



Enviado 12 /10/ 2018
Aprobado 18/11/2018

EDUCACIÓN EN SALUD SEXUAL, UNA NECESIDAD QUE VA MÁS ALLÁ DEL APOORTE DE INFORMACIÓN

Sexual Health Education, a need that goes beyond the provision of information

Albino José Rojas Piñango¹
Universidad Complutense de Madrid

Resumen

El presente ensayo surge de una revisión documental del problema creado por el elevado índice de Embarazo en adolescentes en Latino América y las diferentes iniciativas que se han producido para tratar de minimizarlo. Muchas se apoyan en enfoques biologicistas que refuerzan lo que se denomina genitalidad; según la cual, la sexualidad se asocia con la reproducción, con la participación casi exclusiva de los órganos genitales. Parte de un programa denominado: *Metas Educativas 2021: la educación que queremos para la generación de los Bicentenarios*, el cual constituye una de las iniciativas de mayor envergadura y significación que se ha puesto en marcha en los últimos años. Debe dar una idea de las actitudes, de las presiones, conciencia de las alternativas y sus consecuencias; aumentar el amor, el conocimiento propio, mejorar la toma de decisiones y la técnica de la comunicación. Cuando se hace referencia a la Educación en Sexualidad se ha de tener una visión completa de la complejidad del ser sexuado, y partir de que la sexualidad es una parte integral de la personalidad de todo ser humano. De allí que debe ser abordada desde la integralidad del ser. Destaca que la solución está en abordarla desde las dimensiones afectivas y espirituales superando los esquemas biologicistas de salud y riesgo.

Palabras clave: salud, salud sexual, educación en sexualidad, afectividad, espiritualidad.

Abstract

This essay arises from a documentary review of the problem created by the high rate of pregnancy in adolescents in Latin America and the different initiatives that have been produced to try to minimize it. Many rely on biologicist approaches that reinforce what is called genitality; according to which, sexuality is associated with reproduction, with the almost exclusive participation of the genital organs. Part of a program called: *Educational Goals 2021: the education we want for the generation of the Bicentennial*, which is one of the initiatives of greater scope and significance that has been launched in recent years. It should give an idea of attitudes, of pressures, awareness of alternatives and their consequences; increase love, self-knowledge,

¹ **Corresponding author:** Albino José Rojas Piñango arojas_5@hotmail.com

improve decision-making and the technique of communication. When referring to Education in Sexuality, we must have a complete vision of the complexity of being sexed, and that sexuality is an integral part of the personality of every human being. Hence, it must be approached from the integrality of being. It emphasizes that the solution is to approach it from the affective and spiritual dimensions overcoming the biologicist schemes of health and risk.

Keywords: health, sexual health, education in sexuality, affectivity, spirituality.

Cómo citar el artículo

Rojas Piñango, A. J. (2019). Educación en Salud Sexual, una necesidad que va más allá del aporte de información. *Revista de Comunicación y Salud*, 9(1), pp. 65-76.
doi: [http://doi.org/10.35669/revistadecomunicacionysalud.2019.9\(1\).65-76](http://doi.org/10.35669/revistadecomunicacionysalud.2019.9(1).65-76)

The Organisation of Ibero-American States (OEI, 2012) promoted, based on a consensual analysis of Latin American problems in the field, a programme entitled: Educational Goals 2021: the education we want for the generation of the Bicentennials, which is an important and significant initiative. In the opinion of its Secretary General, Álvaro Marchesi Ullastres, the achievement of its objectives will make a decisive contribution to the development of peoples and the well-being of citizens. Its aim is ambitious and is geared towards improving quality and equity in education. In order to achieve this, joint efforts are urgently required to direct the policies of each state towards goals that promote education in values for a democratic and active citizenship, oriented towards a culture of peace, the valuing of democracy, respect for the environment and gender equality, and the promotion of health in order to achieve a significant improvement in the quality of life of the population. However, it cannot by itself solve the problems that society has generated, but requires significant changes in other areas of society.

