



**Positive
OUTLOOK
Developing**

Ebook

**for young
people on
sexuality
education**



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Introduction to Sexuality Education

Talking about sexuality education is a fundamental part of young people's development.

Sexuality can be seen as a component of human beings involving a mode of communication that should not be perceived as isolated or taboo, but is part of the physical, mental and social well-being of society.

Talking about sex education should be an unavoidable duty for families, schools and society in general. It should not be considered as an isolated event, but should be made visible and treated with the naturalness that is implicit in it.

Alongside the concept of sex there is also the concept of gender, which are not always easy to distinguish.

Emphasise that gender is a socio-cultural construct that can vary from one culture to another and that defines different emotional, intellectual and behavioural characteristics that are related to being male or female.

Sex, on the other hand, is a biologically determined component.

- Importance of sex education for young people

During adolescence and youth, the concept of sexuality is accentuated and begins to play a greater role in their development. During this stage, important physical, emotional and social changes take place.

It is an age full of first experiences, which often do not know how to act due to a lack of information and tools.

In addition, sexual orientation and attraction to other people begins to develop.

Adolescence is an age when acceptance and belonging to groups is very important, so that experiencing sexual relations is often one of the "tests" to be passed in order to meet social expectations.

In the face of this social pressure, it is considered essential to inform and prepare young people adequately and to show them different alternatives in which, above all, health, care and safety are prioritised.

According to the health education programme in the educational and associative framework of the Seville City Council (https://www.sevilla.org/servicios/servicio-de-salud/promocion-de-la-salud/archivos/docs/taller_educacion_sexual.pdf), as a result of the consultation and analysis of different sources, a series of conclusions have been drawn that underline the emerging vulnerability of adolescents and young people in terms of sex education and the importance of providing appropriate information and training in this regard.

- A higher percentage of sexual intercourse takes place under the influence of alcohol.

- Strong influence of technologies and social networks on the way relationships are established and understood.
- Belief that safe practices are associated with reduced pleasure.
- Incorporation of sexual activity at increasingly younger ages due to the consumption of pornography and hypersexualisation of social networks.

These conceptions show a clear lack of improved and increased sexuality education and a clear need to take action and develop programmes and actions that promote knowledge on the issue.

- Cultural and technological impact on sexuality education

Sexuality education does not occur in a social vacuum; it is deeply influenced by cultural norms, family dynamics and technological tools that mediate young people's information and experiences. Cultural factors have historically shaped attitudes towards sexuality, limiting or encouraging its inclusion in education systems. On the other hand, the development of digital technologies has radically transformed access to information, amplifying both educational possibilities and the risks associated with misinformation and unregulated exposure to sexual content.

Cultural taboos and their influence on sexuality education

In many contexts, sexuality remains a taboo subject, especially with regard to sexual diversity, reproductive rights and interpersonal relationships. These cultural barriers are often rooted in religious or social traditions that view sexuality as an exclusively private or even morally sensitive subject. This restrictive approach has

had a direct impact on the quality and breadth of sexuality education programmes offered in schools.

In countries where religious influence is strong, school curricula may omit or limit content related to contraception, STIs and sexual diversity, focusing sexuality education exclusively on the biology of reproduction. This reductionist approach leaves out crucial aspects such as healthy relationships, consent and understanding different sexual orientations and gender identities.

Family dynamics also reflect these cultural influences. In many families, sexuality is a topic that is avoided or discussed in a limited way, restricting young people's opportunities to obtain reliable information and guidance on their sexual experiences. When adolescents do not find safe spaces to talk about these issues at home, they turn to external sources, often in digital environments where the quality of information varies considerably.

In this context, cultural taboos not only restrict access to information, but also perpetuate misconceptions and stigmas that hinder a comprehensive understanding of sexuality. For example, in some settings, menstruation is associated with concepts of impurity, while STIs are perceived exclusively as a problem of specific groups, reinforcing misinformation and social judgement.

Social media and the transformation of sexuality education

The advent of social media has redefined how young people access, share and process information about sexuality. These platforms have amplified the dissemination of sexuality-related content, from educational resources to harmful stereotypes. On the one hand, social media represents a unique opportunity to democratise access to information, allowing young people to connect with communities and resources that celebrate diversity and promote a more inclusive understanding of sexuality.

However, this educational potential is accompanied by significant risks. On social media, messages about sexuality are often distorted by commercial narratives, gender stereotypes and widespread hyper-sexualisation. Idealised body images, unrealistic expectations about sexual performance and the presentation of unequal relationships as normative are common messages that affect young people's perceptions of themselves and their relationships.

In addition to misinformation, social media has also created an environment where exposure to explicit sexual content is almost inevitable. This exposure does not always occur in educational contexts, which can lead to misunderstandings about sexuality, consent and power dynamics in relationships. The lack of effective regulation on these platforms contributes to the proliferation of misinformation and harmful practices, such as the dissemination of intimate images without consent or sexuality-related cyberbullying.

Sexting, while it can be a consensual and private way to explore sexuality, presents serious risks when not practised with caution. Cases of images shared without permission or used as tools of coercion highlight the need for sex education that prepares young people to navigate these digital challenges.

Intersection between culture, technology and education

Cultural taboos and the impact of social media do not operate in isolation; together they form a complex landscape in which young people must learn about sexuality. In environments where sexuality education is limited or non-existent, adolescents turn to social media as their primary source of information. While these platforms can provide valuable resources, they also amplify knowledge gaps and reinforce harmful narratives.

At the same time, social media can serve as spaces to question and challenge cultural taboos. Digital movements promoting sexual diversity and reproductive

rights have had a tangible impact on the visibility of issues traditionally considered taboo. However, this positive impact can only be sustained if combined with formal educational efforts that provide a critical and evidence-based framework for interpreting these messages.

Comprehensive sexuality education must recognise and address these intersecting influences. Education programmes need to incorporate critical analysis of cultural and technological messages, teaching young people to identify and challenge stereotypes, to manage their online privacy and to discern between reliable information and misinformation. Only by integrating these elements can sexuality education fulfil its goal of empowering young people to fully understand and exercise their sexual and reproductive rights.

History of sexuality education

The evolution of sexuality education is a reflection of the cultural, scientific and social changes that have marked human development. From early approaches based on morality and religion to current models that prioritise human rights and inclusion, this journey shows how perceptions of sexuality have been shaped by political, economic and technological factors.

The first approaches: morality and religion

In ancient civilisations, sexuality was conceived as an integral part of human life, but norms about its expression were deeply influenced by religion and culture. In Egypt, for example, inscriptions and texts show that sexuality was considered a natural aspect of life, but was also regulated by norms that reflected social values such as fidelity and procreation.

In Greece and Rome, the approach was more open in some respects, especially in the male and aristocratic spheres. However, sexuality education was transmitted mainly through myths, traditions and ritual practices, rather than through formal

programmes. These societies also reflected gender inequalities, limiting sexuality education mainly to men, while women were relegated to reproductive roles.

With the advent of Christianity in the Middle Ages, sexuality became an issue of moral policing. The Catholic Church adopted a restrictive stance, emphasising chastity and control of sexual impulses. Sexual knowledge was limited to the marital sphere and subordinated to religious teachings, which focused on procreation as the only legitimate purpose of sex (Foucault, 1978). The lack of formal education and the stigma attached to sex left most people with little information about their bodies and sexuality, perpetuating myths and misinformation.

The emergence of sexuality education in modernity

During the 17th and 18th centuries, the Enlightenment marked a significant shift by prioritising reason and scientific knowledge. This included advances in anatomy and physiology that began to demystify the human body. However, these developments were still limited to intellectual elites, and sex education in the modern sense was still absent.

In the late 19th century, public health problems related to sexually transmitted infections (STIs), such as syphilis, prompted the first attempts to educate the population about sexual hygiene. In Germany, Max von Gruber was a pioneer in advocating sex education that combined medical information and disease prevention (Bullough & Bullough, 1990). At this stage, sex education was dominated by a biomedical approach, which considered sexuality primarily from a hygienic and reproductive perspective, leaving aside emotional, social and gender equality aspects.

Despite these advances, the moralising approach persisted. In countries such as the United States, early sex education programmes, led by movements such as the Social Purity League, were primarily aimed at promoting abstinence and avoiding 'immoral behaviour'. This approach reflected the influence of Victorian values, which associated sexuality with sin and moral degeneracy (Irvine, 2002).

The sexual revolution and social change in the 20th century

The second half of the 20th century witnessed profound changes in attitudes towards sexuality, driven by social movements, scientific advances and cultural transformations. The sexual revolution of the 1960s, along with the advent of the contraceptive pill, allowed greater reproductive autonomy, especially for women, and promoted a more open approach to sexuality.

During this period, sexuality education programmes began to include topics such as family planning, consent and sexual diversity. However, implementation of these programmes was uneven, and in many places faced resistance from conservative quarters. In the United States, for example, a movement emerged to promote "abstinence education", which limited access to comprehensive information on contraception and healthy relationships (Santelli et al., 2006).

In Europe, countries such as Sweden led the way towards comprehensive sexuality education. From the 1950s, the Swedish government introduced school curricula that covered not only reproduction and STI prevention, but also topics such as pleasure, mutual respect and gender equality (UNESCO, 2018). These models influenced the adoption of similar programmes in other European countries, albeit with variations according to cultural and political context.

Sex education in the 21st century: challenges and progress

In the 21st century, sexuality education faces a globalised and digitised context that presents both opportunities and challenges. On the one hand, digitisation has

facilitated access to information and educational resources; on the other, it has increased young people's exposure to sexualised content and misinformation through social media and pornography (Livingstone et al., 2017).

At the international level, agencies such as the World Health Organisation (WHO) and UNESCO have developed standards for comprehensive sexuality education, which include topics such as gender diversity, consent and violence prevention. However, implementation of these programmes remains uneven. In countries with strong religious or conservative influences, debates about sexuality education are often polarised, making it difficult for young people to access reliable information.

At the same time, feminist and LGBTQ+ activism has pushed for the inclusion of previously ignored issues, such as trans identities and non-heteronormative relationships. This reflects a move towards more inclusive and representative sexuality education, although there is still work to be done to ensure that these approaches reach all communities.

Final reflection: the road to inclusive sexuality education

The history of sexuality education shows how attitudes towards sexuality are deeply intertwined with social, political and cultural structures. Although significant progress has been made, challenges remain related to implementation, cultural resistance and the gap between public policies and the real needs of young people.

Ensuring comprehensive, rights-based sexuality education is essential to address these challenges. Only by including historical, scientific and cultural approaches can we empower new generations to make informed choices, build healthy relationships and contribute to a more equitable and respectful society.

Aims of the book

Through the development of this ebook, different purposes are pursued:

Inform and educate: The main objective focuses on providing accurate and understandable information on issues related to young people's sexual and reproductive health.

Empowering young people: The design of this ebook focuses on empowering young people to make informed and responsible decisions about their sexual health. It provides practical tools, tips and resources to enable them to take care of themselves and make decisions that align with their individual values and needs.

Addressing taboos: One of the key objectives will be to challenge and dismantle the stigma and taboos surrounding sexuality education. That is why this e-book addresses issues such as sexual diversity, gender identity and sexual orientation in an inclusive and respectful way, promoting acceptance and understanding.

Promote mental and emotional health: This recognises the importance of mental and emotional health in young people's sexuality, including information on self-esteem, self-care, stress management and effective communication in interpersonal relationships.

Provide practical resources: In addition to theoretical information, practical resources such as checklists, worksheets, links to useful websites, mobile applications and support services are available for young people who want more information or help.

2. Anatomy and Physiology

Basic knowledge of the human body

Knowing one's own body is a fundamental step in the growth and development of every individual and, for young people in particular, this knowledge becomes even more important, as it allows them to better understand the changes that occur during puberty and to live their sexuality in a conscious way.

For young people in particular, anatomical knowledge becomes even more important as it is intertwined with the delicate changes of puberty, the formation of one's sexual identity and the building of healthy and respectful relationships.

Puberty is a period of physical and emotional upheaval: the body transforms, new sensations emerge and self-discovery becomes a primordial need. Knowing the changes that take place, understanding their causes and effects, allows young people to live this period with greater serenity and awareness.

Every individual has the right to know their body, to explore it and to live it with awareness, and promoting this knowledge means not only protecting children's health and well-being, but also building a more aware and respectful society.

Awareness and knowledge of one's own body enables young people to understand and accept the changes they are experiencing, helping them to reduce the anxiety and discomfort associated with puberty and allowing them to face this phase of life with greater confidence and self-esteem.

These changes can be confusing and uncertain for young people, who need to be accompanied and supported by competent and understanding adults to

understand that physical and hormonal changes are normal and physiological, as part of the process of growing up.

In addition, knowledge of one's own body is essential for a healthy exploration of sexuality. Understanding the anatomy and functions of one's own body enables young people to explore their sexuality in a conscious and responsible way. This also includes knowledge of how to prevent sexually transmitted diseases, the importance of intimate hygiene and awareness of sexual and reproductive rights.

Thus, knowing one's own body also from an anatomical point of view is a fundamental element for the healthy growth and development of individuals, especially during adolescence. This knowledge not only helps young people to understand the physical and hormonal changes they are experiencing, but also contributes to a healthy exploration of sexuality and the building of healthy and respectful relationships.



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Male and female reproductive organs

The male reproductive system

The male reproductive system consists of the penis, scrotum, testicles, epididymis, vas deferens, prostate and seminal vesicles.

The penis and urethra are part of the [urinary](#) and reproductive system, the scrotum, testes, epididymis, vas deferens, seminal vesicles and prostate make up the rest of the male reproductive system.

- The penis: consists of the root (which is attached to the lower abdominal structures and pelvic bones), the visible part of the shaft and the glans penis

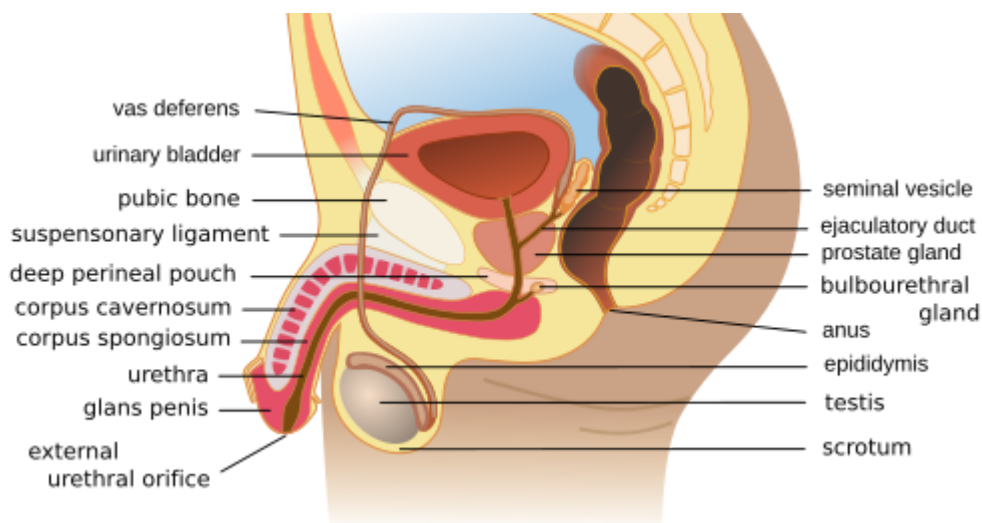
(the cone-shaped end). The opening of the urethra (the channel that carries semen and urine) is located at the tip of the glans penis. The base of the glans is called the corona. In uncircumcised men, the foreskin starts at the corona and covers the glans penis.

It also contains three cylindrical spaces (blood-filled sinuses) of erectile tissue. The two largest, the corpora cavernosa, lie side by side. The third sinus, the corpus spongiosum, surrounds almost the entire urethra. When these spaces fill with blood, the penis increases in size and becomes rigid (erect).

- The scrotum is a thick sac of skin that surrounds and protects the testicles. It also acts as a temperature control system for the testicles, because the testicles need to be at a slightly lower temperature than body temperature to support normal sperm development. The cremaster muscle in the wall of the scrotum relaxes to allow the testicles to move away from the body to cool, or contracts to pull them closer to the body for warmth and protection.
- The testicles are ovoid bodies averaging 4 to 7 cm in length and 20 to 25 mL in volume. In general, the left testicle hangs slightly more than the right. The testicles have two main functions: to produce sperm (which carry a man's genetic load) and to produce testosterone (the main male sex hormone).
- The epididymis: consists of a single microscopic spiral duct that is almost 6 m long. The epididymis collects sperm from the testicle and provides the environment for the sperm to mature and acquire the ability to move through the female reproductive system and fertilise an egg. Each testicle has an epididymis.
- The vas deferens is a firm, spaghetti-sized canal that carries sperm from the epididymis. This duct travels from each epididymis to the back of the

prostate and joins one of the two seminal vesicles. In the scrotum, other structures, such as muscle fibres, blood vessels and nerves, also accompany each vas deferens and together form an intertwined structure, the spermatic cord.

- The urethra: The urethra has a dual function in the male. It is the part of the urinary tract that carries urine from the bladder and the part of the reproductive system through which semen is ejaculated.
- The prostate: it is located just below the bladder and surrounds the urethra. It is the size of a walnut in young men and grows with age. When the prostate becomes too large, it obstructs the flow of urine through the urethra and causes uncomfortable urinary symptoms.
- Seminal vesicles: these are located above the prostate and join with the vas deferens to form the ejaculatory ducts, which cross the prostate. The prostate and seminal vesicles produce a fluid that nourishes the sperm. This fluid supplies most of the volume of semen, and with it the sperm are expelled during ejaculation. The rest of the fluid that makes up semen comes from the vas deferens and Cowper's glands in the urethra.



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The female reproductive system

The female reproductive system is the female reproductive system found in a woman's body for the purpose of childbearing. The female reproductive system includes both external genital organs (outside the body) and internal genital organs (inside the body).

The external female genital organs are:

- Labia: two sets of skin folds covering the opening of the vagina.
- Clitoris: organ where the labia join and which produces pleasure during sexual intercourse.
- Opening to the vagina

Not all of your external genitals are your "vagina". The vagina is really just the birth canal.

The internal female genitalia are:

- Vagina: birth canal
- Uterus (womb): the internal organ where the foetus grows and develops prior to birth
- Cervix: the thick, round end of the uterus, which has an opening for menstrual blood to flow out and for a baby to be born.
- Ovaries: a pair of organs that produce eggs and female hormones such as oestrogen.

- Fallopian tubes: the tubes through which eggs pass from the ovaries to the uterus.

