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Sex Education in Greece and Europe: Transformations and Developments in Sex Education

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Abstract: ***Sex education is a fundamental pillar for promoting health, human rights, and social equality. The purpose of this study is to investigate sexuality education in Greece and selected European countries comparatively, highlighting differences in the legal frameworks, content, and implementation. The research was based on a qualitative comparative analysis of official legislative and educational documents, guidelines from international organisations (WHO, UNESCO, IPPF EN, European Parliament), and scientific publications from the period 2015–2025. Data were collected on the age of initiation, bindingness (mandatory or not), content (biological, social, emotional, rights-based), teacher training, and observed outcomes (e.g. teenage pregnancy rates). The findings show that Northern and Western European countries (Sweden, the Netherlands, Finland, Denmark, Norway) have developed holistic, mandatory sex education programs that begin in preschool or early school age and combine scientific knowledge with values of respect, consent, and equality. In contrast, Greece and other southern or eastern countries present delayed or fragmented implementation, as sex education remains pilot or depends on the teacher. Cultural, religious, and institutional factors limit the uniform implementation and appropriate training of teachers. Comparative analysis clearly shows that programs that start at an early age, are mandatory and include psychosocial skills, achieve a significant reduction in teenage pregnancies and sexually transmitted diseases. In contrast, where sex education is fragmented, knowledge gaps and increased risks for adolescents are observed. In conclusion, Greece is called upon to align with European standards by including comprehensive sexuality education in the compulsory curriculum from an early age, with continuous teacher training and students' access to reliable information. Such an approach can substantially promote the physical and psychosocial health of young people and build societies based on knowledge, respect and gender equality.***

Keywords: Sex Education, Greece, Europe, Adolescents, Curriculum Policy

Nomenclature:
WHO: World Health Organization

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I. INTRODUCTION

The role of sex education has begun to be seen as more and more critical as the years go by. The prevention of sexually transmitted infections, the avoidance of unwanted pregnancy, and healthy sexuality are essential for the health of youth [1].

Sex Education has evolved due to young people's need for information on their health, relationships, and sexual rights. These programs are used to provide scientific, social, and psychological information to prevent unwanted pregnancies, reduce sexually transmitted infections, and enhance personal autonomy and social equality in sexually active young people. Although policies and their implementation vary between countries, some standards have been developed based on international guidelines, such as those of UNESCO [38] and Singh [33].

Sex education is defined as a process of continuous learning that provides young people with skills, attitudes, knowledge, and values that can help them express and understand their sexuality in a safe, responsible, respectful, and mutually consensual manner [38].

The World Health Organization (WHO) states that comprehensive sexuality education seeks to provide accurate and age-appropriate information on sexuality, reproductive health, consent, relationships, and infection prevention, in a way that evolves alongside students' developmental maturity [41]. According to UNESCO, comprehensive sexuality education equips young people with the knowledge, capabilities, attitudes, and values to build respectful relationships, make choices that support their own and others' well-being, and uphold their rights throughout their whole life [38].

Various social and political changes over the years pose challenges to the issue of sex education [7].

Sex education in Greece has been included in schools since 2020, although it is not mandatory [21]. Still, research results show that young people have significant gaps in knowledge and information regarding sex education, while at the same time, there is great room for improvement. One of the main problems is the lack of proper training for teachers who teach it, as well as the absence of a supportive framework [22].

In addition to presenting the evolution of sexual education in Greece, this work is intended to show, depending on the country, whether sexual education is mandatory or not, when it began to be required, at what age it is taught, and what its content is and then compare it with the countries with the best program.

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II. MATERIALS AND METHODS

This study employed a qualitative comparative review design, focusing on the policies, historical evolution, and current implementation of sexuality education in Greece and comparing them with those of selected European countries.

A. Data Sources and Selection

Primary and secondary data were collected from international organisations (WHO, UNESCO, International Planned Parenthood Federation European Network, and the European Parliament), governmental documents (laws, ministerial decisions, and curriculum frameworks), and articles published between 2015 and 2025. A limited number of earlier studies were included when deemed essential for the historical background of sex education.

B. Country Selection and Scope

Countries were selected based on their geographical distribution (Northern, Western, Southern, and Eastern Europe) and on the availability of official educational and health policy documents from 2015 to 2025. The selection also considered the presence of national sex education frameworks or pilot initiatives to ensure comparability across regions.