The United Nations Population Fund (UNFPA) warns of significant increases in violence, homicide, suicide, teenage pregnancy, alcohol and drug use from adolescence onwards in the Latin American region. This programme constitutes an axis of reference that challenges us to provide a solid base that facilitates the Ibero-American education system to face one of its challenges with greater guarantees of success, which is to ensure that all students have access to quality education, guaranteeing the fulfilment of certain essential conditions for learning, such as health and nutrition for the population it is responsible for serving and preparing them for the integral development of their personalities.

The programme itself emphasises social and participatory aspects and will be subject to constant evaluation and monitoring by those responsible for education policy in each Ibero-American nation. These fundamental pillars are directly reflected in the eleven general goals proposed. Of these, special mention should be made of the first and fifth, which aim to:

1. Strengthen and broaden the participation of society in educational action.

2. Offer a meaningful curriculum that ensures the acquisition of basic competencies for personal development and the exercise of democratic citizenship (Organization of Ibero-American States, 2012).

Laak (1996), analyses the five major dimensions of personality; also called traits or factors that constitute the basic building blocks that capture the essence of individual differences. They develop on the basis of both genetic and environmental influences. Studies have shown that these are universal dimensions and can be used to describe the personality of individuals from very different cultures. These dimensions are:

- I. Extroversion (Emergence): affection, gregariousness, assertiveness, activity, emotion seeking, positive emotions.
- II. Agreeableness (Sympathy): trustworthiness, honesty, unselfishness, compliance, modesty, sensitivity.
- III. Conscientiousness (Conformity, Security): competence, order, obedience, striving for achievement, self-discipline, reflection.
- IV. Neuroticism (Emotional Stability, Restlessness): Anxiety, angry hostility, depression, shyness, impulsivity, vulnerability.
- V. Openness to Experience (Culture, Intellect, "Intellectance"): fantasy, aesthetics, feelings, actions, ideas, values.

The goals outlined above could be combined to promote the integral development of the personality oriented towards social participation in the construction of a meaningful curriculum for the development and approach to one of the crucial aspects of a being's personality, namely sexuality. This aspect is addressed by Sexuality Education in a way that, according to the United Nations Population Fund (UNFPA, 2011) and the World Health Organisation (WHO), has not been effective according to the indicators of teenage pregnancy, HIV-AIDS infections, domestic violence and gender inequality that are present in Latin American countries.

This approach represents what has become the Sexual Reproductive Health approach. Since 2003, UNFPA has been promoting the Human Sexuality and Reproductive Sexual Health Education Programme through an agreement with the Universidad Pedagógica Experimental Libertador (UPEL) to formally integrate Comprehensive Sexuality Education (CSE) into the curriculum offered to its students. As a result of this intersectoral work, in which specialists from the eight institutes that make up the UPEL participated, the Strategic Curricular Lines for Sexuality Education in the Basic Education Subsystem were presented in February 2012. This new curriculum includes the promotion of healthy lifestyles and the prevention of social and health problems in children and adolescents.

For their part, the WHO and the Pan American Health Organisation (PAHO), together with the Ministry of Education (1989), designed a permanent training programme for Health Education teachers, forming a regional commission in charge of developing strategies to update teachers in Health Education and the promotion of the sexual and reproductive health of the country's students.

These efforts are a response to what they consider to be the low level of achievement of sexuality education in Venezuela and many Latin American countries, according to indicators of teenage pregnancy, HIV-AIDS infections, domestic violence and gender inequality. Other socio-economic indicators, such as

the increase in the number of women as heads of household, domestic violence and divorce, are also indicative of this.

The Fundación Escuela de Gerencia Social (2006), with the support of UNFPA Venezuela representative Luz Beltrán Molina, promoted research on adolescent pregnancy. There, they presented some indicators that describe the situation as a public health problem in Venezuela:

1. The main sexual and reproductive health problems are high maternal mortality from preventable causes and adolescent pregnancy.
2. Available figures outlining the situation of early motherhood are as follows: 50 per cent of Venezuelan adolescent girls are sexually initiated before the age of 19 and 10 per cent before the age of 15. In less urbanized and rural areas the age decreases, 30 per cent are initiated before the age of 15 and 70% before the age of 19.
3. Adolescent girls often do not use contraception for their first sexual intercourse. Although 9 out of 10 adolescents are aware of contraceptive methods, only 1 in 10 use them.
4. Only 1 in 5 adolescents know their fertile period, which makes it very risky to use the method of coitus interruptus.
5. The fertility rate of young women aged 15-19 is estimated at 97%, which means that 97 young women per 1,000 have had a child.
6. 21% of registered live births in the country occur to adolescents between the ages of 15 and 19.
7. Pregnancy interrupts education: 2 out of 5 adolescents drop out of school as a result of pregnancy, and the more education, the fewer pregnancies. The poorest and least educated adolescents are 4 times more likely to become pregnant than the poorest and least educated.
8. 6.4% of adolescent girls had had an abortion.
9. The third leading cause of death among women aged 15-19 is due to obstetric complications.

According to these socio-economic, educational and cultural indicators, Venezuela is one of the countries in Latin America with the highest rates of early pregnancies. According to WHO/PAHO, this refers to pregnancies occurring in children under 19 years of age. Projecting this situation to the international level, the United Nations Children's Fund (UNICEF, 2007) points out that:

Worldwide, 42% of adolescent girls aged 14-19 are pregnant, 33.95% are already mothers, and two out of five of them have never left primary school. Furthermore, girls under 15 years of age are five times more likely to die in pregnancy than women over 20, making this a public health problem... (p.2).

This denotes that there is a reality that requires attention, and that is that it is associated with what is known as Reproductive Sexual Health. This reinforces the idea that Sexuality is mainly associated with reproduction, when in reality it goes much further. Hence, when people are asked what they associate the term Sexuality with, a high percentage say that it is related to the practice of sexual relations. And it is precisely this practice, which is carried out without protection or prevention, that has generated the situation described.

With regard to the collective imaginary vision of sexuality, it is generally related to genitality and therefore to reproduction. For example, in the case of the promotion of the use of male condoms, the main beliefs for not using them are that they would affect the sensation of pleasure, they represent a lack of trust towards the partner and, in the case of men, it is not their responsibility; these last two reasons reflect the strong influence of gender stereotypes. Other causes are fear of breakage, difficulty in obtaining them and embarrassment when buying them.

From this point of view, the problem is not due to a lack of information related to sexual relations and pregnancy, as was the case in previous generations. In the country, adolescent pregnancy is linked to culture, to the life-cycle project, to poverty and to education. In this sense, in formal education, specifically in the Primary and Secondary Education curricula, content has been included that, in some way, promotes the exercise of healthy and responsible sexuality. In educational institutions, many teachers have received talks and refresher workshops to address the issue with their students. Even on the internet, parents and teachers can obtain up-to-date information for children, adolescents and adults, oriented by parents and teachers.

However, these elements such as culture, the life cycle project, poverty and education are more determinant in the establishment of certain practices that generate risk behaviours responsible for the aforementioned indicators. In many cases, machismo, the submission of women, the stereotype of the magician, the hunter and the superhero promote these behaviours that lead to the previously established consequences. And this is assumed as normal and has repercussions on the role of parents who, far from reorienting these behaviours, promote them, with the fixed idea that this is the way it "should be". In the same way, teachers who are also trained under these conditions obey them and promote them in their students.

Fortunately, initiatives have emerged that, in one way or another, seek to provide assertive responses to this situation. The Andean Regional Health Organisation in the Hipólito Unanue Agreement (ORAS-CONHU, 2008) presented the Andean Plan for the Prevention of Adolescent Pregnancy (PLANEA), which constitutes a meeting point for high-level representatives and technical teams from the health, social protection, youth, education and social welfare sectors of Bolivia, Colombia, Chile, Ecuador, Peru and Venezuela and other regional organisations such as the Ibero-American Youth Organisation (OIJ) and Family Care International (FCI).

There, it was suggested that in order to address prevention and care for early pregnancy, multi-sectoral and multidisciplinary initiatives must be carried out by governments themselves, with the active participation of the adolescents and young people themselves. Preventing these pregnancies involves addressing the risk factors that determine them and promoting human development, fostering autonomy by emphasising the life project of young people and their follow-up.

