

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



Angélica Motta, Sarah C. Keogh, Elena Prada, Arón Nunez-Curto, Kelika Konda, Melissa Stillman and Carlos F. Cáceres

Key Points

- Unlike other countries in the region, there is no national binding regulatory framework in Peru to support a comprehensive sexuality education (CSE) program.
- In 2008, the Ministry of Education (MOE) enacted a set of guidelines to provide CSE in primary and secondary school; however, implementation has been weak due to a lack of political will, which is reflected in limited teacher training and the absence of monitoring and evaluation systems.
- Support for CSE in schools is high: 97% of students, 100% of teachers and 98% of school principals consider CSE should be taught in school; and between 86 and 92% of students believe their parents agree with this.
- The comprehensiveness of sexuality education at school is minimal: only 9% of students received instruction in all 18 topics that ensure comprehensive coverage.
- Most teachers agree that students have a right to ample information about sexual relationships and reproductive health; they advise their students to protect themselves by using condoms when they have sex. However, one-third of teachers tell their students that having sex is dangerous and that they should avoid having sex before marriage.
- The main challenges for CSE teachers are the lack of teaching resources or materials, lack of time in class and their own lack of training. Training for CSE teachers has been sporadic, or mainly provided through support from international cooperation. More technical and budgetary support is required from the MOE.
- CSE should be strengthened in Peru by enacting current regulations into law; establishing a mandatory national CSE program at primary and secondary education levels; and providing the corresponding technical and budgetary support.
- A quality, continuous, in-service training program is needed for CSE teachers.
- CSE implementation must include a monitoring and periodic evaluation system to allow progress to be measured and problems to be identified for quality improvement.

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Key Findings and Recommendations

- Unlike other countries in the region, there is no national binding regulatory framework in Peru to support a comprehensive sexuality education (CSE) program.
- It is only very recently that the Peruvian State has decided to implement a CSE program.
- In 2008, the Ministry of Education (MOE) enacted a set of guidelines to provide CSE in primary and secondary school; however, implementation has been weak due to a lack of political will, which is reflected in limited teacher training and the absence of monitoring and evaluation systems.
- Support for CSE in schools is high: 97% of students, 100% of teachers and 98% of school principals consider CSE should be taught in school; and between 86 and 92% of students believe their parents agree with this.
- The vast majority of students (92%) affirm that CSE has been useful or very useful in their personal life. More than one-third (39%) of those who started receiving CSE during their last years of secondary school would have wanted to start receiving it earlier.
- The comprehensiveness of sexuality education at school is minimal: only 9% of students received instruction in all 18 topics that ensure comprehensive coverage.
- Most teachers agree that students have a right to ample information about sexual relationships and reproductive health; they advise their students to protect themselves by using condoms when they have sex. However, one-third of teachers tell their students that having sex is dangerous and that they should avoid having sex before marriage.
- The main challenges for CSE teachers are the lack of teaching resources or materials, lack of time in class and their own lack of training. Training for CSE teachers has been sporadic, or mainly provided through support from international cooperation. More technical and budgetary support is required from the MOE.
- CSE should be strengthened in Peru by enacting current regulations into law; establishing a mandatory national CSE program at primary and secondary education levels; and providing the corresponding technical and budgetary support.
- A quality, continuous, in-service training program is needed for CSE teachers.
- CSE implementation must include a monitoring and periodic evaluation system to allow progress to be measured and problems to be identified for quality improvement.
- CSE must be implemented with all due respect for the principle of secularity of the State.

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Executive Summary

Comprehensive Sexuality Education (CSE) is a fundamental educational proposal that aims to improve adolescent sexual and reproductive health (ASRH), ensure that sexuality can be experienced responsibly and pleurably, and prevent gender violence. CSE is particularly relevant in Peru, where ASRH metrics are poor. Comprehensive sexuality education approached from the perspectives of human rights, gender, empowerment, equality and a recognition of adolescent sexual activity have proven globally to produce the most effective ASRH outcomes; the comprehensive approach includes socio-cultural, biological, psychological and ethical aspects of sexuality.

Goals and Methodology of the Study

This study provides a detailed analysis of prevailing CSE policies and their implementation in secondary education schools in three departments or provinces in Peru that vary geographically and culturally: Lima (coast), Ucayali (rainforest) and Ayacucho (mountain). The goals of the study are: 1) to document how sexuality education is implemented in schools, taking into account regulations, curricula and methods used; 2) to assess the level of comprehensiveness in instructional content delivered; and 3) to provide recommendations that can contribute to the design and implementation of sexuality education programs in schools in Peru and the region.

The study has both qualitative and quantitative components. The qualitative component consisted of in-depth interviews with 30 key informants involved in CSE (policy makers, program implementers and civil society). The quantitative component is based on surveys of 58 school principals, 210 teachers and 2,528 students in 61 schools in the three departments included in the study.

Summary of Findings on CSE Policy

- Unlike other countries in the region, the regulatory framework for implementing CSE in Peru is not legally binding, but rather only a ministerial resolution from the Ministry of Education (MOE). It is only very recently that the State has decided to implement a sexuality education program with a comprehensive approach and has a long way to go before reaching its goals.
- In 2008, the MOE enacted “*Lineamientos Educativos y Orientación Pedagógica para la Educación Sexual Integral*” (Educational Guidelines and Pedagogical Orientation for Comprehensive Sexuality Education) for primary and secondary school; but the implementation of the Guidelines has been weak due to a lack of political will. This is evidenced by the lack of teacher training and the absence of monitoring and evaluation systems that would ensure quality CSE. Between the approval of the CSE Guidelines and the end of 2016, the subject was barely debated publicly. Following the approval of the new curriculum in 2016, the Evangelical and Catholic Churches harshly criticized both CSE as public policy and the gender focus in the curriculum. As of this writing, however, the MOE has successfully defended the new curriculum.

Summary of Findings at the School Level

- This study shows that 97% of students, 100% of teachers and 98% of principals believe CSE should be taught in school. According to key informants, families support the implementation of CSE by the State, NGOs and international aid; and between 86 and 92% of students in the departments of Lima, Ayacucho and Ucayali say their parents agree that they should receive instruction in CSE. The vast majority of students (92%) indicate that CSE has been useful or very useful in their life. More than one-third of students (39%) who began receiving CSE instruction in the last years of secondary school would have wanted to start earlier.
- Based on student responses and the international standards used in the study, the comprehensiveness of sexuality education in schools is minimal: only 9% of students received instruction in all 18 topics that would ensure comprehensive coverage. The topics least taught are those related to “contraception and unintended pregnancy”, “values and interpersonal skills” and “HIV/STI prevention”: less than half of students (20 to 41%) reported learning about them. Furthermore, their expectations go largely unmet and a significant proportion would like to learn more, especially about five key topics: contraceptive methods; how to use contraceptive methods; sexual behavior; communication within the relationship; and pregnancy and childbirth.
- Messages conveyed by teachers are sometimes contradictory. Most teachers convey that young people have a right to broad information about sexual relations and reproductive health; and advise students to protect themselves by using condoms when they have sex. Nevertheless, one-third of teachers also convey that sexual relations are dangerous and that young people should avoid them before marriage.
- The main challenges faced by CSE teachers are the lack of teaching resources and materials, the lack of class time and their lack of training. Nearly three-fourths of teachers requested more training and better materials in order to teach CSE more effectively. In fact, teacher training in CSE has been sporadic, and when it does take place, it is primarily through initiatives supported by international cooperation. More technical and budgetary support is required from the MOE.
- Student responses also suggest that the school environment is not yet adequate to talk about CSE in the classroom; a significant proportion of students (39%) feel embarrassed to ask about sexuality; and 21% are afraid of being shamed by their classmates.

Recommendation Highlights

- According to key informants, in order to improve CSE in Peru, national education policies related to CSE will need to be strengthened, making the regulations legally binding and creating a mandatory CSE national program at the primary and secondary school levels, with the support of a permanent technical team at the MOE and a larger budget for its implementation.
- In addition to improving basic teacher training, a high quality and continuous in-service training program should be implemented for CSE teachers. CSE should be part of basic training for teachers of all subject areas.

- CSE implementation should include a monitoring and evaluation system that would allow progress to be measured and problem areas to be identified, to achieve lasting improvements in the provision of high quality CSE.
- Given the opposition of some religious sectors to the Peruvian State providing CSE in schools, it is important for the State to consolidate its leadership in implementing CSE based on the principles of secularity enshrined in the country's Constitution.

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Acronyms

ASRH	Adolescent Sexual and Reproductive Health Services
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CISSS	Centro de Investigación Interdisciplinaria en Sexualidad, Sida y Sociedad (Center for Interdisciplinary Research on Sexuality, AIDS and Society) of the Cayetano Heredia Peruvian University
CONAMUSA	Coordinadora Nacional Multisectorial en Salud (national multisector health coordinating body)
CSE	Comprehensive Sexuality Education
DCN	Diseño Curricular Nacional (national curriculum design)
DITOE	Dirección de Tutoría y Orientación Educativa del Ministerio de Educación (Ministry of Education's directorate of counseling and educational guidance)
DRE	Direcciones Regionales de Educación (regional education directorates)
ENDES	Encuesta Nacional de Demografía y Salud (National Demographic and Health Survey)
IES	Instituto de Educación y Salud (education and health institute)
INPPARES	Instituto Peruano de Paternidad Responsable (Peruvian Institute for Responsible Parenthood)
MIMP	Ministerio de Mujer y Poblaciones Vulnerables (Ministry of Women and Vulnerable Populations)
MOE	Ministry of Education
MOH	Ministry of Health
ONDEC	Oficina Nacional de Educación Católica (national office of Catholic education)
NGO	Non-governmental Organization
PUCP	Pontificia Universidad Católica del Perú
SE	Sexuality Education
UGEL	Unidades de Gestión Educativa Locales (local education administration units)
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
WHO	World Health Organisation

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. Comprehensive sexuality education (CSE)* is part of a multifaceted approach to addressing and ultimately improving the sexual and reproductive lives of young people. CSE 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.¹⁻⁶ Abstinence-only education programs have shown little evidence of improving sexual and reproductive health outcomes.^{7,8} 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.^{4,5,7-14}

CSE's proven effectiveness in achieving positive sexual and reproductive health outcomes in adolescents, along with the health indicators discussed in the next section, indicate that adolescent sexual and reproductive health in Peru is still in a critical state; these conditions have motivated an exploration of the CSE situation in Peru through the current study.

Scope of This Report

Like many other countries in the world, Peru has developed sexuality education curricula and guidelines. Nevertheless, little is known about classroom realities in terms of: the extent of implementation; the comprehensiveness of the content; instructional methods and quality; 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 teaching SE; and the effectiveness of existing programs in achieving desired knowledge and behavioral outcomes in students.¹⁵⁻¹⁸ Based on official documents, key informant interviews and surveys of principals, teachers and students, this report provides a detailed picture of how sexuality education policies in Peru have been put into practice and what students and principals think about it. The study highlights various aspects of the development and implementation of sexuality education, and experiences in the selected regions in Peru.[†] The report also discusses challenges in teaching sexuality education in the classroom; support provided for its implementation, including teacher training and school environment; sexuality education outside of school; students' experiences; and general opinions about sexuality education held by key persons in government, NGOs and the community. The information presented in this document aims to provide the Peruvian government and other stakeholders with a better understanding of realities in schools, and ultimately, to contribute to improving the quality and effectiveness of sexuality education for students and teachers. The results will help guide the way toward ensuring that all young people have evidence-based knowledge and tools to make responsible decisions about their sexual and reproductive health.

Adolescent Sexual and Reproductive Health Challenges and Needs in Peru

The need for CSE in schools should be assessed on the basis of the issues that adolescents continue to experience in achieving their sexual and reproductive health. While some progress has been made in public policy regarding this issue, the data from national surveys and other recent studies indicate a more problematic situation. Below is a summary of the challenges that make it difficult for adolescents to exercise their sexuality in a healthy way.

Sexual Activity

Although only a small minority (6%) of young women interviewed had sexual relations before age 15, nearly one-third (31%) of adolescents aged 15 to 19 had already initiated sexual activity.¹⁹ Among the population studied, women in Lima (coastal region) tended to initiate sexual activity a little later, while women in Ucayali (rainforest region) did so earlier than the average. For example, in Ucayali, 16% of young women had sexual relations before age 15, compared with 5% in Lima. Young men initiate sexual activity earlier than young women, at 16.8 years of age compared with 18.6 in young women, with initiation taking place earlier in the rainforest than in Lima.^{20,21}

Access to ASRH Information and Services

Adolescent access to sexual and reproductive health information and services is limited in Peru. The Ministry of Health (MOH) has been providing differentiated health services for adolescents since 2005.²² Nevertheless, by 2012, these services were available in only 37% of government-run health centers.²³ It is worth recalling that for the past ten years, based on the *Ley General de Salud* (general health law),[‡] minors had been restricted from accessing contraceptive methods without the legal consent of their parents or guardians. This obstacle was overcome with the new family planning regulation of August 2016, which clarified the scope of Article Four of the general health law by establishing that providing contraceptive methods is not a medical or surgical treatment, and therefore does not require parental consent. Nevertheless, the new regulation needs to be disseminated among health care providers who assume the legal obstacle is still in place.

Contraceptive Use, Unplanned Births, Maternal Mortality and Abortion

Contraceptive use is relatively low among Peruvian adolescents. While all adolescent females, regardless of marital status, know or have heard about a contraceptive method, only 43% of those in a union and 63% of those not in a union but sexually active use a modern method; and only 6% of adolescent females in a union and 38% of those sexually active and not in union used a condom in their most recent sexual encounter.¹⁹ Contraceptive use increases with wealth and education, and is lower in Ayacucho (mountain) than in Ucayali (rainforest) and Lima (coast).

According to the DHS, one in every seven adolescent females in Peru has already begun childbearing;

that is, has had at least one child (12%), or is pregnant with her first child (3%). This reality is part of a broader challenge around unintended pregnancy in Peru: more than two-thirds (69%) of births in the past five years were unplanned; that is, the parents did not want the child at that moment (59%) or at all (10%). Statistics are even more grim for adolescents living in poverty: in 2012, a young woman aged 15 to 19 in the lowest income quintile was nine times more likely to become pregnant than her counterpart in the uppermost income quintile.²⁴ The likelihood of becoming a mother is much higher in certain regions; for example, 19% of adolescent females in Ucayali (rainforest) are already mothers, compared to 13% in Ayacucho (mountain) and 9% in Lima.

Adolescent childbearing is tied to social vulnerability. On the one hand, becoming a mother at this age can significantly limit educational possibilities for young women. Thus, the school attendance rate among teen mothers is just 13%, while the attendance rate among young women who are not mothers is as high as 80%.²⁵ In addition, early childbearing is also a mortality factor among adolescents. In Peru, between 2007 and 2011, 241 adolescent maternal deaths were registered per 100 000 live births, which is more than double the country's rate (106 per 100 000 live births).²⁶ Unsafe abortion is one of the main causes of maternal mortality. Abortion is forbidden in Peru on almost every ground; it is only legal if the life of the mother is at risk. Many adolescents who have an abortion probably do so under unsafe conditions and suffer serious complications that require medical treatment in health facilities, or die in the process. A 2006 study found that 25% of women hospitalized for complications from an abortion were between 14 and 19 years of age.²⁷

Prevalence and Knowledge of HIV/AIDS and Other STIs

The prevalence of HIV in young people aged 15-24 is 0.2%.²⁸ According to recent data from the Ministry of Health's epidemiology directorate, 3% of the cumulative AIDS cases between 1983 and 2015 in the country were in young people aged 15-19.²⁹ Of these, one-third of the cases were in young women and two-thirds in young men.

Nearly all adolescent females have heard of HIV (97%),¹⁹ but this figure decreases significantly when it comes to further knowledge. Only 19% of adolescent females correctly identified the two main ways to prevent HIV/AIDS, knew that a person who looks healthy could carry HIV, and rejected common myths about its transmission.¹⁹ Among the three regions included in the study, comprehensive knowledge about HIV was lowest in Ayacucho (10%) and highest in Ucayali (31%).

With regard to STIs, one study conducted in three cities in Peru (Lima, Huancayo and Iquitos) revealed the prevalence of vaginal prolapse (a symptom related to STIs or infections of the reproductive system) in young women aged 15-19 was as high as 40%.³⁰ In another study of 24 Peruvian cities, the prevalence of Herpes simplex 2 (HV-2) in men and women aged 18-29 was 14%; the prevalence of chlamydia was 7% for women and 4% for men; and of trichomoniasis it was 5% for women and 0.3% in men.³¹

Sexual Violence and Gender-based Violence

One study of several countries ranked Peru as the South American country with the highest annual rate

of charges of sexual violence.³² This is a particularly serious problem for young women, as four out of five accusations made to the National Police were made by minors. The main perpetrators of violence against minors are family members or persons with close ties to the victim.³³ However, violence also occurs within couples. Twenty-five percent of women aged 15-19 in a union have experienced physical violence, and 3% have experienced sexual violence at the hand of their partner, with those numbers rising to 70% when it comes to psychological or verbal violence.¹⁹

The Need for Sexuality Education

The above overview shows that serious barriers continue to prevent young people from leading healthy sexual and reproductive lives. Significant inequalities among regions are evident: sexual activity and childbearing begin earlier in Ucayali (rainforest) than in Ayacucho (mountain) and Lima (coast); but women in Ucayali also tend to be better informed about HIV and protect themselves more. A double standard promotes, on the one hand, very little freedom and limited negotiating capacity and autonomy for women to exercise their sexuality; and on the other hand, strong pressure is exerted on young men to initiate sex and remain sexually active.³⁴⁻³⁶ In recognizing that improving adolescent access to high quality SRH information and services is essential for reducing negative health outcomes, the government has designed policies and programs specifically for this age group, including a sexuality education (SE) policy.⁵ Nevertheless, implementation has been difficult due in part to the absence until 2016 of legislation that would guarantee compliance. In addition, perhaps the greatest challenge has been reconciling a rights-based approach regarding adolescent access to comprehensive SRH information and services on the one hand, and more conservative approaches based on deeply held moral views that stigmatize and reject certain aspects of SRH education and services, on the other hand.^{37,38} The political climate in Peru as it relates to these issues is discussed in greater detail in Chapter 3.

Chapter 2: Objectives and Methodology

Study Objectives

The main objective of the study is to provide a detailed analysis of current sexuality education policies and their implementation in secondary schools in three geographically and culturally diverse regions of Peru: Lima (coastal region), Ucayali (rainforest region) and Ayacucho (mountain region).

Specific objectives include:

1. Documenting how sexuality education is implemented in schools, including policies, curricula and methodology used.
2. Assessing the level of comprehensiveness of the content taught.
3. Understanding the opinions and attitudes held by students and teachers about sexuality education.
4. Proposing recommendations that can contribute to the design and implementation of sexuality education programs in schools in Peru and the region.

This study took place in four countries in two developing regions: Latin America (Guatemala and Peru), and Africa (Ghana and Kenya). Of the two countries selected in each region, one is relatively more advanced in implementing its sexuality education program (Peru and Ghana), and the other is at a relatively earlier stage (Guatemala and Kenya). The selection of countries was based on reviews of policy documents and curricula, program evaluations and other regional reports on the state of sexuality education,^{15,16,39-41} as well as consultations with stakeholders and research partners in both regions. While a major aim of the study is to compare policies, curricula and sexuality education implementation in all four countries and learn from the different contexts, this report presents findings for Peru only.

Definition of Comprehensive Sexuality Education (CSE) and Assessment of the Comprehensiveness of Topics Taught in Schools

While different definitions of comprehensive sexuality education have been developed over time,^{3,5,6,42,43} this study will use the United Nations Population Fund (UNFPA) definition (Box 1). Based on this definition, this study explores sexuality education along three lines: a) information obtained about human sexuality, sexual and reproductive health (SRH), human rights and related topics; b) values and attitudes nurtured; and c) life skills developed.

Box 1. 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 preventing 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 toward 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.”

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 SE Topics Covered

For the purposes of this report, comprehensiveness in the range of topics covered has been assessed in accordance with international standards systematized by UNFPA. This provides a foundation from which stakeholders can prioritize topics as they develop policies or curricula in the future.

Five categories of topics were identified as key components of a comprehensive program: a) sexual and reproductive physiology; b) HIV and STI prevention; c) contraception and unintended pregnancy; d) values and interpersonal skills; and e) gender and sexual and reproductive rights (see Box 2). The topics included in each category reflect a level of comprehensiveness that could reasonably be expected in the four countries selected, given their cultural contexts.⁴² This definition differs from definitions used in other international standards proposals,^{5,42,44} in that it does not include certain topics considered sensitive in the local context, such as sexual pleasure and sexual desire. Although UNFPA’s definition does not include abstinence as a topic, we included it in the study, as this approach to sexuality education persists in many

developing countries, as well as in some developed parts of the world. We also wanted to assess the prevalence of this means of prevention and the messages used to convey it. We distinguish between teaching abstinence as the only or best way to prevent pregnancy and STIs (an approach that can nullify the benefits of a comprehensive and rights-based approach), and abstinence taught as one among several prevention options (which could be part of a comprehensive approach).

The thematic content of each of the five categories (Box 2) was used to assess the level of the comprehensiveness of the curriculum, which was measured on three levels: minimum, adequate and high. If at least one topic in each of the five categories is included in the curriculum, it meets a “minimum” level of comprehensiveness. If nearly all topics (except one at most) in each of the categories are included, the curriculum is considered “adequate”, and if all topics in each category are included, the curriculum is deemed to meet a “high” level of comprehensiveness. It is worth noting that these levels are not mutually exclusive; that is, schools that have an “adequate” level of comprehensiveness also meet a “minimum” standard, but they were assessed based on the highest level achieved at the time of the study.

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 SRH 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.

While there are other essential components of comprehensive sexuality education, such as: adolescent advocacy and political participation in curriculum design; participatory teaching methods; safety of the learning environment; and links to SRH services and other initiatives to address health needs, 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, if a basic topic such as contraception is taught, it contributes towards our measure of comprehensiveness, even if the teacher

conveys the topic in a negative or inaccurate manner, and regardless of the time spent teaching this topic.

Additional concepts and messages conveyed in CSE

In addition to the topics taught, the study examined concepts and messages, values, attitudes and life skills that are offered within a comprehensive approach. These concepts and messages are grouped into four broad categories: a) gender, rights and empowerment; b) risk reduction; c) interpersonal skills; and d) positive views about 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 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 one's 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.

Design and Methods

This study was conducted using three methods:

- 1. In-depth interviews with key informants.** These included SE policy makers and people involved in SE implementation at the national and local levels (Ministry of Education, implementing agencies, NGOs and other actors involved in advocacy), as well as leaders of community organizations in the departments where the study was carried out. The purpose of these interviews was to assess current SE policies, as well as 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, including challenges faced and how they are addressed; and existing monitoring and evaluating frameworks.
- 2. Survey of principals and teachers who teach SE,** in a random sample of secondary schools in selected regions. The survey was interviewer-administered. The aim was to obtain detailed information about the content of the curriculum; approach and format of sexuality education in schools; teacher and student evaluation methods; teacher training and support for their needs; school environment; perceptions of support or opposition from students and the community; and attitudes toward SRH issues.
- 3. Survey of students in sampled schools.** Self-administered surveys of students were aimed at assessing exposure to SE and preferences related to content; teaching approach and format of the SE received; level of support for, or opposition to SE in schools; and attitudes toward SRH issues.

