

From Paper to Practice: Sexuality Education Policies and Curricula and Their Implementation in Guatemala



Ana Silvia Monzón, Sarah Keogh, Ana Lucía Ramazzini, Elena Prada, Melissa Stillman and Ellie Leong

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- Guatemala has broad legislation in support of Comprehensive Sexuality Education (CSE) within the school system. Nevertheless, because of changes in the leadership of the Ministry of Education, Guatemala still does not have an official CSE program: to date, only specific actions with limited territorial scope have been carried out.
- Most teachers and students support the teaching of CSE, and 90% of students affirm that CSE has been useful in their personal lives.
- CSE is mainstreamed in the national school curriculum. Nevertheless, it continues to have a biology focus, based more on prevention than on human rights, and more on acquiring knowledge rather than on developing skills.
- Only 7% of students have received instruction in all of the topics included in CSE. The least taught topics are those related to contraceptive methods and HIV/STIs.
- Teachers convey mixed messages about CSE, including negative messages along the lines that sexual relations are dangerous, and to avoid them before marriage.
- The main challenges faced by teachers providing instruction in CSE are the lack of time, materials and resources, and lack of training (especially on contraceptive methods, HIV/STIs and violence). One-half of teachers lack training prior to teaching CSE.
- A national CSE program should be designed and it should be mandatory at all levels of formal education, with increased budgeting for its implementation.
- CSE should be designed with a competencies and skills approach that places greater emphasis on contraceptive methods, communication, gender and human rights; this approach should also promote diversification in content based on the local context.
- A comprehensive pre-service and in-service CSE training program should be implemented and sustained over time, enabling teachers to have access to up-to-date teaching materials.

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Acronyms

| | |
|----------|---|
| AGES | Asociación Guatemalteca de Educación Sexual (Guatemalan association of sexuality education) |
| APROFAM | Asociación Pro-Bienestar de la Familia Guatemalteca (Guatemalan association for family well-being) |
| CEDAW | Convention on the Elimination of All Forms of Discrimination against Women |
| CLADEM | Latin American and Caribbean Committee for the Defense of Women's Rights |
| CNB | Currículo Nacional Base (basic national curriculum) |
| COEPSIDA | Comité de Educadores de Prevención de SIDA (AIDS prevention teachers committee) |
| CONACMI | Asociación Nacional Contra El Maltrato y Abuso Infantil (national commission against child mistreatment and sexual abuse) |
| CRESALC | Comité Regional de Educación Sexual para América Latina y el Caribe (regional committee for sexuality education in Latin America and the Caribbean) |
| CSE | Comprehensive Sexuality Education |
| ENSMI | Encuesta Nacional de Salud Materno Infantil (National Maternal and Infant Health Survey) |
| HIV | Human Immunodeficiency Virus |
| IPPF/WHR | International Planned Parenthood Federation/Western Hemisphere Region |
| MDG | Millennium Development Goals |
| MENEIS | Mesa Nacional por la Educación Integral en Sexualidad (National Roundtable for Comprehensive Sexuality Education) |
| MMR | Maternal Mortality Ratio |
| MOE | Ministry of Education |
| MOH | Ministry of Health |
| OSAR | Observatorio de Salud Reproductiva (Reproductive Health Observatory) |
| PEO | Plan de Equidad de Oportunidades (equitable opportunities plan) |
| PNPDIM | Política Nacional de Promoción y Desarrollo Integral de las Mujeres (national policy for the promotion and integrated development of women) |
| REDMUCH | Red Departamental de Mujeres Chiquimultecas (Chiquimulean Women's Network) |
| SE | Sexuality Education |

| | |
|----------|---|
| SEGEPLAN | Secretaría de Planificación y Programación de la Presidencia (President's office of planning and programming) |
| SEPREM | Secretaría Presidencial de la Mujer (President's office of women's affairs) |
| SERAT | Sexuality Education Review and Assessment Tool |
| SIECUS | Sexuality Information and Education Council of the United States |
| SRH | Sexual and Reproductive Health |
| STI | Sexually Transmitted Infection |
| UNEGEPE | Unidad de Equidad de Género con Pertinencia Étnica (Gender Equity and Ethnic Pertinence Unit) |
| UNESCO | United Nations Educational, Scientific and Cultural Organization |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations Children's Fund |

CHAPTER 1: INTRODUCTION

The timely provision of comprehensive information and life skills training in sexual and reproductive health (SRH) is essential for adolescents to lead healthy sexual lives, exercise their rights and avoid negative health outcomes. While sexuality education is just one component in a multifaceted approach to addressing and ultimately improving the sexual and reproductive lives of young people, it provides a unique opportunity for adolescents to gain knowledge and skills, explore their attitudes and values, and practice the decision-making and other life skills necessary for making healthy, informed choices about their sexual lives.¹⁻⁵ Abstinence-only education programs have shown little evidence of improving SRH outcomes.^{6,7} By comparison, comprehensive sexuality education programs that recognize sexual activity during adolescence as normative behavior and that focus on human rights, gender equality and empowerment, have been shown to increase knowledge, self-confidence and self-esteem; positively change attitudes and gender and social norms; strengthen decision-making and communication skills and build self-efficacy; and increase the use of condoms and other contraceptive methods.^{3,7-13}

Adolescent Sexual and Reproductive Health in Guatemala

In Guatemala, the precarious indices of adolescent sexual and reproductive health represent areas of concern: the persistent increase in early sexual initiation that takes place with no information or as a result of violence; unintended pregnancies and girls under 14 giving birth; sexual violence against children; maternal mortality; and increasing unprotected sexual activity. While public policy has taken some steps to address the reproductive health needs of adolescents, recent data indicate a persistent demand for information and services among this population, including evidence-based comprehensive sexuality education (CSE).*

Initiation of Sexual Activity

Young people in Guatemala begin their sexual activity early: 28% of adolescents aged 15-19 have had sexual intercourse, and 7% had their first sexual intercourse before the age of 15.¹⁷ Sexual initiation is very similar in urban and rural areas and by ethnic group. The first sexual intercourse takes place before marriage, on average a year before marriage for women (at a median age of 18.3, compared with 19.4 for first marriage), and six years before marriage for men (age 17 compared with 23). Among young women, the first sexual intercourse takes place with someone between five and seven years older than the woman.^{16,17}

Knowledge and Use of Contraceptive Methods, Including Condoms

Knowledge of contraceptive methods is almost universal among young people: 93% of women currently in a union and 98% of males ages 15-19 know of at least one modern method.¹⁷ However, prevalence in the use of contraceptive methods is lower: 40% of sexually active adolescents ages 15-19 use a contraceptive method (whether modern or traditional), and 31% use a modern method. The main method used is the male condom, with higher prevalence among males (41% in the most recent intercourse) than among females (13%). The use of contraceptive methods is notoriously low among indigenous young people (60% in the last sexual encounter), among adolescents with low levels of education (69%) and among rural youth (57%).

Adolescent Fertility

The adolescent fertility rate has been falling, from 139 births per 1000 women aged 15-19 in 1987,¹⁸ to 92 in 2014;^{17,19,20} however, the contrast between urban and rural areas remains sharp, with 65 births per 1000 women aged 15-19 in urban areas, compared with double that amount (112 per 1000) in rural areas.²⁰

Currently, 16% of young women aged 15-19 have given birth, and 5% were pregnant at the time of the survey.¹⁹ The proportion is much higher in rural areas (24%), and lower in the department of Guatemala (11%), which is the most developed department in the country. In the departments of Alta Verapaz, Huehuetenango, San Marcos, Petén, Escuintla and Jalapa, one in four young women has given birth or is currently pregnant. The first four departments mentioned are characterized by a high proportion of indigenous people.²¹ According to the Ministry of Health, 8.5% of pregnancies in young women between 10 and 19 years of age, are in 10-14 year olds.²² The high fertility rate among adolescent females contributes to the low proportion of young women of secondary education age enrolled in school (41% in secondary school versus 88% in primary education). In Chiquimula and Huehuetenango, less than one-fourth of the population of secondary education age is enrolled in school.²³

Violence and Sexual Abuse

More than 3% of adolescents aged 15-19 reported having experienced sexual violence,¹⁹ but this is probably underreported. The Ministry of Health reported 3,815 cases of violence in children and adolescents in 2014,²⁴ particularly sexual abuse, assault through unspecified means and physical violence. Seventy-nine percent of victims were female, the majority of whom were between 10 and 19 years of age. The number of pregnancies resulting from sexual violence in girls aged 10-14 (12,683 between 2010 and 2014) illustrates the seriousness of the situation.²⁵

Maternal Mortality

While the maternal mortality ratio (MMR) in Guatemala fell between 2000 and 2013 from 153 to 113 per 100 000 live births, it is much higher among 10- to 14-year-olds than the national average (148 per 100 000 live births), and in adolescents aged 15-19, the MMR rose during the same period from 78 to 107. Unsafe abortion is the third leading cause of maternal death in young women aged 15 to 19, accounting for 7% of cases.²⁰

HIV/AIDS and STIs

HIV prevalence among youth between 15 and 24 years of age has slightly declined, from 0.31% in 2000 to 0.27% in 2014.¹⁹ However, only 20% of young women and 18% of young men aged 15-19 have comprehensive knowledge about the transmission of the infection.

The Need for Comprehensive Sexuality Education

The above overview indicates that few young people transition from adolescence to adulthood ready to lead healthy sexual and reproductive lives. In recognizing that improving adolescents' access to high-quality information and sexual and reproductive health (SRH) services is vital to ameliorating negative health outcomes, policy makers in Guatemala have designed policies and programs for this population,

including Comprehensive Sexuality Education (CSE). Implementation has been difficult, given the lack of a national legislation to enforce such policies and programs. A major challenge has been to reconcile rights-based approaches that emphasize adolescents' right to comprehensive SRH information and services, with more deeply rooted conservative approaches that stigmatize or reject certain aspects of education and SRH services, including access to condoms.^{26,27} The policy environment in Guatemala is discussed in Chapter 3.

Scope of This Report

Reviews of policies and curricula relating to Comprehensive Sexuality Education have shown that many countries like Guatemala have incorporated some aspects of this approach in their curricula. However, little is known about the realities in the classroom, including such aspects as the degree of implementation, the comprehensiveness in the range of topics, the mode and quality of instruction, the availability and use of program monitoring and evaluation tools, the adequacy and quality of teacher training, the level of support for, or opposition to the subject, and the effectiveness of existing programs in achieving desired knowledge and behavioral outcomes in students.²⁸⁻³¹ This report provides a detailed picture of how Guatemala's policies on CSE have been implemented and what students and principals think about them, based on official documents, key informant interviews and surveys of principals, teachers and students in public and private schools. The report highlights various aspects of how CSE is developed, implemented and experienced in selected departments in the country. It also presents findings on challenges faced; how sexuality education is taught in classrooms; support for implementation, including teacher training and school environment factors; sexuality education outside of the classroom; students' experiences and general opinions about sexuality education held by key stakeholders in government, NGOs and the community. The information presented is intended to provide the Guatemalan government and other stakeholders with a better understanding of sexuality education in their schools, and ultimately to improve the quality and effectiveness of such education for both teachers and students. The results will help show the way forward to ensure that all young people have the knowledge and skills needed to make responsible decisions about their sexual and reproductive lives.

CHAPTER 2: METHODOLOGY

This study took place in four countries in two developing regions: Latin America (Guatemala and Peru), and Africa (Ghana and Kenya). In each region, one of the countries chosen is relatively more advanced in implementing its sexuality education program (Peru and Ghana), and the other is at an earlier stage (Guatemala and Kenya). The selection was based on reviews of policy documents and curricula, program evaluations and other regional reports on the state of sexuality education,^{28,30,32–34} as well as consultation with stakeholders and research partners in both regions. While a major aim of the study is to compare all four countries and learn from different contexts, this report presents findings only for Guatemala.

Study Objectives

The goal of the study was to provide a robust, comprehensive analysis of CSE policies and curricula, as well as their implementation in secondary schools in three geographically and ethnically diverse departments: Guatemala (primarily urban, where institutions and services are concentrated, where most of the population (87.7%) is Mestizo, and where the poverty rate is 29.7%); Huehuetenango (the second most populated department in the country, with one of the highest poverty rates (85.3%), primarily rural and where 63% of the population is indigenous); and Chiquimula (predominantly rural and Mestizo (86.4%), although 14.8% of the population is Ch'orti', an indigenous group, with an overall poverty rate of 77.2%).^{23,35} Specific objectives include: documenting policies and curricula on sexuality education, assessing the comprehensiveness of the content, examining the opinions and attitudes of students and teachers regarding sexuality education, and providing recommendations to inform the design and implementation of such programs in schools in Guatemala and the region.

Definition of Comprehensive Sexuality Education (CSE) in This Study

While different definitions of comprehensive sexuality education have been developed over time,^{2,4,5,36,37} this study used the United Nations Population Fund (UNFPA) definition (Box 1) that attributes a level of comprehensiveness to sexuality education that can reasonably be expected in the target country, given cultural contexts. This definition is largely in agreement with other definitions of CSE proposed by international organizations, although it places less emphasis on topics such as sexual pleasure, which are controversial in very conservative countries like Guatemala. On the basis of the UNFPA definition, this study explored sexuality education according to three dimensions: information obtained about human sexuality, SRH, human rights and related topics; values and attitudes nurtured; and life skills developed. The expression “Comprehensive Sexuality Education” (CSE) is used throughout this report to denote the standardized form of sexuality education based on human rights and enacted by international organizations and the Guatemalan Ministry of Education. The term “sexuality education” (SE) is used to refer to what is actually taught in Guatemalan schools (whether comprehensive or not).

Box 1. UNFPA definition of Comprehensive Sexuality Education

UNFPA Operational Guidelines for Comprehensive Sexuality Education

“UNFPA defines ‘comprehensive sexuality education’ as a right-based and gender-focused approach to sexuality education, whether in school or out of school. CSE is curriculum-based education that aims to equip children and young people with the knowledge, skills, attitudes and values that will enable them to develop a positive view of their sexuality, in the context of their emotional and social development.

By embracing a holistic vision of sexuality and sexual behaviour, which goes beyond a focus on prevention of pregnancy and sexually transmitted infections (STIs), CSE enables children and young people to:

- 1) Acquire accurate information about human sexuality, sexual and reproductive health and human rights, including about: sexual anatomy and physiology; reproduction, contraception, pregnancy and childbirth; sexually transmitted infections and HIV/AIDS; family life and interpersonal relationships; culture and sexuality; human rights empowerment, non-discrimination, equality and gender roles; sexual behaviour and sexual diversity; and sexual abuse, gender-based violence and harmful practices.
- 2) Explore and nurture positive values and attitudes towards their sexual and reproductive health, and develop self-esteem, respect for human rights and gender equality. CSE empowers young people to take control of their own behaviour and, in turn, treat others with respect, acceptance, tolerance and empathy, regardless of their gender, ethnicity, race or sexual orientation.
- 3) Develop life skills that encourage critical thinking, communication and negotiation, decision-making and assertiveness. These skills can contribute to better and more productive relationships with family members, peers, friends, and romantic or sexual partners.”³⁶

Source: UNFPA, *UNFPA Operational Guidance for Comprehensive Sexuality Education: A Focus on Human Rights and Gender*, New York: UNFPA, 2014, http://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_OperationalGuidance_WEB3.pdf

Assessing the Comprehensiveness of Topics Covered

One aim of the study was to measure the comprehensiveness in the range of sexuality education topics offered in schools. Although Guatemalan education authorities have not always supported Comprehensive Sexuality Education, we assessed the range of topics offered according to international standards in order to provide a baseline measure from which stakeholders can develop policies or curricula in the future.

For the purposes of this study, the main topics included in our definition of sexuality education reflect a quasi-comprehensive approach, that is, a level of comprehensiveness that could reasonably be expected in the four countries chosen, given their cultural contexts. Obviously our concept of quasi-comprehensiveness does not meet the “European Standards for Sexuality Education”.³⁷ For example, we did not include controversial and therefore difficult topics to address, such as sexual pleasure or desire. However, we did include abstinence, as this approach in sexuality education persists in many developing countries, as well as in some developed parts of the world. Abstinence can be part of a comprehensive

curriculum if it is taught as one among several ways to prevent pregnancy and STIs. We included this topic from this perspective, not with the aim of promoting abstinence as the only or the best method of prevention, as it is usually taught in abstinence-only programs.

Using various international guidelines developed over time, we identified five topic categories as key components of a comprehensive program (Box 2). The presence or absence of topics in each category was used to measure the comprehensiveness in the range of topics offered in the curriculum. The comprehensiveness was defined on three levels: minimum, adequate and high. If at least one topic in each of the five categories was included, the curriculum met a “minimum standard” of comprehensiveness. If nearly all topics (except one at most) in each of the categories were included, the curriculum was considered “adequate”, and if all topics in each category were included, the curriculum was deemed to meet a “high” level of comprehensiveness.

Box 2. Key categories that constitute comprehensive sexuality education

| Focused on the concept or message | Specific topics |
|--|---|
| Sexual and reproductive physiology | Puberty/physical changes in the body; reproductive organs; menstruation; pregnancy and childbirth |
| HIV/STI prevention | HIV/AIDS and other STIs; where to access STI/HIV services |
| Contraception and unintended pregnancy | Contraceptive methods; where to get contraceptive methods; how to use contraceptive methods; abortion |
| Values and interpersonal skills | Communicating within relationships; decision-making skills; sexual behavior; abstinence as one safe sex alternative among several options |
| Gender and sexual and reproductive rights | Sexual and reproductive rights; equality between men and women; prevention of violence / sexual abuse; sexual orientation |

Source: UNFPA, *UNFPA Operational Guidance for Comprehensive Sexuality Education: A Focus on Human Rights and Gender*, New York: UNFPA, 2014, http://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_OperationalGuidance_WEB3.pdf.

In addition to these topics, the study examined concepts and messages that may be conveyed, as well as values, attitudes and life skills that may be developed as part of a comprehensive approach to sexuality education. These concepts and messages are grouped into four large categories: gender, rights and empowerment; risk reduction; interpersonal relationship skills; and positive views on healthy sexuality (Box 3).

Box 3: Additional concepts and messages conveyed in Comprehensive Sexuality Education

| Concept or message category | Specific content |
|--|---|
| <i>Gender, rights and empowerment</i> | How to make positive decisions and stick to them; recognizing forced sexual contact; respect for self and others regardless of gender or social status; the right of young people to have accurate information about relationships and sexual and reproductive health |
| <i>Risk reduction-prevention of HIV/STIs and unintended pregnancy</i> | How alcohol and drugs affect behavior; signs and symptoms of HIV/STIs and how to prevent them; how to prevent pregnancy; explanations of how each contraceptive method works and the importance of using a method consistently and correctly |
| <i>Interpersonal relationship skills</i> | Men and women share responsibility for pregnancy; how to communicate / negotiate with a partner about using contraceptive methods and/or HIV/STI testing; the importance of disclosing HIV status to a partner |
| <i>Positive views of healthy sexuality</i> | Young people should protect themselves when having sex; sexuality is a natural, healthy and positive part of life |

Source: UNFPA, *UNFPA Operational Guidance for Comprehensive Sexuality Education: A Focus on Human Rights and Gender*, New York: UNFPA, 2014, http://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_OperationalGuidance_WEB3.pdf.

Limitations of the Comprehensiveness Measure

While there are other essential components of CSE, including the defense of, and support for adolescents' political participation; participatory teaching methods; safety of the learning environment; and links to SRH services, our measure of comprehensiveness only addresses the range of topics taught. Furthermore, the measure does not assess the depth or manner in which each topic is addressed. For example, our measure of comprehensiveness only assessed whether a basic topic such as contraception is taught, even if the teacher conveys the topic in a negative or inaccurate manner, and regardless of the time spent teaching about contraception.

Study Design

This study assessed the process of implementing sexuality education in Guatemala, using data collected from three sources:

1. **In-depth interviews with key informants.** These included SE policy makers and people involved in its implementation at the national and local levels (education ministries, implementing

agencies, NGOs and other proponents), as well as leaders of community organizations in the departments where the survey was carried out. The purpose of these interviews was to assess current SE policies and experiences implementing them in the school system, including how to enhance support for SE and overcome challenges faced; opinions about the design, structure, coverage and content of the program; experience in its design and implementation; perceived sources of support for, or opposition to implementation at the national, regional and school levels; and existing monitoring and evaluation frameworks.

2. **Survey of principals and teachers who participate in the teaching of SE**, in a random sample of secondary schools in three selected regions. The survey was interviewer-administered. The aim was to obtain detailed information about the content of the curriculum; the approach and format of sexuality education in schools; teacher and student evaluation methods; teacher training and support for their needs; the school environment; perceptions of support for, or opposition from students and the community; and attitudes toward SRH issues.
3. **Survey of students in sampled schools**. Surveys self-administered by students were aimed at assessing exposure to SE and preferences related to content; the teaching approach and format of the SE received; the level of support for, or opposition to SE in schools; and attitudes toward SRH issues.

Sampling Strategy

Key Informant Interviews

Twenty-five key informants were identified through consultations with a wide range of policy makers and people involved in program implementation and in SE advocacy (both for and against). Key informants included staff from the Ministry of Education, agencies and local and international NGOs who have participated in SE program implementation, both at the central and local level. They also included leaders of community organizations, such as youth associations, parent-teacher associations, women's groups and faith-based groups, as well as community leaders.

Survey of Schools

Selection of Schools and Principals

Eighty schools in three geographically and ethnically diverse departments were selected: 40 in Guatemala, 22 in Huehuetenango and 18 in Chiquimula (Table 2.1). The number of schools was based on a minimum required sample of 2,500-3,000 students and the average number of eligible students expected per school. Within each department, the sample was stratified by school sector (public and private) and gender: male only, female only or co-educational. Thus we were able to sample the full range of types of secondary schools in the country, assuming that the teaching of SE may vary among the different types of schools. All principals in the 80 schools selected were surveyed (Table 2.2).

Selection of Teachers and Students

A total of 188 teachers were selected on the basis of their involvement in teaching various subjects[†] that include SE in the 3rd grade of lower secondary education (Table 2.3), the grade considered most appropriate for this study, as these students are at the age (14-17) in which sexual activity tends to be initiated and thus need this information. Eligible teachers were identified through consultation with the school principal, up to five per school. If there were more than five teachers who met the criteria, interviews took place with those who were available the day of the survey, with efforts made to cover the variety of subjects in which SE is taught. In selecting students, priority was given to those in the 3rd grade of lower secondary, but because in some schools, primarily in Huehuetenango and Chiquimula, the number of students in 3rd grade was quite low, students in 1st and 2nd grade who were aged 14 to 17 were also surveyed. In schools with fewer than 40 enrolled students, all students aged 14-17 were interviewed; in those schools with more than 40 enrolled students and more than one group of 3rd grade, one or two groups were randomly selected (depending on the total number of groups and the principal's authorization), and students aged 14 to 17 were surveyed. All students in the selected groups were surveyed, except those who did not wish to participate, and an informed consent was signed. A total of 3,004 students were surveyed (Table 2.4).

Instrument Development

The instruments used in the study were developed by an international team of researchers; they drew from multiple existing resources used to assess aspects of SE, both in and out of school.^{1,38-45} Discussions were held afterward with representatives from the Ministry of Education, the Population Council, UNESCO and several local Guatemalan organizations to identify questions of interest to the government of Guatemala and the various stakeholders.

Data Collection

Key informant interviews were conducted by three experts in qualitative research who were also familiar with the subject and experienced in this type of work. The interviews took place in Spanish, between April 10 and June 18, 2015, and were audio recorded (subject to interviewees' informed consent).

For the surveys conducted in schools, 12 experienced interviewers were trained in a week-long workshop that covered the three questionnaires and included pilot testing in a school that was not part of the sample. The principals of sampled schools were contacted by phone to introduce the study and request their participation; these calls were followed by formal letters signed by the Ministry of Education, informing them of the dates of the survey. The survey of principals, teachers and students took place between March 6 and April 24, 2015.

Ethical Considerations

All participants in the study were read the informed consent, which requested their acceptance prior to conducting the survey or the interviews. Participant names were not written on any questionnaire, cover page or consent form, nor were they included in tape recordings or databases. If a person agreed to participate but felt uncomfortable signing, the interviewer could do so for him or her. Interviewees were informed that they could stop the interview at any time and could refuse to answer any question if they

so desired. In order to protect students' anonymity, no one besides the researcher was allowed to be present in the classroom while the survey was conducted, so that no one knew who took the survey and who did not. It was made clear to students that their participation was entirely voluntary and that their responses were completely anonymous. Students who opted not to participate were instructed to remain in the classroom and work quietly on other things while the survey took place. The study was approved by the ethics committee of the Guttmacher Institute.

Analysis

Qualitative data from key informant interviews were analyzed using thematic and content analysis in NVivo software. Quantitative data were entered into the statistical program SPSS. After cleaning and checking for inconsistencies, data were exported to STATA 14⁴⁶ for analysis.

The report presents a descriptive analysis by department, and for some variables, by gender. Data were weighted to ensure that the probability of being selected would be representative at the department level. Therefore, all estimates presented are representative at that level. Nevertheless, the number of unweighted cases in the sample (Ns) is presented at the top of each column in the tables that appear at the end of the report.

This report presents descriptive statistics on SE in schools, and highlights the significant differences between departments in the study. The indicators at the department level are presented at the end of the report, while in the text we summarize the measures for the three departments as a whole. We note specific differences between departments only when they are statistically significant at the level of $p < .05$ or less. We report differences by gender for measures related to students and sources of information on sexuality and attitudes.

