

# KNOWLEDGE AND PUBLIC ACTION SEX EDUCATION IN SCHOOL (1984-2009)

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**Orientation 2**

WP18

September 2010

[www.knowandpol.eu](http://www.knowandpol.eu)

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ANNEX 1

*Actors and networks in public action – the case of sex education –*  
Carla Cibebe

ANNEX 2

*Analysis of the parliamentary debate (2008-2009) –* Carla Menitra

Annex 3

*Parliamentary hearing of 14 April 2009 –* Carla Menitra

Annex 4

*The local dimension of public action – the case of Gouveia*  
municipality – Carla Cibebe and Carla Menitra

Note: The annexes are only available in Portuguese.

## Introduction

This report presents the study carried out about the public action relative to the introduction of sex education in schools in Portugal in the period between 1984 (date of the first decree approved by the Parliament on the matter – Law 3/84) and 2009 (date of the last decree passed by Parliament on the matter – Law 60/2009).

The study is based on the research carried out by Carla Cibebe for her PhD in Education, in the specialised field of Educational Administration and Policy which she is undertaking at the Institute of Education, University of Lisbon, under the guidance of Luís Miguel Carvalho and Natércio Afonso. This PhD programme is part of the activities carried out by the Portuguese team of the Knowandpol project geared towards training young researchers and “end users”.

In order to cover the different specifications produced by the coordinators of Orientation 2, complementary studies were carried out by the scholarship student of the Knowandpol project, Carla Menitra, analysing the parliamentary debate and hearings and analysing the interviews performed by a group of local actors.

The report was written by Carla Cibebe, João Barroso and Luís Miguel Carvalho and is based on the texts produced by the first author, particularly chapters 1, 2 and 3, and the text produced by Luís Miguel Carvalho on the types and configurations of knowledge incorporated in this public action (chapter 4) based on analysing the data presented in annexes 1, 2, 3 and 4.

In line with the specifications produced by the coordinators of Orientation 2 and taking into account the recommendations deriving from the integration report of Orientation 2, Public Action 1, the report makes an interpretative analysis of four essential dimensions to study the public action: the genealogy of the policy process (*chapter 1*); the changes in the cognitive and governing paradigms throughout the public action (*chapter 2*); the diversity of the actors and their connections to different modes of knowledge (*chapter 3*); types and configurations of knowledge incorporated into the public action (*chapter 4*).

The main data on which this interpretative analysis is based were collected within the scope of the empirical research carried out by Carla Cibebe for her PhD thesis. Among these data special emphasis must be given to those that result from: a) the analysis of a vast documental corpus composed of legislation, opinions, protocols, reports, dissemination of programmes and projects and the websites of official bodies and non-government organisations; b) the analysis of 30 semi-structured interviews performed by a group of actors from different professional origins who intervene in different ways and

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in different scenarios. The list of interviewees was drawn up from an initial exploratory interview with a key actor and was progressively refined in the course of other interviews, sticking to criteria of relevance and pertinence to the research goals. Among all the people interviewed, 17 were directly involved in the reported events in the period under analysis and the other 13 intervened in a more dispersed or sporadic manner.

Annex 1 (*Actors and networks in the public action – the case of sex education*, written by Carla Cibebe) provides a more in-depth description of the methodological procedures adopted to carry out and analyse the interviews and a summarised interpretation of the results obtained as regards the characteristics of the actors and the networks generated by their intervention in public action.

The other annexes provide summaries of the results obtained in complementary studies, based on analysis of the respective data:

Annex 2 (*Analysis of the parliamentary debate - 2008/2009*, written by Carla Menitra) looks at the parliamentary debate on sex education in Portugal in the period between 2008 and 2009. There were collected in the *Diário da Assembleia da República* (Parliamentary journal) a set of 5 plenary sessions where the topic under study was discussed and their content was analysed in order: 1) to identify all the participants; 2) to analyse the main subjects and controversies of the debate; 3) to analyse the sorts of legitimization used by parliamentarians to support or criticize the measures discussed.

Annex 3 (*Parliamentary hearing of 14 April 2009*, written by Carla Menitra) shows the results of the parliamentary hearing transcription analysis that took place in 2009 involving the discussion of two legislative initiatives (draft laws) relative to “sex education in schools” and in which 34 individuals from different social and professional sectors took part.

Annex 4 (*The local dimension of the public action – the case of Gouveia municipality*, written by Carla Cibebe and Carla Menitra) presents the results from the content analysis of 3 collective interviews (a total of 10 people) performed by actors that were directly involved in the local application of the sex education policies in Gouveia municipality. The analysis focuses in the description of the modes of intervention, the kinds of knowledge mobilised and the way it was incorporated into the public action process.

Within the framework of this report a brief summary and interpretative analysis of the data is presented, taking into account the aforementioned dimensions. The data and methodological description can be found in the annexes as described.

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## 1. GENEALOGY OF THE POLICY PROCESS

Below is a concise outline of some of the essential aspects of the genealogy of the policy process, from the point of view of official regulations and decisions concerning the sex education policy in Portugal in the period under analysis. Three modes of intervention are used as the reference points: legislative decrees; intervention projects; consultations and opinions.

### Decrees

The legislative framework throughout the period under analysis was defined by a set of Parliamentary decrees approved under various governments, as listed below:

*- 1984 -Law 3/84 – Sex Education and Family Planning*

It is the first law specifically on Sex Education approved by the Parliament. It assigns the main responsibilities to the Ministry of Health and to the municipalities. With respect to education, there is addressed the need to include “scientific knowledge about physiological anatomy, genetics, and human sexuality (art. 2, point 2) in the teaching programmes, and to carry out teacher training in this field (art. 3). It was never regulated by the government. The first school health programme was only created in 1993.

*- 1998 – Council of Ministers Resolution no. 124/98*

Stated that in the wake of Law 3/84 and the referendum about decriminalising voluntary interruption of pregnancy it was necessary to identify the actions that were being carried out and to promote articulation and cooperation processes, creating an inter-ministerial committee to do so. This committee was charged of drawing up an “integrated action plan for Sex Education and family planning.”

*- 1998 - Parliamentary Resolution no. 51/98 – Sex Education and Family Planning*

Recommendation to the government, pointing out Law Lei/84 and the need to implement measures outlined therein. It reinforces the need to protect groups at risk such as: women living in run-down areas, prostitutes and adolescents.

*- 1999 - Law 120/99 - Reinforces legal entitlement to reproductive health*

After Law 3/84 it is the law that has the most evidence and weight, as it is, like the previous one, a law and not only a resolution. It is specifically about “promotion of a healthy sexual and reproductive life” (...) consecrating Sex Education measures, namely concerning the promotion of sexual health in which the goals relative to the education system are mentioned.

*- 1999 - Council of Ministers Resolution no. 7/99*

It concerns the creation of a family policy, namely creating the High Commissioner for Equality and the Family and the National Family Council. Designates some actions in the

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field of Prevention and Health Education and considers it necessary to publish the sexual and reproductive rights charter.

- 2000 - Decree-Law no. 259 which regulates Law 120/99

It includes a set of measures of a compulsory nature for the Education field (Regional Departments and schools) and for the Health field (Hospitals and Health Centres). As regards education, reference is made to the Educational Project, the working plan of the class and inclusion of specialised educational support services.

- 2009 - Law 60/2009 - Establishes the regime to apply Sex Education in schools

In addition to the goals outlined in previous laws, provision is made for "the enrichment of sexuality and affectivity among people", the "improvement of affective-sexual relations" of the young, and the capacity to protect against all forms of sexual exploitation and abuse and "respect for difference between people and different sexual orientations" (art. 2). In terms of guidelines for action, the dispositions outlined in Decree-Law 259/2000 are reinforced, namely the working plan of the class. It also makes it compulsory to designate a Sex Education coordinator in the school and in the class and to create support services for pupils from the 2nd cycle of primary schooling onwards, and stipulates the minimum time dedicated to this area (6h/year until the 2nd cycle and 12h/year for the 3rd Cycle and Secondary Schooling.

As well as these decrees specifically on Sex Education it is important to take into account the decrees on voluntary interruption of pregnancy law (Law 90/97 and Law 16/2007) and the Education System Base Law (1986) and Health Base Law (1990).

Looking at the decrees produced by Parliament on this subject, it is possible to highlight the main shifts that took place in relation to the discourse, the guidance on action and the constraints during this period:

BETWEEN 1984 (LAW 3/84) AND 1999 (LAW 120/99):

*Discourse:* The discourse of Law 3/84 is very focused on Health, dealing particularly with Family Planning (articles 3, 4, 5, 6, 7 and 13) and Sterility and Artificial Insemination (art. 9, art. 10). In Law 120/99 the most commonly used designation is "Sexual and Reproductive Health", showing that Sexuality was viewed above all in its public health facet. Law 120/99 in terms of content states that: "a programme will be implemented to promote human health and sexuality" which provides information on human sexuality, the reproductive organs and the physiology of reproduction, Aids and other sexually transmitted diseases, contraceptive methods and family planning, interpersonal relations, shared responsibilities and equality between the sexes" (Ch. I, art. 2)

*Guidelines for action:* Law 3/84 stipulates that the Ministry of Health should create appointments (free of charge) for the young in all health centres and posts, as well as gynaecology and obstetrics services in all hospitals (art. 5, 2). It states that the Ministry of Education should include programmes at various teaching levels, scientific knowledge about anatomy, physiology, genetics and human sexuality... (art. 2) and should promote "initial and ongoing training for teachers to transmit knowledge and understanding about the problem of Sex Education, in particular as regards the young". Law 120/99 repeats the same obligations for the two ministries, but adds an article (art. 3) specifically on the "understanding (...) of

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sexually transmitted diseases" which says that secondary schools should consider the possibility of creating a service for pupils (art. 3, 1) and the free distribution of condoms (art. 3, 2). The health services are assigned the added responsibility of channelling women who have had an abortion to the family planning units (art. 9).

*Obligations/constraints:* In Law 3/84 the responsibilities are attributed specially to the central bodies of the State and to other public entities (e.g. councils) and media outlets. Law 120/99 assigns the responsibilities to the Ministries of Education and Health. It stipulates that all Health establishments are obliged to write half-yearly reports containing the "statistics of spontaneous abortions and legal abortions indicating the cause and justification, the missed abortions and the provoked abortions" (Ch. IV, art. 11) and that these should be sent to the Ministry of Health. As regards Education, nothing in terms of assessment is stipulated.

The most relevant change from one law to another refers to the incursion of the informative topics of Sex Education as a means of preventing sexually transmitted diseases. These topics are above all included from this slope and always placed on the side of Health issues. This is an entry a little late because in the mid-'80s AIDS had already become one of the subjects of the social, scientific and political agenda. However, it was in the early '90s that concerns increase, with Portugal to occupy, among European countries, top positions in the number of people infected with HIV. In the transition from one law to another a strong link to Sex Education and Family Planning was maintained, especially the prevention of unwanted pregnancies that may lead women to seek illegal abortions. This was understandable in a country where this problem was prevalent for many years. It is this issue that gave rise to Law 3/84 and the whole parliamentary debate was fuelled by statistics presented by MPs on illegal abortion. The voluntary interruption of pregnancy law, passed in 1997, holds the view that a pregnancy could only be interrupted for medical reasons affecting the fetus or the woman's health, so this transposed to this Law 120/99 an entire chapter on abortion. Noted that Law 120/99 is called as "reinforcement guarantees the right to reproductive health" and despite being commonly referred to as "Sex Education" such designation was never used in its text. Indeed, it is in the parliamentary committee of Health that it is discussed as a speciality. As such, the law is more conservative than Law 3/84. Perhaps the most innovative aspect of it refers to the "equality between the sexes" which until then had not crossed paths with Sex Education, but it is only a passing reference, whereas the sexually transmitted diseases take on a preponderant role, not only in this but in subsequent regulations. The guidelines for action do not contain very much that is new. In Education a transversal viewpoint prevails, i.e. an array of programmes from the various areas and subject areas, with the only noteworthy idea being the creation of a pupils' service and the possible distribution of condoms. This last measure, in spite of being strongly linked to the issue of AIDS, could only be implemented with the prior agreement of the pupils' parents.



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*BETWEEN 1999 (LAW 120/99) AND 2009 (LAW 60/2009):*

*Discourse:* The discourse of Law 120/99 focuses on Sexual and Reproductive Health, meaning it is essentially centred on prevention/family planning and prevention/sexually transmitted diseases. The discourse of Law 60/2000, as well as containing the above concerns, includes new aspects such as “the valuing of sexuality and affectivity between people in an individual’s development, respecting the pluralism of the conceptions existing in Portuguese society” (art. 2, subparagraph a), or “as a means of preventing discrimination based on sexual orientation”, also accepting the existence of forms of sexual abuse and exploitation, as well as sexual violence (subparagraphs e, f and l), whereby Sex Education is viewed as a means of analysing and fighting against these problems.

*Guidelines for action:* In Law 120/99 it remains compulsory to include Sex Education in the Educational Project and in the class plan, but this time it states that a coordinating teacher in the school and in the class must be nominated. The topic remains in the programmes, but this time it is stipulated that in primary education it should be covered in the non-subject curricular areas, while in secondary school it should be dealt with in all areas and subjects. A minimum number of hours dedicated to Sex Education is stipulated, which had never been done up until then (art. 5). The information and support services for pupils, which had previously been “recommended”, were now compulsory, with the law stipulating that at least one morning and one afternoon per week shall be dedicated to the topic (art. 10, 4). As in the previous law, the need to establish partnerships with Health entities is outlined, namely the local health units, also stating the possibility of establishing partnerships with non-government organisations.

*Obligations/constraints:* For the first time in a law on this matter it is stipulated that the Ministry should provide support to the school groups and produce “regular assessment reports, based on questionnaires carried out in the schools” (art. 13, 1). It is also established that the government is responsible for sending regular reports to Parliament two years after the law comes into effect (art. 13, 2).

In terms of the discourse, one of the changes we consider important in this Law 60/2009 is the fact that human sexuality is tackled from a psycho-sociological viewpoint, and not only from the health point of view. By including issues such as gender identity and choice of sexual orientation as part of Sex Education, there is an acknowledgement that these issues are also linked to the way people relate to one another in this field and how society itself legitimises or sanctions certain behaviours in line with principles and values held on this topic. The emphasis is no longer completely centred on behaviour and “individual risk”, and it is recognised that society also produces a vision of sexuality that can have repercussions on the individual. In relation to guidelines for action, what is added from one law to the next is the prior and more specific anticipation of how the school should organise itself as regards the Sex Education administered. In this case, there are far more rules and constraints in this law, leaving little margin for the school to create its own working models. We suggest that the autonomy granted in the previous legislation relative to the modes of organisation of the school was viewed as leading to

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inefficacy and that this time it was decided that “the more complete the law was the more would be done”. It is also pointed out that Law 60/2009 was created in the wake of the YES vote in the referendum to decriminalise pregnancy interruption up to 10 weeks by woman’s will, a referendum that had a high level of participation from the point of view of mobilisation of civil society organisations in favour of or against the proposal<sup>1</sup>.

## **Intervention projects**

The government action in the “Sex Education” field is also marked by a set of guidelines produced by the State that comprise the creation of programmes, networks, working groups and texts aimed at coordinating, “guiding” and supporting the action of the structures under the aegis of the Ministry of Education and the Ministry of Health. These initiatives were carried out above all from 1993 onwards, preferably adopting the name of “Health Education”, and were organised by different governments of the Social Democratic Party (PSD) and the Socialist Party (PS) who governed the country during this period.

### *- “Projecto Vida” Life Project (1987-2000)*

Created in 1987, the “Projecto Vida” can be considered pioneering in Health Education in Portugal, although its scope was only to prevent consumption of psychoactive substances, prevention was later extended to other areas through specific work in Education, a project that was called Viva a Escola. The project was initiated by a centre-right government (PSD) and was developed by an inter-ministerial group led by a Catholic priest (Feytor Pinto), the head of “Pastoral da Saúde” (Catholic organisation), who took on the functions of High Commissioner.

The fact that the programme not only focuses on the treatment but also included a preventive component led to the creation of a subproject entitled “Viva a Escola”, boosting the work on the prevention of psychoactive substance use at the school, through the Ministry of Education representative (Catalina Pestana),

The Viva a Escola project was carried out over 3 years, based on voluntary applications from schools, involving in its first year 63 schools and reaching 316 schools last year. This dynamic and the extremely positive assessment of the initiative by the Life Project itself is perhaps one of the justifications for the Ministry of Education to decide to take this more global approach of Health Education in the Education System, and create the Health-Promotion School Programme (PPES, more commonly referred to as PES).

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<sup>1</sup> This referendum was held on 11 February 2007 and was the second one on the same subject. Previously, on 28 June 1998, an abortion referendum had been held in which the “No” vote obtained 50.07%, but which was not considered binding given that less than 50% of the electors voted. However, in spite of this, no Law on the matter was passed by Parliament, and the changes which led to the current legislation in force only came about after this new referendum.

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*- Health Promotion Education Programme – PPES (1993-1998)*

This was the first instituted and formal programme, and was run directly by the Secretary of State for Primary and Secondary Education. Among the health areas it worked in was Sex Education. It was set up by a centre-right government (PSD), but continued by the socialist party government (PS). Responsibility for its coordination was given to a higher education teacher (Catalina Pestana, who had been in charge of the Viva a Escola project) and included the participation of a non-government organisation – the Family Planning Association.

It is in this background that between 1995 and 1998 the Experimental Project of Sex Education and School Health Promotion took place in five schools in the country, encompassing several regions and teaching levels. It was run jointly by the Family Planning Association (APF), the Health Promotion Education Programme (PPES) and the Directorate-General of Health. Each school had a support team made up of at least three members: one from the APF, one from the PPES and a teacher from the school. Although the general measures to be implemented were defined by the organisations involved in the project, and as we have seen with close support (and control), some local actors were able to work themselves a lot of room for manoeuvre, in some cases allowing the intervention to be broadened to primary education (1st cycle) and pre-school education. This project was subject to external assessment, carried out by a team from the Ministry of Education.

*- National Network of Health Promoting Schools – RNPEPS (1998-2002)*

The National Network of Health Promoting Schools (RNPEPS), which got off to a modest start in some schools in 1994, was made official in 1998, in a socialist party government (PS), through a joint dispatch from the Ministry of Education and the Ministry of Health, and it was coordinated by the National Support Centre (CAN). This centre was made up, in identical proportions, of staff from the central services in the field of Health Education, and by representatives of teams at regional/local level, and was presided over by a higher education teacher, in the health area (Isabel Loureiro). This network was integrated into the European Network of Health Promoting Schools (REEPS), driven forward by the World Health Organisation (Europe WHO, in partnership with the European Council and the European Commission).

Schools could apply to join the network and the selected schools would sign a contract, binding them to certain commitments, such as: "a) drawing up a 3-year project; b) forming a project team in school and prioritising the activities of the project; c) carrying out projects that have an impact at local and European level; d) carrying out activities that promote the health of the young and create a spirit of collective accountability for

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personal health and the community; e) maximising the visibility and credibility of the project, facilitating the assessment and dissemination of the results.” The intervention priorities are defined by each school, though duly analysed by the central administration. Sex Education was one of several areas in which schools could work on their health promotion project.

The support to schools was done by teachers requested for this purpose which were administratively assigned to the decentralized structures of the Ministry of Education. Although this kind of organisation is heavily influenced by the hierarchical model of the traditional public administration structures, takes a certain hybrid derived from the very concept of a network aimed at creating a platform of articulation for the local/council institutions for the promotion of Health.

Besides the support to schools and as a result of previous documents prepared by project teams, the coordination structures of the network, publish the Guidelines for Sexual Education in School, gathering opinions requested input from entities and persons deemed relevant.. This publication would later be at the centre of an intense controversy where different perspectives on the topic came into opposition.

Despite the quantitative growth of the network (it went from 10 schools in 1994 to 670 in 1997, and reached 3000 in 2001), the change of government from the socialist party (PS) to the centre-right party (PSD) in 2002 signalled disinvestment in the project and a progressive break-up of the network and its coordinating structures.