The main activities of the female reproductive system are

- [Puberty](#): preparing your body to have babies
- [Menstrual cycle](#): the monthly cycle of egg production and bleeding
- [Pregnancy](#): conceiving and growing a baby

A newborn girl's ovaries already contain all the eggs she will have throughout her life. These eggs, however, cannot become babies until a girl's reproductive system undergoes a series of changes called [puberty](#). During puberty:

- Hormones (chemical messengers) released by the brain trigger the development of the ovaries.
- Developing ovaries release the female sex hormone oestrogen
- Oestrogen triggers the development of the rest of the reproductive tract.

If a woman does not become pregnant, the menstrual cycle repeats about once a month. Women have a menstrual cycle until middle age. [Menopause](#) is when the cycles stop.

The reproductive system is controlled by hormones. Hormones are chemical messengers produced in some parts of the body that travel through the blood to give orders to other parts of the body.

Some hormones come from the pituitary gland, located in the brain. Reproductive hormones from the pituitary gland rise and fall each month and trigger the menstrual cycle. If a woman becomes pregnant, the reproductive organs produce other hormones that interrupt the menstrual cycle and tell the uterus to grow and support the baby. After birth, another hormone tells the udders to produce milk to feed her baby.

Changes during puberty

Puberty is the period of growth and development when children and adolescents of both sexes begin to develop adult physical characteristics, such as breasts or facial hair, and become able to reproduce (father babies).

- In girls:

puberty usually begins between 8.5 and 10 years of age and lasts about 4 years.

The entire reproductive system, including puberty, is controlled by hormones. Hormones are chemical messengers made in certain parts of your body that travel through your blood to give orders to other parts of your body.

In girls, puberty begins when hormones released by the brain trigger the development of the ovaries. The ovaries release the hormone oestrogen. Oestrogen triggers the development of a girl's reproductive system, including breasts, vagina, ovaries (the pair of organs where eggs are made and stored) and uterus (the organ where the foetus grows before birth).

Menstrual periods usually begin a few years after the onset of puberty.

The following physical changes occur, usually in this order:

First, breast growth (this usually occurs between 8 and 13 years of age).

Soon after, hair starts to grow in the armpits and genital area.

Accelerated growth in height occurs; growth often slows down when menstrual periods begin

Menstrual periods (menses) begin 2 to 3 years after the onset of breast growth, and girls' height usually stops increasing between the ages of 14 and 16.

The first period usually appears around the age of 13, although it can appear any time between the ages of 10 and 16. At first, periods may not come regularly. It may take up to 5 years for the menstrual cycle to become regular. As girls get older, their body shape changes. Their hips and thighs get bigger and fatter. This is a normal part of puberty for girls.

The menstrual cycle is the process that the female reproductive system goes through each month to release an egg from the ovaries and make pregnancy possible.

The days of a menstrual cycle are counted from the first day of one menstrual period to the start of the next. A menstrual cycle usually lasts between 25 and 35 days, but can vary from month to month. A menstrual period usually lasts between 3 and 7 days.

Girls start having menstrual cycles during puberty, around age 13, and stop having menstrual cycles during menopause, around age 52.

The ovary releases an egg (ovulation) about 14 days before the start of a menstrual period and a woman is more likely to become pregnant if she has unprotected sex during the 3 days before ovulation (about 17 days before the start of a menstrual period).

- In children:

puberty usually occurs between 10 and 14 years of age, although it may occur earlier or later.

The entire reproductive system, including puberty, is controlled by hormones. Hormones are chemical messengers made in certain parts of your body that travel through your blood to give orders to other parts of your body.

In boys, puberty begins when hormones released by the brain cause the ovaries to develop. The testicles then produce the hormone testosterone, a male sex hormone

that causes people to develop facial hair, a deeper voice and other male physical characteristics. The hormones also cause the testicles to produce sperm.

The following physical changes occur, usually in this order:

First, the scrotum (the skin surrounding the testicles) and the testicles enlarge.

Shortly thereafter, the length of the penis increases (this usually occurs between 11½ and 13 years of age).

The seminal vesicles and prostate, which are involved in semen production, enlarge and pubic hair grows.

A growth spurt occurs and the child develops larger muscles and broader shoulders and grows hair on the face and under the arms.

Ejaculation (the emission of sperm from the penis) usually becomes possible between the ages of about 12 and a half and 14 years.

Fertility (ability to father children) occurs in adolescence.

Some boys have enlarged breasts (gynaecomastia) during the onset of puberty, but this usually disappears within a year.



Photo by [Devin Avery](#) obtained from [Unsplash](#).

3. Sexuality and Emotions

Emotions are understood as affective states that are experienced through physiological, cognitive and behavioural changes.

Emotions are present in all areas, so it is important to recognise and manage them, otherwise poor or non-existent emotional management can affect our health, both physical and mental.

It is very important to learn to manage these emotions from an early age, so that once adolescence or young adulthood is reached, this act emerges automatically.

As already indicated in previous sections, during adolescence emotional states tend to be more changeable and abrupt, so starting to pay attention to how to manage emotions, if this has not been done before, is considered an essential part of this process.

At a young or adolescent age, sex education also comes into play. Emotional education is implicit in this education, so the close relationship between emotions and sexuality can be seen. Learning to manage emotional education leads to the achievement of the objectives found in sex education: knowing oneself, accepting oneself and learning to express oneself in a satisfactory and assertive way, taking into account one's own needs as well as those of others.

Understanding the emotions associated with sexuality

The first thing to understand is that there are no good or bad emotions. We may feel more or less pleasant emotions, but they are all necessary for our emotional development and they all provide valuable information.

Emotions will always be present in our lives, we cannot make them disappear, which is why proper management is so important.

Trying to block emotions or not listening to them because we think we shouldn't be feeling them only harms our health. The only thing that this blocking does is to generate important consequences in our health, such as tiredness, contractures, stress, bruxism, sleep problems, sexual difficulties, concentration problems, etc.

As can be seen, emotions also affect our sexuality. If we are not able to understand ourselves and feel fulfilled with ourselves, we will not be able to do so with others either.

If we have poor emotional management and poor self-knowledge, it is likely that when we try to bond affectively and sexually with someone, insecurities, embarrassment and fears will appear and prevent us from fully enjoying ourselves.

Some of the most common emotions that end up affecting the sexual sphere can be found.

The most common is anxiety. This is considered the first emotion that hinders sexuality. This stressful situation limits the secretion of certain hormones that are necessary to generate sexual appetite.

Stress is in the same position. This prolonged state of alertness can end up affecting one's sex life, resulting in insufficient erection, lack of vaginal discharge and even premature ejaculation.

Sadness is the next emotion that directly affects our libido and postpones desire.

Frustration and fear. These two emotions also play an important role in the sexual sphere. They affect sexual intimacy in such a way that the person may enter a mental loop in which he or she feels that he or she cannot satisfy his or her partner.

Of course the body is wise and everything is interconnected, so these are not the only emotions that affect the sexual sphere, but they are the most common.

Through this we understand the importance of proper sex education and sound emotional management.

Healthy relationships

Healthy relationships are fundamental to the emotional and psychological well-being of every individual.

A healthy relationship is based on a number of key elements that foster mutual respect, trust, open communication and mutual support.

Respect is fundamental and implies accepting and valuing the partner for who he or she is, without trying to change or control him or her. Trust is equally important, as a relationship without trust can be characterised by jealousy, insecurity and conflict. Open and honest communication is essential to face problems and difficulties together, avoiding the build-up of resentment and misunderstandings.

Mutual support means being there for each other in times of need, supporting personal goals and sharing the joys and challenges of life together. In a healthy relationship, both partners feel valued, loved and supported, thus creating a safe and satisfying environment in which to grow and develop together.

In a healthy relationship, it is also important to practice compassion and tolerance. This means being able to forgive and let go of past conflicts, rather than holding them in the heart. The ability to understand and accept individual differences is fundamental to building an inclusive and respectful relationship with diversity.

In addition, the ability to resolve conflicts constructively is essential to deal with the inevitable challenges that every couple encounters along the way. This requires a good dose of patience, empathy and active listening skills.

Thus, a healthy relationship is often characterised by mutual growth and evolution, where both partners are encouraged to pursue their personal interests and ambitions while supporting each other in achieving common goals.

In the context of youth, healthy relationships are even more crucial given the formative and emotional growth phase in which young people find themselves. Relationship dynamics during adolescence and early adulthood can significantly influence individual development and the future ability to build stable and rewarding relationships. Therefore, promoting healthy relationships among young people is essential for fostering optimal psychological well-being and instilling effective and respectful communication skills from an early age.

In this context, educating young people on concepts such as mutual respect, trust, open communication and mutual support becomes a priority, and providing them with the tools to navigate the dynamics of relationships in a healthy and constructive way can help reduce the risk of negative experiences such as cyberbullying, domestic violence or the establishment of toxic relationships.

It is therefore important to encourage young people to develop healthy self-esteem and a sense of individual identity, so that they can enter into romantic relationships aware of their own values, desires and boundaries, thus making them better able to set healthy boundaries and recognise the warning signs in a potentially harmful relationship.

Effective communication in privacy

Effective communication in intimacy is fundamental to cultivating deep and satisfying bonds in personal relationships.

It involves the ability to express one's desires, needs and emotions with clarity and respect, and to be open to listening and understanding one's partner's words and gestures.

Honest and authentic communication fosters mutual trust, strengthens bonding and enhances sexual satisfaction, and is an ongoing process of sharing and learning, building a solid foundation for lasting emotional and physical intimacy.

Effective communication is a fundamental pillar in relationships and requires active listening skills, empathy and assertiveness to express thoughts, feelings and needs in a clear and respectful way. Overcoming the fear of conflict and spending quality time connecting emotionally are important steps to improving communication in romantic relationships. Only by prioritising effective communication can couples build a solid foundation for dealing with friction together and maintain a healthy and satisfying relationship over time.

One of the reasons why communication is often compromised in relationships is the fear of misunderstanding or conflict. Sometimes people avoid expressing their emotions and thoughts for fear of being judged or causing harm to others.

However, this avoidance can lead to a build-up of unresolved tensions and a lack of emotional intimacy in the relationship.

Another common obstacle to effective communication is the lack of time and attention devoted to sharing quality time.

Effective communication also involves the ability to express one's needs and boundaries clearly and respectfully, and it is often difficult to express one's needs or set boundaries for fear of rejection or conflict.

However, being able to communicate one's needs and set boundaries is essential to maintaining a balanced and satisfying relationship.

Effective communication is a skill that can be learned and developed over time, through the application of certain strategies such as active listening, empathy, non-judgement, encouraging dialogue and mutual respect.

In this historical period, characterised by the widespread use of the web and technological media, communication in couple relationships, especially among young people, takes on a particularly important role. Modern technologies offer tools that facilitate communicative exchanges even between physically distant individuals, allowing constant connection and the exchange of experiences, thoughts and emotions. However, despite these opportunities, it is important to discuss communication strategies, as the thoughtless use of these tools can also create misunderstandings and relational problems. For example, digital communication can be prone to misunderstandings due to a lack of vocal tone and non-verbal language, while over-reliance on technological devices can lead to emotional disconnection in the relationship. It is therefore essential to promote conscious communication focused on active listening, empathy and clarity of expression to foster mutual understanding, emotional closeness and the building of long-lasting and satisfying relationships, even in a context characterised by the pervasive use of technology.

It is important to choose the right words and identify the most appropriate communication strategies. There are words that can make the partner feel devalued or guilty, ashamed, so in order to improve communication in the couple, it

is first of all useful to understand what should be avoided and what should be preferred. For example, the tendency to point out situations, feelings and emotions in the relationship with the partner might seem to be the right way to avoid misunderstandings and misinterpretations. However, this modality could also become an act that fuels problems if it is overused: discussing on a rational level something that is mostly based on sensations, emotions and feelings, could impoverish bonds.

At the basis of a fruitless dialogue is the ignorance that different modes of communication construct different realities.

A useful way to constructively and collaboratively engage in dialogue with the interlocutor is to avoid assertions and instead ask questions to clarify and understand situations, which can create a climate of collaboration, moving towards problem solving rather than finding the culprit.

It is a non-zero-sum game, unlike sports competitions, for example, where partners win or lose. To overcome disagreements, it is not enough to have meaningful conversations or rational explanations, it is necessary to create emotional complicity, to convey to the other person the desire to overcome certain conflicts and to create a climate of cooperation, and it is important to be able to communicate not only through words, but above all through emotion, i.e. through the way the word is spoken.

A small positive sign that can be observed at the end of a dialogue or a confrontation is serenity. If what remains of a dialogue is serenity, it means that the relationship has been strengthened by the communication that has just taken place.

Successful couple communication tends to presuppose being able to express one's own emotions, personal needs and the partner's needs in a way that is understandable to the other, both verbally and non-verbally, and being able to understand the other's needs and emotions by assuming an attitude of listening and openness.

Despite the apparent obviousness of these assumptions, "expressing" and "understanding" involve a great deal of effort. The art of communicating effectively and constructively as a couple requires an attitude of humility and constant training; however, the initial fatigue and frustration, once overcome, will bring considerable benefits. In fact, love alone is not enough to nurture a relationship; it is above all the ability to communicate that allows love to flow and bring us joy and intense emotions. Good communication allows us to create a relationship of deep and mutual understanding, to prevent the damage caused by boredom, routine and apathy, and to foster a relationship based on respect, trust, happiness and well-being as a couple.



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4. Mental health and sexuality

Impact of mental health on sexuality.

The relationship between mental health and sexuality is profoundly interdependent, as emotional well-being directly influences how people experience, express and perceive their sexuality. Psychological disorders such as anxiety, depression and post-traumatic stress disorder have significant effects on sexual desire, intimate satisfaction and the ability to form healthy affective relationships. Similarly, negative sexual and affective experiences can trigger or exacerbate mental health problems, creating a cycle that affects both the individual and the relationship. This connection underscores the need for a comprehensive approach to sexuality education, where emotional and psychological factors are considered on the same level as physical and preventive aspects.

Anxiety is one of the most common disorders affecting sexuality. Constant worries related to sexual performance, body perception or fear of rejection can hinder sexual response, including arousal, desire and overall satisfaction. According to Wiegel et al. (2007), people with high levels of anxiety tend to avoid sexual encounters due to fear of judgement, often resulting in emotional isolation that deepens feelings of loneliness and low self-esteem. A recurring example of this is seen in performance anxiety, where preoccupation with meeting cultural or personal expectations leads to frustration and diminishes the quality of the sexual experience.

Depression, on the other hand, affects sexuality in a multidimensional way. The classic symptoms of depression, such as lack of energy, general disinterest and loss of pleasure, also affect sexual desire and the ability to make emotional connections with others. Clayton et al. (2014) note that, in addition to the symptoms of depression, the side effects of some antidepressants, such as selective serotonin reuptake inhibitors (SSRIs), can cause sexual dysfunction, exacerbating the emotional impact on those who take them. This effect creates tensions in relationships, especially if not addressed through open communication and strategies for managing the emotional consequences of these treatments.

On the other hand, positive sexual experiences can have a protective impact on mental health. Consensual, respectful and satisfying relationships promote emotional well-being by reducing stress, increasing self-esteem and strengthening bonding. Brody and Krüger (2006) found that pleasurable sexual relationships are associated with lower cortisol levels, which contributes to better emotional regulation and a lower risk of stress-related illnesses. This finding underscores the importance of framing sexuality as a source of well-being and not only as an area of risk prevention, an approach that can be integrated into sexuality education programmes to foster a more positive and nurturing perspective.

A critical aspect of this interaction is the impact of mental health problems on risky sexual behaviours. People coping with disorders such as post-traumatic stress disorder or borderline personality disorder often use sexuality as an escape mechanism to cope with their emotional distress, which can lead to impulsive and unprotected sexual practices. According to Briere and Scott (2014), these behaviours increase the likelihood of sexually transmitted infections (STIs) and unintended pregnancies, as well as perpetuating a cycle of guilt and shame that exacerbates underlying emotional problems. Sexuality education must address

these dynamics by providing tools that enable young people to identify and manage risky behaviours, as well as normalising the seeking of professional support.

In addition, social media and dating apps have introduced new challenges to the interplay between mental health and sexuality. While these platforms offer opportunities to explore sexuality and build relationships, they can also exacerbate emotional problems by encouraging unrealistic comparisons, exposure to rejection or non-consensual sexual behaviour. Livingstone and Helsper (2007) note that constant online validation can increase levels of social anxiety, which affects how young people approach their affective and sexual relationships in real life. This context underscores the importance of incorporating digital literacy into sexuality education so that young people can safely and healthily navigate virtual environments.

Relationship dynamics are also profoundly affected by the interaction between mental health and sexuality. In couples where one or both partners face emotional problems, conflicts related to lack of communication, sexual disinterest or differences in the ability to manage stress are common. Rosen and Bachmann (2008) point out that emotional disconnection, if not addressed in a timely manner, can lead to a progressive erosion of physical and emotional intimacy. However, with appropriate interventions, such as couples therapy or educational programmes that promote assertive communication, it is possible to reverse these dynamics and strengthen relationships.

In conclusion, the impact of mental health on sexuality is a multifaceted phenomenon that requires a comprehensive and sensitive approach. In both educational and therapeutic settings, it is crucial to address this relationship from a perspective that combines emotional care, promotion of healthy relationships and

access to appropriate resources. In this way, it is possible not only to mitigate the negative effects of mental health problems on sexuality, but also to enhance its benefits for overall well-being.



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Self-esteem and body acceptance.

Self-esteem and body acceptance are essential components of living a full, healthy and stigma-free sexuality. These dimensions of self-perception affect how people interact with their bodies, form loving relationships and experience intimacy. Strong self-esteem enables people to feel comfortable with their

sexuality, to express their desires and needs assertively, and to build relationships based on mutual respect. However, when self-esteem and body acceptance are weakened, emotional barriers can arise that impact both sexual life and mental health.

Today, beauty standards imposed by society and amplified by the media play a crucial role in people's perception of their bodies. Hegemonic, often unrealistic, ideals generate body dissatisfaction and contribute to the development of insecurities. According to Grogan (2016), these pressures disproportionately affect women, who face expectations related to thinness, facial symmetry and other specific attributes. However, men are also subject to restrictive standards, such as pronounced muscularity and the appearance of physical strength. This dynamic not only limits the diversity of bodies considered "attractive", but also perpetuates the idea that a person's value is tied to their physical appearance.

Body dissatisfaction is closely related to self-esteem issues that affect sexual life. People who internalise these standards tend to feel uncomfortable showing off physically during intimate encounters, which often leads to sexual inhibition and lower satisfaction in relationships. For example, studies such as those by Sanchez and Kiefer (2007) have shown that people with high levels of body dissatisfaction are less likely to engage in sexual activities and report higher levels of anxiety during these encounters. In contrast, those who develop a positive perception of their bodies are more likely to experience pleasure and emotional connection in their sexual relationships.

