Social Welfare Issues in Southern Europe

Edited by Maria Brown and Michael Briguglio

First published 2022

ISBN: 978-0-367-20642-0 (hbk)
ISBN: 978-1-032-19662-6 (pbk)
ISBN: 978-0-429-26267-8 (ebk)

Chapter 8

Sun, sea, and sex

A comparative study of sexuality education policies in Southern Europe

DOI: 10.4324/9780429262678-11

The funder for this chapter is University of Malta.

Routledge
Taylor & Francis Group
LONDON AND NEW YORK

L-Università ta' Malta

8 Sun, sea, and sex

A comparative study of sexuality education policies in Southern Europe

Joanne Cassar

Introduction

Different terminology is adopted to refer to school-based sexuality education (SE). In various European countries, SE forms part of curricular subjects such as Biology, Life Skills Education, Citizenship Education, Religious Knowledge, Family Life Education, Ethics Education and Personal, Social and Health Education and is usually considered an additional topic rather than a curricular subject in its own merit (Parker et al., 2009). Themes about intimate relationships, sexuality and related issues could also be mentioned and discussed in literature classes through novels, short stories, poetry and drama. Wellings and Parker (2006) provide details of the different terminology used in European Union (EU) countries with regards to SE programmes and their content. In this chapter, the term 'sexuality education' refers to any school-based programme for adolescents that addresses the topic on sexuality. In general, the aims of SE are directed towards strengthening the knowledge base and skills that are needed by young people to keep healthy and safe. Other aims are related to the development of young people, which includes equipping them with understanding the dynamics of meaningful relationships (Alldred and David 2007).

The aim of the chapter is to draw a comparative analysis of SE policy in six countries, namely Cyprus, Greece, Italy, Malta, Portugal and Spain. The chapter draws on research findings derived from multiple empirical studies in order to identify commonalities as well as differences in the provision of SE in the Southern European region. Comparative studies in SE draw out common practices in the context of cultural specificities and contribute to policy formulation and development. A focus on the particularities inherent in Southern European geographical regions is considered important when setting up policy, as it might not always be beneficial to attempt to transfer SE models from one sociocultural context to another. In Europe compulsory SE in all schools first started in Sweden in 1955, but even before this time during the early 1900s radical doctors in Sweden had already demanded its inclusion in the curriculum (Wellings and Parker, 2006: 79). From 1955, SE was then gradually introduced in many other European countries. The aims of SE across Europe differ according to national criteria surrounding education and

DOI: 10.4324/9780429262678-11

public health policy. The concept of creating and constructing spaces in school curricula for learning about sexuality traditionally has been met with some resistance from policymakers who generally regard young people's sexuality as an impediment to their overall academic learning and also as a threat to dominant, normative values related to sexual behaviour. In general 'sex is viewed negatively in education discourse, an unwelcome interruption to the refinement of the cerebral sphere, an intrusion of the body into a place of the mind' (Alldred and David 2007: 120). Resistance to SE resulted in a pervasive silence that surrounded issues related to young people's sexuality, prevalent not only in Southern Europe but elsewhere (Epstein et al., 2003). School curricula were seen as rejecting to dialogue about sexuality with young people and offer critique (Fine and McClelland 2006). Perceived crises in young people's sexual health fuelled by public health discourses that portrayed young people as being increasingly at risk of teenage pregnancy and sexually acquired infections (SAI), propelled policymakers to increase the input on sexuality in educational curricula. In the 1960s–70s the focus of SE in European countries generally revolved around the prevention of unwanted pregnancy, then in the 1980s it directed attention to prevention of HIV. In the 1990s awareness was created about sexual abuse. From 2000 onwards SE in schools has broadened its scope to include more awareness on gender equality, gender norms and the prevention of sexism, homo/bi/trans/interphobia and online bullying (Parker et al., 2009; European Expert Group on Sexuality Education, 2016). In recent years SE curricula across the EU have started to include topics on care, respect and love towards oneself and others in an attempt to address young people's basic need to establish nurturing intimate relationships that foster happiness, emotional security, self-confidence and feelings of self-worth (Cassar, 2018a).

Cyprus, Greece, Italy, Malta, Portugal and Spain carry the 'Southern European' banner; a metaphorical construction that distinguishes them from countries in Northern regions. This label not only locates Southern European countries as being economically inferior due to less economic activity and to deprivation of economic resources (Marks, 2018: 46), but also positions them as being more conservative with regard to sexual morality due to adherence to traditional values. The discussion about the provision of SE in these six countries draws on parallelisms from both the geographical and the metaphorical south. Cyprus, Greece, Italy, Malta, Portugal and Spain are all member states of the EU. The majority of EU member states provide school-based SE and in most European countries its provision is mandatory (Parker et al., 2009). EU policy advocates a comprehensive approach towards SE (European Parliament, 2015). Comprehensive SE adopts a holistic approach to human development and sexual behaviour. Its rationale is generally understood as being based on disseminating and providing information about contraception and with encouraging students to use it, in order to prevent sexual health problems associated with teenage pregnancy and SAI. The SE comprehensive model does not aim to discourage teenage sexual activity so

long as contraception is used. It does not even encourage sexual activity but generally it considers casual teenage sex as a normal and natural occurrence. This approach does not advocate abstinence until marriage. It does not regard safe sex and sex with multiple partners at an early age as problematic. The comprehensive SE model generally does not refer to issues that connect sexuality with affection, love, emotional closeness and commitment. A body of research indicates that comprehensive SE is more effective in preventing teenage pregnancy and the transmission of SAI than SE programmes that are solely based on abstinence (e.g. Pittman and Gahungu, 2006). Abstinence might, however, lead to lower rates of SAI. For example, due to social distancing brought about by health measures introduced in relation to the outbreak of the coronavirus (COVID-19) pandemic, fewer new cases of SAI were reported in Malta (*Times of Malta*, 2020). This indicates that social distancing and partial lockdown measures might impact casual sexual encounters and sexual behaviour. This trend may, however, not always remain consistent. In 2021, a rise in SAI cases was recorded in Malta, following reports of weekly chemsex parties taking place in residences, despite legal notices that limited the number of people in private gatherings (*Times of Malta*, 2021). The reported increase in the number of diagnosed SAI include HIV and syphilis.

