

WHAT DO TEACHERS IN ROMANIA THINK ABOUT CHILDREN'S SEXUAL DEVELOPMENT AND EDUCATION?

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Abstract: The topic of sexuality passes for a taboo in our country even today, there being no open treatment of the subject, not even in the closest family circle. There is no sexual education in schools, while sexual enlightenment is restricted to 1-2 hours, provided at the age of 13-14. Our goal is to determine the knowledge and views of Romanian teachers on the sexual development and sexual education of children. The survey was conducted in 2022-2023 as self-filling on-line questionnaire (N=455). Our research was aimed at exacting the knowledge of Romanian kindergarten teachers, elementary school teachers and teachers on the bodily and psychic safety of children, on the factors endangering these, on various topics of sexual education, on the openness of parents related to the sexuality of their children and the flexibility of kindergartens and schools in what pertains to the introduction of sexual education. Most of our responders consider sexuality to be a natural part of a healthy life and that it should be tackled from the earliest possible ages both within the family and in educational institutions. According to the surveyed teachers, parents are reluctant to talk about sexuality to their own children and rely on sexual education in kindergartens and schools. If training on sexual education were to be introduced in Romania, most of the surveyed would gladly participate. They also recommended 27 related topics in 7 categories, all of which should all be covered by the said training. Our results called attention to the deficiency of education on reproduction. This can be improved but the task is complex. In order to solve the problem, the educational systemic view needs to change, while directives based on scientific proof need to be accepted and observed. All teachers dealing with the age-groups concerned need to take part in the educational process. Parents, teachers and educators need to be aware of the self-image developed by the child and of the effect this image has upon the evolution of the child's future role in society. Sexual education should imperatively be incorporated into the educational process beginning with toddlers and up to young adults.]

Keywords: sexual education and its relevance, Romanian teachers' views

1. Introduction

The American sexual educator H.F.Kilander (1970) defined the essence of sexual education already in the 1970s, stating that *“Sexual education consists of all educational proceedings meant to help young people prepare for all sorts of problems in life originating in one's sexual urges, which will inevitably occur in one way or another during the life of all normal people. These problems range across a huge variety of life experiences, from simple matters of sexual hygiene to extremely complex medical, social psychological and moral problems related to successful marriage and family life.”*

According to the Sexuality Information and Education Council of the United States (SIECUS) (2004) *“sexual socialization consists of information on gender roles, relationships and intimacy, it is a life-long process of forming values and attitudes. It comprises (psycho)sexual development, reproductive health, sexual relationships, body image and various gender roles. It addresses not only the biological*

but also the social cultural and psychological dimensions of sexuality, from a cognitive (information), affective (feelings and attitudes) and behavioral (decision-making, habits) perspective as well.”

Sexual education is closely related to education furthering a healthy lifestyle, to family education but also to moral and civilizational education. Health and lifestyle education is closely related to sexual education, as knowledge and acceptance of our own body, a healthy sex life and a harmonious partnership are all parts of a healthy life. Several studies have emphasized the need for a sexual education among children and teenagers, and pointed out the fact that parents and schools are the most important sources for this type of knowledge.

Health education in Romania merely touches upon sexuality, dealing only with sexual hygiene, reproduction, and venereal diseases, while even this set of information only reaches pupils who choose Health Education as an optional subject (this is 6-9% of all pupils). Much like it happens in all other Eastern European countries, except for a few narrowly distributed and short-lived individual attempts, sexual education is not even today included in the curriculum of Romanian schools. There are isolated cases where physicians, psychologists or other health professionals are invited to deliver enlightening lectures to pupils at various schools, nevertheless this is far from sufficient and it cannot counterbalance the unfavourable influences young people are facing daily, through televised reality shows and series, in social media, pornographic papers and movies (Szilagyi, 2003).

