and/or the resignation of choice) and the moral and cultural conducts (consequently educational conducts) of the family authority (or public authority) that determine the existence or non-existence of sexual practices among young people (minors) and, ultimately, its legitimacy and “naturalization”. Once again, a number of “undesirables” occur.
It happens that, in these discourse types, the domains of the “undesirable” are similar to the ones used in the opposite field: sometimes they trace dangers for the physical and/or emotional health of young people, other times they signal the acquisition and propagation of “inappropriate” attitudes (though obviously very different in their elements). The suggested modes to educate sexuality tend to become aligned with the previous positions. We distinguish four modalities (Carvalho & Figueiredo, 2012): (a) the risk reduction intervention (unwanted pregnancy, sexually transmitted diseases), that invests on informative means supported on medical knowledge – the physical body; (b) the intervention that addresses the previous concerns in a work context of “building life projects”, by highlighting the “psycho-pedagogical” training of emotional and relational skills that this kind of ambition requires – the well-being of the bio-psychosocial body; (c) the intervention that advocates the introduction of gender and sexual orientation issues through the debate on sexuality as social, cultural and political practices, embracing social rights issues – the historical, sociocultural, political body; (d) the intervention that seeks “abstinence”, approaching a model that may involve, alongside with possible doctrinal and tutorial work, information practices (e.g. natural contraception methods) and practical training for the “resistance to peer pressure” – the historical-sociocultural-and-political body of the catholic institution.

**A composite institutional regulation**

This policy combines bureaucratic and post-bureaucratic regulation. The “bureaucratic regulation” resulted in the centralization of political decision with the coordination bodies directly depending on the minister and state secretaries and ensuring control over execution due to the hierarchical line of the different levels and bodies of the administration. In the meantime, from the administrative point of view, the existing bureaucratic structures, with their centralized control systems and their universal action formulas, continued to be favored. The “post-bureaucratic regulation” was mainly present in the creation of commissions, projects, and networks open to the participation of experts and NGOs representatives, as a way of organizing public intervention. It also took advantage, for a long time, of a broad margin of autonomy (often undercover) that allowed for a flexibility of solutions at school level (as a function of schools' educational projects and their local contexts and resources), with particular emphasis on the linkages with local health services and with associations committed with local development.

It is important to note though that, in the scope of sex education policies, the use of “forms of post-bureaucratic regulation” result either from an “instrumental” need or from the search for a rhetorical effect that helps maintain the illusion of a rational policy lead. In the first case, all is about creating structures and organizational forms that allow for the integration in policy-making of an informed knowledge from actors and organizations experienced in the domains of sex education and health education. This is a sensitive matter from a social viewpoint, innovative in the Ministry of Education and “alien” (from knowledge and experience viewpoints) to their staff. In the second case, it is intended to show that the diversity of viewpoints is taken into account and the “rationality” of decisions is defended. This is achieved through the use of arguments based on expert knowledge and practical experience.

**The national regulation affected by transnational regulation dynamics**

In what concerns sex education in schools we may conclude that there is a clear international influence in the configuration of the public policy (see Figueiredo, 2011a).

The international influence has its origin in WHO and also in several countries, Europeans and others, through contacts between experts,
associations, experiences, and knowledge. This influence has actual effects on the adoption of certain organizational forms (as was the case of the National Network of Health Promoting Schools integrated in the European Network of Health Promoting Schools) but also as a source of external validation of proposals and measures suggested by the government and by experts, associations and, sometimes, by the schools themselves.

This international influence acts on state and non-state actors, often in organizational contexts and on interdependence relationships created due to the actors’ network memberships and/or international projects. In the case of the Ministry of Education or the Ministry of Health this formal integration is made either through international agencies (WHO, European Commission), by political commitments to adopt certain measures (e.g. Health Promotion Schools), or by "importing" methodologies or pedagogical materials (as happened with the Guidelines for Education in Schools). Furthermore, the competency granted by state actors to experts connected to the academic world—a competence that legitimizes their mobilization to official policy-making—seems to be increasingly inseparable from their participation in international research projects on Health Education, especially those under the wing of international organizations like WHO.

An ultimate type of influence that affects state and non-state actors is related to the creation, under the auspices of the European Union, of a “European area” where actors from the health and education areas circulate and that provides a favorable environment for networking, partnerships and even funding for projects in these sectors regardless of their particular topics.