This transition process saw the Family Planning Association (APF) lose influence, which was the only non-government organisation that had a protocol with the Ministry of Education to support those policies. Considered “very liberal” in the Sex Education field, the new government set up identical protocols with the Life Defence Movement (MDV) linked to the Catholic Church and the Anti-Aids Community Foundation (FPCCS), organisations that had a different approach to Sex Education than the APF and which could now also be requested to provide support by schools in running their projects.

This government also brought about the end of the basic idea that had sustained the health education programme since 1998, through the direct involvement of the central administration that coordinated the action carried out in schools. The administration (from 2002 to 2005) brokered its intervention in schools through a protocol signed with three NGOs in the area, which intervened in schools upon request. Subsequently (in 2005), and following on from a controversy that ended up involving one of these NGOs, and now with a new PS government, the Ministry of Education terminated the protocols with all the NGOs and a Working Group for Sex Education was created.

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*- Working Group for Sex Education – GTES (2005-2007)*

This group was created by the socialist party government, which had come to power again. Its main mission was to “study and propose the general parameters of the Sex Education programmes in schools, aiming at promoting school health”, pointing out the need “to define the models of application and the implementation of Sex Education in schools grounded on guidelines from a set of experts on the matter” (Dispatch no. 19 737/2005 (2<sup>nd</sup> series). The group was coordinated by a psychiatrist (Daniel Sampaio), a university professor in the Medical Faculty who plays an active public role in issues linked to the development and education of the young, namely in school. The group also includes two other higher education teachers (one linked to the Psychology of Education and the other to Medicine) and a teacher with technical functions in the Ministry of Education. The justification given to create the group is also linked to the belief that Sex Education encountered “difficulties in its application in schools”, and “also considering the sensibility with which the topics under appreciation are viewed by public opinion”. The GTES was nominated by the Minister of Education (15 June 2005) initially for one year, but this time was extended and it remained in place until 2007. It drew up three reports: one preliminary one on 31 October 2005, one progress report (in July 2007) and one final one (September 2007). The GTES began to hear a series of experts and entities, as well as parents’ representatives, about the controversy that had given rise to the group, and carried out several visits to schools to “understand the positive forces on the ground and the constraints to the practice of Sex Education”. In a second phase an application process was opened for groups of schools who wanted to implement Sex Education projects, aimed at “monitoring all the teaching establishments more closely), disclosure of good practices and a more grounded assessment, as well as an initial subsidy to purchase material defined as essential to carry out the projects” (GTES, 2007, pg. 31/32). The work was undertaken in closer collaboration with the Ministry of Health in this final phase. Meetings were held in the educational regions (administration and teachers) and with the organisations considered essential (such as the Confederation of Parents’ Associations), and analysis of the study materials available for Health Education (books and audiovisual material) was completed. The final report, as well as tackling questions of sexuality in terms of the different states of human development (from a psycho-affective approach) contained 10 recommendations for inclusion of Sex Education in Primary and Secondary Schools. The GTES also produced “references” in the form of textbooks and/or guideline documents, in the following areas: Diet and physical activity; Toxic consumption and prevention of STDs and Aids; Sexuality; Violence in school.

The Ministry of Education legitimised the GTES guidelines through a series of dispatches. In line with what had been proposed in the preliminary GTES report, communication

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reinitiated between the Ministry of Education and the Ministry of Health, which had as good as stopped since the end of the National Network of Health Promoting Schools project. In February 2006 a protocol was signed by two ministers, containing the responsibilities that each one would take on. Sex Education is not, relative to the Ministry of Health's responsibilities, the object of a specific decision, and is not given any special emphasis, with the promotion of health the more commonly used term. Upon the disbanding of the GTES in 2007, and in accordance with the recommendation of the report, "it is up to the Ministry of Education structures in articulation with the Ministry of Health to reaffirm a coherent policy in this field and the continuing execution of measures proposed in this report" (GTES, 2007, pg. 7).

## **Consultations and opinions**

In addition to drawing up decrees and the creation of intervention projects, government policy in the domain of Sex Education also made use of several forms of legitimisation based on consulting "civil society" and using specialised expertise.

### *National Education Council*

Among the institutions asked to pronounce their opinion at several different moments concerning the policies in place, the National Education Council is particularly noteworthy. This official government consultation body is made up of representatives nominated by the government, Parliament, scientific associations and teachers and schools.

The Council issued two opinions on this topic: an opinion requested by the Ministry of Education on the Sex Education curricular model and about the materials produced by the Ministry, in 2005, when controversy was raging in the media on this topic<sup>2</sup>; an opinion requested by the Parliamentary Committee of Education and Science about the parliamentary discussion of several draft decrees on the topic.

In the first case a degree of heed was taken of the criticism from parents that had been at the heart of the controversy, drawing attention to the role that the family should play in bringing up their children, "especially when Sex Education interferes with values and attitudes that are at play in the psycho-affective lives of the pupils." It is pointed out however that the opinion clearly advocates the existence of a specific policy in this

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<sup>2</sup> This was a lively controversy, mainly because of movements contesting the sex education policy, because of an article published in 2005 in the weekly newspaper *Expresso*, criticising a publication recommended by the Guidelines for Sex Education in Schools.

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domain, putting forward a set of twenty recommendations including the following: clarification and systematisation of the non-disciplinary guidelines and bringing the mission contained in the subjects as regards this topic; (points 9 and 10); inclusion of the topic in the School's Educational Project and making somebody responsible for its coordination (points 8, 20); assessment of the projects and actions of the schools, producing coherent information about what should be done (point 11); assessment of the materials available, both those produced in the Ministry of Education and those produced by the publishers, providing thoughts that help an informed choice to be made in their selection, and invest in more and better production of materials from the Ministry itself (points 11, 12); consideration that Sex Education and other components of Personal and Social Education should be prioritised in the topics of initial and ongoing teacher training (point 14); encouragement of partnerships with other ministries, especially the Health Ministry, as well as other important organisations in society and/or in the community, in particular parents and their associations (points 12 and 13).

In the second case the National Education Council reiterated the previous opinion, considering that "there are enough regulations for its application" and that "the specification of its programmed contents should not be the object of regulatory guidelines contained in a law, but rather curricular guidelines defined by the Ministry of Education". Some options made in the proposed laws are also criticised: a restricted timetable for the pupils' support and information service; the adoption of one day a year dedicated to Sex Education; the fact that the training proposed was restricted to the teachers and not other technicians present in the school, suggesting that the work should be carried out by a multi-skilled team. Despite this criticism, the Council "believes that the implementation of Sex Education in School should have its own curricular time and space, which could be achieved by restructuring the current non-subject curricular areas, encompassing both primary education and secondary education."

#### *Parliamentary Committee of Education and Science*

Another body that directly intervened in this consultation and collection of specialised opinions was Parliament, through the Parliamentary Committee of Education and Science. Particularly noteworthy was the parliamentary hearing held in 2009, regarding the discussion of draft laws on Sex Education. This hearing was specifically analysed within the background of this study (see Annex 3). A significant number of opinions were expressed by the participants in the hearing (around 34 intervening parties took part, out of the 60 that initially registered), but there was no representation of Portuguese

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society<sup>3</sup>. As an example, no expert was present and the only academic that took part did so not only owing to his professional situation, but also in representation of an anti-abortion movement (Portuguese Federation for Life). Nevertheless, these opinions, in their diversity, illustrate the chasm that divided the two extreme positions of those who pronounced on this matter: those who advocated the need for the State to intervene in the field of Sex Education, through specific policies geared towards children and youths at school (this is the case, for example, of the “gay associations”, the Family Planning Association and most of the teachers who gave their opinion); those who were against State intervention on this matter, believing it was entirely the responsibility of the family (e.g. the associations linked to the Catholic Church and conservative movements of parents and citizens).

### *Consultations with experts*

As well as these more formal consultations, the different opinion movements that came into play throughout this process always attempted to make their criticisms or argue their case through opinions from experts (or at least presented as such) in particular from the health or academic circles. The Working Group for Sex Education (GTES) which we have already made reference to made its first measure for its action programme a consultation widened to several intervening parties in the process.

## **Interpretative summary**

The description we have made of the genealogy of the policy process relative to the definition and implementation by the government authorities of a Sex Education policy in Portugal, between 1993 and 2009, immediately brings to the fore some overriding characteristics of the public action inherent to this process. This characterisation will be deepened, in the following chapters, as regards the cognitive and government paradigms in opposition, the role of the different actors, the knowledge mobilised and its configurations.

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<sup>3</sup> It is pointed out that this hearing was disclosed to society in general through the media (press releases). In our contacts with the parliamentary committee we were told that written invitations were also sent to a variety of stakeholders, namely: public and private teaching establishments; experts; researchers; education and health professionals; main civil society groups that had publicly expressed their opinion on this topic.



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*- A process that takes place in several "deliberative" and "non-deliberative" scenes*

The former group is dominated by Parliament and the Government, which issued various regulations produced in the background of the most wide-ranging controversies and disputes, linked to political-ideological party thinking. The main decrees were put into laws and resulted from parliamentary initiatives, in general from parties from the left, and were to a certain extent linked to the discussion of broader laws on voluntary interruption of pregnancy. In the case of the Government, despite alternating between the Social Democratic Party (PSD), from the centre-right, and the Socialist Party (PS), from the centre-left, there was a certain continuity in the content of the different measures, in the kind of actors involved, in particular in the running of the projects and programmes, as well as non-government associations requested to collaborate in an array of initiatives. This continuity was only broken in 2002 in a specific political scenario with a PSD (social democratic) and CDS (Christian democratic) coalition. At local level also of note is the importance that schools, considered individually, had in this process insofar as that the implementation of these policies allowed, at least in experimental form, the development of different local dynamics within the educational project of each school, which implied a deliberative dimension, namely in organisational and instrumental aspects, with effects on the content, relevance, coverage and continuity of the actions.

In relation to the non-deliberative scenarios, of note are the different spaces occupied by the non-government organisations (especially the Family Planning Association) both at central level (participation in national coordination structures, influence in working groups), and local level (teams supporting schools or activists linked to movements supporting or contesting the different measures implemented).

Finally, a special note for the important roles some media outlets played at the most intense moments of the debate in the public sphere, giving expression to organised opinion movements, especially to contest the measures or the very existence of Sex Education policies or the aspects of it that are considered more "radical".

*- An important discursive dimension*

As can be seen, the quantity and diversity of decrees and the intensity of the debates did not lead to the consolidation of an effective sex education policy, at national level. The discursive dimension of the policy varied throughout the process both as regards identification of the problems and in representation of the solutions. In the first case, one can see permeability in the alteration of the social topics emerging in Portugal over the period under analysis, such as: illegal abortion in the 1980s; Aids in 1980/1990; issues

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of gender identity and discrimination of minorities based on sexual orientation in the first decade of the 21<sup>st</sup> century. In the second case there was a process of successive semantic reappraisals in the very definition of the policies, between the “health education” (where this topic constituted a topic of a broader programme, geared, above all to issues of “sexual and reproductive health”, the prevention of sexually transmitted diseases and family planning) and “Sex Education” (which is a specific programme that places emphasis on issues of sexuality and affectivity in the development of the personality of children and the young, as well as the fight against discrimination based on sexual orientation). The discursive dimension of the policy under analysis becomes more evident insofar as, in general, the different governments considered this to be a delicate issue and only intervened in a reactive fashion, in the wake of legislation passed by Parliament. This explains the caution of the various governments in most of the initiatives taken and the emphasis given to consultation and the need to base decisions on specialised knowledge.

*- Competition between different advocacy coalitions or discourse coalitions*

The diversity of guidelines and the greater or lesser degree of enthusiasm shown in the development of this policy during the period under analysis do not derive solely from the alternating of the parties in government or the correlation of forces in parliament. In truth, throughout the process (at different moments and under different circumstances) individual and collective actors emerge organised into associations or opinion movements of shared beliefs, values, ideas, common objectives, namely concerning whether or not there is a need for Sex Education, and if the answer is yes, regarding its content and the way it is administered. In moments favourable to the public context, these actors constitute “advocacy coalitions”<sup>4</sup> (Sabatier and Jenkins-Smith, 1993) in their attempt to influence and manipulate sex education policies at different decision-making and implementation levels, whether centrally (in the working groups, committees and Ministry of Education offices, or the political parties sitting in parliament), or locally (in schools and teams of teachers). But even when the policy circumstances are not favourable they try to impose their vision of the reality on others, so as to construct or

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<sup>4</sup> Sabatier and Jenkins-Smith (1993, p. 5) proposed that: “An ‘advocacy coalition’ comprises actors from a wide range of public and private institutions, at all levels of government, who share a set of basic beliefs (political goals, causes and other perceptions) and who try to manipulate rules, budgets and staff working in government institutions with a view to achieving aims that are in accordance with these beliefs”.

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frame the problems, through debate, persuasion, manipulation or exercising of power, thus constituting a “discourse coalition”<sup>5</sup> (Hajer, 1993).

Clear examples of these kinds of coalitions (advocacy or discourse) are found in the network of actors that organised themselves around the Family Planning Association, or the movement to fight against the sex education policy, in the debate that was covered by the media in the light of an article published in 2005, in the *Expresso* newspaper, criticising a publication recommended by the Guidelines for Sex Education in School (which we mentioned earlier).

*- A hybrid regulation with bureaucratic and post bureaucratic methods*

As happens in other contexts and with other policies (see for example the Report of Orientation 1, Public Action 1, of the Portuguese team of the Knowandpol project) the government authorities’ control over the definition and implementation of the sex education policy relies on different modes of regulation, in line with the scenarios they are carried out in and the symbolic effect intended.

On the one hand, use was made of “post-bureaucratic regulation” methods patent, above all, in the creation of committees, projects and networks as a way of organising public intervention, open to the participation of experts and representatives from non-government organisations. Furthermore, schools are granted a margin of relative autonomy, encouraging the flexibility of solutions in line with the respective “educational projects” and the characteristics of the local backgrounds and resources, with particular emphasis on articulation with health services and participation by local development associations.

On the other hand, from the administrative point of view, the existing bureaucratic structures continued to be given priority (namely the decentralised bodies of the Ministry of Education), with their systems of centralised control and their dependencies and universal formulas of action.

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<sup>5</sup> Hajer (1993, p.45) proposed that: “A ‘discourse coalition’ is basically a set of actors who share a social construction”. This author understood “social construction” to mean a way of lending meaning to ambiguous social circumstances and “discourse” to mean a set of ideas, concepts and categories through which a given phenomenon is lent meaning.

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It is pointed out that the use of “modes of post-bureaucratic regulation” results not only from an “instrumental” need, but also from the search for a rhetorical effect that will enable the illusion of action to be maintained.

In the first case, the objective is to create structures and modes of organisation that allow the incorporation of informed knowledge of actors and organisations with experience in the domain of “Sex Education” or in the domain of “health education ” in the definition of policies and, above all, in the support for implementation. These topics are “sensitive” from the social point of view and “innovative” in the Ministry of Education policies, and at the start they were “unknown” to their staff. Despite undergoing a reinforcement of staff with technical training and accumulated knowledge in this field in the Ministry of Health and in the Ministry of Education, the ministries always suffered for an absence of social legitimisation that experts could offer in the coordination of the ministerial programmes and therefore these new staff was pushed into the background. They were important as regards knowledge and management of the dossiers, but they were not delegated power to make decisions.

In the second case the intention is to show that a wide range of points of view were taken into account and the “rationality” of the decisions is defended, grounding them on both the knowledge of experts and the experience of the practitioners.

As for “bureaucratic regulation”, it is translated into the centralisation of the policy decision, whereby the coordinating structures are directly dependent on the minister or secretaries of state, and the implementation is controlled through the hierarchical line of the different levels of the education administration.

*- A policy informed by knowledge produced in the health and education sectors*

Throughout the policy process analysed there was a huge interdependence between the sectors of Health and Education, with a tendency that saw what was constructed in one sector affect the other. Although there are moments of coordination between these two sectors (such as the setting up of CAN) and moments of conflict (such as the creation of the PPES programme), there is always a certain tension that is linked to the domain of the knowledge. Interestingly, the teachers considered themselves less qualified than the health professionals, and tended to delegate the activities connected to Sex Education to these professionals. This interdependence of knowledge induces the creation of ties between the central Health administration and the non-government organisations, at first solely the Family Planning Association, but progressively extending to others. These ties are fuelled by mutual interest: the administration benefits because it mobilises knowledge for the system (schools, teachers) that it only partially possesses; the NGOs

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benefit because they obtain resources that allow them to sustain themselves and deepen this very same knowledge. While the NGOs obviously have a relationship that applies pressure on the Ministries to adopt active sex education policies, this pressure is exercised through subtle influences (requests for hearings, opinions), where their own knowledge is brought to the fore, instead of being based on strategies of mobilising public opinion (there are no demonstrations or other kinds of public actions) against the policies of the governments. We see, therefore, a relationship that is based more on agreement rather than disagreement, and which is only broken when the administration is publicly brought into question concerning the policies it is implementing. At these times tension comes to the surface and there are moments of clear hesitation between the maintenance or abandonment of these ties with the NGOs.

*- A policy agenda conditioned by different factors*

As mentioned above, the most significant moments in which the sex education policy is “put on the agenda” (agenda setting) are linked to the parliamentary debate and subsequent vote on the decriminalization of voluntary interruption of pregnancy laws, and at times took place at moments in which there was a change in the governing parties, as part of the alternation between the socialist party (centre left) and social democratic party (centre right). However, the pressure of the opinion movements and the non-government organisations also had an effect, especially when they brought the debate about this policy to the media. Also noteworthy is the influence of the World Health Organisation (OMS), namely through its guidelines about the creation and broadening of the National Network of Health Promoting Schools and in the spread of the “health education” drive in the education systems of the member countries.

## **2. OPPOSING PARADIGMS**

In the period under analysis it is possible to identify two paradigms concerning the way the public action is carried out: cognitive and governing. As regards the former, we are talking about the conceptions (beliefs, ideas, knowledge, discourses) that mould the thinking and the action of the different actors involved in Sex Education in school. As for the latter, we are talking about how the governing structures and modes of policy regulation are conceived and put into practice.

In both cases, throughout the period under analysis there was a confrontation of opposing paradigms, with different priorities, which is a situation that evolved into the progressive replacement of one paradigm with another, without however reaching the state of “complete paradigmatic shift”. It is also pointed out that, despite the fact the

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changes in the domain of the cognitive paradigms are articulated with the changes in the governing domains, this is not a linear process, throughout the chronology of public action, nor is there a causal relationship between these changes.

## 2.1. Cognitive paradigms

There is a set of ideas linked to the meaning of Sex Education which enable the identification of beliefs, values and principles of action and highlight a system in which the actors mingle and actively contribute to the production of these meanings (Muller, 2004). Mapping them out as paradigms translates a certain unity that reflects an interpretation of what Sex Education is (or should be), and as such they can all be viewed as truths that are available and in use. Hence, the change of paradigm corresponds above all to the emergence of new modes of questioning sexuality, diminishing the previous paradigm that appeared to be dominant, without however annulling it. In each paradigm we find the influence of knowledge as a mode of scientific production, immersion of different areas of knowledge and socio-professional categories emerging, as well as actors that lend them meaning through their discourse and action.