Most of the school-level indicators are based on teachers' and students' responses, as they are most familiar with classroom realities. For some indicators, however, especially those related to policies or program structure, we considered the principal's responses to be representative of the school.

For questions asked of teachers but presented at the school level, we registered a school response as "yes" if one or more teachers responded affirmatively; that is, if at least one teacher in a school taught a SE topic, we considered that topic offered in the school. For questions asked of students and presented at the school level, we classified a school response as "yes" if at least 20% of students responded affirmatively. The cutoff of 20% was established because in a sample of 19 students per school on average, and fewer in some departments, a cutoff of less than 20% could result in estimates based on just one student in the case of very small schools.

Finally, it should be noted that in sections that present data obtained from both teachers and students, responses from one group cannot be compared with the other, even though in many cases similar questions were asked of both groups. This is because sexuality education is included in various subjects and is taught by different teachers, but we did not track which students attended which activity/class/topic given by which teachers. Therefore, we cannot make a direct comparison; instead, teachers' responses reveal the overall experience of teachers who cover the various topics in each school; and the students' perspectives show the overall experience among the student body. The two perspectives are presented separately throughout the report.

CHAPTER 3: SEXUALITY EDUCATION POLICY IN GUATEMALA

This chapter provides a historical perspective on the development of sexuality education policies and programs in Latin America and, more specifically, in Guatemala. The structure and content of curricula are also examined, with special emphasis on their comprehensiveness.

Sexuality Education Policy in Latin America

Sexuality education (SE) policies in Latin America emerged at the end of the 1960s and early 70s within the context of development goals, specifically the need to control population growth. Policies were initially promoted on the basis of one important component: “population education.” In the 1974 Bucharest World Population Plan of Action, governments were urged to provide information, education and family planning methods. Compared with other parts of the world, Latin America and the Caribbean placed more emphasis on the component of SE.⁴⁷

Since then, the international treaties that have been signed have adopted various human rights approaches, including the right to education (Jomtien in 1990, Dakar in 2000), gender equality (CEDAW 1979, Beijing 1995) and sexual and reproductive rights (Cairo 1994). The Cairo Plan of Action proposed to address the specific SRH needs of adolescents and youth from a rights-based and gender-focused approach, based on the specificities of men and women and the disadvantaged position of the latter.⁴⁸

During the 2008 XVII International AIDS Conference in Mexico City, health and education ministers from 33 countries in Latin America and the Caribbean signed the ministerial declaration “Preventing through Education”.⁴⁹ This declaration aimed to fight the HIV/AIDS pandemic in Latin American adolescents and youth by promoting joint efforts between the ministries of health and education and civil society.

Within this framework, most Latin American countries include SE in one way or another in the public education system. The situation is varied: some countries like Ecuador, Colombia, Argentina and Uruguay have specific laws in this regard; in other countries such as Chile, Peru, Mexico and Venezuela, there are general laws with specific references to SE; still others have federal programs that are coordinated with social actors such as the various sex-positive movements; Cuba and Brazil are emblematic of this approach. Finally, Central American countries and Paraguay have carried out certain actions and projects, ranging in scale from isolated initiatives to efforts at the national level. Despite the heterogeneity, it can be said that the region has made progress in the promotion of SE.⁵⁰

To a greater or lesser degree depending on the country, the Catholic Church in Latin America has opposed public policy related to sexuality and its expression. In recent years, Evangelical Churches have also gained ground, with renewed forms of political intervention.^{51,52} Generally speaking, the main actors defining public policy in this field are international agencies, States, the Catholic Church and organized groups in civil society (such as feminist and youth movements).⁵⁰

Sexuality Education Policy in Guatemala

As in other Latin American countries, sexuality education in Guatemala began forty years ago, within the context of population education, with no specific regulatory legal framework that would obligate the State to guarantee the human right to receive SE. The *Universidad del Valle de Guatemala* began formal sexuality education in 1968 through the *Programa de Educación para el Desarrollo Humano* (human development education program) that lasted only five years, during which time syllabi were developed for preschool, primary, lower secondary and upper secondary school levels. Subsequently, a group of experts formed the *Organización de Profesionales en Sexualidad* (organization of sexuality professionals) with the support of the *Comité Regional de Educación Sexual para América Latina y el Caribe* (CRESALC) (regional committee for sexuality education in Latin America and the Caribbean), the *Universidad del Valle* and the *Asociación Mexicana de Educación Sexual* (Mexican association of sexuality education). In 1978, the organization of sexuality professionals morphed into the *Asociación Guatemalteca de Educación Sexual* (AGES) (Guatemalan association of sexuality education), whose mission is to provide youth with SE.^{53,54}

At the beginning of the 1990s, with support from UNFPA, the Ministry of Education incorporated population education into the formal education curriculum, including some SE content. The *Secretaría Presidencial de la Mujer* (SEPREM) (President's office of women's affairs) was created in 2000, and the *Política Nacional de Promoción y Desarrollo Integral de las Mujeres* (PNPDIM) (national policy for the promotion and integrated development of women) was formulated, including commitments related to SE. Legislation enacted in the 21st century constitutes the legal framework underpinning SE.[‡]

Progress in the legal arena has not been without strong opposition from some social groups whose lobbying has had an impact on institutions. For example, in 2007 during the drafting of the *Plan Salud Educación* (health/education plan), which aimed to standardize the materials used by the ministries of health and education in order to align them with the legislation, the Ministry of Education objected to materials already produced, expressing reservations about topics related to gender, sexuality, sexual diversity, contraceptives and condom use.⁵⁴

In 2010, with support from the President's office of women's affairs (SEPREM), the Ministry of Education conducted a series of workshops at the national level with school principals, technical staff and teachers; the purpose was to arrive at an institutional assessment of the level of knowledge, appropriation and implementation of commitments made regarding women's rights, comprehensive sexuality education and the prevention of violence. The results of this analysis served to improve the process of institutionalizing CSE and violence prevention;⁵⁵ compliance with this process is mandatory for public servants.⁵⁴

Key informants indicated that the State has not provided adequate and continuous support for SE. Advances were made during the progressive administration of 2008-2012, including the development of materials such as the manual *Aprender para vivir* (learn to live); this was aimed at providing CSE training for health ministry staff in central and provincial offices and at raising awareness about the need for SE among parents and community members. However, these advances were not sustained over time. In the period 2010-2011, priority was given to CSE and the prevention of violence as strategic to advancing the

SE agenda.⁵⁶ At the end of 2011, the manual *Aprender para vivir* was revised in keeping with international technical guidance on CSE (UNESCO 2010), and the Ministry of Education established the Gender Equity and Ethnic Pertinence Unit (UNEGEPE), which began a pilot training program for technical and teaching staff in six departments. With the change of administration in 2012, however, SE was sidelined and interest shifted toward addressing violence and bullying in schools. While work continued on the manual *Aprender para vivir*, which was divided into 11 modules⁵ in 2013, at the time of research these modules remained unpublished. In the words of one key informant who stated that this is not the first time the publication of SE materials has been delayed:

On at least two previous occasions the publication of materials has been halted, and during this administration instructions were given to limit the distribution of all but a few authorized publications... One of the most important considerations in establishing sexuality education in Guatemala is the strong presence of conservative groups with largely fundamentalist religious beliefs, which have intervened arbitrarily in the implementation of relevant legal frameworks and public policies. The clear influence of the Church in public education policy illustrates a low level of development and a low capacity for tolerance; social organizations have had to exert pressure in order to create forums for participation in, and advocacy on public policy. (Education expert, Guatemala)

The pilot program was partially implemented due to ministerial decisions: technical teams, parents and community members were educated and trained in six departments (Chiquimula, Izabal, Alta Verapaz, Chimaltenango, Totonicapán and Escuintla), but teachers were trained in just a few schools in four of those departments. The government has not shown any political will to resume implementing the program. At the time of writing, it is not clear how CSE will be addressed, although there are signs of openness and the intent to promote it. Nevertheless, efforts have been isolated and barely disseminated.

In addition to State actions, there are several civil society initiatives, such as the *Campaña Nacional por la Educación Sexual* (national campaign for sexuality education), in which youth organizations and women's organizations participate, demanding that comprehensive, secular and scientific SE be integrated in the curricula, so that adolescents and youth can know their sexual and reproductive rights.⁵⁰ Members of the campaign are very active and participatory; the campaign carries out advocacy events, and it plays a significant role in that it frequently calls attention to the issue of CSE in political and public opinion forums.

While the Ministry of Education prioritized the implementation of CSE during 2013 and 2014, conservative groups limited access to SE that had a comprehensive and rights-based focus. Organizations representing the interests of the political elites and the Catholic and Evangelical churches were opposed to CSE, arguing that it goes against the educational role of the family and promotes promiscuity and abortion.⁵⁷ Again at the beginning of 2016, a youth law was introduced as a bill in which CSE and other cross-cutting issues were considered a right. While some public opinion, youth and civil society groups were mobilized, conservative forces managed to block the passing of the bill into law. In fact, an evaluation of the implementation of the ministerial declaration "Prevention through Education" revealed that from 2008 to 2010, 54% of schools within the ministry's jurisdiction had institutionalized CSE, while between 2010 and 2015, only an additional 3% of schools did so.⁵⁸

In an attempt to counter the State's resistance to including CSE, the National Roundtable for Comprehensive Sexuality Education (MENEIS) was created in 2015. The Roundtable brings together more than 23 civil society organizations, institutions, research centers, academics, members of the media and individuals, with the aim of advancing goals and carrying out other actions that ensure the right to CSE from a human rights, gender equity and intercultural approach. This Roundtable also aims to build bridges to authorities in the Ministry of Education through appropriate communication strategies.

Many of the actions carried out and the commitments made in recent years have aimed to address the increase in adolescent pregnancy. There is a progressive legal framework for family planning, and this is a strategy within CSE. Nevertheless, some young activists report that commitments are never put into action and that many obstacles remain at the community level.¹⁴

Curriculum Structure and Content

Despite the fact that Guatemala has made international commitments to implement CSE and that the country has a legal framework that mandates program development, the brief historical summary presented here reveals that there is no specific and comprehensive SE program as defined in this study, but rather individual actions, pilot programs and strategic plans, as well as a political environment that is hostile to the implementation of CSE.

The basic national curriculum (CNB) includes CSE content, primarily within the subject area of Natural Sciences, with some additional topics taught in the areas of Productivity and Development, Social Sciences and Civics and other subjects. The topics included in each subject area of the CNB appear on the Ministry of Education's website.⁵⁹ Content related to CSE in Natural Sciences primarily focuses on biology and how the human body functions, but "the development of values related to critical thinking, reasoned decision-making linked to personal, family and community well-being, and responsible expressions of sexuality and family planning" are also included. Nevertheless, it is not clear how much emphasis is placed on the latter two topics. In the area of Productivity and Development, CSE content is limited to discussions about interculturality, gender equity and respect for diversity. In Social Sciences and Civics, important CSE topics such as empathy, respect for cultural and multi-ethnic diversity, the positive acceptance of differences, human rights, communication, and peaceful conflict resolution are taught, although no reference is made to CSE specifically.

While the CNB includes CSE as a cross-cutting theme and the topics mentioned are developed throughout the student's educational program, a specific CSE program has not been institutionalized. Furthermore, the CNB is used more as a general framework from which to develop topics, rather than as an implementation tool. Additionally, since the CNB does not include monitoring how CSE content is taught, NGOs and each teacher's judgement fill in the CSE gaps in the classroom. The main limitations to implementing CSE in the country are the lack of funding, the limited investment in teacher training both in the subject matter and in the CSE approach, and the control imposed by conservative groups on decision-making bodies.

Sexuality Education Yes, But How Comprehensive?

While sexuality education delivered by the State addresses some important topics related to HIV/AIDS, STIs, pregnancy and reproductive organs, among others, they continue to focus on biology and emphasize prevention, rather than a more comprehensive focus from a human rights-based approach.

The UNEGEPE recognizes that the CNB includes among its curricular cross-cutting themes, those of rights, gender, identity, multiculturalism and interculturality; at the level of discourse, it also posits non-sexist comprehensive instruction free of ethnic or age discrimination:

Nevertheless, a detailed analysis reveals that although they are stated among curricular themes, competencies in gender or ethnic equity are not developed, nor is a human rights framework. The integration of sexuality education content is not systematic nor gradual in keeping with boys' and girls' ages, and has a strong focus on biology developed from a health perspective that precludes addressing SE in a comprehensive way with all the recommended components. (60 p. 21)

Members of the national campaign for sexuality education consider that sexuality education content in the basic national curriculum (CNB) is not comprehensive; it does not address topics such as the rights of LGBTQI people, sexual diversity, sexual pleasure or the rights of people living with HIV/AIDS (based on personal communication).

The current ministry leadership seems to be more receptive to undertaking processes that can lead to implementing a CSE policy. Yet many social, political, cultural and institutional obstacles remain.

Summary of Findings

- Guatemala has broad legislation and interinstitutional agreements that require education institutions to provide SE from a gender, human rights and ethnic equity approach; they also establish that SRH services should be user-friendly for adolescents.
- In 2010-2011 the government prioritized Comprehensive Sexuality Education and Violence Prevention as strategic themes. Technical and teacher teams were trained in several departments in the country, on the basis of UNESCO international technical guidance.
- Despite international commitments, as well as the development of content for a CSE program and the implementation of pilot programs, Guatemala still does not have an official SE program. To date, only specific actions with limited scope have been carried out.
- SE is not a specific subject in school. SE is inserted across the basic national curriculum (CNB): topics are taught to a greater or lesser degree in all primary and lower secondary level subjects, with more attention devoted to them in Natural Sciences, Productivity and Development and Social Sciences and Civics.
- Sexuality education delivered by the State is not comprehensive: it addresses some important topics related to HIV/AIDS, STIs, pregnancy and reproductive organs among others, but the focus continues to be on biology with an emphasis on prevention rather than a comprehensive and rights-based approach.
- The civil society national campaign for sexuality education has been very active in demanding the integration of comprehensive, secular and science-based sexuality education in programs of study for young people.

CHAPTER 4: THE REALITY OF SE IN THE CLASSROOM

A full range of questions were asked in the three types of surveys conducted in schools (with principals, teachers and students) in order to determine the degree to which SE policies in Guatemala have been understood and implemented.

Structure, Class Hours, Timing of Delivery and Separation by Sex

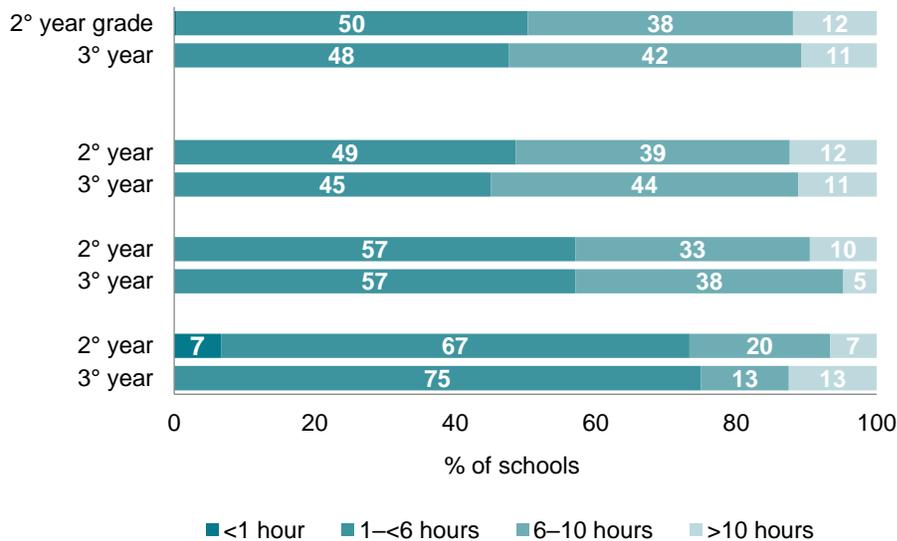
One of the questions asked whether it was necessary to inform parents before teaching SE classes and if teaching SE was mandatory. Although SE regulations in effect do not require prior parental permission to teach SE, and two-thirds of school principals confirmed this, one-fourth of schools provide general information to parents, and 12% inform them about specific SE topics. Furthermore, one-fifth of the schools in Guatemala and Chiquimula departments (all private schools) ask students to obtain parental consent before providing SE (data not shown in tables).

All school principals in Huehuetenango and Chiquimula responded correctly when asked if SE is mandatory, versus only 82% in the department of Guatemala (data not shown). There is wide variability in the perception about the entity responsible for implementing SE. Although officially it is the Ministry of Education,⁶¹ only 49-63% of schools in Guatemala and Chiquimula departments and 36% in Huehuetenango believe it is the responsibility of the MOE. Nineteen percent of schools in Chiquimula think it is the school's responsibility, versus 33% in Guatemala and 41% in Huehuetenango (Table 4.1). In addition, 19-23% of schools believe it is the teacher's responsibility. Most schools (61%) indicate that SE is taught as part of the national curriculum, while 36% report it is also an extracurricular activity.

According to teachers, class hours per week devoted to SE are quite low at the lower secondary level. In the 2nd grade, half of schools devote less than six hours per two-month term. Thirty-eight percent of schools (only 20% in Chiquimula) devote 6-10 hours, and very few (12%) devote more than ten hours, especially in Chiquimula (7%). The same pattern can be observed in 3rd grade of lower secondary school in the three departments studied: a greater proportion of schools (48%) devotes less than 6 hours per two-month term, and only 11% devote more than ten hours (Table 4.1; Figure 4.1). It is the opinion of 53% of students that more time should be devoted to SE, while 44% consider it adequate. Only 3% of students think less time should be devoted to SE (data not shown).

According to students, other professionals besides their teachers participate in SE in their schools. The most common are health staff, especially in Huehuetenango (96%) and Chiquimula (89%). Peer educators called *Jóvenes Educando Jóvenes* (youth teaching youth) are also important collaborators in the teaching of SE (41%, Table 4.1). In addition, students mention members of the community, who primarily intervene in public schools (36% vs. 15% private), and religious representatives, who are involved almost exclusively in private schools (16% vs. 1% public, data not shown).

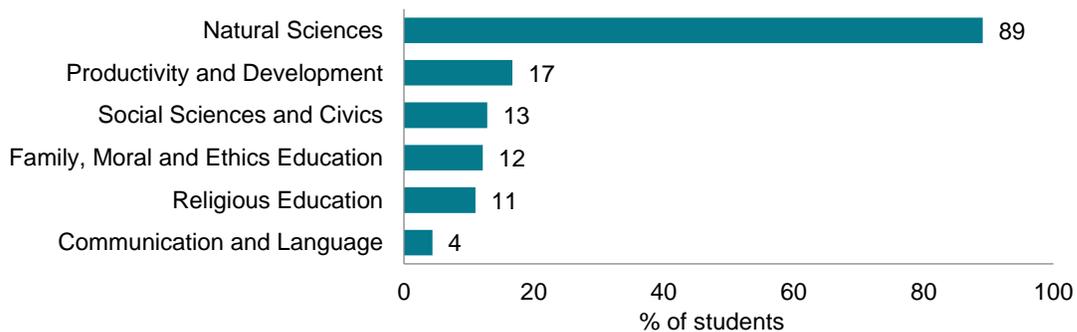
FIGURE 4.1. The number of hours dedicated to reproductive health topics in 2nd and 3rd year lower secondary vary by region



Among students who have received SE, 60% were first exposed to it in primary school, and the rest (40%) in secondary school (Table 4.2). Eighty-two percent of those who began SE in primary school, and 74% of those whose first exposure took place in lower secondary school, were satisfied with the timing of the first exposure. These satisfaction levels decline as first exposure to SE is delayed. Thus, the proportion who would have preferred to start SE earlier, is higher among those students whose first exposure took place in secondary school (19%) than among those who began SE in primary school (11%).

In each of the departments, most students (89%) reported having received SE primarily in Natural Sciences classes, followed by Productivity and Development classes (17%). A smaller proportion of students received SE in Social Sciences and Civics classes (13%), in Religious Education classes (11%) and in Family Education classes (12%; Table 4.2, Figure 4.2).

FIGURE 4.2. Most students learn about sexuality education in Natural Sciences Classes



In coeducational schools, students were asked about the modality of teaching SE: if males and females received it together or separately, and how they preferred it. Most students (65%) receive SE with males and females together, and 27% have some activities together and some separate, depending on the topic. More than half the males prefer that SE activities be carried out together with females, while only 38% of females express this preference. Only 9% of males prefer all activities to be conducted separately, while twice as many females prefer this modality (Table 4.2).

Content of Curricula

The main instrument used to guide instruction in SE is the general guide provided by the Ministry of Education, which is more commonly used in the department of Guatemala (87% of schools) than in Chiquimula (63%) or Huehuetenango (55%; data not shown in the tables). Most schools (95%) use a SE curriculum. Of these, most use the national curriculum, although less so in Chiquimula (75%) than in Huehuetenango and Guatemala (86-97%). Regional level curricula and those developed by international organizations are also used, but to a lesser degree (data not shown).

Topics Offered

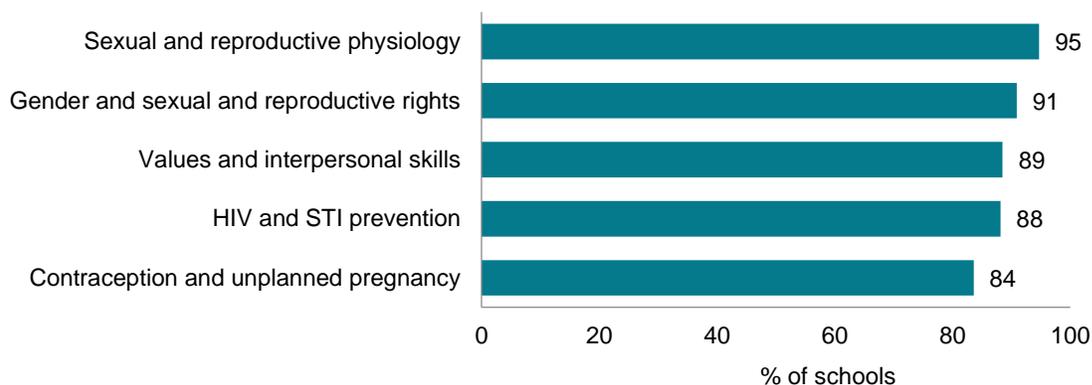
Teacher Perspectives

Most CSE topics are taught in almost all schools, particularly in Guatemala and Huehuetenango (Table 4.3). The topics that receive less attention, with coverage varying more among departments, are those topics that are either more controversial or require more teacher training; that is, sexual and reproductive rights, where to access STI and contraceptive services and how to use contraceptives. A smaller number of schools in Chiquimula than in Guatemala and Huehuetenango teach topics such as reproductive organs and how to use contraceptives. In other more complex topics, such as decision-making skills and self-esteem strengthening, sexual orientation and sexual diversity, Huehuetenango lags behind Guatemala.

Very few school principals indicated there were any topics off limits, but 3% did mention prohibitions on the teaching of contraceptives: what they are, how to use them and where to get them. In some private schools in Huehuetenango, it is forbidden to teach about sexual orientation and communication within the relationship (data not shown).

With regard to the comprehensiveness in the range of topics covered by the SE curriculum, according to teachers, 97% of schools achieve at least a “minimum” level of comprehensiveness: at least one topic in each of the five broad categories (Table 4.3) is covered. Ninety percent of schools have at least an “adequate” level of comprehensiveness, with almost all topics (except one at most) in each of the five categories covered. Only 76% of school curricula have a “high” level of comprehensiveness, offering all topics in all of the categories. Chiquimula has a particularly low proportion of schools (44%) with a high level of comprehensiveness in the curriculum. The category least covered is contraception and unintended pregnancy: only 84% of schools teach all the topics in this category, and in Chiquimula the proportion drops to 56% (Figure 4.3).

FIGURE 4.3. According to teachers, schools teach most sexuality education topics, but some topics receive less attention.



Student Perspectives

Although responses from teachers and students are not entirely comparable, as previously explained, similar questions were asked of both groups about the curriculum and how it is taught. Student responses paint a different picture than that of teachers: none of the students reported receiving instruction in all 18 CSE topics (Figure 4.4). For example, only 35% of students received instruction on where to access STI/HIV prevention and treatment services, while according to teachers, 89% of schools covered these topics. The topics receiving most attention (mentioned by 90% of students) were topics related to biology (puberty and physical changes in the body, and reproductive organs), as well as HIV/AIDS. Among the topics with the least coverage, mentioned by less than half the students, were abstinence, where to get contraceptives and how to use them, and where to access STI/HIV services. Huehuetenango had the lowest coverage of these topics. The figures suggest that many students are only told that contraceptives exist, they are not taught how to use them or where to get them.

In reviewing all categories, it is clear that physiology has much more coverage than the others, and that the categories related to values and skills are rarely taught comprehensively (Figure 4.5). Students in Chiquimula reported receiving more comprehensive instruction in these categories that receive less attention, than students in the other departments.

Table 4.4b presents the topics that students would like to learn (if they are not already learning) or would like to learn more about. Between 45% and 50% of students would like to learn more about sexual behavior, communicating within relationships, decision-making and self-esteem strengthening skills, abstinence, contraceptives and how to use them, and where to access STI/HIV prevention and treatment services. In Huehuetenango, there is a smaller proportion of students wishing to know more about the 18 topics, which might indicate that those students have already received instruction in those areas, or that they don't feel the need or have an interest in learning more. Generally speaking the proportion of students wishing to learn more is higher in Chiquimula, indicating a great need for more information in this department.