C. Data Synthesis

The collected information was synthesised through thematic and comparative analysis. Each country's framework was examined across five dimensions: (1) legal status and policy obligations, (2) starting age of instruction, (3) curriculum content and pedagogical approach, (4) teacher training requirements, and (5) measurable outcomes, such as teenage pregnancy, STI rates, and behavioural indicators.

D. Inclusion Criteria Were

i. Publications and reports addressing the legal framework, curriculum content, and outcomes of sexual education in European countries.
ii. Official documents from ministries of education and public health.
iii. Peer-reviewed studies presenting evaluations or comparative analyses of sex education programs.

E. Exclusion Criteria Were

i. Non-European case studies (unless cited as contextual background).
ii. Opinion pieces without empirical or policy relevance.

F. Data Extraction and Analysis

Key information was extracted regarding:

i. The starting age of sex education,
ii. Whether it was compulsory or optional,
iii. The content focus (biological, social, emotional, rights-based),
iv. Teacher training requirements,
v. and observed outcomes (e.g., teenage pregnancy and STI rates when available).

These data were synthesised through a comparative framework, grouping countries into categories (e.g., Northern/Western Europe vs. Southern/Eastern Europe). Descriptive tables (Tables 1 and 2) were constructed to facilitate cross-country comparison.

G. Limitations

This study relies on secondary sources and policy documents; therefore, the findings depend on the accuracy and availability of published data. Furthermore, differences in how sex education is implemented across regions within a country may not always be fully reflected.

III. RESULTS

A. Sex Education in Greece: Historical Development (1970–2010)

i. In the 1970s and 1980s, sex education was introduced into the curriculum through the Interdisciplinary Integrated Curriculum Framework. However, this was not mandatory. Social and religious opposition has limited its implementation
ii. In 1980, pilot seminars on sex education were tested but were not institutionalised [11].
iii. In 1992, Ministerial Decision 4867/C2/28-08-1992 (Government Gazette 629 B) established the framework of "Health Education," which included sex education modules [12]
iv. In 2003, Ministerial Decision 21072b/C2 integrated sex education into an Interdisciplinary Unified Curriculum Framework [13]
v. In 2007, the Ministry of National Education and Religious Affairs, in collaboration with the Hellenic Society for Mental and Sexual Health Education, released official student and teacher sex materials [14].

B. Sex Education in Greece Today (2010–present)

i. In 2010, no new laws or ministerial decisions expanded the framework. Implementation mainly relied on voluntary teacher training and health service providers.
ii. In 2020, Law 4692/2020 introduced Skills Workshops piloted in primary and secondary schools.
iii. Kindergarten workshops focused on self-esteem, relationships, and hygiene.
iv. Primary school programs addressed knowledge, self-esteem, and hygiene.
v. Secondary school curricula include modules on physical changes in adolescence, relationships, stereotypes, and the acceptance of diversity.
vi. In high school, the elective course "Health Education" covered sexually transmitted infections, HIV/AIDS, hepatitis B, and prevention of abuse [16].
vii. Greece does not yet have a fully institutionalised and compulsory sex education curriculum that is comparable to that of other European countries [15].

C. Sex Education in European Countries

i. Northern and Western Europe:

- **Sweden:** Compulsory since 1955, starting at the age of 4 [19]. By 2022, the curriculum had been updated to include gender equality and relationships [34].

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- **The Netherlands:** Compulsory since 2012 [31], starting at age 4 [32], covering contraception, consent, diversity, and online safety [10]
- **Finland:** Compulsory from 2001 [37], beginning at age 7 [20], with holistic coverage of biology, relationships, and equality [37],
- **Estonia:** Compulsory since 2011 as an individual subject, starting at age 8–9 years, emphasising anatomy, puberty, consent, and diversity [8].
- **Austria:** Compulsory in **1970** with the first federal decree, later revised in **2015,** starting at age below 10 [8]. Their program includes body awareness, relationships, responsibility, respect, equality, protection from violence and abuse [2].
- **Denmark:** Compulsory since 1970, starting at age 6 with a holistic Program [35].
- **Norway:** Compulsory since 1990, starting at age 6–7 with a holistic program covering Relationships, gender stereotypes, gender identity, and protection from sexually transmitted diseases [27].
- **UK:** Compulsory since 2020 in secondary schools, starting at age, covering Relationships, consent, sexually transmitted diseases, protection from abuse [4]
- **France:** Compulsory since 2001 [9], starting at age 4. Integrated program with emphasis on values and emotions [26].
- **Germany:** compulsory depending on the state, it has had a sex education program since 1994 and was updated in 2016, starting between the ages of 6 and 8, holding a complete course: from childhood to adolescence [8].