It could be said that public policies designed to guarantee sexual and reproductive health should emphasise prevention and attention to early pregnancy within the framework of human rights as a central axis in a comprehensive manner, in addition to being priority components in sectoral health and education policies. Hence, long-term and wide-ranging policies are needed to counteract the effects of poverty and

the lack of opportunities for the full development of young people and adolescents, regardless of gender. At all times promoting human development in their faculties, autonomy and life projects.

One of the advances achieved in the field of educational public policies at that time was made by the Ministry of Popular Power for Education (MPPE, n.d.) when, between 2000 and 2005, it presented a pedagogical proposal that aimed to promote the ongoing training of those jointly responsible for education, as well as the development of resources for learning, based on research, creativity and innovation, in compliance with the legal regulations in force at the time. This represented a valuable contribution to the educational approach given to Sexuality Education. It transcended the informative-preventive aspect and began in pre-school.

Unfortunately, it was not followed up and there remained an initiative that would have given significant advances in the promotion of the development and integral formation of citizens, since it sought to promote responsible decision-making, the practice of healthy lifestyles, as well as knowledge, attitudes, values and positive behaviours towards the experience of a pleasurable and responsible sexuality, through the articulation of the family, the school and the community. At that time, the MPPE (ob.cit.) assumed, and it seemed to be so, the commitment that this educational policy would guarantee: "the implementation of sexuality education with a democratic, participatory, co-responsible and protagonist approach within the framework of human rights, leading to inter- and transdisciplinary work strategies" (p. 37).

Among the challenges that arose was the need for greater family participation in the educational activities carried out in schools. It was not only the fact that they were informed or invited to talks or workshops in schools, but that families could feel that they could count on the school and the high school to support them in strengthening spaces and initiatives aimed at favouring good family communication on the subject.

This is important since the participation of the family and the community in the activities developed by schools is currently very scarce. There is an important separation in the interests that guide each of these sectors. The country's current situation, as reflected in the Survey on Living Conditions in Venezuela (ENCOVI 2017), shows that the worsening quality of life, not only related to the loss of purchasing power, but also affecting the more structural dimensions of households, has been a determining factor in this occurrence. This leads to the need to promote and facilitate the continuous training of teachers in the system, so that they incorporate into their teaching practices the contents, skills, methodologies and attitudes necessary for the full and integral development of the sexuality of their students, as suggested by the same society in which they will exercise their teaching activities, incorporating the human dimension of affectivity.

Considering possible solutions to the situation described above, in Latin American countries and, in the special case of Venezuela, there is an urgent need to implement actions that provide an immediate response to the situation that society demands in terms of Sexuality Education. In order to achieve this, it is useful to vindicate the scope and dimensions of sexuality in the terms set out by the World Health Organisation (1983):

Sex education must encompass much more than information. It should give insight into attitudes, pressures, awareness of alternatives and their consequences. It should increase love, self-knowledge, improve decision-making and communication skills (p. y/n).

One of the actions implemented was in 2009 when the meeting of Ministers of Health and Education to Stop HIV and other STIs in Latin America and the Caribbean was held in Mexico City, within the framework of the XVII International AIDS Conference, with the objective of strengthening the response to the HIV epidemic in the formal and non-formal educational context. Among the aspects they considered was that a considerable percentage of young people initiate sexual activity at an early age and in most of these sexual encounters protection is not used to prevent sexually transmitted infections.

The representatives of the Ministries of Health of the countries attending this meeting agreed that comprehensive sexuality education from childhood favours the gradual acquisition of the information and knowledge necessary for the development of the appropriate skills and attitudes to live a full and healthy life, thereby reducing health and reproductive risks. It should incorporate, in an articulated, balanced and consensual manner with the audience and community, the ethical, biological, emotional, emotional and social aspects of health and reproductive health: ethical, biological, emotional, social, cultural and gender issues, as well as issues related to the diversity of sexual orientations and identities in accordance with the legal framework of each country, in order to generate respect for differences, the rejection of all forms of discrimination and to promote responsible and informed decision-making in relation to the exercise of their sexuality; this would be reflected in their self-esteem, respect and positive gender relations from childhood that could lead them to postpone the onset of sexual relations until they reach the psychological maturity to do so. This position is in congruence with the position of the UNDP, Venezuela chapter and the research line of the Universidad Pedagógica Experimental Libertador (UPEL) that promotes an Education in Sexuality that provides timely and comprehensive responses to the situation in Latin American countries.