FIGURE 4.4. According to students, topic coverage by category varies

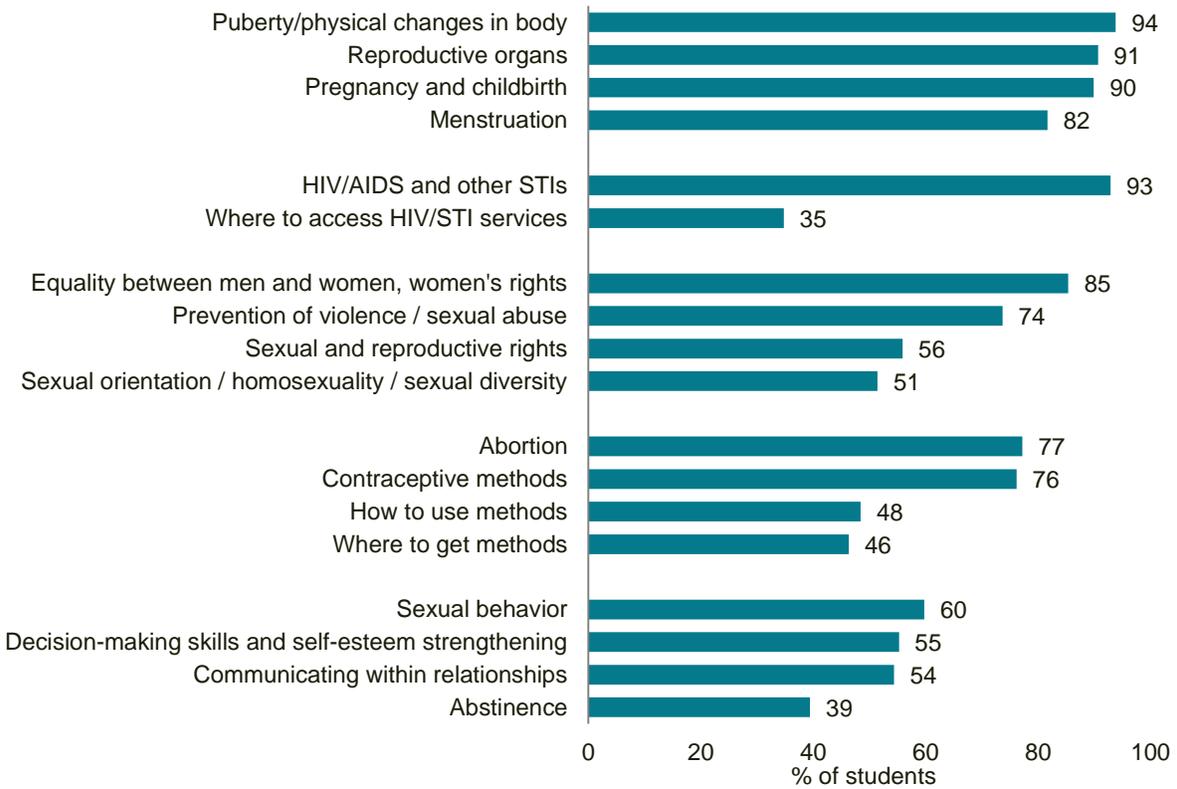
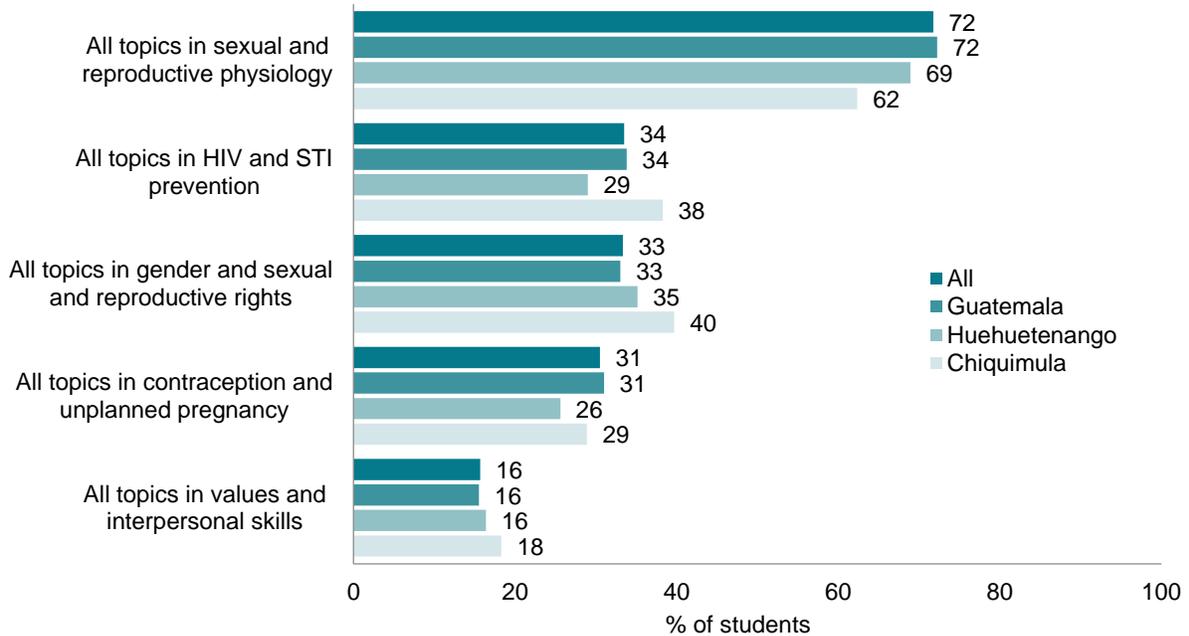
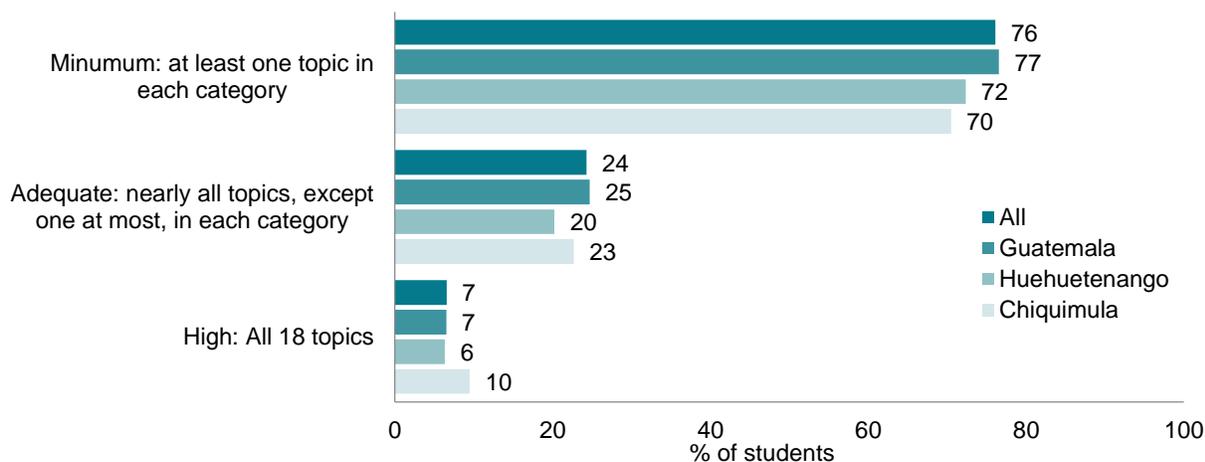


FIGURE 4.5. According to students, "contraception" and "values and skills" are the categories less taught.



In order to assess the comprehensiveness of SE received, the content of each topic category was analyzed for its coverage. The vast majority of students (76%) received instruction in at least one topic per category, indicating a minimum level of comprehensiveness. However, only 24% of students experienced an adequate level of comprehensiveness (with almost all topics covered, except one at most in each category), and a mere 7% of students received instruction in each of the 18 topics (Figure 4.6). Although responses from teachers and students are not entirely comparable (because it is not known which teachers taught which students and in which school grade they taught each topic), it is worth noting that students reported a much lower level of comprehensiveness than that reported by teachers. It could be that some students minimize what they have learned, perhaps because they forgot it or as a strategy to receive more hours of SE instruction. However, it is also possible that they exaggerate what they have learned in order to impress the researchers and show that they pay attention in SE classes. These two potential sources of bias would cancel each other out. Teachers, on the other hand, might tend to exaggerate the topics covered if they believe these topics are part of the curriculum and meant to be taught. Although it is possible that teachers report covering more topics than students report receiving because the teachers deliver those classes in higher grades that the student respondents have not yet reached, it is unlikely that this would account for all the differences between students and teachers.

FIGURE 4.6. Very few students felt that sexuality education contents taught had a high level of comprehensiveness.



*The "Adequate" and "High" categories do not present statistically significant differences by department.

Concepts and Messages Conveyed

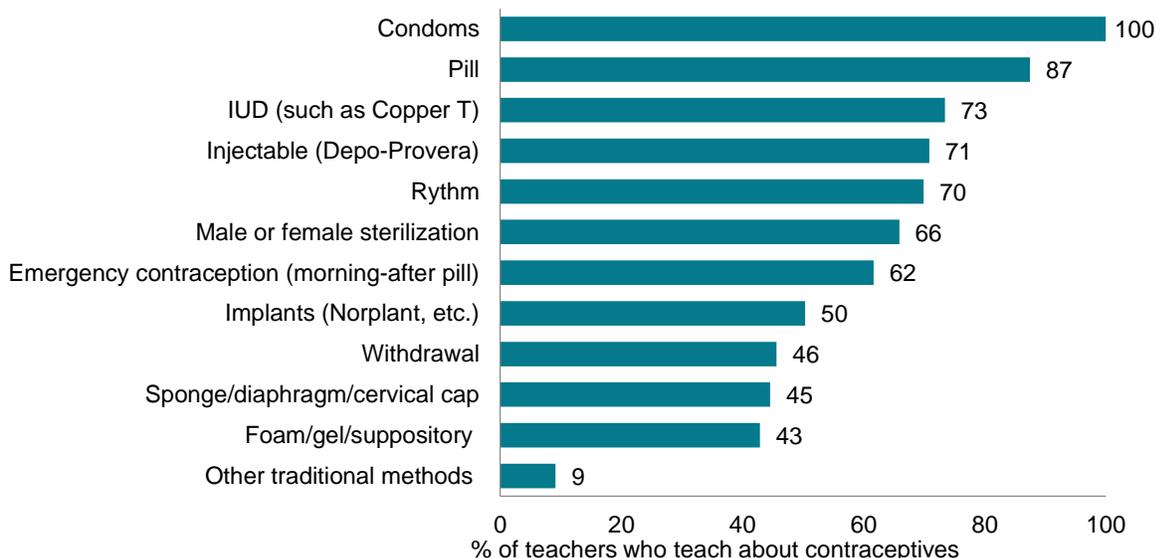
Teacher Perspectives

Teachers were asked if they teach certain concepts related to life skills, STIs/HIV, contraception and pregnancy, which should be part of CSE. Between 91% and 100% of teachers stated that they teach all the concepts listed in Table 4.5. The concepts relatively less taught are how to make positive decisions and stick to them (91%) and how to communicate and negotiate with a partner about using a contraceptive method (92%), especially in Chiquimula (72%).

As an indirect means of measuring how conservative or progressive a curriculum is in teaching SE, teachers were asked how much they conveyed certain messages about sexuality to students. The vast majority of teachers who use a curriculum assured that they place strong emphasis on two positive messages: that young people have a right to know about sexual relations and SRH (77%); and that young people should protect themselves by using a condom when having sexual relations (73%). Nevertheless, a significant proportion of teachers also convey conservative messages, such as that young people should avoid having sexual relations until they are married (54%), that abortion is immoral (51%) and that having sex is dangerous (41%). An even higher proportion of teachers in Chiquimula placed strong emphasis on these negative messages: 88%, 66% and 53% respectively for each message.

With regard to specific contraceptive methods (Table 4.7, Figure 4.7), all teachers indicated that they teach about condoms, 87% reported teaching about contraceptive pills, and 73% stated they teach about the intrauterine device (with the highest percentages in Huehuetenango: 90%). More than half the teachers reported that they provide information about emergency contraception (62%), although it is not available in public health establishments or its access is limited to rape victims.

FIGURE 4.7. Teachers teach about a wide range of contraceptive methods besides condoms and pills.



A significant proportion of teachers (70%) report emphasizing that contraceptive methods are effective in preventing pregnancy (Table 4.7, Figure 4.8). However, among those who teach about condoms, 43% emphasize that the condom is not effective in preventing pregnancy (Figure 4.9), and more than one-third of teachers in Huehuetenango and Guatemala indicate that this method does not prevent STIs effectively (Figure 4.10). Furthermore, 3% do not teach the connection between condom use and preventing pregnancy, nor the role of condoms in preventing STIs/HIV. While 88% of teachers teach about contraceptives, even more (95%) teach about abstinence and present it as the best way (46%) or the only way (27%) to prevent STIs and pregnancy (Figure 4.11).

FIGURE 4.8. Most teachers who teach about contraceptives emphasize that contraceptives are effective for preventing pregnancy.

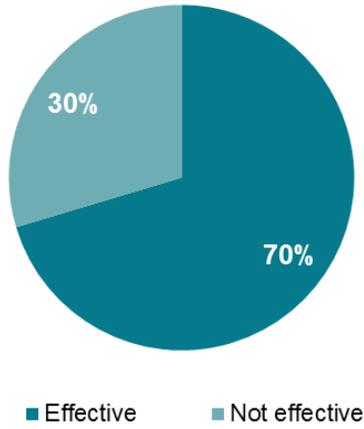


FIGURE 4.9. Almost half of teachers who teach about condoms emphasize that used alone, they are not effective for preventing pregnancy.

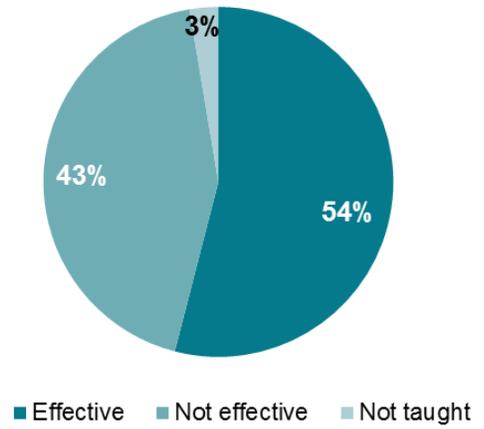


FIGURE 4.10. More than one third of teachers who teach about condoms emphasize that they are not effective for preventing STI/HIV .

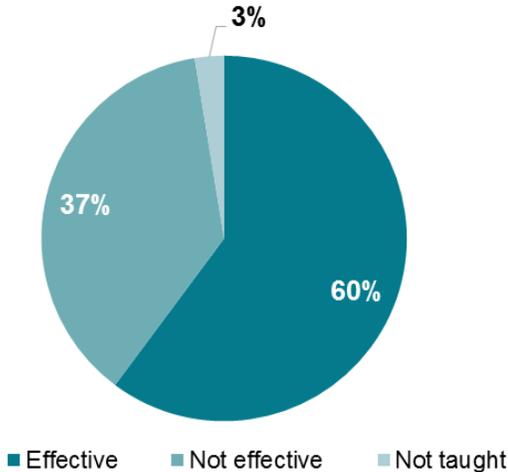
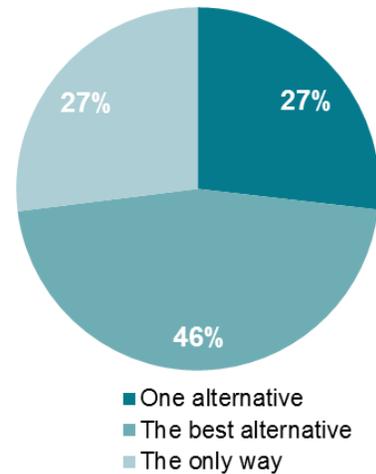


FIGURE 4.11. Almost three fourths of teachers who teach about abstinence, consider it is the best or only way to prevent STI and pregnancy.



Student Perspectives

With regard to sexuality concepts and skills that are most taught and least taught, student responses show strong similarities among the three departments. For example, less than half the students indicated that they received instruction on how to talk to their partner about getting tested for HIV, how to communicate with a partner about using contraceptive methods, or how to recognize forced sexual contact (Table 4.8). Conversely, students in the three departments coincided in stating that the skills topics in which they receive instruction most frequently are respect for self and others (76-89%), preventing HIV (73-76%), and making one’s own decisions (68-70%).

In terms of messages conveyed in SE classes, 60% of students indicated that teachers insist that sexual relations are dangerous (compared with only 40% of teachers indicating this emphasis). A similarly high proportion of students stated that they were told to avoid sexual relationships but in case they had them, to protect themselves by using condoms; approximately half the students reported a strong emphasis on avoiding sex before marriage (Table 4.8).

Teaching Methods

Both teachers and students were asked about SE teaching methods. The methods most commonly used by teachers are traditional talks (88%) and group discussions (96%). While class work and assignments (traditional methods) are frequently used in Huehuetenango and Guatemala, in Chiquimula a significantly smaller proportion uses these methods (Table 4.9a). More dynamic and creative methods, such as drawing, media (Internet/social media), film and theater/role-playing/storytelling, are used much less in Chiquimula, where less than 40% of teachers use them, compared with 60% in the other two departments. In general, teaching methods used by teachers in Chiquimula are less varied than in the other two departments; in Chiquimula, teachers rely primarily on traditional talks.

Students and teachers concur in stating that talks are the most commonly used teaching method (87%), but each of the other methods is mentioned by less than 40% of students overall (Table 4.9b). The methods least reported are drawing (17%), media (25%) and art/theater (6%), which were also the methods least reported by teachers (Figure 4.12). However, compared with students, a much higher proportion of teachers reported using each method, indicating a large discrepancy between teacher and student experiences. It is worth noting that more students in the department of Guatemala reported that talks and assignments are used much more than interactive methods (media, film, art/theater), compared with students in the other departments. This differs from teachers in Guatemala, who reported using interactive methods in large numbers. In response to the question about which SE teaching methods they prefer, students' first choice was talks (67%) followed by films, video and radio (51%), group discussions (39%) and media (32%). It is also worth noting that for these last three methods and interactive methods in general, demand is greater than supply (according to students), which would indicate the existence of an unmet need for these methods (Figure 4.12). Students in Huehuetenango were particularly interested in experiencing various teaching methods.

FIGURE 4.12. Activities used in sexuality education instruction (as reported by teachers and students) and activities preferred by students

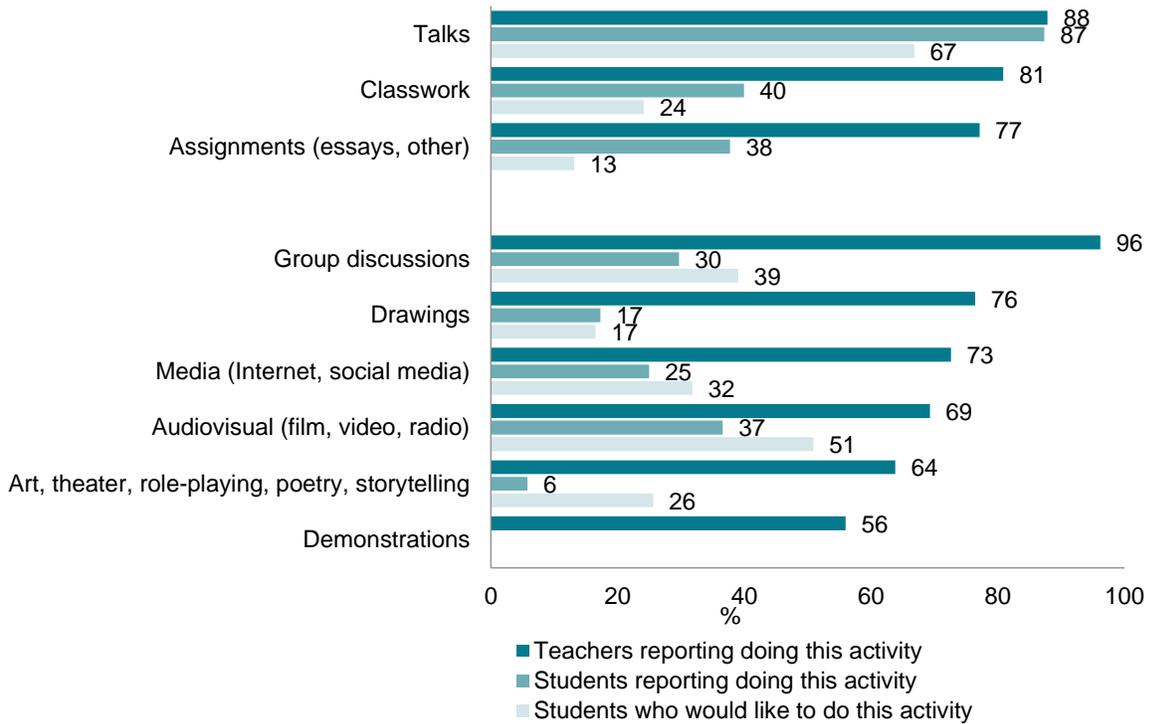
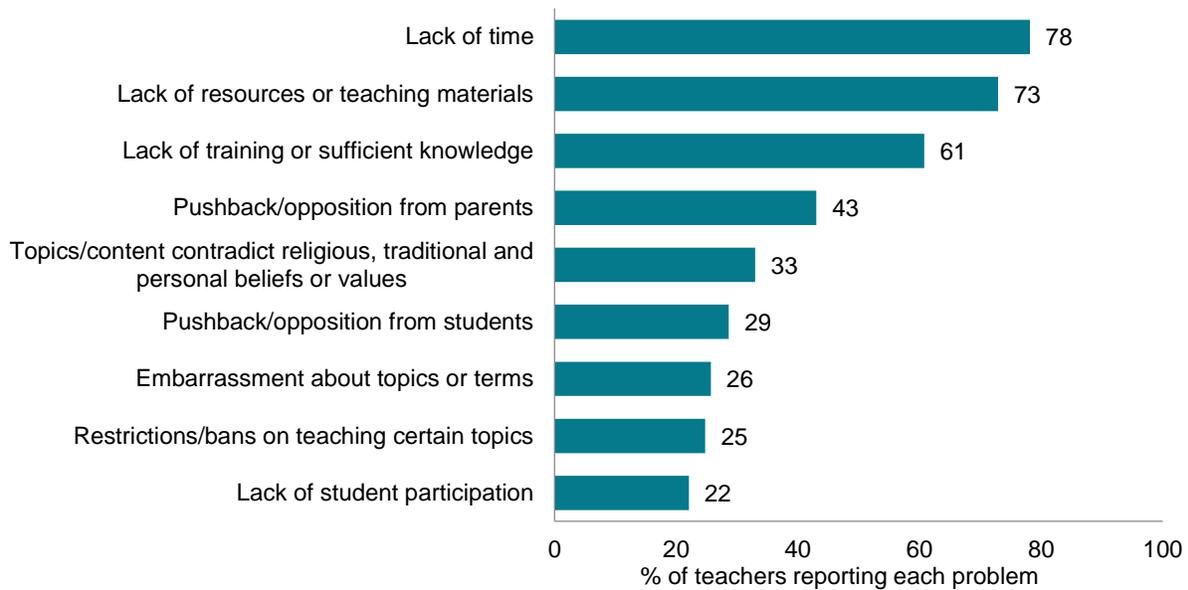


Table 4.10 presents additional information about teaching methods; for example, the way in which teachers answer questions posed by students in SE classes. The vast majority of teachers use two ways: they answer in front of everyone (95%) or in private (85%). Just over half the teachers (51%) confirm that they show students contraceptive methods in class, but less than half (45%) demonstrate the use of condoms. Seventy-three percent of teachers assert that they provide information about where students can go for health services, which, given the dearth of information they provide on contraceptives, would indicate that they prefer to have others address this topic in greater detail.

Class Environment

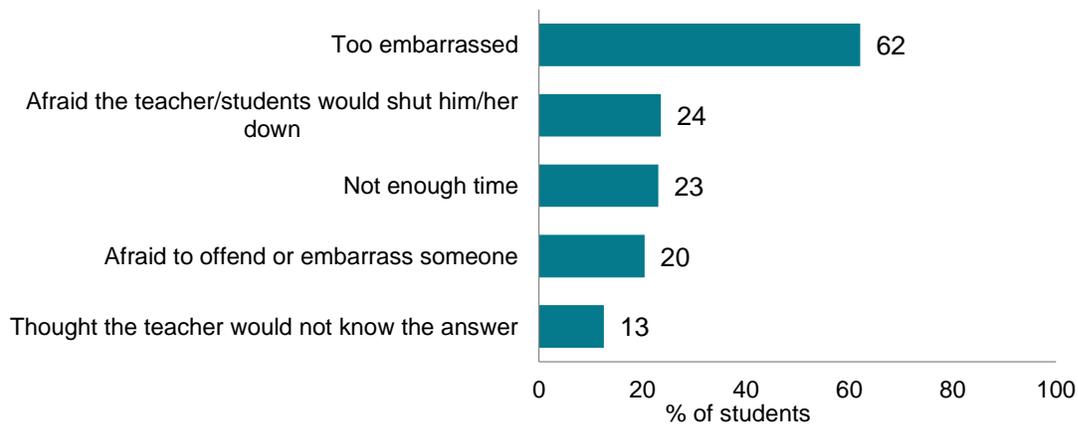
This section describes the problems faced by teachers and students in the classroom, which may, to some degree, affect the development of SE. The main obstacles faced by teachers in SE classes are, in order of importance, lack of time (78%), lack of resources or teaching materials (73%) and lack of training or sufficient knowledge (61%). Forty-three percent of teachers also mention parental opposition (Table 4.11; Figure 4.13). Other less mentioned challenges are that topics/content contradict religious, traditional and personal beliefs or values (33%), embarrassment about topics or terms (26%), student pushback (29%) and lack of student interest or participation (22%). Twenty-seven percent of teachers in Guatemala and 22% in Chiquimula face difficulties due to restrictions or prohibitions about what can or cannot be taught, compared with only 5% in Huehuetenango.