In Romania, the Orthodox church is strongly against the introduction of sexual education programs. According to their stance, sexual education is “a form of manipulation and it mars children’s innocence”. Unfortunately, enough, among European countries, Romanian has the second highest number of minor mothers. Statistics in 2019 revealed 16639 pregnancies among girls under 18 (based on a joint survey by UNICEF and SAMAS Association) (UNICEF, 2021). The number of early pregnancies is closely related to a low level of schooling and poor social conditions. Data in this study reflect the acuteness of the issue and the necessity for the introduction of a complex educational program.

The topic of sexuality still passes for a taboo in our country, not even in family would people openly talk about it. There is no such thing as sexual education at school, while sexual information is reduced to 1-2 hours for children 13-14 years old of age. The Ministry of Education is currently trying to introduce a subject called “Life Education” beginning with the fifth grade. Sexual Education is supposed to be a module of this subject. In June 2022, the Romanian House of Commons adopted a draft law that makes health education classes compulsory in schools beginning with the eighth grade (pupils of 14) and with the consent of parents, to avoid venereal diseases and teenage pregnancy.

Our research was meant to determine the knowledge and views of Romanian teachers on the sexual development and sexual education of children.

2. Objectives

Based on our questionnaire survey and the related international directives, our goal is to determine the knowledge and views of Romanian teachers on the sexual development and sexual education of children. Our research was aimed at exacting the knowledge of Romanian kindergarten teachers, elementary school teachers and teachers on the bodily and psychic safety of children, on the factors endangering these, on various topics of sexual education, on the openness of parents related to the sexuality of their children and the flexibility of kindergartens and schools in what pertains to the introduction of sexual education.

3. Methodology

The survey was conducted in 2022-2023 as self-filling on-line questionnaire (via Google Forms) from the entire Transylvania, Romania. The sampling was based on convenience, with the help of social media platforms, online groups dedicated to teachers, who have initially received a message with the invitation to participate in a study regarding aspects about sexuality and sexual education in Romania. The participation agreement was received from them, after they were provided a short description of the study and information regarding the safety conditions and privacy of the personal data. The full completion of the questionnaires took about 25 minutes. The participants had the option to quit the process of data collection at any moment. The participating parents received an email address created for the purpose of the study that they could contact the authors for any questions or other clarifications.

The questionnaire starts with informing the participants regarding the study and then is followed by 7 questions/demographic items: gender, *what kind of job you are working in and how many years you have been teaching, highest educational qualification, degree obtained in education, type of settlement where you teach, number of students in the institution*. After the demographic items, a number of 37 questions allowed the collection either quantitative responses (5-point Likert scale a number of 7 question, 7-point Likert scale a number of 10 questions), or qualitative reflections (open, simple and multiple choice questions – 20 questions) on several aspects related to: the basic rights and needs of the child, the safe, free and joyful living of his body, gender-related role behavior, Underwear Rule, the importance of sex education and its sub-themes, the attitude of educators and parents towards sex education, sexually charged manifestations in the institution (kissing, showing genitals, masturbation, sexual harassment, etc.), needs assessment for participation in a sexual education program.

The pre-processing of data was performed in Microsoft Excel (vers. 2019). During data pre-processing we cleaned the missing values. Data analysis was performed in R statistical environment (R Core Team 2019). We reshaped and summarized data using the *dplyr* package, while figures were generated with the *ggplot2* package.

4. Results

A total of 455 teachers completed the on-line questionnaire.