### BIOMEDICAL PARADIGM

This name has been adopted among other similar ones, such as “preventive-medical” (Machado Vaz, 1996) or “salutogenic” (Vasco Prazeres, 2008, interview). It emerged historically chiefly in the 20<sup>th</sup> century, through two problems that gradually became publicly visible: sexually transmitted diseases and birth control. Sexually transmitted diseases became a social problem when it became evident that authentic epidemics of syphilis, gonorrhoea and other sexually transmitted diseases were prevalent, especially among military bases or among soldiers returning from war” (Machado Vaz, p.40). The studies on the variables that influenced socio-economic development highlighted the birth rate as an influential variable, giving a strong boost to the drive to implement public control policies through Family Planning. From the 1970s onwards States were encouraged by the international agencies (UN, UNESCO, Council of Europe) to implement these policies. The visibility that from the mid 1950s was conferred by the fact that Health statistics became available, namely regarding abortions and child mortality rates, also made a contribution to the emergence of Health as an area that was now considered not to be the sole responsibility of the individual, but also the responsibility of the State. The Health and Education sectors were decisive in the emergence of the Welfare State after the 2<sup>nd</sup> World War. A healthy society, which the State was now responsible for, was not only one in which diseases could be controlled, but also one in which health was viewed as an asset, a public good. According to Vilar (2003) “the reinforcement of

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scientific discourses, namely the medical discourse, about sexuality at the end of the 18<sup>th</sup> century and in the 19<sup>th</sup> century represents, before all else, an attempt to appropriate a subject that traditionally belonged to the sphere of philosophy and morality through a new form of knowledge that was emerging and consolidating itself – the natural scientific and social knowledge” (2003, pag.92). These processes went ahead in tandem in the scientific and policy areas: at the same time that knowledge of biology and the physiology of the human being was evolving and the concept of Health was constructed, there was social pressure (and from the scientific community) for the State to accept new responsibilities in this field.

Sexuality was also transferred from a strictly private and intimate matter to the public and collective sphere. The need for the State to intervene was consolidated and Sex Education emerged as part of overall Education that the state should provide. Vilar (2003) even states that “with the emergence of modernity and throughout the 19<sup>th</sup> and 20<sup>th</sup> centuries, sexuality was increasingly a moral battle ground. But, in contrast to previous epochs (...) in modernity and post-modernity, in addition to this private dimension, this battle also accepted and took on evident public overtones (p.85). In the 18<sup>th</sup> century the scientific discourse was not yet completely separated from morality and religion. References to biology and physiology were used to catalogue deviations and behaviours that were considered pathological, and to explain desirable and healthy behaviours. But, little by little, this gradual break away from religion and morality became based on the scientific discourse, allowing questions of sexuality to be asked in the biological and medical field, and as such removing them in part from controversy and social ambiguity. This explains why this paradigm operates above all with the knowledge of biology and physiology analysed and dimensioned from the Health point of view. From the 80s onwards the idea of *public health* was heavily reactivated by the appearance of Aids, contributing to the continued existence of some of the principles of this paradigm. We are therefore in the presence of a “set of processes that lead social facts to acquire a status of public problem, not disassociated for the time being from fatality (natural or social) or the private sphere, and which are the object of widely publicised and political debates and controversies” (Garraud, cited by Delvaux and Mangez, 2008, p.50).

Duarte Vilar (2003) states that in the post-war era, within the scope of Pedagogy and Paediatrics, arguments began to be made advocating that certain explanations be imparted to children and the young, with proposals as such suggested in several European countries, which were not followed through in the different parliaments and were opposed by family associations. The first ideas about introducing these matters in terms of Education are aimed at enabling children to understand the functional dynamics of the body and to supply information for an adult matrimonial life. To a certain extent this approach remains today, albeit in a more modern form. Machado Vaz (1996)

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believes that this paradigm is underpinned by the idea that suitable scientific information lends individuals the ability to carry out appropriate family planning and to protect themselves from sexually transmitted diseases. Strongly based on the knowledge from these scientific areas, it is the professionals from these areas – the people who possess this knowledge – who are considered the best professionals to work on this topic, not only from the Health area but also from the Education area. The bio-medical model creates a relationship between Health and Education, areas that are usually viewed in two distinct ministries and systems, thus legitimising the entrance of health professionals (nurses and doctors) into the schools, upon request of the teachers themselves, who tend to consider their knowledge too limited to tackle the topic. This vision of Sex Education as a “specialist” area gives it on the one hand social status and a degree of specificity as a body of knowledge, but also contributes to diminishing the action of teachers who do not consider themselves holders of such knowledge.

As regards legislation on Sex Education, both Law 3/84 and Law 120/99 show the influence of this paradigm. The former brings Sex Education almost into line with family planning, and the latter, as well as including this dimension, introduces the need to contain Aids as an epidemic. The idea of *risky* sexual behaviour, in spite of the fact it had already been mentioned in the 1950s, came back strongly whenever Sex Education came under discussion. Duarte Vilar (2003) says that although Aids initially brought back the possibility to wage new moral battles about sexuality (with conservative movements treating it as a disease of homosexuals, holding sexual liberation accountable and advocating sexual abstinence for public health), the States preferred to invest in campaigns of “preventive efficacy instead of moral judgement”(pag.121).

#### PSYCHOSOCIAL PARADIGM

From the first half of the 20<sup>th</sup> century one begins to witness a certain shifting of the reference framework of the bio-medical paradigm with the incorporation of the psychosocial dimension in the analysis of sexuality phenomena. Authors coming from different scientific fields and with different approaches such as social scientists like Freud, William Reich, Lacan, Marcuse, Bataille, Foucault and others highlighted, despite the diversity of their theories, that sexuality is a composite result of the bio-psycho-social domains. In parallel, in the scientific field, the studies on Sexuality in Post-War American society (Alfred Kinsey’s surveys, in 1948 on the sexual behaviour of men and 1953 on the sexual behaviour of women), although carried out by doctors, had a strong sociological impact as they showed, based on the study of individual sexual behaviour, a social pattern that was different from the one that was supposed to be in place (Vilar, 2003). Biological determinism, even in terms of gender identity, was brought into question, bringing other behaviours into play as regards the construction of sexuality,



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calling for the inclusion of a multiplicity of sources (social, cultural, psychological) in this formation. This cultural mix bit by bit legitimised other forms of viewing sexuality, which were less conditioned by the traditional patterns of conjugal life. Social movements also emerge in which sexuality gains its own identity and the struggle for it is no longer a private sphere (each individual can live the life s/he wants) as it is associated to the political fight for civil rights (*Feminist Movement* and *Gay Movement*). Sexuality is seen as a personal construction, in tandem with other dimensions of human identity. Hence, at the same time as a biological facet is accepted that is translated into a sexed body, a psychological facet is added that implies, among other things, the identity of gender and sexual orientation and a social dimension which encompasses values and attitudes (Machado Vaz, 1996).

Having launched the basis of a paradigm linked to physical and psychological well-being, it was important to integrate the emotional and relational components of sexuality to a greater extent. Machado Vaz (1996) labels this paradigm "personal development model", stating that at its genesis is the acknowledgement of the "strongly individualised aspects of feelings, behaviours and types and relationship that exist in this area" (pg.42). Irene Cortesão & others (1989) goes so far as to state one should adopt the name "Sexualized Education" and not "Sex Education", given that it "includes not only information on sex, but also the discussion of values in the socio-affective domain that emerge from the process of socialisation which takes place through the family, school and the entire the social environment" (p.16).

Sex Education as a dimension of Health Education is justified not only in its appeal, as in the previous paradigm, to the biological component (the healthy body, viewed as a public and private good), but also in the psychological component (the idea of mental health, psychological health). The perspective is that a well constructed psychosocial identity acts as a factor of social protection (against all risks, all deviations). One of the interviewees in this study (Margarida Gaspar de Matos) summarises this idea when she says that the main issue consists of knowing: "what can you do to help the young make healthy choices, to feel good about them, to interact in a constructive manner with others, to have a life with healthy expectations for the future?" She also distinguishes this paradigm from the previous one, stating that whereas beforehand Sex Education was part of Health Education, because there was a *sanitary* vision of sexuality, now there is a *holistic* vision of sexuality, meaning that it cannot be separated from health as well-being. In terms of the principle of action, the informative perspective is completed with a training of skills component, namely "ability for self-control, assertiveness, desire and need to change certain undesirable behaviours (Machado Vaz, 1996, p. 73). The professionals that emerge - and owing to the appeal to "be human in one's relations with

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others"- are no longer only doctors and nurses, but also psychiatrists, psychologists and sociologists.

The "Health Promotion Education Programme" - PPES (1993) and the "National Network of Health Promotion Schools" - RNEPS (1998), mentioned above are to a great extent outlets of this paradigm and sought to disseminate it in the documents they produced. The attempt to influence the teachers' thinking and change their practices that were considered extremely marked by the bio-medical paradigm, is pointed out by all the interviewees who were linked to these programmes. Machado Vaz (1996) goes so far as to say that he does not believe the stance of the teachers had changed significantly, who when they intervene only seem to focus on the biological and preventive aspects, not considering the other facets of sexuality.

To sum up, although it is not a break away from the bio-medical paradigm, the new paradigm that emerges from this period can be described as seeking a certain consensus which is strongly based on scientific knowledge of the human being as a bio-psycho-social being. In tackling sexuality as part of a whole, it is possible to reduce its impact, and consequently diminish possible conflicts with adverse forces (e.g. some parents' associations), which is widely sought by the politicians (to avoid facing a strong opposition). According to Emery Roe (1994, 36, cit. in Delvaux, 2007, p.35) the narratives aim to "certify" and "stabilise" the hypotheses necessary to make a decision which is truly uncertain and complex. From this point of view this paradigm seems to fulfil this role well.

#### SOCIO-POLITICAL PARADIGM

The difference from the previous paradigm lies in the fact that it does not attempt to back away from the political and ideological controversy that the topic of sexuality raises, but rather places these aspects at the heart of the matter. What brings this perspective to the field of sexuality is to understand it as subject to the production of a dominant discourse governed by moral codes that have never disappeared and will never disappear, therefore reactivating the idea of conflict played out in the ideological debate. The State is viewed as separate from the citizens, and a producer of a discourse of power that subjects and conditions individuals (basically the Marxist theories that deconstruct the State as a repressive apparatus and producer of ideology, using the institutions to do so in a subtle way).

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In the field of sexuality, it is above all feminist policy theory which through “gender studies” aims to show how power historically used certain means to subordinate and exclude women. Based on the Althusser’s theory (French structuralism of the 1960s) on the ideological apparatus and on texts given high media attention, from the 70s onwards the feminist movements invest in the deconstruction of the subtle subjugation that constructs the feminine subject and which can only be modified by bringing it to the collective conscience. In the 90s the feminist focus diversified more, tending to situate this discourse considered one of “power” not as a totalitarian narrative which the construction of the feminine identity cannot escape from, and placing it at the level of other discourses based on other values, in a plurality of possible narratives about gender identity. However, it is not only gender that is seen in this perspective. Also race (today ethnic group or culture) and social class was the object of analysis in the light of Marxist theory, bringing to the fore how forms of reproduction of social classes are transmitted and how the social intervention of the non-dominating cultures is restricted. As happened with other gender studies, the cultural studies showed how the construction of culture is hostage to a hegemonic narrative of power.

The socio-political understanding of sexuality (and not only personal and interpersonal) introduced the discussion of religious and ideological codes as benchmark systems of conduct into the field of Sex Education. The emphasis is no longer on behaviour and on “individual risk”; rather it is accepted that society produces a vision of sexuality that can have repercussions on the individual. The discourse becomes one of rights (civil, political and social) mobilised not only by the “white intellectuals”, but by wide-ranging political spectres, encompassing groups considered less powerful and even marginal (Parker, Petchesky and Sember, 2004). These groups organise themselves around certain rights and seek to actively mobilise society in their struggle, as well as influencing and pressuring the political decision makers to construct policies that acknowledge and guarantee their rights.

Sex Education, in accordance with this paradigm, cannot be ignored in this analysis, but to think about it in terms of principles of action has been, in Portugal, a residual practice. Nevertheless, the work undertaken within the scope of the government committees<sup>6</sup> is pointed out, which has been responsible for promoting equal rights and which seeks to deconstruct hegemonic narratives (both from the gender perspective and as regards

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<sup>6</sup> Currently the High Commissionership for Immigration and Intercultural Dialogue (ACIDI) and the Committee for Equal Rights for Women (CIDM)

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culture), some of which have a pedagogical perspective, i.e. to be used by teachers in schools. Also worthy of mention is that Law 60/2009 is much more expressive in terms of this kind of approach than the previous ones, with several articles including the need to tackle topics such as violence, humiliation, abuse and sexual exploitation. It appears to be recognised that these issues are also dependent on how people relate to one another in this field and how society itself legitimises or sanctions certain behaviours in line with the principles and values that the topic incorporates.

In the discussion on the referendum about decriminalization of voluntary interruption of pregnancy in 2007 and in the public hearing by the parliamentary committee of Education and Science, at the time of the possible passing of a new law on Sex Education, there was an extremely active movement by civil society which was polarised in different positions. The Gay and Lesbian movement that over the previous decade had taken on an increasing active role (including a series of very active organisations) made its presence very much felt in this hearing and it subsequently exercised pressure to persuade parliament to pass a law to allow civil marriage between people of the same sex. The battle between opposing forces (present in the parliamentary hearing – see annex 3) showed that the conflict concerning Sex Education as a mission of the State had not gone away. The State, and its institutions, regardless of the party that was in power, was not immune from the confrontation. Machado Vaz (1996) said that “the State has been a fundamental actor in this conflict, either seeking to adopt an apparently distant stance from the different actors involved in the controversy, or taking the side of one or other, facilitating or hindering the definition and development of sex education policies in schools, in health systems or in its youth policies” (p.53).

In any event, despite the apparent mobilisation of the State, either through parliament or the ministries themselves adopting sex education policies, there seems to be “a paradox of policy in general and of sex policies in particular: the huge gulf between the formal institution of laws and public policies and their actual implementation. In practically all countries’ public policies are in place to promote sexual rights, which in practice are never implemented” (Parker, Petchesky and Sember, 2004).

## **2.2. Governing paradigms**

The change of paradigm in the governing domain did not come about exclusively from this public action and is part of a broader field of changes that happened in the way State intervention is conceived as regards rendering of public services and in the changing modes of regulation and management. One witnessed, in the background of this public

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action (as happened indeed, with the public action regarding “school autonomy and management”, also studied by the Portuguese team as part of the Knowandpol project)<sup>7</sup>, the emergence of a “post-bureaucratic regulation” which coexists and comes into conflict with a “bureaucratic regulation” that is still dominant in Portuguese public administration, especially in the education and health sector.

One can say that the origins of sex education policies in Portugal are strongly marked by this “bureaucratic regulation” and explain, to a certain extent, the “omission” by the Ministry of Education in executing the Law passed in 1984, in Parliament, on “Sex Education and Family Planning”, which we have already mentioned.

It is from 1993, with the creation of the Health- Promotion Education Programme (PPES) that the trend towards a change in the governing paradigm accentuated, in the context of this public action, with progressively more intense adoption of modes of post-bureaucratic regulation, as can be seen by the following characteristics.

On the one hand, PPES based in the central services of the Ministry of Education, and subsequently counting on the collaboration of the central services of the Ministry of Health, aimed to interact with the regional administrations of the two systems and was carried out in schools not as a top-down imposition, but as a result of the cooperation and negotiation with the school departments, which are provided with support for the conception of the project and the training of the participating teachers. The system of exchanges between the administration and the schools replaces coercion and imposition, with the administration’s discourse based on the idea of mutual gains. The administration, through the regional and local services became easier to deal with and more persuasive, and the programmes, even when situated in the central services, constructed circles of connection that went beyond the school management boards and include the teachers themselves (which here are coordinating teachers, promoting teachers, in other words, the supervisor in the school of a given project).

On the other hand, the Sex Education pilot project, the local enrooting is, at the same time, a validation test shaped on reasoning emanating from the scientific research criteria (unaffected by the context). Indeed, as the pilot project was a proposal that came from the Family Planning Association which was at the core of the PPES, the goal was to construct knowledge through the practices (whereby it was necessary that through the various sources of legitimisation the local was found). There was hence a consensus of goals among the experts and the politicians, the former of whom were

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<sup>7</sup> See the respective report, Barroso and Menitra (2009).

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interested in understanding what kind of objectives and strategies of Sex Education were valid in wide-ranging contexts, and the latter of whom were interested in promoting policies more based on participation than on authority. Although the schools could, when requested or invited, refuse to enter into this kind of programme, in practice it was difficult to reject this engagement, just as it was difficult to innovate in the programme. Therefore, despite the dominating rhetoric championing the knowledge and appealing for local creativity, it was not easy, for example, for the actors in Gouveia (see Annex 4) to create their Sex Education project at the Pre-school and 1st Cycle of Primary Education levels, when a central decision had been made to implement it in the 2nd/3rd cycles of Primary Education and/or in Secondary Education.

These trends to put into practice modes of post-bureaucratic regulation were deepened by the modes of coordination that came about, in particular upon the creation of the Committee for the Promotion of Health Education (CCPES) and the National Network of Health Promoting Schools (RNEPS), from 1998 onwards. This deepening occurred, above all, by strengthening the processes of contracting and articulation in transnational, national and local networks.

As well as the idea of project that remains present, one can go further, proposing contracts with schools based on the idea of belonging and identity: being a health promoting school. Empowering the school to decide whether or not they would like to join the programmes was a very prevalent idea, especially by the head of the RNEPS, and to do so they needed to have access to the information needed to decide on the commitment they could give the administration. As such, the developers use embryonic processes of marketing which were unprecedented, such as brochures or small leaflets that explained what the network consisted of. We are in the presence of contractual procedures that "introduce a constraint into the scope of public action more through incitement than ordering. The order of the day is "implication" (Nicolas-Le Strat, 1996, cited by Ferreira, 2008). Another two aspects are added that we deem important at government level: a) the idea of network, imported from Europe (Europe WHO) and its concept (REEPS) is appropriated and disseminated among specialists present in the national coordination body and especially by its coordinator; b) the commitment is not only in the national context – administration – schools, but it is also in the international field – the National Network is affiliated to the European Network of Health Promoting Schools. The political commitments are taken on at several levels: international, national and local, in a juxtaposition of levels of regulation, in which coherence and consensus are constructed around the content of the policy (Health Education) and the ways of regulating it (in this case, through commitment/binding to a network). We are in the presence of an increase in transnational regulation that comes from the existence of a supranational structure which, like others, "suggest (impose) diagnoses, methodologies,

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techniques, solutions (often in a blanket manner) which often end up constituting a “one size fits all” solution used by the experts (...)” (Barroso, 2006, pg. 45).

It is also in the context of this change in governing paradigm that one witnesses the appearance of “quasi market” policy guidelines (under the influence of a centre-right government, led by the social democratic party), enabling “free choice” by the schools of the associations that will support their projects in the area of Sex Education. This choice is relevant because the Ministry of Education took away the “monopoly” of intervention from the Family Planning Association, signing protocols with another two non-government organisations that had more conservative points of view and which were closer to (at least in one of the cases) the positions advocated by the Catholic Church.

Finally, another expressive example of this change in paradigm is linked to the relevance attributed to the mobilisation of the expert knowledge as a basis for policy decisions. Although this procedure was always present in setting up the coordination and support structures for the administration of Sex Education at school, it is above all in the final phase of the period under analysis (upon the creation of the Working Group for Sex Education in 2005) that this intensifies, in particular owing to the role this group would play in defining the regulations issued by the Ministry of Education. As pointed out by Carvalho (2007), the governance is also characterised by the creation of these “bodies that operate in the frontiers between knowledge and policy decision”, whereby their “frontier character (...) means the point where the reworking of meanings operate and the convergence of different interests back up new forms of knowledge-based regulation” (p. 3). We see that the mission group adopted broad strategies of listening to other actors, namely academics, actors on the ground, members of the NGOs and technical/bureaucratic Associations, whose participation in defining the policies throughout the years is acknowledged. In doing so, on the one hand they enhance their legitimacy as experts (knowledge holders, but also knowledge distributors), as they appropriate and come into confrontation with the wider field of ideas and interests that circulate in this arena. And while it is true that the hub of the discussion seems to be the research into the coherence or the truth of the matter, or the most suitable decision for the problem faced (as intended in the domain of management), also of relevance are “the beliefs that the actors try to impart and which they themselves believe in” (Delvaux and Mangez, 2008). The group’s proposals contained in three reports were taken on board by the Ministry of Education, which between 2005 and 2009 ratified the measures proposed and implemented them in the schools through dispatches and circulars (only later on, in the central services of the ministry was the structure created to oversee the more global relationship with the schools and activate new forms of contracting through the project). This practically unquestioning intake of the experts’ decision clearly shows, in this case, how the State had become, “an organiser and coordinator, instead of

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directly intervening itself, mainly carrying out actions of mobilisation, integration and ensuring coherence” (Lascoumes and Galés, 2004, p. 363).