The World Health Organization (WHO) Regional Office for Europe embraces the concept of holistic SE and describe its aims as being aligned with supporting the sexual development of young people:

> It [SE] gradually equips and empowers children and young people with information, skills and positive values to understand and enjoy their sexuality, have safe and fulfilling relationships and take responsibility for their own and other people's sexual health and well-being.
>
> (WHO Regional Office for Europe and BZgA, 2010)

SE programmes in other non-Southern European countries such as the Netherlands, Belgium, Estonia, Germany and Sweden have adopted this holistic model (Cassar, 2018a: 44). This relatively new approach, outlined by the European Expert Group on Sexuality Education, is based on the idea of positive sexuality (Ketting et al., 2016). The notion of positive sexuality refers to sexual relationships as a natural and healthy aspect of life and promotes respect, interpersonal communication between partners and responsibility in decision-making, based on knowledge and access to reproductive rights.

Overview of sexuality education policies

Cyprus

In Cyprus SE is not mandated by law and is put into effect through educational policy (Ketting and Ivanova, 2018: 24). Comprehensive SE is, however,

incorporated within the topic Health Education, introduced in 2011 as part of educational reform (ibid.: 70). Health Education is taught in pre-school up to high school (Ioannou et al., 2010). This topic advocates the adoption of a community-based approach towards health promotion that draws on societal responsibility to foster sexual health and wellbeing (ibid.). Pilot SE programmes for students aged 14–15 years have been provided in numerous schools since 2002 (Parker et al., 2009: 233). A study of Cypriot young people found that 95.3% of respondents agreed that SE should be made available to them and 69.3% agreed that schools should offer it (Gregoriou et al., 2005: 166). No SE strategy has, however, been set, due to a general lack of teacher training and funding. Teacher training in SE has been found to be inadequate (Cyprus Family Planning Association, 2015) and access to SE in urban and rural areas was not uniform (Parker et al., 2009: 233). In Cyprus 'conservatism is still the norm and gender inequity is common' (ibid.: 232). In schools heteronormativity is considered 'the master narrative that everyone is expected to obey' (Trimikliniotis and Karayianni, 2008: 17). A study conducted in Cyprus on adolescents' understandings and experiences of gender-based violence indicates that a considerable number of teenagers do not seem to know the signs of psychological forms of violence within intimate relationships, such as being pressurized to have sex and being subjected to controlling behaviours, but consider these demands to be 'normal' (Christou, 2013). Although young people in Cyprus have limited access to sexual knowledge and to sexual and reproductive health services (Kouta-Nicolaou, 2003), Cyprus has a relatively low rate of teenage parents compared with South-Eastern Europe (Ketting and Ivanova, 2018: 28). The teenage pregnancy rate is generally lower in Western and Northern Europe than in South-Eastern Europe, with the exception of Cyprus (ibid.). Although Cyprus is a conservative country there seems to be a shift towards a more comprehensive agenda to SE as a liberal stance seems to be taking ground regarding attitudes about young people's sexuality (Ioannou et al., 2014).

Greece

SE has been mandatory in Greece since 1995 and has been delivered mostly by schoolteachers, school nurses and the Family Planning Association of Greece. It generally revolves around the biological aspects of sexuality such as those related to pubertal changes. The various teaching methods that have been adopted include visuals and mass media in conjunction with peer-led SE (Parker et al., 2009: 235). A quantitative study of Greek students found that they mainly obtain sexual information about reproduction from friends (29.1%). They also reported obtaining such information from their parents (24.0%) and school (14.3%). The preferred sources of information, however, were SE specialists (65.6%). School (39.1%) and parents (32.2%) were less well regarded as significant sources of information with friends (27.7%) being reported as the least preferred (Matziou et al., 2009). Nevertheless, 74% of

Greek adolescents who reported receiving information about contraception stated that 64% of such information came from friends, 47% from doctors and 36% from the media (Mavroforou et al., 2004).

SE in Greece is considered insufficient by Greek adolescents because it 'is approached superficially' (Vassilikou and Ioannidi, 2014: 149). A study of 93 parents of Greek adolescents and members of parents' associations found that 70% agreed that SE should start prior to adolescence and 80% thought that the SE provided in schools was inadequate to cater to young people's sexual development (Kirana et al., 2007). Adolescent students in Greece confirmed that the quality of SE in schools was unsatisfactory and they requested school-based SE that met their needs in a more effective manner (Fakinos, 2010). A quantitative study of Greek students found that their knowledge level about topics on sexuality such as contraception and sexually transmitted diseases was low (Matziou et al., 2009). Students identified the prevention of sexually transmitted diseases (48.2%) and interpersonal relations (37.7%) as the areas they would most want information about (ibid.: 358). Greek adolescents 'are not well informed about sexual issues with those in the urban centres being better informed' (Vassilikou and Ioannidi, 2014: 143).

Italy

SE in Italy is not mandatory. A bill was passed in 1991 that assigned SE to the topic of Biology (Beaumont and Maguire, 2013: 22). It is up to the discretion of the head of school to set up school policy that implements SE. Schools are allowed to offer specific extracurricular, optional courses on sexuality. These are generally conducted by science teachers or external experts such as psychologists or doctors (INCA, 2009: 18). Family planning associations also contribute although they have not been officially appointed to do so. Various schools provide SE to students aged 14–19 years. The SE offered tends to have a biological focus. A 'moralistic' discourse surrounds SE, which is generally considered highly controversial. The provision of SE in Italy is reportedly inadequate and the vacuum surrounding it 'could encourage misinformation and health-risk behaviour' (Benni et al., 2016: 15). Young people in Italy perceive the need for better provision of SE that is effective in the reduction of sexual ill health (ibid.). They also report the need for learning situations in which 'they could play an active role, spreading educational messages with organized interactive methods' (ibid.). A quantitative study found that 96% of Italian students were in favour of SE in schools (Donati et al., 2000). The findings also indicated that students held a positive attitude towards SE in school but had a low baseline knowledge of the topic (ibid.). The delivery of school-based SE varies between the northern and southern regions of Italy, and there is a general lack of official data available regarding the southern part (Parker et al., 2009). In some schools students are only provided with one SE lesson during the whole school year and the same

lesson is delivered to all students. However, some schools engage students in SE more frequently (Beaumont and Maguire, 2013: 22).