One limitation to consider in the surveys is that responses could have been affected by social desirability, particularly with regard to SE content taught or learned in the classroom. While it was made very clear that the study was not an official evaluation of the Ministry, it is important to consider the expectations that could have partially influenced responses, especially in the case of teachers and school principals surveyed.

Sampling Strategy

Key Informant Interviews

Thirty key informants were identified through consultations with a broad range of policy makers and persons involved in sexuality education program implementation and advocacy (both in favor and against). Key informants included staff from the Ministry of Education, agencies and local and international NGOs who have participated in the implementation of CSE programs at both the central and local level. Leaders from community organizations were also included, among them youth organizations, teacher-parent organizations, women's organizations, and religious groups.

School Surveys

Selection of Schools and Principals

Fifty-eight schools were selected across three departments: Lima, Ayacucho and Ucayali (Table 2.1). These three natural regions in the country represent broad geographic and cultural diversity: the Coast (Lima), the Mountains (Ayacucho) and the Rainforest (Ucayali). The number of schools was based on a minimum required sample of 2,500-3,000 students**, given the expected average number of eligible students per school. In the end, in order to arrive at the desired student sample, three schools were added, for a total of 61 schools; but in the schools that were added, only students were surveyed, not teachers or principals (Table 2.1). Based on where schools were concentrated and access to the schools, the study focused on one province per region. In Ucayali the province of Coronel Portillo was selected, while Huamanga was the province chosen in Ayacucho; in the department of Lima, the study took place only in the capital city, given the high density of the population (nearly one-third of the nation's population lives there). In each province selected, a list of all public and private schools was drawn up, by gender (male only, female only and co-educational) to obtain a representative sample of the schools in each province. All school principals were eligible for inclusion, but one principal was not interviewed because s/he was unavailable when visits took place. See Table 2.2 for the characteristics of school principals.

Selection of Teachers and Students

A total of 210 teachers were selected on the basis of their participation in teaching the variety of classes⁺⁺ in which sexuality education is covered in the 4th and 5th grades of secondary level education (Table 2.3). These grades were considered the most adequate for this study, as the students at this age tend to begin sexual activity or are close to it, and therefore need this information. Eligible teachers were identified through consultations with principals, up to five teachers per school. If there were more than five eligible teachers, interviews took place with those who were available the day of the survey, with efforts made to cover the range of subjects in which SE is taught. The target group of students was those aged 15-17, who were generally in the 4th or 5th grade of secondary school. Nonetheless, students under 15 or over 17 who were in these grades were not excluded, and in some schools students in this age group who were in 3rd grade were also included, when there were insufficient numbers of 4th and 5th graders available. A total of 2,528 students participated in the survey. In schools where there was only one 4th grade group and one 5th grade group, all students were invited to participate (and in some cases, 3rd grade students within the established age group were also included). When there was more than one group per grade, one or two groups from each grade were randomly selected. The average number of students per group was 19 and varied by department and whether the school was located in an urban or rural setting. The survey took place with all the students from the selected groups and grades, unless they did not wish to participate or did not turn in signed consent forms from parents or guardians. Most of the students in the survey were 15 (52%) or 16 (35%) years of age, and were evenly distributed between the 4th and 5th grades of secondary school, with a small minority enrolled in 3rd grade. It is worth noting that one-third of the students surveyed had already had sexual intercourse (Table 2.4).

Instrument Development

The instruments used in this study were the same as those used in the other three countries in order to ensure the comparability of the results. These instruments 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.^{1,45–52} Discussions were subsequently held with representatives from the Ministry of Education, the Population Council, UNESCO and several local Peruvian organizations to identify questions of interest in the local context. In addition, survey questions were adapted to Peruvian culture and to local variations in the language.

Data Collection

Interviews were conducted by two experts in qualitative research who were familiar with the subject and experienced in in-depth interviewing. The interviews took place in Spanish, between March and August 2015, and were audio recorded (subject to the informed consent of respondents).

For the surveys conducted in schools, 12 experienced interviewers were trained in a week-long workshop that included pilot testing in a school that was not part of the sample. The request to conduct the survey in each school was made by formal letters issued by the Ministry of Education. The survey of principals, teachers and students took place between March and May 2015.

Ethical Considerations

All participants in the study were asked to sign an informed consent form. Students were also required to obtain signed consent from their parents or guardians. 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 interviewer 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 and the Ethical Review Committee of the Cayetano Heredia Peruvian University.

Analysis Methodology

Quantitative data were entered into a database in Access. After cleaning and checking for inconsistencies, data were exported to STATA 14⁵³ 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 of each of the three

departments in the country. 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 sexuality education in schools, and highlights significant differences between the departments in the study. The indicators at the department level are presented at the end of each chapter, while in the text we summarize the metrics for the three departments as a whole, and only highlight differences between departments when they are statistically significant at the level of $p < .05$ or less. We report differences by gender for metrics 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 program policies or structure, we considered the principal's responses to be representative of the school.

For questions asked of teachers but presented at the school level (such as topics taught in each school), we registered a school response as "yes" if one or more teachers responded affirmatively; that is, even if just one teacher in a school taught contraception, for example, we considered it to be 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 represent just one student.

Finally, it should be noted that when data were 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 in Peru

Sexuality Education Policy in Latin America

Sexuality education policies in Latin America emerged at the end of the 1960s and early 1970s within the context of controlling population growth in order to achieve development and well-being. Policies were initially promoted around 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 sexuality education.⁵⁴

Since then, international treaties have taken 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 using a rights-based and gender-focused approach, based on the specificities of men and women and the disadvantaged position of the latter.⁵⁵

During the 2008 XVII International AIDS Conference in Mexico City, health and education ministers from 33 countries in Latin America and the Caribbean came together with the aim of identifying actions that could be taken in the fight against the HIV/AIDS pandemic in Latin American adolescents and young people, and signed the ministerial declaration “Preventing through Education”.⁵⁶ This declaration aimed to promote joint efforts between the ministries of health and education, as well as civil society. The goals established for 2015 were: a) to reduce the number of public schools that do not provide comprehensive sexuality education by 75%; and b) to reduce the number of adolescents and young people who lack access to adequate sexual and reproductive health services by 50%.

Within this framework, most Latin American countries include SE in the public education system in one way or another. The situation is varied: some countries such as 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 coordinated with social actors such as the various sex-positive movements; Cuba and Brazil are emblematic of this approach. Finally, the Central American countries and Paraguay have carried out certain actions and projects, ranging in scale from isolated initiatives to efforts at the national level. In any case, despite the heterogeneity, it can be said that the region has made progress in the promotion of SE.⁵⁷

To a greater or lesser degree depending on the country, the Catholic Church has systematically opposed public policy related to sexuality, including sexuality education. In recent years, Evangelical churches have also gained ground with new forms of political interventions.^{58,59} Recently in Panama, Colombia and Mexico, there has been a strong assault against CSE and the gender focus (called “gender ideology” by its opponents); and a similar campaign is currently being waged in Peru.

Sexuality Education Policy in Peru

The Peruvian State has gradually assumed responsibility for promoting and guaranteeing the delivery of sexuality education in schools. The content of sexuality education in the national curriculum evolved from a purely biological approach, which predominated for decades and which was targeted exclusively at women, to a comprehensive approach based on sexual and reproductive rights, gender equality and the prevention of HIV/AIDS.⁶⁰

Two important milestones in the integration of sexuality education in the national curriculum were the *Programa Nacional de Educación en Población* (national population education program) (1980-1990) and the *Programa Nacional de Educación Sexual* (national sexuality education program) (1996-2000), both led by the Ministry of Education (MOE) with support from international aid and civil society. The former had a demographic approach with a view toward poverty reduction, and took place in secondary school. This program integrated sexuality education content into Home Economics, Civic Education and the Family, and Civics classes. The latter program came about as a result of international and national demand emerging from the Cairo International Conference on Population and Development (1994) and the IV International Women's Conference (Beijing 1995). This program shifted the focus from population to sexual and reproductive rights, which meant that in addition to family planning, emphasis was placed on issues such as STIs, sexual violence against children and adolescent pregnancy. This program trained 12,500 teachers, but was limited in content and lacked clear objectives that would enable the subsequent evaluation of outcomes.⁶¹

In 2008, the MOE enacted the "*Lineamientos Educativos y Orientación Pedagógica para la Educación Sexual Integral*" (Educational Guidelines and Pedagogical Orientation for Comprehensive Sexuality Education), hereinafter referred to as "the Guidelines", which provided guidance and recommendations for teachers and counselors to develop the subject within primary and secondary school education. Stakeholders involved in the process had high expectations for the Guidelines, but these ended up resulting in a sector-level policy (instead of the anticipated State level policy) that was aimed primarily at guiding teachers' and counselors' instruction in the schools. This contrasts with other issues addressed in school that did become institutionalized as Programs⁶² at the level of State policy. The impact of CSE policy is limited because its regulations carry little weight and it lacks a multi-sectoral scope and adequate budget appropriations.

I think that when we worked on the Guidelines in 2008, which were supposed to become [State] policy and never did, we produced a sector level policy and not a State policy like we wanted... We got a good baseline document [...] but... a lot was left out, sent to appendices and footnotes, and in the end, [it didn't have] the political weight it needed [...] With regard to the Minister, [he] expressed political will but then it didn't materialize. I think there was pressure there that kept it from reaching the expected outcome. In the end it's the only thing that governs us, but with extremely low political weight... [then] another person comes along and changes everything.
(Policy and civil society planner - Lima)

To date, the implementation of the Guidelines has not moved forward due to a lack of political will and a lack of clout in the entity charged with implementation in the MOE. Support for, and monitoring of, teachers in their teaching practice, as well as a system to evaluate what and how students are learning,

are considered key necessities by informants.

Sexuality education is still a topic of discussion in papers and documents, but we have not managed to implement a proposal that actually reaches the classroom, with a clear path that indicates that students are receiving sexuality education in school. So what teachers do – because it is included in the curriculum – they have the obligation to plan content for their classroom, but they are not receiving support like they do for Communications or Math or “Science, technology and the environment”. (Policy maker - Lima)

Furthermore, recent changes have created an uncertain environment and a climate of expectation. On the one hand, the functions of the DITOE (Directorate of Counseling and Educational Guidance) have been absorbed by a broader unit within the MOE, the Directorate of Primary and Secondary Education, which in the best case scenario could serve to broaden the scope of CSE, and in the worst case scenario could result in a loss of relevance and a lack of clarity regarding accountability for delivering CSE. On the other hand, a new national curriculum has just been approved that includes competencies linked to sexuality, which at the time of this writing, is generating intense public debate around a campaign opposed to this proposal, organized by the Evangelical and Catholic churches. The most challenging topics are those related to sexuality and the gender focus, which they pejoratively refer to as “gender ideology”. The campaign has been designed to instill fear in parents, using homophobic cultural references and the suggestion that a so-called “gender ideology” aims to underhandedly promote non-heterosexual orientations and transgender identities. As of this writing, with a few minor exceptions, the Ministry of Education has remained firm in its resolve to pursue the new education proposal.

Some sexuality education actions and content are also included in initiatives emerging from other government agencies and civil society, many of which receive support from international cooperation. According to the Ministry of Health’s *Protocolos de Consejería para Adolescentes* (protocols for adolescent counseling), during counseling sessions, health care providers may address topics related to sexuality education such as: falling in love and personal relationships, sexual initiation, contraception, adolescent pregnancy, STIs and HIV/AIDS, domestic violence and sexual abuse.⁶³ According to interviewees, teachers tend to seek out health care providers to give talks to their students about sexuality education topics. While both the education and health sectors have carried out SE activities, particularly publishing materials^{64–66} and teacher training,⁶⁵ criteria for measuring results²³ and conducting comprehensive evaluations have not been established.

In 2006 various civil society and international aid organizations established the *Alianza por la Educación Sexual Integral “¡Sí Podemos!”* (“Yes We Can!” Alliance for comprehensive sexuality education), hereinafter referred to as the “Yes We Can! Alliance”. The aim of the alliance is to demand and monitor the teaching of sexuality education from a human rights, gender and intercultural perspective based on science and ethics. With the support of international cooperation agencies, feminist NGOs such as Flora Tristan and Manuela Ramos have developed sexuality education projects and interventions, specifically in the regions where this study was conducted. According to an assessment conducted by the Yes We Can! Alliance, one year after initial implementation of the CSE Guidelines (2008-2009), only 0.3% of schools in the country had integrated CSE content.⁶⁷ Twelve percent of the funding for developing these activities was contributed by the government, with the remaining 88% coming from international aid funds.

Education authorities, teachers and specialists from the DREs (regional education directorates) and the UGELs (local education administration units) who were interviewed for this study, commented that increasing the budget for CSE is a high priority.

Adolescent sexuality has been the subject of discussions and debates about legal reforms, which have mobilized the population in recent years. In 2013, a lawsuit brought before the Constitutional Court by more than 10,000 people, most of them young people, resulted in the decriminalizing of sexual relations between adolescents aged 14 to 18,⁶⁸ which had been illegal since 2006. Also in 2013, a proposal was presented to Congress, which aimed to modify the legal code regarding children and adolescents, establishing that parents and not the State were responsible for sexuality education; it also restricted adolescent access to sexual and reproductive health services. While this proposal did not move forward, the debate surrounding these modifications is still pending in Congress. According to studies conducted in 2013, more than 90% of the population believes that sexuality education should be provided in school,^{69,70} a finding that is confirmed by this study, as we shall see below.

Youth organizations are another important actor in the development of CSE, particularly in Ucayali and Ayacucho. Both regions are home to youth organizations that have spearheaded local ordinances allowing young people to have access to information and sexual and reproductive health services; their implementation, however, has been difficult.

Organization of CSE in Peru

The Guidelines for CSE describe the MOE's responsibility for implementing sexuality education in schools at the central, regional and local levels.⁶⁰ Until the end of 2014, the Ministry of Education's Directorate of Counseling and Educational Guidance (DITOE) was in charge of planning, coordinating and monitoring sexuality education with all the entities involved in the education system. It was also in charge of formulating an educational proposal that included CSE implementation with the regional education directorates (DREs) and the local education administration units (UGELs), as well as providing technical assistance and supplying teaching resources. These functions are now the responsibility of the Directorate of Primary and Secondary Education.

The regional education directorates (DRE) are charged with promoting, supporting and organizing the cultural diversification and adaptation of sexuality education content and teaching materials, to the local context. Nevertheless, according to interviewees, the DREs in Ayacucho and Ucayali have not been able to diversify and adapt teaching materials to the local cultural context due to problems with organizational functions and budgeting; furthermore the technical capacity to do so in the regions is still in its early stages. In both Ayacucho and Ucayali, there are civil society and international cooperation initiatives supporting the contextualization of content to local realities,⁷¹ but the scope of these efforts is limited.

[...] the design of the national curriculum is one thing, but it has to be adapted to the regions: each region should adapt the design. But that's where our teachers fall short, not only in sexuality education, but also in other topics; it is difficult for them to carry out the curricular diversification, they don't know how to adapt the curriculum; maybe some do and some don't, but on balance they don't have the competency to do the diversification, especially when the training they've

received is incomplete; that's why it's difficult for them to implement, it's difficult to adapt that content to the classroom. (Policy and civil society planner – Lima)

The local education administration units (UGELs), in coordination with the DREs, are responsible for planning and implementing teacher training established in the Guidelines; they are also charged with the diversification of CSE content according to the situation in the schools within their jurisdiction. Information obtained from interviews indicated that by 2014, the DITOE had reached 23 UGELs in 17 cities, where approximately 700 secondary school teachers were trained. Work in rural areas and with indigenous communities has been very limited. In these regions, staff must have the linguistic competencies to train and guide teachers who speak Quechua and other indigenous languages. We also learned that in several UGELs, the lack of counseling specialists at the national level has allowed sexuality education - which is delivered in counseling classes - to go unmonitored and uncoordinated.

Finally, education institutions are responsible for formulating and implementing a CSE proposal that includes teacher training and partnerships with other institutions for implementing CSE within the regulatory framework, that is, the Guidelines and the new curriculum.

Curriculum Structure and Content

According to the CSE Guidelines, the following four factors are considered essential for implementing CSE in schools:

1. School environment, including: institutional culture; democratic leadership; trained teaching staff; motivated and engaged students; committed parents;
2. Basic CSE content divided into three instructional areas for each school year: biological-reproductive; socio-emotional and ethical-moral;
3. Methodology based on activities, participation and cooperation; and
4. Strategy for implementing CSE.

The CSE Guidelines are meant to be cross-cutting and mainstreamed into the national curriculum. While teachers are tasked with addressing sexuality education in the various classes they teach, in practice they only do so during counseling, which greatly reduces the time available for developing sexuality education topics due to the many topics to be covered during counseling.

According to the National Curriculum Design (DCN), CSE content is included in primary and secondary school curricular areas. In secondary school, the areas that include topics related to sexuality education are:

- Science, Technology and the Environment, in 2nd and 4th grades of secondary school;
- The Individual, the Family and Human Relations, in all five grades of secondary school;
- Psycho-educational Prevention or Counseling (*tutoria*), which includes CSE as a cross-cutting theme.

The course load for these areas is three, two and one hour respectively, per week.⁷² Each of the curricular areas develops knowledge, capacity and attitudes. The area of "Science, Technology and the

Environment” addresses reproduction and sexuality in the 2nd grade of secondary school; and gestation, sexual and reproductive health, contraceptive methods, prevention of STIs and HIV/AIDS in the 4th grade. The area of “The Individual, the Family and Human Relations” covers topics such as: physical changes, equitable relationships, development of personality, sexual behavior, myths and beliefs about sex, emotional relationships, interpersonal communication and the family, self-care/self-esteem, friendship and love, violence and family protection, decision-making, sexual and reproductive rights, sexual health, leadership and participation, prevention of STIs and pregnancy, life projects and conflict resolution.

Teachers are meant to cover the topics included in the curricular areas assigned to them, but during counseling (*tutoria*) hours, they have the freedom to organize their work plan based on an assessment of student needs, which is carried out at the beginning of the school year. Thus the content and the time available for CSE during counseling depends directly on the teacher and the monitoring of his or her work.

According to informants, certain sexuality education content is also covered in religious education, although there are no explicit references to specific topics in the DCN. In addition, the area of Civics addresses gender discrimination, as well as gender equality and equity, in 2nd and 4th grades of secondary school respectively, both of which are part of the cross-cutting theme of Democratic Coexistence.

As a result of a review process, as of this writing, the MOE had put in place the new national curriculum, approved in June of 2016.⁷³ “Gender equality” and “inclusion and diversity” are two of the cross-cutting approaches in this new curriculum. Furthermore, of the 11 fundamental learnings with which students are expected to graduate, the first includes healthy sexuality; likewise, one of the capacities included in the competency “builds identity” is the capacity to experience sexuality in a fulfilling and responsible manner.^{†††}

Actors Involved in the Definition of CSE Content

The CSE Guidelines were prepared by a team of consultants led by the DITOE with support from experts from civil society and international aid agencies such as UNFPA. In addition, consultations were carried out with school principals, teachers, students and youth activists.

In preparing the guidelines, we worked with civil society, with the Yes We Can! Alliance, and through them we consulted their NGO members; we worked in provinces, we worked collegially with parents, children, adolescents, a very broad group, a very broad group of experts, and we held many sessions over the course of a year, maybe more. (Policy and civil society planner – Lima)

Members of the *Consortio de Colegios Católicos* (consortium of Catholic schools) and of the *Oficina Nacional de Educación Católica* (national office of Catholic education) (ONDEC) also participated. The latter is a civil entity that represents the Catholic Church to the Peruvian State; among other faculties, it has the authority to decide religious content in the curriculum. According to experts interviewed for this study, none of these people objected explicitly to the content under discussion. However, in the end, not all the content discussed was included because of fear of opposition from the Catholic Church and because of the influence of authorities such as the vice minister of education at that time (Idel Vexler).

But I’m told that the final version did not come out, in other words... there were opinions such as...

“No, not that, we don’t want problems with the Church,” and “what if the Church says something?” ... I said “the Church is not going to say anything”. The Church has not objected; when we did the 2008, 2007 Guidelines, we sat at the table with people from the Church. (Policy maker – Lima)

...in the end, the filter was the vice minister, who was very reticent about certain topics, for example, the definition of sexuality education, reticent to call things by their name, to talk about sexual orientation; there was a lot of reticence. (Policy maker – Lima)

The educational reforms which led to the new national curriculum also went through a broad consultation process at the national level. Between 2012 and 2016, teachers, national and international experts and students - through a *Consejo de Participación de Estudiantes* (council of student participation) - participated in this process, aimed at developing the structure and content of the curriculum. Furthermore, virtual consultations organized by the *Consejo Nacional de Educación* (national education council) also took place between 2014 and 2015.

Sexuality Education Yes, But How Comprehensive?

Sexuality education in Peru exists within the framework of CSE, understood as educational actions aimed at developing knowledge, capacity and attitudes, based on factual and current information about sexuality that includes the following aspects: biological-reproductive, socio-emotional and ethical-moral. The purpose of CSE is to enable students to experience sexuality in a healthy, pleasurable and responsible way that is appropriate for their current phase of life, within the framework of democratic, equitable and respectful relationships, through innovative, relevant and applicable educational strategies that enable students to strengthen their autonomy and decision-making. CSE is also conceptualized as taking place within a human rights, development, gender equity and intercultural approach.⁶⁰

Despite the initial conceptualization of comprehensiveness as including a broad range of topics, interviewees who had participated in preparing the Guidelines indicated that the proposal that emerged after validation is limited in how it addresses certain topics that could be controversial. For example, they mentioned that the topic of sexual rights of minors was diluted, fundamentally limiting the subject of sexual activity to the realm of family and reproduction. Furthermore, emphasis continues to be placed on postponing sexual activity in adolescence, thus limiting information about contraceptive methods. In addition, interviewees indicated that topics such as sexual diversity, abortion and sexual violence are barely addressed, as is a gender focus.

...this proposal was revolutionary for 2008, [...] the Guidelines for comprehensive sexuality education included topics that had never been addressed so openly before, right? For example, the topic of contraceptive methods... However, the topics of sexual diversity and abortion were not addressed in a way that would allow people to be informed and make decisions in these areas. (Civil society member – Lima)

Interviewees also mentioned that the absence of a sustained training program is a limiting factor, resulting in a small number of teachers trained in CSE and a small number of schools in which CSE has been

implemented. The lack of sustained support for CSE implementation precludes ensuring that content is addressed during class hours, or that teachers have the skills and the up-to-date knowledge to do so adequately.

When you talk to the kids and we talk about sexuality, the kids themselves tell you they do have counseling time scheduled, during which sexuality topics are supposed to be addressed, as they relate to their lives. And they tell you that information is not provided. Even if information is provided, it's super outdated and old-fashioned. They tell you, "I want to learn about this." "What about your teacher?" [I ask]. "No, they don't tell us anything, Miss [they answer]. When you talk to kids in other schools, they say the same thing. [Youth leader – Ucayali]

Because of the limited budget for implementing CSE, the subject is not included in teacher training or in the tools available for teachers to use in the classroom. Evaluations of the sector do not include metrics for measuring progress in the so-called soft skills, or in teacher performance in delivering CSE.

Summary of Findings

Sexuality education is taught in three curricular areas: Science, Technology and the Environment; The Individual, the Family and Human Relations; and Counseling (*tutoria*).