In relationships, body acceptance also affects power dynamics and communication. People with low body self-esteem may be more likely to tolerate abusive behaviour or unbalanced relationships, as they perceive their value to be conditioned by their physical appearance. This correlation underscores the

importance of integrating issues of self-esteem and body acceptance into sexuality education, providing tools to recognise and challenge these harmful narratives.

Comprehensive sexuality education that addresses self-esteem and body acceptance can contribute significantly to young people's emotional and sexual well-being. This involves teaching students to value their bodies for their functionality and capability, rather than focusing solely on physical appearance. According to Fredrickson and Roberts (1997), this approach helps to reduce self-objectification, a phenomenon in which people internalise external perceptions of their bodies as objects of evaluation, which negatively affects their mental and sexual health. Furthermore, this type of education encourages bodily diversity, promoting the idea that there is no single standard of beauty and that all bodies are valid and worthy of respect.

Recent social movements, such as "body positivity" and "body neutrality", have played an important role in promoting body acceptance. While the former celebrates body diversity and challenges traditional standards of beauty, the latter seeks to shift attention away from the body as a central factor in self-esteem, focusing on other aspects of the self, such as skills, interests and relationships. Both approaches have valuable implications for sexuality education, offering alternative frameworks for building a healthier relationship with the body and sexuality.

A practical example of how these approaches can be integrated into sexuality education are interactive exercises that invite students to reflect on the qualities of their body that they value beyond its appearance. Activities such as writing a letter of appreciation to their own body, highlighting its capabilities and achievements, can be helpful in shifting students' internal narrative towards a more positive and balanced perception. Such activities also foster empathy by highlighting how

societal expectations affect others and encourage a more inclusive perspective towards bodily diversity.

It is also crucial that sexuality education addresses the role of social media in body perception. Platforms such as Instagram and TikTok, while they can be tools for self-expression, also amplify unrealistic beauty standards by promoting edited images and idealised lifestyles. Livingstone and Helsper (2007) warn that constant exposure to these images can intensify body dissatisfaction and self-esteem issues, especially in adolescents. Incorporating media literacy into educational programmes can help young people develop a critical view of this content, enabling them to identify and resist harmful messages about the body and sexuality.

Finally, it is important to note that body acceptance does not mean ignoring needs for physical care and well-being, but rather building a balanced relationship with the body that combines respect for its appearance and functionality. This holistic approach promotes both physical and emotional health, contributing to a fuller and more satisfying sex life. People who are comfortable with their bodies are better equipped to explore their sexuality without fear of judgement and to establish intimate relationships based on trust and mutual respect.

Emotional management in sexual and emotional relationships.

Emotional management in the context of sexual and affective relationships is a crucial aspect of individual and relational well-being. Emotions are not only the basis of our intimate interactions, but also determine the quality, stability and satisfaction within relationships. The ability to identify, regulate and communicate emotions effectively contributes to building healthier, more equitable and

respectful relationships. Conversely, the inability to manage emotions can lead to conflict, emotional dependency or unbalanced power dynamics, with negative consequences for both sexual and emotional life.

Emotions play a complex role in emotional relationships. On the one hand, love, joy and contentment strengthen bonds and reinforce the emotional connection. On the other hand, emotions such as jealousy, insecurity or fear of abandonment can trigger conflicts and erode trust between partners. According to Gottman and Silver (1999), the management of these emotions is a determining factor for the longevity and stability of a relationship. Couples who are able to regulate their emotions during disagreements are more likely to resolve conflicts constructively and maintain a strong emotional connection.

In the sexual realm, emotional regulation is also critical. During intimate encounters, emotions such as anxiety, fear or shame can interfere with the sexual experience, hindering desire, arousal and enjoyment. These emotions can be linked to a variety of factors, such as cultural expectations, previous traumatic experiences or lack of communication with a partner. For example, a person who feels shame about their body may avoid certain sexual positions or situations of intimacy, limiting their ability to fully enjoy the experience. Comprehensive sexuality education must address these dynamics, providing tools that allow individuals to explore and express their emotions without fear of judgement.

An essential component of emotional management in sexual and emotional relationships is communication. The ability to express emotions and needs clearly and respectfully is key to resolving conflict and strengthening the connection between partners. According to Hendrick and Hendrick (2002), couples who practice open communication have higher levels of sexual and emotional satisfaction, as they are able to negotiate their desires and boundaries effectively.

This type of communication also fosters mutual consent, an essential pillar of healthy relationships.

In addition, empathy is a central skill in emotional management, as it allows understanding and validation of a partner's emotions. Empathy not only strengthens emotional connection, but also facilitates conflict resolution by allowing both partners to feel heard and respected. In sexuality education, teaching empathy as part of intimate relationships can prevent harmful behaviours, such as emotional manipulation or gaslighting, which are subtle forms of emotional abuse that affect both the mental health and sexual dynamics of those involved (Sweet, 2019).

On the other hand, emotions are not always easy to manage, especially in situations of conflict or crisis within a relationship. Disagreements can trigger intense emotional reactions, such as anger or resentment, which make it difficult to resolve the problem. In this context, teaching strategies to manage conflict constructively is an essential part of comprehensive sexuality education. Gottman and Silver (1999) propose techniques such as the reflective pause, which consists of taking time to calm down before addressing the conflict, and the use of "I" statements instead of accusations, which helps to avoid emotional escalation and to maintain respectful communication.

The impact of poor emotional management is not limited to visible conflicts in the relationship, but can also lead to emotional dependency dynamics. This occurs when a person feels that his or her emotional well-being depends exclusively on his or her partner, which creates power imbalances and limits individual autonomy. Sexuality education should include content that promotes self-awareness and emotional self-efficacy, teaching people to find a balance between their individuality and their connection to others.

In the case of adolescent relationships, emotional management takes on special relevance, as young people are in the process of developing their emotional identity and interaction skills. Intense emotions and hormonal changes at this stage can increase vulnerability to impulsive or dependent behaviour. According to Barbot and Hunter (2012), educational programmes that teach emotional regulation and conflict resolution skills at this stage not only improve current relationships, but also prepare young people to build healthier relationships in the future.

Finally, emotions are also influenced by cultural and social factors, underscoring the need for an intersectional approach to sexuality education. Gender norms, for example, can dictate how men and women are expected to manage their emotions in relationships. While men are often socialised to repress their emotions and demonstrate strength, women may be pressured to prioritise their partner's emotional needs over their own. These patterns perpetuate inequalities in relationships and hinder equitable emotional management. Addressing these dynamics in sexuality education is critical to promoting more egalitarian and respectful relationships.

Emotional management in sexual and emotional relationships is not only an individual skill, but a practice that strengthens interpersonal bonds and contributes to mutual well-being. By teaching practical strategies, encouraging open communication and challenging restrictive norms, sexuality education can empower people to manage their emotions in healthy ways and build relationships based on respect, empathy and emotional connection.



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Performance anxiety and its impact on relationships.

Performance anxiety is an intense and persistent concern about the ability to meet real or perceived expectations in the sexual context. This anxiety affects both men and women, although it manifests itself in different ways depending on cultural expectations and gender roles. In men, it is often associated with fear of erectile dysfunction, duration of intercourse, or partner satisfaction, while in women it may include concerns about physical appearance, sexual response, and their ability to "conform" to behavioural standards. These pressures not only affect individual sexual experience, but also have a significant impact on emotional relationships, as performance anxiety can erode trust, emotional connection and mutual satisfaction.

The causes of sexual performance anxiety are diverse and multifactorial. Among the most common factors are ideals of perfection perpetuated by the media, which

promote unrealistic narratives about sexuality. For example, depictions in pornography may set disproportionate expectations about performance, stamina or physical response, generating a sense of inadequacy in those who fail to replicate those experiences (Doornwaard et al., 2017). In addition, a lack of comprehensive sexuality education contributes to a limited understanding of sexuality, leaving many people vulnerable to developing fears and misguided beliefs about their own sexual capabilities.

In physiological terms, performance anxiety can trigger a stress response that interferes with bodily functions necessary for sexual arousal. Activation of the sympathetic nervous system, which occurs during episodes of anxiety, can inhibit the vasodilation necessary for erection in men or lubrication in women, further exacerbating performance-related fears (Bancroft, 2009). This cycle of negative anticipation and perceived failure not only reinforces anxiety, but can also lead to avoidance of intimacy, affecting the couple's relationship.

On an emotional level, sexual performance anxiety is associated with feelings of shame, guilt and insecurity. People who experience it often feel unable to express their concerns to their partners, creating an emotional isolation that makes it difficult to resolve the problem. According to Masters and Johnson (1970), open communication and education about realistic expectations are key to overcoming this anxiety. However, in many relationships, taboos around sexuality make it difficult for couples to discuss these issues honestly and constructively, perpetuating the negative impact on their intimacy.

The impact of performance anxiety is not limited to the individual, but also affects the partner and the relationship in general. Partners of those experiencing performance anxiety may feel rejected, inadequate or even responsible for the problem, creating additional tensions in the relational dynamic. These difficulties

can create a cycle of misunderstandings and frustrations that, if left unaddressed, can lead to chronic dissatisfaction or even deterioration of the relationship. The inclusion of sexuality education programmes that encourage assertive communication and mutual acknowledgement of emotions can be key to preventing such dynamics.

An effective approach to address sexual performance anxiety is the use of mindfulness-based techniques, which help people focus on the sensations of the present moment rather than worrying about outcomes. Brotto and Basson (2016) found that mindfulness interventions not only reduce sexual anxiety, but also improve sexual satisfaction and emotional connection between partners. These practices can be integrated into educational programmes to teach young people how to develop a healthier relationship with their sexuality and their bodies.

In addition, cognitive restructuring, a common technique in cognitive behavioural therapy, can help people challenge dysfunctional beliefs about sexual performance. For example, a person who fears "failing" in intimacy can learn to reinterpret these experiences as opportunities to improve communication and explore new ways of connecting, rather than seeing them as personal failures. This perspective not only reduces pressure on the individual, but also strengthens the relationship by fostering a mutually supportive environment.

In the area of couple relationships, performance anxiety can be addressed through joint interventions that include both partners in the resolution process. This may involve everything from couples therapy sessions to activities designed to rebuild trust and intimacy, such as physical exploration exercises without performance pressure. According to Rosen and Bachmann (2008), couples who face performance anxiety-related challenges together are more likely to overcome them, as this reinforces a sense of teamwork and emotional connection.

It is crucial that comprehensive sexuality education addresses sexual performance anxiety as a central theme, providing accurate information about the body, sexual response and realistic expectations in intimate relationships. It is also important that these programmes challenge cultural narratives that link sexuality to technical perfection or the achievement of specific standards, promoting instead a view of sexuality based on pleasure, consent and emotional connection. This approach not only empowers people to manage their anxiety, but also contributes to building healthier and more satisfying relationships.

Emotional care after traumatic experiences.

Traumatic experiences, especially those related to sexual abuse, relationship violence or bullying, have a significant and lasting impact on people's mental and sexual health. These experiences can lead to a disconnection between the individual and their body, make emotional and sexual relationships difficult, and result in symptoms such as post-traumatic stress disorder, depression or anxiety. Emotional care after these experiences is a complex process that requires sensitive interventions, both at the individual and community level, to support the recovery and well-being of those who have experienced them.

Trauma related to sexuality affects different aspects of emotional and physical life. For example, people who have been victims of sexual abuse may develop a constant hypervigilance that makes physical intimacy difficult, even in consensual relationships. According to Herman (1997), post-traumatic stress symptoms, such as flashbacks, nightmares or avoidance of certain contexts, are common responses that reflect the internal struggle to process the traumatic experience. In the sexual

domain, this may translate into an aversion to physical contact, a decrease in sexual desire or an inhibited physiological response during intimate encounters.

Emotional care after sexual trauma must begin with validation of the victim's experience. Often, social stigma and victim-blaming attitudes prevent victims from seeking help, which exacerbates their suffering. Studies such as those by Ullman and Filipas (2001) highlight that emotional support from friends, family or professionals is a key factor in recovery. Providing a safe and non-judgmental environment, where people can express their emotions and share their experience, is fundamental to initiate the healing process.

In the context of emotional relationships, dynamics are also affected by trauma. People who have experienced violence or abuse may have difficulty trusting others, which limits their ability to form healthy attachments. For example, a woman who has experienced an abusive relationship may interpret neutral behaviours from her new partner as signs of control or threat, leading to conflict stemming from her previous experience. In this sense, open communication and mutual support within the relationship are essential to address these difficulties and build a connection based on respect and empathy.

Comprehensive sexuality education can play a crucial role in the prevention of sexual trauma and in the emotional care of those who have experienced it. Incorporating topics such as consent, power dynamics and detecting signs of abuse helps young people identify and avoid dangerous situations. In addition, teaching about respect for personal boundaries and the importance of bodily autonomy fosters safer and more equitable environments. According to the World Health Organization (2013), educational interventions based on the prevention of sexual abuse and gender-based violence are effective in reducing victimisation rates and increasing resilience among young people.

An essential component of emotional care in the aftermath of trauma is access to specialised therapeutic services. Trauma-focused therapy, such as Cognitive Processing Therapy (CPT) or Prolonged Exposure (PE) therapy, has been shown to be highly effective in reducing post-traumatic stress symptoms and improving the quality of life of affected individuals (Foa et al., 2007). These interventions help people reinterpret the narratives associated with the traumatic event, allowing them to process their emotions and rebuild a sense of control over their lives.

In addition to individual therapy, support groups can be a valuable tool in the healing process. Sharing experiences with people who have faced similar challenges allows victims to feel understood and less isolated. These group settings also provide opportunities to learn coping strategies and strengthen emotional resilience. According to Harvey et al. (2000), support groups that combine educational elements with emotional validation have shown positive results in the recovery of people who have experienced sexual trauma.

In intimate relationships, it is crucial that partners of people who have experienced sexual trauma are educated on how to be supportive without pressuring or invalidating. Strategies include active listening without judgement, respecting established boundaries and being willing to seek professional help together if necessary. Such an approach not only reinforces trust within the relationship, but also facilitates the healing process for the person affected.

Finally, self-care is a key aspect of emotional care after trauma. Activities such as meditation, moderate physical exercise and establishing healthy routines can help people reconnect with their bodies and reduce accumulated stress. Mindfulness has been shown to be particularly effective in improving emotional regulation and reducing post-traumatic stress symptoms, allowing people to live with greater presence and less reactivity to emotional triggers (Brotto et al., 2016).

Emotional care after traumatic experiences is not a linear process, and each person has his or her own pace of recovery. However, with the right support, both professional and community-based, it is possible to overcome the effects of trauma and rebuild a full and satisfying life. Integrating these perspectives into sexuality education programmes not only prevents future traumatic experiences, but also provides tools for self-care and mutual support, contributing to the holistic well-being of individuals and their communities.

5. Contraceptive Methods

Barrier contraception: condoms, diaphragm, sponge, spermicides

Barrier contraceptives prevent sperm from entering the uterus and include condoms, diaphragms, cervical caps, contraceptive gels, contraceptive sponges and spermicides (foams, creams and suppositories). These contraceptives must be used by the woman or her partner at every sexual intercourse.

- Condoms:

Condoms are thin protective sheaths that cover the penis. Latex condoms are the only contraceptives that offer protection against all common sexually transmitted infections (STIs), including those caused by bacteria (such as gonorrhoea and syphilis) and viruses (such as HPV, human papillomavirus, and HIV or human immunodeficiency virus). Condoms made of synthetic materials such as polyurethane, polyisoprene or silicone rubber offer some protection, but are thinner and more prone to breakage. Lambskin condoms do not protect against viral

infections such as HIV.

Their effectiveness depends on correct use.

Condoms must be inserted before penetration, and correct use of an external condom (worn on the penis) involves several precautions such as: using a new condom for each intercourse, using a condom of the correct size, handling it carefully (to avoid damaging the condom with fingernails, teeth or other sharp objects), inserting it when the penis is erect and before any genital contact with a partner.

Condoms are disposable and should be used every time intercourse takes place and should also be discarded if there is any doubt about their integrity.

A spermicide, which can be included in the condom lubricant or inserted separately into the vagina, increases the effectiveness of the condom. Spermicide should be applied each time a condom is used.

- **Diaphragms:**

Diaphragms are a dome-shaped rubber cup with a flexible rim. They are inserted into the vagina and placed over the cervix to prevent sperm from entering the uterus.

Some diaphragms are available in various sizes and must be chosen by a health professional, who also teaches the woman how to insert the diaphragm.

A new type of one-size-fits-all diaphragm is considered suitable for most women and is made of silicone. Other diaphragms are made of latex, but the silicone diaphragm is softer and more durable than the older ones.

The diaphragm covers the entire cervix without causing discomfort: neither the woman nor her partner feels its presence and it should always be used with a

spermicidal (sperm-killing) cream or gel. The cream or gel should be placed inside the cup (next to the cervix) in case the diaphragm moves during intercourse.

The diaphragm is inserted before intercourse and should remain in place for at least 6-8 hours, but no longer than 24 hours. If intercourse is repeated while the diaphragm is in place, additional spermicide must be inserted into the vagina to maintain protection.

The diaphragm can be washed and reused, and its integrity should also be checked regularly.

- **Cervical caps:**

Cervical caps are hat-shaped silicone cups that are inserted into the vagina and placed over the cervix to prevent sperm from entering. They resemble a diaphragm, but are smaller and stiffer.

A cervical cap should be prescribed by health professionals, but does not need to be fitted to the woman.

Each cervical cap should always be used with a spermicidal cream or gel and should be inserted before intercourse and left in place for at least six hours afterwards and no longer than 48 hours. To remove it, pull the string attached to it.

The contraceptive gel cap:

- **Contraceptive gel:**

Contraceptive gels modify the acidity (pH) of the vaginal pH. This alteration disables spermatozoa, thus preventing fertilisation of the egg.

The percentage of women who become pregnant is 7% with perfect use and 14% with typical use. Since the effectiveness of the contraceptive gel is limited, it is best used in conjunction with another barrier contraceptive, such as a condom or

diaphragm.

The vaginal gel should be placed in the vagina no more than 1 hour before intercourse and reapplied before each intercourse.

However, it does not reliably protect against sexually transmitted infections.