At the aforementioned Ministerial Summit, it was projected that by 2015, the gap in the number of schools that had not institutionalised Comprehensive Sexuality Education in educational centres under the jurisdiction of the Ministries of Education would have been reduced by 75%. It was also expected to reduce by 50% the gap in adolescents and young people who lacked health service coverage to properly address their health and reproductive needs. Convinced that these actions reflect the commitment of the countries to the children, adolescents and young people of Latin America and the Caribbean, to sister countries, and to the world community.

In 2012, an assessment was made of the achievements made in each country that subscribed to this Ministerial Declaration, and it became evident that overall 58% progress has been made. The percentages of particular progress are as follows: Cuba, 99; Ecuador, 86; Argentina, 82; Costa Rica, 80; Colombia, 79; Uruguay, 71; Brazil, 69; Mexico, 68; Guatemala, 67; Nicaragua, 66; El Salvador, 60; Honduras and Peru, 51; Panama, 40; Chile, 35; Venezuela, 34; Paraguay and Dominican Republic, 30 and Bolivia, 24.

Specifically in the Bolivarian Republic of Venezuela in the Plan de la Patria (2013-2019), officially called the Second Socialist Plan for Economic and Social Development 2013-2019, initially in June 2012 and subsequently in December of the same year. The document is based on the ideology of Hugo Chávez (chavismo) and 21st century socialism. With regard to sexuality, in section 2, paragraphs 2.2.4.1, 2.2.4.2 and 2.2.4.3, it states: Consolidate gender equity with socialist values, guaranteeing and respecting the rights of all, and social diversity. To deepen women's political and protagonist participation; to incorporate the perspective of gender equality in public policies, promoting non-discrimination and the protection of socially vulnerable groups, and to generate training policies on the perspective of gender equality and sexual diversity. However, to date, nothing has been accomplished and even less has been done to generate the public policies that could serve as a support to achieve these goals.

The above is a reflection of the 34% progress assigned to the country, and according to the latest available official data from 2014, provided by UNICEF, Venezuela has one of the highest adolescent fertility rates in South America, where every year 93 babies are born for every 1000 adolescents between 15 and 19 years old, which translates into 23% of all births in the country being to teenage mothers and according to La Prensa Lara (2018, online document) the country has the third highest number of teenage pregnancies, behind Ecuador and Honduras.

This shows that the situation in the country is still delicate and little progress has been made since 2008. When referring to sexuality education, it is necessary to have a complete vision of the complexity of the sexual being, and to start from the consideration that sexuality is an integral part of the personality of every human being. It should also be borne in mind that sexuality is constructed through the interaction between the individual and social structures, and that its full development is essential for individual, interpersonal and social well-being.

In terms of the approach to sexuality and the promotion of sexuality education at formal and informal levels, throughout recent history, different models have become evident that coexist at the present time, intermingling and distorting messages. It is clear that there must be guidelines or fundamental pillars that typify the reality of a given society in this area, but the nuances of the locality and daily life of the community benefiting from such policies must not be overlooked. Here, the social representations responsible for establishing the social imaginary play an important role, which in the end will delimit the community's worldview and its behaviour in this regard.

It is necessary to start from Weeks (1998), when he says that sexuality:

...is a deeply problematic concept, and there are no easy answers to the challenges it poses. But if we start by asking the right questions, then perhaps we can find our way through the maze. At the end of the journey we may not find a prescription for correct behaviour, but we may find a framework that allows us to embrace diversity, and we may find again, in sexuality, new opportunities for creative relationships, action and choice (p. 22).