Knowledge that matters in Public Policies

As mentioned in the previous chapter, disputes and/or agreements established under this public policy are strongly influenced by the nature of their core contents (sexuality and sex, corporeality and body). These contents are present in these long-term policies in which boundaries between intimacy and public, communitarian and social and, of course, the limits of public authority interventions are played and traced. These are, thus, subject matters where knowledge that claim to be true and with scientific, professional, expert or experiential validity is confronted with – and perhaps many more – other types of knowledge not bound to proof demands. These matters involve choices regarding power relations, which are part of our societies and our lives; and depend on moral judgment and validity (secular or religious). The mobilization of the diverse knowledge flowing through these debates also depends on specific circumstances of action and on argumentative strategies from the involved actors. Therefore, in moments of “problematization” and “preconization” (see Delvaux, 2009) knowledge is simplified and selected in order to build plausible arguments which could even be used in the opposite direction.

Examining the different deliberative and non-deliberative scenes, it is possible to identify three major types of knowledge based on their sources of legitimacy (Figueiredo, Barroso & Carvalho, 2010): tacit knowledge, locally situated, resulting from the experience of professionals and activists directly involved in practices of sex education in schools; declarative knowledge, associated with the invocation of “higher” principles of political, ideological and religious nature, to which sex education should submit; and technical-scientific knowledge produced by academic communities and by national and foreign professionals, especially from the health field, or by studies commissioned by governmental agencies to experts, or even – very usual – the knowledge produced by international organizations (namely in WHO. Given the knowledge plurality present in several scenes, deliberative and non-deliberative, it becomes necessary to examine this coexistence and how the selection and combination of such scenes have been integrated in the policy process.
Conflict and confluence of types of knowledge

By looking at the controversies that debates on sex education in schools have included, three major areas of dispute can be identified (Carvalho & Figueiredo, 2012): the positioning regarding their existence; the visions of juvenile sexuality and the education forms of this; the hierarchy of knowledge produced in the education and health sectors. In the previous chapter, by discussing the existence of actors and discourse coalitions as a feature of the uniqueness of this policy, we already gave some attention to the first two controversies. For this reason, we will focus on the third, which is linked with another singularity of this policy – its cross-sectorial nature.

Conflict is related to the role played, in the policy process, by knowledge (agencies and professionals) connected with the education and the health sectors. Therefore, it concerns relationships of position and power among knowledge types. In our analysis two major logics are clarified (Carvalho & Figueiredo, 2012): the supremacy logic, in which there is a defense of a sector (education or health) and of its specific knowledge; and the complementary logic, in which we distinguish two orientations, one in favor of cooperation between sectors (mitigated progressive transfer), another in favor of differentiation of activities, even though contributing to the same purpose (division).

The health supremacy is supported by three main arguments: one which claims for justice (the health sector is the one which supports the costs of sexually transmitted diseases and voluntary termination of pregnancy) and two others that claim for competence (in the health sector a personalized approach is possible, one that guarantees a response focused on the needs of each young person, and the health professionals have the necessary and sufficient knowledge that teachers do not have). The education supremacy is supported by the defense of the autonomy of sex education vis-à-vis health education: the aims of sex education in schools refer to “know how to live” within a dimension of identity and human behavior and demands a socio-educational intervention that should not submit to the "being healthy" rationale. The mitigated progressive transfer is based on a strategic reason related to sex education implementation: the direct contact with young people and the approach to issues related to sexuality should be gradually delegated from health professionals to teachers; and the former take upon themselves the role of advisors, because they are the knowledge holders, and teachers “need to be helped”. Under the division perspective, sex education should involve both health and education fields and their professionals equally: in the first case, because knowledge about the physiology and about contraception is the fundamental basis of interventions on sexual and reproductive health; in the second case, because of the social-cultural dimension of human sexuality and/or because school is seen as the privileged space for teaching and learning.

Even when conflict exists, whether is latent or expressed, the knowledge generated by both sectors may be used in policy-making. These different types of knowledge converge in interstitial spaces – spaces between different contexts of practice (school, administration, academy, NGOs) – and allow for a relative differentiation of specialized knowledge on sex education that accompanies policy-making. Yet, it should be underlined the incomplete nature and the reorganizing quality of such knowledge as well as its adaptability to contingencies and social dynamics. These features are particularly visible when we look at the knowledge recognized and sought by policy makers and administrators either in the formulation or in the management of policy initiatives.