Malta

In Malta the National Curriculum Framework (NCF) outlines the official requirements for teaching and learning in schools (Ministry of Education and Employment, 2012). The aims of teaching during the junior years emphasize the importance of learning to become aware of and appreciate the physical changes that occur, alongside the exploration of feelings that students experience (ibid.: 55). Sexual development is specifically mentioned in the NCF as one of the general objectives of the Secondary Education Cycle in the context of holistic education. The NCF aims to

> promote the development of the whole person by helping learners deal with growing up physically (issues related to health, puberty and sexuality), psychologically (issues related to mental development and health and management of stress), emotionally (issues related to positive and negative feelings); socially (issues related to interpersonal skills, peer pressure and conflict resolution) and spiritually (issues related to ethics and values).
>
> (ibid.: p. 58)

There is not one single reference to the terms 'sexuality education' and 'sexuality and relationships education' in the whole NCF. In this document there is a conspicuous absence with regards to SE. However, the NCF 'allows for adjustments to new developments during implementation' (ibid.: iii). SE in Malta is mainly tackled through the subject Personal, Social and Career Development (PSCD). The Educators' Guide for Pedagogy and Assessment for PSCD emphasizes the relational component of SE through learning outcomes written in the first person such as 'I can recognise and understand why positive attributes such as love, support, respect, responsibility, and care are important in relationships' (Ministry for Education and Employment, 2015: 36). The guidelines also aim to develop skills and knowledge among students to identify 'signs of physical, emotional and sexual abuse' (ibid.: 13). Other guidelines for Maltese teachers of PSCD advocate a comprehensive approach towards protection from SAI and unwanted pregnancy. These emphasize the importance of meaningful intimate relationships in the context of mutual respect for one's needs and those of others (Camilleri, 2013). They also acknowledge and promote respect for individual differences based on sexual orientation, which is also emphasized in the NCF (Ministry of Education and Employment, 2012: 32). Students pertaining to sexual minorities are also protected from harassment, discrimination, homo//bi/trans/interphobia and bullying through the groundbreaking policy document 'Trans, gender variant and intersex students in schools' (Agius et al., 2015). This policy aims to be

effectively implemented to guide students, parents and educators to work through differences in order to create learning communities that protect students 'against isolation and marginalisation whilst they explore who they are' (Cassar, 2018b: 176). Despite progressive legislative and policy developments concerning sexual minority rights that grant more equality to persons considered diversely gendered, LGBTQI+ persons still struggle personally and socially (Cassar, 2021).

Approaches to SE vary, depending on whether they are state, church and independent schools. Some schools adopt a more conservative stance than others (Bugeja, 2010: 248–49). Church schools' policy explain how to recognize signs of sexual abuse and how to prevent and deal with inappropriate sexualized behaviours (Secretariat for Catholic Education, 2019). Research shows that teachers in Malta empower students to make informed decisions about their sexual relationships and advocate a comprehensive approach regarding safe sex (Bugeja, 2010: 248–49). Findings from focus groups of Maltese teenage students show that participants wanted SE to portray a more positive view of sex which balances topics on risky sexual behaviour (ibid.: 248). The school remains the preferred place to learn about sexual behaviour (51%), whereas 20% prefer the home (Ministry for Health, 2012: p. 20). When comparing these figures to the actual SE received, 69% reported they learnt from school and 24% from home (ibid.: 18). At school, Maltese students seek ways to obtain knowledge about romantic relationships that are outside the formal curriculum (Cassar and Cremona, 2017; Cassar, 2013, 2014, 2017).

Portugal

SE in Portugal has been surrounded by political controversy since the 1980s. The provision of SE is safeguarded through a legal framework that came into effect in 1984. Since then several other legislative developments based on the right to education have occurred which made SE compulsory in all types of schools (WHO, 2015: 33). According to Portuguese law, SE must be included in health education throughout the school years from first grade onwards to secondary school (Rocha et al., 2016: 173). There has been some progress in the variety and depth of SE content. Earlier debates were concerned about the necessity of family planning and reproductive health. For students aged 13–15 years the curriculum revolves around biological issues such as human reproduction, menstrual cycle, ovulation, contraception and SAI. Topics on teenage pregnancy, abortion and parenthood are also included (INCA, 2009: 33). Emphasis is placed on teaching students to respect themselves and each other and on learning about how to act responsibly in the contexts of intimate relationships. Attention is given to developing an understanding about emotions with the aim of helping students to make informed decisions about health and happiness (ibid.: 32). Topics on the prevention of sex-related violence also form part of SE (ibid.).

More recently the perspective of policymakers has broadened to include individual health, wellbeing, sexism, gender inequalities and sexual minority rights (Santos et al., 2012). The national guidelines on SE and the law recommend a holistic approach. There is, however, more emphasis on health-related issues generally (Parker et al., 2009; Rocha and Duarte 2015). A study involving an analysis of documents pertaining to 89 schools confirmed that there is a heavy bias towards the biological aspects of sexuality and an emphasis on risk and prevention (Rocha et al., 2016). This is partly due to a lack of comprehensive theoretical framing in existing guidelines (ibid.). Apart from health education, school-based SE can be taught by any teacher; in particular those teaching Biology, Religious Education, Philosophy and Geography. External experts are also invited to discuss topics such as the prevention of SAI and unwanted pregnancy. Schools also carry out health promotion projects related to themes that link to sexual health and SE in general (Beaumont and Maguire, 2013: 29).

Spain

For the majority of young people in Spain, family, peers and the media constitute the primary sources of learning about sexuality issues (Parker et al., 2009: 239). In Spain there is no specific sexual and reproductive health policy, nor is there a requirement by the state to provide SE. Existing laws, however, permit SE in schools. Due to the lack of mandatory provision there is inconsistency in the quality and quantity of SE in schools with content depending on who delivers it (McCracken et al., 2016: 10). In some rural areas SE is largely absent from school curricula (Beaumont and Maguire, 2013: 30). However, numerous agencies are involved where it is available. Their approach ranges from those that promote abstinence to those that emphasize interpersonal skills and risk prevention. Since the 1970s, there have been two predominant streams of SE, namely one that follows the conservative model, which emphasizes the moral aspect of sexuality, and the second which offers a more progressive view (Murillo and Conchillo, 2011). During the 1980s the enactment of the Spanish Constitution and the Right to Education Act granted more autonomy to educational institutions in teaching (ibid.: 25). This signified that schools were allowed to decide and choose the approach, scope and number of lessons devoted to SE. The Right to Education Act facilitated an increase in commitment to provide SE and schools were given a mandate to decide on the content of SE according to their discretion (McCracken et al., 2016: 19). From the 1990s onwards, however, not much progress was made, as 'the educational content focused merely on reproductive aspects, overlooking pleasure, communication and identity' (Murillo and Conchillo, 2011: 25). A decade later, the prevalent SE model was still characterized by silence and secrecy. There was either a total absence of SE or else it was tackled exclusively from a biological or sexual health point of view (ibid.: 26). The conservative and the progressive model co-existed side by side.