ii. Southern Europe:

- **Spain:** According to the recent legislation [36], it integrates sexuality education into all levels of Spanish education without, however, making it mandatory. Starting at the age of 6. Depending on the community, it ranges from basic biology information to a more comprehensive program [5]
- **Portugal:** Officially compulsory since 2009, starting at age 6. Structured program: reproduction, relationships, sexually transmitted diseases prevention [6]
- **Greece and other Southern countries (Italy, Albania, Croatia, Montenegro, Malta, etc.):** No compulsory national programs [8].

iii. Eastern Europe:

- **Czech Republic:** Compulsory since 2004 [3], starting at age 6–7. Holistic: developing healthy attitudes towards relationships and gender identity. [8].
- **Hungary:** Compulsory since 2020 in secondary schools, starting at age 9–10. Limited sexual program, depending on the school or parental consent. [18]
- **Poland:** It is not mandatory, but is included in some courses [29], conservative in its content, starting at age 10–11; [25].
- **Russia:** Limited, and not compulsory, typically starting at the age of 10–11 [30]
- **Other countries (Bulgaria, Belarus, Moldova, Romania, and Ukraine):** Lack institutionalised compulsory programs [8].

iv. Comparative Tables

- **Table 1**: Classification of countries by age of initiation, compulsory status, and content of sex education programs.

As shown in **Table 1**, the most effective programs begin at an early age, are compulsory, and include holistic content.

Table I: Classification of Sex Education by Country, Age of Initiation, Compulsory, Date and Content

Country	Age of Start	Compulsory	Chronology Setting	Content of Sex Education	Collection of Information
Sweden	4	Yes	1955	Comprehensive: relationships, human anatomy, consent, gender identity	[19] [34]
Finland	7	Yes	2012	Holistic program: Anatomy, emotional relationships, equality, and sexual health	[31] [32] [10]
Estonia	8	Yes	2011	Holistic approach with emphasis on respectful coexistence and health	[8]
Austria	Below 10	Yes	Compulsory in **1970** with the first federal decree, later revised in **2015**	Body awareness, relationships, responsibility, respect, equality, protection from violence and abuse	[2] [8]
Denmark	6	Yes	1970	Holistic: Reproduction, emotions, sex, and prevention of sexually transmitted diseases	[35]
Norway	6	Yes	1990	Relationships, gender stereotypes, gender identity, and protection from sexually transmitted diseases	[27]
UK	5	Yes	2020	Relationships, consent, sexually transmitted diseases, protection from abuse	[4]
France	4	Yes	2001	Integrated program with emphasis on values and emotions	[9] [26]
Germany	6	Depending on	1994	Complete course: from childhood to adolescence	[8]

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		the state			
Spain	6	Depending on the state	2020	Depending on the community, it ranges from basic biology information to a more comprehensive program.	[36] [5]
Portugal	6	Yes	2009	Structured program: reproduction, relationships, sexually transmitted diseases prevention	[6]
Poland	10	No	-	Limited, mainly biology and prevention	[29] [25]
Russia	10	No	-	Often absent or taught through traditional courses	[30]
Hungary	9	Yes	2020	Limited, depending on the school or parental consent.	[18]
Czech Republic	6-7	Yes	2004	Holistic: developing healthy attitudes towards relationships and gender identity.	[3] [8]
Greece	4	No	Pilot 2020	Pilot Program	[14] [16]
Albania, Croatia, Montenegro, Malta, Serbia, Italy, Andorra, Bosnia and Herzegovina, North Macedonia, and Slovenia		No	-	The information available is limited. Mainly on biology and reproduction	[8]
Bulgaria, Belarus, Moldova, Romania, Ukraine		No	-	Focusing mainly on biology and reproduction	[8]

IV. DISCUSSION

Successful sex education programs take a holistic view, focusing on prevention, knowledge, and the strengthening of social skills. Examples of countries seen as leading models include Sweden, the Netherlands, and Finland. Sex education typically begins at the ages of 4 and 6. Teaching combines factual information with pedagogical methods and classroom discussions on topics such as consent, respect for diversity, and the development of personal autonomy [20] [37]. The program is highly integrated, starting in early childhood and progressively providing more detailed information throughout the training course, covering both the scientific and social aspects of sexual health.