- **Contraceptive sponges:**

Contraceptive sponges are round, pad-shaped polyurethane sponges about 4 centimetres in diameter. They are moistened with water, folded and inserted deep into the vagina, where they prevent sperm from entering the uterus. They also contain a spermicide and are available over the counter. They do not have to be applied by a health professional and can be inserted into the vagina up to 24 hours before intercourse and offer protection throughout that time, regardless of how often sex is repeated. They should remain in place for at least six hours after the last sexual intercourse, but no longer than 30 hours. Both partners are usually unaware of its presence once in place, but it is less effective than the diaphragm. Pregnancy rates with typical use are 12 per cent for women who have never given birth and 24 per cent for others.

Problems associated with its use are rare. These include allergic reactions, vaginal dryness or irritation and difficulty removing the sponge.

- **Spermicides:**

Spermicides are preparations that kill sperm on contact. They are available as foams, creams, gels and vaginal candles, and are placed in the vagina before intercourse. These contraceptives provide a chemical barrier to sperm, trapping and damaging them and preventing them from fertilising the egg.

Most of the different types of spermicides have comparable efficacy. If women use

spermicides as directed (perfect use), about 19% will become pregnant within the first year of use. With contraceptive gel, about 7% of women will become pregnant if they use the gel as directed and about 14% if they use it as most people do (typical use).

Because their effectiveness is limited, spermicides are best used with another barrier contraceptive, such as a condom or diaphragm.

The latter should be inserted into the vagina at least 10-30 minutes, and usually no more than 1 hour before intercourse. They should be reapplied each time the couple has sex.

Using spermicides several times a day can irritate the vagina and damage the tissues lining it. As a result, micro-organisms that cause sexually transmitted infections (including HIV) can enter the body more easily and cause disease. Spermicides do not protect against STIs.

Hormonal contraceptives: pills, patches, injections, implants, etc.

Contraceptive hormones can be:

- orally (oral contraceptives)
- inserted into the vagina (vaginal rings)
- applied to the skin (patches)
- implanted under the skin (IUD)

Hormonal methods used to prevent conception include the administration of oestrogens and progestogens (drugs similar to the hormone progesterone). Oestrogens and progestins are the main hormones involved in the menstrual cycle. Hormonal methods prevent pregnancy mainly by blocking the release of eggs from the ovaries or by keeping the mucus in the cervix thick enough to prevent sperm

from passing into the uterus. Thus, hormonal methods prevent fertilisation of the egg, but may have similar side effects and limitations of use.

- **Oral contraceptives:**

Oral contraceptives, commonly known as birth control pills or simply "the pill", contain hormones, either a combination of progestogen with estrogen or progestogen alone.

There are different types of pills depending on the nature of the synthetic hormones used and their dosage.

The pill should be taken every day for 21 days, usually starting on the first day of the menstrual cycle (the day menstruation begins) and is best taken in the evening or in the morning at the same time of day. After that, it is interrupted for 7 days, which causes bleeding similar to menstruation. Whatever the duration of the bleeding, after 7 days of interruption, the pill must be taken again. The pill is effective from day one, provided that it is taken regularly on a daily basis thereafter. It is usually sold in "calendar" packs, which help women to keep track of their daily intake.

- **Vaginal rings:**

Current hormonal contraceptives include the vaginal ring, which is certainly less affected by the risk of forgetting or delaying, variations in intestinal absorption and also allows very low doses to be taken while maintaining good cycle control.

The contraceptive ring releases very low and constant doses of oestrogens and progestogens, and absorption is rapid because it lacks the extensive initial metabolism, known as the hepatic first-pass effect, typical of oral administration, which can be a source of increased side effects, drug interactions

and contraindications. Frequency of administration and forgetfulness are also reduced. This means higher contraceptive efficacy and better compliance compared to the oral route. The ring can guarantee a higher contraceptive efficacy, even in case of vomiting and diarrhoea, than the oral route. It releases 15 mcg of ethinylestradiol (EE) and 120 mcg of etonogestrel (ENG), a metabolite of desogestrel (DSG), daily, and the doses are very low and released steadily, so the risk of side effects, such as breast tension, migraine, nausea, is minimal. Good cycle control is also achieved, with a reduction in intermenstrual blood loss, while maintaining an excellent ovulation suppressant effect.

The ring is therefore characterised by lower doses than other contraceptives and more stable blood levels.

- **Patches:**

They are low-dose hormonal contraceptives that are taken through the skin.

They are thin, three-layer patches containing norelgestromin (a progestin) and ethinyl estradiol (the estrogen found in all pills), releasing the required daily dose.

When applying the patch (the size of which is about 20 cm², 4.5 on each side, about half the size of a credit card), make sure that the skin is always clean, dry, that no creams, oils or talcum powder are used, and that the area where the patch is to be applied is free of micro-injuries. It can be placed on the buttocks, on the arm and shoulder, on the lower abdomen, except on the breasts. Three patches are used per month, with a weekly change: each time a new patch is applied, to avoid skin irritation, it is necessary to change position. The first patch is applied on the first day of the cycle, and after three weeks there is a week off without a patch. All patches are applied and removed on the same day of the week.

The most common side effects are headaches, nausea and breast tension. If the patch does not adhere perfectly, it should be replaced within 24 hours, using a new pack as a spare box, to maintain the periodicity of the menstrual cycle.

If more than 24 hours have passed since the detachment or it is not possible to reconstruct when it occurred, there may be risks: in this case, it is advisable to use another contraceptive system. Contraindications and side effects are the same as for the pill, although vomiting and diarrhoea are not a problem and drugs that are eliminated by the liver may interfere.

- Coils (IUDs):

They are small objects 3-5 cm long (inserted by the gynaecologist into the uterus through the cervical canal), of various sizes, shapes and materials. Most are coated with a thin copper filament, some contain progesterone. The IUD hinders the penetration and survival of sperm and prevents the oocyte from nesting in the wall of the uterus.

The insertion is performed by the gynaecologist during the menstrual flow, the application takes only a few minutes and is not very painful. A thin nylon thread is attached to the end of the IUD, which protrudes a short distance from the cervical canal and, to make sure that the IUD is in place, the woman can touch the thread at the bottom of the vagina. However, a check-up by the gynaecologist is necessary after the first menstrual period, three months after insertion, and every six months or yearly thereafter. Removal of the IUD is simple and painless: the doctor simply pulls the string to remove the IUD.

It is a very effective method and, once inserted, has a permanent contraceptive effect for years. You are not aware of having it, and the man does not notice its

presence during sexual intercourse. In the absence of discomfort, an annual check-up is sufficient.



Photo by [Reproductive Health Supplies Coalition](#) obtained from unsplash

Emergency contraception

Emergency contraception can be used after unprotected intercourse to prevent pregnancy for a short period of time and decreases the likelihood of pregnancy after an episode of unprotected intercourse, even if the act occurs close to the time when the egg is released (ovulation), when conception is most likely. In general, the chance of pregnancy is about 5 per cent after an episode of unprotected intercourse, but closer to ovulation, it is around 20-30 per cent. The earlier emergency contraception is performed, the more likely it is to be effective.

The options available for emergency contraception include:

- oral medications
- a copper intrauterine device (IUD).

Oral medications (so-called morning after pills) contain levonorgestrel, ulipristal acetate and combined oral contraceptives (oestrogen plus levonorgestrel). They

inhibit or delay ovulation and are used as emergency contraception more often than IUDs, although copper IUDs are the most effective form of emergency contraception. The copper IUD prevents the egg from implanting in the uterus.

To be effective, the copper IUD must be inserted within 5 days of unprotected intercourse or, if the time of ovulation can be estimated, within 5 days of ovulation (release of an egg from the ovary) and the chance of pregnancy after insertion is 0.1%, the same as if it were used as a regular method of contraception.

For the high-dose levonorgestrel-releasing IUD to be effective, it must be inserted within 5 days of unprotected intercourse or, if the time of ovulation can be estimated, within 5 days of ovulation. The probability of pregnancy after insertion of this IUD is 0.3%.

As for the other use of ulipristal acetate, it is considered more effective than levonorgestrel and is taken for 5 days (120 hours) following unprotected intercourse. The chance of pregnancy is about 1.5%. After taking ulipristal acetate, women should wait 6 days before using a progestogen-containing hormonal contraceptive and, in the meantime, should use a back-up method of contraception (such as a condom) for 7 days after starting hormonal contraception.

Levonorgestrel is a progestogen that is usually taken in small doses as a contraceptive. One dose is taken, followed by another 12 hours later, or a larger dose may be taken. The chance of pregnancy is between 2% and 3%.

The dose is more effective the sooner it is taken and should be taken within 5 days (120 hours) of unprotected intercourse (although it is less effective if taken 3 days after intercourse).

Hormonal contraception can be started at the same time, but it is recommended to use a back-up method (such as a condom) for 7 days after starting hormonal contraception.

There is another method that is less effective than the others and is only used when a woman does not have access to other methods: the Yuzpe method. This method uses a combination of oral contraceptives (ethinyl estradiol, a form of oestrogen, plus levonorgestrel), but is slightly less effective than levonorgestrel or ulipristal acetate. Two combined pills are taken, followed by two more within 12 hours, within 72 hours of unprotected intercourse, and a high dose of oestrogen is administered. A hormonal contraceptive can be started at the same time. It is recommended to use a back-up method (such as a condom) for 7 days after starting hormonal contraception.

A pregnancy test is performed 2 to 3 weeks after emergency contraception to check that the woman is not pregnant. The resumption of menstrual periods and a negative pregnancy test result confirm that the woman is not pregnant.

Myths and facts about contraception

Contraception is one of the cornerstones of sexual and reproductive health, but its appropriate adoption and use is hampered by a long tradition of myths and misinformation. These misconceptions, perpetuated through generations, negatively affect informed choices, promoting unprotected sexual practices and limiting access to effective methods. To dismantle these myths, it is crucial to analyse each one in depth, contextualise its origin and provide information backed by scientific evidence.

Condoms reduce sexual pleasure

The myth that condoms reduce the intensity of sexual pleasure is one of the most widely held beliefs. This perception not only affects their use, but also perpetuates the idea that condoms are an annoying barrier rather than a protective tool.

However, multiple studies have shown that, when used correctly, condoms do not significantly affect the quality of the sexual experience. In fact, many people experience greater emotional peace of mind when using condoms, which can increase enjoyment by eliminating concerns about unwanted pregnancy or STIs.

Technological advances have led to the development of ultra-thin condoms that mimic the natural feel of skin. There are also versions with textures, lubricants and thermal effects designed to enhance the pleasure of both partners in sexual intercourse. However, education campaigns need to go beyond highlighting these features; psychological and cultural barriers that associate condom use with a lack of confidence or spontaneity in sexual relations need to be addressed.

The myth also has a cultural background, especially in societies where attributes related to male "virility" are valued. Resistance to condom use is often based on gender constructs that associate masculinity with rejection of protective measures. To challenge this myth, it is essential to normalise condom use as a responsible and respectful practice in consensual sexual relations.

It is not possible to get pregnant during menstruation

The idea that sex during menstruation is completely safe from a contraceptive point of view remains one of the most damaging myths. While it is true that the chances of pregnancy decrease during menstruation, they do not disappear completely. Sperm have the ability to survive inside the female reproductive tract for up to five days, and if an ovulation occurs shortly after the end of the menstrual cycle, it is possible for the egg to be fertilised.

This myth reflects a limited understanding of the physiology of the menstrual cycle, which varies considerably among individuals. Irregular cycles, shorter or longer phases of menstruation and external factors such as stress can alter the predictability of the cycle, increasing the risk of conception. In addition, the

perception of safety during menstruation may encourage unprotected sexual practices, ignoring the risk of STI transmission.

Sexuality education should include detailed explanations of the phases of the menstrual cycle, highlighting individual differences and factors that can alter its regularity. At the same time, it should be emphasised that the use of appropriate contraceptive methods is the only reliable way to prevent pregnancy and protect against STIs, regardless of the timing of the menstrual cycle.

The rhythm or calendar method is just as effective as other contraceptive methods. The rhythm method, also known as the calendar method, relies on identifying the fertile days of the menstrual cycle to prevent pregnancy. Although this method can be effective for people with regular cycles and close monitoring, its failure rate is significantly higher compared to modern methods such as hormonal contraceptives or intrauterine devices (IUDs).

The popularity of the rhythm method is due, in part, to its low cost and its acceptance in cultural or religious contexts where other contraceptive methods are rejected. However, exclusive reliance on this method can create a false sense of security. Hormonal changes, illness or even ageing can affect the length and regularity of the menstrual cycle, making fertile days difficult to predict accurately.

In order to educate about the limitations of this method, it is essential to provide comparative information on the effectiveness of different contraceptive options. Tools such as menstrual tracking apps that allow people to monitor their cycles more accurately should also be offered, but always in combination with other more effective methods if the goal is to avoid unintended pregnancies.

Hormonal contraceptives cause long-term infertility

The fear that hormonal contraceptive methods can permanently affect fertility is one of the most persistent myths. Although these methods may temporarily alter

the menstrual cycle after stopping their use, there is no scientific evidence to support the idea that they cause long-term infertility. Most people regain their reproductive capacity within a few months after stopping use.

This myth is deeply influenced by misinformation and, in some cases, by anecdotal experiences that do not reflect the general norm. It may also be related to social expectations about motherhood, especially in contexts where women's value is closely linked to their reproductive capacity. To address this myth, education programmes should include clear explanations of how hormonal methods work and their reversibility, as well as demystifying the temporary side effects that may occur during the body's adaptation process.

The birth control pill causes weight gain

This myth has generated concern especially among adolescents and young people, who often face social pressure related to physical appearance. While some hormonal contraceptive methods may cause fluid retention or temporary changes in appetite, studies have not found a direct correlation between long-term use of oral contraceptives and significant weight gain.

It is important to note that individual experiences may vary. In some cases, hormonal changes may have minor effects on metabolism or body fat distribution, but these are temporary and do not represent a radical transformation. Despite this, the myth persists and discourages many people from using highly effective hormonal methods, which may put them at greater risk of unwanted pregnancy.

To combat this myth, it is crucial to provide evidence-based information, explaining that any perceived changes are usually transitory and manageable. It is also useful to address concerns related to self-esteem and to promote an open conversation

with health professionals, who can help choose the most appropriate method for each person according to their context and needs.

Contraceptive methods are the sole responsibility of women

The myth that family planning rests solely with women reflects structural gender inequalities that need to be challenged. Although most methods currently available are designed for women, men also have options such as the use of condoms or vasectomy, a safe and highly effective intervention.

Moreover, this belief perpetuates the emotional and practical burden that many women face in assuming sole responsibility for preventing unwanted pregnancies. In equitable relationships, family planning should be a shared responsibility, with both parties actively contributing to decision-making and contraceptive use.

To dismantle this myth, men need to be included in sexuality education programmes, promoting their active role in reproductive health and challenging cultural norms that perpetuate this inequality. At the same time, it is essential to continue to invest in research and development of male contraceptive methods, which would expand the options available and promote a more equitable approach.

Realities backed by evidence

Condom use is the only measure that protects against both unintended pregnancy and STIs

Condoms, both male and female, are the only contraceptive method that combines prevention of unintended pregnancy with protection against sexually transmitted infections. This dual function makes them an essential tool in any sexual and reproductive health approach.

However, their effectiveness depends on proper use, which requires hands-on education on how to correctly insert them, how to store them and how to safely

dispose of them. Educational campaigns that teach these skills in an interactive and accessible way can significantly contribute to increasing usage rates and reducing associated risks.

No contraceptive method is foolproof

While many methods have effectiveness rates greater than 99% when used correctly, no contraceptive guarantees absolute protection. For example, the effectiveness of oral contraceptives can be reduced if a dose is missed or if they are combined with certain medications. For this reason, combining methods, such as using condoms with hormonal contraceptives, is a recommended strategy to maximise protection.

Emergency contraception is a valid option, but should not be a regular method

The morning-after pill is an emergency measure that can prevent pregnancy after unprotected sex. Although it is an effective tool, its repeated use is not recommended due to its lower efficacy compared to other regular methods and its possible side effects, such as temporary disturbances in the menstrual cycle. Promoting emergency contraception as a complementary option, rather than a replacement for regular methods, is essential to ensure effective family planning.

There are contraceptive methods for all needs and contexts

From non-hormonal intrauterine devices to subdermal implants and hormonal patches, the variety of contraceptive methods available allows each person to choose the most appropriate option for their needs, preferences and medical conditions. However, ensuring equitable access to these options remains a challenge in many settings. Sexual health programmes that include individualised counselling can empower individuals to make informed choices and improve their sexual and reproductive well-being.

Practical tools for debunking myths about contraception

Contraception is an important part of our sexual lives and health decisions. However, we often hear misconceptions that can confuse or scare us into using contraception. So here are clear, practical tools to help you understand what's true and what's not, so you can make informed choices and take care of yourself with confidence.

How to identify a myth

Before going into detail, it is important to know how to recognise when something might be a myth. If you hear statements like:

- "My cousin got pregnant even though she was using contraceptives".
- "The condom takes away all the sensation".
- "The pill will make you put on a lot of weight".

It is important to ask yourself:

1. Who is saying it? Is it someone with a health background?
2. What evidence or data support this claim?
3. Why would that person believe it? Maybe he heard it without verifying it.

Remember that not everything we hear or read is true, especially on social media. Reliable information comes from health professionals, scientific research and official sources.

6. Prevention of Sexually Transmitted Infections (STIs)

Common STIs and how to prevent them

Sexually transmitted infections (STIs) are a group of diseases that are contracted mainly through sexual contact and affect people of all ages, although

adolescents and young adults are the most affected population groups. They occur most frequently in people who engage in risky sexual behaviour and attitudes, such as having more than one sexual partner, having unsafe sex, not using condoms, etc. Young people are more vulnerable to sexually transmitted diseases, especially for behavioural reasons. Emotions concomitant with genital sexual maturation also develop at this stage, due to increased interest in the opposite sex and in the same sex.

The above guides the reflection towards the identification of risk behaviours and risk factors to which people are exposed during adolescence.

More than 30 different micro-organisms, including bacteria, viruses and parasites, are currently known to be transmitted through sexual intercourse, whether vaginal, anal or oral. Some of these diseases can also be transmitted from mother to child during pregnancy, childbirth or breastfeeding. Among these infections, eight pathogens stand out for their high incidence of sexually transmitted diseases (STDs). Four of these infections are currently treatable: syphilis, gonorrhoea, chlamydia and trichomoniasis. However, the other four are incurable viral infections: hepatitis B, genital herpes, HIV and human papillomavirus (HPV).

In addition to these, there are new outbreaks of emerging infections that can be contracted through sex, such as monkeypox virus, *Shigella sonnei* or *Neisseria meningitidis* infections, as well as Ebola and Zika. The re-emergence of neglected sexually transmitted diseases, such as lymphogranuloma venereum, has also been observed. All these realities present increasing challenges in the provision of adequate services for the prevention and control of STIs.