It has been recognized that there is a need to train teachers and professionals to implement a more integrative approach in SE programmes in schools (ibid.). Governmental support is not provided consistently to family planning associations which deliver SE in schools based mostly WHO and EU standards (McCracken et al., 2016: 19). Recently SE policy in Spain 'has shifted toward more socially conservative approaches' (ibid.: 18). This resistance to liberal approaches in SE could be considered as 'a recently emerging (or resurging) trend' (ibid.: 21). In line with this shift, in 2015 the Spanish government restricted abortion without parental consent for those under 17 years of age (ibid.: 19). Despite recent recognition of the right to SE and efforts to implement a comprehensive approach, primary school teachers[1] are confronted by numerous difficulties when delivering SE in schools, due primarily to the lack of training and perceived opposition by parents (Plaza-del-Pino et al., 2021).

Comparative data

The minimum age of consent to sexual activity differs among the six countries. Cyprus stipulates the highest age at 17 years while the minimum age required for Portugal and Italy is the lowest at 14 years. Regarding abortion the difference among the six countries is two years with Portugal having the lowest age required at 16 years.

Table 8.2. shows that Cyprus and Greece have the highest percentage of sexually active males. Malta and Spain have the highest rate of sexually active girls. Yet Malta has the lowest rate of condomized sex for girls and boys and also of contraceptive pill use. Males' percentages of contraceptive pill use by

Table 8.1 Minimum age of consent to sexual activity, access to health services and abortion

Southern European country	*Age of sexual activity with an adult*	*Age of access to reproductive/sexual health services such as contraception without parental consent*	*Age of abortion without parental consent*
Cyprus	17	Depends on maturity	17
Greece	15	18	18
Italy	14	Depends on maturity	18
Malta	16	18	Abortion is illegal
Portugal	14	Depends on maturity	16
Spain	16	16	18

Source: Ketting and Ivanova (2018); European Union Agency for Fundamental Rights, (2017).

Note: Abortion in Cyprus was decriminalized in 2018. The legal age for abortion in Cyprus is 17 years (Ketting and Ivanova (2018: 33).

their female partner were higher than those reported by females, with the exception of Spain.

Table 8.3 shows that in Portugal and Greece SE starts at the earliest age, while in Italy and Cyprus it is delayed the most.

Comparative analysis

Although Southern European countries share many similarities, they remain distinctive in terms of their geography, population, history, language, rich cultural diversity, traditions, politics, religious beliefs and values. They also share common cultural characteristics such as the central role they assign to the family and to religion. Both of these institutions exert considerable influ-

Table 8.2 Percentage of 15-year-olds who (i) have had sexual intercourse (ii) used a condom (iii) used contraceptive pill

Southern European country	*Sexual intercourse*		*Used a condom*		*Used contraceptive pill*	
	Male	Female	Male	Female	Male	Female
Cyprus	35	17	Not available	Not available	Not available	Not available
Greece	35	17	83	75	14	9
Italy	23	18	72	68	10	6
Malta	25	19	41	41	16	5
Portugal	26	13	73	75	41	29
Spain	24	19	63	77	10	14

Source: WHO (2016: 180, 185).

Table 8.3 Legal status of SE and age at which SE starts

Southern European country	*Legal status of SE*	*Age at which SE starts*
Cyprus	Not mandatory	14
Greece	Compulsory	6
Italy	Not mandatory	14
Malta	Compulsory	10
Portugal	Compulsory	5
Spain	Not mandatory	13

Source: Parker et al. (2009); Loeber et al. (2010: 172); WHO (2015: 33).

ence on all aspects of social life (Visanich, 2017: 336). In the 1990s and early 2000s, Southern European countries underwent considerable social and economic changes that affected family lifestyles and core values and brought them closer to continental Europe (Moreno Mínguez and Crespi, 2017: 392). However, close-knit family relationships still occupy a central place as the 'dominant culture invests the family with a greater role as a social institution that in other countries (ibid.: 391).

Cyprus, Spain and Italy are among the eight countries in the EU that do not have mandatory SE in schools (McCracken et al., 2016: 19). In Greece, Italy, Portugal and Spain schools can autonomously decide on the scope, approach and quantity of SE content (ibid.). SE programmes vary across the Southern Mediterranean region but also within the same country depending on sociocultural settings and the type of educational institution. In Europe there is no 'one size fits all' approach when implementing school-based SE curricula (ibid.: 9). The range of diversity and commonalities among and within EU countries is evident in terms of curriculum content, delivery methods and provision agencies (Parker et al., 2009). In all six of the Southern European countries under study SE is considered a sensitive topic, because it traverses along political and public controversy concerning sexuality issues that are deemed morally right or wrong. Issues surrounding in/appropriate sexual behaviour, sexual minority rights, legal age of sexual consent, abortion and contraception are, however, considered politically sensitive not just in Southern European countries. The study conducted by Parker et al. of SE programmes in 26 EU member countries concludes that 'the subject is controversial virtually everywhere' (ibid.: 241).

This comparative study shows that existing SE curricula in Southern Europe contain topics related to sexual rights. In general, these also address the rights of sexual minorities. An increasing number of European countries have committed themselves to promoting equality and respect for sexual minorities through school-based SE (Cassar, 2018a). Specific key policy goals against harassment, homo/transphobic bullying in schools that call for the protection of trans, gender variant and intersex students seem to have been officially established only in Malta through the establishment of a national policy that addresses issues such as language use, school uniforms and non-binary toilet facilities (Agius et al., 2015). School policies that address these issues are crucial for students who identify as lesbian, gay, bisexual, trans, queer, intersex, asexual plus (LGBTQIA+) since they are at a much greater risk of suicide, self-harm, harassment and victimization (Katz-Wise and Hyde, 2012).