*To sum up*, we can state that between 1984 and 2009 there was a constant tendency, within the scope of this public action, towards “a new mode of governing which is different from the hierarchical control model, a more cooperative mode where the State and non-state actors participate in a public/private combination (Mayntz, 2003, p. 27). This trend, as we have seen, falls within the emergence of a new governing paradigm which translates into the introduction of modes of post-bureaucratic regulation, especially in the national coordination of sex education policies and local support provided to the schools. These structures coexist with the prevalence of bureaucratic forms of regulation adopted by the Ministry of Education which explains, to a certain extent, the poor implementation of these policies in terms of their continuity and impact, in the national education system as a whole. It is stressed, however, that the adoption of these modes of post-bureaucratic regulation are not limited, as happened in other sectors and in other public actions, to a purely rhetorical function to reinforce the government’s legitimacy, but also served, in this case, to compensate the shortfall of legitimacy of specialised knowledge by the Ministry’s technical structure concerning this topic, and to promote the practical knowledge needed to draw up local policies in which the schools would widely take part.



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### 3. ACTORS AND KNOWLEDGE

The actors in this public action are divided between the Health sector (doctors and nurses) and Education (teachers, educators), with the emergence slightly later of professionals who cannot be clearly pigeonholed into one or other field (psychologists, sociologists), bringing on the one hand their own vision and on the other hand building a bridge with a degree of ease between these two worlds at play. The prevalence over time of both sets of professionals, but above all the interactive play between the two of them, derives from the dominating cognitive paradigms, and, at the same time, contributes to changing these paradigms, as we shall now see.

#### 3.1. The actors and the paradigms

In an initial phase of the period under analysis (from the 1970s until almost the end of the 80s) it is the health professionals who come to the fore, in a more relevant relationship with the *bio-medical* paradigm which dominated the field of sexuality. As a consequence, it is the health area that was called upon to the greatest degree by the politicians, to use its knowledge to solve socially pressing problems, such as “unwanted pregnancies” and the practice of abortions. Practically two decades passed before Family Planning as a cure for these “ills” integrated the Health policies, not only because this aim emerged clearly in several scenarios of policy intervention (Parliament, Government, NGOs), but because pressure from international agencies, such as the WHO, was exercised to bring this about in the four corners of the world.

In these twenty years it became clear that a conscious intention was made to bring a structure – the National Health Service – into line with an idea – Family Planning. The experts are themselves a vehicle for the dissemination of this idea and the mobilisation of the actors on the ground. This “project” is therefore the result of a constellation of public and private actors who are closely linked to this area through their own education and training. Some took on political functions and have a past as activists (such as Albino Aroso and Purificação Araújo, who as well as being respectively in the Secretary of State and in the Directorate-General of Health, had also been members of the Family Planning Association since its foundation). Others are on the ground, in health centres that are renowned as exemplary in relation to the implementation of family planning. In some cases these health centres carried out very specific work among the local population (particularly noteworthy was the experience of Aljustrel Health Centre, a kind of school

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for doctors and nurses who wanted to learn something in this field). Others also had a big social influence in the context of the NGOs, such as is the case of the Family Planning Association.

The actors who stood out in this phase, many of whom we interviewed (see Annex 1), have some characteristics in common. Firstly, all have training in the medical area, some in Public Health (e.g. ACF and MP), others in specialities linked to Family Planning (for example, MG is a paediatrician). But in addition to having in-depth knowledge of health issues that afford them broad social legitimacy, they also have a strong political conscience in exercising their profession (their discourse is very focused on the social role of the doctor) and a sense of mission very connected to the context of the epoch (1974 revolution) and to militancy in organisations of “progressive Catholic inspiration” (Catholic University Youth). What can be seen is that there are unequivocal ties between these actors who while performing different roles and intervening in different contexts mobilise themselves around a shared idea. We can say, therefore, that in relation to *Family Planning*, between the 70s and 80s, there was relative harmony in Portugal. This harmony mirrored what Saint Martin (2004) described as an epistemic community, as a network of actors who share values, a framework of common analysis and a vision about how problems should be solved, united national actors and actors from international organisations. This is to a certain degree the “pre-history” of Sex Education, because it is in this mixing pot of values and knowledge clearly situated in the Health area that the Education field is questioned as regards its action, not now from a problem-solving perspective, but rather from a problem-avoidance perspective. This questioning takes on two interesting forms, the first of which concerns economic issues, the second of which is of a social nature, with the interaction between the two explaining a (certain) change of paradigm. While Family Planning now invoked social intervention to anticipate the problem, Sex Education in its initial conceptualisation was nothing more than an extension of this concept to the younger age groups, with the discourse adapted accordingly. As Pons and Van Zanten mention, citing Smith’s studies “the metaphors that most attract the reformers within the scope of the social sciences were taken from medicine and other associated areas of public health. The ideas of prevention and cure held a strong lure for those who wanted to respond to the social and economic concerns through scientific means” (2007, p. 127).

A former Minister of Health highlighted this idea that avoiding disease also contributes to cutting the cost of the health sector:

I am aware that the big leader of this process always has to be the Minister of Health and not the Minister of Education. In other words, he has to show concern for other areas and the Minister of Health knows

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that failing to provide Sex Education will lead to absolutely brutal costs for health. Therefore, the heavy pressure for the existence of Sex Education takes place at the level of the Ministry of Health, and not at the Ministry of Education. It's natural. The Ministry of Health has more sensibility towards this. (MB, 2008, interview)

And it is as such that the Education actors were first involved. They are positioned in an arena in which, from the political point of view, one could act with a different kind of efficacy than the Health professionals, and if they did a good job, this would lead to a reduction in the economic and social costs linked to the proclaimed problems. Moreover, the social context at the end of the 1980s brought new problems to the relationship with sexuality, which society was sensitive to, justifying on the one hand a revised look at the Health actors and on the other hand leading to the emergence of actors from other professional fields. It is Aids as an illness that brings to the fore the idea of risky behaviours associated to infection with HIV/Aids. The revelation that sexual intercourse is one of the forms of infection had a huge impact, as it became obvious that this form of transmission could affect everybody, and was not restricted to certain marginal groups (such as drug addicts) or especially sensitive groups (such as haemophiliacs). The prevention field was therefore renewed, and prevention swayed more to the side of Education than Health. However, prevention remained a strategy of Primary Healthcare and Community Health, so it was natural that some health professionals continued to be more sensitive to this kind of work (clearly the training of public health doctors) linked to Sex Education.

However, during some time it was as if one group held the most appropriate resources for action (the school) and others the know-how (the Health professionals). And the relationship between the two sectors from then onwards would involve a degree of tension regarding the responsibility (who should implement, also focusing on the question of the financial costs), the knowledge (who holds it, who can carry out the Sex Education work) and the place it occupies in terms of the social enrichment of the knowledge (who can *talk about it*). The calling up of actors from the health field to the education field as "experts" of Sex Education remains a practice to this day, but with increasingly less weight. Several factors contributed to demystifying this deep-rooted idea that teachers (apart from Biology teachers) had little capacity to work with Sex Education, the most commonly cited reason for the failure of its implementation, in tandem with the lack of political commitment:

- a delayed, but progressive acceptance by the Ministry of Education of the issues involved in Sex Education;

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- the position adopted by the senior and/or intermediate managers in the heart of the Health Education programmes run by the central, regional and local Administration, (PPES, Pilot Project, CPPES), even when these were exercised by Health professionals, that the role of the teachers is essential;
  - the discourse of some doctors, paradoxically (or not) placing the emphasis of Sex Education more on social and educational issues rather than on medical and/or biological questions;
  - the progressive broadening of the action of the Portuguese NGOs involved in these areas, to the schools and teachers;
  - the emergence of psychologists, psychiatrists and sociologists in the Education area, who were conferred growing importance in talking about Sexuality and Sex Education. Their relatively hybrid position relative to Health and Education was important to broker, help and form consensuses and to begin the construction of a more inter-disciplinary field (Saint Martin, 2004).

From the 1990s onwards a trend evolved for the significant actors to now present more wide-ranging formations going beyond Health, which had been dominant up until then, and the teachers appeared as professionals linked to the field. What legitimised this trend is the reference to the psychosocial dimension of sexuality. The discourse, as we mentioned in the previous chapter, is centred on protecting the young, on endowing them with the ability to deal with “social risk factors”, and the risk inherent to unprotected sexuality under various aspects is put on the same level as risks of another nature, such as excessive eating or drug consumption. This discourse was more common among the experts, reinforcing their partnership with various international projects and organisations that were also their vehicle (e.g. the Network of European Health Schools). However, it is not possible to ascertain up to what point the influence of this paradigm, clearly coming from and centred on the experts, was felt beyond the structures of the two ministries most directly involved (Education and Health). A degree of social controversy that arose whenever Sex Education came into focus on the political agenda leaves no doubt that this area is clearly more sensitive and less consensual than others that are associated with it within Health Education, meaning that the symbolic equivalence that has been sought by the experts – to be on a par with others in the *cake* of healthy behaviour – has not had the expected success in forming a widespread social consensus. Even when the mandate in political terms was clearly situated on Sex Education, as happened with the Working Group for Sex Education (GTES), the experts refused to tackle this area without including it in a much vaster one – Health Education.

There is, however, and interestingly, a slightly different vision from this held by some of the doctors interviewed (VP, MJA), which tends to be closer to what has been fought for

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by associations linked to the Gay and Lesbian movements, i.e. that Sex Education is intrinsic to the construction of democratic citizenship, and therefore it is implicitly necessary for the creation of a society freer of some stereotypes and prejudices related to experience of sexuality. This more political paradigm, bringing other kinds of topics to the discussion such as social representations and/or civil rights, tends to call for the Social Sciences above all. This is also suggested by one of the doctors interviewed:

(...) The thesis that has been most implemented is that Sex Education is an instrument at the service of prevention of sexually transmitted diseases, unwanted pregnancies, possibly the use of drugs, sexually transmitted infections, etc, and the model that has won the day is the biomedical model and... including in school! (...) And when I was involved in the network of health promoting schools I tried precisely to shift the main focus a little from the prevention of problems and more towards the construction, if you will, the construction of citizenship, the construction of learning. Other more innovative forms of encouraging learning, to be a man and to be a woman, this is the learning of citizenship, and this thesis is extremely difficult to transmit! (VP, 2009, Interview)

As the same interviewee also mentions, although the experts made a big effort to get the teachers to distance themselves from a *bio-medical* model, they were more or less forced to include Sex Education on the curriculum, and instead of constructing their own knowledge they began to import it from the Health area.

So, at a certain time you have teachers and health professionals talking about exactly the same things, in the same way! And we ask ourselves: but what is Health bringing to the table in this process at this moment? Given that it had already passed on the knowledge it had to the others and the others continued to ask exactly the same thing, which in the meantime they had already learned, in other words, there was promiscuity in the work processes, in the knowledge that in itself did not help this process very much! Then they even start competing! (VP, 2009, Interview)

One can conclude, therefore, that probably the articulation of the Health and Education services, which was clearly a top-down strategy, had not been enough to give body to an active exchange of knowledge between Health and Education, able to create theoretical grounds based on a common construction.

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## 3.2. The experts

In this public action the experts, whether they are located in the ministry, in the NGOs or in academia actively took part in the process of framing the problem and producing ideas (Delvaux and Mangez, 2008). The NGO experts contributed above all to put the problem they identified – the absence of Sex Education as a coherent and integrated proposal on the curriculum – on the political agenda. And they did so in different forms: requesting audiences from politicians, organising forums, publications, receiving research, disseminating their own projects, requesting public funding. They tried to keep focused on their object during the period under analysis, to a greater or lesser degree of success. In their struggle to gain the attention of the civil society and the politicians they also used public demonstration of the possible harmful effects of failing to adopt a solution to the problem, namely: adolescent pregnancies and sexually transmitted diseases, above all Aids. But their work involved actively contributing to the ideas, often in dialogue with the experts from academia, creating a network on this platform of understanding that would give rise to a dominating cognitive framework, in other words one which was best adapted with the way Sex Education was understood in each of the decades of the period under analysis. The consensus among the actors of (our) network was only broken relative to the model and the content that should be adopted to teach Sex Education in School. The most striking division among the three NGOs is that one of them (The Movement for the Defence of Life) advocates sexual abstinence as a means of protecting the young, while the Family Planning Association and the Portuguese Community Foundation against Aids argues for a broad teaching of contraception.

Hence, even if there was no express relationship between the experts and the politicians, the influence of the former could be observed through the contribution they gave to the creation of references, in other words the vision (or visions) of what Sex Education is today and what it serves. As an additional factor, the experts' knowledge is undoubtedly important, and is often recruited by the organisations of the State, and produces legitimacy for the ministries' interventions. However, given that it is a topic that is strongly linked to values, this legitimacy was never enough to annul the social controversy that surrounds it. Positions for and against Sex Education in School continued to be prevalent, which was clear to see in the parliamentary hearing that took place in 2009 (see annex 3), upon the launching of a new law on this matter, and which even after its parliamentary approval continued to manifest itself widely (in the media, blogosphere, petitions, government letters, formation of platforms set up by organisations and individuals against it).

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Concerning the Central Administration, the first fact to be pointed out is that the Ministries of Education and Health recruited experts for this area in three ways: by integrating actors with some training in the area in the heart of the administration itself where technical positions of some note were occupied; by mobilising actors from academia for certain functions of high responsibility; and by inviting experts from the NGOs onto given projects, activities and tasks (e.g. the pilot project for Sex Education and the drawing up of the Guidelines).

The trend between 1984 and 2009 was always to mobilise experts from academia to lead the Central Administration programmes in this area. Initially the experts seemed extremely infused with a sense of civic militancy, with the aftermath of the 1974 revolution very much favouring this attitude (in 1984 a group of MPs coming from various parties brought this issue onto the agenda and argued its pertinence, and in civil society it was a question of activism, namely of the APF). But the experts' discourse increasingly moved away from the ideology and the policy (so much so that in 2009 no expert from academia was present at the hearing in Parliament regarding the draft law on Sex Education). Their participation was increasingly taken as of a technical and scientific nature. In the *Viva a Escola* and *PES* projects (1987-1998) the discourse about Sex Education was scattered with objectives much more closely linked to social inclusion than one or more areas of academic knowledge that could confer substance to Sex Education.

"It was thought that liking school was essential. If you don't like it "it's because it tastes of cod-liver oil"...and today there are other medicines available with this bad taste (...) We "did not want to centre the problem on Drugs but on the dislike of school" (CP, 2008, Interview)

However, while this integrating approach was not lost, it was seen another way by the subsequent leaders (CCPES and RNEPS) and by the GTES. In the discourse of IL (CCPES, 1998) and MGM (GTES, 2009) Sex Education was part of a global task of "promoting healthy lifestyles". The language used by the academics accentuated these kinds of characteristics that distanced it from the discourse of common sense about Sex Education, but at the same time would influence the actors on the ground, for example leading teachers to take these references on board, such as the expression "risk factors". From the end of the 90s the field within the scope of the state organisations and the NGOs was aligned with the "expertise", i.e. to talk about this topic it was necessary to be recognised as an expert. We can therefore state that this public action is viewed as "making learning easy" and "as actively constructing the consensuses necessary" (Pons and Van Zanten, p. 115), albeit consensuses that are constructed here more within the scope of a network of significant actors (public and private) than in society in general.

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Sex Education was hence accentuated as an area of specialised knowledge. This meant the politicians needed the experts more and more to legitimise the policies that civil society was clamouring for. This mode of doing politics by making use of knowledge was perhaps more striking in this area of education than in other areas. Several reasons contributed to this: the increasingly specialised nature of its content; the more peripheral character and lower importance of these policies both in relation to health and in relation to education (only the action in parliament or the negative episodes that made it into the media brought the issue into the spotlight); the high degree of conflict triggered by the different positions; the special social sensibility towards this topic.

While on the one hand this particularised the topic, on the other hand there is no doubt that, along with other policies, it is affected by the more global process of the incorporation of knowledge at the core of new forms of regulation. As Pons and Van Zanten point out “the governments are strongly invited to develop new capacities and forms of knowledge, evolving in their modes of legitimisation. The legitimisation of the current political leaders is neither substantiated *a priori* – based on ideology, values or simply choices – nor is it determined *a posteriori* – in other words based on outputs and accountability. It is rather a process of earning legitimacy step by step” (2007, p. 111).

Civil society is also considered a source of knowledge, namely the notion of “*associative knowledge*, describing the recognition of the associations as a place for the production of knowledge” (Saint Martin, 2004, p. 214). The relationship with the NGO experts in this public action takes on certain particularities. Firstly, it takes place in a background of greater autonomy and apparently with a somewhat critical conscience in relation to the interaction with the politicians. The leaders of the three NGOs that we interviewed are in favour of working with the administration: they are not resistant or hyper critical; they always accepted the invitations addressed to them; they instigated collaborative initiatives themselves. Nevertheless, they showed a measure of disappointment in the way the policies were drawn up and were not very convinced about the relevance of the knowledge in the construction of the agenda, considering themselves unjustly removed from the decisions that were taken about Sex Education, an area they considered to be their speciality.

In relation to Academia, its experts were called upon by the politicians to construct programmes of ministerial action in this area. They were granted a high degree of freedom, showing the esteem held in their expertise, and showing that the policies in this field were based on the knowledge or at that this knowledge played an important role. The idea of using the knowledge as a form of legitimisation seemed to be crucial when a group was set up made up of experts (GTES) to respond to the objections raised by a given group of parents concerning the guidelines from the ministry. The knowledge also



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seems to be considered as an asset, and tends to be thought of as policy learning, given that when there were changes of political parties in government the ministerial programmes of Education and Health were maintained, albeit undergoing some changes (e.g. from the PPES to the CCPES). However, at other times, such as with the termination of the CCPES/RNEPS, the knowledge constructed does not seem to offer sufficient grounds for the continuity. It is at these moments that the experts showed the most concerns as regards how the knowledge has to be subordinated to the policy, perhaps because they lived in the illusion that the contrary was the case, perhaps because they believed that those who hold the knowledge should have more power when it comes to decision making.

Nevertheless, the experts ended up viewing this interaction with the policy (and in this area this is clear, although it may not be in others) as a form of intervention that is not open to them entirely through academia, i.e. both the leaders of these projects and the mission groups point out how much they would like their knowledge to be able to influence the policy. As one of the experts interviewed put it regarding this matter:

The slowness of public administration is a frightening thing for me, and I get..., it's something that I think... I enjoyed collaborating in the project firstly because I think it's a service that is truly... because I believe in the researchers... because I think that the researchers have an obligation for citizenship, to get out of their offices where they are very comfortable and to do something... even if they get annoyed... and so I'm not going to run from, we can say, my civic responsibility of insisting that "I know that I know" and of finally giving a small contribution towards moving the thing forward! (MGM, 2008, Interview)

But the various episodes and witnesses state that "the autonomy between the cognitive and the social spheres is always relative: the relationships between knowledge and power are simultaneously dependent and autonomous (Mangez, 2008, p. 59). To conclude, in the period under analysis one sees an intensification of the relationship between knowledge and policy, in line with what we refer to as the model of interactive analysis: there is a subtle and complex set of relationships between the decision makers and the researchers, and the research and policy are mutually influential (2007, Pons and Van Zanten p. 118).

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## 4. KNOWLEDGE IN THE PUBLIC ACTION

In this chapter we focus our interpretative analysis on two topics: the “kind of knowledge” at play in this public action and its different configurations, using the second chapter of the *Actors and networks in the public action* (Annex 1) as the main source to do so; and “political use of knowledge”, by means of the contribution of studies on three scenes of public action: one parliamentary debate (2008-2009), one parliamentary hearing (2009), both on the recent passing of the new legislation on “*sex education in school*”, and a local-scale action – the “case” of Gouveia Council (Annexes 2, 3 and 4 respectively).