Sexually transmitted diseases have a significant impact on sexual and reproductive health worldwide. Every day, more than one million people contract an STI.

According to WHO, 374 million new infections of four major STDs were reported in 2020: chlamydia (129 million), gonorrhoea (82 million), syphilis (7.1 million) and trichomoniasis (156 million). It is estimated that more than 490 million people were infected with genital herpes in 2016, while 300 million women are infected with HPV, the leading cause of cervical and anal cancer among men who have sex with men. Approximately 296 million people suffer from chronic hepatitis B worldwide.

In addition to the immediate effect of infection, STIs can have serious consequences.

Some STIs, such as herpes, gonorrhoea and syphilis, can increase the risk of contracting HIV.

Mother-to-child transmission of an STD can lead to prenatal or neonatal death, prematurity, low birth weight, sepsis, neonatal conjunctivitis and congenital anomalies.

HPV infection causes cervical tumours and other cancers.

Hepatitis B caused an estimated 820,000 deaths in 2019, mainly due to cirrhosis or hepatocellular carcinoma. Some STDs, such as gonorrhoea and chlamydia, are important causes of pelvic inflammatory disease and infertility in women.

Adolescents are vulnerable to acquiring STIs and HIV/AIDS due to risk factors such as lack of knowledge, early sex, drug addiction, social and gender inequality and myths. The most common STIs are Gonorrhoea, Syphilis, HPV, HSV and Trichomoniasis; all are sexually transmitted; however, Syphilis and Trichomoniasis can be acquired through other routes of contact. AIDS is caused by a retrovirus HIV, which is sexually and blood-transmitted, occurs in various stages and leads to

death. UNAIDS/WHO statistics show prevalence of AIDS in the population aged 15-49 years.

New cases of STIs are common, 90% between the ages of 15 and 30, and mostly in those under the age of 25.

To effectively prevent these diseases, it is essential to promote safe sexual practices and the use of barrier methods of contraception. These methods not only prevent unwanted pregnancy, but also significantly reduce the risk of contracting sexually transmitted diseases (STDs) and HIV/AIDS. Among the most common barrier methods are the male condom and the female condom. These devices act as a physical barrier that prevents direct contact between bodily fluids, thus reducing the possibility of disease transmission.

Consistent and correct condom use during sex is an effective measure to prevent the transmission of STIs, including HIV. In addition, a vaccine has been developed against human papillomavirus (HPV), which is a major cause of cervical cancer and related diseases. Vaccination against HPV is essential to protect against the viral strains responsible for these diseases, and is especially recommended for adolescents and young adults before they become sexually active.

While barrier methods of contraception are important, sexual abstinence remains the most effective way to prevent both STIs and unwanted pregnancy. The decision to abstain from sex until one is physically, emotionally and mentally ready is a valid and respectable choice that offers complete protection against STIs. In addition, promoting access to appropriate sexual and reproductive health services, including

STD prevention education, testing and treatment, is essential to ensure the health and well-being of individuals at all stages of their sexual lives.



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Importance of condom use in STI prevention

Condoms play an essential role in promoting sexual health and preventing sexually transmitted infections (STIs). Its importance lies in its ability to provide an effective physical barrier against pathogens such as bacteria, viruses and parasites that can be transmitted through sexual activity. Correct and consistent use of condoms during all sexual intercourse is therefore a key preventive action, significantly reducing the risk of STIs.

Among the most common sexually transmitted diseases, HIV, chlamydia, gonorrhoea, syphilis and hepatitis B are just some of the diseases that can be

prevented or at least significantly reduced through the use of condoms, as they provide a reliable barrier against the exchange of bodily fluids that may contain infectious agents, thus protecting both partners.

When used correctly and regularly, condoms are the most effective tool for preventing STIs, including HIV infection. Although highly effective, condoms do not offer protection against STIs that cause extragenital sores (e.g. syphilis or genital herpes). Whenever possible, condoms should be used for all penetrative sex.

The most widely used and recommended protection against sexually transmitted diseases (in addition to contraception, of course) is therefore the male condom.

The most common are latex and polyurethane, but they are also available in other materials and can be scented, specifically for oral sex.

They offer many advantages, including relative cheapness, ease of availability (no prescription required) and health safety, except, of course, for possible cases of allergic sensitisation.

Among the disadvantages, in addition to the aforementioned sensitisation, essentially for latex ones, is the possibility of breakage, and the need to follow modalities to wear it, which can be undesirable because they interrupt the continuity of the sexual act.



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STI testing and its importance

Sexually transmitted infection (STI) testing is an essential tool in sexual health care and promotion. STI testing is a medical test to detect the presence of STI-causing microorganisms in the human body and helps you get the treatment you need and prevent the spread of the disease. The importance of these tests lies in several key aspects:

1. **Early identification and early treatment:** STIs can be asymptomatic in their early stages, which means that a person may be infected without knowing it and therefore without seeking treatment. STI testing makes it possible to detect infections even before symptoms appear, which facilitates early and effective treatment. This is crucial to prevent long-term complications and stop the spread of the disease.
2. **Prevention and control of transmission:** Early detection and treatment of STIs is crucial to break the chain of transmission. By identifying infected individuals, counselling and prevention services, such as

education on safe sex practices and promotion of condom use, can be offered. In addition, epidemiological control strategies, such as identification and follow-up of sexual contacts, can be implemented to limit the spread of the disease.

3. Reducing stigma and discrimination: STI testing is an integral part of patient-centred health care that respects patients' rights. Offering testing in a confidential and non-judgemental manner helps to reduce the stigma associated with STIs and promote an accepting and supportive environment for those affected. This is especially important in vulnerable populations, such as LGBTQ+ people, sex workers and people who use drugs, who may face additional discrimination due to their health status.

STI testing plays a key role in the prevention, early detection, treatment and control of sexually transmitted infections.

Depending on the type of suspected infection, one of the following types of tests is performed:

- Blood test: used to diagnose syphilis, HIV and sometimes herpes. During this test, the health professional takes a sample of blood from a vein in your arm with a small needle. After inserting the needle, a small amount of blood is withdrawn and placed in a test tube or vial.
- Urine test: used to diagnose trichomoniasis and sometimes gonorrhoea. During the test, place a sterile urine sample in a container according to your doctor's instructions.
- Swab test: used to diagnose HPV, chlamydia, gonorrhoea and herpes. During the test, the health professional uses a special swab to take a sample from the site of infection. In women, samples can be taken from the

vagina or cervix. In men, samples may be taken from the penis or from the urethra, the tube through which urine leaves the body.

Statistics and current data on sexually transmitted infections (STIs) in young Europeans

Sexually transmitted infections (STIs) represent a significant public health challenge in Europe, disproportionately affecting young people. According to the European Centre for Disease Prevention and Control (ECDC), more than 400,000 cases of chlamydia were reported in the European Union and European Economic Area (EU/EEA) in 2022, making it the most common bacterial STI in the region. Young people aged 15-24 years account for approximately 60% of these cases, reflecting a high incidence in this age group (ECDC, 2022a).

Gonorrhoea has also shown a remarkable increase in recent years. In 2022, more than 100,000 cases were reported in the EU/EEA, an increase of 48% compared to the previous year. This increase particularly affects young men, especially those who have sex with men (ECDC, 2022b).

Syphilis, although less common, has experienced a worrying resurgence. In 2022, more than 25,000 cases were reported in the EU/EEA, an increase of 34% over the previous year. Young people aged 20-34 years are particularly affected, with an upward trend in this population (ECDC, 2022b).

Human Papillomavirus (HPV) is another STI that is highly prevalent among young Europeans. Although exact figures vary, it is estimated that a significant proportion of the sexually active population will contract some strain of HPV at some point in their lives. Vaccination has been shown to be effective in reducing the incidence of

the most dangerous strains, but vaccination coverage is still insufficient in several European countries (ECDC, 2022a).

These figures underline the importance of effective prevention and sex education strategies targeting young people, with the aim of reducing the incidence of STIs and promoting safe sex practices.

7. Consent and Sexual Rights

Importance of consent in sexual relations

Consent means actively agreeing to engage in sexual activity with a person and telling the other person that we want to have sex.

Without consent, sexual activity (including oral sex, touching genitals and vaginal or anal penetration) is sexual assault or rape.

Rape, sexual assault and sexual abuse can have different legal definitions. In general, rape, sexual assault and sexual abuse are forms of violence in which there is sexual contact without consent and this includes anal or vaginal penetration, oral sex and touching the genitals.

Generally, people use the term "sexual assault" to refer to any type of non-consensual sexual contact and the term "rape" for sexual contact that includes penetration.

Everyone can be a victim, regardless of gender, sexual orientation or age. However, some groups of people are more likely than others to experience sexual assault during their lifetime. Women, people who identify as LGBT, people with

developmental disabilities and women of colour are more likely to experience sexual assault in their lifetime.

Sexual violence does not take only one form. It is not necessary for a weapon to be present or for the victim to resist, scream or say "no" repeatedly for an action to count as rape or sexual assault. Most sexual assaults do not involve strangers in dark alleys. It is usually someone the victim knows or even a romantic partner.

Sexual consent is an agreement to engage in sexual activity.

Consenting and seeking consent means setting your own personal boundaries and respecting those of your partner.

Consent is freely given and a choice that is made without pressure, manipulation or the influence of drugs or alcohol and is specific. Saying yes to something (like kissing in the bedroom) does not mean you agree to do other things (like having sex).

It is made known. You only agree to something after you have all the information about it (for example, if someone says they will use a condom and then doesn't, there was not full consent) but above all it is reversible. Everyone can change their mind about what they want to do at any time and they always have the final say in their body.

In a world where what is known as "rape culture" is normalised, understanding that consent needs to be expressed is of greater importance and conversations on this topic can help change misconceptions, gender stereotypes and normalised sexual violence.

Being clear about what sexual consent means can help prevent rape and other sexual crimes, and talking about sexual consent can help raise awareness of common responses in society that blur what consent means, such as "She didn't say no"; "with the clothes she was wearing, she was asking for it"; or "we had consensual sex last week, so it was consensual today too".

Consent is thus fundamental in sexual relationships, as it is the basis for preventing sexual violence, such as rape or sexual abuse.

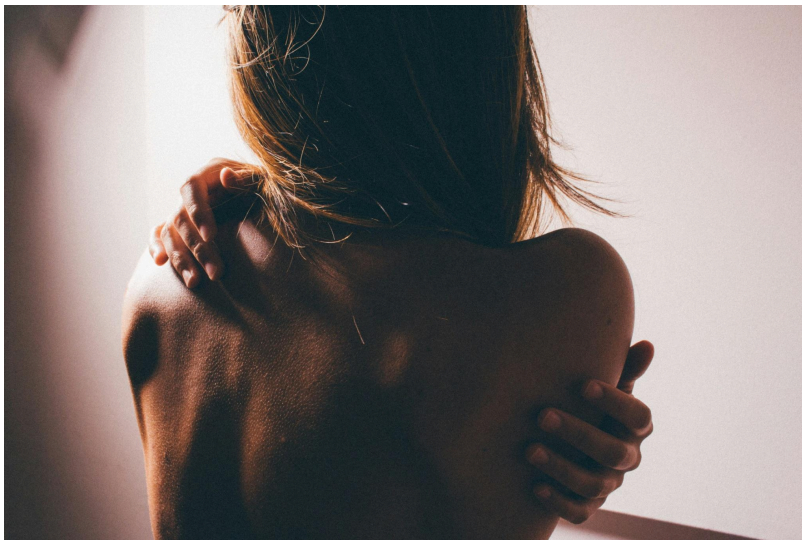


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Knowledge of your sexual and reproductive rights

Knowledge of one's sexual and reproductive rights is essential to ensure that individuals, particularly young people, can exercise control and autonomy over their sexual and reproductive health.

Sexual and reproductive rights are an integral part of fundamental human rights. They recognise that everyone has the right to exercise control and autonomy over their sexual and reproductive health, free of discrimination and coercion. These rights are closely linked to human dignity, individual freedom and the possibility of living a healthy and fulfilling life.

The first right is the right to sexual and reproductive health. Everyone has the right to access quality sexual and reproductive health services, including counselling, family planning services, birth control, prenatal and post-natal care and treatment of sexually transmitted diseases.

The second is the right to information. Everyone has the right to receive accurate and evidence-based information on sexual and reproductive health, including issues related to contraception, safe abortion, prevention of sexually transmitted diseases and sexual hygiene.

Everyone has the right to consent, that is, to give or withhold consent to any sexual activity, and consent must be voluntary, free of coercion or external pressure, and may be revoked at any time.

Everyone has the right to confidentiality and privacy concerning their sexual and reproductive health, including medical examinations, treatment and decisions regarding contraception or abortion, and to comprehensive, science-based sexuality education, including information on anatomy, physiology, contraception, prevention and sexual health care.

Identifying toxic relationships

Toxic relationships not only affect self-esteem and emotional well-being, but also have a lasting impact on how a person perceives love, trust and future

connections. These relationships can be subtle or overt, and understanding their characteristics is essential to making decisions that prioritise emotional health.

A toxic relationship is not defined by an occasional conflict or disagreement, which are normal in any human interaction, but by repeated patterns of behaviours that generate power imbalances, abuse or suffering. Recognising and confronting these behaviours not only protects those involved, but also promotes a model of relationships based on respect and fairness.

Warning signs of toxic relationships

Excessive control

Control can manifest itself in multiple ways. For example, a partner who constantly demands to know where you are, who you are talking to or what you are doing may appear to be concerned about your well-being, but is actually crossing personal boundaries. Insistent questions such as "Why didn't you answer my message immediately?" or "Why are you following that person on social media?" reflect a need to monitor and dominate your actions.

In addition, this vigilance may extend to decision-making. You may find yourself adapting your plans, your dress, or your social interactions to avoid arguments or to meet unreasonable expectations. This type of behaviour not only limits your autonomy, but also creates a stifling environment where your personal choices are no longer valued.

Social isolation

In many toxic relationships, one person seeks to alienate the other from their circle of support. This may start with seemingly innocent comments such as "I don't think I like your best friend" or "Your family doesn't understand us". Over time, these kinds of messages can lead you to reduce contact with the people you care about.

Isolation can deepen when you begin to feel guilty about spending time in other relationships or activities outside of your partner. Once separated from your support network, it is more difficult to identify toxicity in the relationship or to seek help.

Unequal decision-making power

In healthy relationships, decisions are made jointly, considering the needs and desires of both people. However, in a toxic relationship, one person may constantly impose their will, while the other feels obliged to give in. For example, if you always choose what your partner wants to do, from what movies to watch to who to socialise with, this is a sign of a power imbalance.

This inequality can also occur in the management of shared resources, such as money. If one person completely controls the budget or prevents the other from participating in financial decisions, this reinforces an unequal power dynamic.

Aggressive or violent behaviour

Physical abuse, such as shoving or hitting, is an obvious sign of a toxic relationship, but verbal or emotional abuse is also highly damaging. Derogatory comments such as "You never do anything right" or "You're too sensitive" are meant to belittle you and undermine your self-esteem.

Even small aggressions, such as a sarcastic tone of voice or a look of constant contempt, can have a cumulative effect on how you are perceived. Such behaviour is not only unacceptable, but also reflects a fundamental lack of respect for the relationship.

Excessive jealousy

Jealousy may seem like an expression of love or interest at first, but when it turns into constant accusations, restrictions or unfounded doubts, it becomes a serious problem. For example, if your partner checks your messages without your consent or prohibits you from interacting with certain people, this reflects a lack of trust that can become unbearable.

Extreme jealousy is often related to insecurities of the jealous person him/herself, but its effects spill over into the relationship, creating an atmosphere of tension and suspicion.

Extreme emotional dependency

A toxic relationship can be characterised by excessive dependency, where one person expects the other to be the exclusive source of their happiness, support and validation. Phrases such as "Without you, my life is meaningless" or "You are the only good thing I have" may seem romantic, but they also place an unbearable emotional burden on the partner.

This dynamic can lead to feelings of guilt or exhaustion, especially if you find yourself sacrificing your own needs to constantly meet your partner's expectations.

Emotional manipulation

Emotional manipulation is a subtle but powerful sign of toxicity. It can include tactics such as making you feel guilty for setting boundaries or using your

insecurities against you. For example, if you express your desire to spend time with friends and your partner responds with "So, you don't care about me anymore?", they are using guilt to influence your behaviour.

Another form of manipulation is to minimise your feelings, saying things like "You're overreacting" or "That's not a big deal", which can make you question the validity of your emotions.

Practical examples of how to recognise toxic relationships

- **Scenario 1:** You are at a party with friends and your partner calls you repeatedly, demanding that you come home because he/she "can't be without you". This behaviour is not a sign of love, but of control and overdependence.
- **Scenario 2:** During an argument, your partner says to you: "If you really loved me, you would do what I ask you to do". This type of statement is a clear example of emotional manipulation.
- **Scenario 3:** Your partner always checks your messages or social media posts, justifying it with "I just want to know that everything is OK with you". Although this seems like a legitimate concern, it violates your privacy and reflects a lack of trust.

Guidance for dealing with toxic relationships

Recognising a toxic relationship is the first step to getting out of it or transforming it. Talk to people you trust about what you are experiencing and

consider seeking professional support if you feel you cannot handle the situation on your own. Setting clear boundaries and assessing whether these are respected is crucial.

It is important to remember that you deserve relationships based on respect, mutual support and equality. If a relationship constantly makes you doubt your worth or limits your ability to be yourself, it is time to reconsider its place in your life.



Photo by Vitaly Gariev obtained from Unsplash

8. Sexual Orientation and Gender Identity

During the last decades there has been an advance in the social and legal rights of LGBTBI people, but even so, young people who are part of this group

continue to face situations of discrimination based on their sexual orientation, gender identity or gender expression. This discrimination can be defined as:

"differential, exclusionary or restrictive treatment on the basis of sexual orientation, gender identity or gender expression, which is intended to nullify or belittle the person and to undervalue the fundamental rights and freedoms to which he or she is entitled".

Differentiating between sexual orientation and gender identity

First of all, it is very important to stress that there is no single way of experiencing sexuality. One can find different ways of experiencing affective relationships that go beyond the male-female relationship.

Thus, the definition of sexual orientation corresponds to "an enduring emotional, romantic, sexual or affectional attraction to others".

Different scientific studies have determined that sexual orientation is determined by the interaction of different biological, cognitive and environmental factors. In addition, important recent evidence suggests that biology, including genetic or innate hormonal factors, plays an important role in a person's sexuality.

In this way, three types of relationships can be differentiated according to their sexual orientation:

- Heterosexuals: erotic/affective attraction between people of a sex other than the one identified as one's own.
- Homosexual: relationships in which the erotic/affective attraction is to a person of the same sex.
- Bisexual: couples in which erotic/affective attraction exists regardless of their sex.