Religious influence seems to permeate the mechanisms that produce numerous policies and legislation in all six countries under study. In Greece 98% of Greeks describe themselves as Orthodox Christians (Parker et al., 2009, p. 235) and in Cyprus Christianity has a strong hold on citizens (Kouta-Nicolaou, 2003). Traditionally the Catholic Church exerted considerable political influence in Italy, especially through its association with the

Christian Democratic Party (Parker et al., 2009). In Malta the power and influence of the Catholic Church is gradually waning owing to people's changing attitudes and lifestyles (Fenech, 2012). A comparative study on SE and sexual behaviour among 24 EU member states including Italy, Spain, Cyprus, Portugal and Greece indicate that differences in quality and frequency of delivery of SE were attributed to cultural and religious traditions relating to the degree of influence of the Christian church (Beaumont and Maguire, 2013: 9). SE in Southern Mediterranean countries has traditionally relied on moralistic agendas based on religious influences. In this region religious beliefs are considered 'foundation stones' in shaping sexual attitudes (Tawilah et al., 2002). Religious institutions generally opposed liberal approaches in the teaching of SE aimed at young people (ibid.). Debates surrounding SE implementation policies in various Mediterranean countries including Greece, Cyprus, Italy, Malta, Portugal and Spain have often resulted in considerable pressure and resistance by religious institutions (Parker et al., 2009). For example, in Portugal religious and political groups were against SE for young people following its introduction in the 1980s, thus causing a stumbling block and consequent delay in implementation (Helfferich and Heidtke, 2006: 86). In Italy attempts at providing SE in schools have been met with strong opposition from the Catholic Church and even from some political groups (Beaumont and Maguire, 2013: 22). The Catholic Church in Spain has influenced issues related to contraception and abortion and it has a direct influence on the provision of SE. In Malta the Catholic Church 'works through education to reproduce its position within society' (Borg, 2006: 61–62). However, sexual behaviour and attitudes among the young Maltese population are slowly but surely departing from sexual and moral norms advocated by the Catholic Church (Mifsud et al., 2009).

Religious leaders in the Eastern Mediterranean discourage the dissemination of information about SAI and condom use aimed at disease prevention (Tawilah et al., 2002). They are perceived as having negative attitudes towards sexual minorities (ibid.). Catholic LGBT are more likely to experience stress than LGBT who are not religious (Lingiardi et al. 2012). This can result from internal conflict created by dissonance between religious values and sexual identity, as religious LGBT have a greater tendency to internalize the Catholic disapproval of homo/bisexuality (ibid.). In neighbouring countries Malta and Italy, sexual minorities endure the adverse stigmatizing effects of heterosexism related to religious perceptions (Clark, 2012; Lingiardi et al. 2012; Cassar and Grima Sultana 2016, 2017, 2018). Maltese culture 'perceives being gay and Catholic as a contradiction' (Deguara, 2018: 323). Whereas Malta placed first with regards to LGBTQI+ rights in Europe, Italy was ranked 35th (ILGA Rainbow Europe, 2021). Civil unions for same-sex couples were introduced in Italy in 2016, but there is still opposition and backlash to gender equality due to the 'anti-gender crusades' and the indifference of the Italian political class regarding the advancement of minority rights (Iacovone, 2017: 352). Religious sexual minorities in Southern Europe are free to withdraw from

churches that hold rigid views on sexuality and join other Christian religious institutions that are more accepting of homosexuality and bisexuality (Pistella et al., 2016).

The reconciliation of political and religious views on sexuality remains problematic in numerous countries and not only in Southern Europe (Parker et al., 2009: 241). Due to strong religious influences importance is assigned to abstinence discourses, which work to undermine and reject comprehensive SE (ibid.). These policies have come under attack for the perceived damage that they could potentially cause (Levine, 2003). The Catholic Church's official teachings on sexuality are widely debated, contested and even rejected by a number of its members (Dominian, 2001) and therefore it would be misleading to regard contemporary Christians' views on sexual behaviour as fundamentally conservative. Religious influences are not the only factors that determine the effectiveness of SE. Lack of financial resources linked to budget cuts in the public sector and degree of impact of the financial crisis cause disjunctures between the quality and frequency of the delivery of SE (Beaumont and Maguire, 2013: 9).

Mutual collaboration, sharing of expertise and joint action between countries could have potential benefits in ensuring the effectiveness of SE, especially if there is political support and effort towards sustained funding (Parker et al., 2009). Initiatives by the Council of Europe that address pertinent issues concerning children and young people's wellbeing aim to prevent sexual violence against children in all its forms, through an integrated approach that works towards standard setting, capacity building and awareness raising activities (Council of Europe, 2021). The EU is making attempts for a more harmonized approach in SE in view of expected increased intra-EU mobility of citizens. The harmonization process of SE programmes 'is seen as a means to help facilitate healthy and safe sexual relations across the Union's broad cultural and social spectrum' (Stull, 2012: 2). The EU has made specific efforts to establish regional hegemony in the Mediterranean that link the EU and its Southern Mediterranean neighbours through economic, social, political and cultural ties (Celata et al., 2016). So far, however, the EU has had limited policy influence with regards to the harmonization of SE across its member states (Stull, 2012: 1). The WHO Regional Office for Europe and the German Federal Centre for Health Education (Bundeszentrale für gesundheitliche Aufklärung – BZgA) have outlined a set of common standards for SE to be adopted across the WHO European region, which comprises 53 countries (WHO Regional Office for Europe and BZgA, 2010). The document provides additional guidelines on how to implement new SE programmes or to improve existing ones. It emphasizes that the implementation of these guidelines and common standards should not override specific country situations and needs which need to be taken into account. SE policy fragmentation draws out clearer distinctive attributes of SE curricula. Research on regional collaboration aimed at harmonizing public policy on school SE among the six South European countries indicates numerous

benefits. This initiative improved information exchange, civil society participation in SE and intersectoral collaboration. It strengthened the perception of SE as a basic right for young people. It also contributed towards the affirmation and strengthening of national SE policies (Steinhart et al., 2013).

Implications for social welfare

SE policies outlined in this comparative study are embedded within social systems that permit or withhold sexual citizenship rights in varying degrees. These have implications on welfare state policies and practices and are interlinked with various aspects of sexuality, such as single parenthood, teenage pregnancy, birth rate, sexual regulation, abortion, prostitution, pornography use, marriage and family life. Implications for social welfare also concern issues surrounding asexuality, polyamory, non-monogamous relationships, sexting, hooking up sex, hyper-sexualization, sexual objectification, hyper-masculinization and use of online dating sites. These are enmeshed with cultural differences that determine sexual behaviour trends and intersect with issues surrounding gender, sexual orientation, class, ability/disability, and race/ethnicity. SE policies may shape students' perspectives about these issues and influence their sexual behaviours, interactions and attitudes. SE is crucial in providing information about sexual assault, gender-based violence and harmful practices such as female genital mutilation and in exploring positive values and attitudes such as self-esteem, respect for human rights and gender equality (WHO, 2015). SE directs students to acquire interpersonal skills that affirm their sexual rights. The wider implications of SE policies extend to institutions and societies, and refer to sexual norms that infiltrate the political sphere. Expectations and norms around gender, gender identity, and sexuality vary from one country to another, and even within the same society, and play a central role in the organization of societies, through laws, policies and institutions.