In writing on both topics we elaborate on certain interpretative lines sketched out in the previous chapters, chiefly concerning the relations between the cognitive paradigms and the public action. As we wrote there, throughout the period under analysis one can see that the confrontation between the paradigms occurs in a process of mitigated replacement of one with another, without reaching the point of “radical paradigmatic rupture”. We also follow up the idea already expounded in the previous report (Barroso & Menitra, 2009), according to which it is not possible to talk about “independence of the knowledge” and that the different facets of knowledge form a discursive coalition, depending on different factors (see Barroso, 2009: 997-001): e.g. the modes of regulation and the instrumentalisation used; the contexts of action; and the actors – with the knowledge supplied and the interests that they carry – which are interlinked in such scenarios.

We note, following on from previous occurrences, that disputes and/or agreements established within the scope of this public action were strongly marked by the nature of their core content (sexuality and sex, corporeity and body), policy matters with a long history (see for example Foucault, 1976, Turner, 1984) and in which the limits of the intimate and the public, the community and the society, are played out and drawn up; and of course, in which the limits of intervention of the public authority are established. It is an arena in which not only different facets of knowledge fight it out to claim the scientific, professional and expertise truth, but also other kinds of knowledge that imply choices about the relations of power that constitute our societies and our lives, which depend on moral acceptance, on ethical judgement, have these religious or laic origins.

In drawing up the point of view that guides this interpretative analysis we keep in mind that the mobilisation of knowledge occurs in a “competitive” space of confluence, of

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competition and cooperation (between actors, between representations of problems and between means of policy action), as suggested by the reflection produced within the scope of a sociology of public action and within the framework of *KNOWandPOL* (Lascoumes & Le Galès, 2007, Delvaux, 2009). In this background, we use the categories used by Berényi & Neumann (2009) to differentiate the kinds of knowledge and to analyse the consensuses and conflicts among them. We also keep in mind that such disputes and consensuses are social and cognitive labours that tend to focus on the delimitation – expansion, exclusion, protection – of the “credibility” of knowledge (see Gieryn, 1999).<sup>8</sup>

#### 4.1 Kinds of knowledge

In this public action there is a clear valuing of the knowledge that has passed the test of “feasibility”, which derives from verifying positive implementation of such knowledge in “the context of practice”. More important than the knowledge that had already been constituted, and is available for use or has even been incorporated, the knowledge that seems to carry the most weight is that which is perceived as able to make the practices of *sex education in the school* successfully work. The priority for “what works” therefore comes to the fore in the public valuing of learning through experience – the experience of turning “*sex education*” into a specific mode of working with the schools. Hence, a pragmatic reasoning predominates: the truth is deemed to be what is useful; and the useful, in this case, is the modality of action that leads to the adoption of “healthy behaviours”. This viewpoint seems to be common to the period under analysis and all the places of production of knowledge, even if more expressive in the documentation produced or distributed by the central administration (Ministry of Education/Ministry of Health). We now go into detail.

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<sup>8</sup> Gieryn’s work (1999) analyses the disputes surrounding scientific credibility and was written in the context of a debate which became known in the Anglo-Saxon world as “Science Wars”. This is clearly not our analytical context; we merely appropriate some categories employed by the author because they help us to interpret the phenomena of construction and/or deconstruction of credibility of “knowledge” at play in public action.

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#### 4.1.1 Searching for what works: "good practices" and "inquiry of the processes"

In this public action there has been, from the very start, a palpable use of practical and local knowledge, as a kind of demonstrative basis of the possibility of undertaking (positively) *sex education in school*. The administration of the education highlighted the contribution of the professionals from its field – the teachers – or these in partnership with the professionals from the health sector on a regular basis. The justification given for this kind of knowledge (not formalised) to be given visibility emphasised precisely that it was rooted on everyday experiences. This transformation of tacit knowledge into explicit knowledge was brought about through the device of "good practices", disseminated in several forums sponsored by the central administration (e.g. in the RNEPS annual meetings and in its newsletter, and currently on the site of the Directorate-General of Curricular Innovation and Development - DGIDC). These modalities – of formalization and dissemination of knowledge – helped to keep the actors fixed on the projects on a voluntary basis, affording them authority and granting symbolic legitimacy to their projects and knowledge. To sum up, this "creation" of knowledge came about through the exposition of the voices (or texts) of the local actors, under the formula of "good practices".<sup>9</sup>

However, one has to take into account the existence of another form of presentation "of what works". In this second modality that voice and those texts are more visibly brokered: "the practices" are dealt with by technicians and/or experts from the ministries. This intervention in the construction and validation of knowledge in *sex education in school* and for its agents is more akin to a conventional mode of regulation centred on examining the processes and assessing "how are they doing the work" . Therefore, within the scope of RNEPS, surveys were regularly produced about "the practices", which each school should respond to, taking into account "its reality", reporting the way its *Education for Health* projects were "implemented". These surveys

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<sup>9</sup> It is worth remembering that the good practices are the target of cognitive and regulatory choices by the coordinators of their conception, those who report them and those who circulate them. The "good practices" are instruments of public action. The 2008-2009 parliamentary debate involved actors who referred to the local "good actors", not exactly as knowledge that was lacking, but as an "ignored knowledge": "(...) On the other hand, there are schools that carry out praiseworthy experiences and there are schools that undertake extraordinary, frankly positive, work. Why are these experiences not properly disseminated? Why are these schools not acknowledged as examples of good practices?" [see Annex 2: 10].

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looked above all at aspects of the implementation process; and spent little time on the impacts. This knowledge technology (using large-scale surveys and giving priority to quantitative tools) arises as a triple practice: the establishment of a specific “categorisation” for the local practices; “vigilance” or control; and, concomitantly, “protection” of the Administration in the face of attacks by groups fighting against State sponsored “sex education” in school.<sup>10</sup>

#### *4.1.2 The characteristics and places of the academic and expert knowledge*

The last ministerial documents (Guidelines, Reports from GTES), which academics and experts contributed to, gave rise to a “hybrid” knowledge. On the one hand, they contain an analytical component, including summaries of the theory and research undertaken; on the other hand, they are of a prescriptive nature, including programmatic guidelines, objectives and content to be worked on by the teachers in the schools.

The knowledge mobilised comes chiefly from *Developmental Psychology (or Human Development)*, focusing on the emergence of “sexuality in relation to the stages of development” and the consequent “adaptation” of what “sex education” should consist of in each of the phases. In addition to this “backdrop”, the documents almost always have an empirical facet whereby the experience of the work in the schools is presented as if it was a test and *sex education in school* is akin to a “big laboratory”. For example, the book *Guidelines for Sex Education in School* (Ministry of Education, 2000) presents itself as the outcome of a project of an experimental nature in five schools of different teaching levels and in different regions of the country. The report on *Sex Education in School*, produced in November 2005 (based on a survey carried out in 2003), goes even further and uses a sample of schools that were not “Health promoting schools”, in a clear importation of a certain model of research able to produce *a scientific proof*. Likewise,

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<sup>10</sup> In contrast to what happens with the *good practices*, in which the school in question is identified, in these reports the identification of the school is omitted, with the information mostly broken down into administrative regions. Although we were told that the data was returned to the schools, we were unable to find out how this process was carried out, or whether it had any effect.

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the GTES throughout its mandate worked with some selected schools and took advantage of the “evidence” collected there to draw up its final report (ME-GTES, 2007).<sup>11</sup>

The empirical incursion guided by academic and/or expert knowledge seems to constitute a resource that can be used as justification to politicians for the continuity (or not) of the investment and pursuance of the measures in place. Such devices were obviously not immune from the unpredictability of the consequences of the action, and came to produce unexpected effects (even contrary to those that had been imagined) for the experts.<sup>12</sup>

It was outside the State bodies (chiefly in the APF) that one sees the greatest concern regarding the dissemination of the research carried out, and the regular holding of forums to mobilise academics and/or national and international experts, and also the regular production of newsletters and journals that disclosed the research, reflection and wide-ranging practices (both in the ministry and in “civil society”). These seem to be the main places where the different facets of knowledge converge and can be exchanged and interlinked.<sup>13</sup>

#### *4.1.3 Assessment of impacts: from “lacking knowledge” to “substitute knowledge”*

The assessment studies progressively extended to all the actions carried out under the aegis of the administration in matters of *sex education*. However, the assessment models used have shown a shortfall for those who clamour for this technology: they do not manage to instrumentally approach the guidelines that emphasise systematic analyses and which afford a leading role to analysis of the *output* and the *outcome* of the objects

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<sup>11</sup> There are also some studies of an academic nature (above all to obtain academic degrees), but which tend to be restricted to the organisations in which they are carried out.

<sup>12</sup> As experts involved in the GTES pointed out to us “according to the data of the Survey given to schools carried out by the DGIDC in 2003, entitled *Sex Education in school (ME-DGIDC, 2005)*, the protocol with the *Family Planning Association* was only known by 20% of schools and only 10% knew of its existence in relation to the *Defence of Life Movement*” (ME-GTES, 2007: 28) – such data gave the then Ministry of Education grounds to make the decision to annul the previous policy measures that favoured the protocols with the NGOs.

<sup>13</sup> The State organisations also frequently used the forums, especially the *good practices* forums and frequently called on experts to give keynote speeches or make comments. But the events did not achieve the expression of those referred to above.

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assessed. There are therefore serious difficulties in proving the *value* of policies and projects, or even gauging their “*value for money*” (a quality today widely called for by multiple sectors of public action).

This “problem” does not appear to be exclusively a Portuguese one. The difficulty in appraising the preventive capacity (in terms of cause-effect) of the *sex education* programmes regarding certain risk behaviours is internationally recognised (see Kirby, 2002). In this context the “meta-analyses” arise as a kind of “substitute” and/or “complementary” knowledge of the assessor; and as a practice for the drawing up of consensual knowledge concerning the approaches centred on the production of evidence.

By observing the interventions of the administration and/or the experts involved in the health sector in Portugal, we can sketch a wide-ranging portrait. While in the education sector data is collected related to “prevention” and focusing on the “processes”, in the health sector the data tends to be constructed and constituted as *quantitative indicators of problems* (e.g. percentage of pregnant adolescents). Furthermore, there seems to be no communication – or difficult communication – between these worlds, both as regards the joint production of knowledge and in relation to the circulation of the knowledge created in each sector. With no conjugation in the public action, disputes arise surrounding the *indicators* brandished by the Ministry of Health or by organisations which intervene in this sector in relation to public health “problems” (e.g. HIV).

Finally, we point out the emergence of a set of studies that involve university or professional higher education organisations in partnership with international organisations, such as the World Health Organisation (WHO) and more recently the Schools for Health in Europe network (SHE).<sup>14</sup> These transnational and “inquisitive” activities (see Jacobson, 2006) are often based on questionnaires asking about lifestyles and behaviours (e.g. age of first sexual relation, use of condom, etc). One of these questionnaires, the HBSC/WHO, dedicated to the study of the health behaviours of school age youths, has been repeatedly applied in Portuguese schools from the mid 1990s (see Matos et al., 2000a, 2000b, 2003), leading to the identification of “trends” that cannot,

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<sup>14</sup> “The SHE network aims to support organisations and professionals to further develop and sustain school health promotion in each country by providing the European platform for school health promotion. The network is coordinated by NIGZ, as a WHO Collaborating Centre for School Health Promotion” [<http://www.schoolsforhealth.eu/index.cfm>].

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however, be related – from a methodological point of view – to the measures implemented in the education sector.<sup>15</sup>

#### *4.1.4 "Healthy lifestyle": coalitions and discursive demarcations around a common place*

Examination of the materials collected on public action led us to surmise the predominance of pragmatic reasoning regarding the knowledge in/about *sex education in school*: we spoke at the start of this text about the prominence given to "what works". Downstream from this finding we extend out analysis paying attention to the composite nature and hierarchical ordering of the knowledge that circulates in this public action.

The predominance given to "what works" in the cognitive space of *sex education in school*, runs in parallel with a shift from a biomedical vision to a psychosocial vision. We talk about a "shift" as the latter vision does not completely break away from the previous one, but rather prolongs an alignment between concerns with the health of the population as a whole and concerns with the well-being of each individual, albeit giving centrality to the ability of each individual to know how to conduct himself (throughout his life), which means – in the case we are studying – that he is able to "adopt" a certain *healthy lifestyle*. Such a "shift" leads to a wider repertoire of knowledge viewed as necessary to furnish the qualified social agents with what is necessary to act in sex education in Portuguese schools. Moreover, it enables a reworking of the actors and the worlds of knowledge that take part in the guidance of the actors who directly deal with the targets of the policies. Therefore, the disciplinary knowledge deemed credible to guide the public action extends from the worlds of biomedical sciences to psychiatry, psychology and even the fringes of sociological thinking. This broadening is accompanied by a repositioning and reordering of such knowledge, not so much in terms of scientific credibility but above all concerning the acuity of the specialised knowledge when faced with the task of providing each individual with the tools to embrace a *healthy lifestyle*. The growing focus placed by advocates of *sex education in school* in adopting or changing behaviours and/or in the "acquisition of skills" has undermined the priority for scientifically grounded information, predominantly in the *biomedical* model.<sup>16</sup>

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<sup>15</sup> Some other studies have been carried out by NGOs (e.g. APF) in international partnerships.

<sup>16</sup> The final report of the GTES (2007: 7) outlined the following goals of Sex Education in schools: "The development of skills by the young that allow them to make informed and safe choices in the field of sexuality ; improved affective-sexual relationships; reduction of possible negative consequences of sexual behaviour, such as unplanned pregnancy and sexually transmitted disease (STD); the ability to protect oneself from all forms of



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We repeat: the expansion of this way of framing the *sex education in school* problem around the “competencies” accommodates central facets of the biomedical vision (e.g. the choices of competent youths will be “informed and safe”, the biological body will retain its strong presence, linked to the problems of public health that derive from how it is “used” in sexual practices). However, we add: the knowledge built under the biomedical paradigm is respected as necessary, but not sufficient. Therefore, the obsolete nature of its means is pointed out, given that today the information can be obtained by the young from multiple and more captivating channels. Furthermore, its ineffectiveness is suggested, given that no content in itself offers a guarantee of leading to “changes” in conducts and “safe” behaviour or “reduction of risks”, appropriated to a “healthy lifestyle”. Using the terms in vogue, what is important is that each “bio-psycho-social identity” is “well constructed”. Hence, in the modes of action currently favoured (in school) the informative component is seen as part of a whole that contains it and goes beyond this aspect: the development of self-direction and self-control skills by youths (e.g. assertiveness, the willingness to change undesirable behaviours, knowing how to act with others). From this point of view, the key to success lies in the quality of the “interpersonal relations” constructed in each school, backed up by technologies that are mainly rooted in psychology.

We finally want to highlight the practices of demarcation of frontiers with other kinds of knowledge and with other modes of opposite thinking. The psychosocial perspective excludes substantive topics both as regards the currents of thinking that tackle sexuality and corporeity as social-culturally constituted and/or constructed objects, and as regards movements that, usually in an opposite field, prefer to restrict these issues to questions of reproduction and of a social order and Christian morality. These worlds of knowledge are not openly hostile – as “cultural relativists” or as “reactionaries” (labels possibly used in more restricted environments or in the heat of public discussions viewed as being decisive) – and the terminology used invokes terms to which these groups can be sensitive and which they certainly align themselves with, such as the fight against “exploitation” or “abuse”, of the ability of each person to “adopt a position” about the matter throughout their life.

Roe (1994, 36, cit. in Delvaux 2008, 35) states that narratives have functions of ‘certifying’ and ‘stabilising’ the hypotheses needed to make a decision in relation to what is, really, uncertain and complex. The current narratives about *sex education in school* are predominantly generated inside a network of collective and individual actors who

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sexual exploitation and abuse. In the long term, this should contribute to the adoption of positions in the area of sexuality during one’s whole lifetime.”

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align themselves – regardless of the bigger or smaller disagreements – to the idea of public action guided by the desire of each youth to construct a “healthy lifestyle”. There is agreement around this anodyne purpose. In this background one must read the experts’ texts as the condensed version of a scientifically consensual knowledge (albeit not the only one) and in parallel certification and the tranquilisation for the political decision makers (around this mainstream thinking). They are discourses that aim to neutralise questioning of the policies to the minimum possible through the angle of values; and which strive to empower, to a maximum degree, the legitimacy of the decision maker, in the name of the disciplinary or multidisciplinary knowledge, of the knowledge that comes from the professions or the experts.

#### 4.1.5 To conclude...

We wrote at the start of this section that the knowledge that most seemed to count is that which is understood to be useful. We began by affirming that the kind of local, tacit knowledge is transformed – often by the hand of the administration or the experts and using the devices of *good practices*, into explicit, communicable know-how; into knowledge ready for circulation. We also add the regularity with which statistical reports are drawn up about the functioning of the projects, in a conjugation of local knowledge and state knowledge, under the aegis of the latter. Likewise, we noted that the academic and expert knowledge comes intertwined with the State and local knowledge. Out of the meeting of these different kinds of knowledge, which are interspersed in wide-ranging scenarios of public action in which their main actors circulate (administration, schools, NGOs and academia), emerges what we call knowledge of a composite nature, which is markedly *methodological*, centred on a description and a consensus on “what works”. In line with the analytical categories proposed by Delvaux (2009, pp. 965-72), all these kinds of knowledge tend, predominantly, to be put into action at times of “preconisation” of public action, above all as proof of the “feasibility” and “acceptability” of the guidelines followed (in other words, they can be implemented and do not cause harmful effects). Indeed, few questions are raised about their “pertinence”, i.e. the ability (or not) of the projected interventions to contribute to effectively solving the problem.

We speak about drawing up coherent *sex education at school* policies, over the years in intermittent spaces – the spaces between the different contexts of practice (school, administration, academia, NGOs and even in the increasingly prominent presence of reputed International Organisations). It is in these spaces that we note the preponderance of a “relative differentiation” of a knowledge specialised in *sex education* and the category of the “expert” actor in such a field. We do not say that the knowledge generated in these categories results from a “sharing” (horizontal and equalitarian), that

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is free from the effects of position and disposition. For three reasons: the practices of regulation continue to show forms and feelings that will find it difficult to pass the test of “horizontalty”; the academics and/or the experts (and their organisations) have different thoughts regarding intervention, and consequently, differ in the knowledge-power relations that they establish with the local actors or administration; the local knowledge is not necessarily constructed to respond to problems about how salutary the “lifestyles” of the young are, especially as they have their hands full dealing first with problems as regards making different youth cultures compatible with the school culture, or the maintenance or change of local educational standards.<sup>17</sup> Neither do we say that, on a national scale, the knowledge and the actors involved in the construction of these public policies have been sufficiently effective in imposing a definition (and model of action) for *sex education in school* that can be taken as acquired (or proficient at promoting a “monopoly of specialised knowledge”). One must point out the incomplete and reorganizational nature of this knowledge, its adaptable character to the contingencies and dynamics of the actors.

In this order of ideas we point out the emergence of a “competing” knowledge in defining and guiding the practices of *sex education in school*: the assessment knowledge. We are talking about a certain kind of assessment knowledge which, in general, is taken as “knowledge that is lacking” in the educational sector – “performance assessment” arises as a way of producing highly desired knowledge and policy regulation. This invocation is carried out around a twofold finding of insufficiency of knowledge: the lack of its effective practice in the educational sector; and the absence of effective communication between sectors (education – health) as regards production of joint knowledge or at least transferable knowledge. Therefore, the knowledge coming from the health sector is above all compared knowledge produced in international agencies (both associated with quantified performance indicators or results) and functions as a kind of “substitute knowledge” and constitutes “pertinent assets” in this public action.