For this author, sexuality has not been formulated as a way to study it, to understand it, to make academic sense of it. People have experiences linked to their

sexuality, they have lived them all their lives. But the way of talking about it is relatively new. It has been done more or less since the Industrial Revolution. The simple idea of it is practically impossible to translate into Asian cultures (China or Japan, for example). Because Eastern culture does not have the conceptual development that we have in the West. When you are faced with an abstraction, it all depends on how you make that abstraction to know what you are talking about.

While different cultures vary in their interpretation of sexuality, Westerners have been governed by the Judeo-Christian tradition which has tended to see sexuality as a source of moral apprehension and conflict. This doctrine plays a fundamental role in defining the subjectivity of the person, morality, sin, normality and abnormality. This is evident in the philosophical dualism established between spirit and flesh, mind and body. In Western culture, the body is repudiated as the unworthy, impure or sinful part; the spirit is the noble part that connects the being's existence to the divine.

Weeks (ob.cit.), generalises his approach by pointing out that sexuality is a complex universe in which biological, psychological and social aspects are involved. It encompasses a series of cultural, social, anatomical, physiological, physiological, emotional, affective and behavioural conditions related to sex that decisively characterise human beings in all phases of their development.

On the other hand, from a sociobiological perspective, Reiss (1967) proposed to understand sexuality as "the set of shared cultural scripts about erotic behaviours that are supposed to induce erotic arousal and genital responses" (p. 45). Such behaviours have two universal consequences: they are invested with cultural significance and they lead to the formation of bonds between participants.

The approaches of these authors contextualise the reality that is lived and the one that is aspired to be established, together with others that will be dealt with later, allow us to assume that sexuality in its essence is detached from the aspects of Health and Reproduction. Traditionally, we speak of Sexual and Reproductive Health to address the study of Sexuality and more specifically of Sexuality Education. However, sexuality by itself represents a theoretical construct that goes beyond both dimensions. It in itself touches the essence of the human being, as a person who feels, thinks and acts. It is part of his or her personality. That is why from this point of the study onwards we will only speak of sexuality as a process marked by complexity, in the context proposed by Morín (2004), in which in addition to issues related to sexual arousal, there are different elements, such as identity or affectivity that erotic-sexual closeness very often produces, which cannot be ignored when elaborating a formal concept of sexuality.

This complexity of sexuality makes human beings different from other living beings. They possess needs that go beyond the natural ones, and it is this characteristic that gives them their true specificity. What is relatively simple for animals becomes complex for humans.

This is how sexuality can be seen as a very important element of human life and it could even be said that it modulates the perception that the individual has of himself and of the world of which he is a part from the point of view of his sex - gender.

Therefore, in order to understand it, it is necessary to contextualise it in a complex of relationships that place it in its authentic dimension.

Sexual needs for human beings are not, as in the rest of living beings, a call to reproduction, but are related to self-esteem, pleasure, feelings, morals, customs, religion, law, life project, gender, in short, to each and every one of the elements that constitute their identity and their life in society. Each person has a different concept of sexuality which is influenced by society, cultures, time, history and individual tendencies.

In this sense, various authors, including Rubio Auriol (2014) and Murillo Gamboa (2017), agree that one of the fundamental aspects or pillars of sexuality is affectivity or affective bonding. This has been little considered in sexuality education programmes, which focus only on genitality and index reproduction. In doing so, they only prevent the full enjoyment of this aspect of the individual's personality that could give meaning and relevance to their existence and could guarantee the path to their happiness and fulfilment.

For Alonso (2005), affectivity is an aspect of the adaptation of the individual with its own functions that orients and qualifies the subject's actions; it encompasses all the states of mind and all the reactions that are rooted in instinct and in the unconscious. The affective component is the central axis of all human relationships and of the development of sexuality and, therefore, the way in which emotions are expressed. The clarity of its importance will determine the clear awareness and proper management of feelings. The world of emotions is the hinge of the whole personality. It is where the sensitive and the spiritual come together and points to personal balance.

The goal of affection between two people who are attracted to each other is love and devotion to each other. For a long time it was believed that the decisive factor was only the will to do so and the intellect that rationalised the action. It is true that these, in the objective order of things, are decisive and are called upon to guide and illuminate action. But they alone can do little without the integration of the affective and spiritual life.