FIGURE 4.13. The most common problems teachers report in teaching sexuality education are lack of time, resources and training.



Half the students stated that they are interested in SE classes, and in their opinion, only a small proportion of teachers seem embarrassed to talk about sexuality topics (7%). Nevertheless, 45% of students reported that their classmates do not pay attention or interrupt the class when these topics are addressed. The lack of student interest or participation, identified by teachers as a problem in delivering SE classes, may be more related to feeling embarrassed about expressing their concerns, than actual disinterest. In fact, 62% of students expressed a desire to ask questions at some point, but did not do so out of embarrassment; 24% held back because they believed the teacher or classmates would not take them seriously; 24% held back because they believed the teacher or classmates would not take them seriously; and a similar proportion expressed not asking questions due to lack of time (23%), fear of offending or embarrassing someone (20%) or because they thought the teacher would not know the answer (13%; Figure 4.14).

FIGURE 4.14. Reasons why students who wanted to ask questions in class did not



Evaluating the Quality of Instruction

Key informant interviews revealed that there is no system for conducting true evaluations. There are no diagnostic, formative or summative assessments; neither results nor impact are measured or evaluated. Instead, a report describing monitoring activities is prepared.

Do you have a way to evaluate the program?

Yes, every three months, each institution that signed the agreement has to present the means of testing, the means of verification, and demonstrate that they are meeting obligations. They present photos, subjects taught and attendance lists, in order to monitor and control activities that are carried out, not just that they signed the agreement and forgot about their commitments, but rather that the work is actually being done. (Ministry of Education official, Chiquimula)

Key informants also referred to occasional evaluations of short- or medium-term programs focused on specific communities and supported by international agencies. Nevertheless, the focus of these evaluations is similar to that of the Ministry of Education; that is, a report of activities carried out, rather than a true evaluation.

Yes, we are evaluated, we don't evaluate ourselves. Instead UNESCO suddenly comes to visit, because they provide support for our work, so they want to see an evaluation. They ask for photos and the sign-in sheets we use; we send those documents to Guatemala [City] to let them know how we work. The Comptroller's Office also reviews our attendance records, because now these are signed and sealed by the school, to show that we are complying with the work assigned to us. (Staff member from a government entity, Chiquimula)

According to teachers interviewed, the most frequently used method of assessing student learning in SE topics is through a written test (92% of schools), followed by presentations (64%), projects (61%), oral assessments (56%) and group work (48%; Table 4.12). Schools in the department of Guatemala use interactive methods, such as projects or group work, in larger numbers than those in Chiquimula or Huehuetenango. The learning aspect most evaluated in SE is knowledge (97%), followed by attitudes (82%) and, to a much lesser degree, skills (54%).

Forty-three percent of school principals indicated that their school never assesses teachers in SE. If assessments are conducted, they tend to be through class observation (67%), individual oral assessments (37%), student feedback (18%) and lastly, written assessments (15%).

Summary of Findings

- Teaching SE is obligatory, and it is part of the national curriculum used in most schools. Informing parents is not required; however, some private schools do inform parents or request their consent to teach certain topics.
- Most students receive instruction in SE topics as part of Natural Sciences class (biology), followed by Productivity and Development, and Social Sciences and Civics. However, half the schools devote less than six hours per two-month term to SE.

- Health providers, peer educators (youth teaching youth), community representatives and clergy all participate to some degree in teaching SE.
- According to teachers, most schools provide instruction in all the topics encompassed by CSE, but according to most students, the topics that receive most attention are those related to biology (puberty and physiological changes, reproductive organs) and to HIV/AIDS. The topics least addressed (according to both students and teachers) are where to obtain contraceptive methods, how to use them and where to obtain HIV/STI prevention and treatment services.
- According to teachers, in nearly all schools the curriculum has at least a “minimum” level of comprehensiveness (with at least one topic covered in each category), and the curriculum in 76% of schools has a “high” level of comprehensiveness (covers all topics in all categories).
- Students indicate that the curriculum is less comprehensive: while 76% of students receive instruction in at least one topic per category (minimum comprehensiveness), only 7% of students report that they receive instruction in all 18 topics (high level of comprehensiveness).
- Most teachers report conveying positive messages about sexuality, including that young people have a right to know about sexual relations and reproductive health, and that they should protect themselves by using condoms during sex. However, many teachers also convey conservative messages, like students should abstain from sex before marriage, abortion is immoral and having sex is dangerous. Students also reported that SE classes place more emphasis on morality than on scientific evidence.
- Most teachers reported teaching about contraceptive methods, primarily condoms and pills. However, an equally large proportion of teachers also reported teaching about abstinence, and three-fourths of them present it as the best or only way to prevent STIs and pregnancy, and not as one among several alternatives in informed decision-making about sexuality.
- The main challenges faced by teachers in SE classes are lack of time, lack of materials and resources, and lack of knowledge about the subject. A little less than half the teachers also mentioned parental opposition as an issue.
- Teachers mentioned student lack of interest in SE, but this could be a misinterpretation of student anxiety over a subject that has been socially taboo.
- The method most used to assess student knowledge, attitudes and, to a lesser degree, skills is a written test. Almost half the schools never assess teachers’ ability to teach SE.

CHAPTER 5: SCHOOL SYSTEM SUPPORT FOR SEXUALITY EDUCATION

Despite the fact that for several decades Guatemala has had a series of pedagogical instruments for implementing CSE throughout the school system, including guidelines on curriculum content, as well as teaching materials and pilot programs for teacher training, government support has been intermittent, and the country still lacks an official teacher training guide for CSE teachers.

At the end of 2010, the Ministry of Education's Gender Equity and Ethnic Pertinence Unit (UNEGEPE) prepared instructional support modules called *Aprender para vivir* (learn to live) within the framework of the strategy for institutionalizing CSE and Violence Prevention, and as part of the national policy for the promotion and integrated development of women (PNPDIM) (government resolution 302-2009). Subsequently, a thematic and instructional program was designed for implementing CSE in schools, composed of nine modules. This material was discussed with technical staff and teachers from education directorates in six departments, and put to the test in training workshops for directorate staff in 2011.

A new version was later prepared, consisting of 11 modules for training teachers in CSE, including concepts and key topics aligned with UNESCO's *International Technical Guidance on Sexuality Education*⁴ and UNFPA's operational guidance for implementing CSE programs with a gender and human rights focus.³⁶ This new material was approved by the Ministry of Education in early 2012. However, changes in ministry leadership that year stalled the program, which was not piloted until 2015 with teachers in some schools in Huehuetenango, as described by one of the interviewees:

We worked together with the Ministry of Health until 2012; we started a formative process with key actors, such as technical-administrative coordinators, bilingual technical staff, the health commission of each municipality and a teachers' commission from the various educational levels. We developed a formative process for acquiring knowledge about sexuality education, such as manuals from the health and education ministries, the guide "Learn to live" that also has an integrated approach to sexuality education [...] Unfortunately in 2012 there was a change in the education director at the department level, and we didn't get the support from the new person. In fact, of the four colleagues who were on that commission within the education directorate for the department, only one was kept on, because the new director did not want a team carrying out strategies. (Interviewee, Huehuetenango)

In 2015, with help from UNFPA, the *Escuela de Formación de Profesores de Enseñanza Media* (training school for teachers of middle school) (EFPEM) at the University of San Carlos incorporated a CSE approach in its training program for 2015-2019. The university was responsible for teachers' initial professional training. The school also established a National Roundtable for comprehensive sexuality education (MENEIS). This Roundtable was composed of representatives from academia, civil society and other actors qualified to design, implement and systematize educational processes based on international standards and scientific evidence. The Roundtable was also mandated to provide follow-up and ensure accountability for compliance with the law in matters of CSE.

Teacher Training

Although the country has not had ongoing SE teacher training programs, 69% of the schools in the three departments studied require teachers to have prior training in order to provide instruction in SE (data not shown). Nevertheless, a comparatively small proportion of teachers had actually received pre-service training (51%; Table 5.1a, Figure 5.1). A little less than half of these (43%) were trained by an NGO or university in the country, and 37% received training from the Ministry of Education. Smaller proportions of teachers were trained via courses they took on their own (18%), as part of their normal teacher training (17%), or by a health institution (13%).

FIGURE 5.1. One-half of teachers who teach SE did not receive prior training.

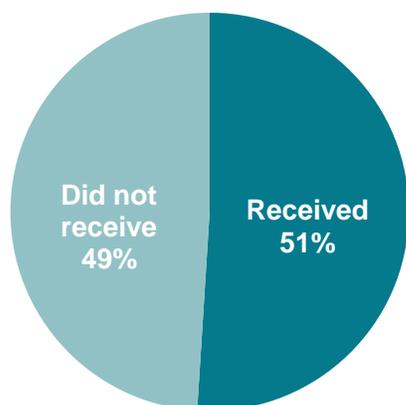
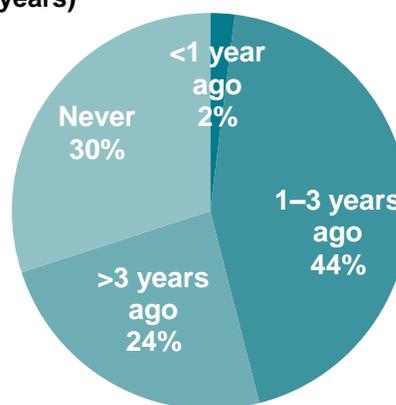


FIGURE 5.2. Less than half of teachers who teach sexuality education received recent in-service training (in the last 3 years)



Seventy percent of teachers were trained in-service, and 46% received training in the past three years (Figure 5.2); nevertheless, in Huehuetenango, most teachers were trained more than three years ago. In-service training has been extremely short in duration: 53% of teachers reported it lasted one day or less, while 25% of teachers reported it lasted 2-3 days. Fifty-eight percent of training courses were provided by government institutions, and more than one-third of the courses were provided by teachers' own school (38%).

With regard to topics covered in the training, most teachers were trained in topics such as contraceptive methods (89%) and HIV and AIDS (88%), but a much smaller proportion of teachers received training in communication within relationships (56%), sexual orientation (64%) and, surprisingly, biology topics such as puberty (62%) and menstruation (63%, Table 5.1b). In general, Huehuetenango had the highest proportion of teachers trained in each topic, while Chiquimula had the lowest.

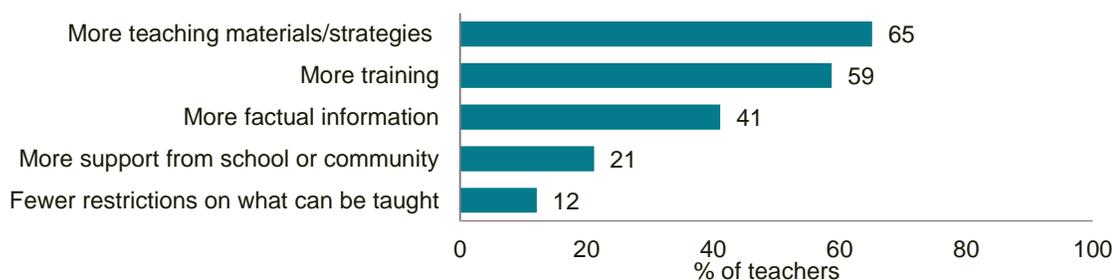
In looking at the list of topics in the five categories that constitute CSE, most teachers (69%) received training with a “minimum” level of comprehensiveness (covering at least one topic in each category), but only 24% received training with a “high” level of comprehensiveness. A little more than half (57%) the teachers received training in SE teaching methods. Only half of the trained teachers (50%) described this training as adequate (Table 5.1b).

Generally speaking, government support in the way of resources for sexuality education has been scarce. This is reflected in the limited availability of SE teaching materials to which teachers have access (Table 5.2). Only half the teachers who teach SE (51%) have access to the list of topics they should cover, or to lesson plans or instructional activities (49%). Less than 40% of teachers have access to important resources, such as guidelines for teaching SE, a teacher’s manual or teaching materials (lesson plans, charts or printed matter). Outside the classroom, teachers have access to the Internet (74%) and the support of other teachers (41%).

The main methodological materials used by teachers in the classroom are textbooks from the basic national curriculum (CNB) (61%), materials designed by the teacher (76%) and resources from the Internet, television or magazines (76%), with more widespread use of materials in Huehuetenango than in the other departments (Table 5.2). Sixty-one percent of all teachers (and 88% in Huehuetenango) use audiovisual materials in teaching SE in the classroom. School principals provide support to teachers through various means: they help when the teacher has a problem or concern (63%), they organize meetings to check on how teachers are doing (42%), they invite outside experts (68%, primarily in Guatemala), and they publicly recognize SE and their teachers at board meetings, parent-teacher association meetings and community events (41%, primarily in Guatemala and Chiquimula).

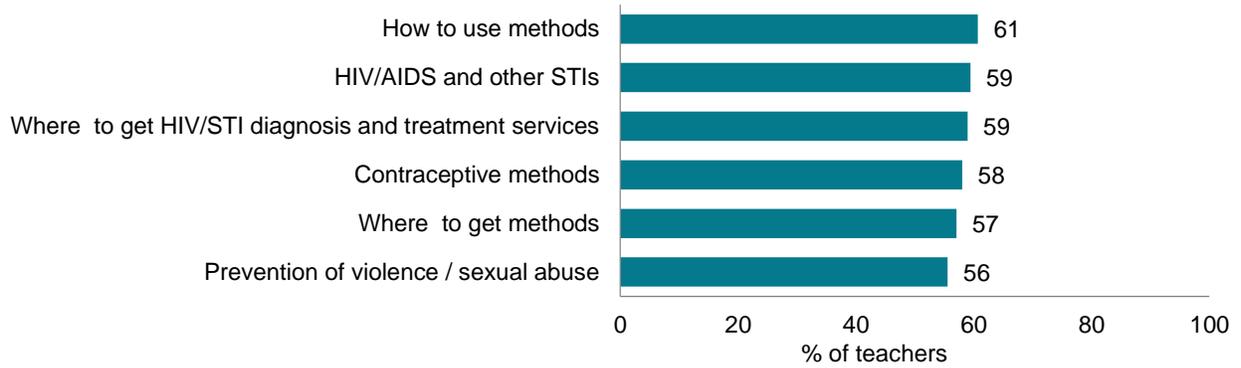
At the same time, teachers identified several areas in which they need help in teaching SE more effectively (Table 5.3; Figure 5.3). Most teachers in Huehuetenango reported needing more materials or teaching strategies (93% vs. 75% in Chiquimula and 63% in Guatemala); more fact-based and up-to-date information (81% vs. 38% in Guatemala and 34% in Chiquimula) and greater community support (58% vs. 27% in Chiquimula and 18% in Guatemala). A significantly larger proportion of teachers in Chiquimula (91%) and Huehuetenango (87%) than in Guatemala (56%) reported needing more training. Some teachers, primarily in Huehuetenango, would like to have fewer restrictions on what they can teach in SE.

FIGURE 5.3. Teachers require more materials, training and information to teach sexuality education.



To a greater or lesser degree, all teachers need help with all SE topics, but more than half the teachers need help in teaching skills related to contraceptives and HIV, including where to access STI/HIV prevention and treatment services and how to use and where to get contraceptives. Other topics in which they need support are how to prevent violence and sexual abuse (56%; Table 5.4, Figure 5.4). A significantly larger proportion of teachers in Chiquimula than in the other departments needs help with the topics of sexual orientation, gender equity and women’s rights, decision-making and self-esteem building skills, pregnancy and childbirth, reproductive organs and menstruation.

FIGURE 5.4. Teachers require more assistance, particularly in these six topics.



Teachers were asked if they receive support for SE from the education community (Table 5.3). Eighty-six percent of teachers indicated that they receive support from their principal, and 75% get support from colleagues, while 62% feel that parents do not support the program (Figures 5.5-5.7).

FIGURE 5.5. Most teachers feel their school principal supports sexuality education.

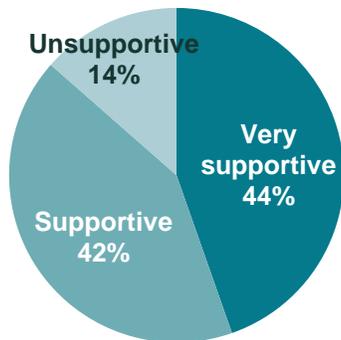


FIGURE 5.6. Most teachers feel their colleagues support sexuality education.

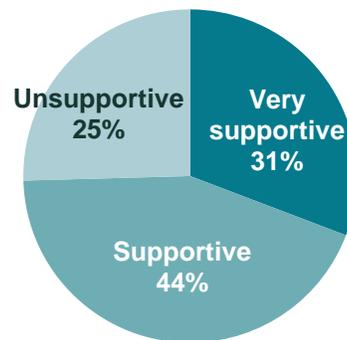
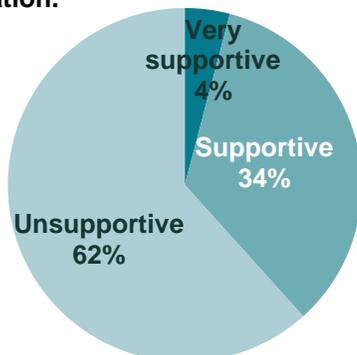


FIGURE 5.7. Most teachers feel parents do not support sexuality education.



School Environment

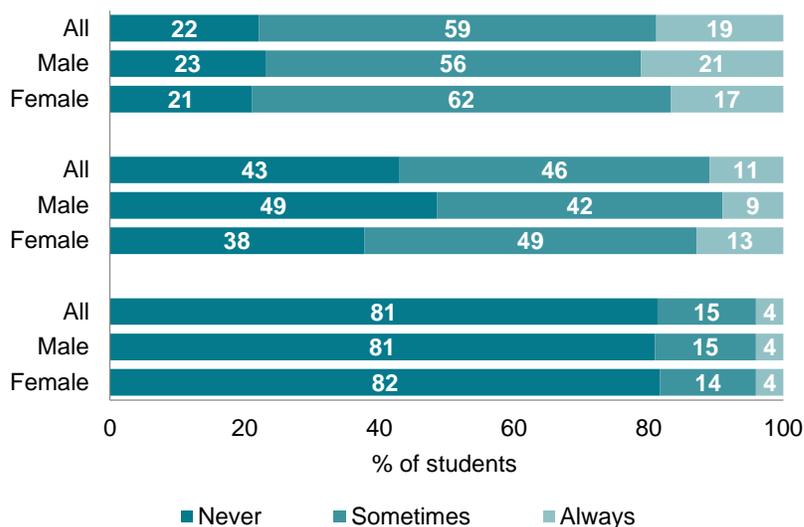
Guatemalan legislation establishes comprehensive protection of children and adolescents (*Ley de Protección Integral de la Niñez y la Adolescencia*) (legislative decree no. 27-2003), with explicit provisions for both the rights of minors and the obligation of the State to protect them. The health and education sectors must promote actions to prevent early pregnancy, mistreatment, abuse, exploitation, sexual violence and discriminatory practices. All education institutions must report to the authorities any type of violence identified in their students.⁶²

School principals were asked if their school had regulations in place to protect minors, and what disciplinary measures were established in case of sexual harassment. A larger proportion of principals in Guatemala (91%) and Huehuetenango (77%) than in Chiquimula (35%) stated they did have regulations in place to protect minors in their school (Table 5.5). In confronting sexual harassment by staff, the main measures to be taken are an investigation and, if necessary, separation from the institution (78%), as well as separation after several incidents brought to the person's attention (18%). If sexual harassment is alleged in a student, the same measures apply, in addition to a temporary suspension (primarily in Guatemala).

With regard to actions the school would take if a young female student becomes pregnant or a young male student gets someone pregnant, two-thirds of principals demonstrated an understanding attitude in stating that they allow the students to remain in school (59% in cases involving female students and 61% for male students). Nevertheless, many principals showed a more punitive attitude toward the young woman than toward the young man, reporting that she would be allowed to continue studying but only through distance learning (26%), versus 19% for a male who gets a female pregnant. Preventing a student from attending school because she is pregnant is against the law (*Ley de Desarrollo Social*).

Students were asked how safe they feel expressing themselves freely at school (Table 5.6). More students in Chiquimula (26%) and Huehuetenango (27%) than in Guatemala (22%) reported not feeling safe in openly expressing themselves in front of their fellow students. This feeling of insecurity is more common in public schools than in private schools (29% vs. 19%, respectively), and varies by gender: only 17% of female students feel safe expressing themselves, compared with 21% of male students (Figure 5.8). In breaking down this safety variable by ethnicity, the proportion rises to 23% among Mestizo/Ladino students, and falls to 11% for those who self-identify as Mayan (data not shown). More than half (57%) of students and significantly more females (62%) than males (51%), and more Mayans (67%) than Mestizos (56%), sometimes or always feel afraid they will be made fun of by their teachers or fellow students; and 19% sometimes or always fear being physically harmed (with no differences between genders or between ethnic groups).

FIGURE 5.8. Many students do not feel safe expressing themselves in front of other students and teachers.



Summary of Findings

- In 2010, the MOE prepared teacher training modules called *Aprender para vivir* (learn to live) to support teachers providing instruction in SE. These modules were later revised on the basis of UNESCO’s *International Technical Guidance on Sexuality Education*, and were approved by the MOE in 2012. However, changes in ministry leadership stalled the process, and it was not until 2015 that these modules were used in a few schools in Huehuetenango.
- In 2015 CSE was incorporated into teacher training programs, and the National Roundtable for Comprehensive Sexuality Education was established to design and implement CSE using international standards and scientific evidence; they also monitor compliance with CSE legislation.
- Half of teachers have no training prior to teaching SE, despite the fact that it is required in seven out of ten schools. Although 70% of teachers receive in-service training, only two out of three teachers received training in the past three years. Only half the teachers consider their training sufficient.
- Only one-fourth of teachers received training with a “high” level of comprehensiveness (covering all topics included in a comprehensive curriculum). Only a small proportion of teachers received training on communication within relationships, sexual orientation, puberty and menstruation, especially in Chiquimula.
- Only half the teachers who teach SE have access to a list of topics, lesson plans or learning activities, and less than 40% have access to guidelines, manuals or teaching materials. Seventy-five percent of teachers use the Internet and design their own materials.

- Two-thirds of teachers need more materials, and 59% need more training, especially on contraceptive methods, HIV/STIs and violence.
- While the vast majority of teachers feel they get support from school principals and colleagues in teaching SE, 62% feel that families do not support the teaching of SE.
- Safety in the school is important for ensuring a supportive environment for learning CSE. Yet not all schools have regulations that protect minors, despite existing legislation. Twenty-two percent of students never feel safe expressing themselves openly in front of their fellow students. More than half of students sometimes or always feel afraid of being made fun of by their teachers or fellow students, especially the girls; and 19% sometimes or always fear being physically harmed.

CHAPTER 6: OUT-OF-SCHOOL SUPPORT FOR SEXUALITY

Although school is an ideal place to teach and learn about SE topics, many adolescents receive information about this subject outside the school setting. Understanding which sources are more sought after by adolescents has important programmatic implications. This chapter presents quantitative and qualitative findings regarding these external sources of information about sexuality and the activities in which young people participate outside of school.

Government Level

There are no government-run sexuality education programs outside schools, according to information obtained from formal and informal interviews with key informants. SE activities have been inserted in sexual and reproductive health programs run by the education and health ministries, and in community programs developed by non-governmental and civil society organizations. Ministry level CSE activities focus on strategies for preventing HIV, teen pregnancy, violence against women and bullying, all of which place more emphasis on those preventive objectives than on sexuality education. Since there is no SE policy, the education and health sectors as well as civil society organizations carry out activities that involve schools, teachers, students, parents and community members in their specific institutional plans.

The health sector has been the most involved in sexual and reproductive health activities for adolescents. One of its strategies has been to create two different types of forums for adolescent care: the comprehensive clinics for adolescent care (in hospitals), where counseling is provided in family planning and healthy life styles, and “friendly spaces” where young people can meet and carry out health promotion activities. According to one of the interviewees:

The friendly spaces are not clinics, they are not treatment centers; instead, they are health promotion spaces. One aspect is the friendly service that already implies the clinic and clinical care and individualized care, and the other aspect is promotion. But the friendly space is more of an exchange where young people come together in the afternoons, where they do something educational or recreational, using health messages... among the topics they request is sexuality education, but they also ask for other related topics, such as self-esteem, life skills, life plans, anything that can be useful, not just information on a given topic, but also skills to be able to talk about and consult others on these topics. If they are suffering from abuse, know how to get help; the ability to approach health staff when a medical consultation is needed, but that takes place outside the friendly space. (Ministry of Health staff member)

Within the Ministry of Education, it is worth mentioning the AIDS prevention teachers committee (COEPSIDA), whose work had focused on preventing HIV and STIs until 2010; beginning in 2011 the committee took a more comprehensive approach, addressing other topics and engaging various actors in the education community, ultimately taking responsibility for the CSE approach.

Faith-based Level

Members of religious communities also conduct sexuality education activities, primarily within the education organizations they manage, which are all private. In addition to the talks and lectures delivered during school hours, talks and workshops are also organized with parents and the community in general. A representative of the Archdiocese participated in the initial discussions surrounding CSE policies, and then again in the revision of the CSE manuals carried out by the Ministry of Education.