This comparative study shows that the promotion of sexual health and its awareness among students is considered important by policymakers. The study recommends that greater emphasis is given to curricular material pertaining to SE delivered in the six Southern European under study that highlights young people's right to have control over their bodies and emotions as they assume responsibly on how they live their sexuality. This includes a recognition of their right to sexual and reproductive healthcare that is free of coercion, discrimination and violence. SE curricula pertaining to the six Southern European countries seem to lack sufficient emphasis on specific gender issues such as intimate partner violence prevention and equality. This could be partly due to the ethical complexities involved in tackling such issues (Cassar, 2018c). It is imperative for SE curricula to address the causes and dire consequences of dating abuse and to raise critical awareness about how it is linked to the violation of personal boundaries (ibid.).

The six Southern European countries under study seem to be making some progress with regard to the provision and content of SE, with some countries

making more rapid changes than others. A comparative study of SE and sexual behaviour in 24 EU member states, including five of the Southern European countries reviewed in this chapter, shows improvement in the quality of SE programmes in all participing EU countries (Beaumont and Maguire, 2013: 9). In different parts of the world there is greater recognition for the need to shift SE approaches from a medicalized perspective based on condom distribution and dissemination of knowledge about risks and protective measures towards the provision of sexual literacy revolving around the promotion of specific skills and behaviours, such as assertiveness and communication skills to communicate needs and preferences aimed at risk reduction among young people, as had been recommended by WHO (2003). SE policies continue to be shaped by multiple discourses, cultural scripts and narratives (Cassar, 2019), that often compete with each other from different arenas and standpoints (e.g. social media platforms, mainstream media, feminist movements, conservative politics and sex-positive movements). The implementation of SE policies is also determined by world events, such as the COVID-19 pandemic that necessitated greater reliance on online teaching and restricted human contact and many activities. These factors, alongside the intensification of globalization, permit constant cultural shifts that could pressurize and even harm national education systems, but could also facilitate a faster transmission of sexual knowledge among young people in Southern European countries.

Note

1 In Malta the Women's Rights Foundation estimates that every year about 200 women purchase abortion pills online and about 370 travel abroad to access abortion (2018, p. 15). An average of 57 Maltese women per year were reported to access abortion services in England and Wales between 2011 and 2017 (Department of Health and Social Care, 2018). Travel restrictions related to COVID-19 could have made it more difficult for Maltese women to access abortion abroad.

References

Agius, S., Calleja, G., Cristiano, C., Caruana, B. and Baldacchino, R. (2015). *Trans, Gender Variant and Intersex Students in Schools: Policy*. Malta: Ministry for Education and Employment.

Alldred, P. and David, M. (2007). *Get Real About Sex: The Politics and Practice of Sex Education*. Buckingham: Open University Press.

Beaumont, K. and Maguire, M. (2013). *Policies for Sexuality Education in the European Union*. Available at www.europarl.europa.eu/RegData/etudes/note/join/2013/462515/IPOL-FEMM_NT(2013)462515_EN.pdf.

Benni, E., Sacco, S., Roncarolo, F., Bonfanti, M. and Tenconi, M. T. (2016). Evaluation Outcomes of a Sex Education Strategy in High Schools of Pavia (Italy). *Global Health Promotion* 23, 15–29.

Borg, C. (2006). Catholic Hegemony in Malta: State Schools as Sites of Cultural Reproduction. In Thomas Clayton (ed.), *Rethinking Hegemony*. Melbourne: James Nicholas Publishers, 59–78.

Bugeja, R. (2010). *Assessing Young People's Learning Needs Related to Sexuality and Relationships on the Maltese Islands*. Unpublished PhD thesis. University of Southampton, School of Education.

Camilleri, S. (2013). *Guidelines on Sexuality and Relationships Education in Maltese Schools*. Malta: Directorate for Quality and Standards.

Cassar, J. (2013). How Can I Lose My Shyness? The Exploration of Self-Knowledge through Peer-Mediated Articulations. In A. Azzopardi (ed.), *Youth Responding to Lives: An International Handbook*. London: Sense Publishers, 245–258.

Cassar, J. (2014). You Could Be Surprised How Sweet and Caring Some Guys Are: Girls' Writings about Sexuality, Romance and Conflict. In G. Frerks, A. Ypeij and R. König (eds), *Gender and Conflict: Embodiments, Discourses and Symbolic Practices*. London: Ashgate, 193–215.

Cassar, J. (2017). Girls Debating Penises, Orgasms, Masturbation and Pornography. *Sex Education* 17, 1–13.

Cassar, J. (2018a). Exploring Spaces for 'Love' in Sexuality Education Curricula across the European Union. In R. A. Benavides-Torres, D. J. Onofre-Rodríguez, M. A. Márquez-Vega and R. C. Barbosa-Martínez (eds) *Sex Education: Global Perspectives, Effective Programs and Socio-Cultural Challenges*. New York: Nova Publishers, 37–60.

Cassar, J. (2018b). A 'Diffractive' Exploration of Inclusive School Policy about Trans, Gender Variant and Intersex Students. In R. V. Nata (ed.), *Progress in Education*, vol. 52. New York: Nova Publishers, 163–181.

Cassar, J. (2018c). Ethical Implications in Teaching and Learning about Intimate Partner Violence and Femicide Prevention. *Education Inquiry*. doi:10.1080/20004508.2018.1476001.

Cassar, J. (2019). There Is Condom-Less Sex but There Are Glow-in-the-Dark Condoms Too: Girls Debating Safe Sex. *Sexuality & Culture* 23, 1072–1088.

Cassar, J. (2021). Sexual Behaviour Trends among Young People in Malta. *Symposia Melitensia* 17, 1–14.

Cassar, J. and Cremona, G. (2017). Multimodal Perspectives on School Community Building through Graffiti. *International Journal of Civic, Political, and Community Studies* 15, 19–30.

Cassar, J. and Grima Sultana, M. (2016). Sex Is a Minor Thing: Parents of Gay Sons Negotiating the Social Influences of Coming Out. *Sexuality & Culture* 20, 987–1002.

Cassar, J. and Grima Sultana, M. (2017). Parents of Gay Sons Redefining Masculinity. *Open Journal of Social Sciences* 5, 170–182.

Cassar, J. and Grima Sultana, M. (2018). No Way Am I Throwing You Out! Adjustments in Space and Time for Parents of Gay Sons. *Journal of Family Studies*. doi:10.1080/13229400.2018.1523020.

Celata, F., Coletti, R. and Stocchiero, A. (2016). Neighbourhood Policy, Cross-Border Cooperation and the Re-bordering of the Italy-Tunisia Frontier. *Journal of Borderlands Studies* 32, 379–393.