It is difficult for people to pinpoint the exact moment when they first perceived, consciously, pleasurable sensations associated with the experience of their sexuality on the physical plane of their corporeality. This usually occurs gradually, and without the mediation of the will with the intentionality to do so. Sometimes the source of these sensations is not even motivated by a specific attraction to another person. There are many stimuli in the environment that can be perceived through the senses and awaken these sensations.

When consciousness begins to take over the individual's actions, people simply feel something new happening to them, which they do not quite know how to describe. Whether it's a physical sensation, an emotion, a feeling, etc. Sometimes it can be difficult to relate these feelings and sensations, which are perceived with sexuality itself and are only associated with the biased vision that is oriented towards carnal pleasure as a result of what has been learned at home and mediated by cultural elements and the continuous bombardment of the media.

Experiencing these pleasurable sensations associated with sexuality can have its origin in stimuli from the individual's own body when his or her sensoriality is activated, or it can be the product of sensorial stimuli from another person which, when they begin to be experienced, can generate confusion. This happens because since childhood, significant adults have not prepared them to experience their affectivity. Murillo Gamboa (2007) points out that from birth the sexes are separated by conditioning that reinforces the gender stereotypes imposed by society. Then, at a certain age, the encounter with the other is expected to occur in circumstances in which they have not gone through an intimate encounter with themselves, in order to be able to know themselves and ponder the potentialities of their biological being. The first requirement is that in order to love the other, one must love oneself.

It is evident that Sexuality Education does not address the affective dimensions in the formation of the individual's being; the emphasis is generally on the cognitive, and the same can be said of the spiritual sphere. It is therefore necessary to build a solid and coherent proposal, based on the reality of the country's situation, which is oriented towards these aspects of the personality that have been left aside in the formation of the individual from home and school. In this way, it is urgent to establish a path that leads to the establishment of meaningful and edifying affective relationships that guarantee the person's well-being with him/herself and prepare him/her for stable and lasting encounters with others. This requires knowledge of the epistemological, axiological, ontological and methodological spheres of the approach to Comprehensive Sexuality Education centred on the individual, his or her affectivity and spirituality.

1. REFERENCES

- Alonso, M. T. (2005). *Pedagogía para la primera infancia 3: la afectividad en el niño: manual de actividades preescolares*. España: Editorial MAD.
- Fundación Escuela de Gerencia Social (2006). *Embarazo en Adolescentes*. Venezuela. Disponible en <http://cort.as/-L9qa>
- Laak Jan Ter (1996). Las cinco grandes dimensiones de la personalidad. En *Revista de Psicología de la PUCP*, XIV(2).
- Ministerio del Poder Popular para la Educación (2010). *Líneas Estratégicas Curriculares Para La Educación De La Sexualidad En El Subsistema De Educación Básica*. Caracas, Venezuela: Editorial Ignaka.
- Murillo Gamboa, M. (2008). *Cómo enseñar sexualidad: Para aprender el lenguaje de la sexualidad y enseñarlo*. México: Editorial Pax Mexico.
- Organización de Estados Iberoamericanos (2012). *Metas Educativas 2021: la educación que queremos para la generación de los bicentenarios*. Disponible en: <https://www.oei.es/Educacion/metas2021/documento-final>
- OEI (2016). *Miradas sobre la Educación en Iberoamérica 2016. Avances en las*

Educación en Salud Sexual, una necesidad que va más allá del aporte de información

Metas Educativas 2021. Disponible en:

<https://www.oei.es/Educacion/Noticia/miradas-sobre-la-educacion-en-iberoamerica-2016>

Organismo Regional Andino De Salud - Convenio Hipólito Unanue (2008). *Plan Andino De Prevención Del Embarazo En La Adolescencia (PLANEA)*. Disponible en: <http://www.planandino.org/portal/?q=node/61>

OMS (1983). *Salud sexual*. Disponible en:

https://www.who.int/topics/sexual_health/es/

Rubio Auriolles, E. (2014). *Lo que todo clínico debe saber de Sexología*. México: Edición y Farmacia.

UNFPA (2011). Prevención del embarazo adolescente, una mirada completa.