NGO and Civil Society Level

There are many NGOs, civil society organizations and women's and youth networks in Guatemala, which for several years now have conducted various sexual and reproductive health interventions with adolescents. They have also carried out campaigns for sexual and reproductive health and rights, with technical and economic support from international aid. With regard to SE, the organizations' roles have been broad and varied: mobilizing civil society to demand CSE policies, keeping the issue of CSE on the policy agenda, contributing to the design of general guidance on CSE, providing follow-up and reviewing the content of materials produced, conducting training workshops for teachers, and carrying out sexuality education activities in rural communities. The national campaign for sexuality education, composed of several women's and youth organizations, has been very active in this field at the national level. An example of local activities is the program "Abriendo Oportunidades" (opening up opportunities) of the Population Council, which has been going on since 2004. The program is led by indigenous girls and young women from 8 to 17 years of age in rural areas of Guatemala. Their aim is to offer education, health services and opportunities for empowerment and for overcoming obstacles; they do this through a peer counseling approach in which topics and skills are exchanged in areas such as self-esteem, communication and negotiation, sexual and reproductive health and women's rights.⁶³

Many initiatives developed by NGOs and civil society organizations have been carried out in coordination with various divisions of the health and education ministries. However, because of shifting government priorities and interests, the work of these organizations has focused more on the local level, and thus their scope is limited and subject to the specific interests of individuals.

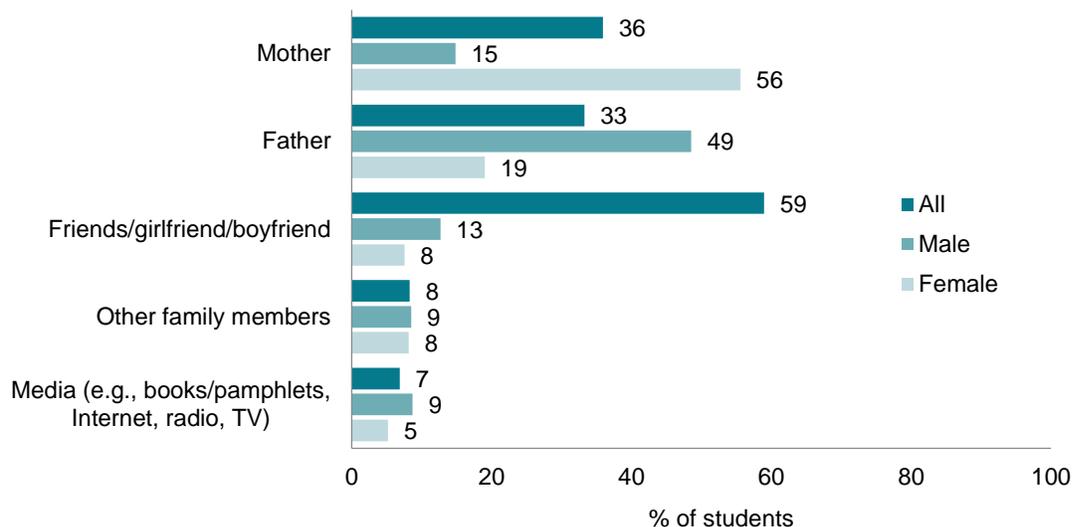
Look, the topic [of sexuality education] is currently addressed at all levels here in Huehuetenango; we are familiar with it, there are many projects in this area, people are getting into it and I believe we're already making a positive impact, because we see that work is being done in this area. The disadvantage I see is that these efforts are not aggregated, everyone does their own thing, instead of having a single agenda and optimizing it in terms of human resources and other resources, and thereby achieving a greater impact. (Representative of GoJoven, Huehuetenango)

Student Use of External Sources

In the three departments studied, the main sources of SRH information used by students outside school are the media, including the Internet (used by 83% of students), followed by mothers (73%), health staff (63%) and other family members (62%; Table 6.1, Figure 6.1). More students in Huehuetenango and Chiquimula than in Guatemala obtain information from health staff; other non-parental family members; clergy and even sex workers. Friends are also an important source, especially in the department of

Guatemala (60%); the father is a more important source of information for young males (64%) than for young females (39%), while the mother is more important for the latter (83%) than for the former (63%).

FIGURE 6.1. Parents are the most common source of sexuality information used by both male and female students outside of school.



With regard to the frequency of use of the various sources of information, the sources most used are parents, especially the mother for young women (56%), and the father for young men (49%).

Summary of Findings

- The media, including the Internet, radio and television, are the sources of SRH information most commonly used by students in the departments studied. Other important sources include health personnel, parents, other family members and friends.
- The sources most frequently used are the father for males and the mother for females.
- Outside of school, sexual and reproductive health services in hospitals provide information, orientation and counseling on family planning for young people, and these services are differentiated by age. The “friendly spaces” use various educational methods and recreational activities to promote health.
- Among the actors involved in SE outside the school system, civil society organizations and NGOs lead projects that have a local impact, with the help of international organizations.
- Faith-based communities also conduct SE activities in the community and in schools, especially talks and workshops with students and their parents.

CHAPTER 7: OPINIONS ABOUT COMPREHENSIVE SEXUALITY EDUCATION

It is important to explore attitudes and opinions held by students, school principals, teachers and the community, about sexual behavior, sexuality and SE in general, in order to have an overview of the needs and challenges, as well as the context in which SE takes place.

Students

Students were asked to consider a series of statements related to three broad themes: female sexual behavior and women's rights; sexuality and the use of contraceptives; and discrimination based on HIV and sexual orientation (Table 7.1). Students in the department of Guatemala have a less biased and negative view of these three topics, compared with students from the other departments in the study.

Student Perception of Female Sexual Behavior and Women's Rights

A greater proportion of students in Chiquimula (25%) and Huehuetenango (23%) and of young men (27%) agree that most of the time when girls say "no" to sex, they really mean "yes". The proportion in Guatemala and in young women is much smaller (18% and 10%, respectively). Although less than 3% of students agree that it is acceptable for a husband to beat his wife if she refuses to have sex with him, the proportion is significantly higher in Huehuetenango (8%) and Chiquimula (7%) than in Guatemala (2%).

Perception of Sexuality and the Use of Contraceptives

Fifty-one percent of students agree that consensual sexual relations are part of having a fulfilling relationship, with a significantly larger proportion in Guatemala than in the other departments, and in young men (60%) than in young women (42%). More students in Chiquimula (33%) and Huehuetenango (30%) than in Guatemala (17%), and more young men (22%) than young women (15%), agree that using condoms is a sign of mistrust in the relationship. Similarly, a larger proportion of students in Chiquimula (40%) than in Huehuetenango (35%) and Guatemala (34%), and of young men (41%) than of young women (28%), agree that making contraceptives available to young people promotes sexual activity. This is a commonly held belief, although not evidence-based; providing contraceptive methods to young people helps them protect themselves and does not promote sexual activity.⁴ These figures suggest that attitudes toward sex are more contradictory in Chiquimula and among young men. Seventy-seven percent of students in Guatemala believe it is acceptable for young people to use contraceptive methods if they don't want to have children, compared with 64% and 67% in Huehuetenango and Chiquimula, respectively.

Perceptions about Discrimination Based on HIV and Sexual Orientation

Most students (72%) agreed that if one of their friends had HIV, they would continue to be friends. However, a significant number of students would end the friendship with someone who had HIV, especially in Chiquimula (49%) and among young men (32%). Students held more conservative views regarding homosexuality: 65% agreed with the view that sexual relations should only take place between a man and a woman, although two-thirds of students would continue to be friends with someone who is gay (62%). In both cases, young men were significantly less tolerant than young women.

Opinions about Sexuality Education

The overwhelming majority (97%) of students support the teaching of SE in their school (Table 7.3). The main reasons given by students are that: these topics are just as important as other topics (80%); we need to know how to prevent unwanted pregnancy (64%), how to avoid HIV and other STIs (59%), how our body works (52%) and how to resist pressure to have sex (46%). The vast majority of students (89%), and nearly all students in Chiquimula (96%), stated that SE classes have been useful or very useful in their personal life. Twenty-seven percent said they liked SE more than other subjects, while 61% like SE as much as other classes.

Principals and Teachers

School principals and teachers were also asked to respond to a series of statements about sexuality, with statements grouped in three categories: statements that reinforce CSE, statements that are more restrictive toward sexual expression, and, finally, punitive statements (Table 7.2).

Statements that Reinforce CSE

Almost all principals and teachers believe that adolescents should be taught that healthy sexuality is part of human development (95% and 97% respectively), that it is important to tell young people how to access youth-friendly SRH services (94% and 97%), and how to use contraceptive methods to avoid unintended pregnancy (93% and 90%).

Statements that Restrict Sexual Expression

Most principals (76%) and teachers (77%) agreed that sexual relations should be between a man and a woman. Principals (60%) more than teachers (40%) have negative attitudes about abortion in case of unintended pregnancy. Large numbers of principals and teachers agreed that young men and women should remain virgins until marriage, and teachers held this attitude slightly more toward young women (82%) than toward young men (74%).

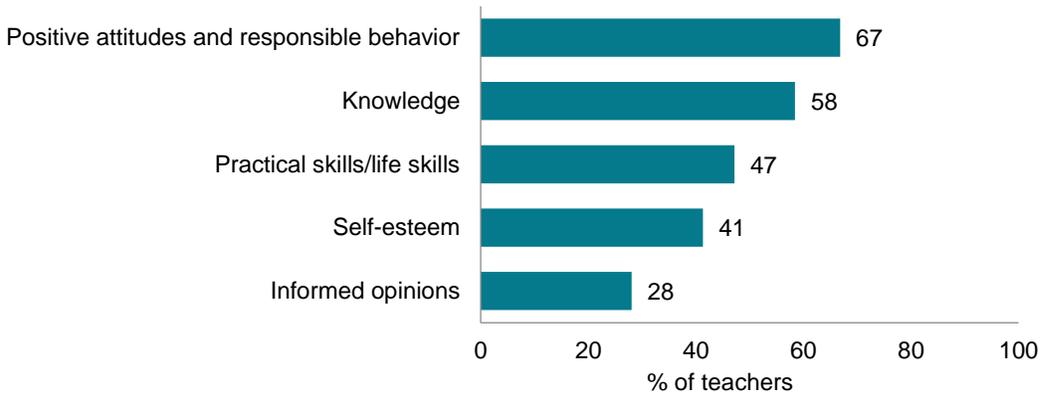
Punitive Statements

There is a widely held erroneous belief that the availability of contraceptive methods promotes sexual relations in young people. Approximately half the principals (45%) and teachers (52%) believe this. Furthermore, a sizeable number of principals and teachers believe that young people who carry condoms are bad, promiscuous or unfaithful to their partner (22% and 17% respectively), or that a student with HIV should not be allowed in school (17% and 11%). Very few principals and teachers (less than 6%) agree that a young pregnant student or a young male student who gets a female student pregnant should be expelled; or that students who carry condoms in school should be expelled.

Opinions about Sexuality Education

Teachers were asked what impact they hoped SE would have on their students (Table 7.3). Most teachers hope that students will develop positive attitudes and responsible behavior (67%), followed by the expectation that students will acquire knowledge (58%), life skills (47%) and greater self-esteem (41%; Figure 7.1).

FIGURE 7.1. Teachers expect sexuality education to impact several aspects of students' lives, mainly attitudes, behavior and knowledge.



Teachers were also asked what messages they hoped students would appropriate from SE classes. More teachers in Guatemala (73%) than in Huehuetenango (45%) and Chiquimula (44%) hope their students will learn that everyone deserves respect, regardless of sex, age, sexual orientation, ethnicity or social class. Approximately half the teachers in Guatemala (47%), one-third the teachers in Huehuetenango (30%) and a mere 11% of teachers in Chiquimula hope that students will assimilate the idea that sexual relations should always be consensual. Providing information about HIV and STIs and how they are transmitted is important to more teachers in Huehuetenango (64%) than in Guatemala (34%) and Chiquimula (29%). Knowing where to access contraceptive services is also important to more teachers in Huehuetenango (53%) and Chiquimula (48%) than in Guatemala (25%). Sixty-six percent of teachers in Chiquimula, half the teachers in Huehuetenango (51%) and 31% of those in Guatemala hope that students will learn that abstinence is the best way to avoid pregnancy and prevent STIs/HIV.

Parents and Community Members

Most students (90%) indicated that their parents support the teaching of SE (data not shown). In the opinion of key informants, however, parents and community members in general are more opposed to, rather than supportive of teaching SE. In the words of some interviewees:

Parents are angry that these topics are discussed with students, the culture in Guatemala makes it difficult to speak openly to young people, because in the past, parents did not explain to young people about puberty or anything [...] It's not that young people don't want to know or that teachers don't want to teach these topics, it's that sometimes parents are opposed to teaching them. (Government entity staff member, Chiquimula)

They have commented that there are schools where they cannot teach [SE] because the parents themselves tell the teachers they should not teach or talk about that... that when we talk about the reproductive system, we should not use the true names of the organs, but rather use other words. (REDMUCH, Chiquimula)

The erroneous concept that parents have about sexuality, the mistaken idea that teachers have and the fear teachers have about teaching this subject in order to avoid problems with the parents, is more prevalent in rural areas; for parents there it is forbidden, taboo, and they have objected to the schools teaching students about this subject, because like I said, the idea they have is completely mistaken. But some teachers have taught it anyway, but not comprehensively. (OSAR, Huehuetenango)

Even among teachers, especially in Evangelical schools, key informants perceive resistance to teaching certain SE topics (those related to sexuality or the use of contraceptives). One key informant commented the following:

Well, when [we work] with them, many have attitudes that are very resistant, they don't want these topics to be addressed and some of them [...] say it's a sin, it's forbidden, that it should not be taught, that they don't understand why the school has changed this way, there has been a kind of resistance [...] If we go to an Evangelical school, they tell us right away that if we've come to talk about sex topics we should stop right there... In other words, we can talk about values, self-esteem, even gender... that's allowed, but very little, not too much, because they say we will change how students think about the word of God. (REDMUCH, nonprofit, Chiquimula)

Some representatives of religious communities still object to some SE topics included in the manuals. In the following narrative, we hear the traditional concept of the family and criticism of topics such as homosexuality, the use of condoms and contraceptives in general.

I personally think it's a very delicate subject, that through [...] images, children and young people should gain different perceptions, specifically about sexual relations between same-sex partners, I personally find it inappropriate [...] Provide guidance based on the family and children, for example, using condoms or contraceptive pills to avoid pregnancy, sends subliminal messages that "it's okay to do it, the thing is to avoid pregnancy" ... The very fact that they are publishing documents about sexuality for schools, for students and teachers, with a hidden message, a 'veiled' message, saying that a woman should always be prepared and carry in her purse whatever she may need in a given moment, condoms, pills, whatever, because that way you'll be safe... that message is there, it's 'veiled' but it's there, it's a policy, a strategy that goes against human dignity, and that worries me. (Teacher in a Catholic school, Guatemala)

Summary of Findings

- School principals, teachers and students have both positive and negative attitudes toward sexuality, which suggests that while awareness about certain areas of SRH is adequate, in other areas knowledge and understanding are greatly lacking.
- A significant number of principals, teachers and students agreed with the restrictive statements that the availability of contraceptives promotes sexual relations in young people, and that sex should only take place between a man and a woman.
- The education community (principals, teachers and students) in Chiquimula have more negative attitudes toward persons with HIV, homosexuality, abortion and the use of condoms, than the communities in Huehuetenango and Guatemala.
- Students have a favorable opinion about the SE they have received: nine out of ten stated that SE has been useful in their personal life, and similar numbers said they had enjoyed SE classes as much or more than other classes.
- The vast majority of teachers and students support the teaching of SE in schools. Sixty percent of students expressed the need to know how to prevent unwanted pregnancy, HIV and other STIs, and nearly half the students want to know how to resist the pressure to have sex.
- In SE classes, teachers place much more emphasis on acquiring knowledge and positive attitudes than on self-esteem or life skills.
- Although 89% of students affirm that their parents support SE, teachers and key informants state that parents and the community in general are more opposed to, than supportive of, teaching SE.
- Key informants also perceive resistance to teaching certain SE topics, such as those related to the expression of sexuality, even among teachers themselves, especially in Evangelical schools.

CHAPTER 8: CONCLUSION AND WAY FORWARD

In Guatemala, there is no specific law or policy promoting Comprehensive Sexuality Education. In the last two decades, initiatives have been launched, generally by women's organizations and other civil society organizations. These organizations have overcome major obstacles and managed to make CSE part of the public agenda in a country with high indices of unintended early pregnancy, violence and sexual abuse, high rates of maternal mortality among adolescents, and a lack of guarantees for the population's sexual and reproductive rights, especially in girls, boys, adolescents and women.

In 2008, within the framework of the Ministerial Declaration *Prevenir con educación*, progress was made in institutionalizing CSE through the implementation of a pilot program based on human rights, gender equity and equality, cultural relevance and scientific evidence. Nevertheless, its scope was limited in terms of geography and time, and more emphasis was placed on training teachers than on implementation in the classroom. With the change in the Ministry of Education leadership in 2012, this process stalled and eventually yielded to more conservative forces. At this writing, in the context of a new government administration, there are signs of things opening up and some actions being taken to continue to meet this unavoidable responsibility, but the path remains unclear for developing a specific, long-term and sustainable CSE program at the institutional level.

There is broad demand among students for instruction in sexuality education, as the data in this report show. However, this demand contrasts with the small amount of time devoted to CSE in the classroom: half the schools devote less than one hour per two-month term. Furthermore, SE does not include critical topics related to sexuality, beyond the traditional focus on biology. The lack of participatory methods that develop skills in students, as well as trained teachers and a school environment favorable to CSE, add to the problem.

Lessons from the Classroom

Comprehensiveness of the Curriculum

SE content is spread among the various courses of the national curriculum, which makes it difficult to evaluate instruction and the impact SE has on student learning. While according to teachers, the vast majority of schools teach all the content included in the comprehensive curriculum, student responses reveal that none of the content is fully covered in school. Only 7% of students received instruction in all the topics in each category, with comprehensiveness levels falling even lower in Huehuetenango (6%).

Among the topics least addressed are the prevention of HIV and other STIs, contraception and unwanted pregnancy, especially where to access HIV and STI testing and treatment services, where to access contraceptives and how to use them (one of the topics students would like to learn more about). Although condoms are one of the contraceptive methods most taught in class, not all teachers indicate that condoms are effective for preventing pregnancy. On the other hand, abstinence is taught by 95% of teachers, of whom almost three-fourths teach it as the only or the best prevention method.

By definition, CSE should address gender equity, power relations and human rights;³⁶ knowing about these issues would enable students to better exercise their sexual and reproductive rights. The vast majority of schools teach content related to biology (such as menstruation, pregnancy and childbirth), but very little emphasis is placed on communication within the relationship, decision-making, the use of contraceptives, gender relations or sexual and reproductive rights.

In contrast with the definition of CSE as “an opportunity for overcoming differentiated and incomplete knowledge about sexuality, for understanding sexuality as an integral part of life and of identity, and thus contributing to the eradication of violence, all forms of discrimination, marginalization and exclusion as accepted patterns of behavior” (⁶⁴ p.5), the curriculum reinforces knowledge over skills, attitudes and values. Far from strengthening “a positive view of sexuality” prescribed by UNFPA in its definition of CSE,³⁶ the curriculum strengthens a negative and moralistic view that presents sexual relations as something dangerous that should be avoided before marriage.

Teachers are not sufficiently prepared

One of the pillars of CSE is competent educators with a comprehensive view, who inculcate respect for self and others and who provide evidence-based tools for life; these tools are meant to enable students to understand sexuality as an important facet of their life, for which they should develop communication, negotiation and decision-making skills, in addition to knowledge about their body. In contrast, the evidence from Guatemala shows that teachers have not had systematic access to SE training of sufficient duration. Instead, training has been sporadic and the result of initiatives supported by international aid; technical and financial support from the MOE is lacking. Even among teachers who have received training, rarely has it covered all the topics included in CSE. Only half the teachers feel their training has been adequate. If all CSE topics were included as components to be evaluated within the mandatory curriculum, this could stimulate greater investment in pre-service and in-service training.

There are some materials to support SE teachers and other education actors; however, for reasons that are more political than technical, materials have not been adequately distributed. Indeed, 23% of teachers use no curriculum to teach SE, and only 38% are given guidelines and teaching materials. Sixty-eight percent of school principals reported that they invite outside experts to support teachers. However, only one-third of teachers stated receiving expert support for their classes, and 74% resort to the Internet as a source of support. Sixty percent of teachers requested more training and materials to teach CSE.

CSE: Between Absence and Resistance

The study shows that the absence of an explicit institutional and political framework, of clear guidelines in support of CSE, and of a national teacher training program, is further compounded by the existence of diverse perspectives and varying levels of knowledge about sexuality among the various actors involved in the education system. Indeed, while principals, teachers and students all have positive attitudes toward the teaching of CSE, with students even more so given how much they value its usefulness in their lives, negative attitudes about sexuality are also evidenced. Partly because of a lack of systematic evidence-based training and partly because of their own deeply held personal beliefs, teachers maintain a reductionist and biased view about the exercise of sexuality in adolescence, related, for example, to homosexuality, abortion, valuing virginity in girls more than in boys, and the commonly held belief that

making contraceptives available to young people promotes sexual activity. This last opinion is based on prejudice, as the evidence indicates that the more sex and safe practices are talked about, the better prepared adolescents will be to exercise their sexuality and their rights. According to *International Technical Guidance on Sexuality Education*,⁴ comprehensive sexuality education should begin much earlier, well before the onset of sexual activity.

Despite these negative attitudes, most teachers recognize the need for adolescents to have information that can protect them from STIs and unintended pregnancy. This leads to conveying mixed messages about sexuality; on the one hand, teachers recognize that young people have the right to know about sex and reproductive health, and on the other hand, many teachers posit that sexual relations are dangerous and that abortion is immoral. Students confirm receiving these contradictory messages, as most have been instructed to avoid sexual relations because they are dangerous, but if they do have sex, to use condoms.

Lack of training and resistance are also seen among parents, a factor that teachers identify as limiting the teaching of CSE: a high proportion (61%) of teachers as well as key informants perceive that families do not support CSE. However, it is worth noting that 89% of students feel that their parents do support CSE. This contradiction is worth investigating as it relates to a society deeply permeated by conservatism and religion.

Safety in the classroom and the school environment

The development of a successful CSE program requires an environment in which students feel safe and free to express their opinions.⁴ The study shows that institutional guidelines do exist for promoting a safe school environment for adolescents; most schools have rules in place for protecting minors and sanctions against sexual harassment and sexual violence, although they are not standardized or uniformly implemented. Despite school policies, only 19% of students reported always feeling safe to express themselves openly in front of their classmates and teachers, while 59% indicated they feel safe only sometimes. More than half reported they sometimes or always feel afraid to be made fun of, and Mayan students are particularly vulnerable. When SE topics are addressed in class, 62% of students who would like to ask questions do not ask because they are embarrassed or ashamed. Furthermore, one in every five students sometimes or always fears being physically hurt.

Uneven Progress among Departments

Differences among the three departments studied are worth noting, especially the lower quality of CSE observed in Chiquimula, and to some degree in Huehuetenango, compared with Guatemala. For example, in Chiquimula, teachers devote fewer class hours to CSE, make less use of ministry teaching guides, convey more negative and conservative messages, and fewer of them are trained in each topic. Furthermore, the curriculum there has the lowest level of comprehensiveness, and the use of dynamic and creative teaching methods is significantly lower.

The proportion of teachers who need more training and support, and the proportion of students who would like to know more about CSE, are highest in Chiquimula, which indicates a great need for information in this department. In addition, the safety of the school environment is poorest there compared with the other departments, with many schools lacking regulations that protect minors, and

many students feeling unsafe to express themselves freely. This could be due in part to the fact that the education community in Chiquimula (principals, teachers and students) has more negative attitudes than in Huehuetenango and Guatemala, towards persons with HIV, homosexuality, abortion, the use of contraceptives and gender equity.

These differences underscore the need to develop programs adapted to each department, as well as the need for greater investment in those departments with particularly poor CSE indicators like Chiquimula.

The Way Forward

National Policy Level

- Progress around CSE in Guatemala requires that it become a national education policy priority and that it be translated into concrete actions, including the following:
 - Incorporate CSE as a human right within the proposed Youth Law that is still under review in Congress.
 - Provide follow-up to the established political and institutional framework, building on the foundation of the Ministerial Declaration *Prevenir con educación* that was approved by education authorities in 2016, as well as other legislation that assigns responsibility for CSE to the Ministry of Education (social development decree 42-2001, and universal access to family planning decree 87-2005).
 - Design and implement a national level CSE program that is mandatory at primary and secondary level education and that provides for a permanent technical team to be established in the MOE to be coordinated at the highest level and with the participation of UNEGEPE (Gender Equity and Ethnic Pertinence Unit). This program should include a component of parent sensitization in order to garner their support for CSE and ensure its sustainability.
 - Substantially and continually increase budget line items for program implementation.
 - Prepare and provide follow-up to a national level research agenda in order to provide feedback and support for the strategy of advancing CSE; the research agenda should involve the MOE, the state university, private universities and research centers.
- It is vital that the Guatemalan State make decisions about the implementation of CSE outside the realm of opinions and pressure that may emerge from religious or conservative groups, thereby upholding the national and international human rights policy framework.
- Position and promote social support for CSE in the media and public opinion, including a communication and information strategy that reaches the general population as well as specific segments; the strategy should include information, educational campaigns and awareness-raising campaigns, aimed at promoting a society that is more open to sexuality from the perspective of

gender equity, human rights, interculturality and access to evidence-based information.

- Promote synergy between institutions, civil society, academia, research centers, the media and other key actors, to advance a CSE approach in local, departmental and national arenas.