The Netherlands is an international standard-bearer in the implementation of comprehensive sex education. According to Rutgers, the course has been compulsory since 2012 and starts as early as primary school, covering topics such as biology, emotions, consent, and gender identity. The approach is holistic and positive, focusing on responsibility and respect for diversity. Thanks to continuous implementation and teacher training, the country has one of the lowest rates of teenage pregnancy and sexually transmitted diseases in Europe, proving that timely, scientifically based sex education improves health and social behaviour indicators [32].

In Finland, sex education is an integral part of the national curriculum, and teacher training programs include mandatory training on the topic. Accordingly, teachers not only acquire the basic skills to address sensitive issues effectively, but, more specifically, educators who teach health programs specialise in health science topics after earning their master's degree [37].

Similarly, Denmark is a prime example of a country where compulsory and comprehensive sex education is linked to extremely low rates of teenage pregnancy. The subject has been mandatory for all students since 1976, which has led to almost universal use of contraception among adolescents. The few cases of pregnancy are mainly due to contraceptive failure rather than lack of knowledge. In contrast, in the United States, where sex education varies by state and in many areas is limited to teaching "abstinence," there are higher rates of teenage pregnancy and lower levels of knowledge about sexual health. These data reinforce the association between systematic sex education policies and positive public health indicators [35].

In line with UNESCO's international guidelines [38] and national guidelines, some countries in Northern Europe have established legal frameworks requiring specialised training for teachers who teach sex education as part of their overall teaching. In Sweden, teacher education programs have included compulsory training in comprehensive sexuality education since 2021. This requirement was put in place to ensure that the teachers who will teach the courses are trained and prepared when they enter the classroom [20].

Despite recent efforts to incorporate sex education into Greek schools, the issue continues to encounter strong social and institutional resistance. A recent case in Chania is a good example, where four teachers were taken to court after a parent claimed that their child had "psychological trauma" for participating in an approved health education program on sex education. The program, "I play with Frixos and learn about my body and interpersonal relationships," approved by the Ministry of Education and awarded by the World Organisation for Sexual Health in 2019, was supported by the local educational community. Still, the incident highlighted the ongoing social awkwardness surrounding the subject. Similar reactions have been repeatedly expressed by church and conservative circles, who believe that sex education threatens traditional values and the role of the family [28].

From the 1960s to the present day, most initiatives to institutionalise sex education have either been withdrawn or remained at the pilot stage due to political and social reactions. The strong influence of the Church, the lack of a long-term educational strategy, and inadequate teacher training are the main obstacles. As a result, Greece remains one of the few European countries without a compulsory and comprehensive sex education program. Overcoming these obstacles requires cooperation among the Ministry of Education, the scientific community, and school authorities, to recognise sex education as an integral part of health education and human rights [28].

Available epidemiological and research data reveal serious gaps in the provision

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of information and prevention measures for young people on sexual health issues. According to the Hellenic Centre for Disease Control and Prevention [17], there has been an increase in cases of sexually transmitted diseases, with 862 cases of early syphilis in 2022, 93% of which concern men, while a significant percentage of infections occur in the 15-24 age group. At the same time, a study by EPISY [39] among 15-year-old students shows that 26.4% have already had sexual intercourse, while only 75.6% used a condom during their last sexual encounter — a decrease from 86.9% in 2002. In addition, 1 in 10 adolescents (9.7%) reported having had intercourse at the age of 13 or earlier. These data show that the onset of sexual activity is occurring earlier and earlier, without corresponding coverage by educational policies. The absence of compulsory and systematic sex education in schools increases the risk of sexually transmitted diseases and irresponsible sexual behaviour, confirming the need for early, experiential, and scientifically based education.