Christou, G. (2013). Understanding Gender-based Violence among Adolescents: Exposing Challenges for an Inclusive Educational Policy and Citizenship Education in Cyprus. *Citizenship Teaching and Learning* 8, 75–90.

Clark, M. (2012). Negotiating Stigmatized Identities and Overcoming Barriers to Inclusion in the Transition to Adulthood. In A. Azzopardi and S. Grech (eds), *Inclusive Communities: A Critical Reader*. Rotterdam: Sense Publishers, 85–102.

Council of Europe (2021). *Violence against Children*. Available at www.coe.int/en/web/children/violence-against-children.

Cyprus Family Planning Association (2015). *Comprehensive Sexuality Education Material Available in Cyprus, Norway and Europe*. Nicosia: IMSET (Implementing Mandatory Sexuality Education for Teens in Cyprus).

Deguara, A. (2018). Destroying False Images of God: The Experiences of LGBT Catholics. *Journal of Homosexuality* 65, 317–337.

Department of Health and Social Care (2018). *Abortion Statistics, England and Wales 2018*. Available at www.gov.uk/government/collections/abortion-statistics-for-england-and-wales.

Dominian, J. (2001). *Let's Make Love: Meaning of Sexual Intercourse*. London: Darton Longman and Todd.

Donati, S., Medda, E., Spinelli, A. and Grandolfo, M. E. (2000). Sex Education in Secondary Schools: An Italian Experience. *Journal of Adolescent Health* 26, 303–308.

Epstein, D., O'Flynn, S. and Telford, D. (2003). *Silenced Sexualities in Schools and Universities*. Stoke on Trent: Trentham.

European Expert Group on Sexuality Education (2016). Sexuality Education: What Is It? *Sex Education* 16, 427–431.

European Parliament (2015). *Empowering Girls through Education in the EU: European Parliament Resolution of 9 September 2015 on Empowering Girls through Education in the EU (2014/2250(INI))*. Available at www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//NONSGML+TA+P8-TA-2015-0312+0+DOC+PDF+V0//EN.

European Union Agency for Fundamental Rights (2017). *Dataset: Minimum Age Requirements Concerning Children's Rights in the EU. Marriage and Sexual Consent; Citizenship; Political Participation; Religion; Health*. Available at http://fra.europa.eu/en/publication/2017/mapping-minimum-age-requirements/access-abortion-services.

Fakinos, M. (2010). Sexuality Education in Greek Schools: Student Experience and Recommendations. *Electronic Journal of Human Sexuality* 13. Available at www.ejhs.org/volume13/GreekSchools.htm.

Fenech, D. (2012). Divorced from Political Reality: The New Limits of Ecclesiastical Power in Malta. *The Round Table* 101, 221–234.

Fine, M. and McClelland, S. I. (2006). Sexuality Education and Desire: Still Missing After All These Years. *Harvard Educational Review* 76(3), 297–338.

Gregoriou, Z., Joseph, J. S., Kapardis, A.*et al.* (eds) (2005) *Review of the Cyprus Youth Policy*. Available at http://citeseerx.ist.psu.edu/viewdoc/download;jsessionid=0921C2B59148F2155BE8584604CB574B?doi=10.1.1.114.4590andrep=rep1andtype=pdf.

Helfferich, C. and Heidtke, B. (2006). *Youth Sexuality Education in a Multicultural Europe: Country Papers*. Cologne: Federal Centre for Health Education (BZgA). Available at http://publikationen.sexualaufklaerung.de/cgi-sub/fetch.php?id=489.

Iacovone, L. (2017). La via traversa: Mappare il queer. *Politica & Società* 2, 349–354.

ILGA Rainbow Europe (2021). *Rainbow Map*. Available at www.rainbow-europe.org/#8640/0/0 (accessed 18 April 2021).

Ioannou, S., Kouta, C. and Charalambous, N. (2010). *Health Education Curriculum*. Nicosia: Cyprus Pedagogical Institute, Ministry of Education and Culture.

Ioannou, S., Kouta, C., Constantinidou, M. and Ellina, P. (2014). Sexuality Education as a Collective Responsibility: A New Health Education Curriculum in Cyprus. *Sex Education* 14, 375–386.

International Review of Curriculum and Assessment (INCA) (2009). *Sex and Relationships Education in Other Countries*. Available at http://webarchive.nationalarchives.gov.uk/20130220111922/http://www.inca.org.uk/Sex_and_relationships_education_December_2009.pdf.

Jagose, A. (2010). Counterfeit Pleasures: Fake Orgasm and Queer Agency. *Textual Practice* 24, 517–539.

Katz-Wise, S. L. and Hyde, J. S. (2012). Victimization Experiences of Lesbian, Gay, and Bisexual Individuals: A Meta-Analysis. *Journal of Sex Research* 49, 142–167.

Kehily, M. J. (2002). *Sexuality, Gender and Schooling: Shifting Agendas in Social Learning*. London: Routledge Falmer.

Ketting, E. and Ivanova, O. (2018). *Sexuality Education in Europe and Central Asia*. Cologne: Federal Centre for Health Education and the International Planned Parenthood Federation European Network.

Ketting, E., Friele, M. and Michielsen, K. (2016). Evaluation of Holistic Sexuality Education: A European Expert Group Consensus Agreement. *European Journal of Contraception and Reproductive Health Care* 21, 68–80.

Kirana P.-S., Nakopoulou E., Akrita I. and Papaharitou S. (2007). Attitudes of Parents and Health Promoters in Greece Concerning Sex Education of Adolescents. *Sex Education* 7, 265–276.

Kouta-Nicolaou, C. (2003). *Sexuality, Sexual and Reproductive Health: An Exploration of the Knowledge, Attitudes, and Beliefs of Greek-Cypriot Adolescents*. Unpublished PhD thesis. Middlesex University.

Levine, J. (2003). *Harmful to Minors: The Perils of Protecting Children from Sex*. New York: Thunder Mouth Press.

Lingiardi, V., Baiocco, R. and Nardelli, N. (2012). Measure of Internalized Sexual Stigma for Lesbians and Gay Men: A New Scale. *Journal of Homosexuality* 59, 1191–1210.

Loeber, O., Reuter, S., Apter, D., van der Doefx S., Lazdane, G. and Pinter, B. (2010). Aspects of Sexuality Education in Europe: Definitions, Differences and Developments. *The European Journal of Contraception and Reproductive Health Care* 15, 169–176.

Maltese Ministry for Health (2012). *Sexual Knowledge, Attitudes and Behaviours*. Valetta: Ministry for Health.