Implementation Level

Teacher Training

- Adequate teacher training is a key success factor in CSE programs. Therefore, it is crucial to design and implement a high quality CSE training program that is sustained over time and is part of the teacher training curriculum, both for those preparing for careers in education and for those already in service. Teacher training should consider mainstreaming a CSE approach for teachers in all curricular areas.
- In teacher training, consider both the formative aspect, which implies knowledge and skills regarding one's own sexuality, as well as methodological and didactic aspects; that is, how to apply knowledge in the classroom so that learning can be meaningful and useful for the student, and how to help students develop their skills so they can apply their learning concretely in their personal life.
- Teacher training should include continuous access to didactic materials, instructional guides and up-to-date guidelines to support the delivery of CSE in an efficient and timely manner.
- Teacher training should cover all the topics included in CSE, with more time devoted to topics such as communication, decision-making and access to contraceptive and HIV services. In addition, in light of this study findings, special emphasis should be placed on recognizing adolescents as sexual beings with the right to exercise their sexuality responsibly and pleasurably, and on accepting sexual and gender diversity.

Monitoring and Evaluation

- The monitoring system in schools should be strengthened, ensuring that teachers are supported in implementing CSE in the classroom, and striving to reinforce their skills and to assess their challenges and obstacles with empathy.
- The monitoring and evaluation system should take into account not only educational processes, but also students' learning outcomes, considering the knowledge, attitudes and skills they gradually develop over the course of each year.

Curricula

- Develop a process that aligns the general orientation provided in the CNB with a gender equity, human rights and interculturality approach.

- Promote diversity, social inclusion and cultural relevance in CSE content within the CNB, bearing in mind local contexts, and do so within the framework of the principles of gender equity, human rights, indigenous rights and the rights of the disabled established in ministerial guidelines and the 1996 Peace Accords. This process should include the appointment, training and support of those responsible for the education directorates at the department level.
- Ensure that instruction on the use of condoms and other contraceptive methods within the framework of CSE is delivered not only from a formative approach, but also from a competency and skills approach, which provides practical knowledge on the use of contraceptives, where to get them and how to negotiate within the relationship. In addition, since the evidence shows that teaching abstinence as a way to avoid high risk behavior is not effective, it should not be presented in the curriculum as the best option for preventing pregnancy and HIV/STIs.
- Diversify the range of teaching methods and instructional activities used in CSE classes, incorporating more interactive, dynamic and creative methods. The fact that the vast majority of students use the Internet to find information on CSE outside of school, represents a great opportunity to use this learning modality more widely in the classroom, in order to ensure that students know how and where to find correct and adequate information.

Coordination between the Education and Health Sectors

The findings show that teaching CSE in schools is supported in good measure by the participation of health professionals, hence the importance of strengthening the synergy between these two sectors in order to ensure the success of CSE. This is based on the Ministerial Declaration *Prevenir con educación*, approved in 2016, as well as the social development law and the universal access to family planning law, which hold authorities from both the education and the health sectors responsible for CSE. The Ministry of Health should:

- Ensure efficient and timely access to comprehensive sexual and reproductive health services, particularly to contraceptive methods and condoms, HIV/STI testing and emergency contraceptives. This will enable students to successfully put into practice the information and skills developed in school.
- Implement a greater number of services and forums for adolescents, supported by health promotion and CSE community initiatives, in order to ensure that students can exercise their right to full access to SRH services.

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* This report uses “SE” and “CSE”. “SE” is a generic category that refers to sexuality education in any of its forms, including the form offered in Guatemalan schools, while “CSE” refers to a specific approach that is described in Chapter 2.

† In Guatemala, these subjects include Natural Sciences, Productivity and Development, Social Sciences and Civics, Religious Education and Home Economics.

‡ The *Ley General para el Ccombate del VIH/SIDA y Promoción, Protección y Defensa de los Derechos Humanos ante el VIH/SIDA* (general law to combat HIV/AIDS and promote, protect and defend human rights as they relate to HIV/AIDS) (Decree 27–2000), which includes these topics in the school curriculum; the *Ley de Desarrollo Social* (social development law) (Decree 42-2001) that establishes providing adolescents with counseling and education in human sexuality, human rights and interculturality, health, family, quality of life, the environment, gender, responsible parenting and reproductive health; and prohibits the expelling of pregnant adolescents from school; the *Ley de Acceso Universal y Equitativo a Servicios de Planificación Familiar y su Integración en el Programa de Salud Sexual y Reproductiva* (law of universal and equitable access to family planning services and their integration in the sexual and reproductive health program) (Decree 87-2005) that mandates the inclusion of educational content on rights and responsibilities in the promotion and self-care in health, sexuality, early and unwanted pregnancy; and the *Ley para la Maternidad Saludable* (healthy maternity law) (Decree 32–2010) that establishes the strategy of comprehensive sexuality education in the *Currículo Nacional Base* (basic national curriculum), as well as actions to prevent teen pregnancy and the continuity of these actions in schools; and provides for the identification of, and follow-up to cases of sexual violence.

§ The 11 topics covered include gender and ethnic equity, identity, social relations, puberty and adolescence, sexual and reproductive health, HIV, culture and sexuality, respect, communication and the prevention of violence, as well as implementing learning situations in the classroom.

Tables

TABLE 2.1. Number† of schools included in the study by selected characteristics, three departments, Guatemala, 2015

| Characteristics | Total | Department | | |
|-------------------------|-------|------------|---------------|------------|
| | | Guatemala | Huehuetenango | Chiquimula |
| Sector | | | | |
| Public | 28 | 10 | 5 | 13 |
| Private | 48 | 27 | 16 | 5 |
| Cooperative‡ | 4 | 3 | 1 | 0 |
| Institution type | | | | |
| Males only | 2 | 2 | 0 | 0 |
| Females only | 5 | 5 | 0 | 0 |
| Mixed gender | 73 | 33 | 22 | 18 |
| Total | 80 | 40 | 22 | 18 |

†Without weighting. ‡In the remaining tables showing data itemized by education sector, public sector includes cooperative education institutions as they are more closely related to the public sector than to the private. *Source* : Principal questionnaire.

TABLE 2.2. Percentage distribution† of principals, by selected characteristics, three departments, Guatemala, 2015

| Characteristics | Total (N=80) | Department | | |
|-----------------------------------|-----------------|---------------------|-------------------------|----------------------|
| | | Guatemala (N=40) | Huehuetenango (N=22) | Chiquimula (N=18) |
| Gender | | | | |
| Male | 37.5 | 32.1 | 77.3 | 66.7 |
| Female | 62.5 | 67.9 | 22.7 | 33.3 |
| No. of years as principal | | | | |
| <1 year | 7.8 | 8.7 | 0.0 | 5.6 |
| 1-4 years | 33.1 | 30.8 | 54.5 | 38.9 |
| 4+ years | 59.0 | 60.5 | 45.5 | 55.6 |
| Teaching experience in SE‡ | | | | |
| Yes | 40.0 | 37.4 | 54.5 | 61.1 |
| No | 33.7 | 35.0 | 27.3 | 22.2 |
| Missing | 26.3 | 27.6 | 18.2 | 16.7 |
| Religion | | | | |
| Catholic | 70.9 | 71.1 | 68.2 | 72.2 |
| Christian/Evangelical | 23.3 | 23.1 | 22.7 | 27.8 |
| None | 5.8 | 5.8 | 9.1 | 0.0 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 |

†Data in all tables are weighted; the number of cases (N=...) at the top of each column is unweighted. ‡Sexuality education. Note: Percentages may not add to 100% because of rounding. *Source:* Principal questionnaire.

TABLE 2.3. Percentage distribution of surveyed teachers by selected characteristics, three departments, Guatemala, 2015

| Characteristics | Total (N=188) | Department | | |
|---|------------------|----------------------|-------------------------|----------------------|
| | | Guatemala (N=109) | Huehuetenango (N=40) | Chiquimula (N=39) |
| Gender | | | | |
| Male | 28.5 | 27.5 | 34.7 | 44.0 |
| Female | 71.5 | 72.5 | 65.3 | 56.0 |
| No. of years teaching overall | | | | |
| <5 years | 13.5 | 12.0 | 23.4 | 33.3 |
| 5-9 years | 27.9 | 27.6 | 29.3 | 33.0 |
| 10-19 years | 36.6 | 38.9 | 14.6 | 22.1 |
| 20+ years | 21.6 | 21.0 | 32.7 | 11.6 |
| Missing | 0.5 | 0.6 | 0.0 | 0.0 |
| No. of years teaching SE at current school | | | | |
| < 1 year | 3.4 | 3.5 | 0.6 | 10.1 |
| 1-2 years | 20.2 | 19.9 | 27.8 | 11.6 |
| 3-4 years | 20.7 | 20.9 | 13.7 | 30.1 |
| 5+ years | 50.0 | 50.0 | 57.9 | 27.9 |
| Never taught SE† | 3.4 | 3.1 | 0.0 | 20.3 |
| Missing | 2.3 | 2.6 | 0.0 | 0.0 |
| Religion | | | | |
| Catholic | 65.8 | 65.8 | 62.3 | 73.9 |
| Christian/Evangelical | 30.9 | 30.6 | 37.7 | 24.4 |
| None | 3.3 | 3.6 | 0.0 | 1.7 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 |
| Current position‡ | | | | |
| Classroom teacher | 89.5 | 88.8 | 94.4 | 97.7 |
| Academic advisor | 36.4 | 40.0 | 5.0 | 6.1 |
| Other§ | 16.4 | 17.7 | 5.6 | 2.3 |
| Subjects taught¶,†† | | | | |
| Natural Sciences | 45.8 | 46.8 | 33.0 | 46.8 |
| Social Sciences and Civics | 40.4 | 40.9 | 41.8 | 20.3 |
| Productivity and Development | 14.7 | 15.1 | 11.2 | 8.8 |
| Other‡‡ | 58.9 | 57.3 | 70.0 | 79.0 |
| Among teachers teaching SE | (N=176) | (N=105) | (N=40) | (N=31) |
| Currently teaches/Taught SE in:‡ | | | | |
| 1st year lower secondary | 80.2 | 81.3 | 68.6 | 79.9 |
| 2nd year lower secondary | 80.4 | 80.2 | 85.6 | 72.4 |
| 3rd year lower secondary | 70.8 | 70.0 | 81.4 | 67.0 |

†These teachers did not answer questions about teaching sexuality education. ‡ Multiple responses were allowed. § Includes assistant teachers, substitute teachers, psychologists, and area coordinators. ††SE is mainly taught within Natural Sciences, Social Sciences and Civics, and Productivity and Development. ‡‡Includes: Math, Foreign or Native Language, Artistic Expression, Physical Education, Religious Education, Science, Technology and Environment, Family Education, and Others. Note: Percentages may not add to 100% because of rounding. *Source:* Teacher questionnaire.

TABLE 2.4. Percentage distribution of students by selected characteristics, three departments, Guatemala 2015

| Characteristics | Total (N=3,004) | Department | | |
|-------------------------------|--------------------|------------------------|--------------------------|-----------------------|
| | | Guatemala (N=1,748) | Huehuetenango (N=708) | Chiquimula (N=548) |
| Gender | | | | |
| Male | 48.7 | 48.4 | 50.5 | 51.4 |
| Female | 51.3 | 51.5 | 49.5 | 48.6 |
| Missing | 0.1 | 0.1 | 0.0 | 0.0 |
| Age | | | | |
| 14 | 20.9 | 20.8 | 18.6 | 36.4 |
| 15 | 54.7 | 55.2 | 53.0 | 43.0 |
| 16 | 18.0 | 17.6 | 24.7 | 11.7 |
| 17 | 6.3 | 6.5 | 3.6 | 8.9 |
| Current grade | | | | |
| 1st year lower secondary | 4.2 | 4.5 | 0.9 | 2.6 |
| 2nd year lower secondary | 3.8 | 3.8 | 1.2 | 13.5 |
| 3rd year lower secondary | 91.6 | 91.3 | 97.0 | 83.6 |
| Missing | 0.4 | 0.4 | 0.9 | 0.2 |
| Religion | | | | |
| Catholic | 51.9 | 52.2 | 48.8 | 53.8 |
| Christian/Evangelical | 37.1 | 36.6 | 43.4 | 35.9 |
| Jehovah's Witness/Mormon | 2.1 | 2.2 | 1.9 | 1.0 |
| None† | 8.8 | 9.1 | 5.8 | 9.4 |
| Ethnicity | | | | |
| Mestizo/Ladino | 56.3 | 55.5 | 61.1 | 71.8 |
| Mayan | 10.8 | 9.7 | 24.1 | 7.5 |
| Other‡ | 1.5 | 1.5 | 0.9 | 2.5 |
| Does not know§ | 31.4 | 33.3 | 13.8 | 18.2 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 |
| Currently lives with†† | | | | |
| Mother/Father | 94.8 | 94.7 | 95.6 | 95.3 |
| Other family member/guardian | 39.1 | 40.7 | 25.2 | 22.6 |
| Other††† | 1.3 | 1.3 | 0.0 | 1.6 |
| Has had sex | | | | |
| Men | 15.0 | 14.8 | 16.1 | 19.2 |
| Women | 23.9 *** | 23.6 | 24.2 | 32.3 |
| Women | 6.7 | 6.6 | 7.8 | 5.4 |

***Difference between men and women was significant at $p < .001$. †Includes 21 respondents who did not answer the question. ‡Includes Garifuna, Xinca and foreigners §Includes 39 respondents who did not answer the question. ††Multiple responses were allowed. †††Includes boyfriend/girlfriend, spouse and other. *Note:* Percentages may not add to 100% because of rounding. *Source:* Student questionnaire.

TABLE 4.1. Percentage of schools by selected aspects of sexuality education, as reported by principals, students and teachers, three departments, Guatemala, 2015

| SE Characteristics | Total (N=80) | Department | | |
|--|-----------------|---------------------|-------------------------|----------------------|
| | | Guatemala (N=40) | Huehuetenango (N=22) | Chiquimula (N=18) |
| ACCORDING TO PRINCIPALS | | | | |
| SE included as part of:† | | | | |
| Only national curriculum | 61.2 | 65.0 | 40.9 | 25.0 |
| Only extra-curricular activity | 3.0 | 3.0 | 4.5 | 0.0 |
| Both national curriculum and extra-curricular activ | 35.8 | 32.0 | 54.5 | 75.0 |
| Entity responsible for implementing SE in school† | | | | |
| Ministry | 48.4 | 48.8 | 36.4 | 62.5 |
| School | 32.7 | 32.6 | 40.9 | 18.8 |
| Teacher | 18.9 | 18.6 | 22.7 | 18.8 |
| ACCORDING TO STUDENTS | | | | |
| Outside individuals who visited school to teach SE† | | | | |
| Health provider | 54.0 | 48.2 | 95.5 | 88.9 ^{***} |
| Religious person | 10.6 | 9.3 | 27.3 | 5.6 |
| Community leader | 22.6 | 21.0 | 22.7 | 50.0 |
| Peer educator | 41.0 | 37.5 | 59.1 | 72.2 [*] |
| NGO/education institutions, professionals, expert | 7.2 | 6.6 | 4.5 | 22.2 |
| ACCORDING TO TEACHERS | | | | |
| Hours dedicated to SE each bimonthly term† | | | | |
| 2nd year lower secondary | | | | |
| <1 hour | 0.3 | 0.0 | 0.0 | 6.7 [*] |
| 1–<6 hours | 50.0 | 48.6 | 57.1 | 66.7 |
| 6–10 hours | 37.8 | 39.0 | 33.3 | 20.0 |
| >10 hours | 11.9 | 12.4 | 9.5 | 6.7 |
| 3rd year lower secondary | | | | |
| <1 hour | 0.0 | 0.0 | 0.0 | 0.0 |
| 1–<6 hours | 47.6 | 45.1 | 57.1 | 75.0 |
| 6–10 hours | 41.7 | 43.8 | 38.1 | 12.5 |
| >10 hours | 10.7 | 11.2 | 4.8 | 12.5 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 |

*p<.05. ***p<.001. †Multiple responses were allowed. Note: Percentages may not add to 100% because of rounding. Sources: Principals, teacher and student questionnaires.

TABLE 4.2. Percentage of students who have learned about sexuality education, by reported organizational aspects, three departments, Guatemala, 2015

| Experience | Total | Department | | |
|--|------------|------------|---------------|------------|
| | | Guatemala | Huehuetenango | Chiquimula |
| All students | (N=3,004) | (N=1,748) | (N=708) | (N=548) |
| Subjects in which students received SE† | | | | |
| Natural Sciences | 89.1 | 89.7 | 82.9 | 86.9 *** |
| Social Sciences and Civics | 12.8 | 12.5 | 14.9 | 19.7 ** |
| Productivity and Development | 16.7 | 16.4 | 18.8 | 22.3 * |
| Communication and Language | 4.4 | 4.2 | 6.4 | 4.6 ** |
| Religious Education | 11.0 | 11.1 | 11.5 | 5.1 ** |
| Family, Moral and Ethics Education | 12.2 | 12.6 | 8.0 | 6.7 *** |
| Other‡ | 3.2 | 2.8 | 7.0 | 2.2 *** |
| Did not receive SE | 3.3 | 3.5 | 1.2 | 1.9 ** |
| Among students receiving SE | (N=2,932) | (N=1,688) | (N=700) | (N=544) |
| Current level/grade of first course | | | | |
| Primary | 59.6 | 60.8 | 47.7 | 54.6 *** |
| Secondary 1° year lower secondary | 27.2 | 26.8 | 30.9 | 30.9 |
| Secondary 2° year lower secondary | 10.3 | 9.8 | 15.0 | 12.3 |
| Secondary 3° year lower secondary | 2.9 | 2.6 | 6.4 | 2.2 |
| Desired timing of sexuality education, according to when they received it | | | | |
| In primary school | (N=1,662) | (N=1,054) | (N=304) | (N=304) |
| Would have liked to start earlier | 11.4 | 11.5 | 9.8 | 12.5 |
| Satisfied with timing | 82.4 | 82.3 | 82.8 | 83.5 |
| Would have liked to start later | 6.2 | 6.2 | 7.4 | 4.0 |
| In secondary school | (N=1,264) | (N=629) | (N=396) | (N=239) |
| Would have liked to start earlier | 18.7 | 19.5 | 12.6 | 17.1 *** |
| Satisfied with timing | 74.3 | 74.3 | 73.9 | 77.9 |
| Would have liked to start later | 7.0 | 6.2 | 13.5 | 5.0 |
| Among students from co-educational schools who received SE | (N=2,630) | (N=1,386) | (N=700) | (N=544) |
| Setting for sexuality education activities, with males and females | | | | |
| All taught with males and females together | 64.7 | 64.9 | 61.4 | 71.8 |
| Some taught together, some separately | 27.4 | 27.1 | 30.4 | 23.5 |
| All taught separately | 7.9 | 8.0 | 8.1 | 4.7 |
| Preference for sexuality education activities | | | | |
| Males | (N=1,346) | (N=693) | (N=358) | (N=295) |
| Prefer all taught with males and females together | 55.4 ***,§ | 55.9 | 49.2 | 58.7 |
| Prefer some taught together, some separately | 35.6 | 35.3 | 39.8 | 29.9 |
| Prefer all taught separately | 9.0 | 8.7 | 11.1 | 11.4 |
| Females | (N=1,283) | (N=692) | (N=342) | (N=249) |
| Prefer all taught with males and females together | 38.0 | 38.3 | 33.2 | 46.4 |
| Prefer some taught together, some separately | 43.6 | 43.4 | 47.8 | 31.7 |
| Prefer all taught separately | 18.4 | 18.3 | 19.0 | 21.9 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 |

*p<.05. **p<.01. ***p<.001. †Multiple responses were allowed. ‡Include: Psychology (n=23, 0.8%); Vocational Counseling (n=20, 0.7%); Physics (n=6, 0.2%); missing (n=45, 1.5%). §Distribution for males and females were significantly different. Notes: Percentage distributions for males and females were significantly different. Note: Percentages may not add to 100% because of rounding. Source: Student questionnaire.

TABLE 4.3. According to teachers, percentage of schools in which sexuality education topics are taught, and the comprehensiveness in the range of topics, three departments, Guatemala, 2015

| Topic and category | Total (N=80) | Department | | |
|---|-----------------|---------------------|-------------------------|----------------------|
| | | Guatemala (N=40) | Huehuetenango (N=22) | Chiquimula (N=18) |
| Sexual and reproductive physiology | | | | |
| Puberty/physical changes in body | 100.0 | 100.0 | 100.0 | 100.0 |
| Reproductive organs | 99.7 | 100.0 | 100.0 | 94.4 ** |
| Menstruation | 94.7 | 94.2 | 100.0 | 94.4 |
| Pregnancy and childbirth | 100.0 | 100.0 | 100.0 | 100.0 |
| All topics in the category | 94.7 | 94.2 | 100.0 | 94.4 |
| Gender and sexual and reproductive rights | | | | |
| Equality between men and women, women's rights | 97.1 | 97.1 | 95.5 | 100.0 |
| Prevention of violence / sexual abuse | 96.6 | 97.1 | 95.5 | 88.9 |
| Sexual orientation / homosexuality / sexual diversity | 94.4 | 96.3 | 77.3 | 88.9 * |
| Sexual and reproductive rights | 93.6 | 93.4 | 95.5 | 94.4 |
| All topics in the category | 90.9 | 92.6 | 77.3 | 83.3 |
| Values and interpersonal skills | | | | |
| Sexual behavior | 96.9 | 97.1 | 100.0 | 88.9 |
| Communicating within relationships | 95.5 | 96.3 | 90.9 | 88.9 |
| Decision-making skills and self-esteem strengthening | 98.7 | 100.0 | 90.9 | 88.9 *** |
| Abstinence | 93.3 | 93.4 | 90.9 | 94.4 |
| All topics in the category | 88.5 | 89.7 | 81.8 | 77.8 |
| HIV and STI prevention | | | | |
| HIV/AIDS and other STIs | 95.9 | 96.3 | 95.5 | 88.9 |
| Where to access HIV/STI services | 89.2 | 89.7 | 90.9 | 77.8 |
| All topics in the category | 88.2 | 88.9 | 86.4 | 77.8 |
| Contraception and unplanned pregnancy | | | | |
| Contraceptive methods | 96.0 | 96.3 | 100.0 | 83.3 |
| Where to get methods | 85.2 | 85.7 | 90.9 | 66.7 |
| How to use methods | 90.9 | 91.8 | 95.5 | 66.7 * |
| Abortion | 96.0 | 96.3 | 100.0 | 83.3 |
| All topics in the category | 83.6 | 84.9 | 86.4 | 55.6 |
| Comprehensiveness of coverage† | | | | |
| Minimum: at least one topic in each category | 96.9 | 97.1 | 100.0 | 88.9 |
| Adequate: nearly all topics, except one at most, in each category | 89.9 | 91.8 | 86.4 | 61.1 * |
| High: all topics | 76.2 | 78.3 | 72.7 | 44.4 |

*p<.05. **p<.01. ***p<.001. †Levels are not mutually exclusive; for example, schools that meet the adequate level also meet the minimum level. Note: Percentages may not add to 100% because of rounding. Source: Teacher questionnaire.

TABLE 4.4a. Percentage of students who were taught sexuality education topics, and the comprehensiveness in the range of topics, three departments, Guatemala 2015

| Topic and category | Total (N=3,004) | Department | | |
|---|--------------------|------------------------|--------------------------|-----------------------|
| | | Guatemala (N=1,748) | Huehuetenango (N=708) | Chiquimula (N=548) |
| Sexual and reproductive physiology | | | | |
| Puberty/physical changes in body | 93.8 | 94.1 | 91.9 | 91.2 |
| Reproductive organs | 90.7 | 91.1 | 86.9 | 85.7 ** |
| Menstruation | 81.7 | 81.7 | 82.4 | 78.4 |
| Pregnancy and childbirth | 89.9 | 90.2 | 87.8 | 85.0 * |
| All topics in the category | 71.8 | 72.2 | 68.9 | 62.4 * |
| Gender and sexual and reproductive rights | | | | |
| Equality between men and women, women's rights | 85.4 | 85.6 | 82.9 | 86.0 |
| Prevention of violence / sexual abuse | 73.7 | 73.7 | 72.3 | 78.8 |
| Sexual orientation / homosexuality / sexual diversity | 51.5 | 51.4 | 51.8 | 53.6 |
| Sexual and reproductive rights | 55.9 | 56.0 | 54.0 | 61.6 |
| All topics in the category | 33.3 | 33.0 | 35.1 | 39.7 |
| Values and interpersonal skills | | | | |
| Sexual behavior | 59.8 | 59.8 | 59.3 | 59.7 |
| Communicating within relationships | 54.4 | 54.0 | 57.3 | 61.7 |
| Decision-making skills and self-esteem strengthening | 55.3 | 55.2 | 55.3 | 58.4 |
| Abstinence | 39.5 | 39.8 | 37.0 | 34.3 |
| All topics in the category | 15.7 | 15.5 | 16.4 | 18.3 |
| HIV and STI prevention | | | | |
| HIV/AIDS and other STIs | 92.9 | 93.4 | 88.3 | 90.8 *** |
| Where to access HIV/STI services | 34.8 | 35.1 | 30.1 | 40.0 ** |
| All topics in the category | 33.5 | 33.8 | 29.0 | 38.3 * |
| Contraception and unplanned pregnancy | | | | |
| Contraceptive methods | 76.2 | 77.6 | 64.6 | 61.8 *** |
| Where to get methods | 46.4 | 47.0 | 40.0 | 44.7 * |
| How to use methods | 48.4 | 49.3 | 40.3 | 45.1 *** |
| Abortion | 77.3 | 77.1 | 80.0 | 72.2 |
| All topics in the category | 30.5 | 31.0 | 25.6 | 28.9 * |
| Comprehensiveness of coverage† | | | | |
| Minimum: at least one topic in each category | 76.1 | 76.6 | 72.3 | 70.5 * |
| Adequate: nearly all topics, except one at most, in each category | 24.3 | 24.7 | 20.2 | 22.7 |
| High: all topics | 6.6 | 6.5 | 6.3 | 9.5 |

*p<.05. **p<.01. ***p<.001. †Levels are not mutually exclusive; for example, schools that meet the adequate level also meet the minimum level. Note: Percentages may not add to 100% because of rounding. *Source:* Student questionnaire.