On the other hand, it is also important to mention the concept of gender identity, as it is often very easy to confuse.

Thus, gender is related to the social, historical, cultural and political attributes that have been assigned to women and men. It is considered a social construct, in which it is society itself that considers one or the other tributes as feminine or masculine.

This is how, through the characteristics that a person has, he or she will be identified as more feminine and more masculine, the two genders by which society is divided.

But it is very important to mention that gender is not always identified in the best way, and that those who have skills, behaviours, attitudes, etc. that are not in accordance with the gender that is supposed to correspond to them, suffer discrimination, rejection and even episodes of aggression and violence.

Respect for sexual diversity

Respect for sexual diversity is fundamental to ensuring human rights and equality for all people, regardless of their sexual orientation, gender identity or gender expression. It involves accepting and valuing the diversity of LGBT+ (lesbian, gay, bisexual, transgender) people's experiences and realities.

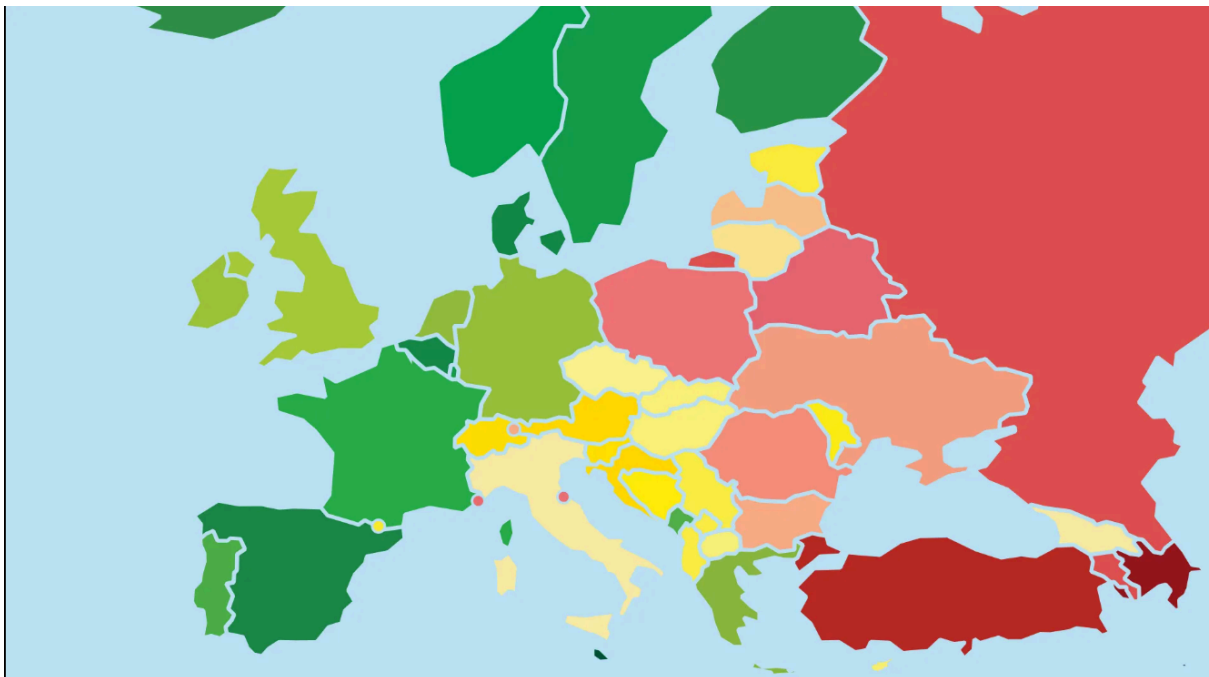
This respect is manifested through concrete actions, such as:

1. **Non-discrimination:** Treating all people with equality and dignity, regardless of sexual orientation or gender identity.
2. **Inclusion:** Creating safe and welcoming spaces where LGBT+ people feel welcome and respected.
3. **Education:** Promote awareness and education on sexual and gender diversity in all settings, including at school, at work and in the community.
4. **Inclusive legislation and policies:** Adopt laws and policies that protect the rights of LGBT+ people and combat discrimination and violence based on sexual orientation or gender identity.
5. **Community support:** Provide resources and support to LGBT+ people so that they can live authentically and without fear of discrimination or violence.
6. **Alliances and solidarity:** Work in partnership with LGBT+ organisations and allies to promote equality and justice for all people, regardless of sexual orientation or gender identity.

In short, respect for sexual diversity is a commitment to justice and equality, which recognises and values the richness of human diversity in all its forms.

The state of LGBT rights in Europe

European LGBT legislation varies greatly from country to country and from year to year and great inequalities can still be found in most European countries.



The ILGA-Europe Rainbow Map index indicates each year how the situation regarding LGBT rights on the continent stands. This image corresponds to the year 2023.

Despite some discouraging data that can be found, there is also good news. Laws to preserve the bodily autonomy of intersex people have progressed and improved in different countries.

In several European countries, same-sex marriage is legal and same-sex couples are granted similar rights to heterosexual couples in terms of adoption, health care and other legal aspects. These countries include the Netherlands, Belgium, Spain, Portugal, Norway, Sweden, Iceland, Denmark, France, Germany, Luxembourg, Ireland, Finland and Malta.

Similarly, measures to prevent discrimination in the world of work, education and health have begun to be put in place.

However, elsewhere, LGBT rights still face resistance and discrimination. Some Eastern European countries, such as Poland, Hungary and Russia, have experienced a rise in anti-LGBT rhetoric and policies that restrict the rights of LGBT people, such as bans on "homosexual propaganda" and obstacles to holding LGBT pride or public displays of LGBT identity.

In general, the European Union has promoted LGBT rights through legislation and policies that prohibit discrimination based on sexual orientation and gender identity. However, implementation and enforcement of these laws can vary from country to country and face challenges in some places.

In summary, while many European countries have made significant progress in protecting LGBT rights, challenges remain in terms of discrimination and resistance in some places, underlining the continued importance of advocacy and activism for LGBT equality and inclusion across Europe.

Inclusive representation in sexuality education

Inclusive sexuality education is a fundamental right that ensures that all people, regardless of sexual orientation, gender identity or gender expression, have access to information, tools and resources that promote their holistic wellbeing. For decades, sexuality education in many countries has been limited to heteronormative models that exclude the experiences and needs of LGBTQ+ communities. This restrictive approach not only perpetuates the invisibility of these communities, but also reinforces stereotypes and prejudices that negatively affect society as a whole.

Making LGBTQ+ communities visible in sexuality education programmes is an essential measure to combat misinformation, stigma and inequalities. Inclusive sexuality education enables young people from these communities to feel validated, empowered and better equipped to make informed decisions about their health and relationships. At the same time, it fosters a broader understanding of human diversity throughout the student community, promoting respect and empathy.

The historical exclusion of LGBTQ+ communities

For much of the 20th century and in many contexts still today, sex education programmes have deliberately ignored LGBTQ+ people. Curricula have focused exclusively on heterosexual reproduction and relationships, leaving out fundamental issues such as same-sex relationships, the realities of transgender and non-binary people, and the unique challenges faced by LGBTQ+ communities in terms of sexual health and emotional wellbeing.

This exclusion is not neutral. By omitting these realities, sexuality education has contributed to the marginalisation of LGBTQ+ people, sending them an implicit message that their experiences are not valid or worthy of recognition. Furthermore, this invisibility has fuelled misinformation and prejudice by failing to provide students with the tools to understand and respect sexual and gender diversity.

For example, in contexts where same-sex relationships are not mentioned at all, LGBTQ+ young people grow up without positive role models to help them understand their identity and build healthy relationships. This can lead to feelings of isolation, shame or confusion, exacerbating mental health problems such as anxiety and depression. Also, the lack of specific sexual health information in non-heterosexual relationships increases the risks of sexually transmitted infections (STIs) and other health problems.

The importance of making LGBTQ+ communities visible

The inclusion of LGBTQ+ communities in sexuality education has a transformative impact on both the individuals within these communities and on society at large. By integrating their experiences and needs into education programmes, a clear message is sent: all people have the right to be recognised, respected and supported in their sexual and emotional development.

For LGBTQ+ young people, this visibility is crucial. It allows them to see themselves reflected in the content they study, which strengthens their self-esteem and sense of belonging. It also provides them with practical tools to

navigate the complexities of their lives, from dealing with discrimination to building healthy relationships and protecting their sexual health.

On the other hand, for heterosexual and cisgender students, the inclusion of LGBTQ+ issues broadens their understanding of the world and challenges prejudices. Inclusive sexuality education fosters values of respect, empathy and justice, preparing young people to live in a diverse society where equality and human rights are fundamental.

Addressing the specific needs of LGBTQ+ communities

The sexual health of LGBTQ+ people faces particular challenges that need to be addressed in education programmes. For example, men who have sex with men have higher rates of certain STIs, such as HIV, compared to the general population. Providing specific prevention information, such as the use of pre-exposure prophylaxis (PrEP) and latex barriers for oral sex, is essential to reduce these disparities.

Similarly, transgender and non-binary people have unique needs in terms of sexual health and medical care. Educational programmes should include information on how access to hormone treatments, gender affirming surgeries and inclusive health services impacts the general and sexual health of transgender and non-binary people. In addition, it is critical to educate all students about respecting pronouns, chosen names and other ways to support their trans and non-binary peers.

LGBTQ+ representation also involves recognising the diversity within these communities. It is important that educational programmes reflect the intersections between sexual orientation, gender identity, race, ethnicity and other factors. For

example, an LGBTQ+ person who also belongs to an immigrant or racialised community may face additional barriers to accessing sexual health services due to discrimination or lack of culturally tailored resources.

Including these intersectional realities in educational content not only ensures that more people feel represented, but also enriches students' understanding of the multiple ways in which inequality and discrimination can manifest in everyday life. This approach promotes truly comprehensive sexuality education, which not only addresses the diversity of sexual orientations and gender identities, but also explores how social structures can influence individual experiences.

The impact of inclusive sexuality education on mental health

One of the most important benefits of making LGBTQ+ communities visible in sexuality education is its positive impact on young people's mental health. Studies have shown that LGBTQ+ adolescents growing up in inclusive school environments report lower rates of anxiety, depression and suicidal thoughts compared to those in exclusionary or discriminatory environments.

For example, when educational programmes recognise and celebrate sexual and gender diversity, LGBTQ+ students receive the message that they are not alone and that their identities are valid. This counteracts the impact of social and familial rejection, which is one of the most significant risk factors for mental health in these communities.

In addition, inclusive sexuality education not only benefits LGBTQ+ students, but also those who are not part of these communities. By exposing all students to positive narratives about diversity, it reduces prejudice and creates conditions for greater acceptance and mutual support. This contributes to building a safer and more welcoming school environment for all.

Changing Narratives: From Exclusion to Respect and Celebration

LGBTQ+ representation in sexuality education should not only address the risks and challenges faced by these communities, but also highlight their contributions and resilience. Showcasing examples of healthy relationships and positive role models within LGBTQ+ communities helps to challenge harmful stereotypes and promote a more balanced view of their experiences.

For example, including real stories of LGBTQ+ couples building relationships based on respect and equity can provide students with a model of how healthy relationships transcend categories of sexual orientation or gender identity. Likewise, sharing examples of LGBTQ+ leaders, artists and activists can inspire young people and reinforce the message that all people have a valuable place in society.

Strategies for implementing inclusive sexuality education

Implementing inclusive sexuality education requires a multifaceted approach that addresses both the content and the context in which it is taught. First, curricula should be reviewed to ensure that they include specific information on

LGBTQ+ issues, such as non-heterosexual relationships, transgender sexual health and addressing discrimination.

It is equally important to train educators so that they feel comfortable and prepared to address these issues. Many teachers may lack the knowledge or confidence to teach about sexual and gender diversity, which can lead to the omission of this content or the reproduction of myths and stereotypes. Providing ongoing training on LGBTQ+ issues and promoting inclusive language are key steps to overcoming these barriers.

Finally, schools should adopt policies that explicitly support inclusion, such as protocols against homophobic and transphobic bullying, and the creation of safe spaces where LGBTQ+ students can share their experiences and receive support.

The future of inclusive sexuality education

LGBTQ+ representation in sexuality education is an essential step towards a more just and equitable society. As more countries and communities adopt educational models that celebrate diversity, young people will be better equipped to build relationships based on respect and understanding.

This transformation not only benefits LGBTQ+ people, but also strengthens society as a whole by fostering values of equality, empathy and solidarity. Ensuring that sexuality education is inclusive is an act of justice, but also an investment in a future where all people can thrive, free from prejudice and discrimination.

Inclusive sexuality education not only addresses misrepresentation, but also acts as a transformative tool to change attitudes and build more welcoming school communities. Students who grow up with a solid understanding of sexual and gender diversity are more likely to become adults who respect and celebrate differences in all aspects of life.

Transforming education: Towards inclusive and participatory learning

Including LGBTQ+ communities in sexuality education requires more than adding sporadic mentions in the curriculum; it requires meaningful and structured integration. This begins with a pedagogical approach that invites students to actively participate in their learning, encouraging discussions, reflections and activities that promote a deep understanding of sexual and gender diversity.

For example, instead of presenting LGBTQ+ issues as a 'special section', they can be integrated into all discussions on relationships, sexual health and human rights. Thus, when addressing issues such as consent, effective communication or STI prevention, specific information on how these issues affect LGBTQ+ people can be included. This normalises their inclusion and sends a clear message that they are not an exception, but an integral part of the community.

In addition, educational materials should reflect this inclusion. Textbooks, videos and other resources used in class should feature diverse examples that include same-sex couples, transgender people and non-traditional families. For example, in addressing healthy relationship building, a textbook could include examples of LGBTQ+ couples discussing issues such as mutual respect and conflict resolution.

Safe spaces for learning

A crucial component of inclusive representation in sexuality education is the creation of safe spaces for students to share their thoughts, ask questions and explore their identities without fear of judgement. These spaces should be designed to ensure that all students, regardless of their sexual orientation or gender identity, feel valued and supported.

Creating these environments begins with a commitment by educators to use inclusive and respectful language. This involves avoiding assumptions about students' sexual orientation or gender identity, and being open to listening to and learning from their experiences. For example, teachers can begin lessons by using terms such as "couples" rather than "boyfriends" or "girlfriends" and by acknowledging different family structures.

In addition, group activities can be designed to foster empathy and understanding. Activities such as discussions on LGBTQ+ rights or case studies of young people facing discrimination can help students develop a broader and more reflective perspective on diversity.

Support beyond the classroom

Inclusive representation in sexuality education should not be limited to formal lessons, but should extend to the whole education community. Schools can organise workshops and events that promote awareness of LGBTQ+ rights, such as awareness-raising days or diversity-themed weeks.

In addition, school counselling services must be trained to address the specific concerns of LGBTQ+ students. Having staff trained in sexual and gender diversity issues ensures that young people have access to adequate emotional support and resources when they need them.

Another effective strategy is the creation of LGBTQ+ clubs or support groups within schools. These spaces allow students to share experiences, form friendship networks and feel part of a wider community that values their identity.

Representation as a tool for social change

Beyond individual impact, inclusive sexuality education has the potential to transform entire societies. By educating new generations in respect and acceptance, it lays the foundation for reducing rates of discrimination, violence and exclusion towards LGBTQ+ people. This change not only benefits LGBTQ+ communities, but enriches society as a whole, promoting values of equity and social justice.

Inclusive representation also sends an important message to LGBTQ+ people: their lives and experiences matter. By being visible in educational programmes, these communities receive the recognition they have historically been denied, which strengthens their sense of belonging and self-esteem.

Ultimately, including LGBTQ+ communities in sexuality education is not only a matter of justice, but an educational necessity. Only by reflecting the diversity of

our societies in the classroom can we ensure that all young people receive the information and support they need to live full, healthy and authentic lives. Inclusive representation is not an optional add-on, but an essential pillar of any truly comprehensive sexuality education programme.

Visibilisation as prevention of discrimination and violence

One of the greatest benefits of inclusive representation in sexuality education is its ability to prevent bullying and violence towards LGBTQ+ people. In many school settings, lack of knowledge about sexual and gender diversity fuels homophobic and transphobic attitudes that lead to bullying, social exclusion and even physical attacks.

When educational programmes naturally and positively integrate LGBTQ+ experiences, these discriminatory attitudes are challenged at their roots. Students learn that diversity is not only normal, but enriches the human experience. For example, including issues such as respect for gender identities in discussions about consent or showing examples of healthy LGBTQ+ relationships in group activities promotes a broader and more respectful understanding of human relationships.

In addition, inclusive sexuality education fosters key skills such as empathy, critical thinking and conflict resolution. These skills not only help young people build healthier relationships, but also prepare them to confront and counter discriminatory behaviour in their communities.

The impact of this approach extends beyond the classroom. By raising generations of students who value and respect diversity, it contributes to building a more just

and inclusive society where LGBTQ+ people can live without fear of rejection or violence.

Positive narratives and role models

Inclusive representation in sexuality education also has the power to transform the cultural narrative around LGBTQ+ people. For too long, stories related to these communities have focused exclusively on suffering, rejection or challenges, leaving out positive aspects such as love, resilience and contribution to society.

Incorporating positive narratives into sexuality education allows LGBTQ+ students to identify with role models who reflect their own aspirations and achievements. For example, sharing stories of LGBTQ+ historical figures who have made significant contributions in fields such as science, art or human rights can inspire young people to take pride in their identities.

In addition, examples of healthy and equitable LGBTQ+ relationships help counter negative stereotypes and provide practical tools for building bonds based on mutual respect. For example, instead of limiting discussions about relationships to heterosexual couples, examples of same-sex couples working together to resolve conflicts or support each other in times of difficulty can be included.

The role of families and communities in inclusive representation

For inclusive sexuality education to have a lasting impact, it is essential to involve families and communities in the process. Often, prejudice towards LGBTQ+

people is rooted in cultural values or religious beliefs that are perpetuated in the family environment. Addressing these tensions requires sensitivity and an approach that promotes dialogue rather than confrontation.

Education programmes can include workshops and resources aimed at parents and caregivers, helping them understand the importance of inclusion and providing them with tools to support their children, regardless of their sexual orientation or gender identity. These workshops can address issues such as how to answer difficult questions, how to foster respect at home, and how to work with schools to ensure that their children grow up in a safe and welcoming environment.

At the same time, communities can play a crucial role in normalising diversity. Local organisations, community leaders and LGBTQ+ activists can collaborate with schools to offer talks, cultural activities and events that celebrate sexual and gender diversity. These initiatives not only reinforce messages of inclusion in the classroom, but also help to build a broader social environment that is supportive of LGBTQ+ people.