Maltese Ministry for Education and Employment. (2012). *A National Curriculum Framework for All*. Valetta: Ministry for Education and Employment.

Maltese Ministry for Education and Employment. (2015). *Educators' Guide for Pedagogy and Assessment: Personal, Social and Career Development*. Valetta: Directorate for Quality and Standards in Education.

Marks, M. P. (2018). *Revisiting Metaphors in International Relations Theory*. Cham: Palgrave Macmillan.

Matziou, V., Perdikaris, P., Petsios, K., Gymnopoulou, E., Galanis, P. and Brokalaki, H. (2009). Greek Students' Knowledge and Sources of Information Regarding Sex Education. *International Nursing Review* 56, 354–360.

Mavroforou, A., Koumantakis, E. and Michalodimitrakis, E. (2004). Adolescence and Abortion in Greece: Women's Profile and Perceptions. *Journal of Paediatric Adolescent Gynaecology* 17, 321–326.

McCracken, K., Márquez, S., Priest, S., FitzSimons, A. and Torchia, K. (2016). *Sexual and Reproductive Health and Rights*. Luxembourg: Policy Department for

Citizens' Rights and Constitutional Affairs. Available at www.europarl.europa.eu/RegData/etudes/STUD/2015/510022/IPOL_STU%282015%29510022_EN.pdf.

Mifsud, M., Buttigieg, G. G., Savona-Ventura, C.*et al.* (2009). Reproductive Health in Malta. *The European Journal of Contraception and Reproductive Health Care* 14, 249–257.

Moreno Mínguez, A. and Crespi, I. (2017). Future Perspectives on Work and Family Dynamics in Southern Europe: The Importance of Culture and Regional Contexts. *International Review of Sociology* 27, 389–393.

Murillo, F. H. and Conchillo, M. P. (2011). Concepts of Sexuality Education in Spain . *BZgA Forum: Sexuality Education and Family Planning* 2, 23–27.

Parker, R., Wellings, K. and Lazarus, J. V. (2009). Sexuality Education in Europe: An Overview of Current Policies. *Sex Education* 9, 227–242.

Pistella, J., Salvati, M., Ioverno, S., Laghi, F. and Baiocco, R. (2016). Coming-Out to Family Members and Internalized Sexual Stigma in Bisexual, Lesbian and Gay People. *Journal of Child and Family Studies* 25, 3694–3701.

Pittman, V. and Gahungu, A. (2006). Comprehensive Sexuality Education or Abstinence-Only Education, Which Is More Effective? *Journal of Research for Educational Leaders* 3, 60–91.

Plaza-del-Pino F. J. *et al.* (2021). Primary School Teachers' Perspective of Sexual Education in Spain. A Qualitative Study. *Healthcare* 9. doi:10.3390/healthcare9030287.

Rocha, A. C. and Duarte, C. (2015). Sexuality Education in a Representative Sample of Portuguese Schools: Examining the Impact of Legislation. *The European Journal of Contraception and Reproductive Health Care* 20, 47–56.

Rocha, A. C., Leal, C. and Duarte, C. (2016). School-Based Sexuality Education in Portugal: Strengths and Weaknesses. *Sex Education* 16, 172–183.

Santos, S., Fonseca, L., Araújo, H. C. (2012). Sex Education and Views of Young People on Gender and Sexuality in Portuguese Schools. *Educação, Sociedade and Culturas* 35, 29–44.

Secretariat for Catholic Education (2019). *Safeguarding Children in Our Schools.* Valetta: Secretariat for Catholic Education. Available at www.csm.edu.mt/wp-content/uploads/2020/03/Safeguarding-Children-in-Schools-2019.pdf.

Steinhart, A.et al. (2013). International Networking for Sexuality Education: A Politically Sensitive Subject. *Sex Education* 13, 630–643.

Stull, G. (2012). Sexuality Education in the EU: 'Sex Education' in a Broader Social Context, *Library Briefing: Library of the European Parliament* 03/02/2012. Available at www.europarl.europa.eu/RegData/bibliotheque/briefing/2012/120262/LDM_BRI(2012)120262_REV2_EN.pdf.

Tawilah, O., Tawil, S., Bassiri, S. and Ziady, H. (2002). Information Needs Assessment for HIV/AIDS and STIs in the Eastern Mediterranean Region. *Eastern Mediterranean Health Journal* 8, 689–698.

Times of Malta (2020). Sexual Infections Plummet in Lockdown, 12 May. Available at https://timesofmalta.com/articles/view/sexual-infections-plummet-in-lockdown.791471.

Times of Malta (2021). NGOs Urge People to Get Tested after Rise in Syphilis Cases Reported, 12 March. Available at https://timesofmalta.com/articles/view/ngos-urge-people-to-get-tested-after-rise-in-syphilis-cases-reported.857515.

Trimikliniotis, N. and Karayanni, S. S. (2008). *The Situation Concerning Homophobia and Discrimination on Grounds of Sexual Orientation: Cyprus. Policy Document for*

Simfiliosi. Available at www.statewatch.org/news/2010/jan/cyprus-homophobia-report.pdf.

Vassilikou, K. and Ioannidi, E. (2014). Sex Education and Sex Behaviour in Greek Adolescents: A Research Review. *Social Cohesion and Development* 9, 143–154.

Visanich, V. (2017). Youth in the Age of Anxiety: The Case of a Southern European Location. *Contemporary Social Science* 12, 333–346.

Wellings, K. and Parker, R. (2006). *Sexuality Education in Europe: A Reference Guide to Policies and Practices*. Brussels: IPPF European Network.

Women's Rights Foundation (2018). Women's Sexual and Reproductive Health and Rights – Malta: Position Paper 2018. Available at www.wrf.org.mt/publications/women-s-sexual-and-reproductive-health-and-rights-malta.

World Health Organization (WHO) (2003). *Skills for Health: Skills-Based Health Education Including Life Skills*. Geneva: World Health Organization.

World Health Organization (WHO) (2015). *Sexual Health, Human Rights and the Law*. Available at http://apps.who.int/iris/bitstream/10665/175556/1/9789241564984_eng.pdf?ua=1.

World Health Organization (WHO) (2016). *Growing Up Unequal: Gender and Socio-economic Differences in Young People's Health and Well-being*. Copenhagen: WHO Regional Office for Europe.

World Health Organization Regional Office for Europe and the Federal Centre for Health Education (BZgA) (2010). *Standards for Sexuality Education in Europe: A Framework for Policy Makers, Educational and Health Authorities and Specialists*. Available at www.oif.ac.at/fileadmin/OEIF/andere_Publikationen/WHO_BZgA_Standards.pdf.