- The fact that responsibility for CSE has been transferred from the Directorate of Counseling and Educational Guidance (DITOE) to a larger directorate in the MOE, the Directorate of Primary and Secondary School, has raised questions about the implementation of CSE policy. On the one hand, it creates uncertainty about who will be directly responsible for its implementation; on the other hand, some key informants believe that the involvement of a directorate with much greater scope is an opportunity for CSE to be implemented more broadly.
- The State has not provided adequate support for sexuality education. In 2008, the MOE enacted the Educational Guidelines and Pedagogical Orientation for Comprehensive Sexuality Education, but implementation has been very weak due to the lack of political will, which is reflected in the lack of budgeted funds for teacher training and for monitoring and evaluation systems.
- The Guidelines for CSE are limited in addressing topics considered controversial, such as sexual orientation and abortion.
- In 2016 the new national curriculum for primary and secondary education was approved, with CSE content that included topics such as respect for sexual orientation and gender identity.
- In reaction to the new curriculum, a conservative campaign has been launched by the Evangelical churches with support from the Catholic Church; the campaign aims to remove from the new curriculum content related to gender and sexuality.
- Civil society actors such as feminist organizations, youth organizations, the Evangelical and Catholic churches and international cooperation have a strong influence in preparing CSE content and in implementing CSE in Peruvian schools.

Chapter 4: The Reality of SE in the Classroom

Structure, Timing and Separation by Sex

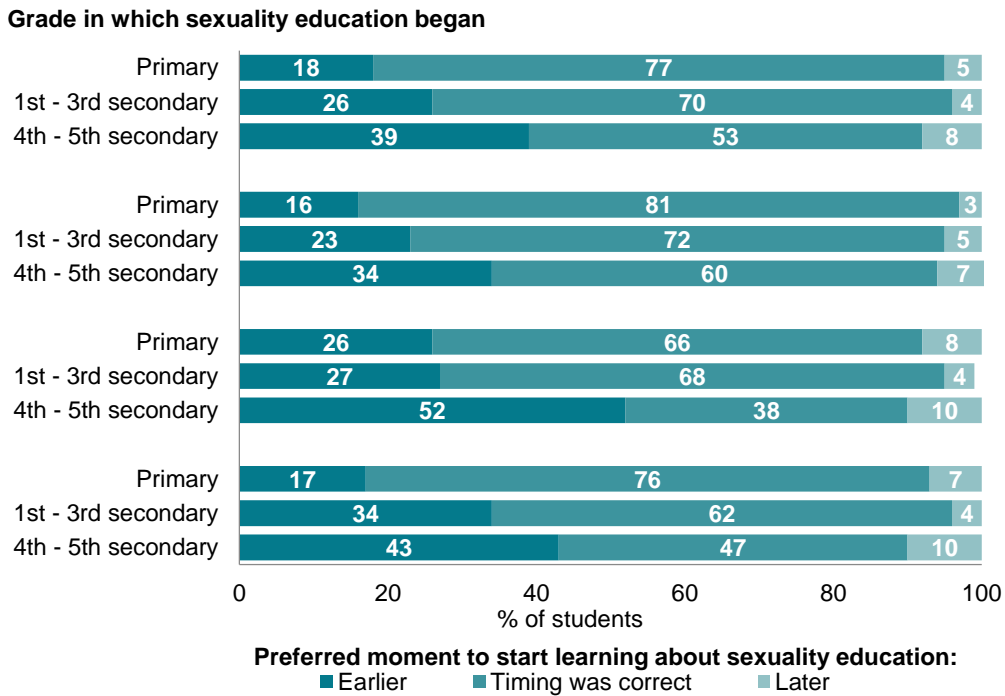
Students, teachers and principals were asked a broad range of questions to determine the degree to which sexuality education (SE) policies in Peru have been assimilated and implemented in the classroom. One of the questions asked whether it was necessary to notify parents before teaching SE classes. While current SE regulations do not require parents' consent, 68% of principals stated that schools do inform parents (either generally or for specific topics), prior to teaching SE to their children. In 16% of schools, parental permission is formalized via a signed consent form (data not shown^{***}).

Nearly all principals (90%) answered correctly in stating that teaching SE is obligatory in their institution, with a lower proportion stating this in Lima (85%; data not shown). There is more variability when it comes to the perception of which entity is responsible for implementing SE; for example, only 22% and 25% of schools in Ucayali and Ayacucho, respectively, think that teaching SE is the responsibility of the schools, compared with 62% in Lima (Table 4.1). In contrast, 67% of schools in Ayacucho and 72% in Ucayali believe the Ministry of Education is responsible for this. Furthermore, more than two-thirds of all schools reported that SE is taught as part of the national curriculum or as part of the national curriculum and extracurricular activities (66%). It is worth noting that in Ayacucho and Lima, there is a relatively large proportion of schools that teach SE only through extracurricular activities (33% and 44%, respectively). One explanation could be that teachers consider counseling (*tutoria*) an extracurricular activity, and that health care providers give frequent talks about sexual and reproductive health in the schools.

According to students, other professionals besides their teachers provide SE in their school, with health providers mentioned most frequently (89% of students). Peer educators are also important partners in teaching SE, particularly in Ayacucho (43%). Only one-fifth of students (20%) mentioned community leaders, and only 11% mentioned clergy as teaching partners.

Among all students who have received SE, most (80%) received it in secondary school, and the rest (20%) in primary school (Table 4.2). Seventy-seven percent of those who first received SE in primary school, 70% of those who began in the first three years of secondary school and 53% of those who began in the last two years of secondary school, expressed satisfaction with the timing of their first class (Figure 4.1). It is worth noting that this level of satisfaction declines as SE is initiated in later years. Thus, the proportion of students who would have preferred to start earlier than they did, is highest among students who began in the last two years of secondary school, especially in Ucayali, where more than half the students would have preferred to start earlier (52%). This preference for starting in primary school is significant, given the school enrollment rate in Peru, which falls from 93% in primary school to 78% in secondary school.⁷⁴ Thus, starting SE in primary school has the important advantage of reaching more students and having a greater impact than if it is taught only in secondary school.

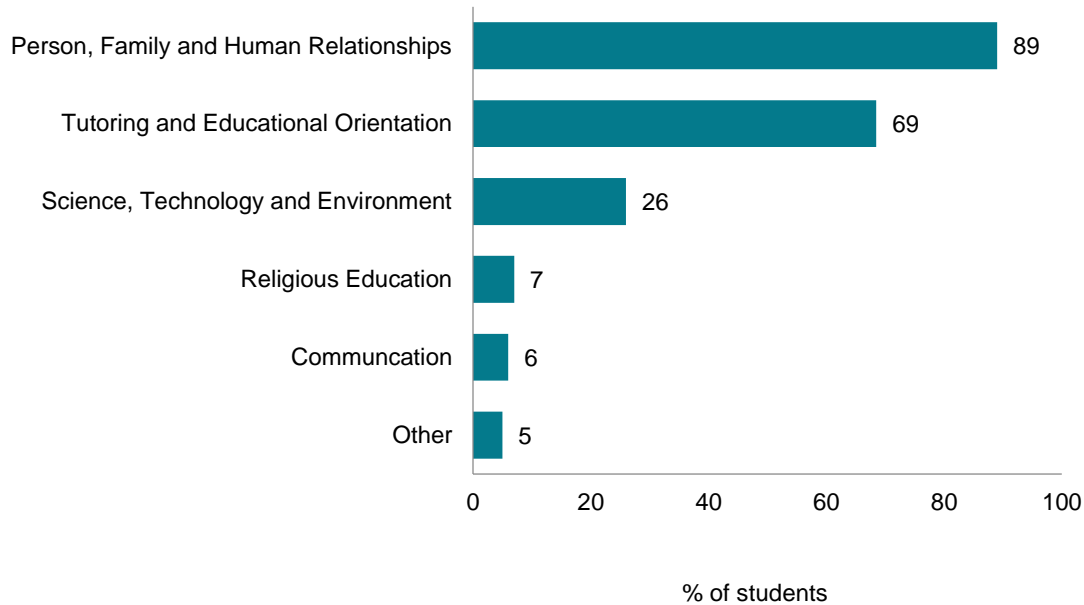
FIGURE 4.1. The proportion of students who would have liked to learn sexuality education earlier grows as their learning starts later.



In each of the three regions, most students stated receiving SE primarily in Individual, Family and Human Relations classes (89%), followed by Counseling and Educational Orientation (52%) and Science, Technology and the Environment (26%). Between 5 and 7% of students indicated they receive SE in other subjects (Figure 4.2).

In co-educational schools in the three regions, most students (70%) reported that SE activities always take place with males and females together; 26% indicated that males and females are together for only some activities and 4% reported that SE is always taught separately. There are significant differences by gender ($p < .001$) regarding how students prefer SE activities to be taught - whether together or males and females separately. For example, a greater proportion of young women than of young men prefer that activities be carried out separately (9% vs. 5%), or that some activities take place together and some separately (32% vs. 27%; Table 4.2).

FIGURE 4.2. Most students learn about sexuality education in Person, Family and Human Relations classes, and Tutoring and Educational Orientation.



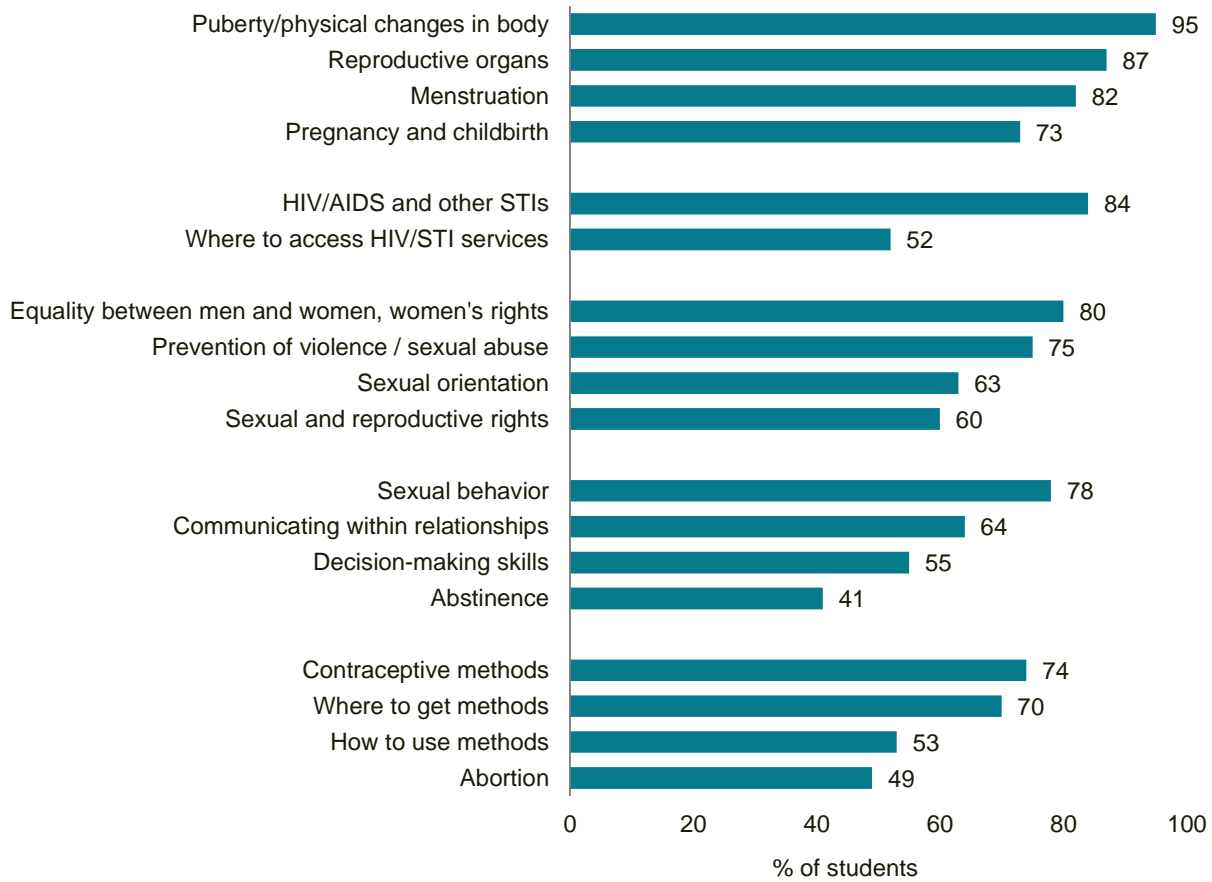
Curriculum

On average, 75% of teachers indicated that they follow a curriculum to teach SE, with a larger proportion in Lima (80%) and a smaller proportion in Ayacucho (66%; Table 4.6). With regard to the type of curriculum used, 57% use the national curriculum, 30% use a curriculum or guide designed by the school; and only 9% use a curriculum or guide adapted to the specificities of the region (data not shown). This last proportion is highest in Ucayali (24%). The limited use of curricula adapted to the local context, especially in Lima and Ayacucho, echoes comments made by key informants, who indicated that such adaptations are still pending in education policy.

SE Topics Covered and Level of Comprehensiveness

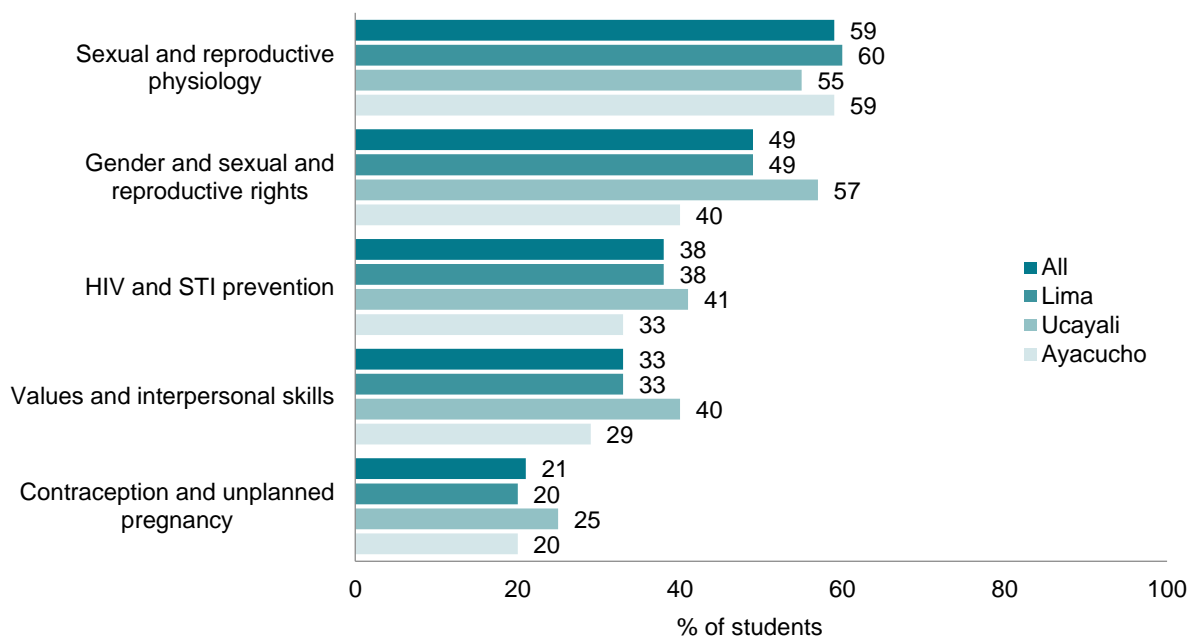
Teachers in Lima stated that the topics in the categories of “sexual and reproductive physiology” and “HIV and STI prevention” are the most covered (90% of schools teach all the topics in these two categories), while 78 to 81% of schools teach all the topics in “gender and sexual and reproductive rights” and “values and interpersonal skills” (Table 4.3). Schools in Ucayali and Ayacucho, however, reportedly teach all 18 topics in the five categories, in contrast with Lima where only 74% of schools indicated they teach all SE content.

FIGURE 4.3. Coverage of topics varies by category, but students report learning more about sexual and reproductive physiology than about contraception.



Similar questions about curriculum content were posed to students. None of the 18 topics was reported to have been covered by 100% of the students surveyed (Table 4.4; Figure 4.3). Among the topics least covered in class were abstinence (41% of students); how to use contraceptive methods (49%); where to access HIV/STI and contraceptive services (52-53%); and communication within relationships (55%). The topics included in sexual and reproductive physiology were the most covered: 59% of students reported having learned about all topics in this category. On the other hand, only 21% reported receiving instruction in all topics included in contraception and unintended pregnancy. It is worth noting that students in Ayacucho have received less instruction in at least four of the five categories, compared with students in the other regions (Figure 4.4).

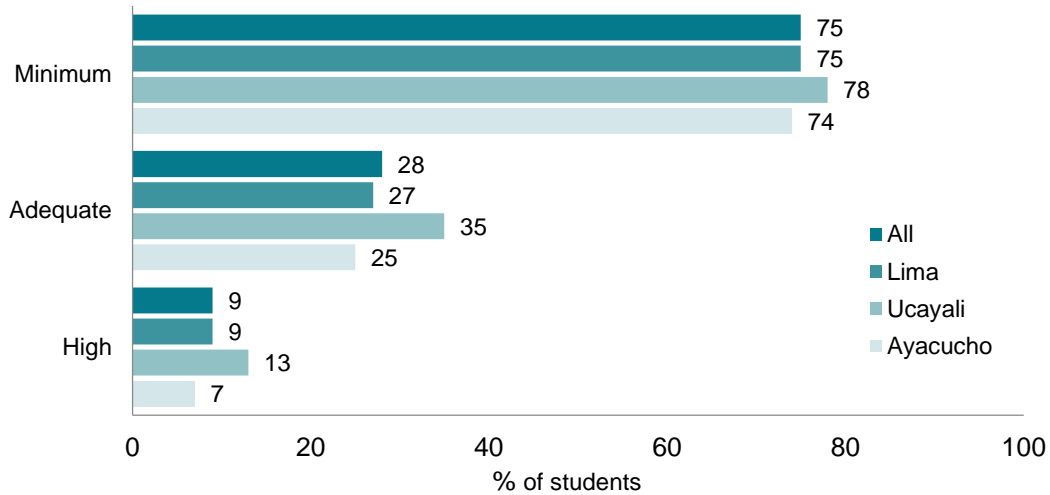
FIGURE 4.4. According to students, "contraception" and "values and skills" categories are the least taught.



As can be seen in Figure 4.5, the vast majority of students (75%) received instruction in at least one topic per category, which corresponds to a minimum level of comprehensiveness. Only 28% of students reported an adequate level of comprehensiveness (all topics covered except one at most per category); and a mere 9% of students in the three regions (ranging from 7% in Ayacucho to 13% in Ucayali) received instruction in all 18 topics, the equivalent of a high level of comprehensiveness.

While teacher and student responses are not entirely comparable (because it is not known which teachers teach which students, and in which grades teachers cover each topic), it is worth noting that the level of comprehensiveness reported by students is much lower 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, as reported in Chapter 2, the questions that aim to assess topics covered (by teachers) and learned (by students) could also be susceptible to upward biases: in the case of students, to show they know the topics; while in the case of teachers, to show they have complied by teaching the topics. This implies that affirmative responses to these questions may be higher than what actually occurs in the classroom. Although it is possible that teachers report a higher level of comprehensiveness than students because teachers deliver classes in higher grades that the student respondents have not yet reached, it is unlikely that this would account for all the differences observed.

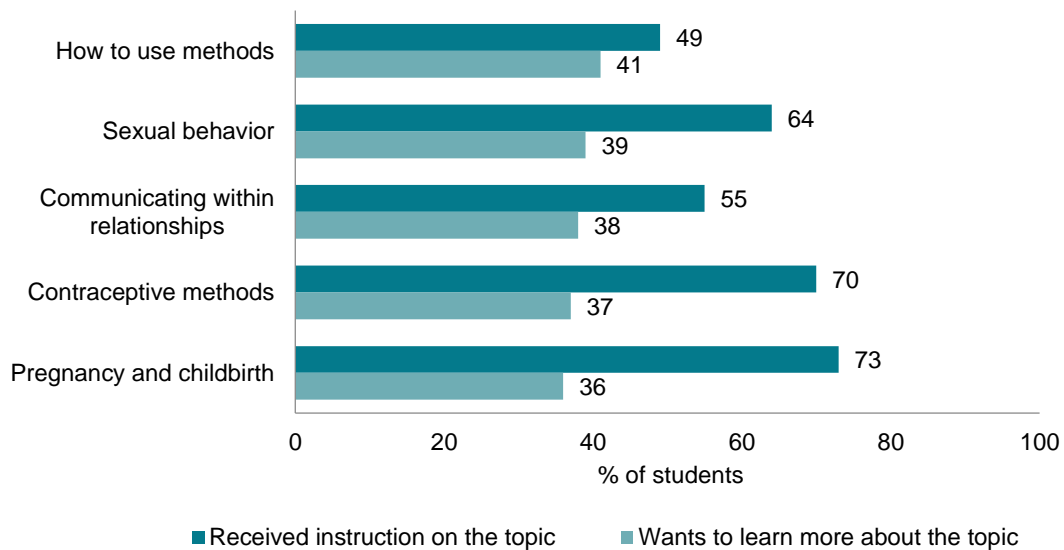
FIGURE 4.5. Very few students reported that sexuality education content had a high level of comprehensiveness.



**"Minimum" refers to at least one topic in each category; "adequate" indicates nearly all topics, except one at most, in each category; and "high" refers to all topics in each category. The "minimum" category does not present statistically significant differences by region.

With regard to student preferences, 41% indicated they would like to learn (more) about how to use contraceptive methods (which is one of the topics least covered), followed by sexual behavior (Table 4.4b; Figure 4.6). With the exception of these two topics, students' interest level is fairly even for all topics (between 20% and 40% of students).

FIGURE 4.6. Main topics that students want to learn more about



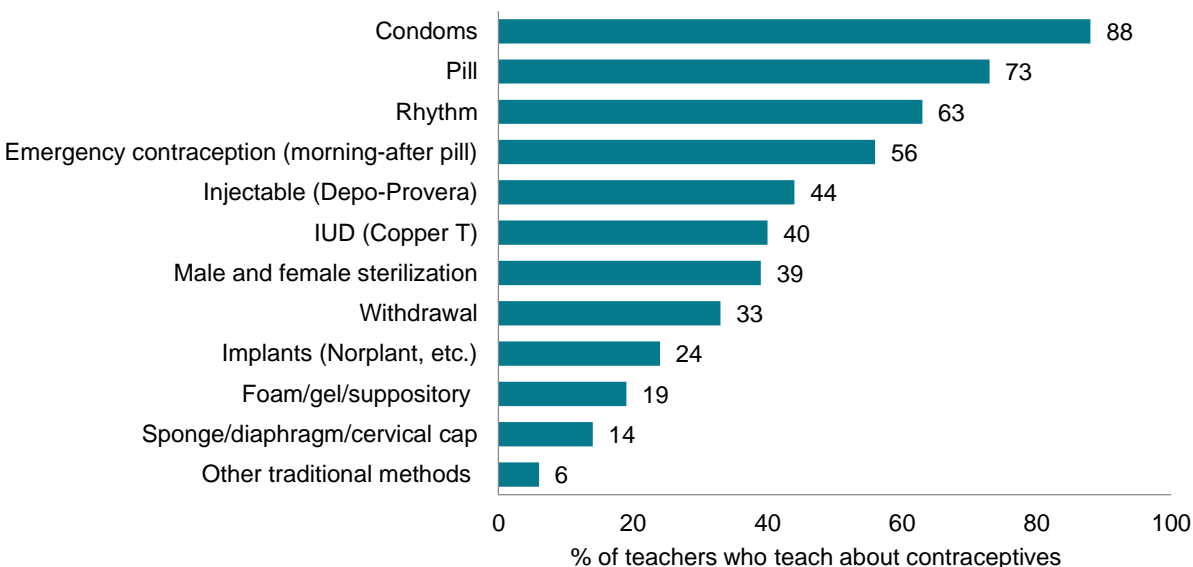
Concepts and Messages Conveyed

The study also asked if teachers conveyed certain concepts related to life skills, STIs and HIV/AIDS, contraception and pregnancy. Between 91% and 100% of teachers affirm they teach the concepts listed in Table 4.5. The concept that relatively fewer teachers reported covering, was how to tell partners about getting a sexually transmitted infection (91%).