4.1. Responses of kindergarten and primary school teachers

51% of our respondents (n = 190) believe that sexuality is part of a healthy life and should be addressed from a young age, both in the family and in the educational setting. In contrast, 58% (n=190) of kindergarten and primary school teachers are not aware of the Underwear Rule. This rule says that a child should not be touched by others on parts of the body usually covered by their underwear. In 91% (n = 190) of the respondents' teaching practice, there were no cases of suspected sexual abuse of a child, while 9% had experienced such cases. Respondents perceive different factors endangering children in varying degrees (Fig. 1). However, a large proportion of kindergarten and primary school teachers consider disparaging children's bodies and watching movies with sexual content to be very dangerous (Fig. 1). In the experience of kindergarten and primary school teachers, the most frequent incidents include children kissing each other, telling sexually charged jokes or talking obscenely (Fig. 1). Among kindergarten and primary school teachers, 69% (n = 190) would participate in sexual education training, 4% would not participate, while 27% are undecided. According to respondents, if age-appropriate sex education were provided in all educational institutions, risks would diminish, except for that of early sexual initiation, which based on the views of respondents would not be reduced by sex education (Fig. 1).

4.2. Responses of teachers

44% of our respondents ($n = 66$) believe that sexuality is part of a healthy life, and it should be addressed in different environments such as family or school from a young age. In comparison with kindergarten and primary school teachers, 62% ($n = 66$) of teachers are not aware of the Underwear Rule. 48% of the respondents ($n = 66$) would emphasize the Underwear Rule in the future, 12% do not teach this rule to children, 23% think it is the responsibility of the parent to teach it, while 17% teach the Underwear Rule. Of all teachers asked in 2022 ($n = 73$), on being asked how they think parents feel about sexuality, 87% gave a response, while 13% declined to answer. Most teachers asked in 2022 (44%) believe that parents demand sex education at school and are open to discussing this topic. 15% of respondents suggest that parents are open and can accept the sexual behaviour of their child. 25% of respondents believe that parents are averse to, forbid, condemn, and punish their child's sexual behaviour, while 3% believe that parents cannot accept the sexuality of their child.

In 2023, we asked the teachers (including kindergarten and primary school teachers) about the parents' opinion regarding sexuality. 55.1% of the respondents ($n = 78$) said that parents detest, forbid, and condemn, punish the sexual behaviour of their child, 19.2% said that parents are open to and accepting their child's sexual behaviour, while 15.4% said that parents agree to the introduction of sex education in kindergarten and school and are open to discussions on such topics. 10.3% of the respondents gave no feasible response.

Most of our respondents (91%. $n = 78$) talk to children about sexuality, gender identity, sexual diseases, fertilisation, abortion, sexual hygiene, and young people's physical and mental health.

The largest proportion of respondents said that adolescents are at high risk of unwanted physical contact and of being belittled, negatively commented on, or receive comments about their body or gender (Fig. 2). In a lower proportion, films and images with sexual content can also be very dangerous for adolescents (Fig. 2). According to teachers, the commonest sexual behaviour is obscene language, while a higher proportion of sexually charged jokes, body image problems and stripping and nudity occur side by side (Fig. 2). Most of the teachers agreed with the statement that if age-appropriate sex education were provided in all educational institutions, it would reduce the number of misconceptions about sexuality, decrease adolescent body image problems, and reduce the number of abortions (Fig. 2). Like kindergarten teachers, teachers agreed in a lower proportion that sex education would reduce the early initiation of adolescent sexuality (Fig. 2).

In 82% ($n = 139$) of the respondents' teaching practice, there were no cases of suspected sexual abuse of a child, while 18% had experienced such cases.

If training on sexual education were to be introduced in Romania, 36% ($n = 139$) of the surveyed would gladly participate, also 36% would not participate, while 28% are undecided.

