



## Sexuality Education in Guatemala: New Evidence from Three Departments

This fact sheet presents new evidence on the need to strengthen the provision of sexuality education in Guatemala from a study conducted in the departments of Guatemala City, Huehuetenango and Chiquimula in 2015. Data were collected in 80 secondary schools from teachers, principals and third-grade students (aged 14–17), as well as from key informants involved with education policy and program development and implementation.

### The need for comprehensive sexuality education

- Comprehensive sexuality education (CSE) is necessary to ensure adolescents' healthy sexual and reproductive development, and foster the knowledge, attitudes, values and practical skills to enable them to develop positive views of their sexuality.
- According to international guidelines, CSE should provide accurate information on a range of age-appropriate topics covering the categories of sexual and reproductive physiology, HIV/STI prevention, contraception and unintended pregnancy, values and interpersonal skills, and gender and sexual and reproductive rights.<sup>1,2</sup>
- CSE programs that focus on human rights, gender equality and empowerment, and that encourage active engagement among participants, have been shown in various studies to improve knowledge and self-confidence, positively change attitudes and gender norms, strengthen decision-making and communication skills, and increase contraceptive use among sexually active adolescents.<sup>2,3</sup>
- According to a 2014–2015 national survey, 31% of female and 37% of male 15–19-year-olds have had sex.<sup>4</sup>

### The CSE policy and program environment

- Guatemala has a legal and policy framework that supports gender-focused, rights-based CSE. As part of the 2008 Latin American and Caribbean ministerial declaration "Preventing through Education", the country committed to providing CSE in primary and secondary schools.<sup>5</sup>
- Despite these commitments and the development of a comprehensive rights-based curriculum in collaboration with international agencies, CSE teacher training and school-based programs have lacked continuity, due to insufficient political will and budgets.
- Some sexuality education topics are included in the Basic National Curriculum, but emphasis is on biology, with no comprehensive coverage of rights or gender. School-based CSE programs have thus far been limited to pilot programs implemented mainly in poorer departments.

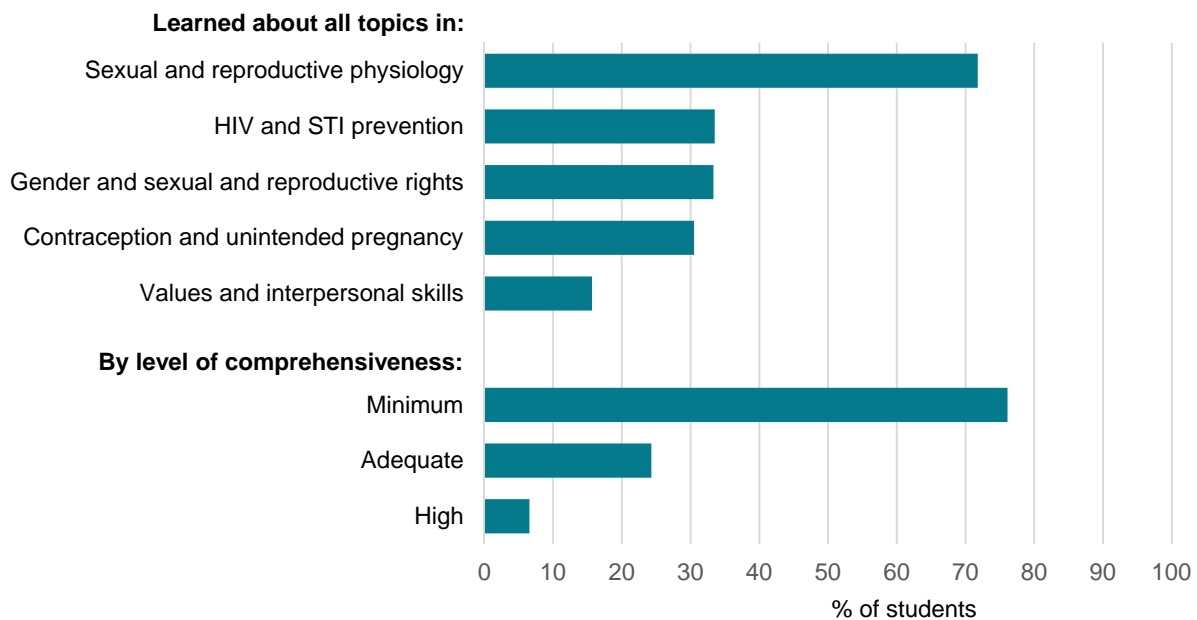
### Approval for sexuality education

- Nearly all students, teachers and principals surveyed thought that CSE should be taught in school. The vast majority (89%) of students who reported having received some type of sexuality education considered such education useful or very useful in their personal lives.
- Yet, sexuality education often begins late: Forty percent of students first received it in secondary school.