As an indirect means of measuring how conservative or progressive a SE curriculum is, teachers were asked how strongly certain messages about sexuality were conveyed to students (Table 4.6). Seventy-seven percent of teachers who use a curriculum affirmed that they strongly emphasize that students should avoid having sexual relations, but that if they do have sex, they should protect themselves by using condoms. It is worth noting that at least one-third of teachers strongly convey more conservative messages, such as that sexual relations are dangerous (37%), that abortion is immoral (35%) and that young people should avoid sexual relations until they are married (33%). A significantly higher proportion of teachers in Ucayali (47%) and Ayacucho (43%) than in Lima (26%) emphasize that abortion is immoral. In contrast, 86% of teachers reported strongly communicating the message that young people have a right to complete information about sexual relations and reproductive health.

With regard to specific contraceptive methods (Table 4.7; Figure 4.7), the condom is the most widely explained method (88% of teachers), followed by pills (73%) and the rhythm method (63%). More than half of teachers provide information about emergency contraception (56%). A higher proportion of teachers in Ucayali than in the other regions reported teaching most contraceptive methods. Although it is not a contraceptive method, two-thirds of teachers (67%) reported teaching about abstinence, and 28% of these describe it as the best alternative for preventing STIs and pregnancy, and 6% describe it as the only way.

FIGURE 4.7. Most teachers who teach about contraceptive methods teach about condoms, pills and the rhythm method.



The vast majority of teachers in Lima and Ucayali emphasize to their students that contraceptive

methods are effective in preventing pregnancy (92-94%), compared with a significantly smaller proportion (76%) in Ayacucho. Among teachers who discuss condoms, not all of them correctly explain their effectiveness in preventing unintended pregnancy and STIs. Thus, 12% of teachers teach that the condom is not effective in preventing pregnancy (a proportion which goes as high as 22% in Ayacucho), and 7% explain that condoms do not effectively prevent STIs. Furthermore, 4% of teachers do not teach the connection between condoms and pregnancy prevention, and 8% do not explain the connection between condoms and STIs/HIV prevention (Table 4.7; Figures 4.8-4.11).

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

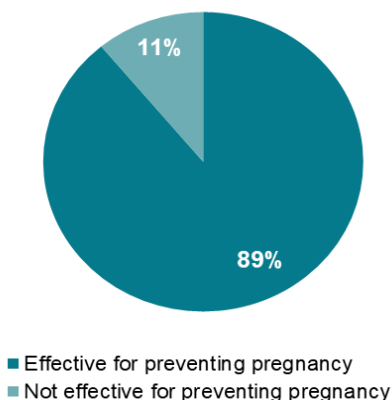


FIGURE 4.9. Most teachers who teach about condoms emphasize they are effective for preventing pregnancy.

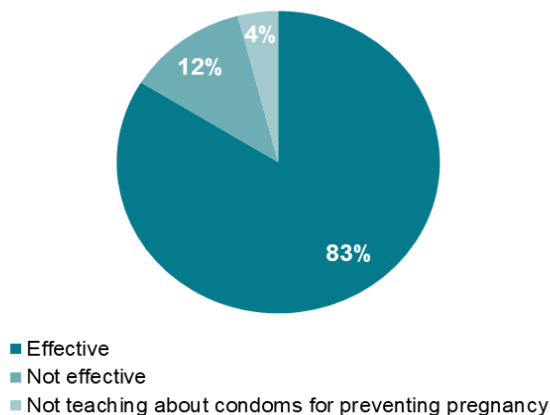


FIGURE 4.10. Most teachers who teach about condoms emphasize they can be effective for preventing STIs/HIV.

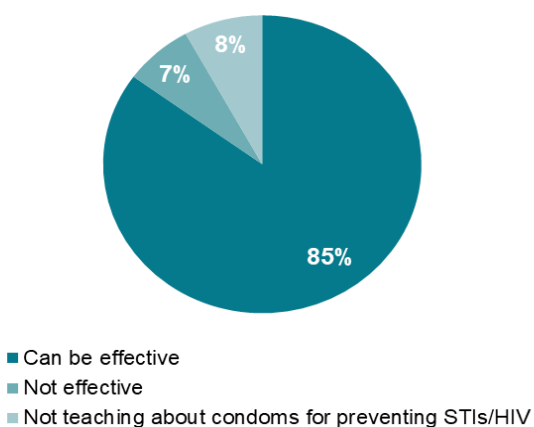
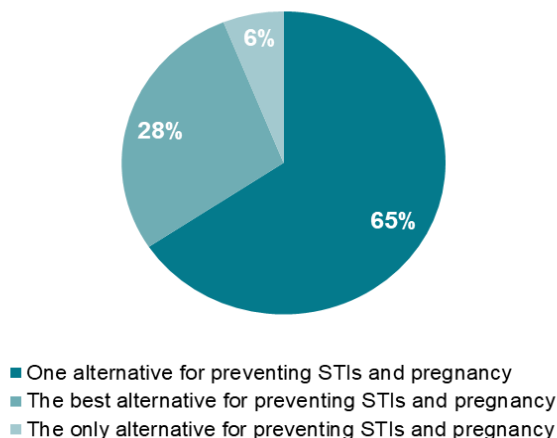


FIGURE 4.11. Almost one-third of teachers who teach about abstinence, consider it the best or only way to prevent STIs and pregnancy.



Note: Percentages may not add to 100% because of rounding.

Student responses about concepts and the strength of messages received in SE classes show clear

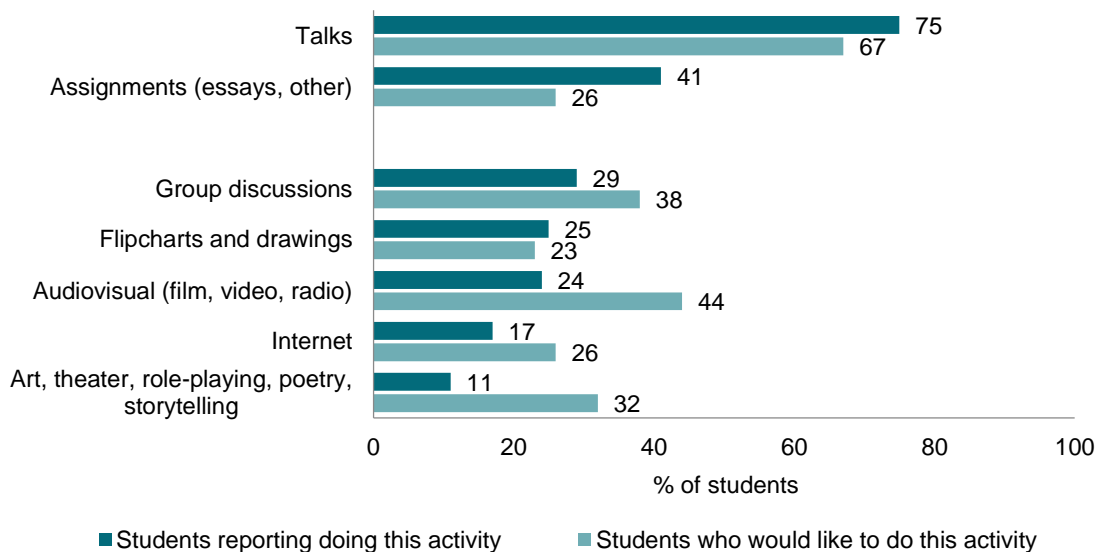
similarities across the three regions. For example, how to communicate with a partner about getting tested for HIV, and what to do in case of pregnancy, are topics that are taught less frequently (35-37%; Table 4.8). In contrast, students agree that instruction is provided more frequently on respect for self and others (77-83%), autonomous decision-making (76-81%) and how to avoid HIV (65-87%).

With regard to messages conveyed in SE classes, three-fourths of students (76%) reported that they receive strong messages about avoiding sexual relations, but if they do have sex, to protect themselves by using condoms. It is noteworthy that 45% of students stated that they receive strong messages about sexual relations being dangerous for adolescents. In contrast, less than one-fourth (23%) reported receiving strong messages about avoiding sex before marriage.

Teaching Methods

Both teachers and students were asked about teaching methods used in SE classes. According to teachers, they use all of the following methods: talks, homework assignments, group discussions, drawings and other graphic representations, art and creative expression (theater, story-telling, poetry, film/video), in addition to social media and the Internet (data not shown). Students, on the other hand, reported that talks are the most commonly used (75%), followed by assignments (41%). Other teaching methods are used infrequently. Teaching strategies linked to artistic expression and the use of the Internet are the least used methods, according to students. With regard to their preferences, besides talks, which 67% of students expressed wanting, they would like to use audiovisual media (44%) and group discussions (38%, Table 4.9). Students would prefer the use of more interactive methods such as art, audiovisual media and group discussions (Figure 4.12).

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



Information about contraceptive methods, how to use them and where to get them is key information to enable adolescents to use contraceptives effectively if they need them. The Guidelines for CSE establish that students should “understand family planning methods and their effects on the body” as a learning goal in the area of biology-reproduction (p. 55). The vast majority of teachers (88%) indicated that they provide information about health services students can go to in order to obtain contraceptives (Table 4.10); this confirms information gathered from key informants, who commented on the supporting role that health services play in teaching SE. Nevertheless, less than half of teachers (48%) ensure that they show students contraceptive methods in class; and only 34% teach how to use a condom correctly. Ucayali stands out as the region that teaches most consistently about contraceptive methods and access to them.

It is important for teachers to create an environment of trust and emotional safety in the classroom through how they answer students’ questions, in order to give them the freedom to address topics linked to sexuality. With regard to how teachers respond to students’ questions, the vast majority (93%) respond in class, in front of everyone, but it is also common for teachers to respond in private (84%). Sixty-two percent of teachers reported that they refer students to other staff, and 11% refuse to answer certain questions, especially in Ayacucho (23% of teachers). In Lima and Ayacucho it is more common (55-72% of teachers) than in Ucayali (33%) for students to pose their questions in writing and anonymously. A small proportion of teachers (4%) mentioned that school administrators interfere with their ability to address certain topics.

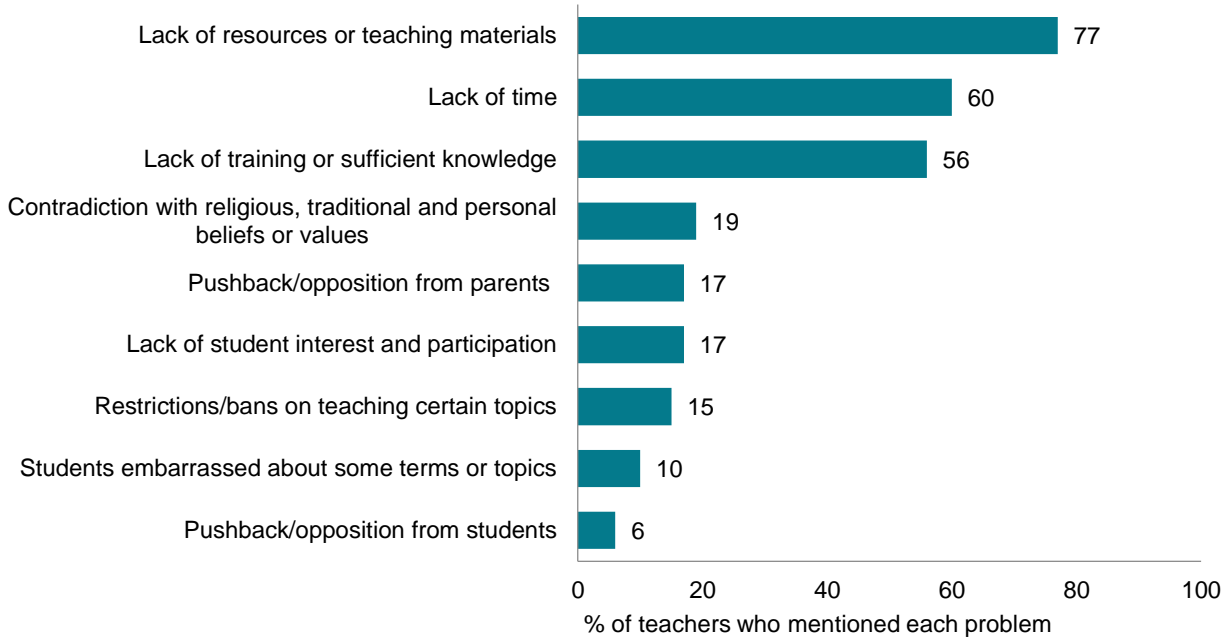
Classroom Environment

It is important to understand the challenges faced by teachers and students in the classroom, as they can affect how the SE program is implemented and thus limit ability to meet objectives. The challenges most commonly mentioned by teachers in each of the regions are the lack of resources and teaching materials (77% of teachers), followed by limited time to address the topics in class (60%) and lack of training in the subject (56%; Table 4.11; Figure 4.13). Teachers in Ayacucho reported a higher prevalence than the other two regions for three out of nine classroom challenges: students’ lack of interest and participation (35% in Ayacucho compared with 7-17% in the other regions); students’ rejection of, or opposition to the subject (15% compared with 3-4%), which could be linked to the third challenge, the perception or experience of taboos regarding certain topics (27% compared with 11-13%).

These important differences among teachers in the three regions are also seen among students. For example, while only 6% of all students surveyed indicated that their teachers are embarrassed to talk about sexuality topics, this proportion doubles in Ayacucho (12%).

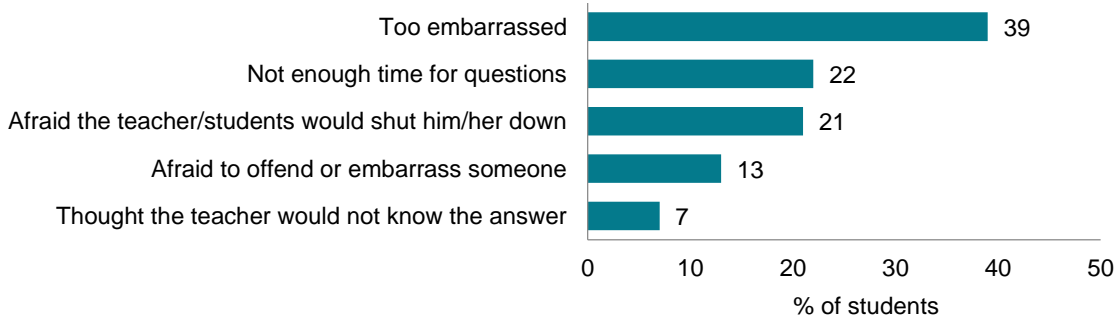
Fifty-six percent of students say their fellow students show interest during class; while 42% believe that students do not pay attention or interrupt the class. Teachers in Ayacucho mentioned students’ lack of participation as a major issue, which raises the possibility of students having problems expressing themselves. The main problem reported by students in the three regions is feeling embarrassed about sexuality topics (39%), with the proportion rising to 43% in Lima.

FIGURE 4.13. Teachers report that the most common problems in teaching sexuality education are lack of resources, time and training.



Twenty-one percent of students would like to ask questions in class, but they are afraid the teacher or their classmates will not take them seriously or will make fun of them (Figure 4.14). The two problems mentioned suggest that the school environment may be unfavorable to students expressing themselves freely about this subject, possibly linked to teachers’ lack of group facilitation skills, among other things. Another important challenge mentioned by students, which coincides with what teachers reported, is the lack of time to ask questions and express themselves in SE classes (mentioned by 22% of students). Finally, the fact that 21% of students reported never wanting to ask questions about sexuality in class (data not shown), suggests that conditions in the school environment may be discouraging them from wanting to learn more.

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



Evaluating Sexuality Education

It is crucial to assess how students receive and interpret SE content. Teachers stated that their school evaluates several aspects of student learning, especially attitudes related to sexuality (83% of schools), as well as knowledge about the subject (78%), but evaluating skills is mentioned much less frequently (62% of schools; Table 4.12). The methods most used (by 60-69% of teachers) to evaluate student learning are presentations, oral assessments, written tests and group work. Nearly all students (95%) reported that they are assessed on SE content through written tests (data not shown).

With regard to teacher evaluation, only slightly more than half of schools (54%) evaluate teachers, most commonly once per semester. The method most used is class observation (93%; Table 4.12).

In the opinion of key informants, monitoring and evaluation are the weakest components of the SE program. Evaluations and systematizations have been specific or sporadic, rather than ongoing; and they have taken place with support from international cooperation. Monitoring carried out by the MOE takes place through the UGEL teams, which may or may not include counseling specialists, who are in charge of coordinating SE activities in the schools under their jurisdiction. Nevertheless, these teams do not always exist; and the ones that do are poorly trained or lack the resources to conduct supervision. Furthermore, supervision of counseling (*tutoria*) takes place two or three times per year and covers all areas of counseling, not just SE. According to some teachers, UGEL supervision is limited to pointing out mistakes, with no suggestions about how to correct them or how to improve instruction.

Summary of Findings

The vast majority of school principals know that teaching SE is obligatory, but in Lima, 15% believe it is optional, suggesting they are unaware of regulations.

- Two-thirds of schools inform parents before teaching their children SE. In addition, 16% require parents to sign a consent form, even though this is not required by regulations. This could be an obstacle to teaching SE.
- In order to teach SE, a little more than half the teachers use the national curriculum, one third use guides designed by the school and one fourth use no curriculum.
- A significant proportion (39%) of students who began receiving SE in the final years of secondary school would have preferred to start earlier.
- According to teachers, 88% of schools teach all the topics included in CSE, with “sexual and reproductive physiology” and “HIV/STI prevention” the most taught categories in the three regions, with nearly universal coverage (98% of schools).
- Students, on the other hand, perceive that the coverage of SE content is not as broad, especially in the categories of “contraception and unintended pregnancy”, “values and interpersonal skills” and “HIV/STI prevention” (less than 40% of students reported receiving instruction in all the topics included in these categories).

- Only 9% of students received instruction in all the topics that make up CSE.
- Students report that the individual topics least addressed in class include how to use contraceptive methods (about which 41% of students would like to learn more) and abstinence.
- Teachers convey both negative and positive messages in teaching SE. It is very positive, for example, that most of them communicate that young people have a right to complete information about sexual relations and reproductive health (86%); and that they advise students to protect themselves by using condoms (77%). However, one third of teachers also convey that sexual relations are dangerous and that young people should avoid them before marriage.
- According to 76% of students, teachers strongly emphasize the message to avoid sexual relations but to use a condom if they do have sex.
- Among teachers who provide instruction about condoms, on average 12% (22% in Ayacucho) emphasize that condoms are not effective in preventing pregnancy. Twenty-eight percent of teachers who discuss abstinence describe it as the best way to prevent STIs and pregnancy; and 6% present it as the only way to do so.
- The most commonly used classroom teaching method is talks, and the least used are strategies linked to artistic expression and the Internet. A significant proportion of students reported that they would like to have more use of audiovisual media (44%) and group discussions (38%).
- A significant proportion of students (39%) are embarrassed to ask questions about sexuality, and 21% fear being shut down by their classmates, which suggests that the school environment is not conducive to addressing this subject.
- The main challenges faced by SE teachers are the lack of resources and teaching materials, the lack of time and their lack of training.
- The vast majority of schools assess student learning about SE topics, but this assessment is based more on attitudes and knowledge than on skills. In contrast, only slightly more than half of schools have evaluated teachers in their delivery of SE topics.

Chapter 5: Education System Support for Sexuality Education

Teacher Training in Sexuality Education

Context

The Educational Guidelines and Pedagogical Orientation for Comprehensive Sexuality Education, which guide the teaching of CSE in Peru, establish that in order for CSE to be implemented successfully, teachers need to have comprehensive and substantive training in the subject.⁶⁰ The Guidelines also establish that as the entity charged with implementing all aspects of SE, the Ministry of Education should coordinate training at all levels in the country (central, regional and local) until all schools are reached, so that teachers can provide SE that is scientific, ethical and equitable. The MOE should also coordinate teacher training with other State sectors and with international cooperation. The Guidelines, however, do not include a detailed training proposal that defines when pre-service and in-service training should take place at each administrative level, or other details.

Teacher training has been sporadic. It has taken place primarily within the process of validating the Guidelines and various teaching materials, as well as at other times through initiatives supported by international cooperation. During key informant interviews, the lack of teacher training in SE stood out as a serious problem linked to the lack of technical support and budgeted funds from the MOE, compared with other school subjects, such as mathematics and communication. As stated by one interviewee:

All communications and mathematics teachers receive in-service training that is systematic and on-going, every year [...] but let's just say we still don't have the possibility of a similar structure for other topics that have to do with personal development and citizenship [such as CSE]. (Policy planner, MOE)

Interviewees reported that training has been funded primarily through international cooperation funds. For example, in 2008-2009, 88% of investments in CSE came from international funds.⁶⁷ These programs should have been assumed subsequently by the federal government, but that did not happen, as one interviewee commented:

The Counseling Directorate carried out a pilot program in 12 regions [...] to train teachers, to improve teacher capacity in sexuality education, including teacher aides [...] We [UNFPA] supported this process, but unfortunately our participation was in response to a request for, let's say, seed funds, to cover those costs they could not cover for initial training, with a view toward the sector budgeting funds to maintain those teacher aides, scale up the intervention and conduct subsequent training. But unfortunately, that was in 2010, 2011, before the new administration came in, and... right when a law came out... with budget restrictions that cut that line item, so the process was left unfinished. (Representative of international cooperation).

In addition to the lack of systematic in-service training, interviewees mentioned the difficulties teachers had in understanding the subject, which is a result of the very different kind of training they receive in universities and other higher education institutions.

The main challenge is to develop capacities so they have the skills and can develop a pedagogy of

sexuality, right? And that's connected not only to in-service training, but also to initial teacher training. So, for example, it's challenging because [...] policies regarding teacher training [...] establish four basic competencies, I believe. And personal development competencies do not include the subject of sexuality. (Policy planner – MOE)

Developing Teacher Training in SE

In the survey, teachers were asked if they had received training prior to teaching SE or in service (already teaching SE), and the entity that provided the training (Figure 5.1). A significantly smaller proportion of teachers in Ayacucho (21%) than in Ucayali (39%) and Lima (66%) had been trained before teaching SE (Table 51a). A much larger proportion of teachers in Ucayali (86%) than in Lima (48%) received this training from a government entity; smaller proportions reported that this was part of their initial teacher training (14% and 20%, respectively). Seventy-seven percent of all SE teachers received in-service training, with greater prevalence in Lima (85%) and Ucayali (82%) than in Ayacucho (59%). Very few teachers were trained in service in the past year (8%); 41% received in-service training between one and three years ago; and 28% received training more than three years ago (Figure 5.2). In-service training was primarily provided by the State and NGOs (56% and 30%, respectively).

FIGURE 5.1. Most teachers who teach SE did not receive prior training.