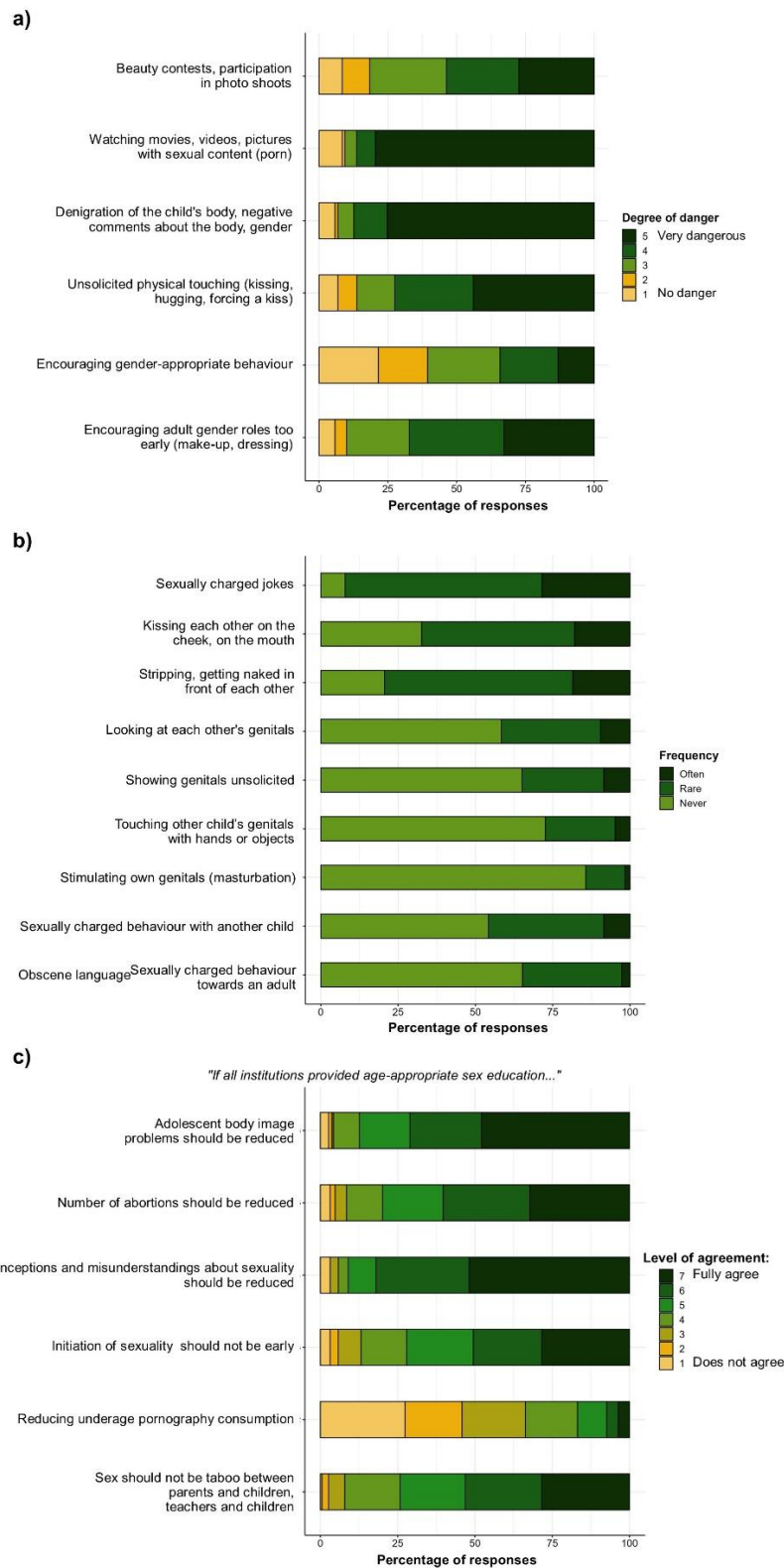


Figure 1. Panel a) Assessment by kindergarten and primary school teachers of certain factors that can be dangerous for children. Panel b) The frequency categories of different sexually charged behaviours perceived by kindergarten and primary school teachers. Panel c) Attitudes of kindergarten and primary school teachers about possible outcomes of appropriate sexual education in school. The sample size for each question is 190.