V. CONCLUSIONS

Although the curriculum and content of sex education vary across Europe, evidence increasingly supports the view that the most effective models are those that start early, approach the subject holistically, and are supported by continuous teacher development. Nordic nations such as the Netherlands, Denmark, and Sweden are often cited as leading examples [24]. Their programs are not limited to medical or biological information (e.g., how the body works), but combine scientific knowledge with social and moral values—such as respect, continuity, equality, and responsibility in relationships - ensuring that all students receive consistent, evidence-based instruction [1]. On the contrary, in countries where sex education is not implemented uniformly across all schools, such as Italy, Greece, and Bulgaria, but varies by region, school, or teacher, the result is uneven, with some students receiving complete and correct information. In contrast, others learn little or nothing [8].

Comparative evidence suggests that the most successful forms of sex education are those that start at an early age, children are taught holistically — that is, they combine knowledge with issues of emotions, relationships, and values — and are supported by ongoing teacher training, without the possibility for parents to exclude their children. Such programs are considered the most effective in promoting sexual health and social equality [23]. When education systems implement such standards, they contribute to creating safer, healthier, and better-informed societies [1].

International studies have shown that where comprehensive sex education programs are implemented, which emphasise the prevention of sexually transmitted diseases and unwanted pregnancies, many fewer adverse outcomes are observed—that is, fewer cases of infections and teenage pregnancies [24]. According to UNESCO guidelines and Singh's research, early and properly designed sexual education significantly helps improve the health and prevention of sexually transmitted diseases among young people [38].

These forms of sex education give young people basic scientific knowledge about their bodies, and at the same time teach them communication and behavioural skills, so they can develop healthy relationships, understand the importance of consent approaches (agreement before any sexual act) and respect the diversity of other people [8].

In particular, countries such as Denmark, Sweden and Finland have adopted programs that start at a very young age (often as early as 4-6 years old) and, through a holistic model, students receive information throughout their educational journey. In these countries, timely and comprehensive information is associated with a significant reduction in unwanted pregnancies and a reduced incidence of sexually transmitted diseases among young people. This effect is attributed to the availability of educational programs grounded in evidence-based information and experiential methods that emphasise prevention and the empowerment of young people [8].

Recent evidence shows that where high-quality sexuality education is absent or fragmented, adolescents are more vulnerable to unintended pregnancies and risky sexual behaviours. A 2023 meta-analysis reports that comprehensive sexuality education significantly improves knowledge, attitudes, and behavioural intentions; lacking such programs correlates with poorer sexual health outcomes [24]. UNESCO further warns that without age-appropriate, holistic sex education, children may be exposed to misinformation or harmful practices [38].

The data in **Table 2** illustrate a significant reduction in teenage pregnancy rates in countries with early and comprehensive sexuality education programs. The table of data is provided.:

Table II: Teenage Pregnancy Reduction Rates

Country	Time Period 2009 Percentages (per 1000)	Time Period 2023 Percentages (per 1000)	Teenage Pregnancy Reduction (%)
Sweden	5.9 [40]	1,792 [42]	69.6%
Netherlands	5.3 [40]	1,858 [43]	64.9%
Finland	9.7[40]	3,095 [44]	68.1%
United Kingdom	24.8 [40]	8,359 [45]	66.3%
Ireland	16.3 [40]	4,069 [46]	75.0%

Greece has a modern legal system that complies with European and international principles. However, there are still gaps in its implementation regarding issues, such as Sex Education and the complete protection of people's rights in matters of gender and sexuality. The adoption of comprehensive sexuality education in Greece requires a specific institutional framework and a long-term strategy. It is recommended that sex education be made compulsory at all levels of education, with content adapted to students' ages and cognitive levels. The training of teachers, in collaboration with universities and the Institute of Educational Policy, is a critical prerequisite for the success of this endeavour. At the same time, it is necessary to develop scientifically documented educational materials in line with WHO and UNESCO guidelines, and to inform and actively involve parents to overcome prejudices and social

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resistance. Gradual implementation through pilot programs nationwide and evaluation of results using measurable indicators (e.g., reductions in sexually transmitted diseases, improvements in attitudes and knowledge) can chart a roadmap that brings the country into line with European standards and enhances public health and social awareness.

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DECLARATION STATEMENT

However, references [12], [13] and [14] were intentionally retained, as they document earlier Greek legislation on sexuality education, which is essential to the historical analysis presented in the article.

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