The priority to “what works” and the rise of “substitute knowledge”

Knowledge that passes the practicality test and that comes from the verification of positive accomplishments in “practice context” has been increasingly valued.
This use of practical and local knowledge may be understood as a consequence of a need to build a demonstration base of the possibility of doing (well) sex education in schools.

Indeed, the central administration officers have regularly highlighted the value of the contribution of teachers, or of these in partnership with health professionals. The reason for given visibility to this kind of (non-formal) knowledge lies exactly in everyday experiences. The transformation of tacit knowledge into explicit knowledge was achieved through disseminating “best practices” in several forums sponsored by the central administration (school annual meetings, newsletters, and websites). These modalities – formalization and dissemination of knowledge – helped keep the actors voluntarily on the projects, authorizing them and giving symbolic legitimacy to their projects and knowledge. To sum up, this creation of knowledge became a reality through the voices (or writings) of local actors, expressed under the concept of best practices. Thus, a local and tacit knowledge has been transformed, often by the administration or by experts using the “best practices’ device, into an explicit know-how and ready-to-use knowledge. However, there is another form of presentation of what works – we are referring to the regular production of statistical reporting on the running of the school projects. These reports are combination of local knowledge and state knowledge, engendered under the aegis of the latter. In this modality, local voices and writings are more clearly mediated: the practices are processed by technicians and/or experts from the ministries. This intervention in building and validating knowledge on sex education in schools and its agents, approaches a conventional form of regulation focused on the examination of processes and assessment of how are they doing the work.

We will focus on some examples. In the scope of the National Network of Health Promoting Schools (Rede Nacional de Escolas Promotoras de Saúde) intervention, surveys about “practices” were periodically produced. Schools should respond to them according with their “own reality” reporting how they were developing their “education for health” projects. These survey practices were mainly focused on aspects of the implementation process and little on its impacts. This technology of knowledge production (with the use of large surveys and quantitative tools) emerges with three functions: it allows the “center” to establish its own categorization to local practices; it operates as a supervision or control tool; it protects the administrative bodies against possible attacks from groups adverse to sex education in schools.12 Within the activity of the “commission of experts” – the Working Group for Sex Education - the relevance of the knowledge related to what works was also present. It is worth noting that the documents which had the contribution of these academics and experts gave birth to a composite knowledge. Such heterogeneity is revealed at two levels: its orientation and its contents. In the first case, they may have both an analytical trend (including summaries of the developed theory and research) and a calling for prescription (including pragmatic guidelines, objectives and contents to be developed by teachers in their schools). Yet, it is at the second level that the presence of what works excels. On the one hand, the documents integrate knowledge from Developmental Psychology focusing the emergence of sexuality in relation to the developmental stages and the consequent adaptation of what sex education should be on each stage. On the other hand, the documents almost always have an empirical basis in which the working experience in schools is displayed as if it was a test and as if sex education in schools resembled a “large laboratory” (Figueiredo, 2011a).

The other type of knowledge that is being demanded by the public authority is knowledge provided by evaluation. Evaluation studies have progressively been extended to all actions conducted under the administration’s umbrella related to sex education. However, for those who demand this technology, the evaluation models used have shown an insufficiency: they are seen as unable to comply with the leading perspectives that favor systemic
analysis and that give centrality to the analysis of outputs and outcomes. Therefore, there are serious difficulties to prove the value of policies and projects or to appreciate its value for money (quality nowadays much demanded by multiple public action sectors). In this context, the "meta-analysis" emerges not only as a sort of "substitute" and/or "complementary" knowledge for the evaluative devices, but also as a form of practice for creating consensual knowledge around approaches focused on evidence production. By the same token, the studies produced in the health sector (and data collected by the Ministry of Health), which tend to be used as quantitative indicators of public health problems, are starting to be claimed as knowledge that can substitute the lack of evaluative data generated at school settings. Finally, it appears that the studies involving universities or higher education professionals in partnership with international organizations, like WHO and more recently – at European level – the Schools for Health in Europe Network are increasingly becoming more relevant. These transnational activities often are based on surveys focusing life styles and behaviors (e.g. age of first intercourse, condom use, etc.).