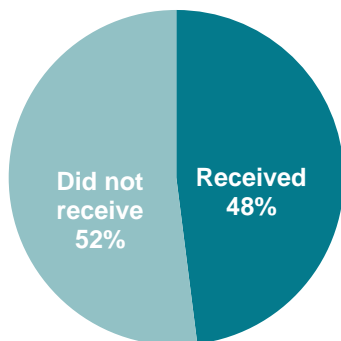
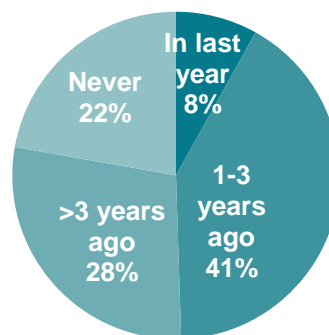


FIGURE 5.2. Less than half of teachers who teach sexuality education received in-service training in the last 3 years



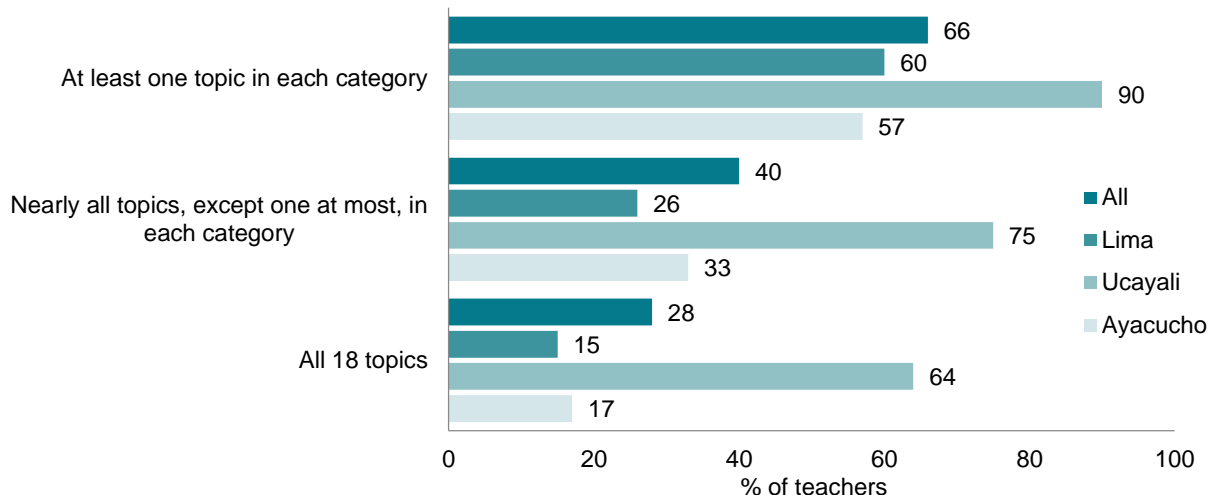
Note: Percentages may not add to 100% because of rounding.

With regard to CSE topics covered in the training, at least one-half of teachers received training in each of the 18 topics mentioned above (Table 5.1b). The topics least addressed in professional training were sexual orientation (reported by 49% of teachers), abstinence (51%) and where to obtain contraceptive methods (55%). For 15 of the 18 topics, significantly larger proportions of teachers in Ucayali (74-88%) received training, compared with teachers in Ayacucho (38-60%) and Lima (36-76%).

Using the same definition of comprehensiveness as for topics taught (see chapter 2), a significantly larger proportion of teachers in Ucayali (64%) than in Ayacucho (17%) and Lima (15%) received comprehensive training (all the topics in each of the categories; Figure 5.3). Similarly, a significantly larger proportion of teachers in Ucayali (90%) than in Lima (60%) and Ayacucho (57%) received training with a minimum level of comprehensiveness (at least one topic per category). Furthermore, a significantly larger

proportion of teachers in Ucayali (74%) than in Ayacucho (43%) and Lima (47%) received training in SE teaching methods. Only 35% of teachers in the three regions described the training they received as sufficient, while 42% considered it barely sufficient, and 23% insufficient.

FIGURE 5.3. Teachers in Ucayali reported the training they received included more topics than the training reported by teachers in the other two regions.



Support for Teaching SE

In the opinion of key informants, MOE support for teaching SE has been limited. Some supporting materials exist for SE teachers, and these have been distributed to a few schools. For example, the manual for the class “Individual, Family and Human Relations” has a chapter on sexuality and gender. Other materials exist for other school actors, as described by one of the interviewees, but these materials had not been distributed to schools:

Seventeen types of teaching materials were developed for different school actors: parents, teachers, students and peer educators, and materials were also created to implement the Guidelines. (Policy planner – MOE)

No, as I recall, we have not conducted a national distribution of materials for each school and for each teacher. (Policy planner – MOE)

In addition to the limited distribution of existing materials, these have been criticized for their lack of innovation in methodology, as expressed by a representative of civil society:

We are lacking in materials that are appropriate for the context - dynamic, audiovisual, fun, motivating materials; likewise, proposals and methodologies are also lacking in this area. We see that kids like games and videos more than the classic talk delivered in front of a classroom, in which students just listen. (Representative of civil society – Ucayali)

What materials are available in classrooms and how many teachers use them? Fifty-seven percent of teachers (with a higher proportion in Lima) were given a list a topics to address in SE classes (Table 5.2).

Between 38% and 45% of teachers have access to guidelines for SE classes (goals, objectives and expected outcomes), as well as access to an instructional manual and to lesson plans and activities. A smaller proportion of teachers have access to teaching materials (24%) and to tools for evaluating student learning (20%). The Internet is the main external resource accessed by teachers; and a significantly larger proportion of them in Ayacucho (85%) use it than in Lima (69%) and Ucayali (61%). Thirty-one percent of teachers get support from experts, NGO staff and health professionals; while 43% get help from colleagues. Among the resources used in the classroom, teachers in Lima and Ayacucho tend to use the Internet (50-65%) and audiovisual media (50-57%) more than teachers in Ucayali (18% and 26%, respectively). Teachers in Ucayali tend to use materials they develop themselves (68%) or the MOE manual (60%) more than teachers in the other two regions (37-58%).

School principals can serve as a source of support for SE teachers. A larger proportion of principals in Ucayali (89%) than in Ayacucho (67%) and Lima (52%) offer this support to teachers by convening meetings to resolve issues or problems. Principals in Ucayali also tend to express more support for SE in board meetings, meetings with parents and other community events, than principals in Lima and Ayacucho. In general, only one-fourth of principals (26%) invite outside experts to provide support for their teachers.

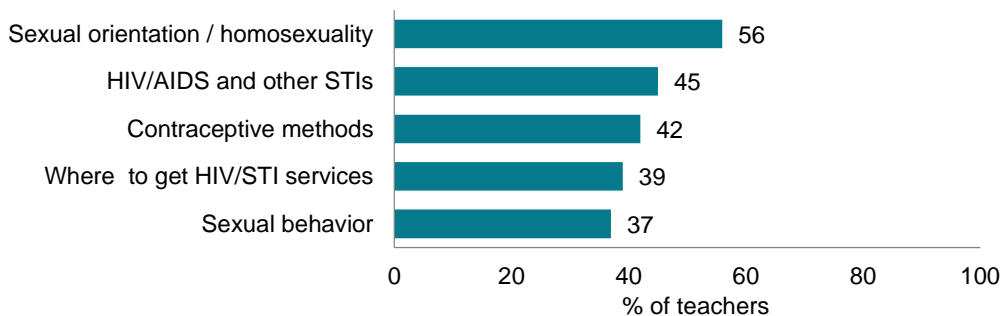
Teachers were asked if they needed support, and what kind of support, to teach SE more effectively. Slightly more than half indicated they need up-to-date evidence-based information; nearly three-fourths need more training and materials; and a smaller proportion (17%) requested freedom to teach SE and greater support from the school or community (Figure 5.4). A significantly larger proportion of teachers in Ucayali (88%) than in Lima (68-69%) or Ayacucho (67-71%) expressed the need for more materials and strategies for teaching SE, as well as more training, despite the fact that SE training in Ucayali is the most comprehensive of the three regions (Table 5.3).

FIGURE 5.4. Teachers require more materials, training and information to teach sexuality education.



Ucayali again had a higher proportion of teachers expressing the need for assistance in each of the 18 SE topics (47-77%), than the other two regions (6-42% in Lima, and 10-50% in Ayacucho; Table 5.4). The five main topics in which they need assistance are presented in Figure 5.5.

FIGURE 5.5. Teachers request more assistance particularly in these five topics.



In order to understand gaps in the support provided to teach SE, teachers were asked about support for SE from other actors (Table 5.3; Figures 5.6-5.8). The vast majority of teachers perceive that their colleagues and school principals support or strongly support SE; nevertheless, the majority (61%) of teachers are of the opinion that parents do not support SE. In general, school principals, colleagues and parents are perceived to be more supportive in Lima and less so in Ucayali.

FIGURE 5.6. Most teachers feel their school principal supports sexuality education.

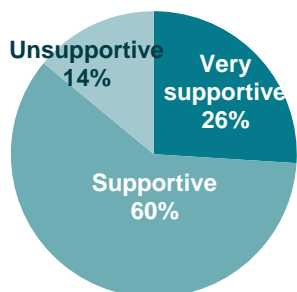


FIGURE 5.7. Most teachers feel their colleagues support sexuality education.

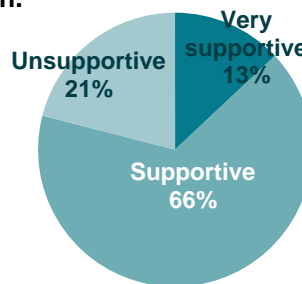
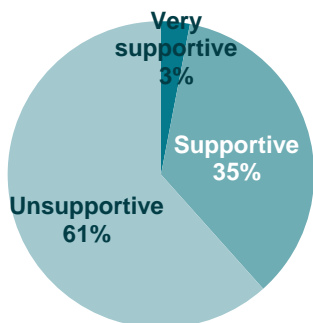


FIGURE 5.8. Most teachers feel parents do not support sexuality education.



Note: Percentages may not add to 100% because of rounding.

School Environment

Level of Implementation of Policies to Protect Minors

The most important document that governs the rights of minors in Peru is the *Código del Niño, Niña y Adolescente* (child and adolescent code), hereinafter called the Code, which established a whole range of rights that the State must guarantee minors, including rights related to education. A new Code is in the process of review (currently in the form of a bill). Between 2012 and 2013, a first level proposal of a new Code was discussed and approved, which was not favorable for the rights of minors. One crucial modification proposed has to do with sexuality education: the role of schools is more limited, as responsibility is meant to lie with parents and guardians. Another proposed change is that sexual violence and humiliating punishments are not explicitly prohibited; in addition, gender inclusive language will not be used. Congressional debate for final approval of the new Code is still pending.

With regard to specific policies protecting minors in the school setting, the Ministerial Resolution (No. 0519-2012-ED) establishes *Lineamientos para la Prevención y Protección de las y los Estudiantes contra la Violencia Ejercida por Personal de las Instituciones Educativas* (guidelines for preventing and protecting students from violence carried out by school staff) (MOE 2012), which includes guidance and basic procedures for prevention and care. The general definition of violence established in this document includes sexual coercion, sexual violence (which may or may not involve physical contact) and pornography. Furthermore, the *Ley de Prevención y Sanción del Hostigamiento Sexual* (law for preventing and sanctioning sexual harassment) (Act No. 27942, Congress, 2003) and its amendment, Act No. 29430 (Congress, 2009), involves the MOE, regional governments, regional education directorates, local education administration units, and education institutions and programs.

According to school principals interviewed for this study, all schools in Lima, 94% in Ucayali and 91% in Ayacucho have an internal policy protecting minors (Table 5.5). All schools are required to take preventive action against physical and/or psychological abuse, sexual harassment and the violation of students' sexual freedom. These regulations establish measures to be taken when these cases occur, involving both the education system and the attorney general's office. In the case of sexual harassment, sanctions against teachers and administrative staff range from fines to separation from employment. In the case of sexual violence, the person involved can be relieved of his or her duties. In addition, in the criminal arena, sentencing of prison time is more severe when the guilty party held a position of authority.

School principals surveyed reported that one-fifth of schools lack regulations for cases of teachers or other staff members harassing students. In 58% of schools, staff members will be relieved of their duties (following an investigation), while in 11% of schools, they will be subject to several administrative sanctions before being dismissed. A small proportion (7%) of schools will temporarily suspend the staff member or apply administrative sanctions before separation. If the harassment is carried out by one student against another, 23% of schools would expel the guilty student (following an investigation); 30% would take internal disciplinary measures before expelling the student; 18% would temporarily suspend the student; and 19% would call it to the student's attention but not expel him or her. It should be noted that one in every nine schools lacks regulations for dealing with students harassing other students.

Policies Related to Student Pregnancy

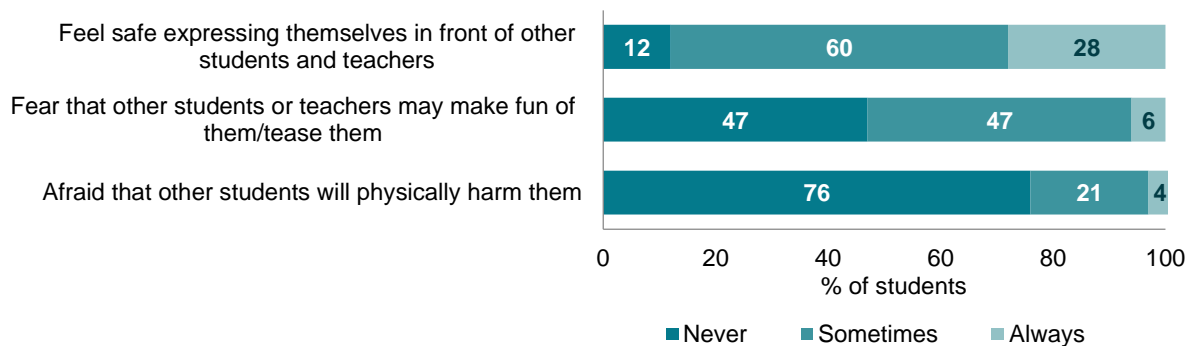
In order to guarantee equity in education and the right of pregnant students and student mothers to remain in school, the *Ley que fomenta la reinserción escolar por embarazo* (law that fosters school reinsertion following pregnancy),⁷⁵ approved in 2013, prohibits the education system from using any impediment, and establishes that schools will provide scholarships and support for this group of young women.

To understand how well schools comply with this law that aims to protect young women, and to see if a young man who gets a girl pregnant is treated any differently (although this is not contemplated in the law), school principals were asked what they do in these cases. In both cases, similar proportions of principals reported that they would allow the pregnant student (89%) and the male student who got a girl pregnant (87%) to remain in school (Table 5.5).

Sense of Safety in School

An essential aspect of school is the ability to provide students with an environment in which they feel safe and free to express their opinions. Toward this end, students were asked about situations of insecurity in school, such as fear of being physically harmed, fear of expressing themselves in front of other students, and fear of being shut down. Only slightly more than one-fourth of students (27%) always feel safe in expressing themselves in front of other students and teachers, while 60% expressed feeling safe only some of the time (Table 5.6; Figure 5.9). A significantly larger proportion of young men (14%) than young women (10%) reported never feeling safe to express themselves in front of other students and teachers (data not shown). Nearly half (47%) of students indicated they sometimes feel afraid of being shut down. While most students (76%) reported they never feel afraid of being physically harmed, 21% expressed that sometimes they are afraid of that, and 4% said they felt afraid all the time. These figures did not show significant differences by gender.

FIGURE 5.9. Many students do not feel safe expressing themselves in front of other students and teachers.



Summary of Findings

- Teacher training in SE has been sporadic, and when it does take place, it is primarily the result of initiatives supported by international cooperation. Technical support and budgeted funds are lacking from the MOE.
- Slightly less than half of teachers (48%) received training prior to teaching SE, primarily provided by the State. Three-fourths of SE teachers received in-service training.
- Nearly four times as many teachers in Ucayali (64%) than in Ayacucho or Lima (15-17%) received comprehensive training, based on our measure of training in all 18 SE topics. Only one-third of teachers describe the training they received as sufficient; and one in five consider it insufficient. The topics least covered in the training were sexual orientation, where to obtain contraceptive methods and abstinence.
- Some SE teaching materials exist to help teachers and other school actors; nevertheless, these have only been distributed to a few schools. Less than one-half of teachers were given guides and teaching materials. Dynamic and audiovisual materials are also lacking. The majority of teachers (70%) use the Internet as an external resource for teaching SE. Only one-fourth of principals invite outside experts to provide support for their SE teachers.
- Nearly three-fourths of teachers requested more training and materials to teach SE more effectively.
- Although the vast majority of teachers feel that colleagues and principals support SE, 61% feel opposition from parents.
- In keeping with national policies, most schools have regulations for combating sexual violence; however, more than 10% of schools lack policies in this area.
- Also in keeping with national regulations, the vast majority of school principals allow pregnant students and male students who get a female student pregnant to remain in school.
- Only 27% of students feel safe expressing themselves openly in front of other students and teachers, while one-fourth feel afraid of being physically harmed by their schoolmates.

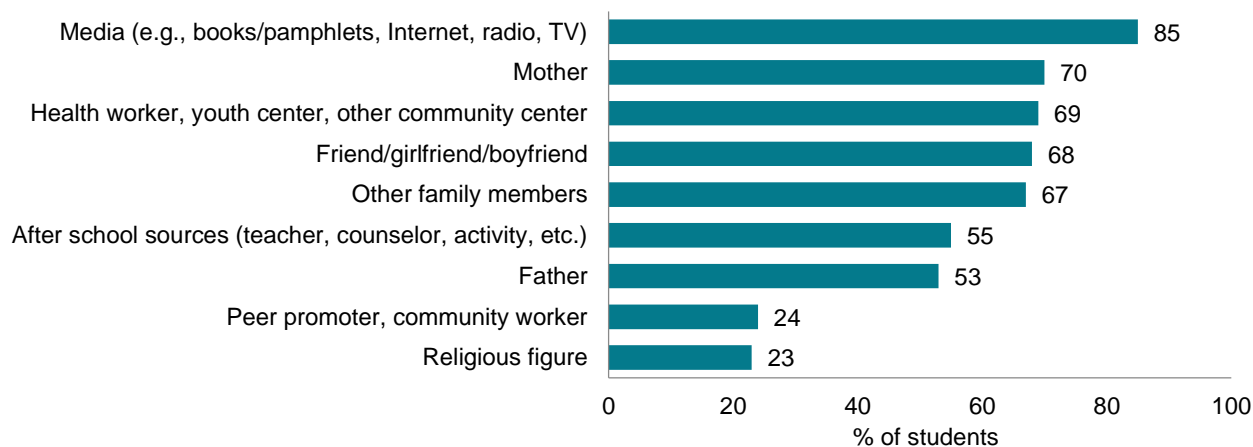
Chapter 6: Out-of-School Sources for Sexuality Education

Although school is an ideal place to teach and learn about sexuality education, many adolescents receive information about this subject outside of school. The sources most used by adolescents have important programmatic implications. This chapter presents quantitative and qualitative findings about these external sources of sexuality information used by young people.

Alternative Sources of SE and Extracurricular Activities

The results of this study indicate that young people turn to a variety of sources that compete for their attention and sometimes contradict each other in the SE information they provide. These sources range from parents to mass media (Figure 6.1). The vast majority of students (85%) reported at some point obtaining information about sexuality from the media (television, radio and the Internet, as well as books and pamphlets, Figure 6.1). The family (parents and other relatives) plays an important role, and the mother is the primary source of information for adolescents in Ucayali (75% of students) and Lima (70%). There are significant differences by gender in sources used: while young women obtain more information from their mother and other family members, young men turn more to their father and to peer educators and community workers.

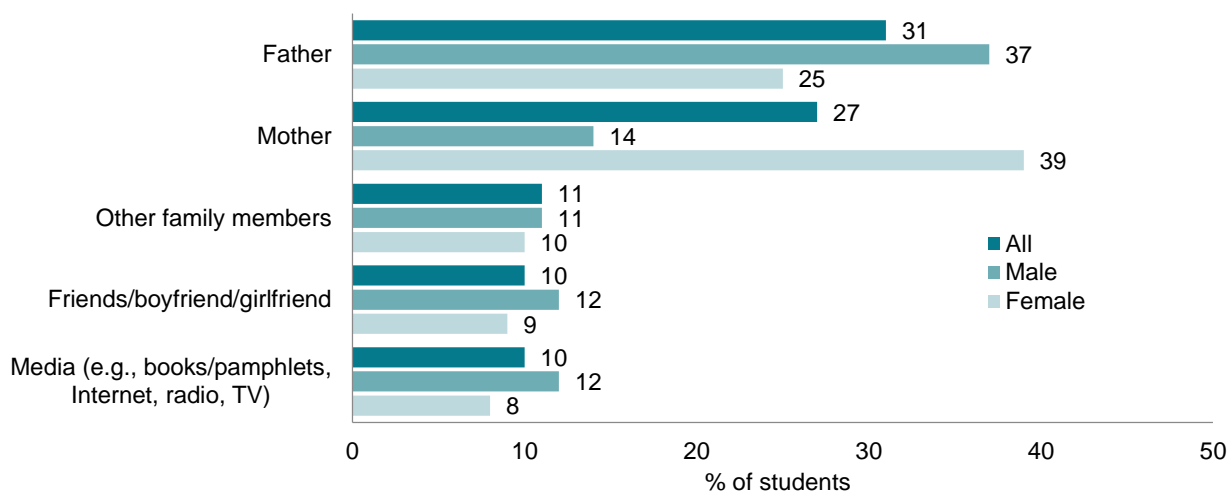
FIGURE 6.1. Students receive information about sexuality from many sources.



Young people also receive information from friends and sexual partners, more so in Lima (70% of students) and Ayacucho (68%) than in Ucayali (62%). Fifty-five percent of adolescents indicated that another source of information is extracurricular activities at school. Approximately one-fourth of students stated having sought out a member of a religious congregation in search of information about this subject.

As with sources used in general, there are significant differences by gender in the top (preferred) sources used by young people: young women turn primarily to their mother, while young men preferentially seek out their father. Young men also turn more toward friends, girlfriends and mass media than young women do (Figure 6.2). In Ucayali more than in the other two regions, young people seek out their father and mass media more than friends and other family members.

FIGURE 6.2. Parents are the most common source of sexuality information used by both male and female students outside of school.



Programs and Services Offered by Various Actors

State Entities

The lack of a single SE policy around which several ministries could collaborate, has resulted in various government entities carrying out specific SE activities in a rather fragmented way. Key informants pointed out that in Peru, several channels outside of school are used to educate young people about sexuality. One of these is health services that are differentiated by age, in which comprehensive care is provided, including information, orientation and counseling in sexual and reproductive health. Some of these services have special hours dedicated to adolescent care, while other services are devoted exclusively to this age group. Nevertheless, according to some interviewees, these services are far from adequate, given the lack of regulatory, technical and budgetary support. Furthermore, if health service hours coincide with school hours, they are not properly targeting young people, and often health care providers fail to stick to established hours. In addition, staff members are not adequately trained to address adolescents' need for information and sexual and reproductive health services in a way that is friendly and confidential. According to an interviewee in Ayacucho, health services primarily provide adolescent females with information about menstruation and the reproductive cycle:

[...] it is very poor, more than 50% of adolescent girls are unaware of what menstruation is, they don't understand their menstrual cycle, if their period... is regular or irregular [...] They ask "Which days am I at risk? What days can I be, and what days can I not be?" (Differentiated health services provider – Ayacucho)

Furthermore, barriers created by the *Ley General de Salud* (general health law) have to be broken down, as it required that parents or guardians provide consent for health services to be delivered to minors. Although the law was modified in August of 2016, allowing for adolescents to gain access to contraceptive methods without this consent (see Chapter 3), this message needs to be disseminated among health care providers, and compliance needs to be monitored.