Challenges and opportunities in implementing inclusive representation

Despite its many benefits, the implementation of inclusive sexuality education faces significant challenges. In some contexts, cultural, political or religious resistance can make it difficult to incorporate LGBTQ+ issues into school curricula. It is critical to address this resistance with a strategic and dialogue-based approach, highlighting how inclusion benefits all students and does not contradict the core values of respect and equity.

A key opportunity to overcome these challenges is the ongoing training of educators. Teachers are the primary agents of change in the classroom, and need to be equipped with the knowledge, tools and confidence to address LGBTQ+ issues effectively. This includes training on inclusive language, handling sensitive dynamics and strategies for responding to difficult questions or hostile attitudes.

Another opportunity lies in the use of digital technologies and interactive resources. Online platforms can provide inclusive educational materials that complement classroom learning and reach students in contexts where inclusion is not yet widely accepted. Videos, podcasts, apps and interactive games can present LGBTQ+ issues in accessible and engaging ways, maximising their impact.

Towards an inclusive future

LGBTQ+ representation in sexuality education is not an optional add-on, but an essential component of any programme that aspires to be truly comprehensive. As more countries and regions adopt inclusive educational approaches, a new paradigm is being built in which all young people, regardless of sexual orientation or gender identity, have the opportunity to develop fully and safely.

This inclusive future requires a collective commitment: from educators teaching in classrooms, to families supporting their children, to communities celebrating diversity. Inclusive representation not only benefits LGBTQ+ people, but strengthens all of society by promoting the values of respect, fairness and

empathy. Only through this transformation can we ensure that all people, no matter who they are or who they love, find their place in a world that fully values and accepts them.

9. Maintaining Healthy Relationships

To develop healthy relationships it is very important to build a foundation that rewards communication, respect and trust.

In every healthy relationship, each partner feels respected and their boundaries are not violated, but taken into account by the other person. These boundaries can be emotional, physical or sexual.

For this type of relationship, being an effective communicator is the key to success. Good communication skills allow for intimacy, conflict resolution and a feeling of being listened to and valued. These include:

- listen carefully when someone is speaking, without interrupting.
- make needs clear and give space for the other person to do so as well.
- understand and validate the feelings and emotions of others.
- be honest.

Another element that fosters the development of healthy relationships is having realistic expectations.

Regardless of the type of relationship, it is important not to have expectations that are unrealistic, untrue and unattainable.

It is important to know that no one can read anyone's mind, and that if you need to let the other person know something, the best way is to communicate it directly.

Another aspect to consider is to know ourselves. The way we relate to each other and the type of relationships we have are closely related to the knowledge we have of ourselves.

Practising self-knowledge makes us easier to deal with and understand.

Keeping promises is another element that stands out in establishing healthy relationships. It is a way of demonstrating commitment, hard work and trustworthiness. Healthy relationships are based on mutual trust, and the higher the priority given to building trust and honouring commitments, the stronger they will be.

- Mutual respect and personal boundaries

As mentioned above, mutual respect and above all respect for each other's personal boundaries is a very important element in establishing healthy relationships.

Boundaries should not only be set in relationships, but should also be present in any type of social relationship, in order to maintain our emotional security.

By setting boundaries we are protecting ourselves, our needs and we are communicating this in an assertive and affective way.

On many occasions, and especially during adolescence and young adulthood, setting limits is not always easy. But why is this so?

- Lack of self-knowledge: not knowing our own desires and needs, we do not know what benefits and/or harms us.
- Fear of being selfish: Being afraid that others will think that we only think of ourselves and do not take into account the feelings of others. Sometimes, from the time we are small, we grow up in social systems that make us believe in distorted norms about love. They make us think that, in order to be loved, we must always be available and that when we are not, we are being selfish.
- Fear of loneliness: Emotional dependence, excessive self-demand, concern for what people will say, etc. All these factors caused by distorted thoughts and erroneous beliefs cause us to feel fear of rejection by others and prevent us from communicating our needs.
- Thinking that we can do everything: Certain social systems can make us believe that we always have to do everything and put up with everything in order to be a valid person. This prevents us from focusing on our own wellbeing.

- **How to set limits?**

In order to consolidate stable and healthy relationships, it is very important to know how to set boundaries that protect our physical and emotional health.

First of all, it is self-knowledge, knowing ourselves well enough to know what our limits are and what we are willing to tolerate.

Emotions also play a very important role here, as they will give us signals about how we feel in certain situations that can clearly determine whether there is a sense of comfort or not.

Assertiveness will be another element to take into account. It is very important to communicate our wishes in a clear and calm manner.

Become familiar with the word "no". This word is not synonymous with being selfish. Sometimes it is necessary to say no and prioritise our care. If what is happening does not meet our needs or requirements, saying no is totally permissible.

It is very important not to feel guilty when saying no. It is common to have the habit of pleasing others and always being available and willing to their requests, but it is a priority to take care of ourselves and say no to any situation or behaviour that does not do us good.

Surrounding ourselves with people who value us and respect our limits will be paramount. Through this we will develop a climate that will foster our personal development.

Finally, another recommendation is active listening. Just as we set limits for ourselves, it is also important to listen and respect the limits of others. Empathy and respect for others will strengthen relationships even more.

- Recognising and avoiding toxic relationships

Recognising and avoiding toxic relationships is critical to maintaining our emotional health and well-being. Here are some steps that can help you identify and get out of toxic relationships:

- Know the signs of a toxic relationship: These can include behaviours such as manipulation, excessive control, disrespect, constant criticism, unhealthy jealousy, emotional or physical abuse, among others.
- Reflect on your relationship: Analyse how you feel in the relationship and whether there is a balance between giving and receiving. Do you feel valued and respected? Or do you constantly feel exhausted, anxious or depressed?
- Set healthy boundaries: It is important to have clear boundaries in a relationship and to communicate them effectively. If your boundaries are repeatedly not respected, it may be a sign that the relationship is toxic.

- **Seek support:** Talk to trusted friends, family members or a therapist about your concerns. Often, getting an outside perspective can help you see the situation more clearly.
- **Communicate your needs:** Express your feelings and needs clearly and assertively. If your partner is not willing to listen or work on the relationship, it may be a sign that the relationship is unhealthy.
- **Prioritise your wellbeing:** Put your emotional health and wellbeing first. If a relationship is negatively affecting your mental health, it is important to take steps to protect yourself, even if that means ending the relationship.
- **Consider therapy:** Individual or couples therapy can be beneficial in addressing relationship problems and learning healthy communication and conflict resolution skills.
- **Get out of the relationship if you need to:** Sometimes the only healthy option is to end the relationship. This can be difficult and painful, but it is important to remember that you deserve to be in a relationship that makes you feel loved, valued and safe.

Remember that recognising and getting out of a toxic relationship can take time and effort, but it is a crucial step for your long-term health and happiness. If you need additional help, don't hesitate to seek support from friends, family or mental health professionals.

On the other hand, there are also signs that will allow us to recognise that we are in a healthy and safe relationship. Some of these are:

- Support. In a healthy relationship the personal development of each partner is very important. In this way, both support and encourage each other in order to achieve the goals set or act as a fundamental pillar for each other in difficult situations.
- Acceptance. It is very important to be realistic and not to look for the perfect person, as this does not exist. It is important to understand that our partner, like ourselves, will have faults, quirks, thoughts, ideas, etc. that may not always match our own. In this sense, respect for the partner will be a priority and essential.
- Freedom. Having a partner does not mean that you have to own the person. A healthy relationship is one in which, despite having a partner, each of the individuals still has moments of freedom in which to enjoy their hobbies and their circles of friends and families.
- Good, direct, honest and mature communication will be the big difference between a healthy and a toxic relationship.
- Privacy and trust, which in turn requires a great deal of respect. Because of the trust that is formed between the two, it is common to discuss sensitive issues that should not be disclosed for any reason.

- Happiness. A healthy relationship is made up of happy moments. On an ongoing basis you both seek to share new experiences and adventures.

Consent to sexual relations

Consent is one of the most fundamental principles for establishing respectful, equal and healthy sexual relationships. It implies a mutual, free and ongoing agreement between the parties involved. This concept goes beyond a simple initial "yes" and requires an active understanding that both people are in full agreement with each interaction and have the ability to change their minds at any time. Consent not only protects the autonomy and dignity of individuals, but also fosters trust and communication, essential pillars of any relationship.

Consent must be explicit, enthusiastic and free of coercion. This means that people should feel able to express their desires and boundaries without external pressure, emotional manipulation or fear of reprisal. In contexts of sexual relations, ongoing consent implies that once the act has begun, either party can stop it if they feel uncomfortable or change their mind. Ignoring this possibility constitutes a serious lack of respect for the autonomy of the other person.

Talking about consent as a couple is key to building an environment of trust. These conversations can be direct and honest, using phrases such as "Is this OK for you?" or "Are you comfortable with this? Moreover, consent is not limited to verbal communication; it also includes the interpretation of non-verbal cues, such as body language. For example, if a person seems withdrawn or avoids eye contact, it is important to stop and ask how they are feeling.

In many cases, consent is misunderstood or minimised due to a lack of adequate education. For this reason, it is essential that young people are educated about its importance from an early age, not only in the sexual sphere, but in all human interactions. Learning to respect boundaries and recognising the validity of "no" as an expression of personal autonomy is a lesson that transcends sexual relationships and contributes to the development of a more respectful and empathetic society.

How to maintain healthy relationships

Healthy relationships are based on three essential elements: communication, empathy and trust. These pillars not only define the quality of a relationship, but also act as protective mechanisms against destructive conflicts and toxic dynamics.

Communication is the process through which couples express their thoughts, emotions, needs and expectations. In a healthy relationship, communication is open and honest, allowing both partners to feel heard and valued. This includes not only the ability to speak clearly, but also the ability to listen actively. For example, when one person expresses a concern, the other should avoid interrupting, invalidating or minimising their feelings, and instead offer support and seek solutions together.

Empathy, on the other hand, involves the ability to understand and share the other person's emotions. Rather than judging or imposing solutions, empathy encourages an approach based on mutual understanding. For example, if a couple is facing

work-related stress, showing empathy might include offering emotional support or simply being present without trying to solve the problem immediately.

Trust is perhaps the most difficult aspect to build, but also the most rewarding. A relationship without trust is marked by insecurity and jealousy, whereas one based on trust allows both people to be authentic without fear of reprisal. Trust is cultivated through consistent actions, such as keeping promises, being honest and showing respect for the other person's privacy and personal boundaries.

A crucial aspect of healthy relationships is the constructive management of conflict. Couples should avoid falling into blaming or recriminatory dynamics, and instead approach disagreements as opportunities to strengthen their bond. For example, instead of saying "You always do the same thing", it is more effective to use non-confrontational language, such as "I feel frustrated when this happens, how can we solve it together? This approach encourages collaborative dialogue and prevents discussions from becoming a power struggle.

Mutual respect and personal boundaries

Mutual respect is at the heart of any healthy relationship. Recognising and valuing each individual's personal boundaries is one way of demonstrating this respect. Personal boundaries are the lines that each person sets to protect their emotional, physical and psychological well-being. These can vary widely according to individual experiences and needs, and can range from preferences about personal space to decisions about time spent together.

Setting boundaries does not mean being inflexible or distant, but communicating clearly what is and is not acceptable in the relationship. For example, someone might say: "I need some time to myself after work to relax, but afterwards I would love to talk to you about your day". This type of communication not only protects personal autonomy, but also helps to avoid misunderstandings and conflicts.

Communicating boundaries takes skill and practice. Using direct but respectful language is key to avoid making the other person feel attacked or rejected. Phrases such as "I'm not comfortable with this, I'd rather we do it differently" are examples of how to express boundaries effectively. On the other hand, respecting the other person's boundaries involves listening carefully and acting accordingly. Ignoring or minimising boundaries is a way of devaluing the relationship and can lead to long-term resentment.

Personal boundaries are also closely linked to emotional well-being. By setting clear boundaries, people strengthen their self-esteem and reduce the risk of feeling overburdened or encroached upon. This, in turn, creates a more balanced and healthy relationship environment where both parties can thrive without feeling stifled or belittled.

How to set limits

Learning to say "no" clearly and respectfully is an essential skill in any relationship. Although it may feel uncomfortable at first, setting boundaries is a way of taking care of yourself and ensuring that relationships are balanced and respectful. For example, if someone pressures you to participate in an activity you

don't want to, you can respond: "Thanks for the invitation, but I don't feel comfortable doing that. This type of communication avoids unnecessary confrontation and reinforces your position in a kind but firm way.

In situations where your boundaries are not respected, it is important to assert them firmly. If a person insists on crossing a line you have set, you can say, "I've explained how I feel about this. I need you to respect my decision. This response not only reaffirms your position, but also highlights the importance of mutual respect in the relationship.

Recognising when your boundaries are not being respected is equally important. For example, if you notice that you are constantly giving in to situations that make you feel uncomfortable, it may be an indication that the relationship is not balanced. Seeking outside support, whether from friends, family or professionals, can help you manage these dynamics and make decisions that prioritise your well-being.

Setting boundaries not only protects your well-being, but also helps educate others about how you want to be treated. For example, in a romantic relationship, you can communicate boundaries related to personal time, such as: "I need one night a week to do things on my own. This doesn't mean that I don't care about our relationship, but that I value my time to recharge. This statement combines honesty and respect, making it clear that setting boundaries is not a rejection of the other person, but a way of maintaining personal balance.

In addition, boundaries should be flexible and adaptable to the circumstances. For example, in a friendship, you might be willing to help someone frequently, but if that help begins to take a toll on your time or energy, it is valid to renegotiate those boundaries. One way to do this would be to say, "I love helping you, but lately I've been feeling overloaded. Can we find other ways to handle this? This shows that you value the relationship, but you also need to take care of yourself.

Mutual respect involves both parties recognising the importance of these boundaries and working to accommodate them. If one person consistently ignores your boundaries or ridicules them, it is a sign that the relationship lacks balance and respect. In these cases, it may be necessary to re-evaluate whether the relationship is contributing positively to your life.

Recognising and avoiding toxic relationships

Toxic relationships are those in which one or both partners perpetuate harmful dynamics, either consciously or unconsciously. These relationships can be emotionally draining and, in extreme cases, cause lasting psychological damage. Recognising the warning signs is crucial to protect yourself and take action before the damage becomes significant.

Some common signs of a toxic relationship include excessive control, belittling your emotions, extreme jealousy and emotional manipulation. For example, if your partner constantly criticises you by saying things like "You never do anything right" or "If you really loved me, you would do this for me", they are using belittling and

blaming tactics that erode your self-esteem. This type of behaviour may seem harmless at first, but over time it can become a form of control.

Another warning sign is social isolation. In many toxic relationships, one person tries to distance the other from their circle of support, such as friends and family. This may start with comments such as "I don't like the way your friends treat you" or "Your family doesn't understand what we have together". While these may seem like legitimate concerns, these comments are often attempts to isolate you in order to increase emotional dependency.

Getting out of a toxic relationship requires a combination of courage, external support and self-compassion. It is important to recognise that you are not alone and that there are resources available to help you. Talking to close friends or family members can give you the perspective and emotional support you need to make difficult decisions. In more severe cases, such as when there is severe physical or emotional abuse, seeking professional help or contacting a specialised organisation can be crucial.

Once you are out of a toxic relationship, it is essential to work on rebuilding your self-esteem and emotional well-being. This may include seeking therapy, engaging in activities that make you feel good about yourself and reflecting on what you learned from the experience. Recognising your own values and setting higher standards for future relationships is a key step in ensuring that your next interactions are healthier and more nurturing.

Connecting to emotional health and additional resources

Consent, boundaries and the ability to recognise toxic relationships are deeply connected to emotional health. A balanced and respectful relationship not only provides emotional satisfaction, but also reduces stress and strengthens self-confidence. On the other hand, harmful relationships can have significant negative effects, such as anxiety, depression and loss of self-esteem.

Providing additional resources is essential for readers to be able to take action if they need help. Including contacts for support organisations, helplines and online resources allows people to seek assistance in a safe and confidential manner. In addition, recommending tools such as books on couple communication or apps designed to improve emotional management can complement learning and strengthen their skills.

Ultimately, developing healthy relationships not only improves personal well-being, but also contributes to a more empathetic and respectful community. Fostering mutual respect, setting clear boundaries and practising consent are not just skills for romantic relationships, but life lessons that help build more meaningful and enriching interactions across the board.

10. Internet, social networks and sexual content.

The combination of the internet, social media and sexual content can pose a number of risks and benefits for users, especially for young people. Here is an overview of some of them:

- **Risks**

Unsupervised access: Young people can easily access sexual content online without adequate adult supervision, which can expose them to age- or developmentally inappropriate material.

Exploitation and abuse: Sexual predators may use the internet and social media to manipulate, harass or exploit vulnerable young people, taking advantage of their naivety or inexperience.

Addiction: Excessive consumption of online sexual content can lead to problematic dependency, affecting individuals' emotional well-being and interpersonal relationships.

Desensitisation: Constant exposure to explicit sexual content can desensitise young people, decreasing their ability to recognise risky behaviour or situations in real life.

Cyberbullying: Unwanted sending of sexually explicit images (known as sexting), spreading rumours or humiliation online can cause emotional and psychological harm to young people.

- **Benefits**

Sexuality education: The Internet and social media can provide access to accurate and reliable information on sexuality education, allowing young people to learn about their sexual and reproductive health in a discreet and safe manner.

Support and community: Social networks can serve as platforms for young people to find support, understanding and community around issues related to sexuality, such as gender identity or sexual orientation.

Safe exploration: For some young people, accessing sexual content online can provide a safe space to explore their own sexuality and curiosities without fear of judgement or embarrassment.

Awareness and prevention: Online sexual content can help raise awareness about important issues, such as consent, prevention of sexually transmitted diseases (STDs) and teenage pregnancy, promoting safer and healthier sexual behaviours.

Empowerment: Access to online information and resources can empower young people to make informed decisions about their sexual and reproductive health, as well as to advocate for their rights and needs in intimate relationships.

It is important that young people and their caregivers are aware of both the risks and benefits associated with the use of the internet, social media and online sexual content, and that they work together to promote responsible and safe use of these tools.

Sexting: precautions and associated risks

Today's young people cannot conceive of a society without the presence and use of social networks. This undeniable presence of technology is developing new modes of communication and is fostering ease of access to an unlimited amount of information.

In this situation, it is very important to know what information is truthful and safe to access.

As mentioned above, during puberty young people are emotionally more vulnerable due to hormonal change. It is also an age when sexual appetite is awakened and the readiness for new experiences is an almost always available option. They want to know and try.