Sexuality is perceived as a social practice that is imbued with “risk” and “uncertainty” and at the same time the bearer of a strong “symbolic” load. In this background, placing matters of sexuality on the political agenda is problematic given the effects it may give

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<sup>17</sup> Carvalho & Costa (1998) in analysing the implementation in Portuguese schools of prevention and health promotion programmes organised by the Ministry of Education, in the mid 1990s, suggested that joining the Programme, framing the problems of the intervention project, and the means of collaboration with external entities all involved similar instrumental dynamics, of bringing the “prevention” projects into the pre-existing or emerging educational thinking (explicitly or implicitly).

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rise to. However, public action in matters of “customs” is unceasing. Consequently, the government politicians (whose circumstances force them to “swim”, “float” or “sink”) tend to turn to forms of legitimisation that do not tie them to great narratives, instead favouring a construction of consensuses, if possible around the “specialised knowledge”. This does not mean that the choices between values has gone away, or that the action made legitimate by the experts’ knowledge goes far beyond the “symbolic action” (see, in the case under analysis, the absence during many years of measures to bring about what was stipulated in legislation).<sup>18</sup> No matter how many consensuses are generated among the variety of knowledge present in this public action, the matters of “sexuality/sex” and “corporeity/body” do not allow the removal of conflicts between “visions of the world” or between “visions of being”. The *sex education* policies are policies about the ordering of the social make-up and are policies about identity – they go beyond the limits of informed discourses of a disciplinary, professional or expertise nature. Paraphrasing Weber, “science may have increased our control over our lives (even if not over our death), but it has not managed to provide us with the values according to which we should live our lives” (Schilling, 1999 [1993]: 2).

The material of this public action places the social actors in situations and choices that involve dilemmas and which trigger a high degree of cultural conflict. Perhaps because of this, the public action is interspersed with longer periods of silence and/or latent dispute, and moments of intense discursive confrontation. Perhaps because of this, the political decision makers – from the parliamentary “left” to the “right”, from the “liberals” to the “conservatives” in issues linked to “customs” – opted for solutions that involve paradigmatic ruptures and gave preference to the incrementalist approach. This set of factors influences the kind of knowledge that arises in this public action (and in the ways it is articulated), and the connection that the political decision makers establish with – and how they mobilise – such knowledge. In the next section we shall deal with this subject.

## 4.2 The political use of the knowledge

During periods of murmurings and at noisy apexes, the controversies (and their conflicts and consensuses) were commonplace in this public action, ranging from those relative to the existence (or not) of *sex education in schools* to those that involved the choice of

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<sup>18</sup> “Acting politically” as Lascoumes & Le Galés (2007, p. 66) point out, backed up by classical texts, “is to immediately show and make others believe that we are acting”.

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methods for its implementation. The controversies will be the object of our first analytical and interpretative incursion. In the arguments used in the debates it is possible to identify what knowledge – and where it comes from – is understood by the actors as relevant to discuss *and* to undertake *sex education*. Depending on the specific characteristics of the scenes of production, different knowledge is sought, and different sources of authority are called upon, in the generation of knowledge about the matter. We shall deal with this topic in a second moment. The mobilisation of the policies of *sex education in school* as an “extra resource” for the continuation of other public policies and public actions is the third facet that we highlight in this analytical incursion through the “political use of knowledge”. We organise our interpretative analysis on the three above topics, interspersing a “joint vision” with the contributions of the studies that we carried out in three scenes of public action: parliamentary debate (2008-2009), parliamentary hearing (2009), and intervention at council level (1984-2009).

#### 4.2.1 *The controversies and their social and cognitive enlacement*

We highlight, analytically, three broad areas of controversies: the basic positioning about the existence (or not) of *sex education in schools*; the hierarchical ordering of the knowledge linked to the sectors of education and health; the visions of sexuality among the young and methods of its “educability”.<sup>19</sup>

##### THE EXISTENCE OF “SEX EDUCATION IN SCHOOL”

In the public debate waged in the years under analysis it is not possible to discern or explicitly outline opposition to “sex education”, and as such conflicts and consensuses have taken place and been established on the “existence or not” of *sex education in schools*. In this context, the public debate is based on a structural opposition about the entity that should be attributed the authority to educate the sexuality of the young: the State or the Family?<sup>20</sup>

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<sup>19</sup> Around each controversy analysed others circulated that appear to have made less impact in the public debate (e.g. the debate about relationships among the different kinds of knowledge gave rise to another debate about the location (inside or outside school) of the providers of *Sex Education in School*).

<sup>20</sup> There is a middle ground: those who accept State intervention provided that it is not *compulsory* for younger children, with the families given the option to attend or not the activities carried out under the tutelage of the state.

It is important to point out that this controversy is tied in with two political debates of a bigger scale (and current) about the State-Society relationship: one, closer to the content in question, concerns the modalities and the limits of the socialisation in public schools, especially with respect to questions concerning “values” and “customs”; the other, more encompassing, is linked to the means and limits of State intervention in the regulation of the school system.<sup>21</sup> This strong link is clear when one analyses the arguments in favour of or against the provision of *sex education in school*. For reasons of economising of text, we summarise them in the table below (Table 1), using the most enlightening keywords or short expressions regarding each argument.

**Table 1**

<b><i>Sex education in school – Yes</i></b>	<b><i>Sex education in school – No</i></b>
The State should guarantee that the education is supplied in conditions of equality and equity	Education of one’s children is a parental right (and duty)
The State should finance, regulate, own and provide school education	The State is responsible for regulating the school sector and subsidising families so that parents may choose the school they want their children to attend
The State is responsible for defining the purposes, the means and the content to provide education in the Public School	Interference of the State in the educational guidelines of schools should be kept to a minimum (e.g. not deciding the programmed content)
The School has a socialisation mission and is the institution that is potentially attended by all	Parents are the first educators of their children and the family is a nuclear space of socialisation
The education administered at School should be global, and not be restricted to the instructional component	School should fundamentally be a space of instruction
The socialisation mission of school obliges it to tackle matters relative to values and customs	The State cannot impose an official regime of values and customs

What can we confirm or reappraise in relation to the controversies in this public action, when we analyse the three scenes of public action?

<sup>21</sup> Regarding the issue of *modes of regulation*, see chapter 2.

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*The Parliamentary Debate (2008-2009) and the Parliamentary Hearing (2009)*

The initiative to regulate *sex education in school* was taken by the left-leaning semi-circle of Parliament, through three initiatives of the three political forces who claim the left (BE, PCP, PS), ending with the passing of Law 60/2009, with votes in favour from two of those parties (PCP and PS – the governing party). During the *parliamentary debate*, the political force furthest to the right in parliament (CDS-PP) voted against the Law. Although it did not pronounce directly in opposition to the existence of *sex education in school*, this party argued its corner about the dangers of constituting a “state monopoly in the teaching of sex education” or “replacing the role and responsibilities of the families”, finding in this legislation another good reason to advocate the “need for parents to be able to choose which school they send their children to”. The other party in opposition (PSD, centre-right), which also voted against the Law, centred its criticism on the excessive regulatory intervention of the State, proposing that the schools who administer *sex education in school* should depend on a situational regulation, emphasising the importance of articulation between teachers, parents and “local communities”. With regard to the proponents of the various legislative initiatives, one has to mention the argument, by the BE (who abstained in the final vote), for a more explicit commitment for action from the State, defending that “sex education” be administered autonomously in the schools as a “curricular subject” under the responsibility of “specifically training and responsible” professionals for this area. Essentially, the main lines of disagreement in the parliamentary debate involved the guidelines about “education policy” and not sex education policy itself. Indeed, calls against the existence of sex education and even *sex education in school* were not widely heard in the voices of those who opposed the Law. The justification of the positions adopted was constructed around recurring and central questions in the debate about the public school in Portugal, about the limits of its socialisation intervention and the role of the State and other social actors in its modes of regulation.

Parliament took the initiative to carry out a *parliamentary hearing* with a view to collecting contributions (assessments and/or alternatives) both verbal and/or written from “recognised participants” in the matters the law deals with. The vast majority of around 30 participants represented schools and NGOs pursuing a cause (linked to laic or religious organisations) or parental associations. We highlight three strong ideas deriving from analysis of the hearing: (1) the almost complete unanimity of the participants to not openly oppose the undertaking of *sex education in school*; (2) notwithstanding, the most controversial issue concerned the *compulsory* inclusion of *sex education* activities in the activities of the educational projects of school; (3) in this background the confrontation reignited the argument identified previously in the disputes about the educational roles of

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the State and the Family – discussing who had more legitimacy regarding the education of children and the young, what the limits of the State’s intervention were, the possibility of free choice of schools by the families, etc.

Looking at the debates waged in conjunction in the two scenes of public action one can say that the critics of *sex education in school* fell within the arc that included NGOs pursuing a cause or associations with clear connections to values – if not Catholic entities – and/or advocates of “free choice of school”, forming a *discourse coalition* (see Wittrock & Wagner, 1990) which also included the parliamentary circle of the centre-right and the right; in the opposite field, one sees a discourse coalition that encompasses the parliamentary arc that goes from the centre to the left and the broad majority of the NGOs linked to causes associated to the topic of sexuality (sexual health, sexual orientation).

*Gouveia (1984-2009)*

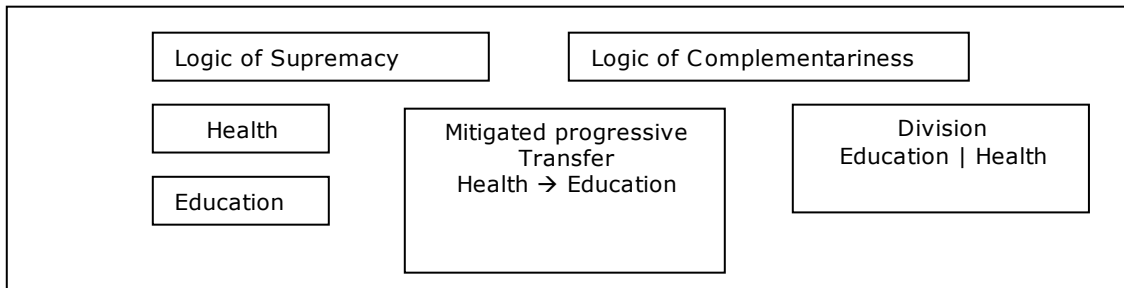
The Gouveia case, in itself, is an illustration of a favourable positioning as regards the introduction of *sex education in school* which was made “reality”. Given the orientation of our study, in this field of controversies what we can most extract is not linked to positions in favour of or against its existence, but rather the particular forms of manifestation of the relations between the health and education sectors (and their knowledge), and the ways of conceiving sexuality as an object of educational intervention, which are locally constituted.

#### THE HIERARCHY OF THE SECTORS AND THEIR KNOWLEDGE

In the Figure below we attempt to map out the relations produced between the knowledge coming from disciplines, academics or experts linked to the health sector and those coming from the education sector. The figure highlights two sets of logic: one of “supremacy” in which one sector and the knowledge of its practising community is put on a pedestal and the relevance of the other sector and/or its knowledge is excluded; another of “complementariness” in which we point out two orientations, one favourable to cooperation between the sectors (“mitigated progressive transfer”), and another favourable to the differentiation of the action, albeit concurring towards the same aim (“division”).



Figure 1



In the territory of “complementariness”, the “division” perspective is based on the affirmation according to which *sex education* involves (or should involve), on an equal footing, the two areas and respective professionals. Health, owing to the areas on knowledge concerning the physiology of the human body and concerning contraception are the essential bases for intervention in matters of sexual and reproductive health; education, owing to the social dimension that the representations on sexuality incorporate and because the school is the ideal field to undertake formative action. The “mitigated progressive transfer” orientation is based on the proposition according to which direct contact with the young and tackling questions of sexuality should gradually be delegated to the teachers by the health professionals. The latter take on the role of consultants, because they are the holders of the knowledge and the teachers need to be helped. The “supremacy of health” is justified on the basis of three central arguments – one of justice (and the fact the health sector economically bears the costs of sexually transmitted diseases and HIV); one of competence: in the health sector one can make an individualised approach, which guarantees that an answer is centred on the needs of each youth; and the health professionals have the necessary and sufficient knowledge that the teachers do not have. As for the “supremacy of education” the following arguments are made in relation to making *sex education* autonomous in line with *Education for Health*: the goals of sexuality education are linked to “knowing how to experience” one of the dimensions of identity and human behaviour, and this purpose leads us to a specific socio-educative intervention that is not submitted to the “being healthy” reason.

Despite the fact that throughout the years the actors for the most part stated that they were in favour of “cooperation” between the two sectors, the orientations reviewed show that there was, whether hidden or expressed, a symbolic (at the least) dispute for the monopoly of a specialised (micro) knowledge and area of intervention. The health sector is at an advantage, benefiting from its condition of promoter (and holder) of knowledge that constitutes the key raw material to exercise educational practices on sexuality

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(whether coming from the area of epidemiology, physiological knowledge, or clinical and psychotherapy intervention, this knowledge is increasingly important, as we have seen). It can therefore easily “accommodate” *sex education in schools* in its preventive and proactive missions, which it associates with promoting the adoption of healthy behaviours, and its “battles” against obesity, drug consumption, sexually transmitted diseases; to sum up, to face up to “serious and extensive” public problems. The education sector, as a huge vehicle of transit of the young population, is expected more than anything (through its professionals, academics and experts) to participate, as an aid in this crusade, in the construction of a methodological and applicational knowledge, adapted to school and its users.

*The Parliamentary Debate (2008-2009) and the Parliamentary Hearing (2009)*

The proposal that was approved after a *parliamentary debate* is akin to a transfer model, but with one essential difference: it consecrates the coordination of *sex education in school* handed over to a teacher, who shall oversee an “interdisciplinary team of education for health”. The two parties furthest to the left in parliament - PCP and BE - are those who most fiercely advocated an autonomous approach relative to the field of health, albeit with wide-ranging orientations. The former clearly viewed it as a matter for the education sector, placing “sexuality and reproductive health as core content in each subject”, as a topic transversal to all the school subjects. The latter argued for this autonomy around the creation of a “specific subject” administered by a “set of professionals” (technicians with training in this area). In this case, sex education emerges in the education sector as a school matter in the form of a subject, including (together with various kinds of knowledge from several areas, such as medicine, psychology, sociology, etc) the debate of topics that involve the choice of values in/for contemporary society (sex equality, sexual orientation); but, at the same time, this legitimate entrance of a set of “specialised” social agents, whose monopoly is justified by the specific training they have undertaken which is not necessarily provided in the education sector.

Arguments for an “autonomous approach” were also put forward in the *parliamentary hearing*. This was the position of several associations of the Lesbian, Gay, Bisexual and Transgender movements (LGBT) which emphasised the need for Sex Education to be viewed as a matter of a social and cultural nature and not only a medical and psychological issue. This same perspective began to be adopted by the most reputed NGO which played the biggest role in this public action – the Family Planning Association (APF). The analyst is not charged with predicting the future. However, considering the arguments that call for autonomy in *sex education* – and their presence in different

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organisations (parties and movements fighting causes) – the field of controversies saw the encroachment of a certain “definition of sectors”, with the creation of a professional force separate from the bodies of the health and education sector, and, of more relevance, the generation of a new area of specialised knowledge and expertise. This occurrence reinforces the idea that both the institutionalisation of new knowledge derives from the production of new power relations, and that the institutionalisation of new power relations leads to new modalities and fields of knowledge.

### *Gouveia (1984-2009)*

The case of Gouveia illustrates how a collaborative relationship can be built between knowledge and actors from the health and education sectors who were distanced from each other in the aforementioned models. There is no exclusivity, there is no division of competences nor is there any mitigated transfer from health to education. To understand this modality one has to bear in mind that, in Gouveia, the presence of *sex education in school* is part of a local history of the establishment of cooperative actions between organisations from different sectors – and from sectors beyond health and education – and that such cooperation is formed around shared principles and goals. More specifically, it came from the cooperation around a vision of *community development* backed up by a philosophy of “cultural mobilisation”, which in a short space of time took on an “organisational form” in a local development association: the GAF (Learning in a Festival Group). We transcribe below two excerpts from one of the narratives collected in Gouveia, which constitute the essential aspects of this (local) make-up of policy knowledge:

“(…) We usually tell a story: a gale is blowing, the windows burst open and the health papers fly out into the square and get mixed up with the education papers and those of the environment department and afterwards nobody knows which papers belong to whom. That was when we understood that we all had to grab hold of the papers as if they belonged to everybody and try to understand what we could work on.” (...) “We never looked upon anybody from the point of view of their particular knowledge, or as being from a specific area. The people were “gafianas<sup>22</sup>”, in other words, we wore a “gafiana” dimension in which we looked at ourselves as equals, we did the same things but then, in line with the different functions, each person brought their own contribution of their area.” (Annex 4, Interview: 4 and 14)

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<sup>22</sup> In tune with the local development association they belonged to (GAF).

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As stated in *The Local Dimension of Public Action* report (see Annex 4: 5) "It was as if there was a naturalisation of the forms of intervening of these actors that served both for sex education and for other topics that make up part of community education and local development". To sum up, what should be pointed out in this case is precisely the ability to communicate among the different areas of knowledge and professions that enabled different positions to be adopted and different actions to be carried out compared to those described earlier. The interpretation of the case takes us to the construction of a collective *competence* – a "knowing how to act" in context and validated therein (see Le Boterf, 1994) which affected several individuals and sectors and which is able to be put into a memorandum and circulated. In Friedberg's terms (1995 [1993]: 287), we were witnessing the making of a "collective cultural capacity". Encircling this cause – and *subordinated to this cause and the adjacent knowledge* – are various areas of knowledge (state, disciplinary, professional and practical) from the health and education sectors.

#### SEX AND ITS EDUCABILITY

In very simple terms, too simple, we can categorise this controversy as one that opposes two visions of the sexuality relationship – conjugal: sex life *is* independent of any convention relative to any type of couples; sex life *can only be* part of a conjugal relationship. These positions, put into elementary terms here, when transferred to the world of public action that we are analysing involve arguments based on the establishment of contrary "cause-effect" relations.

According to some people, sex among the young is (and has been for a long time) an institutionalised social practice (and partaken at an increasingly younger age) and the public authorities should intervene in such a way as to make sure these practices do not produce undesirable effects to the social fabric. These undesirable effects, obviously, can vary a great deal: the risks to public health; a social world inhabited by individuals unable to maintain healthy and affective relationships; the reproduction of socio-cultural stereotypes and inequalities and subjugation that legitimises these practices. In the second field, the cause-effect relationship is put in almost the opposite terms: it is the choices – and/or the inability to choose – and the cultural, moral and consequently educational conducts of the family authority (or public authority) that determines whether or not sexual practices occur among the young (minors) and in the final analysis, their legitimisation and "naturalisation". Here also there are various unwanted social consequences. However, in this case the domains of the undesirable effects are similar to those used in the opposite field: dangers to the physical and/or emotional health of the young, acquisition of inappropriate conduct.

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The modalities of “educating sexuality” tended to arise in tandem with the previous dispositions: intervention on the reduction of risks (unwanted pregnancies, sexually transmitted diseases), which focuses on information of a “realistic” nature (showing and getting to know the physical body), and backed up on medical knowledge; the modalities that reflect the prior concerns in the context of undertaking the task of “constructing each youth” for his “life project”, emphasising the “psycho-pedagogical” task of formation of affective and relational competences that such a goal required (the well-being of the bio-psychosocial body); the modalities that paved the way for the entrance of the debate about sexuality as a social, cultural and political practice, embracing issues of social rights, genders and sexual orientation (the historical, social, political body); the “abstinence” model, which can involve, in tandem with possible doctrinal and tutorial work, practical information (e.g. about natural contraceptive methods) and practices to impart the capacity to “resist peer pressure”.