Some interviewees mentioned that the Ministry of Health has carried out other initiatives in favor of adolescent sexual and reproductive health, such as the “*Escuelas Saludables*” (healthy schools) program, through which SE activities are conducted in the classroom (see Chapter 3).

No, actually there is no [overarching] program for sexuality education. There are some guidelines for addressing sexuality and sexual and reproductive health [...] through health promotion and education institutions; we developed materials for pre-school, primary and secondary school... materials for teachers, educational cards. There are also regulations, ministerial resolutions [...] for example [...] for comprehensive adolescent health care and health during youth. (Former Ministry of Health official – Lima)

Other interviewees indicated that the Ministry of Women and Vulnerable Population (MIMP) works with the education community to address SE topics, such as violence against women. In addition, reference was repeatedly made to the Attorney General’s office that has a *Programa de Prevención de Fiscales Escolares* (school prosecutors prevention program), begun in 2008, which promotes crime prevention activities in schools (against for example, sexual abuse, domestic violence and bullying). The lack of a broader regulatory framework that coordinates and regulates the various interventions aimed at the education community precludes an understanding of the overall situation.

The health sector has been the most involved in adolescent SE. For example, the *Coordinadora Nacional Multisectorial en Salud* (national multisector health coordinating body) (CONAMUSA), begun with funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria, published materials and trained teachers. These trainings fell short because of their biomedical focus and an inadequate monitoring of the training that took place in classrooms. According to interviewees:

[...] I don’t think the training covered all schools, but they did [cover] most of them [...] like giving talks and providing information. That doesn’t guarantee anything. Now they’re supposed to replicate the training in the classroom. I don’t know, I haven’t seen it [...] They did it, CONAMUSA did it in their sessions. In the region where they were training, there was an obstetrician and a nurse and health staff. Health staff were meant to present the topics they specialize in, health topics. (Health sector official – Lima)

Some civil society representatives reported that adolescents face barriers to obtaining differentiated health services, primarily because of inadequate hours and a lack of health provider training. According to interviewees, in Ucayali, a regional ordinance allows young people to receive counseling, contraceptive methods and clinical tests without consent from parents or guardians. This ordinance was passed after a long and complicated process in which youth organizations played a key role. As explained by interviewees, the ordinance was particularly important in Ucayali, where young women begin sexual activity early (at a median age of 16.8, the second youngest among all 24 departments in Peru)¹⁹, and where there is a high incidence of sexual exploitation of young people.

[...] a policy was developed to allow adolescents to go to health services and receive contraceptive methods and get condoms; they’re at risk for... or they have an STI and get HIV tested. But since these are invasive tests, the law said that minors could not get tested without their parents’ consent. Right. So there was a hard battle, because we have 13, 14-year-olds, gay youth, who are

sexually active and at risk. So... how could we test them? There's also a lot of sexual exploitation. You go to bars around Aguaytía, around here, and you see 15, 16-year-olds there. (Local NGO representative – Ucayali)

Nevertheless, challenges remain in enforcing the ordinance. For one thing, some people argue that it contradicts the general health law, but since August 2016, that argument is no longer valid, given the modifications to the law. In addition, there is strong opposition to this ordinance from the Catholic Church in the city of Pucallpa, the regional capital.

Civil Society

Key informants conveyed that since the 1990s, civil society organizations (NGOs, collectives or community organizations, often with support from international funds) and international bodies have at various times played a crucial role in the development of SE in Peru; these include the design of the CSE Guidelines,⁶⁰ as well as the implementation of several MOE initiatives in the most vulnerable regions in the country. These activities have ranged from technical interventions (such as the publication of educational materials and teacher training), to political advocacy work (see the contribution of the Yes We Can! Alliance in Chapter 3) and the development of local regulations regarding adolescent sexual and reproductive health. In Ucayali, for example, one interviewee described the contributions of a German NGO:

The GTZ (German Technical Cooperation Agency) went to 14 regions in the country [...] The money they had was for [publishing] Ministry materials, Ministry books; they did it in several regions. I saw it myself, because they asked us for the CDs, for everything to be published. In other words, in Ucayali they [published] books that the Ministry produced, they reproduced those books for teachers, in 14 regions in Peru, which are the Global Fund regions. There were training events that lasted one or two days [...] (Ministry of Education representative)

Currently, however, civil society participation is seen as declining:

[...] during this time, until 2012 or so, there was strong civil society participation that has now diminished, right? That participation has undergone a contraction [...] from what had been a permanent presence of civil society demanding, for example, that the Ministry of Education establish a regulated policy. (Ministry of Education representative)

While NGO interventions are important, until now they have been insufficient because they tend to be isolated activities that often occur only once, with limited coverage in the schools, and unsustainable in the long term.

The organizing work of youth groups in Ayacucho and Ucayali has been particularly valuable, as told by interviewees. These youth collectives have carried out awareness-raising, dissemination and advocacy activities, with positive outcomes in both departments. In Ayacucho, for example, school counseling hours were extended in the province of Huamanga. And in Ucayali, peer education created an environment in which young people can air their questions freely.

In 2013, as part of our work plan, we went to the schools to conduct our interventions. We

intervened in the Sánchez Carrión and Fe y Alegría schools, in the 4th and 5th grades of secondary school. We would go into the counseling classes and give talks about contraceptive methods, sometimes about self-esteem; and we would show short films and videos, lead a short reflection using flipcharts. We noticed that the adolescent girls, for example, had no aspirations and that they believed that motherhood was something they had to do as women, and not something optional. So it's a weakness [...] that young women don't think about their sexual and reproductive health, that they don't have control over their body. (Youth organization representative – Ayacucho)

With the young men, video events are carried out in order to prevent adolescent pregnancy and avoid students dropping out of school. And the kids, I would say that if we could separate ourselves or talk about one sexuality topic, that could lead to a question and another question after that and another one after that, and we could delve deeper into the subject. For example, I'm 22, I don't look so... old, I look like another adolescent like them. It's like they have... they feel free to talk because they feel like I'm a peer and they can express themselves, they can talk, they can ask. (Youth representative – Ucayali)

Religious Organizations

Religious communities also carry out sexuality education activities, both at the community level and in schools, through talks and workshops aimed at young people, and in particular, programs that educate both students and parents. Nevertheless, the messages they convey emphasize abstinence, stigmatize abortion and deter students from sex. As told by a representative from a Catholic NGO:

We are teaching about abstinence. We talk a lot about unintended pregnancy, because the NGO Latidos de Esperanza (hopeful heartbeats) works extensively with adolescent girls, who are about to have an abortion or are pregnant, and we follow up thoroughly, we help them not take that step... We try to provide some resources, whether economic or material. (Representative of a religious NGO – Ucayali)

These groups emphasize the ideas that sexual activity should be postponed until marriage, that heterosexuality is the norm and that abortion is an evil that should be avoided. In the programs that involve both students and parents, they try to address SE through methodologies that are participatory and mobilizing. The following statement makes clear how SE is addressed in “schools for parents”, where school, community and home are linked for the purpose of intervention:

The topic we deliver is “Let's talk about sex with our children.” Wow, the parents are thrilled because we're breaking down taboos about addressing those topics with the children [...] We use a lot of visualization, videos, group activities, right? Another topic we address is “How to create habits related to sexuality values at home.” Whether we admit it or not, the home is the foundation of our learning. (Representative of a religious NGO – Lima)

Summary of Findings

- To find information about sexuality, most adolescents turn to the media (the Internet, radio and printed materials), family members (especially mothers), friends, health sector staff and extracurricular activities at school. The sources most sought are parents, followed by other family members, friends and mass media.
- Sexual and reproductive health services that are differentiated by age are meant to provide adolescents with information, orientation and counseling, but it is difficult to do so because of the barriers that exist: the lack of technical support, insufficient funds, the requirement to obtain consent from parents or guardians, an almost exclusive focus on biology, inadequate hours and inadequately trained staff to work with young people.
- Civil society organizations have contributed to the design of the Ministry of Education's CSE Guidelines, to the publication of educational materials and to teacher training. Nevertheless, activities are isolated, unsustainable and only reach a small number of schools.
- Youth organizations in Ayacucho and Ucayali have carried out effective SE activities by young people for young people, emphasizing not only content, but also how to address the subject with adolescents and build trust.
- Religious communities also carry out SE activities in the community and in schools, primarily through talks and workshops with students and parents. These activities emphasize abstinence, postponing sexual activity until marriage and heterosexuality as the norm, and they condemn abortion.

Chapter 7: Opinions about Sexuality Education

It is important to explore students' and teachers' attitudes toward sexual behavior, sexuality and sexual orientation, as well as their opinions about sexuality and CSE in general, in order to gain a holistic view of the needs, challenges and broader context in which SE takes place.

Students

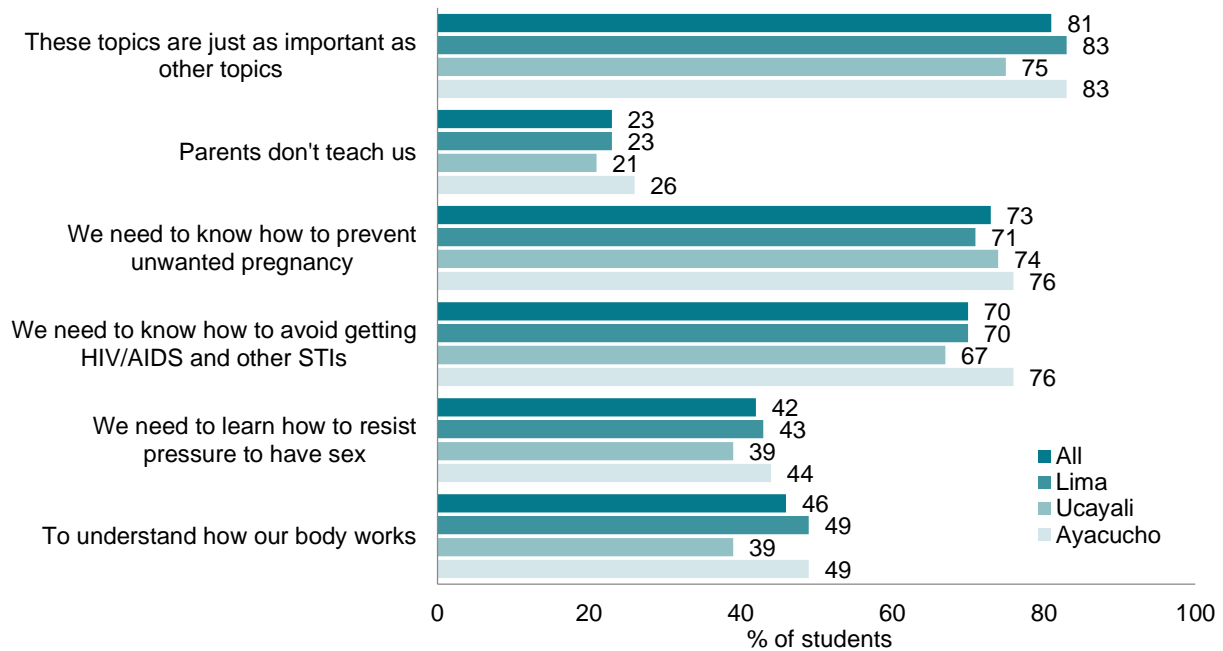
One-fourth of students agree with the statement that when girls say “no” to sex, they actually mean “yes.” Five percent agree with a husband’s physical violence against his wife if she refuses to have sex with him (Table 7.1). These ideas are more acceptable among young men than young women: 33% vs. 16% in response to the first statement, and 6% vs. 3% regarding the violence.

Less than half the students (46%) agree that having sex when it is desired is part of having a fulfilling relationship; and more young men (54%) than young women (38%) express this. Although a large majority of students (77%) agree that young people should use contraceptive methods when they want to avoid having children, conflicting ideas still exist: a significant proportion of students agree that enabling young people to have access to contraception encourages sexual activity (38% of students), and that using a condom is a sign of not trusting your sexual partner (23%). This opinion is held more widely in Ucayali (29% of students) and among young men (27% vs. 18% of young women).

Most students (73%) agree that they would stay friends with someone if he or she was HIV-positive. However, the proportion of students who would stop being friends is not insignificant, especially in Ayacucho (34%), with more young men holding this opinion (33%). Students hold a more conservative and restrictive attitude toward homosexuality: 54% agree with the statement that sexual relations should only be between a man and a woman. Despite this, the vast majority of students would stay friends with someone who is gay (69%). This positive attitude was more widely seen in Ucayali (74%) compared with Ayacucho, where it was least common (56%). In both measures, young men were significantly less tolerant than young women.

Nearly all students (97%) believe that SE should be taught in school, primarily because they believe it is as important as other subjects (81%), and because they need to know how to avoid pregnancy (73%) and HIV and STIs (70%). Another significant proportion of students (42-46%) said they need to understand how their body works and to learn how to resist pressure to have sex (Table 7.3; Figure 7.1). Ninety-two percent of students, rising to 97% in Ucayali, expressed that SE has been useful or very useful in their personal life. Thirty percent stated having liked SE classes more than other classes, especially in Ucayali (36%), while 64% expressed liking SE classes as much as other classes.

FIGURE 7.1. According to students, reasons why sexuality education should be taught.

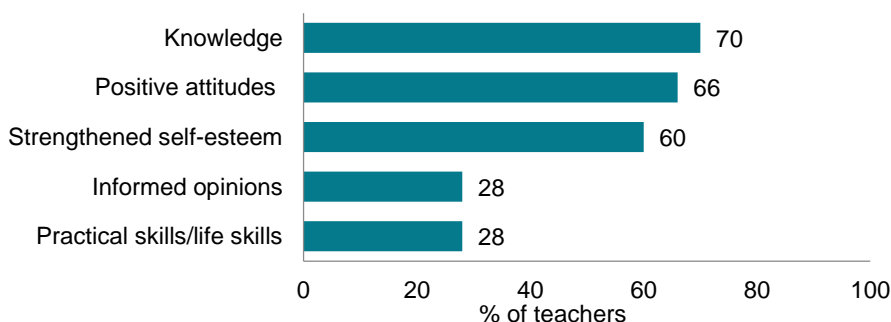


School Principals and Teachers

All teachers and principals in Ayacucho and Ucayali and nearly all teachers in Lima agree that SE should be taught in school, for reasons similar to those expressed by students, namely, because adolescents need to know how to avoid unintended pregnancy and how to avoid HIV and other STIs; because sexuality is as important as other subjects; and because young people need to understand how their body works. A larger proportion of teachers (41%) than of students (23%) claim that parents do not talk to their children about sexuality topics (data not shown).

Teachers aim for their SE teaching to impact knowledge (70%), attitudes (66%) and self-esteem (60%), with much less emphasis on skills (28%; Figure 7.2), despite the emphasis placed on developing skills in the guidelines for successful programs.^{4,5}

FIGURE 7.2. Teachers expect sexuality education to impact several aspects of students' lives.



Topics That Should Be Taught

More than 83% of teachers agree that all CSE topics (listed in Table 4.3) should be taught. There are, however, some exceptions: 22% of teachers in Lima and 23% in Ayacucho believe that where to get contraceptives should not be taught, compared with 4% in Ucayali (data not shown). Despite strong support for SE, a few teachers (between 2% and 13%) expressed that some topics are inappropriate for students because of their age, or because of religious beliefs; that parents and not schools should be responsible for SE; that teachers are not trained to teach SE and that parents or community members disapprove of teaching SE.

Principal and Teacher Attitudes

Teachers' and principals' personal attitudes can influence the teaching of SE, affect student learning and ultimately determine student attitudes and behavior. Principals and teachers were presented with three groups of statements similar to those presented to students, and asked to express their level of agreement or disagreement (Table 7.2).

Statements that Support Sexuality Education

Nearly all teachers and principals felt that adolescents should be taught that a healthy sexuality is part of human development (97-100%), and that it is important to teach them contraceptive methods to avoid unintended pregnancy (94-95%). The vast majority also believe that students should be informed about where to obtain youth-friendly sexual and reproductive health services (88-92%).

Restrictive Statements Regarding Sexuality

Notwithstanding the above, teachers and principals also have negative attitudes about sexuality similar to those of students: three-fourths (72%) believe that sexual relations should take place only between a man and a woman; half of the principals and nearly 40% of teachers believe that under no circumstances should a girl have an abortion in case of an unintended pregnancy. Nevertheless, teachers and principals in Ucayali have a more understanding attitude toward this situation, with only 33% of them agreeing with the restrictive statement. Remaining a virgin until marriage is more valued by principals than by teachers; and in general, more valued in girls (52% of principals and 38% of teachers) than in boys (41% and 33%).

Punitive Statements

Some teachers and principals in Lima, as well as some principals in Ayacucho, believe that students with HIV should not be allowed to remain in school (18-26% in Lima, respectively, and 17% in Ayacucho); and just over one-fourth of teachers (26%) and principals (28%) believe that enabling young people to have access to contraceptive methods encourages them to have sex. Studies in this area show that this is erroneous: providing information about sexual and reproductive health before adolescents have sex can help them protect themselves when they begin sexual activity.^{2,5} Furthermore, one fourth of principals in Ayacucho believe that young people who carry condoms are promiscuous or unfaithful.

Parents and Community Members

Between 86% and 92% of students stated that their parents support SE, while key informants expressed that parents' position ranges from opposition through indifference, to enthusiastic participation when they are involved and provided with information and orientation. The few times that parents' opposition was mentioned was to justify why teachers do not teach certain topics - that is, to avoid problems with parents. There is a fear among parents that SE encourages sexual activity in their children and that young people are not old enough to handle this type of information. This fear is more common in Ayacucho.

In Ayacucho this taboo still exists. It is very difficult [for] counselors and teachers to get used to addressing these topics openly. Because they are afraid that parents themselves won't understand them [...] [and say] "How are you going to do that to my children, and tell them you've done things?!" (Regional Education Directorate official, Ayacucho)

Fear about parents' possible reaction to SE also exists in the education sector, even though it has no basis in reality. According to key informants, if parents were given complete information about what CSE means, and if they were actively involved in the process, in general their opinion would be favorable.

There is no [opposition], on the contrary. I think the education community is lying; if you tell them what you're planning to do [...] parents will say "It's good to teach that, they should learn what we don't know, we come from a background in which we didn't ask our parents questions or our parents didn't tell us anything, and I want my kid to know." In other words, we haven't gotten very much pushback from parents.

(Representative of civil society - Lima)

Although interviewees mentioned that many parents are indifferent to SE because they don't feel capable of handling it themselves and prefer to have the school or the health sector handle it, it is also widely recognized that responsibility for SE should be shared by schools and parents. One place where parents can acquire knowledge and skills for talking about sexuality with their children is in the "school for parents", an initiative currently in need of support. According to key informants, the following actions are required in order to successfully integrate parents in the delivery of SE: explain what CSE is and answer their questions; culturally and linguistically adapt content to local communities where Spanish is not the dominant language; and take into account the various concepts parents may have about sexuality.

The main opposition to sexuality education in Peru comes from religious sectors, Catholic and Evangelical. Throughout the history of Peru, various sectors of the Catholic Church have been totally or partially opposed to providing access to information about reproductive health and family planning; they have also opposed recognizing and exercising sexual and reproductive rights.⁷⁶ When the Catholic Church does interfere in sexuality-related issues, this interference carries less weight in Ucayali than in places like Ayacucho, for example.

In general, the Amazon region is more open to these topics. Compared with... Ayacucho, Huancavelica or Arequipa, for example. When I would share with my friends, it turns out they are more conservative, the Church is very rigid there... they would circle the wagons when it came to NGOs. (Health sector official – Ucayali)

Besides opposition, religious sectors have other ways of intervening, especially the Evangelical church. In Ucayali and Lima, certain SE concepts are included in the Evangelical belief system, such as sexual activity only within marriage, abstinence during adolescence and rejection of homosexuality. One Evangelical leader in Ucayali explained the importance of conveying these values:

Sexuality is practically the DNA of each person's identity, right? So if we don't work on these concepts, if we leave a lot of ambiguity... we're going to have adolescents, young people, who are unstable and have doubts about their sexuality. Now there may be concepts that are apparently valid in some societies, but... as Christians we have a subculture too, in which we rely on the laws of God, which have ruled for many years and have worked, so sexuality is important to us as a church. (Evangelical leader, Ucayali)

Likewise in North Lima, the Evangelical church conducts SE activities, using a methodology that involves students and schools for parents. These activities have the support of the regional UGELs, so SE is also taught in the public schools in the area. It is important to clarify that the type of SE content included in the Evangelical proposal falls outside the paradigm of CSE, which is science-based and secular.

With regard to the influence that the Evangelical churches have on SE, it is worth noting that since November 2016, a campaign has been waged called “*Con mis hijos no te metas*” (don't mess with my kids). It was launched by a coordination of Evangelical churches, with a major investment that enabled them to occupy the streets with placards and public demonstrations on a national scale. The campaign questions the new national curriculum in two key ways: its inclusion of sexuality content, and the incorporation of a gender focus, which they call “gender ideology” in an attempt to discredit it. This campaign also has the support of the higher echelons of the Catholic Church. They recently carried out a large march with the aim of eliminating a gender focus from the national curriculum and from all education policy. However, as of this writing, except for some minor adjustments, the Ministry of Education has remained firm in the validity of the new curriculum. The campaign has perhaps been the most direct and well organized assault against addressing gender and CSE in school in recent decades.

Summary of Findings

- Nearly all students believe sexuality education should be taught in school. The vast majority states that SE has been useful or very useful in their life.
- Nearly all teachers and school principals agree with teaching sexuality education in school. The more controversial topics are those related to contraception and sexual orientation.
- Key informants report that in general, parents agree that their children should receive sexuality education, and informants believe it would be more acceptable to parents if the subject were proposed to them in a clear, easily understood and participatory manner. Opposition comes primarily from the Catholic and Evangelical churches.
- According to most interviewees, the responsibility for SE should be shared by schools and parents in order for it to be more comprehensive and efficient.

Chapter 8: Conclusion and Way Forward

In Peru, public policy regarding SE as formulated in the Guidelines for CSE, is built around the following aspects: biological-reproductive, socio-affective, ethical and moral. The policy is based on the principles of gender equity, multiculturalism, human rights and scientific evidence. Yet this rights-based approach is often threatened by perspectives that reinforce a sexually conservative morality. The State's commitment to SE is expressed in the Guidelines for CSE, which have organized and regulated SE since 2008, formulating recommendations to the various actors in the education community. However, the scope of these Guidelines is limited to the education sector. Unlike other countries, Peru has no specific SE law or educational program.

While the development of CSE Guidelines constituted an important and concerted effort carried out by the State and civil society, and the enactment of the Guidelines represented an important step forward in teaching SE in the country, implementation has failed to reach most schools. This is primarily due to budgetary and institutional constraints and the State's weak response to opposition from the Catholic Church and other conservative sectors.

SE curricular content was evidenced in some courses of the national curriculum at the time in writing in 2016. However, the content was not comprehensive because of opposition from conservative groups to the inclusion of abortion, sexual orientation and other sensitive topics. In the classroom, inadequately trained teachers face difficulties in teaching these topics. In addition, the MOE has not evaluated how SE is taught or the impact of this teaching on students' knowledge and skills, as is done for other subjects.

Public debate around SE has intensified in recent years. We found that conservative attacks aside, public opinion is generally in favor of teaching SE in school, and there has been strong citizen mobilization in demanding it, with significant participation from youth groups in Ayacucho and Ucayali.