TABLE 4.4b. Percentage of students who wanted to learn more about sexuality education topics, three departments, Guatemala 2015

| Topic and category | Total (N=3,004) | Department | | |
|---|--------------------|------------------------|--------------------------|-----------------------|
| | | Guatemala (N=1,748) | Huehuetenango (N=708) | Chiquimula (N=548) |
| Sexual and reproductive physiology | | | | |
| Puberty/physical changes in body | 43.5 | 44.1 | 35.1 | 51.6 *** |
| Reproductive organs | 29.5 | 29.7 | 23.4 | 44.5 *** |
| Menstruation | 32.2 | 32.7 | 23.7 | 42.3 *** |
| Pregnancy and childbirth | 38.7 | 39.6 | 27.2 | 42.3 *** |
| Gender and sexual and reproductive rights | | | | |
| Equality between men and women, women's rights | 36.5 | 37.1 | 28.1 | 41.6 *** |
| Prevention of violence / sexual abuse | 43.4 | 44.7 | 28.1 | 51.5 *** |
| Sexual orientation / homosexuality / sexual diversity | 40.1 | 41.1 | 28.7 | 44.2 *** |
| Sexual and reproductive rights | 41.0 | 42.2 | 27.4 | 46.1 *** |
| Values and interpersonal skills | | | | |
| Sexual behavior | 47.0 | 48.4 | 30.7 | 50.4 *** |
| Communicating within relationships | 45.2 | 46.7 | 28.5 | 46.2 *** |
| Decision-making skills and self-esteem strengthening | 44.9 | 46.2 | 29.3 | 47.0 *** |
| Abstinence | 49.0 | 50.6 | 30.6 | 52.3 *** |
| HIV and STI prevention | | | | |
| HIV/AIDS and other STI | 40.5 | 41.5 | 28.5 | 46.1 *** |
| Where to get HIV/STI diagnosis and treatment services | 47.6 | 49.2 | 29.8 | 46.4 *** |
| Contraception and unplanned pregnancy | | | | |
| Contraceptive methods | 45.0 | 46.3 | 29.9 | 46.9 *** |
| Where to get methods | 37.6 | 38.6 | 25.9 | 41.5 *** |
| How to use methods | 49.1 | 50.8 | 30.1 | 49.9 *** |
| Abortion | 44.3 | 45.7 | 29.0 | 44.1 *** |

***p<.001. *Source:* Student questionnaire.

TABLE 4.5. According to teachers, percentage of schools that teach selected SE concepts and skills, three departments, Guatemala 2015

| Concept | Total (N=80) | Department | | |
|--|-----------------|---------------------|-------------------------|----------------------|
| | | Guatemala (N=40) | Huehuetenango (N=22) | Chiquimula (N=18) |
| Values and life skills | | | | |
| How to make positive decisions and stick to them | 90.6 | 90.5 | 95.5 | 83.3 |
| Recognizing forced sexual contact | 95.6 | 97.1 | 86.4 | 83.3 |
| How to say no to sex | 96.5 | 96.3 | 100.0 | 94.4 |
| Sexuality is a natural, healthy and positive part of life | 98.7 | 99.2 | 95.5 | 94.4 |
| How alcohol and drugs affect behavior | 99.6 | 100.0 | 95.5 | 100.0 ** |
| Respect for myself and others, regardless of sex, age, sexual preference, social class | 100.0 | 100.0 | 100.0 | 100.0 |
| STI and HIV | | | | |
| There are many types of STIs, not only HIV and AIDS | 100.0 | 100.0 | 100.0 | 100.0 |
| Signs and symptoms of STIs, including HIV | 97.4 | 97.0 | 100.0 | 100.0 |
| A healthy-looking person could be infected with HIV | 99.3 | 100.0 | 95.2 | 93.3 ** |
| Having sex with only one partner (who is not infected) can reduce risk of HIV | 100.0 | 100.0 | 100.0 | 100.0 ** |
| Using condoms in every sexual encounter can reduce risk of HIV | 99.7 | 100.0 | 100.0 | 93.3 |
| If someone is infected, they should tell all sexual partners | 96.0 | 96.2 | 95.2 | 93.3 |
| Contraception and pregnancy | | | | |
| Men and women share responsibility for pregnancy | 100.0 | 100.0 | 100.0 | 100.0 |
| Explanation of how each contraceptive method works | 95.9 | 96.3 | 95.5 | 88.9 |
| The importance of using a contraceptive method consistently and correctly | 96.0 | 96.3 | 100.0 | 83.3 |
| How to communicate and negotiate with a partner about using a contraceptive method | 92.2 | 93.4 | 90.9 | 72.2 |

*p<.05. **p<.01. ***p<.001. Source: Teacher questionnaire.

TABLE 4.6. Percentage of teachers who followed a curriculum when teaching SE and strength of messages taught, three departments, Guatemala 2015

| Messages | Total | Department | | |
|--|--------------|--------------|---------------|--------------|
| | | Guatemala | Huehuetenango | Chiquimula |
| Among teachers who teach SE | (N=176) | (N=105) | (N=40) | (N=31) |
| Follow a curriculum | 77.0 | 76.5 | 83.1 | 76.0 |
| Strength of message among teachers who use a curriculum | (N=135) | (N=78) | (N=33) | (N=24) |
| Having sexual relationships is dangerous | | | | |
| Very strong | 40.8 | 40.8 | 37.9 | 53.2 |
| Not very strong | 36.8 | 36.8 | 45.1 | 8.9 |
| Message not taught | 22.3 | 22.4 | 17.0 | 37.9 |
| Having sexual relationships is immoral | | | | |
| Very strong | 16.6 | 16.8 | 17.7 | 6.6 |
| Not very strong | 37.3 | 34.9 | 55.1 | 63.2 |
| Message not taught | 46.1 | 48.3 | 27.2 | 30.2 |
| Young people have the right to know everything about relationships and SRH | | | | |
| Very strong | 76.7 | 76.9 | 76.0 | 71.9 |
| Not very strong | 21.2 | 20.8 | 24.0 | 28.1 |
| Message not taught | 2.0 | 2.3 | 0.0 | 0.0 |
| Young people should avoid having sex before they are married | | | | |
| Very strong | 53.8 | 52.7 | 55.6 | 88.2 |
| Not very strong | 34.6 | 35.6 | 30.3 | 11.8 |
| Message not taught | 11.6 | 11.7 | 14.1 | 0.0 |
| Young people should protect themselves when they have sex (by using condoms) | | | | |
| Very strong | 73.2 | 73.5 | 70.9 | 71.9 |
| Not very strong | 21.4 | 20.5 | 29.1 | 28.1 |
| Not at all | 5.4 | 6.0 | 0.0 | 0.0 |
| Homosexuality is unnatural | | | | |
| Very strong | 18.7 | 17.9 | 26.3 | 24.4 |
| Not very strong | 31.9 | 31.3 | 37.4 | 37.5 |
| Message not taught | 49.3 | 50.8 | 36.4 | 38.1 |
| Abortion is immoral | | | | |
| Very strong | 51.4 | 50.1 | 61.2 | 66.4 |
| Not very strong | 29.6 | 29.7 | 31.1 | 22.3 |
| Message not taught | 19.0 | 20.3 | 7.8 | 11.3 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 |

Source: Teacher questionnaire.

TABLE 4.7. Percentage of teachers who covered contraceptives and emphasis on various contraception messages in their sexuality education classes, three departments, Guatemala 2015

| Contraceptive methods taught and messages | Total | Department | | |
|--|----------------|---------------|---------------|---------------|
| | | Guatemala | Huehuetenango | Chiquimula |
| Among teachers who teach SE | (N=176) | (N=105) | (N=40) | (N=31) |
| Percentage who teach about abstinence | 94.6 | 95.1 | 92.8 | 98.4 |
| Percentage who teach about contraceptives | 88.0 | 87.9 | 92.9 | 77.5 |
| Among teachers who teach about contraceptives | (N=164) | (N=97) | (N=39) | (N=28) |
| Modern methods† | | | | |
| Condoms | 100.0 | 100.0 | 100.0 | 100.0 |
| Pill | 87.4 | 87.3 | 91.1 | 80.5 |
| Injectable (Depo-Provera) | 70.8 | 69.7 | 87.2 | 55.1 |
| Implants (Norplant, etc.) | 50.4 | 51.1 | 46.5 | 33.1 |
| IUD (such as Copper T) | 73.4 | 72.1 | 90.1 | 62.0* |
| Emergency contraception (morning-after pill) | 61.6 | 61.8 | 62.1 | 53.8 |
| Male or female sterilization | 65.9 | 64.9 | 79.1 | 57.6 |
| Foam/gel/suppository | 42.9 | 44.0 | 32.0 | 35.6 |
| Sponge/diaphragm/cervical cap | 44.6 | 46.1 | 30.5 | 34.7 |
| Traditional methods† | | | | |
| Rhythm (calendar) | 69.9 | 70.3 | 67.5 | 64.4 |
| Withdrawal | 45.6 | 45.6 | 45.6 | 46.8 |
| Other traditional methods | 9.1 | 9.8 | 4.1 | 0.0 |
| Emphasis on pregnancy prevention | | | | |
| Contraceptives can be effective | 70.4 | 70.6 | 64.9 | 84.7 |
| Contraceptives are not effective | 29.6 | 29.4 | 35.1 | 15.3 |
| Among teachers who teach about condoms | (N=164) | (N=97) | (N=39) | (N=28) |
| Emphasis on condoms for pregnancy prevention | | | | |
| Condoms alone are effective | 54.0 | 52.6 | 64.1 | 73.2 |
| Condoms alone are not effective | 43.3 | 44.4 | 35.9 | 26.8 |
| Do not teach about condoms and pregnancy | 2.6 | 2.9 | 0.0 | 0.0 |
| Emphasis on condoms for HIV/STI prevention | | | | |
| Condoms can be effective | 60.2 | 60.0 | 54.3 | 87.2** |
| Condoms are not effective | 37.2 | 38.4 | 35.1 | 1.7 |
| Do not teach about condoms and HIV/STIs | 2.6 | 1.6 | 10.5 | 11.1 |
| Among teachers who teach about abstinence | (N=152) | (N=91) | (N=34) | (N=27) |
| Teach abstinence as | | | | |
| One alternative for preventing STIs and pregnancy | 26.8 | 26.4 | 27.7 | 38.2** |
| The best alternative | 46.2 | 46.2 | 45.1 | 51.6 |
| The only way | 27.0 | 27.4 | 27.2 | 10.1 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 |

*p<.05. **p<.01. †Multiple responses were allowed. Source: Teacher questionnaire.

TABLE 4.8. SE topics and related messages learned by students who received SE, three departments, Guatemala 2015

| Concepts and messages | Total (N=2,932) | Department | | |
|--|--------------------|------------------------|--------------------------|-----------------------|
| | | Guatemala (N=1,688) | Huehuetenango (N=700) | Chiquimula (N=544) |
| Concepts that they learned† | | | | |
| How to make positive decisions and stick to them | 69.0 | 69.0 | 67.7 | 70.0 |
| Recognizing forced sexual contact | 43.5 | 43.3 | 44.5 | 44.4 |
| How alcohol and drugs affect sexual behavior | 56.1 | 56.5 | 52.1 | 55.4 |
| Respect for myself and others, free of prejudices and stereotypes | 87.2 | 88.6 | 75.6 | 76.7 *** |
| Signs and symptoms of STIs, including HIV | 71.4 | 73.2 | 55.2 | 60.3 *** |
| Ways to prevent HIV | 75.7 | 76.0 | 72.7 | 75.6 |
| How to talk to a partner about getting an HIV test | 22.0 | 21.1 | 28.1 | 34.7 *** |
| How to communicate with a partner about using contraceptive methods | 35.1 | 34.5 | 39.8 | 42.5 * |
| What to do if you get pregnant/ if you make a girl pregnant | 57.3 | 57.3 | 56.4 | 60.0 |
| Percentage distribution of students according to strength of message received | | | | |
| Having sex is dangerous for young people | | | | |
| Very strong | 60.0 | 60.2 | 59.0 | 51.5 |
| Not very strong | 32.2 | 32.1 | 32.7 | 34.3 |
| None | 7.9 | 7.7 | 8.3 | 14.2 |
| Do not have sex before marriage | | | | |
| Strong | 47.5 | 47.7 | 48.3 | 35.7 * |
| Weak | 28.9 | 28.5 | 31.2 | 35.7 |
| None | 23.6 | 23.8 | 20.5 | 28.6 |
| It is best that young people avoid having sex, but if they do, they should use condoms | | | | |
| Very strong | 58.7 | 59.6 | 51.7 | 49.2 *** |
| Not very strong | 26.8 | 26.3 | 32.3 | 28.3 |
| None | 14.5 | 14.1 | 15.9 | 22.5 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 |

*p<.05. ***p<.001. †Multiple responses were allowed. *Source:* Student questionnaire.

TABLE 4.9a. According to teachers activities used and preferred in teaching SE, three departments, Guatemala 2015

| Teaching activity | Total (N=176) | Department | | |
|--|------------------|----------------------|-------------------------|----------------------|
| | | Guatemala (N=105) | Huehuetenango (N=40) | Chiquimula (N=31) |
| Traditional methods | | | | |
| Talks | 87.9 | 87.1 | 97.6 | 87.7 |
| Assignments (essays, other) | 77.2 | 76.8 | 92.9 | 41.0** |
| Classwork | 80.9 | 80.9 | 92.1 | 46.4* |
| Interactive methods | | | | |
| Art, theater, role-playing, poetry, storytelling | 63.9 | 65.1 | 63.1 | 18.5* |
| Group discussions† | 96.2 | 96.1 | 100.0 | 89.4 |
| Demonstrations | 56.0 | 55.4 | 70.3 | 30.1 |
| Drawings | 76.5 | 77.2 | 78.6 | 40.5* |
| Audiovisual (film, video, radio) | 69.3 | 70.4 | 68.6 | 29.7* |
| Media (Internet, social media) | 72.7 | 72.9 | 84.3 | 24.8** |

*p<.05. **p<.01. †Group discussions include: question and answer sessions, small group discussions and debates. *Source.* Teacher questionnaire.

TABLE 4.9b. According to students, activities used and preferred in teaching SE, three departments, Guatemala 2015

| Teaching activity | Total (N=2,932) | Department | | |
|--|--------------------|------------------------|--------------------------|-----------------------|
| | | Guatemala (N=1,688) | Huehuetenango (N=700) | Chiquimula (N=544) |
| Students reporting doing this activity | | | | |
| Traditional methods | | | | |
| Talks | 87.4 | 87.3 | 73.4 | 78.5** |
| Assignments (essays, other) | 37.8 | 39.1 | 26.6 | 23.8*** |
| Classwork | 39.9 | 40.1 | 38.4 | 40.8 |
| Interactive methods | | | | |
| Art, theater, role-playing, poetry, storytelling | 5.8 | 5.2 | 11.3 | 10.9*** |
| Group discussions† | 29.7 | 30.0 | 27.8 | 24.7 |
| Drawings | 17.3 | 17.1 | 19.7 | 16.7 |
| Audiovisual (film, video, radio) | 36.6 | 35.9 | 43.0 | 43.4** |
| Media (Internet, social media) | 25.0 | 24.4 | 30.4 | 28.2* |
| Other | 0.3 | 0.3 | 0.3 | 0.2 |
| Students who would like to do this activity | | | | |
| Traditional methods | | | | |
| Talks | 66.8 | 65.7 | 76.9 | 75.7*** |
| Assignments (essays, other) | 13.2 | 12.4 | 21.1 | 14.5*** |
| Classwork | 24.2 | 23.1 | 34.6 | 28.9*** |
| Interactive methods | | | | |
| Art, theater, role-playing, poetry, storytelling | 25.6 | 25.2 | 30.3 | 25.6* |
| Group discussions† | 39.1 | 39.1 | 40.2 | 32.0 |
| Drawings | 16.5 | 16.1 | 18.6 | 25.8** |
| Audiovisual (film, video, radio) | 50.9 | 51.0 | 48.9 | 56.1 |
| Media (Internet, social media) | 31.8 | 31.7 | 34.3 | 26.9 |
| Other | 0.7 | 0.7 | 1.2 | 0.8 |

*p<.05. **p<.01. ***p<.001. †Group discussions include: question and answer sessions, small group discussions and debates. *Source.* Student questionnaire.

TABLE 4.10. Among teachers who teach SE, selected indicators on strategies for teaching content on contraception and answering student questions, three departments, Guatemala 2015

| Indicator | Total (N=176) | Department | | |
|--|------------------|----------------------|-------------------------|----------------------|
| | | Guatemala (N=105) | Huehuetenango (N=40) | Chiquimula (N=31) |
| Teaching strategy for contraception content | | | | |
| Show methods so students see how they work | 50.5 | 49.8 | 58.7 | 48.0 |
| Show the proper way to use a condom | 44.6 | 44.1 | 51.0 | 39.5 |
| Give information about services where adolescents can get methods/counseling | 73.3 | 72.2 | 83.1 | 78.2 |
| Experience answering student questions | | | | |
| Answers questions in public | 95.2 | 95.4 | 95.6 | 91.1 |
| Answers questions in private | 84.9 | 84.8 | 83.9 | 89.8 |

Source: Teacher questionnaire.

TABLE 4.11. Percentage of teachers and students who reported various sexuality education classroom experiences, three departments, Guatemala 2015

| Classroom experiences | Total | Department | | |
|---|-----------|------------|---------------|------------|
| | | Guatemala | Huehuetenango | Chiquimula |
| Among teachers who teach SE | (N=176) | (N=105) | (N=40) | (N=31) |
| Classroom experiences | | | | |
| Embarrassment about topics or terms | 25.7 | 25.8 | 21.1 | 39.1 |
| Topics/content contradict religious, traditional and personal beliefs or values | 33.0 | 33.1 | 32.4 | 32.2 |
| Pushback/opposition from students | 28.7 | 28.8 | 29.7 | 18.5 |
| Pushback/opposition from parents or community | 43.1 | 44.9 | 29.1 | 23.1 |
| Lack of student participation | 22.1 | 22.4 | 16.1 | 32.2 |
| Lack of time | 78.2 | 79.7 | 63.6 | 69.3 |
| Lack of training or sufficient knowledge | 60.8 | 61.3 | 48.0 | 83.7 |
| Lack of resources or teaching materials | 72.9 | 71.2 | 88.9 | 83.6 |
| Restrictions/bans on teaching certain topics | 24.8 | 26.6 | 5.1 | 21.8 * |
| Among students who received SE | (N=2,932) | (N=1,688) | (N=700) | (N=544) |
| Common situations | | | | |
| Students not paying attention/being disruptive | 45.1 | 44.4 | 50.7 | 53.2 ** |
| Students excited to learn about topics | 50.0 | 49.5 | 55.1 | 52.1 * |
| Students embarrassed to talk about topics | 6.5 | 6.3 | 8.4 | 7.3 |
| Among students who wanted to ask a question but did not | (N=2,044) | (N=1,159) | (N=509) | (N=376) |
| Reason for not asking questions | | | | |
| Too embarrassed | 62.2 | 62.3 | 60.6 | 60.4 |
| Not enough time | 23.1 | 22.7 | 25.8 | 26.2 |
| Thought the teacher would not know the answer | 12.5 | 12.3 | 15.3 | 11.9 |
| Afraid to offend or embarrass someone | 20.4 | 19.5 | 29.3 | 27.5 *** |
| Afraid the teacher/students would shut him/her down | 23.6 | 23.6 | 23.5 | 22.8 |
| Other | 1.3 | 1.3 | 1.2 | 0.0 |

*p<.05. **p<.01. ***p<.001. Sources: Teacher and student questionnaires.

TABLE 4.12. Percentage of schools that use various teacher and student evaluation methods for sexuality education, three departments, Guatemala 2015

| Characteristics | Total | Department | | |
|---|--------|------------|---------------|------------|
| | | Guatemala | Huehuetenango | Chiquimula |
| All education centers | (N=80) | (N=40) | (N=22) | (N=18) |
| Student evaluation (by teachers) | | | | |
| Method for student evaluation in SE topics | | | | |
| Oral assessment (one-on-one conversation) | 56.2 | 56.4 | 59.1 | 47.1 |
| Written assessment | 91.7 | 90.8 | 95.5 | 100.0 |
| Projects | 61.1 | 65.4 | 31.8 | 35.3** |
| Practical demonstrations | 30.0 | 32.4 | 22.7 | 0.0 |
| Presentations | 63.5 | 65.1 | 63.6 | 35.3 |
| Group work | 47.8 | 52.8 | 18.2 | 11.8** |
| Aspects of student learning evaluated | | | | |
| Knowledge | 97.3 | 96.9 | 100.0 | 100.0 |
| Attitudes | 81.6 | 83.0 | 77.3 | 64.7 |
| Skills | 54.2 | 54.7 | 50.0 | 52.9 |
| Teacher evaluation (by principals) | | | | |
| Frequency of teacher evaluations | | | | |
| Several times bimonthly/by unit | 30.1 | 30.6 | 18.2 | 43.8 |
| Once bimonthly/by unit | 15.4 | 15.2 | 22.7 | 6.3 |
| Once a year | 5.9 | 6.8 | 0.0 | 0.0 |
| Other | 5.1 | 4.1 | 18.2 | 0.0 |
| Never | 43.4 | 43.3 | 40.9 | 50.0 |
| In institutions that evaluate teachers | (N=44) | (N=23) | (N=13) | (N=8) |
| Methods used to evaluate teachers | | | | |
| Class Observation | 67.4 | 67.1 | 61.5 | a |
| Oral evaluation (individual conversation, one-on-one) | 36.5 | 35.9 | 30.8 | a |
| Written assessment | 15.4 | 16.3 | 7.7 | a |
| Through student opinions/work | 18.2 | 17.2 | 30.8 | a |

**p<.01. a=Percentages based on fewer than 10 cases are not shown. Source: Principal questionnaires.

TABLE 5.1a. Percentage of teachers who reported various aspects of teacher training on SE, three departments, Guatemala 2015

| Training characteristic | Total | Department | | |
|--|---------|------------|---------------|------------|
| | | Guatemala | Huehuetenango | Chiquimula |
| Among all teachers | (N=176) | (N=105) | (N=40) | (N=31) |
| Type of training received | | | | |
| Pre-service (before starting to teach SE) | 50.6 | 51.3 | 46.2 | 39.2 |
| In-service training | | | | |
| <1 year ago | 2.2 | 2.0 | 2.2 | 9.2 ** |
| 1–3 years ago | 43.3 | 46.4 | 11.9 | 32.1 |
| >3 years ago | 24.4 | 23.5 | 37.5 | 14.3 |
| Never | 30.1 | 28.1 | 48.4 | 44.5 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 |
| Among teachers who received in-service training in the last 3 years | (N=74) | (N=52) | (N=8) | (N=14) |
| Last in-service training duration | | | | |
| One day or less | 52.9 | 52.5 | a | 53.3 |
| 2-3 days | 24.6 | 24.8 | a | 25.7 |
| 4-6 days | 14.2 | 14.3 | a | 12.2 |
| 7 or more days | 8.4 | 8.4 | a | 8.8 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 |
| Entity that provided in-service training in the last 3 years † | | | | |
| Government (MoE, MoH) | 58.3 | 58.8 | a | 58.5 |
| School administration / NGO | 38.4 | 37.9 | a | 38.1 |
| Other institution | 13.5 | 13.6 | a | 14.1 |
| Among teachers who received pre-service training | (N=87) | (N=53) | (N=20) | (N=14) |
| Source of pre-service training † | | | | |
| Government (MoE, MoH) | 37.1 | 37.2 | 33.2 | a |
| NGO or international organization/university | 42.7 | 42.6 | 49.6 | a |
| Course taken on teacher's own initiative | 17.8 | 19.4 | 0.0 | a |
| All knowledge on the subject is based on own education | 16.5 | 17.1 | 12.7 | a |
| Health service / institution | 12.7 | 12.9 | 10.9 | a |

*p<.05. †Multiple responses were allowed. a=For teachers, percentages based on fewer than 20 cases are not shown.
Source: Teacher questionnaire.