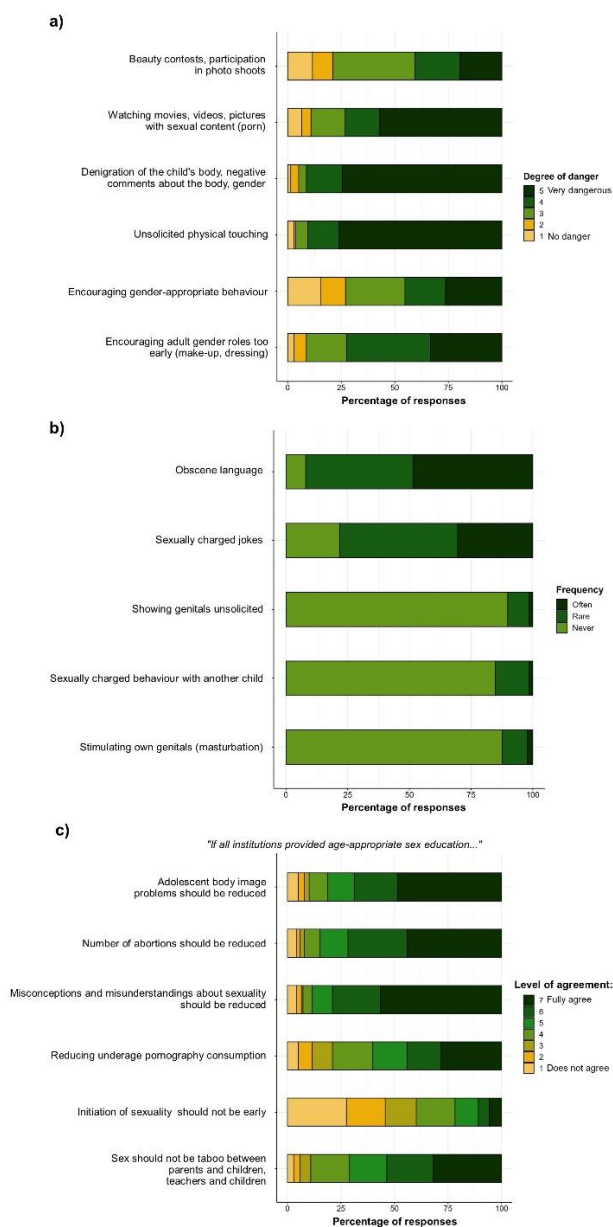


Figure 2. Panel a) Assessment by teachers of certain factors that can be dangerous for adolescents. Panel b) The frequency categories of different sexually charged behaviours perceived by teachers. Panel c) Attitudes of teachers about the possible outcomes of appropriate sexual education in school. The sample size for each question is 139.

They also recommended 27 related topics in 7 categories, that should all be covered by the said training (Table 1).

Table 1. Topics in sex education proposed by teachers for possible future training.

Proposed categories	Topics
Introduction to biological processes	conception, ovulation, menstruation, pregnancy, childbirth, body changes during adolescence
Preventions	contraception, unplanned pregnancy, consequences of early childbearing, disease prevention, importance of hygiene
Mate choice and family planning	how to choose the right partner, family planning, marriage
Sexual abuse	sexual abuse, implications of sex work
Sexual gratification	sexual intercourse and the corresponding level of emotional development, masturbation, the effects of pornographic content, body awareness, what happens in the body during sex
Communication and psychology	teaching assertive communication strategies, communicating with partners, developing good body image
Gender identity	gender identity, LGBTQ (+) propaganda and its dangers, acceptance of difference

5. Discussion

In several countries and cultures, the question arises: who is the most competent person in providing sexual education for children and the young? According to Szilágyi Vilmos (2013) sexual education is the task of all those who are charged with the education of children. The most proper solution would certainly be if parents could answer sensitive questions and thus help the development of a secure atmosphere at home, but everybody is not fit to do this. If children could talk sensitive matters over with their parents without taboos and if they received functional, open, clear, and realistic answers, they would be able to tread the stairs of sexual enlightenment with all necessary preparation on board, and to reach a level where they could steadily find their way and interpret given situations in order to make decisions on their sexual life on their own. Parents know that the most important factors in the sexual education of their children are trust and open-mindedness. The age of children and parents, the personal experience accumulated by parents, their communication skills should be taken into consideration, and still, only a few are prepared to undertake these tasks (Iorga, Pop, Gimiga, Păduraru and Diaconu, 2021, Mocanu, 2018, Noorman, den Daas and de Wit, 2022).