Although there is great potential for effective learning around the subject of SE, the development and implementation of comprehensive programs need to improve for adolescents to benefit more completely from this education. The evidence continues to show that adolescents in Peru lack the knowledge and skills needed to help them lead healthy sexual and reproductive lives.

Lessons from the Classroom

Schools support SE but the political will to ensure its effective implementation is lacking

There is a general perception that communities and parents are opposed to SE, but the current study shows that there is strong support for it from students, teachers, school principals and communities. Furthermore, there is a persistent desire and enthusiasm among students to broaden their knowledge of the various CSE topics. Principals, teachers and students almost unanimously agree that SE should be taught in school because of its importance for student learning and in preventing unintended pregnancy, HIV and STIs. Furthermore, students consider SE classes useful in their life, especially in Ucayali where SRH indicators are the poorest. Students in Ucayali also tend to report in greater numbers than students in the

other regions, that they like SE classes more than other classes and that they wish these classes would have started earlier in their education. Studies carried out in urban areas of the Amazon region of Peru indicate that culture around sexuality there is more open and permissive compared with the rest of the country, which could explain the particularities we found in Ucayali.⁷⁷⁻⁷⁹

Interviewees indicated that parents agree with their children receiving SE, and that there would be greater acceptance of SE if it were presented to parents in a clear, easily understood and participatory manner. Major opposition to teaching SE comes from conservative religious sectors. Although certain religious organizations have implemented SE initiatives in some schools, they do not, however, adopt a comprehensive approach in conformity with international standards.

Despite a favorable attitude toward SE from the main actors in the school system, SE is not delivered as it should be, primarily because of the State's lack of political will, which is seen in the absence of a national SE policy formulated as law; instead SE policy is limited to guidelines at the ministry level. Furthermore, the insufficient budget for SE also reveals its low priority. Therefore, teachers and school principals are left without a clear framework for implementing the Guidelines in school; while 90% of principals recognize that SE is mandatory, there is variability in the ability to identify the entity responsible for delivering it and the guides or curricula to be used (only slightly more than half of teachers use the curricula designed by the MOE).

Comprehensiveness of the Curriculum

Although teachers report that the vast majority of schools teach all the content of a comprehensive curriculum, student responses reveal that no topic is covered in all schools. Seventy-five percent of students reported that they received instruction in at least one topic per category of the curriculum, but only 9% of students received all the content in each category, with the highest coverage achieved in Ucayali and the lowest in Ayacucho.

Among the topics least addressed are those related to contraception and unintended pregnancy: only half the students learned where to access contraceptive methods and how to use them (one of the topics they would like to learn about more, together with communication within relationships). Furthermore, only 21% of students received instruction in all the topics in this category. While the condom is one of the contraceptive methods most covered in class, not all teachers teach that it is effective in preventing pregnancy. On the other hand, abstinence is taught by nearly 70% of teachers, of whom nearly one-third consider it the most effective method of prevention, even though the evidence shows that abstinence-only programs are not effective in improving adolescent sexual and reproductive health outcomes.^{7,8} Ucayali stands out as having the highest proportion of schools systematically teaching about contraceptive methods (including how to use them).

Based on the criteria for assessing CSE used in this study, comprehensive instruction in SE delivered in school should be based on a curriculum. The results, however, reveal that not all teachers use the national curriculum as a guide for teaching SE; and 25% of teachers use no curriculum at all. This may be because of the limited dissemination of the CSE Guidelines among schools and the lack of SE monitoring, according to information provided by key informants. In addition, SE content is spread over various courses in the

national curriculum, which are not exclusively devoted to SE.

Recent evidence suggests that SE programs that include gender equity, power relations and human rights content are more likely to be associated with positive SRH outcomes than those that do not.¹² According to teachers and students participating in this study, the vast majority of schools teach content related to biology, and very little emphasis is placed on essential topics linked to contraception, particularly communication and skills related to the use of contraceptive methods, gender relations, equity and rights. Furthermore, “communication and negotiation”, life skills, gender and rights are highlighted in UNFPA’s definition of CSE used in this study (see Chapter 2). The definition also highlights that CSE should “provide boys, girls and young people with the knowledge, skills, attitudes and values that will enable them to develop a positive view of sexuality.” Yet the curriculum in Peru is still more focused on knowledge, and attitudes and values fostered by teachers do not enable “a positive view of sexuality”: one-third of teachers place much more emphasis on sexual relations being dangerous, and one-third teach that young people should avoid sexual relations until marriage.

The definition of CSE proposed by UNFPA and used in this study establishes that a successful CSE program also needs to use more participatory teaching methods than those traditionally used in the classroom. Few teachers indicated that they use such methods, such as demonstrations of the use of condoms or other contraceptive methods, and students requested more group discussions and interactive activities.

Teachers are inadequately prepared

For SE programs to be effective, it is essential to have competent educators who approach students with respect and encourage them to develop communication, negotiation and decision-making skills, while offering them evidence-based information. Large-scale teacher training requires a substantial and ongoing investment, which is challenging in Peru. Teacher training in SE has been sporadic, and when it has taken place, it has primarily been the result of initiatives supported by funds from international cooperation. Technical and budgetary support from the MOE have been lacking. Even teachers who have been trained have rarely received training in all the topics that make up CSE as established by international standards. Only one-third of teachers describe their training as adequate, and nearly one-fourth consider it insufficient. It is worth noting that Ucayali has a higher proportion of teachers demanding more materials, assistance and training than in Ayacucho or Lima, despite the fact that training in Ucayali is more comprehensive than in the other two regions. Furthermore, teachers in Ucayali tend to feel less support from school principals and colleagues than teachers in the other regions, despite principals in Ucayali reporting that they provide more support to their SE teachers. Teachers in Ayacucho tend to receive less training, but they use the Internet and audiovisual media to support their instruction, while teachers in Ucayali tend to use materials they develop themselves. This could be explained by a culture of more open sexuality in Ucayali than in the other regions, as well as a higher incidence of issues linked to adolescent sexuality, such as early pregnancy, the highest rate of which is in the Amazon region. This could be creating greater teacher demand for more knowledge and training. If all CSE topics were subject to evaluation as part of the mandatory curriculum, this could stimulate greater investment in pre-service

and in-service training.

Some teaching materials exist to support teachers and other actors delivering SE instruction, but they have been delivered to only a few schools: fewer than half the teachers received guides and teaching materials. Only one-fourth of school principals invite outside experts to support their SE teachers, and 70% of teachers use the Internet to help them teach SE. Nearly three-fourths of teachers requested more training and materials to teach SE more effectively.

Teachers continue to have negative opinions about sexuality in young people

Teachers have a reticent view and a restrictive approach to adolescents exercising their sexuality. Nevertheless, most of them recognize the need for adolescents to have information to protect themselves. Students confirm receiving these messages, as they report being mostly told to avoid sexual relations (because they are “dangerous”) but that if they have sex, to use condoms.

Many teachers demonstrated a restrictive attitude towards sexuality issues, pointing to the need for greater awareness-raising among them. For example, three out of four teachers maintain that sexual relations should only take place between a man and woman; and more than half of principals and nearly 40% of teachers believe abortion should not be practiced in case of an unintended pregnancy. In general, teachers and principals in Ucayali have more positive attitudes than those in the other two regions. Messages conveyed about exercising sexuality show gender biases: for example, virginity in girls is more valued by teachers (38%) than virginity in boys (33%). In addition, one-fourth of teachers believe that making contraceptives available to young people encourages them to have sexual relations. But there is no evidence to suggest that talking about sex or informing adolescents about safe sexual practices leads them to have sexual relations.^{1,5} On the contrary, offering SE at the appropriate time, before adolescents begin sexual activity, helps prepare them to protect themselves against negative SRH outcomes when they do become sexually active. Experts currently recommend that sexuality education begin early, much earlier than sexual initiation.⁵ Often education begins late, as this study revealed. Many adolescents have already had sexual relations when they receive the knowledge and skills needed to lead a fulfilled sexual and reproductive life; one-third of adolescents in this study, for example, were already sexually active. The specific approach taken to teaching these topics could strongly influence adolescent sexual behavior and skills; the belief among teachers that SE should have an impact on knowledge and attitudes more than on practical skills, could negatively affect the type of information students receive and therefore, have a negative impact on their behavior.

Safety in the Classroom and School Environment

The development of a successful CSE program requires an environment in which students feel safe and free to express their opinions. The study looked at school policies in place to foster a safe school environment for adolescents: most schools have regulations to protect minors and to punish sexual harassment, although these norms are not standardized or uniformly enforced. In any case, the situation in the classroom is still precarious: a safe emotional space where students can explore sensitive topics is

often missing. This poses another challenge for the effectiveness of sexuality education in schools, which limits the benefits that CSE can offer adolescents in Peru. Despite school policies, only 27% of students reported always feeling safe expressing themselves openly in front of their classmates and teachers, while 60% indicated they sometimes feel safe; more than half (53%) said they were always or sometimes afraid of being mocked. When it comes to CSE topics in class, 52% of students indicated that at some point they had wanted to ask questions, but did not do so because they were embarrassed or afraid of offending someone; in addition, 21% of students did not ask questions because they were afraid the teacher or their classmates would make fun of them. Even though most students said they were never afraid of being physically harmed, 21% said they sometimes felt afraid, and 4% reported always feeling afraid of this.

The Way Forward

At the National Policy Level

Improving CSE in Peru will require that it become a national education policy priority and that that policy gets translated into concrete actions, namely:

- Strengthening national SE policy, which began with the drafting and implementation of the CSE Guidelines nearly ten years ago, in 2008, by giving the regulations the force of law.
- Making a CSE program operational at the national level, and making it mandatory in primary ansecondary school, with the support of a permanent technical team at the MOE, and by defining clear responsibilities in the various entities charged with education administration (DREs, UGELs and schools).
- Substantially increasing the budget for CSE implementation and maintaining that higher level of funding.
- Keeping a gender focus as one of the fundamental approaches not only to comprehensive sexuality education, but also to the Peruvian education curriculum as a whole, as the MOE itself has proposed.
- Work with other government sectors, and other political and civil society sectors, to consolidate the fundamental pillars of the secularity of the Peruvian State, in conformity with the country's Constitution.

A society that is more open to sexuality from the perspective of gender equity, human rights, multiculturalism and access to science-based information, would help consolidate the success of national CSE policy. In order to achieve this, a communications component will be necessary to reach the population in general through information and awareness-raising campaigns.

Quality CSE as a universal public policy is key to closing current gaps in SRH indicators among adolescents from various segments of society, the most vulnerable of whom are found in rural areas, in the lowest quintile for poverty and in indigenous groups.

At the Implementation Level

Teacher Training

Adequate teacher training is key to the success of SE programs. Therefore, it is crucial to implement an in service, quality and sustainable CSE teacher training program. Teacher training should include the mainstreaming of CSE for teachers in all subject matter areas.

- Pre-service teacher training in CSE should be mandatory. Institutions of higher education should ensure that adequate CSE content is included.
- Teacher training should consider both a formative aspect, which implies knowledge and skills related to their own sexuality, and a methodological aspect. The latter concerns how to transfer knowledge to the classroom in such a way that is useful to students, and how to help students develop their skills so they can apply the knowledge in their personal life.
- Teacher training also requires that teachers have permanent access to teaching materials as well as up-to-date guides and/or guidelines to support them in delivering CSE in an efficient and timely manner.
- Pre-service and in-service teacher training should cover all the topics that make up CSE, with more time dedicated to topics that tend to be avoided, such as HIV and contraceptive methods; in addition, this study identified the need to place special emphasis on recognizing adolescents as sexual beings with the right to exercise their sexuality responsibly and pleasurably, as well as the need for understanding and acceptance of sexual and gender diversity.
- In conducting teacher training and producing teaching materials, it is important to bear in mind the principle of multiculturalism and the need to adapt content to the reality and problematics of each region. While adolescent pregnancy is a national issue, for example, it is particularly critical in the Amazon region and in the poorer regions of the country, so the topic of prevention requires greater emphasis there.

Monitoring and Evaluation

- SE should necessarily include a system for regular monitoring and evaluation in order to measure progress and identify problematic areas, so that continual improvement can take place, paving the way for achieving high-quality CSE.
- The monitoring system should ensure that teachers are supported in delivering CSE in the classroom, strengthening their skills and assessing their difficulties and challenges in an empathetic way.
- The monitoring and evaluation system should consider students' learning processes and outcomes, including knowledge, attitudes and skills.

Curricula

- The Guidelines for CSE should be aligned with the current national curricula, in accordance with the competencies and capacities linked to SE.
- The cultural diversification of SE content should be promoted in the national curriculum, by taking into account the regional contexts and the principles of gender equity, multiculturalism and respect for human rights contemplated in education policy. This can take place through the designation, training and mentoring of the leadership teams in the regional education directorates and the local education administration units.
- Instruction on the use of condoms and other contraceptive methods within the framework of CSE should be delivered not only from a formative approach, but also from a rights-based and skills-building approach; the latter provides practical knowledge on their use, where to obtain them and how to negotiate their use with a sexual partner. Furthermore, and bearing in mind the evidence showing that abstinence-only programs are not effective in preventing high-risk behavior, abstinence should be presented as one option among several and subject to the adolescent's informed decision.
- The use of varied and interactive teaching methods should be encouraged through teacher training and classroom manuals, in order to foster students' participation as well as creative and critical thinking.

Coordination between the Education and Health Sectors

The findings demonstrate that SE instruction in schools is largely sustained by the participation of health sector professionals, which indicates that operations in both sectors need to be efficient and well managed for CSE to be successful. Therefore, coordination between the health and education sectors should be strengthened, for which the following recommendations are made to the **Ministry of Health**:

- Ensure young people have efficient and timely access to comprehensive sexual and reproductive health services, especially contraceptive methods, including condoms and emergency oral contraception, as well as HIV testing and other STI screening. This will enable students to put into practice information and skills they learn in school.
- Duly inform health care providers about the modification to Article 4 of the general health law, which now allows adolescents to have autonomous access to SRH services. Adolescent access to these services had been hindered by a restrictive interpretation of the general health law, which required that adolescents have consent from parents or guardians. Since the law was modified in August 2016, this interpretation is no longer valid.
- Develop more spaces and deliver more services to adolescents, with support from community health promotion and CSE initiatives, in order to ensure adolescents can exercise their right to full access to SRH services.
- Create links between schools and health services, so that students can know where to access services and obtain information about how to use contraceptives in case their teachers fail to provide this information in class.

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* This report uses the acronyms “SE” and “CSE”. “SE” is a generic category that refers to sexuality education in any of its forms, while “CSE” refers to a specific approach to sexuality education that is based on human rights and gender, which is described in Chapter 2.

†1 The regions selected are those that correspond to the Departments of Lima (coastal region), Ayacucho (mountain region) and Ucayali (rainforest region).

‡ Article 4 of Title 1 “Concerning the rights, duties and responsibilities related to individual health,” establishes: “No person may be submitted to medical or surgical treatment without his or her prior consent or the consent of the person legally bound to give it, if the person were hindered from doing so.” As there is no specificity regarding minors, this tends to be interpreted as a legal restriction to adolescents having autonomous access to contraceptive treatments.

§ As has been explained previously, this report uses the acronyms “SE” and “CSE”. “SE” is a generic category that refers to sexuality education in any of its forms, while “CSE” refers to a specific approach described in Chapter 2.

** This number of students was based on being able to show a difference between the regions of 10% in comprehensive knowledge of HIV, an indicator collected in the 2012 DHS; this gives us the information necessary to calculate sample size. This number enabled a statistical power of 90%, with a significance level of 5%, assuming a design effect (deff) of two, because of the sampling in two stages.

†† In Peru, these classes are Individual, Family and Human Relations; Science, Technology and the Environment; Counseling; Religious Education; Social Sciences; Physical Education; and others (such as Communications, Mathematics, Foreign Language, Art Education and Work Education).

‡‡ For example, the Programa de Educación en Seguridad Vial (road safety education program) during Counseling hours. See: http://www.minedu.gob.pe/DeInteres/Campanas/pseguridad_vial.php

§§ Trainings have reached a small number of teachers, but not national scope.

*** Instituto Peruano de Paternidad Responsable (Peruvian institute for responsible parenthood) (INPPARES), Instituto de Educación y Salud (education and health institute) (IES), Amnesty International, Asociación Kallpa, Sociedad Peruana de Adolescencia y Juventud (Peruvian society of adolescence and youth) (SPAJ), Centro de Estudios de Problemas Económicos y Sociales de la Juventud (center for the study of economic and social problems related to youth) (CEPESJU), Catholics for Choice, Apoyo a Programas de Población (support for population programs) (APROPO), Salud Sin Límites Perú (health without limits), Manuela Ramos, AXIS, and the Danish International Development Agency (DANIDA)

††† The capacity “Experiences sexuality fully and responsibly” refers to the following: “self-awareness as a man or woman, based on developing a body image and sexual and gender identity, and by exploring and valuing his/her body. It assumes equal relations between men and women, as well as harmonious and violence-free affective relations. It also implies identifying and practicing self-care in situations that place his/her well-being at risk or which violate his/her sexual and reproductive rights.” (Currículo Nacional de la Educación Básica (national curriculum for elementary and secondary education), page 30.

‡‡‡ We say “data not shown” to refer to data that were compiled in the study but are not shown in the tables included in this report.

Tables

TABLE 2.1. Number† of schools included in the study, by selected characteristics, according to department, Peru, 2015

Characteristic	All	Department		
		Lima	Ucayali	Ayacucho
School type				
Private	26	18	3	5
Public	35	10	16	9
School status				
Males only	0	0	0	0
Females only	2	1	0	1
Mixed gender	59	27	19	13
Total	61	28	19	14

†Without weighting. Source: Study of the implementation of sexuality education in Peru, 2015

TABLE 2.2. Percentage distribution of principals by selected characteristics in three departments, Peru, 2015

Characteristic	All (N=57)	Department		
		Lima (N=27)	Ucayali (N=18)	Ayacucho (N=12)
Gender				
Male	63	54	72	67
Female	37	46	28	33
No. of years as principal at current school				
<1	7	0	22	0
1–4	48	48	67	33
>4	36	52	11	50
Missing	10	0	0	17
Taught SE† topics at current school				
Yes	34	26	39	58
No	25	30	28	17
Missing	41	44	33	25
Religion				
Catholic	79	85	67	83
Evangelical/other Christian	12	4	22	17
None	4	4	6	0
Other	2	0	6	0
Missing	4	7	0	0
Importance of religion				
Very important	70	81	83	50
Somewhat important	20	15	11	50
Not at all important	2	0	6	0
Missing	8	4	0	0
Total	100	100	100	100

†Sexuality education. Percentages are based on weighted data, the number of cases (N=...) at the top of each column is unweighted. *Note:* Percentages may not add to 100% because of rounding. Source: principals questionnaire.

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

Characteristic	All	Department		
		Lima	Ucayali	Ayacucho
Among all teachers	(N=210)	(N=105)	(N=57)	(N=48)
Gender				
Male	53	48	52	67
Female	47	52	48	33
No. of years teaching overall				
<5	7	6	5	10
6–9	23	18	25	31
10–19	42	46	39	38
≥20	27	30	26	19
Sin información	2	0	5	2
No. of years teaching SE at current school				
<1	7	5	4	15
1–2	32	30	30	38
3–4	14	16	16	8
≥5	40	41	42	33
Never taught SE†	3	3	5	2
Missing	4	5	4	4
Total	100	100	100	100
Position§				
Profesor nombrado	40	28	67	35
Profesor temporal/contratado	50	61	28	50
Psychologist	3	7	0	0
Tutor	26	30	14	33
Other	4	3	4	6
Missing	3	1	5	6
Subject‡,§				
Science, Technology and Environment	21	24	18	21
Social Sciences	13	16	7	13
Person, Family and Human Relations	20	25	11	23
Religious education	10	9	12	8
Physical education	7	5	9	8
Tutoría and Educational Orientation	43	45	49	33
Other	48	42	63	42
Among teachers who teach SE in secondary school:	(N=203)	(N=102)	(N=54)	(N=47)
Grade in which they last taught SE§				
3rd	58	56	58	63
4th	70	70	67	71
5th	65	66	58	73

† These teachers did not answer questions on teaching of SE. ‡SE is taught mainly in these subjects.