**Policy and Knowledge Configurations**

While they must base their actions on the existent (sometimes controversial) knowledge, politicians’ choices also constrain the knowledge used in policy fabrication. More than taking advantage of the contributions of research findings in policy-making, in the end, knowledge-based policy or evidence-based policy is often a mode of influencing research politically. This influence is not only made through the control over the research on the part of the government (by using such criteria as funding, applications, etc.), but also through the validation of research topics and methods.

In the case under analysis, there was no purposeful attitude towards controlling the knowledge produced in the areas of both education and health. Nevertheless, the attention given to some or other type of knowledge, at a certain point in time or another, as well as the lack of attention given to certain types of knowledge, are clear indications of a political pressure over the knowledge used for grounding policies. This influence was achieved through the "official recognition" (and consequent political, economic or social returns) of the knowledge produced by certain experts, academics and associations, which, at any given time, are incorporated into policies, to the detriment or by opposition to others. Some examples are as follows. The choice of the personalities that coordinate the structures that guide the initiatives in the area of sex education reflect the "official" recognition of a certain type of knowledge, as opposed to others (in this case, it is not indifferent the choice of either a female public health doctor or academic, or a psychiatrist). The value rendered to collecting and disseminating “best practices” in given times. The preference for API, on the part of the ministry, for a given time, shows the preferred acknowledgment of their members’ competences, based on knowledge than other NGOs. The selection of the experts requested to support the design of certain measures is also an example of the knowledge that is privileged (hence, recognized and promoted) in this field.

Lastly, it is worth noting that, in the case of sex education in schools, this political influence is indirect and varies along the time. That stems from the controversy that crosses this public action and from the above mentioned knowledge conflicts, which leads the government authorities not to adopt a clear strategy for that purpose. As already mentioned, in Western societies sexuality is perceived as a social practice crossed by risk, uncertainty, and, at the same time, carrying a strong symbolic weight. In this scenery, the setting of sex-related matters on the political agenda is problematic by its potential effects. However, public action related to social norms has not given rest to public authorities. Consequently, politicians in government tend to adopt legitimization methods that do not tie them up to big narratives, turning themselves to consensuses building, preferably around expert knowledge.
Two predominant configurations

The relationships between knowledge and policy (as well as the configurations that represent them) depend on multiple factors, either contextual (dominant paradigms, modes of regulation, political, characteristics of the actors, etc.) or intrinsic to the nature of the policy (degree of conflict between the various cognitive frames of reference in presence, integration or rupture vis-à-vis the existing knowledge regime, dynamics of the coalitions of discourse and/or cause, etc.). In the case of sex education in schools, the process of knowledge politicization and of knowledgeisation of policy (Bajomi et alii, 2010, p. 66) has taken a number of different forms along the period under analysis. However, a continuing pattern can be identified around two predominant configuration types: “expert commissions” and “best practices”.

As for “expert commissions”, we should remember that the government action in the field of sex education was mostly marked by a number of official guidelines, which were translated into the launching of programs, networks, working groups, and texts aimed at coordinating, “guiding” and supporting the actions carried out under the authority of the Ministry of Education and the Ministry of Health. These organizational forms were partly disconnected from the administrative apparatus (albeit they suffer its influence) and were par excellence, places of cognitive and socio-professional “miscegenation” (of knowledge, of organizations, of practices). On the one hand, the direction of these projects was entrusted to persons who were recognized as notably competent on the subject (usually coming from academia, but in one case coming from the Catholic Church) and integrates, in addition to other experts, officers from central administrative bodies. The existence of these commissions, due to its externality and composite nature (in terms of knowledge and membership organizations), works as an instance producing and legitimating policies, but also opens the door (for its coordination functions) to the participation of actors connected with the experts' social networks, including people from the academia, the NGOs, or even the schools. But it is not only the nature and role of these commissions that make them a privileged space for the relationship between knowledge and policy. Indeed, many of these experts are “militant experts” (who put knowledge at the service of social intervention) or “academics who like to play politics” (to influence governments in their decisions). This is not to say that sex education policies are “controlled” by the experts (and many complain of the frustration resulting from the gap between what they advocated and what was done), but everything indicates that they have become a privileged instrument for the government authorities targeting, transform social facts into political problems, test solutions and even postponing controversial decisions.