In most cases, parents delay sexual education, usually with the excuse of children being too young for the process, until the task is transferred to teachers, who are unable to find the necessary time within their kindergarten or school curriculum to perform the difficult task. Several studies found that parents need information, motivation and strategies in order to reach optimal results. From among factors

characteristic of individuals and families in relation to the sexual education of children, the literature considers the following important: genetic factors, social and economic status, family structure, family atmosphere, the gender of parents, their educational and communicational style, the sexual education level of parents, parent attitudes, values and convictions (Walker, 2004; Bersamin, Todd, Fisher, Hill, Grube and Walker, 2008; Vidourek, Bernard and King, 2009; Goldman, 2008, Pop-Rusu, 2015). Shtarkshall et al. (2007) concluded, that health and educational systems must provide sexual education for adolescents and young adults. This education is best provided in institutions by the end of the primary school section, while it most often begins in high school, already at an age when young people have already begun their sex life. The question arises: where from then comes the knowledge of children on sex life and related techniques. Initiation is most often provided by and older friend, but it also can come from multi-media devices. The age of Internet and porn being easily available allows early access to certain dimensions where young people can collect erroneous information and experience.

According to data in the literature, sexual education programs in schools are not properly implemented, they are less effective and lose their preventive character (by being introduced too late) (Pop-Rusu, 2015), and this is yet another argument for laying the bases of sexual education (attitudes, beliefs, behaviour, values) at an early age and in close cooperation with families (Colarossi, Silver, Dean, Perez and Rivera, 2014). Some researches report how teachers are insufficiently or poorly educated within sexual education programs, consequently they cannot properly answer questions arising in class (Howard-Barr, Rienzo, Pigg and James, 2005). A positive approach is not enough to enable someone to teach information, attitudes, views on sexuality, teachers need the proper set of information at their disposal in this field, they need to develop skills and self-assurance as well (Mkumbo, 2012; Gonzales-Acquaro and College, 2009). According to Brown and Pirtle (2008) a set of factors determine the way sexuality is expressed and understood, such as culture, religion, social and economic situation, even history. Religiousness, the degree of religious worship can determine the way teachers relate to sexuality. In Romania, the Orthodox church has the greatest influence over political decision-making, in what pertains to sexual education and its specific topics (Turcescu and Stan, 2005). According to the results of another research (Ionescu, Rusu, and Costea-Bărluțiu, 2019), age and religiousness are negatively correlated to views on and attitudes toward sexuality. Older and more religious teachers are much more conservative. Depending on the personal views and individual experiences of teachers in the field of sexuality, the content and style of their teaching may vary. Even if teachers recognize the necessity of sexual education, their majority reports difficulties in the teaching process, either due to a lack of proper scientific or personal training, or because of worries related to the eventual reactions from the families of their pupils (Maia, Yamauti, Schiavo, Capellini and Valle, 2015).