Therefore, there is a high likelihood of seeking information or content of a sexual nature, including a willingness to generate such content.

This is where the concept of "sexting" comes into play, described as the sending, receiving or forwarding of explicitly sexual messages, images or photographs by electronic means.

Going deeper into the concept, we can talk about active sexting (sending and forwarding) and passive sexting (direct reception by the originator or third parties). According to various reports and studies reflecting data from the United States, Canada, Australia, Europe, South Africa and South Korea, an estimated 14.8 per cent are sending content; 27.4 per cent are receiving; 12 per cent are forwarding sexual content without consent and 8.4 per cent are receiving forwarded sexual messages.

This shows the problems that exist in relation to this practice, and it is important to emphasise that the practice itself cannot be considered good or bad, but rather that it is the inappropriate use of the practice that gives it this recognition.

In this way, and in order to guarantee an adequate use of this practice, a series of precautions are presented that are recommended to be followed:

- **Consent:** The first aspect to consider is the existence of consent from both parties. Always make sure that all parties involved agree and consent to participate in sexting. Consent should be clear, explicit and freely given without repression.
- **Privacy:** Use secure and encrypted apps or platforms for sharing intimate content. Avoid sharing images or messages through insecure social networks or apps that may compromise your privacy.
- **Trust:** You should only engage in sexting with people you fully trust. Remember that once you send an image or message, you lose control over how this content is used or shared. Therefore, it is important to make sure that the person with whom the content is shared will respect your privacy.

On the other hand, it cannot be guaranteed that sexting will always be done in a proper way, and therefore it is also important to consider the risks involved:

- **Unwanted dissemination:** There is a risk that shared content may become public or be shared without your consent, which may cause embarrassment, harassment or even legal consequences.
- **Harassment and extortion:** Some people may use shared content to harass, extort or blackmail. It is important not to give in to these demands and to seek help if you find yourself in this situation.
- **Reputational impact:** Shared content can affect your personal, professional or academic reputation if it gets into the wrong hands or becomes public in an unintended way.
- **Legal risks:** In some places, sexting involving minors may be considered child pornography, which can have serious legal consequences for all parties involved, even if the exchange was consensual.
- **Emotional impact:** Sexting can have a negative emotional impact, especially if it is shared in a non-consensual way or if the relationship ends badly. It can lead to feelings of shame, guilt, anxiety or depression.

In summary, sexting can be a positive and healthy form of sexual expression between consenting adults, as long as appropriate precautions are taken and the associated risks are understood. It is important to prioritise safety, privacy and mutual respect in all online interactions. If you feel uncomfortable or unsafe at any time, it is crucial to stop the activity and seek support.

Online privacy protection and cyberbullying prevention

Protecting online privacy and preventing cyberbullying are key issues in the digital world. It is therefore important to consider specific measures for each of these aspects.

In terms of online privacy, it is important to consider:

- **Social media privacy settings:** Review and adjust the privacy settings on your social media accounts to control who can see your information and what you share publicly.
- **Handling personal information:** Be aware of the personal information you share online. Avoid providing sensitive details such as phone numbers, home addresses or financial information unless absolutely necessary.
- **Use privacy tools:** Use tools such as VPN (Virtual Private Network) to encrypt your internet connection and protect your privacy while surfing online.
- **Review application permissions:** Regularly review the permissions you have granted to applications and online services, and revoke those that are not necessary.

- **Online safety education:** Educate yourself and your loved ones about safe online practices, including how to recognise and avoid scams and phishing.

On the other hand, in relation to the prevention of cyberbullying, the following recommendations are noted:

- **Be polite online:** Treat others online with the same respect and courtesy you would expect in person. Avoid making hurtful comments or engaging in harassing behaviour online.
- **Report bullying:** If you experience cyberbullying or see someone else being bullied online, do not hesitate to report it to a trusted adult or to the platform where it happened.
- **Don't feed the troll:** Bullies are often looking for a reaction. Ignore negative comments and don't give them the satisfaction of a response.
- **Support your friends:** If you see a friend being bullied online, offer your support and encouragement. Sometimes just knowing that someone is there to help can make a big difference.
- **Build a safe community:** Work together with your friends and peers to create a positive and supportive online environment where everyone feels safe and respected.

Remember that your safety and well-being online are important. Don't hesitate to seek help if you ever find yourself in an uncomfortable or worrying situation online.

Pornography: responsible use

Pornography is a controversial but inescapable topic in the conversation about sexuality, especially among young people, who often turn to pornography as a way to explore and learn about sex. However, its consumption raises multiple questions about its implications for perceptions of relationships, consent and sexual expectations. Addressing this issue critically and openly is essential to encourage responsible use, minimise risks and provide tools to enable young people to differentiate between the fictional representation of sex in pornography and the realities of healthy relationships.

The impact of pornography on perceptions of sexuality

Pornography, like other forms of entertainment, is produced with a commercial approach that seeks to capture attention through exaggerated and, in many cases, unrealistic depictions of sexual relationships. This can lead to distorted expectations about the body, sexual behaviour and power dynamics in intimate relationships. For example, the bodies depicted in most pornographic materials often conform to standards of beauty that are unrepresentative of actual diversity.

In addition, pornography often omits essential aspects such as consent, emotional communication and mutual respect. Instead, it tends to emphasise explicit sexual

acts without context, which can lead young viewers to interpret sex as solely physical and disconnected from other important dimensions, such as empathy and emotional connection.

Studies have shown that frequent consumption of pornography can influence young people's sexual expectations, leading them to believe that certain practices are more common or desirable than they actually are. This can create pressure to imitate behaviours that do not necessarily reflect their desires or values, and in some cases perpetuate attitudes of dominance or submission that reinforce unequal dynamics in relationships.

Early access and education

One of the most significant challenges around pornography is the early and unnoticed access of young people to these materials, facilitated by the massive availability of content online. According to recent research, a significant proportion of adolescents have their first contact with pornography before the age of 13. This early access, often without mediation or educational context, can leave lasting impressions that influence young people's understanding of sexuality.

In this sense, sex education plays a crucial role in counteracting the wrong messages that pornography can convey. This is not about demonising pornography, but about teaching young people to critically analyse it and understand its limitations. For example, it is important to explain that pornography is designed for entertainment and does not reflect the reality of sexual relationships, where consent, mutual pleasure and communication are essential.

Responsible consumption of pornography

Responsible use of pornography involves, first and foremost, understanding its limitations as a source of sexual learning. For young people, this means recognising that pornography should not be the only reference about sex and that complementing it with appropriate sex education is essential for a more complete and healthy view.

Responsible use also includes setting personal boundaries. Reflecting on the frequency and context in which pornography is accessed can help identify whether pornography use is interfering with other important areas of life, such as personal relationships, self-esteem or daily activities. For example, if pornography use leads to feelings of shame or isolation, it is important to consider how it is affecting emotional health and seek support if necessary.

In addition, it is crucial that young people develop a critical attitude towards the implicit messages that pornography conveys about gender, power and sexuality. Many pornographic representations perpetuate harmful stereotypes, such as the objectification of women, the lack of emphasis on consent, or the normalisation of practices that may not be safe or consensual in real life. Learning to identify and challenge these stereotypes enables young people to build a more authentic and respectful sexuality.

Bringing pornography into the sexuality conversation

Talking about pornography in the context of sexuality education may be uncomfortable for many adults, but it is a necessary conversation. Denying its existence or avoiding the topic not only leaves young people uninformed, but also prevents them from developing tools to manage their exposure in a healthy way.

An effective educational approach could include open discussions in which young people can express their questions, concerns and experiences in a safe and non-judgmental environment. These conversations should focus on demystifying pornography, highlighting its limitations and reinforcing the importance of building relationships based on mutual respect and consent.

In addition, it is essential to provide alternatives for exploring sexuality in healthy and positive ways. This could include educational materials that represent the diversity of sexual and emotional experiences, as well as resources that encourage a greater connection between pleasure and empathy in relationships.

Relationship between pornography and emotional health

Uninformed consumption of pornography can have a significant impact on young people's emotional health. On the one hand, comparisons with the idealised bodies or sexual skills depicted in these materials can lead to insecurities and low self-esteem. Young viewers, lacking real references to contrast these standards, may come to feel that they do not live up to the unrealistic expectations that pornography reinforces.

On the other hand, excessive use of pornography can interfere with the development of essential social skills. By relying on this type of content to explore sexuality, young people may avoid learning real interaction dynamics, such as negotiating consent, expressing emotions or building intimacy. This can lead to difficulties in establishing authentic and healthy connections in their relationships. However, when properly addressed, pornography need not necessarily be a negative element in young people's lives. Its consumption can be contextualised within a broader educational framework that encourages a critical and balanced view. By providing information about how these materials are produced and what narratives they tend to perpetuate, educators can help young people differentiate between fictional representations and authentic sexual experiences.

Strategies for critical and reflective use

Promoting reflective consumption of pornography involves teaching young people to critically analyse the content they view. For example, it is important to ask: What values does this representation convey, do the characters reflect mutual respect and consent, and are there elements of inequality or abuse in the interactions depicted? This kind of analysis encourages critical thinking and helps young people not to assume what they see as a role model.

In addition, young people should be encouraged to diversify their sources of learning about sexuality. Seeking out resources that approach sexuality from an educational, inclusive and evidence-based perspective can complement their understanding and offer a more complete and realistic view. For example, materials

that explore pleasure, emotional intimacy and healthy relationships can balance the limited messages that pornography often conveys.

In the digital age, it is also relevant to discuss the ethics surrounding the consumption of pornography. This includes addressing issues such as exploitation in the industry, the importance of only accessing ethically produced content and the need to respect laws on access to such material. Encouraging a responsible attitude towards consumption not only protects young people, but also contributes to a safer and more ethical digital environment.

Integrating the issue into sexuality education

Incorporating pornography into sexuality education programmes enables young people to understand this phenomenon in a critical and reflective way. It is essential that discussions about pornography not only focus on the risks, but also provide practical tools for managing its use and minimising its negative effects.

For example, educators can organise workshops where specific examples of pornography are analysed to identify problematic elements, such as lack of consent or depictions of unequal relationships. These activities not only promote critical thinking, but also help to normalise conversations about sexuality, reducing stigma around the topic.

Finally, conversations about pornography should be linked to broader discussions about building healthy relationships. Young people need to understand that sexual

pleasure, mutual respect and emotional connection are not opposites, but interdependent components of a full and positive sexual experience.

The influence of media hypersexualisation

Media hypersexualisation, defined as the excessive and disproportionate portrayal of sexuality in media and advertising, is a pervasive phenomenon that affects the way people, especially young people, perceive their own bodies, sexuality and human relationships. This phenomenon is particularly worrying because it shapes expectations, values and behaviours that are often far removed from reality and healthy sexuality.

From an early age, young people are exposed to images and narratives that link personal worth with physical attractiveness and the ability to meet unrealistic ideals of beauty. Constant exposure to idealised and sexualised bodies can create significant pressure to conform to standards that do not reflect the diversity and authenticity of human experiences.

Impact of hypersexualisation on self-esteem and body perception

Hypersexualisation reinforces a cultural model where physical attractiveness and sensuality are considered the most valuable attributes, especially for women. Advertising campaigns, social media and entertainment products often present bodies that conform to specific standards: extreme thinness, exaggerated muscularity or idealised features. These standards exclude those who do not fit these parameters, creating feelings of inadequacy, shame or insecurity.

For adolescents, a stage marked by the development of identity and self-acceptance, these representations can be particularly damaging. According to recent research, constant consumption of hypersexualised images is associated with increased eating disorders, body dissatisfaction and low self-esteem, particularly in young women. In men, exposure to these same messages can create pressure to achieve a muscular and defined body, promoting unhealthy practices such as supplement abuse or extreme workouts.

Furthermore, hypersexualisation affects not only the perception of one's own body, but also how people value and judge others. This phenomenon reinforces objectification, where people are seen as objects of sexual desire rather than complex individuals with emotions, aspirations and dignity.

Influencing sexual expectations and behaviours

Hypersexualisation also impacts how young people perceive sexuality and intimate relationships. By associating physical attractiveness with romantic or sexual success, hypersexualised media sends an implicit message that appearance is more important than communication, consent or emotional connection in relationships.

This superficial approach can lead to unrealistic expectations about what sexual interactions should be like, leading to frustrations, insecurities and misunderstandings. For example, hypersexualisation can encourage the idea that relationships should be based solely on physical desire, leaving aside fundamental issues such as mutual respect, trust and emotional compatibility.

In school settings, the normalisation of sexualised attitudes and behaviours also contributes to bullying and discrimination. Those who do not conform to the

standards imposed by media hypersexualisation may face ridicule or exclusion, while those who try to conform may feel trapped in dynamics of external validation that perpetuate insecurity.

The role of social networks in hypersexualisation

Although media hypersexualisation is not a new phenomenon, social media has amplified its reach and effects. Platforms such as Instagram, TikTok and Snapchat constantly promote idealised images and filters that alter physical appearance, reinforcing hegemonic beauty standards.

Furthermore, the design of these platforms, based on "likes", comments and shares, encourages young people to seek external validation through appearance. This creates a cycle where constant comparison with others generates anxiety, pressure and a sense of inadequacy.

However, social media also offers opportunities to challenge hypersexualisation. Movements such as body positivity and body neutrality have emerged in response to this pressure, promoting acceptance of the body as it is and highlighting the importance of diversity. While these initiatives are a positive step, their impact is still limited compared to the mass reach of the prevailing hypersexualised messages.

Strategies to counteract hypersexualisation

Education is an essential tool to combat the effects of media hypersexualisation. Sexuality education programmes should include critical media analysis, helping young people to identify and challenge harmful messages. For example, activities where students analyse advertisements or social media posts can encourage reflection on how such content shapes their perception of sexuality and the body.

Promoting diversity and inclusion in media representations is also key. Showing a variety of bodies, ages, genders and sexual orientations helps to counter restrictive standards and normalise the plurality of human experiences.

Finally, it is essential to strengthen young people's self-esteem so that they can resist the pressure to conform to unrealistic ideals. Encouraging self-care, self-acceptance and the development of critical skills enables them to value their identity beyond their physical appearance and build relationships based on mutual respect and authenticity.

Media hypersexualisation will not disappear immediately, but equipping young people with tools to analyse and resist its influence empowers them to make more informed and healthy choices about their bodies, sexuality and relationships.

11. Additional Resources

Trusted organisations and websites for further information

Planned Parenthood: <https://www.plannedparenthood.org/es/temas-de-salud>

Sexeducation: <https://sexeducacion.com/>

Clue: free app to record your menstrual cycle.

Asexorate: <https://asexorate.org/somos/>

Fight the New Drug: Is an [American web platform](#) whose main mission is to provide quality information on the harmful consequences of pornography consumption through scientific arguments, facts and personal testimonies.

World Association for Sexual Health (WAS): It is the world's leading reference for sexuality and sexology. Within its [website](#), you can find all kinds of news, updates and quality information about sexuality.

@la_asignatura: This is an Instagram account and a [website](#), which is concerned about the need to include sex education as an integral subject in schools. Among its objectives is to promote education in feelings, equality, values and respect within the sexual sphere.

DeSexología magazine: It is a [free magazine about sexology](#), from a more scientific approach it allows us to know updates about the most recent research at national and international level and also to be updated about training courses and interesting dates around the world of sexology.

Recommended books, films or documentaries on sexuality education

- Books

International technical guidance on sexuality education: an evidence-informed approach: <https://unesdoc.unesco.org/ark:/48223/pf0000260770>

That's not sex. Marina Marroquí.

Educator Marina Marroquí analyses different questions: how does mass consumption of porn affect it, what stereotypes of men and women are presented in it?

With practical exercises, reflections and examples that are easy to understand, this book aims to promote a new sexuality that is healthy, respectful and free of truth.

Affective sex. Sonia Encinas.

How can I learn to love my body? Is it normal to have sexual fantasies? Is masturbation bad? How do I know if I like boys, girls or both? How can I have relationships that feel good? These and many more questions are answered in this guide to inclusive and positive sexuality education.

My menstrual cycle. Marian del Álamo and Miriam Vitoria.

Do you know your menstrual cycle? Are you able to feel different emotions and sensations depending on the time of the month? Have you ever been without menstruation? Has the real cause been explained to you? These and many other questions are answered in this book designed to help you better understand menstruation through psychology and nutrition. To do so, it is based on scientific grounds and on the personal and professional experience of its authors, who work as psychologists and nutritionists respectively.

Basic guide to affective-sexual education for the visually impaired. Esther Sánchez Raja.

Affectivity and sexuality must develop properly in individuals even if they are not in full physical and psychological condition. What is learned about sexuality in our society is why it mostly "enters through the eyes". Blind people have been in inferior conditions, although they have other senses with which to recognise, learn, feel.... It is enough that they receive information adapted to their abilities. The word must partly make up for their visual impairment. The lack of material designed exclusively for learning about sexuality for the visually impaired is the main reason

why this practical tool, easy to use for professionals and users, has been developed.

Sexual intelligence. María Esclapez.

Why do all the books on the market focus on coaching, motivation and the development of personal potential towards business or life but never towards sexuality? Do you know when we worry about our sexuality? When it doesn't work the way we want it to, when many months have passed and we haven't approached our partner, when we fake orgasms? In short, when all the alarm lights have gone off. And I ask you... Why do we only go to the doctor when it hurts, or to the sexologist when the couple is broken? If you plan your holidays, your schedules, even your menus... Why not your sex life? What do you want in sex? What don't you want? Where do you think the limits are? What is normal? What should your encounters be like? Start working on your sexuality now. Squeeze out all your talents. Develop that potential that we all have inside and practice Smart Sex. This is the only way to achieve a full and satisfying sex life at all levels. It's not about having more orgasms, it's about taking responsibility for your own pleasure, finding yourself and "empowering" your sexuality through knowledge. Do you dare?

- Films and series

Sex Education (2019) → Sex Education revolves around Otis, a teenager labelled a "freak" at school, coupled with the fact that he is a virgin. However, he lives with his sexologist mother, so he has always had extensive knowledge on the subject.

Everything changes when his classmates discover what his mother does for a living, something that Otis takes advantage of to show everything he knows and improve his reputation at school, allying himself with Maeve, a smart girl with a bad reputation. The two of them set up a clinic where their classmates come to ask for advice about their strange problems.

From sorority, abortion, vaginismus, sexual identity or even enemas are just some of the issues that the series deals with in a British high school environment.

Big Mouth (2017) → The series focuses on the bodily and sexual development of human beings during puberty, so it is common for episodes to focus on different events in human life, from sexual attraction to menstruation.

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