As for the second type of configuration - “best practices”-, they constitute not only a form of production of “tacit knowledge”, but also of transformation of “tacit knowledge” into “explicit knowledge”, an essential condition for its politicization. Simultaneously, if the noun (practice) allows to incorporate the local dimension into policy (using the “local” as a “compensatory legitimation” form of a “central” in a loss of authority), the adjective (“best”) allows administration to regain control over the production and application of standards, through the transformation of “certain” practices (judged as “the best”) to rules (implicit or explicit) to comply with it.  

We have in mind that “best practices” are cognitive and normative choices of those who coordinate their design, who report them, and who disseminate them. “Best practices” are instruments of public action. Practices are, therefore, subject to treatment by technicians and/or experts at the ministries, in actions that fluctuate among (a) the transformation of tacit knowledge (local) into an explicit knowledge by means of the dissemination of “experiments” in various forums and (b) a conventional regulation modality that is centered on the examination of processes. It may, therefore, be noted that academic knowledge and expert knowledge have been being intertwined with
state and local knowledge. From the contact of these types of knowledge, which cross one another in various settings of public action, where their main actors (from the administration, schools, NGOs, and academia) circulate, it emerges a composite type of knowledge, strongly methodological, centered on a description and a consensus about what works. To conclude, all these types of knowledge are not just resources in public policies; they are already methods of doing policies - involved in how problems and policies are constructed (see Nóvoa & Tariv-Mashal, 2003, Ozga, 2008).

The role of experts' narratives

In the cognitive dimension of sex education in schools, the prominence given to what works runs in parallel with a sliding from a biomedical perspective to a psychosocial one. We call it “sliding” since the latter does not totally ruptures the former. Rather, the psychosocial perspective keeps a concern with the population’s health in line with concerns with the individual well-being. Even though, each individual’s ability for self-govern (along its lifetime) is deemed central. In the case of sex education, this means that the educational practices are expected to generate students able to “adopt” a “healthy lifestyle”. Consequently, such a sliding leads to an extension of the repertoire of knowledge deemed necessary to equip the qualified social agents to act in sex education in schools. Plus, it allows for a reassessment of the actors and the worlds of knowledge that participate in the guidance of the actors that directly deal with the targets of the policies. Hence, the knowledge considered credible for the guidance of public action range from biomedical sciences, psychiatry, psychology, even to the fringes of the sociological thought. This expansion is accompanied by the repositioning and reordering of such knowledge, not so much in terms of scientific credibility, but mostly by the accuracy of the expertise, in view of the task of empowering individuals to embrace the putative "healthy lifestyle".

The increasing focus of defenders of sex education in schools on the adoption of (or change to) “healthy behaviors” and on the “acquisition of competences” is displacing the primacy of the scientifically grounded information. The documents published by the Working Group for Sex Education (see Ministry of Education - GTES, 2005, 2007a, 2007b, 2007c) are good examples of the predominance, in the official discourse, of such way of conceiving of sex education, which has been asserted since the nineties. Carla Cibele Figueiredo (2012b: 138) calls it “psychosocial paradigm” since it states the primacy of the emotional, interactive, and ethical dimensions of sexuality perceived as part of a process of individual construction of an identity and well-being. This view is displayed in the object and in the purpose of sex education: the ability of each individual (along his/her lifetime) to be autonomous and to adopt a (certain) healthy lifestyle. Thus, it does not come as a surprise that the recommendations for schools highlight the development, in young people, of such skills as self-detection and self-control (e.g., assertiveness, willingness to change non-desired behavior, knowing how to be and act with the other) and that the success of the activities is associated with the quality of the interpersonal competencies developed in each school context, supported by technologies mainly rooted in psychology (Carvalho & Figueiredo, 2012).