TABLE 5.1b. Among teachers who received any training on SE, percentage who had training in various topics and teaching methods, three departments, Guatemala 2015

| Topics/categories | Total (N=134) | Department | | |
|---|------------------|---------------------|-------------------------|----------------------|
| | | Guatemala (N=80) | Huehuetenango (N=25) | Chiquimula (N=29) |
| Sexual and reproductive physiology | | | | |
| Puberty/physical changes in body | 62.1 | 61.0 | 84.6 | 52.4 |
| Reproductive organs | 68.7 | 68.2 | 86.9 | 47.9 |
| Menstruation | 62.6 | 63.1 | 66.9 | 40.8 |
| Pregnancy and childbirth | 77.5 | 79.0 | 72.9 | 41.6 * |
| Gender and sexual and reproductive rights | | | | |
| Equality between men and women, women's rights | 80.5 | 80.6 | 87.9 | 64.5 |
| Prevention of violence/sexual abuse | 72.6 | 73.3 | 70.0 | 57.7 |
| Sexual orientation / homosexuality / sexual diversity | 63.9 | 64.5 | 69.8 | 35.0 |
| Sexual and reproductive rights | 69.7 | 70.5 | 69.8 | 46.3 |
| Values and interpersonal skills | | | | |
| Sexual behavior | 76.3 | 76.1 | 98.8 | 40.3 ** |
| Communicating within relationships | 56.1 | 56.0 | 72.1 | 26.0 |
| Decision-making skills and self-esteem strengthening | 65.0 | 65.0 | 75.8 | 42.0 |
| Abstinence | 68.0 | 68.5 | 71.3 | 47.1 |
| HIV and STI prevention | | | | |
| HIV/AIDS and other STIs | 87.8 | 87.7 | 89.2 | 87.9 |
| Where to get HIV/STI diagnosis and treatment services | 72.5 | 73.4 | 62.7 | 64.3 |
| Contraception and unplanned pregnancy | | | | |
| Contraceptive methods | 88.9 | 88.2 | 98.8 | 91.2 |
| Where to get methods | 70.8 | 70.5 | 80.0 | 61.4 |
| How to use methods | 81.5 | 81.8 | 86.9 | 61.4 |
| Abortion | 74.4 | 74.4 | 90.4 | 42.8 ** |
| Comprehensiveness of coverage† | | | | |
| Minimum: at least one topic in each category | 69.0 | 69.2 | 80.8 | 42.6 |
| Adequate: nearly all topics, except one at most, in each category | 41.5 | 40.9 | 60.2 | 24.4 |
| High: all topics | 24.4 | 24.7 | 24.0 | 18.1 |
| Training in teaching methods | | | | |
| Assessment of adequacy of training | 56.8 | 58.3 | 51.5 | 20.8 |
| Adequate | 49.9 | 51.3 | 32.0 | 32.0 |
| Barely adequate | 36.9 | 35.2 | 58.2 | 59.0 |
| Inadequate | 13.2 | 13.5 | 9.8 | 9.0 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 |

*p<.05. **p<.01. †Levels are not mutually exclusive; for example, schools that meet the adequate level also meet the minimum level. Source: Teacher questionnaire.

TABLE 5.2. Percentage of teachers and principals who reported accessibility and availability of resources for teaching SE, three departments, Guatemala 2015

| Type of resource available/used | Total | Department | | |
|---|---------|------------|---------------|------------|
| | | Guatemala | Huehuetenango | Chiquimula |
| According to teachers | (N=176) | (N=105) | (N=40) | (N=31) |
| Use of classroom resources | | | | |
| Goals, objectives and expected outcomes of SE | 39.0 | 39.1 | 36.3 | 42.5 |
| Teaching manual | 36.4 | 34.9 | 48.1 | 56.4 |
| Document describing the scope and sequences of topics | 50.6 | 50.4 | 53.6 | 51.2 |
| Lesson plans or learning activities | 48.5 | 48.6 | 53.4 | 28.2 |
| Teaching or learning materials | 38.9 | 38.3 | 47.1 | 32.4 |
| Plans/tools for evaluating or assessing students | 37.8 | 37.9 | 41.1 | 24.2 |
| Use of out-of-classroom resources | | | | |
| Teacher support group | 34.9 | 34.9 | 41.4 | 13.4 |
| Support from teacher colleagues | 40.6 | 42.5 | 18.3 | 44.1 * |
| Support from experts/NGOs/CBOs/health professionals | 35.2 | 35.2 | 39.1 | 21.4 |
| Internet resources (including social media) | 74.0 | 74.2 | 74.8 | 62.7 |
| Use of methodological materials | | | | |
| National textbooks for students | 60.8 | 58.3 | 84.2 | 72.3 ** |
| National teachers' manuals (MoE) | 39.8 | 38.9 | 55.6 | 20.6 |
| Materials developed by local/district/regional authority | 16.4 | 16.6 | 18.3 | 3.7 |
| Materials developed by school | 14.2 | 14.1 | 18.1 | 3.7 |
| Materials developed by teacher | 76.3 | 76.1 | 83.5 | 59.6 |
| Materials developed abroad or by international NGOs | 12.4 | 12.3 | 16.4 | 3.7 |
| Materials from in-country NGOs | 17.4 | 15.4 | 40.5 | 12.4 ** |
| Materials from an international organization | 15.5 | 15.5 | 18.9 | 4.5 |
| Media sources (e.g., Internet, TV, magazines) | 75.5 | 74.2 | 94.4 | 57.6 * |
| Classroom teaching aids | | | | |
| Written materials | 77.8 | 76.4 | 94.8 | 71.3 ** |
| Flip-charts | 35.8 | 34.7 | 47.7 | 38.7 |
| Other audio-visual | 61.0 | 58.5 | 87.7 | 63.5 ** |
| Demonstration kits | 39.8 | 39.0 | 49.1 | 37.6 |
| According to principals | (N=80) | (N=40) | (N=22) | (N=18) |
| Ways to support sexuality education teachers | | | | |
| Organize meetings to discuss/resolve issues or concerns | 41.7 | 41.5 | 59.1 | 12.5 |
| Support sexuality education and its teachers at board meetings, PTA meetings and other community events | 40.8 | 43.6 | 13.6 | 37.5 * |
| Encourage teachers to discuss concerns with principal and help to solve them | 63.3 | 61.8 | 72.7 | 75.0 |
| Invite outside experts to support teachers | 68.2 | 72.1 | 40.9 | 43.8 * |

* p<.05, **p<.01. Sources: Teacher and principal questionnaires.

TABLE 5.3. Percentage of teachers who reported a need for teaching support, and perceived level of support for sexuality education from various sources, three departments, Guatemala 2015

| Measure | Total | Department | | |
|--|---------|------------|---------------|------------|
| | | Guatemala | Huehuetenango | Chiquimula |
| Among teachers who teach SE | (N=176) | (N=105) | (N=40) | (N=31) |
| Assistance required to teach more effectively† | | | | |
| More factual information | 41.2 | 37.9 | 80.5 | 34.0*** |
| More training | 58.7 | 55.5 | 86.8 | 90.8*** |
| More teaching materials/strategies | 65.2 | 62.5 | 92.9 | 74.9*** |
| Fewer restrictions on what can be taught | 12.1 | 11.1 | 26.4 | 2.9* |
| More support from school or community | 21.2 | 17.9 | 57.6 | 26.6*** |
| Among all teachers | (N=188) | (N=109) | (N=40) | (N=39) |
| Perceived level of support from sources | | | | |
| Principal | | | | |
| Very supportive | 44.6 | 44.9 | 43.4 | 39.6 |
| Supportive | 41.8 | 42.2 | 35.5 | 47.9 |
| Unsupportive | 13.5 | 12.9 | 21.2 | 12.5 |
| Other teachers at this school | | | | |
| Very supportive | 30.8 | 30.8 | 32.8 | 25.7 |
| Supportive | 43.8 | 45.0 | 31.8 | 38.4 |
| Unsupportive | 25.4 | 24.3 | 35.5 | 35.9 |
| Families | | | | |
| Very supportive | 4.1 | 3.3 | 15.1 | 0.0 |
| Supportive | 34.2 | 34.2 | 38.1 | 25.7 |
| Unsupportive | 61.7 | 62.5 | 46.8 | 74.3 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 |

*p<.05. ***p<.001. †Multiple responses were allowed. Source: Teacher questionnaire.

TABLE 5.4. Among teachers who cover each topic, percentage who said they require more assistance, three departments, Guatemala 2015

| Topic | Total | Department | | |
|---|-------|------------|---------------|------------|
| | | Guatemala | Huehuetenango | Chiquimula |
| Among teachers who cover each topic | | | | |
| Sexual and reproductive physiology | | | | |
| Puberty/physical changes in body | 28.1 | 26.1 | 37.2 | 61.6 |
| Reproductive organs | 22.3 | 19.3 | 40.1 | 58.9 ** |
| Menstruation | 21.9 | 18.7 | 42.3 | 59.3 ** |
| Pregnancy and childbirth | 32.7 | 27.8 | 68.1 | 68.3 *** |
| Gender and sexual and reproductive rights | | | | |
| Equality between men and women | 24.2 | 21.5 | 35.9 | 78.0 *** |
| Prevention of violence/sexual abuse | 55.6 | 52.7 | 77.0 | 78.3 * |
| Sexual orientation / homosexuality / sexual diversity | 42.7 | 39.9 | 59.3 | 84.1 * |
| Sexual and reproductive rights | 41.7 | 39.6 | 50.9 | 74.2 |
| Values and interpersonal skills | | | | |
| Sexual behavior | 45.0 | 42.6 | 59.7 | 74.0 |
| Communicating within relationships | 39.3 | 38.3 | 44.9 | 51.8 |
| Decision-making skills and self-esteem strengthening | 35.5 | 32.3 | 56.1 | 78.3 ** |
| Abstinence | 34.5 | 33.5 | 35.3 | 64.2 |
| HIV and other STI prevention | | | | |
| HIV/AIDS and other STIs | 59.4 | 57.2 | 73.7 | 83.8 |
| Where to get HIV/STI diagnosis and treatment services | 58.9 | 56.7 | 70.7 | 85.4 |
| Contraception and unplanned pregnancy | | | | |
| Contraceptive methods | 58.0 | 56.2 | 70.0 | 80.0 |
| Where to get methods | 57.1 | 58.1 | 47.7 | 64.5 |
| How to use methods | 60.7 | 58.5 | 77.9 | 70.8 |
| Abortion | 43.1 | 41.3 | 49.7 | 72.7 |

*p<.05. **p<.01. ***p<.001. Source: Teacher questionnaire.

TABLE 5.5. Percentage of principals who reported various school policies to protect students, three departments, Guatemala 2015

| Policy | Total | Department | | |
|---|--------------|--------------|---------------|--------------|
| | | Guatemala | Huehuetenango | Chiquimula |
| According to principals | (N=80) | (N=40) | (N=22) | (N=18) |
| % of schools with protection policy | 87.6 | 91.3 | 77.3 | 35.3*** |
| Policy for cases of harassment of students by teachers | | | | |
| Fired or transferred (after an investigation) | 78.3 | 79.5 | 86.4 | 44.4 * |
| Given several warnings before they are fired | 18.0 | 17.3 | 9.1 | 44.4 |
| Temporarily suspended from teaching | 0.4 | 0.0 | 4.5 | 0.0 |
| Given a warning but are not fired or suspended | 0.3 | 0.0 | 0.0 | 5.6 |
| School does not have a policy | 3.1 | 3.2 | 0.0 | 5.6 |
| Policy for cases of harassment of students by other students | | | | |
| Expelled (after an investigation) | 45.7 | 45.2 | 68.2 | 16.7 * |
| Given several warnings before they are expelled | 29.8 | 30.0 | 22.7 | 38.9 |
| Temporarily suspended | 17.1 | 18.8 | 9.1 | 0.0 |
| Given a warning but are not expelled or suspended | 7.4 | 6.0 | 0.0 | 44.4 |
| AT CO-EDUCATIONAL AND FEMALE ONLY SCHOOLS (N=78) | | | | |
| Policy for a girl becoming pregnant | | | | |
| She would be allowed to continue her studies | 59.3 | 55.2 | 81.8 | 94.4 |
| She would be asked to continue studies from home until she gives t | 26.3 | 30.2 | 0.0 | 0.0 |
| She would be suspended, transferred or expelled | 8.7 | 8.7 | 13.6 | 0.0 |
| School would analyze/discuss situation with parents | 5.7 | 5.8 | 4.5 | 5.6 |
| AT CO-EDUCATIONAL AND MALE ONLY SCHOOLS (N=75) | | | | |
| Policy for a boy getting a girl pregnant | | | | |
| He would be allowed to continue his studies | 60.8 | 57.1 | 90.5 | 77.8 |
| He would be asked to continue studies from home | 19.0 | 21.9 | 0.0 | 0.0 |
| He would be suspended, transferred or expelled | 11.8 | 12.0 | 9.5 | 11.1 |
| School would analyze/discuss situation with parents | 8.4 | 9.0 | 0.0 | 11.1 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 |

*p<.05. ***p<.001. Notes: Statistical significance corresponds to differences among percentage distributions. Percentages may not add to 100% because of rounding. Source: Principal questionnaire

TABLE 5.6. Percentage of students according to their perception of safety at school, three departments, Guatemala 2015

| Personal safety | Total (N=3,004) | Department | | |
|--|--------------------|------------------------|--------------------------|-----------------------|
| | | Guatemala (N=1,748) | Huehuetenango (N=708) | Chiquimula (N=548) |
| Feel safe expressing themselves in front of other students and teachers at this school | | | | |
| Never | 22.1 | 21.6 | 27.4 | 26.4 * |
| Sometimes | 59.0 | 59.6 | 53.3 | 55.5 |
| Always | 18.9 | 18.8 | 19.2 | 18.1 |
| Fear that other students or teachers may make fun of them/tease them at school | | | | |
| Never | 43.0 | 43.0 | 43.2 | 43.5 |
| Sometimes | 46.0 | 45.8 | 48.7 | 43.7 |
| Always | 11.0 | 11.2 | 8.2 | 12.8 |
| Afraid that other students will physically harm them | | | | |
| Never | 81.3 | 81.8 | 78.1 | 74.6 |
| Sometimes | 14.6 | 14.3 | 16.7 | 20.2 |
| Always | 4.0 | 3.9 | 5.2 | 5.2 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 |

*p<.05. Notes: Statistical significance corresponds to differences among percentage distributions. Percentages may not add to 100% because of rounding. *Source:* Student questionnaire.

TABLE 6.1. Percentage of students who received sexuality education outside of school, by department and gender, Guatemala 2015

| Sources | Total (N=3,004) | Department | | | Gender | |
|---|--------------------|------------------------|-------------------------------|-----------------------|-------------------|---------------------|
| | | Guatemala (N=1,748) | Huehue- tenango (N=708) | Chiquimula (N=548) | Male (N=1,478) | Female (N=1,525) |
| Source† | | | | | | |
| Father | 51.0 | 50.7 | 53.0 | 55.0 | 63.9 | 38.6 *** |
| Mother | 73.3 | 73.4 | 72.2 | 73.2 | 62.6 | 83.4 *** |
| Other family members | 62.1 | 61.6 | 67.4 | 64.3 * | 60.2 | 63.9 |
| Friends/girlfriend/boyfriend | 59.4 | 60.0 | 54.6 | 52.3 * | 62.7 | 56.3 * |
| School (teacher, counselor, activity, etc.) | 34.3 | 33.8 | 40.6 | 27.4 | 31.4 | 36.9 |
| Program outside school (peer educator, outreach worker) | 25.4 | 25.1 | 27.8 | 27.5 *** | 26.6 | 24.3 |
| Religious figure | 31.1 | 30.4 | 39.1 | 31.7 | 31.1 | 31.1 |
| Health center/youth center/other community center | 63.3 | 61.9 | 75.8 | 73.1 *** | 63.8 | 62.7 |
| Media (e.g., books/pamphlets, Internet, radio, TV) | 82.9 | 82.9 | 82.7 | 85.8 | 81.9 | 83.9 |
| Sex worker | 20.7 | 19.5 | 31.4 | 28.0 *** | 21.1 | 20.1 |
| Most used source | | | | | | |
| Father | 33.3 | 33.4 | 30.9 | 38.7 *** | 48.6 | 19.0 *** |
| Mother | 35.9 | 36.0 | 35.7 | 33.8 | 14.9 | 55.6 |
| Other family members | 8.3 | 8.4 | 8.3 | 5.7 | 8.5 | 8.1 |
| Friend/girlfriend/boyfriend | 10.0 | 10.4 | 6.8 | 6.6 | 12.7 | 7.6 |
| Program outside school (peer educator, outreach worker) | 0.5 | 0.4 | 1.2 | 0.4 | 0.9 | 0.1 |
| Religious figure | 0.9 | 0.8 | 2.3 | 0.4 | 1.1 | 0.8 |
| Health center/youth center/other community center | 3.6 | 3.4 | 6.7 | 4.1 | 4.1 | 3.2 |
| Media (e.g., books/pamphlets, Internet, radio, TV) | 6.9 | 6.9 | 6.2 | 9.8 | 8.7 | 5.2 |
| Sex worker | 0.3 | 0.2 | 1.8 | 0.5 | 0.4 | 0.3 |
| Other | 0.1 | 0.1 | 0.2 | 0.1 | 0.2 | 0.0 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |

*p<.05. ***p<.001. †Multiple responses were allowed. Notes: One student was excluded from gender indicators because he/she did not specify gender. For the most used source, statistical significance corresponds to differences among percentage distributions. Percentages may not add to 100% because of rounding. *Source:* Student questionnaire.

TABLE 7.1. Percentage of students reporting various attitudes towards sex and relationships, by departments and by gender, Guatemala 2015

| Percentage of students who agree with the following statements | Total (N=3,004) | Department | | | Gender | |
|--|--------------------|------------------------|-------------------------------|----------------------------|-------------------|---------------------|
| | | Guatemala (N=1,748) | Huehue- tenango (N=708) | Chiqui- mula (N=548) | Male (N=1,478) | Female (N=1,525) |
| Statements related to female sexual behavior and women's rights | | | | | | |
| Usually, when girls say no to sex, they really mean yes | 18.4 | 17.8 | 23.0 | 25.4 ** | 27.2 | 10.1*** |
| It's acceptable for husband to beat wife if she refuses sex | 3.1 | 2.5 | 8.3 | 7.0 ** | 3.0 | 3.1 * |
| Statements related to sexuality and contraceptive use | | | | | | |
| Having consensual sex is part of a healthy relationship | 50.9 | 51.8 | 43.5 | 41.4 ** | 59.9 | 42.4*** |
| Using a condom is a sign of not trusting your partner | 18.5 | 17.1 | 29.8 | 32.7 ** | 22.0 | 15.1 *** |
| Making contraceptive methods available to young people encourages them to have sex | 34.1 | 33.9 | 35.3 | 39.7 ** | 40.8 | 27.9 *** |
| It is wise for a student who does not want to become pregnant to use a contraceptive method | 75.5 | 76.7 | 63.9 | 67.3 ** | 76.8 | 74.2 |
| Statements related to sexual orientation and HIV | | | | | | |
| If someone I knew had HIV/AIDS, I would still be his/her friend | 72.2 | 73.8 | 59.4 | 50.9 ** | 68.3 | 75.8 ** |
| If someone I knew was homosexual, I would still be his/her friend | 61.8 | 63.3 | 49.4 | 42.1** | 45.6 | 77.1*** |
| Sexual relationships should only be between a man and a woman (and not between two men or two women) | 64.7 | 65.2 | 60.4 | 61.4 * | 68.9 | 60.8 ** |

*p<.05. **p<.01. ***p<.001. Notes: One student was excluded from gender indicators because he/she did not specify gender.
Source: Student questionnaire.

TABLE 7.2. Percentage of principals and teachers with various attitudes towards sex and relationships, three departments, Guatemala 2015

| Percentage who agree with following statements | Principals | | | | Teachers | | | |
|--|-----------------|--------------------------|------------------------------|---------------------------|------------------|---------------------------|------------------------------|---------------------------|
| | Total (N=80) | Guate- mala (N=40) | Huehue- tenango (N=22) | Chiqui- mala (N=18) | Total (N=188) | Guate- mala (N=109) | Huehue- tenango (N=40) | Chiqui- mala (N=39) |
| Statements that support SE | | | | | | | | |
| Important that youth are taught about healthy sexuality | 96.8 | 96.8 | 95.5 | 100.0 | 95.0 | 95.2 | 91.7 | 96.0 |
| Important to teach students about contraceptive methods to avoid unintended pregnancies | 89.9 | 89.4 | 95.5 | 88.9 | 92.7 | 92.3 | 98.2 | 90.9 |
| Important to tell students where to access youth-friendly SRH services | 97.2 | 97.1 | 100.0 | 94.4 | 93.5 | 93.1 | 97.2 | 95.1 |
| Restrictive statements regarding sexuality | | | | | | | | |
| Sex should only be between a man and a woman | 75.9 | 75.4 | 77.3 | 83.3 | 76.7 | 76.5 | 75.6 | 86.2 |
| Abortion should never be allowed under any circumstance in the case of an unwanted pregnancy | 59.5 | 57.9 | 59.1 | 88.9 | 40.0 | 40.0 | 30.3 | 63.8 |
| Girls should remain virgins until marriage | 70.7 | 70.3 | 77.3 | 66.7 | 82.2 | 83.4 | 76.4 | 60.2 |
| Boys should remain virgins until marriage | 69.7 | 70.1 | 77.3 | 50.0 | 74.3 | 74.7 | 76.4 | 59.0 |
| Punitive statements | | | | | | | | |
| Young people who carry condoms are bad/promiscuous/unfaithful | 16.8 | 15.2 | 27.3 | 27.8 | 22.3 | 22.8 | 12.0 | 31.8 |
| Making contraceptives available to young people encourages them to have sex | 44.7 | 42.1 | 63.6 | 61.1 | 51.5 | 51.8 | 50.9 | 41.8 |
| Students with HIV/AIDS should not be allowed in schools | 11.0 | 11.6 | 4.5 | 11.1 | 16.6 | 16.6 | 17.5 | 14.3 |
| Girls who get pregnant should be expelled | 3.5 | 3.3 | 4.5 | 5.6 | 2.5 | 2.4 | 4.4 | 1.1 |
| Boys who get a girl pregnant should be expelled | 5.9 | 6.4 | 4.5 | 0.0 | 5.4 | 4.6 | 14.3 | 4.5 |
| Boys who carry condoms should be expelled | 3.6 | 3.8 | 4.5 | 0.0 | 3.7 | 3.1 | 9.9 | 3.8 |
| Girls who carry condoms should be expelled | 3.2 | 3.7 | 0.0 | 0.0 | 3.6 | 3.1 | 9.3 | 3.8 |

Sources: Principal and teacher questionnaires.

TABLE 7.3. Percentage of students and teachers who reported various opinions and beliefs regarding sexuality education, three departments, Guatemala, 2015

| Student and teacher opinions | Total | Departments | | |
|--|-----------|-------------|---------------|------------|
| | | Guatemala | Huehuetenango | Chiquimula |
| STUDENTS' OPINIONS | (N=3,004) | (N=1,748) | (N=708) | (N=548) |
| Believe SE has been useful/very useful in their personal life | 89.1 | 88.7 | 91.9 | 95.6 ** |
| Believe SE should be taught | 97.2 | 97.5 | 94.3 | 96.0 ** |
| Degree of enjoyment of SE classes | | | | |
| More than other subjects | 27.2 | 27.1 | 27.9 | 32.8 |
| About the same as other subjects | 61.4 | 61.6 | 60.7 | 57.3 |
| Less than other subjects | 11.3 | 11.3 | 11.4 | 9.9 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 |
| Reasons why SE should be taught† | | | | |
| These topics are just as important as other topics | 80.2 | 80.2 | 80.2 | 78.7 |
| Parents don't teach us | 17.8 | 17.9 | 16.3 | 22.3 |
| We need to know how to prevent unintended pregnancy | 63.9 | 64.3 | 61.0 | 56.1 |
| We need to know how to avoid getting HIV/AIDS and other STIs | 58.6 | 58.8 | 56.9 | 56.9 |
| We need to learn how to resist pressure to have sex | 46.0 | 46.1 | 46.8 | 38.1 |
| To understand how our body works | 52.0 | 52.0 | 52.0 | 50.5 |
| Other | 2.9 | 2.9 | 3.8 | 0.8 |
| TEACHERS' OPINIONS | (N=188) | (N=109) | (N=40) | (N=39) |
| Aspects they believe SE should seek to impact in students† | | | | |
| Knowledge | 58.4 | 56.4 | 72.7 | 88.4* |
| Positive attitudes and responsible behavior | 66.8 | 67.8 | 58.3 | 57.9 |
| Informed opinions | 28.1 | 27.3 | 29.2 | 53.0 |
| Practical skills/life skills | 47.2 | 45.6 | 63.6 | 52.0 |
| Self-esteem | 41.3 | 40.3 | 49.0 | 56.0 |
| Other | 0.4 | 0.0 | 4.0 | 5.2** |
| Most important message it should impart† | | | | |
| That everyone deserves respect, regardless of gender, age, sexual orientation, ethnic group, or social status | 70.0 | 72.9 | 44.7 | 44.2 ** |
| That sexual relations should always be consensual | 44.9 | 47.1 | 29.8 | 10.8 * |
| Information about HIV/STI transmission and where to access HIV/STI services | 35.8 | 33.5 | 64.1 | 28.9 ** |
| Accurate information on contraceptives and where to access them | 28.1 | 25.4 | 52.7 | 47.9 ** |
| That abstinence is the best way to prevent pregnancy and HIV/STIs | 33.3 | 30.9 | 51.2 | 65.5 ** |
| That young people should not have sex before marriage | 31.6 | 31.4 | 32.4 | 34.5 |
| That sexuality is a natural, healthy and positive part of life | 27.6 | 27.7 | 25.1 | 30.1 |
| Responsibility (look after yourself/avoid pregnancy/have a single sexual partner/adopt values) | 11.5 | 12.2 | 0.0 | 26.0 |
| Be well informed including on your reproductive health rights, enjoy life and make sound decisions according to your life plan | 8.5 | 9.3 | 0.0 | 5.8 |
| Always look for help, do not be afraid to ask | 1.1 | 1.1 | 0.0 | 6.3 |

*p<.05. **p<.01. †Multiple responses were allowed. Note: Percentages may not add to 100% because of rounding.

Sources: Principal, teacher and student questionnaires.