### Curriculum content and teaching methods

- According to teachers, 76% of schools cover all 18 topics identified by the study team as constituting a comprehensive curriculum. However, fewer than 7% of students reported learning about all of them.
- Students said that reproductive physiology is emphasized, and much less emphasis is placed on sexual and reproductive rights, gender, values and pregnancy-prevention skills (Figure).
- While the majority of teachers acknowledged that adolescents have the right to information, 41% of teachers reported teaching that sex is dangerous and more than half said they teach that it should be avoided before marriage.
- Seven in ten teachers emphasized that abstinence is the best or only method to prevent STIs and pregnancy.
- Sexuality education was mainly taught through lectures; creative and interactive participatory methods are used less frequently, although many students reported preferring such methods.

**Figure: Very few students reported learning about all topics that constitute a comprehensive program, especially interpersonal skills and topics related to contraception.**



NOTE: “Minimum” indicates at least one topic in each category; “adequate,” nearly all topics, except one at most, in each category; and “high,” all topics in each category. Levels are not mutually exclusive; for example, schools that meet the adequate level also meet the minimum level. The complete list of topics can be found in the full report.

### Teacher training and support

- According to teachers, the main barriers to teaching sexuality education were lack of teaching materials, time and training.
- Only one in two teachers reported having received pre-service training in sexuality education, and 55% had received no in-service training in the three years prior to the survey. Only half of

teachers perceived their training in sexuality education to be adequate, and 59% requested more training.

- Among teachers who received either pre-service or in-service training, only a quarter were trained on all topics that constitute a comprehensive curriculum.
- Although the government and international agencies have developed materials for teaching CSE in Guatemala, these have not been widely distributed to schools. Fewer than half of teachers had access to lesson plans or other teaching materials. Three-quarters of teachers developed their own materials.

### **Classroom environment**

- Not all schools sampled had the various policies needed to ensure a safe and supportive school environment, and 81% of students felt unsafe expressing themselves at school, 57% feared being teased, and 19% feared physical harm.
- Many students who wanted to ask questions in sexuality education classes did not do so because they felt embarrassed (62%) or feared being ridiculed by others (24%).
- More than three-quarters of teachers held negative attitudes about homosexuality and premarital sex, and half thought that making contraceptives accessible to adolescents encourages them to have sex—a common belief that is not supported by evidence.

### **Recommendations**

- Improving sexuality education in Guatemala requires fully implementing the legal framework for its provision in schools. The mandate to provide CSE in primary and secondary school should be fulfilled, with a budget to support its implementation, and monitoring and evaluation mechanisms.
- The curriculum should be made more comprehensive and the teaching methods diversified—with less reliance on fear-based and moralistic messages; and more emphasis on promoting practical skills related to contraception and negotiation, rooted in human rights principles.
- Teacher training, including in-service training for updating skills and techniques, should be prioritized to ensure teachers have the information, support and resources necessary to confidently and effectively teach sensitive topics.

### **Sources**

*Most data in this fact sheet are drawn from Monzón AS et al., From Paper to Practice: Sexuality Education Policies and Curricula and Their Implementation in Guatemala, New York: Guttmacher Institute, 2017. Additional resources can be found in the version available at xxxxxx.*

### **Acknowledgments**

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## References

1. United Nations Population Fund (UNFPA), *Operational Guidance for Comprehensive Sexuality Education: A Focus on Human Rights and Gender*, New York: UNFPA, 2014.
2. United Nations Educational, Scientific and Cultural Organization (UNESCO), *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach for Schools, Teachers and Health Educators*, Paris: UNESCO, 2009.
3. Haberland NA, The case for addressing gender and power in sexuality and HIV education: a comprehensive review of evaluation studies, *International Perspectives on Sexual and Reproductive Health*, 2015, 41(1):31-42.
4. Ministerio de Salud Pública y Asistencia Social (MSPAS), Instituto Nacional de Estadística (INE), ICF International, *Encuesta nacional de salud materno infantil 2014–2015*, Guatemala: MSPAS/INE/ICF, 2017, Informe final.
5. Declaración Ministerial “Prevenir con Educación” de la Primera Reunión de Ministros de Salud y Educación para Detener el VIH e ITS en Latinoamérica y El Caribe, Mexico City, 2008, <https://www.coalicionmesoamericana.org/node/3>.