Certainly, this “competence model” of sex education in schools also integrates key elements of a biomedical perspective: the choices of young people need to be “well informed and safe”; the biological body remains strongly present and associated to public health problems that are seen as resulting from some types of “use” of the body in sexual practices. Nevertheless, this biomedical view is now seen both as obsolete - as for their means, since the information can now be obtained by young people by multiple and more catchy routes -, and ineffective, since no content by itself leads to warranty “changes” in the conduct and “safe” behavior or “risk reduction” (appropriate to a “healthy lifestyle”). Using the terms in vogue, what matters is
that each "bio-pyscho-social identity" is "well built". Therefore, in the action modalities currently preferred (in schools) the informative element is seen as part of a whole that, at the same time, includes it and lies beyond it. Lastly, we may highlight the practices that establish boundaries with other knowledge and other opposite ways of thought. The psychosocial view excludes substantive topics, either for those who see sexuality and corporeality as objects socially and culturally constructed, or for those who are in a totally opposite field and prefer reducing these issues to procreation and to Christian social and moral order. These worlds of knowledge are not directly harassed as "cultural relativist" or as "reactionaries" (epithets possibly used in more restricted environments or in the heat of public discussions). In fact, the dominant perspective uses terms to which these other groups can be sensitive and will certainly subscribe: the fight against "exploitation" or "abuse"; the ability of each person to "take a stand" on the subject throughout his/her life.

The prevailing narrative about sex education in schools emerges from a network of individual and collective actors (Figueiredo, 2011a) who - regardless of major or minor disagreements - support the idea that public policies should be bound to the purpose that each youngster have to build a "healthy lifestyle". There is a consensus developed around this anodyne purpose. Therefore, it is important to read the experts' texts that weave those narratives as repositories of a consensual knowledge. Simultaneously, this thought is aimed at providing confidence and reassurance to political decision making. That discourse tries to reduce (to a minimum) the value dimension of policy and to potentiate (to a maximum) the decision maker's legitimacy on behalf of multidisciplinary and experts' knowledge (and using knowledge from the professions and organizations that intervene in sex education in schools).

REFERENCES


**List of Acronyms**

APF - Associação para o Planeamento da Família / Association for Family Planning

ENHPS - The European Network of Health Promoting Schools

GTES - Grupo de Trabalho de Educação Sexual / Working Group for Sex Education

HBSC - Health-behaviour in School-aged Children

LGBT - Lesbian, Gay, Bisexual and Transgender

NGOs - Non-Governmental Organizations

PPES - Programa de Promoção e Educação para a Saúde / Health Promotion School Program

RNEPS - Rede Nacional de Escolas Promotoras de Saúde / National Network of Health Promoting Schools

WHO - World Health Organization

**Notes**

1. - The KNOWandPOL project - The role of knowledge in the construction and regulation of health and education policy in Europe: convergences and specificities among nations and sectors –, developed within the 6th Framework Program for Research - Citizens and Governance in a Knowledge-based Society, ran between October 2006 and September 2011 and involved 12 research teams from 8 countries (Germany, Belgium, France, Hungary, Norway, Portugal, United Kingdom, Romania), divided between the health and education sectors. To know more about the partners and the coordination of the Consortium and about the Portuguese team, coordinated by João Barroso, as well as to access to the reports generated within the project, see www.knowandpol.eu

2. - The report, written by Carla Figueiredo, João Barroso e Luís Miguel Carvalho, was based on texts produced by the first author regarding the trajectory of the policy, its actors and knowledge and paradigms in presence. It was also based on the the text produced by Luís Miguel Carvalho on the types and configurations of the knowledge present in this public action. For other related publications, see Figueiredo (2011b) e Carvalho & Figueiredo (2012).

3. - Overall the research involved: (a) the analysis of a large number of documents composed by legislation, requested opinions, protocols, reports, projects and programs dissemination, websites of official bodies and non-governmental organizations; (b) thirty semi-structured interviews to actors from different professional backgrounds and with interventions of different nature and in distinct scenes of sex education policies; (c) the analysis of written records of five plenary sessions of the Portuguese Parliament regarding the debate about sex education policies (between 2008 and 2009); (d) the content analysis of a parliamentary hearing conducted in 2009 concerning the discussion of bills regarding sex education in schools with the participation of thirty-four elements coming from different social and professional sectors; (e) and three collective interviews (with 10 individuals in total) to actors involved in sex education policies at municipality level.

4. - Respectively, Law 3/84 (about Sex Education and Family Planning) and Law 60/2009 that established the implementation scheme of sex education in schools.

5. - The National Network of Health Promoting Schools (Rede Nacional de Escolas Promotoras de Saúde - RNNEPS) took the place of the Health Promotion Education Program (PPES) during 1998-2002 as an organizational platform to coordinate interventional links to sex education in schools. After 2002 until 2005 those interventions took place in the scope of protocols established between the State and NGOs.