*The Parliamentary Debate (2008-2009) and the Parliamentary Hearing (2009)*

It is important to note that the question of the goals of *sex education in school* was not the central object of the *parliamentary debate*. Overall, the interventions around the “need to carry out sex education” in school converged around two ideas: one, that it was an important means of helping to solve public health problems – therefore, it should contribute to “preventing” “risky behaviours”; two, that it should be of a “socialising” nature that goes beyond this aim – that promotes a “healthier” “more conscious” sexuality, as well as its “understanding” as a phenomenon inserted into the “affective” dimension. This mainstream approach was shared by the centre-right and centre-left forces. The sectors further to the left in parliament, although not fighting against it, emphasised the issues linked to the fight against inequalities and social, cultural and political injustice, and the right-leaning parliamentary sector tended to be more sensitive to the arguments in favour of sexuality dependent on a matrimonial condition. In contrast to what happened in the debate in parliament, in the *parliamentary hearing* more time was afforded to arguments about sexuality and its educability. However, there was nothing different and no new ideas in relation to the predominating visions in the public action and which had also been seen in the parliamentary debate.

Consequently, we can consider the following proposition: the existence and the extension over time of the controversies about *sex education*, among which those that show the positioning of the actors concerning the existence of *sex education in school*, show that historically an agreement had gradually been built about child and youth sexuality as a “public problem” (and which demanded the production of knowledge about its causes, the processes that it involved, the amplitude and depth of its effects on a social group)

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and as a “political problem”, i.e. a problem that requires intervention from the public authorities (see Lascoumes & Le Galès, 2007: 69-70).

In general those that participate in this public action see sexual practice among children and the young as a “public problem” associating it to other social problems already categorised as “public” and which supply indicators of the harmful effects of sexual practices on the social fabric. These other problems, which are relative to the condition of the population as a whole (youth pregnancies, sexually transmitted diseases, voluntary abortions, discrimination according to gender or sexual orientation, sexual abuse), are visible through the different indicators and are appraised differently in the public arena. However, they are signals of a concern shared “by everybody” (lack of satisfaction with the social circumstances) and to which intervention is viewed as indispensable, if not even as “natural” in relation to the socialisation and development of each individual. To put it another way, it gained the status of a public problem worthy of “educational” intervention even if the social actors held radically different views about what this may mean and the social spaces in which it should occur.<sup>23</sup>

#### *Gouveia (1984-2009)*

In Gouveia sexuality and its educability crop up in particular form, built around the Learning in a Festival Group (GAF), involving the local community and designing the intervention of the health and education professionals in the community: as an intervention that encompasses a dimension of personal and group development and in which informal modes or non-formal modes of action are brought to the fore.

Hence, sexuality and its education are diluted in the goals of an “education for well-being” – it is noted that the interviewees rarely used the term *sex education* or the heading *education for health* – and a “systematic approach to the human being”. These reference points are accompanied by the defence of a contextualised approximation towards the issues of sexuality, favouring informal and circumstantial modalities, which can take place in school, in the health centre or in any other context. From this point of view, sexuality should be worked on in a continuous and integrated manner in initiatives

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<sup>23</sup> See Annex 3: the interventions of the NGOs with opposite orientations – e.g. APF (non-profit association dedicated solely to the topic of sexual and reproductive health), MFN (Catholic movement, created in/by Porto Diocese), Ex Aequo Network (association of lesbian, gay, bisexual, transgender youths and sympathisers – which illustrate this argument).

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developed locally; and should encompass the families and other parts of the local community – and not just “professionals” or “experts”.

#### *4.2.2 Knowledge mobilised in three scenes of public action*

In observing the controversies surrounding *sex education in school*, we notice that the same polemics are fuelled, whatever their positioning, by knowledge of the same “disciplinary” origin, namely medicine and psychology, and less frequently history and sociology, as well as those we can associate to the worlds of philosophical and/or theological and/or ideological knowledge. So what happened in the scenes observed?

##### *Parliamentary Debate (2008-2009) and Parliamentary Hearing (2009)*

As was rendered clear in the analysis about the positioning of the MPs as regards whether or not *sex education in school* should exist, the parliamentary debate was substantially fixed on foundations of a political-ideological nature about the State-Society relations and the vocation of the school educational spaces.

In some of these interventions one can find remnants of knowledge generated in research contexts, but the mobilisation of “state” and/or “disciplinary” knowledge occurred mainly in the context of the interventions of MPs who put forward legislative proposals. It is in these “texts” that the references appear to the studies ordered from the experts by government agencies (e.g. the study carried out by the GTES) or carried out in State-NGO (e.g. ME-APF) and NGO-University (APF-ICS) partnerships. A lesser number of references are made to results of surveys, opinion polls, and reports by health institutions. This mobilisation of knowledge takes place as a means of legitimisation for the entrance onto the agenda of a policy, often as an element for “denouncement” (absence or weakness of policies) or incorporated in texts loaded with “radicalised” adjectives.<sup>24</sup>

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<sup>24</sup> Two examples: (1) “(...) the right honourable gentleman (...) reported the results of a study on sexual behaviour of the Portuguese whose results indicate the need to change the sex education model in the schools, having announced the presentation of a legislative initiative towards this end. (2) “The Report from the Transmittable Diseases Epidemiological Monitoring Centre of the Dr. Ricardo Jorge National Health Institute, relative to the situation on 31 December 2007, reports on the plague of infection with HIV/AIDS through sexual transmission” [our underlining].

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Therefore, the parliamentary debate on *sex education in school* allows us to highlight, owing to the devices, conventions and persuasive strategies of the political discourse (see Charaudeau, 2006 [2005]) during the “framing of the problem” or “announcing or the policy”, how the knowledge is “simplified” and “selected” to constitute a plausible argument, and how it is even “able to be used to back up opposite viewpoints” (see Delvaux, 2009. Pp. 968-9).<sup>25</sup>

In the *parliamentary hearings* we can clearly identify the kinds of knowledge used and even how they are associated with the kinds of actors that are invoked. One area that is dwelt on in the hearing is the local, practical and tacit knowledge. This is brought to the debate by the teachers, who have their say as spokespersons for the schools and their projects, and deals with the “credibility” of the action *in situ*. The teachers affirm the value of the know-how acquired through experience – “on the ground” as they like to emphasise – possibly complemented by specialised training, undertaken in tandem with this local intervention (e.g. in the context of national projects promoting health in which the schools took part). They champion a knowledge that can only be recognised in the situation it is used.

At the other extreme, we find a legitimisation around the universal principles, consecrated in the constitutional law or in international documents (e.g. Universal Declaration of Human Rights). The principles – e.g. freedom, equality – are invoked by the different actors as *keywords* of their arguments, combining political, ideological or religious specificities, and legitimising different guidelines regarding *sex education in school*.

A third force in the debate is the knowledge associated with the scientific studies, produced for the most part in the health sector. However, the important aspect here is the preponderance of the innovation of the international or supranational organisations that coordinate or accommodate these specialised studies (e.g. WHO, UNESCO, European Commission). What counts here is not, as previously, a “universally accepted value”, but rather the value attributed to knowledge generated in organisations that are seeing as operating above the particularities of the nations (and points of view or interests). The mobilisation of these sources of knowledge can serve, again, very wide-ranging

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<sup>25</sup> Analysis of the parliamentary debate also confirms the influence of the media in the processes of construction of public policies: an incident reported about the actions of a teacher in a school in front of her pupils was enough to trigger one of the five plenary sessions on Sex Education, transforming an occurrence into evidence of the flaws of the public policy in force.



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purposes: from calling for a consensus, to (albeit very rarely noted) questioning the pertinence of *sex education in school* to solve problems such as “youth pregnancies” or “risky sexual behaviour”.

Finally, it is pointed out that just as in the wider scope of the public action under analysis, in this hearing questions were also raised about the “knowledge that was lacking” – again in the absence of the impacts (and/or studies on efficacy) of the policies and/or *sex education* models in Portuguese schools.

#### *Gouveia (1984-2009)*

The construction of practical and local knowledge – tacit and explicatory – can be viewed at the limit as the reason behind the existence of this public action. We say so because it is part of a philosophy of community development that puts the main emphasis on endowing people and the local community with capacity for organised action. Hence, GAF presented itself to others as playing the role of “being the driving force, organiser and support, in interaction with other entities and challenging the community to grasp the leadership” (see Ferreira, s.d.).

Restricting our analysis to the matters relative to *sex education*, from among the knowledge invoked, incorporated and generated, what stands out for the local actors is the knowledge acquired either through their direct experience or in situations generated by the organisational dynamics of GAF (e.g. skills linked to the conception of projects), obtained either informally (by holding team meetings) or non-formally (through training actions that are not of an “academic” nature). We are talking about a “local combination” of knowledge able to be used for the selective mobilisation of wide-ranging disciplinary knowledge linked to the education, health and local development areas. In comparison with the other scenes observed by the Portuguese team, certain “know-how” also comes to the fore which goes far beyond the individuals or the situations involved and extends to the organisational and institutional aspects.

The idea of “local combination” – which is dependent on the historical trajectory – of the knowledge can be illustrated through two types of relationship with the “outside knowledge”. First, the intervening parties confer the status of relevant knowledge, for the public action, to the knowledge that comes from actors (individual and collective) from the Education and Psychology areas that is considered able to generate significant *learning* at a local level as regards sex education (the local knowledge determines the choice of national knowledge). Second, the local intervening parties search for new modes of generating knowledge that help to *endow credibility and validate* their local

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intervention; in their own terms “the need (...) to assess the results in a more systematic and scientific form” (as such lending the local dynamic a transnational dynamic of production and legitimisation of knowledge).

#### *4.2.3 Sex education inserted in other public actions*

One of the conclusions we drew from this study is as follows: the public authorities’ interventions regarding *sex education in school* are an “extra resource” for the public action centred on other political problems and other political agendas, whether on a national or local scale.

We believe we gave a good illustration of this intention in our analysis of the controversies concerning the existence (and model) of *sex education in school*, by highlighting the articulation between this topic and other older and recurring polemics: about the government of school education, about the reach and amplitude of socialisation in public school, chiefly in matters of “values” and “customs”; or also with regard to the terms of State intervention in the regulation of the school system and in relation to other interested social actors (local forces, families, professionals, etc.).

Likewise, the study we made of the parliamentary hearing further backs up this conclusion. We point out the broad intervention of the NGOs fighting for a cause, specifically the organisations linked to the LGBT associations, which in the background of raising questions about *sex education in school*, can show their political choices in matters of social and citizen rights according to their sexual orientation. This intervention in the hearing occurred in the context of another strong political debate about the recognition of the rights of homosexuals in Portuguese legislation, involving issues such as the right to civil marriage and adoption of children, and which culminated with the passing of Law no. 9/2010 (of 31 May) which permitted civil marriage between people of the same sex.

However, it is the Gouveia case that supplies the best grounds for our argument. Here we highlight how *sex education in school* is situated “inside” a public action geared towards a local development programme and backed up by an intra-organisational network; a public action with its objectives always restricted to that local space and with a significant time span. We give it special attention in this final section.

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We briefly revisit some analytical details about the local case (*Gouveia, 1984-2009*), as they are essential to arrive at the central interpretative line that we propose: (1) the Gouveia case is itself, a consequence of the implementation of a policy orientation in favour of the undertaking of *sex education in school* practices. (2) The case illustrates how a collaborative relationship can be built between health and education knowledge and actors, in which the potential or latent conflicts were disciplined by a commitment to a community development project “embodied” in/by a local development association (GAF, founded at the end of the eighties). (3) Hence, in Gouveia “sexuality and its educability” are part of a specific imagination about the local community, and an ‘*a priori*’ goal for the action (of the health and education professionals): endowing people and the community with the ability for organised action (and self-organisation), giving preference to informal or non-formal modes of action. (4) As a consequence, the relationship with the non-local policy measures and knowledge (in this case regarding the *sex education in school* topic) are *instrumental* in view of the highbrow principles about the local common good and the modes of suitable action.

What unions (of contingencies and strategic actions) made it possible to bring about this transformation of a national public policy into an “extra resource” for local public action? We point out the following.

#### *Anchored in ongoing processes of organisation*

As a first factor we highlight the anchoring of the activities of *sex education in school* within the scope of the work carried out by GAF. To a certain extent, it was from the origin and development of this body that the different professional trajectories were put into contact with one another and an approximation began to take place between the school, the kindergarten, the health centre and the community.

#### *Favourable local conditions*

In an initial phase, the mobilisation of some of the local intervening parties can be linked to the fact that many of them were starting their professional careers, especially in the case of teachers and some health officers who began their working life at Gouveia health centre. As regards school, the start of the nineties was marked by changes to the career progression regime, the school administration regime, the existence of financial incentives (and access to other resources) linked to school health promotional programmes, which helped pave the way for a fresh dynamism among teachers, as well as greater attention given by them to the topic of “sex education”.

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Two other different circumstances that lasted a longer time benefited the establishment and development of the endeavour. One is the receptiveness of the local council (regardless of which political party was ruling it) to the GAF work, as shown by the successive protocols drawn up. The other, no less important - owing to the different historical circumstances that are too numerous to outline here-, the intervention coexisted with a local cultural environment "open" to "sex education" initiatives geared towards the population.

#### *Multiple external connections*

However, the local public action put into place by GAF was not constructed only around the favourable interdependencies at a local level. It is impossible to understand the relative centrality and continuity of the intervention without taking into account the multiple connections established "outside" the local space: with the non-government bodies (e.g. APF and Gulbenkian Foundation); with the regional and central administration structures (of education and health); with the heads of the structures or programmes linked to the prevention and/or promotion of health and health in school (e.g. IDT, PPES, RNEPS); in organisational structures for the development of relations between schools at European level ( e.g., the European Network of Health Promoting Schools). On this point it is worth adding that it was institutionalised practice of the association to disseminate its initiatives, choices and modes of interventions. It is not a silent partner; it is a partner that presents itself as a spokesperson – and bearer of local knowledge – that is independent but willing to share.

Hence, GAF did not maintain relationships only with these entities. The association built lasting relations that were recognised as credible and respectable.<sup>26</sup> This *status* was a fundamental aspect for the success of the endeavour and cannot be separated from the access to and profiting of financial, human and information resources. A way of understanding the importance of the external connections for the success of this endeavour is to consider the flows of people and knowledge that was constituted throughout this history.

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<sup>26</sup> The Gouveia experience, which took place in an autonomous manner relative to the policy measures that were taken by the Government, was not integrated into the Sex Education Pilot Project, given that the experience that was being undertaken at the time focused on teaching levels that were not included in this project.

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*The circulation (of people, resources and knowledge) and the stabilisation of social and cognitive circuits*

The data collected in this study allows us to highlight a horizontal circulation of knowledge, both among professionals (doctors, teachers and GAF members) and among organisations (health centres, schools, municipal bodies, youth associations, and even neighbouring councils).

Looking solely at the movement of people, one can find several examples of circulation, but also social ubiquity: the doctor who worked in Gouveia Health Centre and influenced the practices of the local health centre where he subsequently went on to work; the executive director of a school that became the coordinator of a school group, transporting know-how to a greater number of teaching establishments; the current president of the association, who in his ten years in the role, held several positions and carried out several functions in Gouveia Council, chiefly in a municipal company (ranging from the programmer of the Municipal Theatre to the coordinator of three areas of this company – tourism, the environment and culture).

The most striking example, however, is the “founder” of the association (and ex-president) and a person who is acknowledged to have been an essential mediating agent among the local actors, the regional and central authorities and other social partners involved. He enabled the confluence and cognitive compatibility of ideas and knowledge coming from different fields of knowledge. At the same time, he nurtured direct relationships with people who were in the teams of the national programmes and with other bodies and people who at the time were also involved in these policies, at national and international level.

These aspects reinforced the theory according to which “knowledge circulation takes place through people circulation” (Barroso, 2009: 998); and made it clear that the circuits in which the actors moved determines the knowledge that they outline and which they have to make compatible with the other knowledge they intersperse with in different contexts of action. As a consequence, it is not sufficient to simply circulate. It is indispensable that this circulation takes place at the core of relationships – which should be created and maintained if not existing – of mutual proximity and respect, without which the actors do not acquire “social capital” (see Bourdieu, 1986); but these relationships among different social worlds, which are constructed around interests or causes, are also the fruit – in tandem – of the constitution of “objects of/for connection” (forums, models, programmes, publications) and creation of “zones” of fragmented, composite and sharable knowledge.



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## 5. COMPARISON ZONES

### 5.1 Chronology of events related to the public action

The time span of study of the public action relative to “sex education in schools” in Portugal is defined by the first decree passed by Parliament on the topic - 1984 (Law 3/84), and the last one - 2009 (Law 60/2009). Below is a brief outline of the main legislative initiatives taken by parliament or the government in this field, as well as the official structures (programmes, projects, networks, working groups) created to guide and/or support the execution of the different measures. Although the “chronology” of the public action should not be solely referenced to these official events, they are considered sufficiently structural concerning the action of the different actors involved (at national and local level), taking into account the centrality of the political power in the education and health sector, to enable one to deem them indicative of the temporal dynamics of the public action under analysis. The following chart outlines the main events of this chronology:

LEGISLATION		OFFICIAL STRUCTURAL BODIES GUIDING THE INTERVENTION	NGOs
1984	Law 3/84 - Sex Education and Family Planning		
1997	FIRST REFERENDUM ON DECRIMINALIZATION OF VOLUNTARY INTERRUPTION OF PREGNANCY		
1998	Council of Ministers Resolution no. 124/98		
1998	Parliament Resolution no. 51/98 - Sex Education and Family Planning		
1999	Law 120/99 - Reinforcement of the right to reproductive health		
1999	Resolution of Council of Ministers no. 7/99		
2000	Decree-Law no. 259/00 which regulates Law 120/99		
2007	SECOND REFERENDUM AND CHANGE IN LAW ON DECRIMINALIZATION OF VOLUNTARY INTERRUPTION OF PREGNANCY		
2009	Law 60/2009 - Establishes the regime to apply sex education in school		
		1987 - 2000 Life project - "Viva a Escola"	
		1993- 1998 Promotion and Health Education	
		1998 - 2002 National Network of Health Promoting Schools	
		2005 - 2007 Working Group for Sex Education	
			2002-2005 PROTOCOLS WITH NGOS

BOX 1: Main legislative events and periods in which the different bodies set up to give guidance on sex education in schools were in force (for more details about the content see chapter 1 of the report).

As mentioned in the report, the most significant moments in which the sex education policy is “put on the agenda” (agenda setting) are linked to the parliamentary debate and the later votes on the *decriminalization of voluntary interruption of pregnancy* laws, and sometimes occur at moments in which there is a change of the governing party, as part

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of the alternation between the socialist party (centre left) and the social-democratic party (centre right). However, pressure from opinion movements and non-government organisations was also applied, in particular when they brought the debate about this policy to the attention of the media. Also noteworthy is the influence of the World Health Organisation (WHO), namely through its guidelines both regarding the creation and broadening of the National Network of Health Promoting Schools, and in the generalisation about “health education” in the education system of the member countries.

## 5.2 Paradigm shift

In the period under analysis it is possible to identify the presence of two kinds of paradigms as regards the way the public action is implemented: cognitive and governing. With regard to the former, we are talking about the conceptions (beliefs, ideas, knowledge, discourses) that shape the thinking and the action of the different actors concerning sex education in school. As for the latter, we are talking about the way the governing structures are conceived and put into practice and the modes of political regulation.

In both cases one can witness the confrontation of opposite paradigms throughout the period under analysis, with different priorities. The gradual evolution of the situation sees a progressive replacement of one paradigm by another, without reaching, however, the status of radical paradigm shift. Likewise, it is pointed out that, despite the fact that the changes in the field of the cognitive paradigms are articulated with the changes in the governing domains, this process is not linear, throughout the chronology of the public action, nor is there a causal relationship between these changes.