The content of sex education varies widely within European countries. In some countries, sex education topics are included in the curriculum, but these deal more with sexual health elements (menstruation, sexually transmitted diseases, methods of pregnancy prevention). In many countries, sex education is programmed within biology lessons, reflecting an emphasis on the health aspects of the subject and less or no emphasis on personal relationships or other sex education topics. In Eastern European countries, sex education is influenced by national ideologies (Parker, Wellings and Lazarus, 2009). Contrary to the situation in Romania, in most European countries sexual education is compulsory at school (from 1955 in Sweden, 1970 in Austria, 1996 on Estonia, 1998 in France) and in certain countries the subject is taught in an interdisciplinary approach (the Netherlands, Finland) (BGZA, 2018). Although sex education is compulsory in some European countries, there are still many unresolved issues. For example: in Austria, religious influence in schools is strong and sex education focuses on biological aspects, with limited discussion of ethical, psychological and social views. In Estonia, sex education starts from the age of 10 and is based on psychosocial aspects and personal relationships, but the quality varies depending on the skills and attitude of the teacher's training (Parker, Wellings and Lazarus, 2009). In France sex education is offered from the age of 6, integrating biological knowledge with psychological, emotional, social, cultural and ethical aspects, but conservative and religious groups regularly protest against it. In Sweden, sex education starts from

the age of 12 and focuses mainly on anatomy, gender and relationship management. However, even in Sweden there are wide variations between different parts of the country on this topic. In Netherlands sex education starts from the age of 11 and is based on physical and emotional development. In Finland, sex education is compulsory, some elements are taught from kindergarten. In many European countries (Greece, Italy, Latvia, Lithuania, Luxemburg, Poland, Slovakia, Spain), sex education is a politically controversial subject with a strong religious influence (Parker, Wellings and Lazarus, 2009).

In Romania, in 2001 the optional subject "Health education in Romanian schools" was introduced, it was not compulsory and it had to be opted for by schools, as it also depended on the expertise of teachers. Data show that only 7-9% percent of pupils have received health education. The last effective law (45/2020) required at least one session of "Life Education" per semester (which also includes sexual education) to prevent the spread of sexually transmitted diseases and teenage pregnancy. According to the presently effective stance (decision reached in June 2022), sexual education within the frame of the subject "Life Education" can only be provided with parental consent and beginning from the age of 14 years, and the subject should ideally be taught by teachers of biology, psychologists, or properly trained health workers. According to a survey performed in Romania (Jurnalul Decretului) 78% of the interviewed pupils would prefer the subject Sexual Education to be a compulsory one and to be mainly taught at school. Pupils would like to know more on the prevention of pregnancy, venereal diseases, and contraceptive methods. They would like to talk openly about the joys of the sexual act, the difficulties of the first lovemaking, they would like to avoid being judged for beginning their sex life, and they would also prefer a safe space where to express their feelings, fears and curiosity.

Based on our results, most teachers consider sexuality to be a natural part of a healthy life and the subject should be approached both in family and in educational institutions from the earliest possible age. This is in accordance with the opinion of several professional fora (WHO, 2010) and with the results of other research as well (Varga-Tóth, Németh and Paulik, 2019). If training on sexual education were introduced in Romania, most of our respondents would gladly participate. Results called attention upon educational and pedagogical lacks in the field of reproductive life. The correction of this is a complex task. To solve this problem, a change of approach is needed within the educational system in the sense of accepting and following guiding lines based on scientific proof. Parents, teachers, and educators need to be aware of the mental image children have of themselves, and the influence this image has upon the roles these children will adopt in the future in society. Sexual education needs to be incorporated into the educational process with no delay, beginning from an early age (toddlers) and right until the age of young adults.

6. Conclusion

Sexual education in Europe faces various challenges, which vary according to the social, cultural and political context of each country. Here are some of the main problems related to sexual education in Europe: the lack of a standardized curriculum, the strong cultural and religious resistance, the lack of teacher training or their inadequate training, unequal access to sexuality education, especially in rural areas, the politicization of education sexual relations, taboos and stigmatization, lack of financial resources, legislative differences. Addressing these issues requires a concerted effort by governments, NGOs, educators and the community to ensure that all young people have access to fair, comprehensive and culturally sensitive sexuality education. As sexual education is a multidimensional concept, it requires equally multidimensional and interdisciplinary approaches both in planning sexual education programs, in implementing them and in interpreting their results.

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