6. - For example, in 2003, when there was a cyclical change of the government party from a center-left wing to a center-right wing, the “monopoly” of the public school
support intervention to APF was withdrawn and protocols were also established with (two) NGOs with a more conservative perspective, one of them close to the positions defended by the Catholic church.

7 - The first referendum in Portugal on the voluntary termination of pregnancy occurred in June 1998. Voters were asked whether or not “they agreed with the decriminalization of the voluntary termination of pregnancy up to 10 weeks, at the request of the woman, as long as it was done in a legally authorized health care establishment. 50.9% of the voters – abstention reached 68.1% - said “no”. The same question of 1998 was asked in February 2007 and this time a favorable answer was achieved by 59.3% of the voters (with a abstention of 56,4%). See Freire (2008).

8 - The process was triggered by a journalistic report about a complaint from a parent who accused the Ministry of Education of providing "scabrous" guidance to sex education, among other things, by using drawings of naked boys and girls who appear sexless and then inviting students to put genitals on them (Figueiredo, 2011a).

9 - This intervention in the parliamentary hearing took place alongside the political debate on the recognition of gay rights in Portuguese legislation which resulted on the approval of a Law allowing the civil same-sex marriage.

10 - As it may be observed from the parliamentary debate and the public hearing throughout the approval process of the Law 60/2009 – and from the debate previously noted in the media – there is a relatively stable arrangement of the political actors in this matter: the center-left and left-wing parties are shifting from the defense of the State action legitimacy to the demand of a more explicit and committed state intervention; the center and right-wing ones are shifting from criticism to the excess of state intervention and call for articulation between teachers, parents and "local communities" to the announcement of the "dangers" of "state monopoly in the teaching of sex education" or "replacement of the role and responsibilities of families", finding in this legislative initiative yet another good reason to defend the "need for parents to choose the school for their children" (Figueiredo, Barroso & Carvalho, 2010, Carvalho & Figueiredo, 2012).

11 - These issues have been examined in deliberative scenes. For example, the 2009 Law gets closer to a transfer model although it states that the coordination of an "interdisciplinary team of education for health" should be assigned to a teacher. Throughout the debates other perspectives came forth from the parliamentary left-wing (see Figueiredo, Barroso & Carvalho, 2010): setting sexuality and reproductive health as a transversal matter on school subjects; creating a "specific subject" to be taught by "a bank of professionals" (technicians trained in this area) aimed to promote debates on topics regarding value choices in/for the contemporary society (gender equality, sexual orientation) as well as to disseminate different expertise (from medicine, psychology, sociology, etc.).

12 - Contrary to “best practices”, where schools have their own identity, in these reports school identity is hidden and the preferential treatment is done by administrative region.

13 - The difficulty to judge, for methodology reasons, the actual preventive capacity (in terms of cause and effect) of “sex education” programs on certain risk behaviors is acknowledged (see Kirby, 2002).

14 - One of those surveys, the Health-behavior in School-aged Children (WHO), which studied the health behaviors of school-age youth, is being repeatedly used in Portuguese schools since the middle of the 90s (see, e.g., Matos, 2003).

15 - This does not mean that choices between values have disappeared. While there are consensus among the variety of knowledge mobilized for this public policy, sexuality/sex and corporeality/body matters do not allow the end of the conflict between “visions of the world” and “visions of the being”. Sex education policies are policies about the ordering of the social set and are policies about identity – they are beyond the limits of discourses of disciplinary, professional or expert type. Paraphrasing the Weberian vision: “science may have increased our control over life (although not yet over death) but has not been able to provide us with values that guide our lives” (Schilling, 1999 [1993]: 2).

16 - By analogy, the Weiner explanatory model (1996) about the relationship between decentralization and evaluation is applied here to “best practices”.

17 - The GTEES final report (Ministério da Educação - GTES, 2007c: 7) states the following aims for sex education in schools: “The development of skills in young people that allow informed and safe choices regarding sexuality; the improvement of their affective and sexual relationships; the decrease of possible negative consequences of sexual behaviors such as unplanned pregnancy and sexually transmitted infections; the ability to be protected against all forms of sexual exploitation and abuse. In the long term, it should contribute to take stands on sexuality matters throughout life”.

18 - The author refers to the existence, during the period in question, of two paradigms about public action on sex education in schools – “biomedical” and “psychosocial” – but also notices the emergence of a third, “sociopolitical” (Figueiredo, 2011a, 2011b).