As regards the cognitive paradigms one can see that in an initial phase the sex education policies were dominated by the “biomedical paradigm” according to which the public authorities should supply individuals with the “information” needed to carry out suitable family planning and to protect themselves from sexually transmitted diseases. The biological component of sex education was predominant and this meant the topic should be tackled, above all, through the intervention of the health technicians in the schools, who were recognised as the holders of specific knowledge concerning the promotion of preventive attitudes among the target population. In a second phase, one witnessed a mutation of this paradigm with the incorporation of the psychosocial dimension in the analysis of phenomena of sexuality. While not a radical paradigm shift (given that it is developed from the original paradigm and coexists in time) the “psychosocial paradigm” brings a psychological aspect to the biological component (linked to feelings and



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behaviours) and a social aspect (linked to values and the relationship with the other). Sexuality is approached as part of a whole (bio-psycho-social) and sex education as a component of health education (in the broad sense, linked to well-being and not the absence of illness). This dimension calls for a different kind of participation from teachers and other educational agents (in partnership with the health technicians), but does not seem to have enjoyed great acceptance in the schools, where the teachers continued to be heavily influenced by the biomedical model and to consider that only the “biology teachers” could perform this role. In a third phase, the emphasis is put on the discussion of religious and ideological codes such as systems of referencing of conducts, reinforcing, in addition to the personal and interpersonal dimension, the political and social dimension of sexuality. One therefore witnesses the emergence of a “socio-political paradigm” which conditions, from the cognitive point of view, some of the actors present both at local level and also in the central decision-making bodies, although with different intensity and intentionality.

As regards the “governing paradigms” one witnesses, in the context of this public action (although not a specific phenomenon of it), the emergence of a “post-bureaucratic regulation” that coexists and comes into conflict with a “bureaucratic regulation” that remains dominant in Portuguese public administration, especially in the education and health sector. In chapter 2 of the report (section 2.2.) several examples of this trend are pointed out with the adoption of forms of government and management that call for concerted action and negotiation, project technology, the contracting of initiatives and support for the “free” choice of partners and intervention “models”, the reinforcement of the autonomy of schools (at least with regard to joining a wide range of initiatives), etc. It is also pointed out that the influence of this kind of regulation falls within a more widespread change of the paradigm that serves as a reference for the reform of public administration and which, as mentioned in the previous report (Barroso and Menitra, 2009), has a predominantly rhetorical function. However, in this case there are two additional reasons that justify the use of these modes of regulation: the public action is interspersed by ideological and religious controversies that are not compatible with bureaucratic and uniform modalities of decision and execution; the “delicacy” of the topic and the controversy generated in public opinion led the government to reinforce the mechanisms (real and symbolic) of “knowledge-based policy”, turning to the “experts” as “guarantors”, to compensate their shortfall of competences and legitimacy in this area in the eyes of the public opinion.

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### 5.3 Knowledge and knowledge holders in conflict

As mentioned in chapter 4, the disputes and/or agreements established within the scope of this public action are heavily influenced by the nature of their core content (sexuality and sex, corporeity and body) which constitute policy areas that have a long history and in which facets of the intimate and the public, the community and the societal are at play, as well as the limits of public intervention. These are matters about which the battleground is not only the knowledge that is claimed as the scientific, professional, expert or experienced truth, but also – and perhaps much more – other kinds of knowledge that do not imply submission to situations and are not put to the test. They depend on choices about the power relations that make up our societies and our lives, of moral validity, of ethical judgement, whether deriving from religious or laic starting points.

One can say, therefore, that the conflict of knowledge in this public action is marked, firstly, by the political and cultural positioning of the different actors in relation to the pertinence and meaning of sex education in school, on the one hand, and regarding its organic dependence and modes of implementation, on the other.

*In the first case* (pertinence and meaning of sex education in schools), what is at issue is the recognition, or not, of the existence of a public sphere for sex education and acceptance, or not, of State interference in this matter. The conflict is grounded essentially on the traditional rift between those who argue for education as a public or private good. As such, in this case the discussion on “sex education” ends up being an extension of this more general debate about the role of the State and families in education. The arguments used are of an ideological, religious and political nature and are very often backed up by biomedical, psychological and sociological knowledge.

*In the second case* (organic dependence and modes of implementation) the conflict is linked to the role of education and health in this process (knowledge, agencies and professionals), varying between the greater emphasis on health, the complementary approach from the two sectors and the supremacy of education. In this domain, the divergences are related to the various paradigms at play (biomedical, psychosocial and socio-political – see chapter 2), but also to questions concerning the organisation of the education system and curricular development. In an attempt to balance the relations of force between these two sectors one can say (as mentioned in chapter 4), that despite the fact that over the years the actors have pronounced mostly in favour of “cooperation” between the two sectors, the guidelines issued show that, either latently or openly, there is a dispute, at least symbolic, for the monopoly of a new specialised (micro) knowledge

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and an area of intervention. The health sector is at an advantage, benefiting from its condition as a promoter (and holder) of knowledge that constitutes the raw material for the exercising of educational practices on sexuality (be this knowledge from the epidemiology area or related to physiological knowledge, be it clinical and psychotherapeutic intervention, which is increasingly important as we have seen). Sex education is therefore integrated into the preventive and proactive missions, destined to promote the adoption of healthy behaviours, as well the “fights” against obesity, drug consumption, sexually transmitted diseases, etc. In this context, what is expected from the education sector, in its condition as a large-scale vehicle of transit of the young population, is to participate, through its professionals, academics and experts, in the construction of a methodological and applicational knowledge.

It is important to point out, finally, that underpinning the two kinds of conflicts mentioned above is a third, broader kind, related to the visions of sexuality in our societies (namely as regards its dependence of a conjugal relationship) and the conditions of its educability. The appraisal that one can make regarding the dominating perspectives in this controversy shows (as outlined in chapter 4) that in general the intervening parties in this public action look upon sexual practice among the young as a “public problem”, associating it to other social phenomenon, which has already been categorised as such and suppliers of indicators of possible harmful effects of the sexual practices (not reflected as a public problem) on the social fabric. These other problems are relative to the condition of the population as a whole (youth pregnancies, sexually transmitted diseases, voluntary interruption of pregnancy, discrimination according to gender or sexual orientation) and are linked to different indicators and appraised in a range of ways. However, they are always a sign of concern and discontent shared “by all”, which is associated, as is natural and indispensable, to an intervention on the socialisation and development of each individual, which confers a status deserving of an “educational” intervention.

## **5.4 Knowledge policies**

The growing pressure to exercise “knowledge-based policy” or “evidence-based policy” has led governments to adopt measures aimed at adapting the knowledge produced by the academics or experts to the implementation of this goal. This government intervention in “knowledge policy” can be carried out through different means, either directly or indirectly. In the case of the public action under study, there is no deliberate attitude to control the knowledge produced either in the health area or the education area. However, the focus is placed on one or other kind of knowledge depending on the

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epoch in question, as well as the lack of focus given to certain types of knowledge, which clearly illustrates an attempt to “politically” influence the knowledge that is used to underpin the policies. This influence is carried out through the “official recognition” (and consequent political, economic or social benefits) of the knowledge produced by certain experts, academics or associations which, in a given moment, are incorporated into the policies, prejudicing or opposing others. Examples of this include: the choice of which individuals will lead the structures that guide the initiatives taken in the domain of sex education, which reflects the “official” recognition of a certain kind of knowledge over another (it is not indifferent, in this case, to appoint a Catholic priest, a public health doctor, an education academic or a psychiatrist, as happened in this public action); the importance assigned to the collection and dissemination of “good practices” at any given moment (as happened with the National Network of Health Promoting Schools) clearly shows the importance attached to “utilitarian” knowledge that enables what works to “become obvious”; the low impact of the assessment studies carried out, or the lack of credible assessment studies, are revealing as to the predominantly rhetorical nature of these measures; the preference given by the ministry during a certain time period to the Family Planning Association also translates the preferential recognition of the competences of their members based on different knowledge to that of other non-government organisations; the selection of experts summoned to support the drawing up of certain measures (see for example, Working Group for Sex Education) is another example of knowledge that is favoured (therefore recognised and promoted) in this domain. Also of note, finally, in the case of sex education in schools is that this political influence is indirect and variable over time. This results from the controversy that is impregnated into this public action and the conflicts of knowledge mentioned in the previous section, meaning the government authorities do not have a clear strategy for this purpose. As is said regarding this topic in chapter 4, “sexuality” is, in Western culture, perceived as a social practice that involves “risk”, “uncertainty”, and at the same time is the bearer of a strong “symbolic” load. In this scenario, putting issues of sexuality onto the political agenda is problematic given the effects it may generate. However, the public action as regards “customs” does not cease. Consequently, the government policies tend to fall back on forms of legitimisation that are not tied in with big narratives, turning to a construction of consensuses, if possible around “specialised knowledge”. This does not mean that the choices between values have disappeared, nor that the action legitimised by the knowledge of the specialists goes far beyond “symbolic action” – one need just look at, in the case under analysis, the absence over many years of measures or the inoperability of the legislation.

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## 5.5 Knowledge and policy constellations

The connections between knowledge and policy and the configurations that represent them depend on multiple factors, both contextual (dominating paradigms, modes of regulation, political situation, characteristics of the actors, etc), and intrinsic to the nature of the policy in question (degree of conflict among the various cognitive references at play, integration or rupture with the existing knowledge regime, dynamics of the coalitions, discourses or causes, generated in the public action, etc). In the case of sex education in school, the process of “politicisation of the knowledge” and “impregnation of the knowledge in the policy” (knowledgeisation of policy)<sup>27</sup> took on different forms throughout the period under analysis, but it is possible to identify a continuous pattern around two predominating configurations: “committees of experts” and “good practices”.

*As regards the first kind of configuration (committees of experts),* it is worth remembering, as mentioned in chapter 1, that the government action in the “sex education” field was marked, above all, by a set of guidelines produced in the sphere of the State that translated into the creation of programmes, networks, working groups, texts, aimed at coordinating, “guiding” and supporting the action of the structures dependent on the Ministry of Education and Ministry of Health. These kinds of structures and modes of organisation are relatively unconnected from the administrative apparatus (although they come under their influence) and are the ideal platforms for cognitive and socio-professional “miscegenation” (knowledge, organisations, and practices). Moreover, the management of these projects was entrusted to figures who were acknowledged as having special competence on the issue (usually coming from academia, but in one case coming from the Catholic Church) and who became, together with other experts, staff members belonging to the administration. The existence of these committees, given that they were outsiders and because of their composite nature (from the point of view of knowledge and organisations of belonging), functioned as the producer and legitimiser of the policies, but also paves the way (owing to the coordination functions) for participation of actors linked to networks of relations among these experts, both in academia and in the non-government organisations, and in the schools themselves. But it is not only the nature and role played by these committees that make them the ideal platform for the relationship between knowledge and policy. Many of these experts, as mentioned in Annex 1, are “specialised militants” (who put the knowledge at the service of social intervention) or “academics who like to involve themselves in policy” (to influence the

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<sup>27</sup> See on this point the integration report of Orientation 2 – Public Action 1 (Bajomi et alli, 2009, p. 66).

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government decisions). This does not mean that the sex education policies are “commanded” by experts (and many complain about the frustration deriving from the gap between what they argued for and what was done), but all indications are that they are an ideal tool for the government authorities to define “targets” of action (targeting), transforming social facts into political problems, testing solutions and even delaying controversial decisions.

*With regard to the second type of configuration (“best practices”), these constitute not only a form of production of “tacit knowledge”, but also transformation of “tacit knowledge” into “explicatory knowledge”, which is an essential condition for its politicisation. At the same time, while the noun (practices) enable the incorporation of the local dimension in policy (using the “local” as a form “of compensatory legitimisation” of the “central” in losing authority), the adjective (“good”) allows the administration to recover control over the production and application of the regulations, through the transformation of “certain” practices (deemed to be good) into rules (implicit or explicit) to be complied with<sup>28</sup>. As is stressed in chapter 4 on this point, one must bear in mind that the good practices are the target of cognitive and regulatory choices by the people who coordinate their conception, those who report them and those who promote their circulation. The “good practices” are the tools of public action. The practices are, therefore, worked on by technicians and/or experts from the ministries, in an intervention similar to a conventional mode of regulation centred on the examination of processes and appraisal of “how are they doing the work”. Hence, the knowledge that seems to carry the most weight is that which is perceived as useful in the given situation as knowledge of a composite nature, markedly *methodological*, centred on a description and a consensus about “what works”.*

## **5.6 Knowledge in the wider public sphere**

By their very nature, sex education policies were the object of public debate in the press, in events of a scientific nature, upon their dissemination and within the scope of parliamentary initiatives (public hearing, see Annex 3). The agenda of this debate was heavily conditioned by the political agenda, in the background of government initiatives and the discussion in Parliament of draft laws on school education, or in the background

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<sup>28</sup> We apply here, through the “best practices” analogy, Weiler’s explicatory model (1990) about the relationship between decentralisation and assessment.

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of the discussion concerning the decriminalization of voluntary interruption of pregnancy referendums. One can even say that during the period under analysis one witnessed a kind of “vicious circle” between the inertia of the Ministry of Education and the debate in the public arena: the “less” the Ministry “does”, the less the topic is spoken about, and whenever Parliament intended to change the existing legislation the debate reignited.

However, at least in one case, it was the debate in the press that influenced the political agenda. The process began with the publication, in 2005, in a widely sold national newspaper (*Expresso*) of an article that originated from a denouncement of a father who accused the Ministry of Education of supplying “indecent” guidelines about sex education, among other things, because it used drawings of naked boys and girls (who are depicted as asexual, inviting the pupils to place the genitals on them). The article was based on this and other statements from parents arguing against sex education in school and describing some examples of “proposed exercises” in textbooks organised in line with the guidelines from the Ministry of Education on the topic. The controversy that spread to other media outlets ended up critically involving the Family Planning Association (APF), an NGO that had not, until 2002, enjoyed preferential treatment by the Ministry of Education and which was heavily involved in defining the policies and providing support to the schools. As a consequence of this controversy in the media the National Education Council (government consultancy body) was called on to pronounce on the matter and a new structure was created (in the same year of 2005) to guide the actions in this domain, the Working Group for Sex Education (GTES), led by a psychiatrist from Lisbon Medicine University. The initiation of this group’s work put an end to the protocols that existed between the Ministry of Education and the non-government organisations which had provided support to the schools. From 2002 onwards, other entities in addition to the Family Planning Association were embraced.

It is pointed out, finally, that the knowledge that circulated in these debates is very wide-ranging and is clearly identified with the strategic arguments of the actors involved. As could be seen in the parliamentary hearing (see chapter 4 and annex 3), it is possible to identify three major kinds of knowledge (in line with their sources of legitimisation): tacit knowledge, locally situated, deriving from the experience of teachers and other activists directly involved in the practices of sex education at school; declared knowledge associated with invoking “superior” principles of a political, ideological and religious nature which sex education should be subordinated to; technical-scientific knowledge generated in the academic and professional communities, above all health, but also in the big international organisations, namely the World Health Organisation. It is also pointed out that this “typology” was not confined to the “parliamentary hearing”, but was extendable to other scenes of public debate and that the knowledge can serve both to defend and attack sex education in school. A final note to point out that, despite the

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rhetoric on the need to promote “evidence-based policy”, there has been a lack, in these debates, of knowledge resulting from assessment of the effects of empirical policies or studies that “derive from” the evidence of the results obtained.

## **5.7 Local actors in the central decision making process**

The local dimension was present at several moments, namely through the promotion of policies based on school initiatives, in articulation with the educational projects, or through the collection and dissemination of “good practices”, or even through the integration of sex education into the dynamics of local development (as was the case of Gouveia, see annex 4). From the analysis perspective in which the policy is seen exclusively as a “top-down” process, it was not possible to ascertain to what extent this local contextualisation had an effect on the formal policy decision at central level. However, if we adopt a public action perspective (multilevel and multi-actors), we can easily understand that the local influence is felt, above all, in the “a posteriori” adaptation and reformulation processes (by the local actors) of the centrally decided policies. Even if they do not affect the regulations, the action of the local actors affects the way the policy is implemented in each situation. Even if this process is not specific to this public action (see, for example, the previous study about Orientation 2, Public Action 1, Barroso and Menitra, 2009), in the case of sex education in school there are conditions that favour the influence of the local in the conception and implementation of these policies. On the one hand, as we saw, the complexity and “delicacy” of the topic led the governments to adopt cautious strategies, widely calling for voluntary participation of the actors on the ground (street level) to “test guidelines”, “construct solutions”, “confront options” or “supply know-how”. Furthermore, the importance of the non-government organisations (especially the Family Planning Association) and at times the experts, very closely linked to networks of local activists, saw them serve as brokers in the process of transformation of the local knowledge into policy.

Finally, it is pointed out that in this process the local knowledge is not restricted to the insular practices of the teachers in school, but has a wider dimension as was illustrated in the case of Gouveia. As mentioned in chapter 4 with regard to this point, there is a “local combination” of knowledge that may be channelled to many disciplines linked to the education and health sectors, but also the sociological and organisational knowledge. This idea of “local combination” of knowledge – dependent on the historical trajectory – can be illustrated through two types of relations with the “outside knowledge”. First: the intervening parties confer the status of relevant knowledge for the public action to that



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which comes from actors (individual and collective) from the area of Education and Psychology which are considered able to generate significant *learning* on topics of sex education (the local knowledge determines the choice of national knowledge). Second: the local intervening parties search for new modes of generating knowledge whereby in order to make their local intervention *credible and valid*, in their own words, “there is a need (...) to assess the results in a more systematic and scientific manner”, adapting the local dynamics to a transnational dynamic of production and legitimisation of knowledge.

## **5.8 Circulating patterns beyond the borders of the sector and the country**

There is an obvious international influence in the configuration of sex education policies in school and in the production, dissemination and incorporation of the knowledge associated with them. This influence originated in international organisations, especially the World Health Organisation, but also in different countries, in Europe and elsewhere, through contacts with experts, associations, experiences and knowledge. This influence has specific effects in the adoption of certain organisational set-ups (such as was the case of the National Network of Health Promoting Schools which was integrated into the European Network of Health Promoting Schools), but also as a source of external validation of proposals and measures presented by the government, specialists, associations and at times by the schools themselves. However, in some cases this influence is looked upon in a negative light by more conservative sectors, who accuse the politicians or the experts of subordinating themselves to values, principles and practices that have nothing to do with the specificity of the “national culture”.

According to the data collected, namely in the interviews given by the different actors, it is possible to identify two major ways in which this international influence is wielded: the first, more formal, consists of affiliation in networks and/or contacts with international projects; the second, more informal, translates into participation in training courses, seminars and international studies.

Examples of the *first case* can be found in the connections between the Family Planning Association and the International Planned Parenthood Federation, or in the Portuguese Foundation Community Against Aids, which is affiliated into Aids Action Europe. Although we were not informed about any formal international connection of the Defence of Life Movement, this organisation shares the goals and terms of most of the organisations sponsored by the church or which are evidently of Catholic inspiration. This connection is

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translated into the circulation of knowledge, techniques and experts, making access to funds available to carry out training or intervention projects. In the case of the Ministry of Education or Ministry of Health, this formal integration takes place through the international agencies (World Health Organisation, European Commission) either through political commitments to the adoption of certain measures (e.g. Health Promoting Schools), or through the “importation” of pedagogical methodologies or materials (as happened with the Guidelines for Education in School).

In the *second case*, the following must be pointed out: post-graduation courses, in particular for the actors linked to academia; short-duration training funded by the Ministry of Education or by the Ministry of Health for their staff; participation in seminars abroad or organisation of national seminars in which foreign experts take part. When talking about experts belonging to academia that take part in the definition of official policies, one must point out the importance to their training (and recognition of their skills) of participation in international studies and projects, in Health Education field, above all when undertaken under the aegis of international organisations such as the World Health Organisation.

## **5.9 Europe**

In the case of this public action there was no specific influence from the European Union. However, the external contacts that were established by the individual actors interviewed were made above all with European countries that belong to the EU. The European influence occurs above all through the Europe section of the World Health Organisation and some of their projects were co-funded by the European Union, such as the Health Promoting Schools. Finally the influence of the European Union on the policies of sex education in schools takes place indirectly through the development of a European space in which the actors and the knowledge circulates (from the health and education area, in general) and which consists of a favourable context for the constitution of networks, establishment of partnerships and even obtaining of funding, in projects from these sectors, regardless of their specific topic.



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