§Multiple responses were allowed. *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, Peru, 2015

Characteristic	All (N=2,528)	Department		
		Lima (N=1,501)	Ucayali (N=522)	Ayacucho (N=505)
Gender				
Male	48	49	51	46
Female	52	51	49	54
Age				
13–14	0	0	1	0
15	52	53	47	54
16	35	35	36	33
17	13	12	16	13
Current grade				
3rd	3	2	7	2
4th	47	49	40	50
5th	50	50	52	48
Religion				
Catholic	62	64	50	67
Evangelical/other Christian	20	19	28	18
None	4	4	5	2
Other	13	12	16	11
Missing	1	1	2	2
Has had sexual intercourse				
Yes	33	28	45	33
No	67	72	55	67
Total	100	100	100	100
Current residence†				
Mother and/or father	90	91	88	89
Other family members	35	37	26	39
Partner/spouse	1	1	2	1
Other	0	1	0	0

†Multiple responses were allowed. 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, according to department, Peru, 2015

Characteristic	All	Department		
		Lima	Ucayali	Ayacucho
ACCORDING TO PRINCIPALS (SCHOOL LEVEL)	(N=57)	(N=27)	(N=18)	(N=12)
Sexuality education included as part of:				
Only national curriculum	55	41	76	58
Only extra-curricular activity	34	44	18	33
Both: national curriculum and extra-curricular activity	11	15	6	8
Entity responsible for SE implementation in school				
Ministry (national or regional)	54	35	72	67
School	41	62	22	25
Teacher	5	4	6	8
ACCORDING TO TEACHERS (SCHOOL LEVEL)	(N=58)	(N=27)	(N=18)	(N=13)
Hours dedicated to SE each 2-month term				
4th grade				
1-5	32	15	40	58
6-10	49	58	47	33
>10	19	27	13	8
5th grade				
1-5	35	23	38	58
6-10	41	38	44	42
>10	24	38	19	0
Total	100	100	100	100
ACCORDING TO STUDENTS (SCHOOL LEVEL)	(N=61)	(N=28)	(N=19)	(N=14)
Outside individuals who visited school to teach SE†				
Health provider	89	81	100	100**
Religious person	11	19	11	0
Community leader	20	19	21	21
Peer educator	34	23	0	43

*p<.05. **p<.01. †Multiple responses were allowed. Note: Percentages may not add to 100% because of rounding. Source: principals, teachers and students questionnaires

TABLE 4.2. Percentage of students who have learned about sexuality education, by reported organizational aspects, according to department, Peru, 2015

Characteristic	All	Department		
		Lima	Ucayali	Ayacucho
AMONG STUDENTS WHO RECEIVED SE	(N=2,352)	(N=1,392)	(N=492)	(N=468)
Subject in which sexuality education taught†				
Science, Technology and Environment	26	24	25	31**
Person, Family and Human Relations	89	87	90	91
Tutoría and Educational Orientation	52	47	59	58***
Comunicacion	6	5	10	8***
Religious education	7	7	8	5
Other	5	7	1	3***
Grade level in which sexuality education first received				
Primary	20	18	20	25*
Secondary--1st, 2nd or 3rd grade	65	66	67	60
Secondary--4th or 5th grade	15	15	12	15
Desired timing of sexuality education, according to when they received it				
Primary	(N=464)	(N=251)	(N=97)	(N=116)
Would have liked to start earlier	18	16	26	17*
Satisfied with timing	77	81	66	76
Would have liked to start later	5	3	8	7
Secondary--1st, 2nd or 3rd grade	(N=1,512)	(N=917)	(N=319)	(N=276)
Would have liked to start earlier	26	23	27	34*
Satisfied with timing	70	72	68	62
Would have liked to start later	4	5	4	4
Secondary--4th or 5th grade	(N=341)	(N=211)	(N=60)	(N=70)
Would have liked to start earlier	39	34	52	43*
Satisfied with timing	53	60	38	47
Would have liked to start later	8	7	10	10
AMONG STUDENTS FROM MIXED GENDER SCHOOLS WHO RECEIV	(N=2,322)	(N=1,395)	(N=504)	(N=423)
Setting for sexuality education activities				
All taught with males and females together	70	70	73	67
Some taught together, some separately	26	26	23	30
All taught separately	4	4	4	3
Preference for sexuality education activities				
Males	(N=1,177)	(N=700)	(N=252)	(N=225)
Prefer all taught with males and females together	67***,‡	66	75	64*
Prefer some taught together, some separately	27	29	19	31
Prefer all taught separately	5	5	6	6
Females	(N=1,104)	(N=667)	(N=243)	(N=194)
Prefer all taught with males and females together	59	59	65	49***
Prefer some taught together, some separately	32	32	23	44
Prefer all taught separately	9	9	11	7
Total	100	100	100	100

*p<.05, **p<.01, y***p<.001. †Multiple responses were allowed. ‡Percentage distributions for males and females are 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, by department, Peru, 2015

Topic and category	All (N=58)	Department		
		Lima (N=27)	Ucayali (N=18)	Ayacucho (N=13)
Sexual and reproductive physiology				
Puberty/physical changes in body	100	100	100	100
Reproductive organs	100	100	100	100
Menstruation	100	100	100	100
Pregnancy and childbirth	98	96	100	100
All	98	96	100	100
Gender and SRH rights				
Equality between men and women	100	100	100	100
Prevention of violence/sexual abuse	100	100	100	100
Sexual orientation	91	81	100	100
Sexual and reproductive rights	98	96	100	100
All	90	78	100	100
Values and interpersonal skills				
Sexual behavior	100	100	100	100
Communicating within relationships	100	100	100	100
Decision-making skills	100	100	100	100
Abstinence	91	81	100	100
All	91	81	100	100
HIV and STI prevention				
HIV/AIDS and other STIs	98	96	100	100
Where to access HIV/STI services	98	96	100	100
All	98	96	100	100
Contraception and unintended pregnancy				
Contraceptive methods	100	100	100	100
Where to get methods	98	96	100	100
How to use methods	98	96	100	100
Abortion	98	96	100	100
All	95	89	100	100
Comprehensiveness of coverage†				
Minimum: at least one topic in each category	98	96	100	100
Adequate: nearly all topics, except one at most, in each category	98	96	100	100
High: all topics in each category	88	74	100	100*

*p<.05. †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, by department, Peru, 2015

Topic and category	All (N=2,528)	Department		
		Lima (N=1,501)	Ucayali (N=522)	Ayacucho (N=505)
Sexual and reproductive physiology				
Puberty/physical changes in body	95	95	95	97
Reproductive organs	87	88	82	87**
Menstruation	82	82	81	85
Pregnancy and childbirth	73	74	71	71
All	59	60	55	59
Gender and SRH rights				
Equality between men and women	80	80	80	83
Prevention of violence/sexual abuse	75	75	77	72
Sexual orientation	60	59	64	59
Sexual and reproductive rights	63	63	66	61
All	49	49	57	40***
Values and interpersonal skills				
Sexual behavior	64	64	63	65
Communicating within relationships	55	54	59	55
Decision-making skills	78	78	75	79
Abstinence	41	39	48	40**
All	33	33	40	29**
HIV and STI prevention				
HIV/AIDS and other STIs	84	83	85	83
Where to access HIV/STI services	52	53	61	43***
All	38	38	41	33*
Contraception and unintended pregnancy				
Contraceptive methods	70	71	68	67
Where to get methods	53	53	59	47***
How to use methods	49	47	58	46***
Abortion	74	74	74	74
All	21	20	25	20*
Comprehensiveness of coverage				
Minimum: at least one topic in each category	75	75	78	74
Adequate: nearly all topics, except one at most, in each category	28	27	35	25***
High: all topics in each category	9	9	13	7**

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

TABLE 4.4b. Percentage of students who wanted to learn more about sexuality education topics, by department, Peru, 2015

Tema	All (N=2,528)	Department		
		Lima (N=1,501)	Ucayali (N=522)	Ayacucho (N=505)
Sexual and reproductive physiology				
Puberty/physical changes in body	27	24	31	31**
Reproductive organs	24	22	30	25**
Menstruation	24	22	27	27*
Pregnancy and childbirth	36	34	38	38
Gender and SRH rights				
Equality between men and women	29	29	30	28
Prevention of violence/sexual abuse	33	33	34	33
Sexual orientation	32	33	32	31
Sexual and reproductive rights	33	32	36	31
Values and interpersonal skills				
Sexual behavior	39	40	36	37
Communicating within relationships	38	38	37	36
Decision-making skills	33	33	33	32
Abstinence	35	36	32	36
HIV and STI prevention				
HIV/AIDS and other STIs	35	34	39	36
Where to access HIV/STI services	35	34	37	34
Contraception and unintended pregnancy				
Contraceptive methods	37	39	34	36
Where to get methods	32	32	28	34
How to use methods	41	42	39	41
Abortion	34	33	34	36

*p<.05. **p<.01. Ns reflect the participation of all students. Source: student questionnaire.

TABLE 4.5. According to teachers, percentage of schools that teach selected SE concepts and skills, by department, Peru, 2015

Concept	All (N=58)	Department		
		Lima (N=27)	Ucayali (N=18)	Ayacucho (N=13)
Values and life skills				
How to make positive decisions and stick to them	98	100	100	92
Recognizing forced sexual contact	98	96	100	100
How to say no to sex	100	100	100	100
Sexuality is a natural, healthy and positive part of life	100	100	100	100
How alcohol and drugs affect behavior	100	100	100	100
Respect for myself and other, free of prejudices and stereotypes	100	100	100	100
HIV/Aids and STIs				
There are many types of STIs, not only HIV and Aids	96	92	100	100
Signs and symptoms of STIs, including HIV	95	88	100	100
A healthy-looking person could be infected with HIV	95	92	100	92
Having sex with only one partner can reduce the risk of HIV	98	96	100	100
Using condoms at every sexual act can reduce the risk of HIV	98	96	100	100
If someone is infected, they should tell all sexual partners	91	81	100	100 *
Contraception and pregnancy				
Men and women share responsibility for pregnancies	100	100	100	100
Explanations of each contraceptive method works	100	100	100	100
The importance of using a contraceptive method consistently and correctly	100	100	100	100 *
Discuss how to communicate and negotiate with a partner about using a contraceptive method	98	100	94	100

*p<.05. Source: teacher questionnaire.

TABLE 4.6. Percentage of teachers who followed a curriculum when teaching SE and strength of messages taught, by department, Peru, 2015

	All	Department		
		Lima	Ucayali	Ayacucho
Among teachers who teach SE	(N=203)	(N=102)	(N=54)	(N=47)
Follow a curriculum	75	80	72	66
Strength of message among teachers who use a curriculum	(N=143)	(N=77)	(N=36)	(N=30)
Having sexual relationships is dangerous				
Very strong	37	30	58	31**
Not very strong	37	34	36	48
Not at all	25	36	6	21
Having sexual relationships is immoral				
Very strong	14	7	25	21**
Not very strong	28	20	42	31
Not at all	58	74	33	48
Young people have the right to know everything about relationships and SRH				
Very strong	86	83	89	90
Not very strong	13	16	11	10
Not at all	1	1	0	0
Young people should avoid having sex before they are married				
Very strong	33	37	39	17
Not very strong	48	50	42	52
Not at all	18	13	19	31
Young people should protect themselves when they have sex (by using condoms)				
Very strong	77	76	83	73
Not very strong	20	22	17	17
Not at all	3	1	0	10
Homosexuality is unnatural				
Very strong	15	13	22	14***
Not very strong	23	9	39	39
Not at all	62	78	39	46
Abortion is immoral				
Very strong	35	26	47	43***
Not very strong	27	17	36	40
Not at all	38	57	17	17
Total	100	100	100	100

p<.01 y *p<.001. Source: teacher questionnaire.

TABLE 4.7. Percentage of teachers who covered contraceptives and various contraception messages in their sexuality education classes, by department, Peru 2015

	All	Department		
		Lima	Ucayali	Ayacucho
Among teachers who teach SE	(N=203)	(N=102)	(N=54)	(N=47)
Percentage who teach about abstinence	67	62	82	60*
Percentage who teach about contraceptives	92	90	93	94
Among teachers who teach about contraceptives	(N=193)	(N=95)	(N=53)	(N=45)
Modern methods†				
Condoms	88	85	94	91
Pill	73	75	85	55**
Injectable (Depo-Provera)	44	34	72	36***
Implant (Norplant)	24	19	42	21**
Intrauterine device (IUD, coil)	40	35	57	36*
Emergency contraception (morning-after pill)	56	54	64	52
Male or female sterilization	39	36	51	30
Foam/gel/suppository	19	11	42	9***
Sponge/diaphragm/cervical cap	14	6	34	6***
Traditional methods†				
Rhythm (calendar)	63	57	79	58*
Withdrawal	33	33	51	15***
Other traditional methods	6	2	11	9
Emphasis regarding pregnancy prevention				
Contraceptives can be effective	89	94	92	76**
Contraceptives are not effective	11	6	8	24
Among teachers who teach about condoms	(N=182)	(N=89)	(N=51)	(N=42)
Emphasis regarding condoms for pregnancy prevention				
Condoms alone are effective	83	84	94	68*
Condoms alone are not effective	12	11	6	22
Do not teach about condoms and pregnancy	4	5	0	10
Emphasis regarding condoms for HIV/STI prevention				
Condoms can be effective	85	86	82	86
Condoms are not effective	7	7	10	3
Do not teach about condoms and HIV/STIs	8	7	8	11
Among teachers who teach about abstinence	(N=145)	(N=68)	(N=48)	(N=29)
Emphasis regarding prevention of STIs/pregnancy				
Abstinence is one alternative	65	65	65	69
Abstinence is the best of many alternatives	28	30	31	21
Abstinence is the only method/way	6	5	4	10
Total	100	100	100	100

*p<.05, **p<.01, ***p<.001. †Multiple responses were allowed. Source: teacher questionnaire.

TABLE 4.8. Among students exposed to SE, percentage who learned about selected concepts, and strength of reported messages, by department, Peru, 2015

Concepts and messages	All (N=2,528)	Department		
		Lima (N=1,501)	Ucayali (N=522)	Ayacucho (N=505)
Concepts that they learned†				
How to make positive decisions and stick to them	79	81	77	76*
Recognizing forced sexual contact	63	63	65	60
How alcohol and drugs affect sexual behavior	68	69	70	64
Respect for myself and other, free of prejudices and stereotypes	80	83	77	77**
Signs and symptoms of STIs, including HIV	61	61	73	48***
Ways to prevent HIV	79	81	87	65***
How to talk to a partner about getting an HIV test	40	35	50	43***
How to communicate with a partner about using contraceptive methods	55	51	63	56***
What to do if you get pregnant/ if you make a girl pregnant	53	53	57	49
Percentage distribution of students according to strength of message received				
Having sex is dangerous for young people				
Very strong	45	42	50	47**
Not very strong	45	45	44	45
Not at all	10	12	7	8
Don't have sex before you are married				
Very strong	23	22	30	22**
Not very strong	42	42	40	44
Not at all	35	36	30	34
It is best that youth avoid having sex, but if they do, they should use condoms				
Very strong	76	76	84	67***
Not very strong	20	21	13	27
Not at all	4	4	3	6
Total	100	100	100	100

*p<.05. **p<.01. ***p<.001. †Multiple responses were allowed. Note: Ns reflect participation of all students. Percentages may not add to 100% because of rounding. Source: student questionnaire.

TABLE 4.9. According to students, activities used in the teaching of SE, and preferred activities, by department, Peru, 2015

Teaching activity	All (N=2528)	Department		
		Lima (N=1501)	Ucayali (N=522)	Ayacucho (N=505)
Indicated experience with following activity				
Lecture/talk	75	74	83	68***
Assignments (essays, tests, other)	41	43	44	33***
Small group discussions	29	26	27	39***
Charts/drawings	25	27	24	23
Art, theater, role-playing, poetry, storytelling	11	11	13	10
Audio-visual (film, video, radio)	24	24	27	21*
Internet/social media	17	17	22	11***
Indicated preference for following activity				
Lecture/talk	67	66	67	69
Assignments (essays, tests, other)	26	25	31	24*
Small group discussions	38	38	28	46***
Charts/drawings	23	23	23	21
Art, theater, role-playing, poetry, storytelling	32	34	27	31**
Audio-visual (film, video, radio)	44	46	37	48***
Internet/social media	26	28	23	23*

*p<.05. **p<.01. ***p<.001. Note: Ns reflect participation of all students. Source: student questionnaire.

TABLE 4.10. Among teachers who teach SE, selected indicators on strategies for teaching content on contraception and answering student questions, by department, Peru, 2015

	All (N=203)	Department		
		Lima (N=102)	Ucayali (N=54)	Ayacucho (N=47)
Teaching strategy for contraceptive content				
Show methods so students see how they work	48	47	52	45
Show the proper way to use a condom	34	34	46	23
Give information about services where adolescents can get methods/counseling	80	79	80	83
Experience answering students' questions				
Questions are submitted anonymously on paper	58	72	33	55 ^{***}
Questions are answered in front of others	93	90	93	98
Questions are answered in private	84	86	85	79
Students are referred to someone else for answer	62	70	56	51
Teachers feel restricted by the school	4	3	6	4
Questions not answered because they feel inappropriate/ teacher feels uncomfortable or does not know answer	11	4	15	23 ^{**}

^{**}p<.01. ^{***}p<.001. Source: teacher questionnaire.

TABLE 4.11. Percentage of teachers and students who reported various sexuality education classroom experiences, by department, Peru, 2015

Classroom experiences	All	Department		
		Lima	Ucayali	Ayacucho
Among teachers who teach SE	(N=203)	(N=102)	(N=54)	(N=47)
Embarrassment about topics or terms	10	8	6	17
beliefs or values	19	12	24	25
Pushback/opposition from students	6	3	4	15*
Pushback/opposition from parents or community	17	11	17	27
Lack of participation from students	17	7	17	35***
Lack of time	60	56	69	58
Lack of training or sufficient knowledge	56	52	66	52
Lack of resources or teaching materials	77	74	80	79
Restrictions/bans on teaching certain topics	15	11	13	27*
Among students who received SE	(N=2,352)	(N=1,392)	(N=492)	(N=468)
Students not paying attention/being disruptive	42	43	44	38
Students excited to learn about topics	56	55	59	56
Students embarrassed to talk about topics	6	5	5	12***
Among students who wanted to ask a question but did not: Reason for not asking	(N=1,454)	(N=902)	(N=272)	(N=280)
Too embarrassed	39	43	32	33***
Not enough time	22	24	20	20*
Thought the teacher would not know the answer	7	7	8	7
Afraid to offend or embarrass someone	13	12	18	12**
Afraid the teacher/students would shut him/her down	21	20	21	21

*p<.05, **p<.01 y ***p<.001. Source: student and teacher questionnaires.

TABLE 4.12. Percentage of schools that use various teacher and student evaluation methods for sexuality education, by department, Peru, 2015

Evaluation	All	Department		
		Lima	Ucayali	Ayacucho
ACCORDING TO PRINCIPALS				
All schools	(N=57)	(N=27)	(N=18)	(N=12)
Frequency of teacher evaluation				
Several times a semester	5	4	6	8
Once a semester	45	46	61	17
Once a year	2	0	0	8
Other	2	4	0	0
Never	46	46	33	67
Total	100	100	100	100
In schools that evaluate SE teachers				
	(N=30)	(N=14)	(N=12)	(N=4)
Method of teacher evaluation				
Class observation	93	100	100	ds
Oral assessment (one-on-one conversation)	10	0	17	ds
Written assessment	10	7	8	ds
Other	10	0	17	ds
ACCORDING TO TEACHERS				
All schools	(N=58)	(N=27)	(N=18)	(N=13)
Method of student assessment				
Oral assessment	66	67	67	62
Written exam/test	62	67	56	62
Projects	45	56	33	38
Practical demonstrations	29	37	33	8
Presentations	69	67	67	77
Group work	60	63	61	54
Other	12	15	17	0
Aspect of student learning assessed				
Knowledge	78	81	72	77
Attitudes	83	85	78	85
Practical/life skills	62	63	56	69
Other	5	4	11	0

ds=Percentages based on fewer than 10 cases are not shown. Source: principal and teacher questionnaires.

TABLE 5.1a. Percentage of teachers who reported various aspects of teacher training on sexuality education, by department, Peru, 2015

Training characteristic	All	Department		
		Lima	Ucayali	Ayacucho
Among teachers who teach SE	(N=203)	(N=102)	(N=54)	(N=47)
Type of training received				
Either pre-service or in-service	86	93	91	64***
Pre-service (before starting to teach SE)	48	66	39	21
In-service	77	85	82	59***
Timing of last in-service training				
<1 year ago	8	14	4	2***
1–3 years ago	41	50	31	34
>3 years ago	28	21	47	23
Never	22	16	18	40
Total	100	100	100	100
Among teachers with pre-service training	(N=101)	(N=69)	(N=22)	(N=10)
Source of pre-service training				
Government (MoE, MoH, etc.)	57 †	48	86	ds**
NGO or international organization	29 †	32	14	ds
Course on teacher's own initiative	18 †	23	9	ds
University education	22 †	20	14	ds
Among teachers with in-service training in last 3 years	(N=100)	(N=65)	(N=18)	(N=17)
Source of training				
Government (MoE, MoH, etc.)	56 †	49	ds	ds
School administration	6 †	0	ds	ds
NGO or international organization	30 †	32	ds	ds
Other	7 †	5	ds	ds

p<.01. *p<.001. †Total based on sum of three departments. ds=Percentages based on fewer than 20 cases are not shown.

TABLE 5.1b. Among teachers who received any training on sexuality education, percentage who had training in various topics and teaching methods, by department, Peru, 2015

Topics	All (N=174)	Department		
		Lima (N=95)	Ucayali (N=49)	Ayacucho (N=30)
Sexual and reproductive physiology				
Puberty/physical changes in body	70	74	80	48**
Reproductive organs	71	74	85	50**
Menstruation	63	62	78	48*
Pregnancy and childbirth	66	65	83	48**
Gender and SRH rights				
Equality between men and women	74	73	83	68
Prevention of violence/sexual abuse	74	76	85	57*
Sexual orientation	49	36	74	47***
Sexual and reproductive rights	61	53	80	60**
Values and interpersonal skills				
Sexual behavior	70	71	83	55*
Communicating within relationships	59	56	74	50*
Decision-making skills	72	73	80	60
Abstinence	51	44	76	39***
HIV and STI prevention				
HIV/AIDS and other STIs	72	70	88	60*
Where to access HIV/STI services	59	59	76	38**
Contraception and unintended pregnancy				
Contraceptive methods	76	74	87	68
Where to get methods	55	47	78	48**
How to use methods	64	60	83	51**
Abortion	65	64	83	50**
Comprehensiveness of coverage				
Minimum: at least one topic in each category	66	60	90	57**
Adequate: nearly all topics, except one at most, in each category	40	26	75	33***
High: all topics in each category	28	15	64	17***
Assessment of adequacy of training				
Adequate	35	38	31	29
Barely adequate	42	39	50	39
Inadequate	23	23	19	32
Total	100	100	100	100
Received training in teaching methods for SE	53	47	74	43**

*p<.05, **p<.01 y***p<.001.

TABLE 5.2. Percentage of teachers and principals who reported accessibility and availability of resources for teaching sexuality education, by department, Peru, 2015

Type of resource	All	Department		
		Lima	Ucayali	Ayacucho
According to teachers	(N=203)	(N=102)	(N=54)	(N=47)
General teaching support materials				
Goals, objectives and expected outcomes for SE	43	43	49	38
Teaching manual	38	41	44	26
Document describing the scope and sequences of topics	57	71	53	35***
Lesson plans or learning activities	45	47	42	45
Teaching or learning materials	24	20	28	28
Plans/tools for how to evaluate or assess students	20	24	15	19
Out-of-classroom resources				
Support from colleague teachers	43	39	56	35
Support from experts/NGOs/CBOs/health professionals	31	29	30	38
Internet resources (including social media)	70	69	61	85*
Methodological materials				
National textbook for students	47	38	53	58
National manual for teachers	45	37	60	44
Materials developed by local/district/regional authority	4	2	7	6
Materials developed by school	21	34	7	8***
Materials developed by teacher	53	43	68	58
Official materials developed abroad or by international NGOs	9	7	4	19
Materials from in-country NGOs	6	7	4	6
Media sources (e.g., Internet, TV, magazines)	49	65	18	50***
Teaching aids				
Written materials	62	65	61	58
Charts	56	50	67	54
Other audio-visual	47	57	26	50**
Demonstration kits	20	15	30	21
Other	1	0	4	2
According to principals	(N=57)	(N=27)	(N=18)	(N=12)
Ways to support sexuality education teachers				
Organize meetings to discuss/resolve issues or concerns	67	52	89	67*
Support sexuality education and its teachers at board meetings, PTA meetings and other community events	47	37	72	33*
Encourage teachers to discuss concerns and try to help	42	30	50	58
Invite outside experts to support teachers	26	33	17	25
Any of the above types of support	98	100	100	92

*p<.05. **p<.01. ***p<.001. Source: principal and teacher 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, by department, Peru, 2015

	All (N=203)	Department		
		Lima (N=102)	Ucayali (N=54)	Ayacucho (N=47)
Assistance required to teach more effectively†				
More factual information	54	50	63	52
More training	73	69	88	67*
More teaching materials/strategies	74	68	88	71*
Fewer restrictions on what can be taught	17	15	21	17
More support from school or community	17	12	21	23
Perceived level of support from sources				
Principal				
Very supportive	26	31	33	8***
Supportive	60	62	42	77
Unsupportive	14	8	25	15
Other teachers at this school				
Very supportive	13	11	19	8*
Supportive	66	76	53	63
Unsupportive	21	14	28	29
Parents				
Very supportive	3	3	4	4**
Supportive	35	49	16	29
Unsupportive	61	48	81	67
Total	100	100	100	100

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

TABLE 5.4. Among teachers who cover each topic, percentage who said they require more assistance, by department, Peru, 2015

Topic (and category)	All	Department		
		Lima	Ucayali	Ayacucho
Sexual and reproductive physiology				
Puberty/physical changes in body	20	6	48	14 ^{***}
Reproductive organs	22	9	54	10 ^{***}
Menstruation	24	10	51	14 ^{***}
Pregnancy and childbirth	34	20	69	16 ^{***}
Gender and SRH rights				
Equality between men and women	22	7	53	16 ^{***}
Prevention of violence/sexual abuse	31	17	66	23 ^{***}
Sexual orientation	56	42	77	50 ^{**}
Sexual and reproductive rights	32	20	56	24 ^{***}
Values and interpersonal skills				
Sexual behavior	37	24	68	27 ^{***}
Communicating within relationships	32	16	60	22 ^{***}
Decision-making skills	29	14	55	31 ^{***}
Abstinence	33	21	52	21 [*]
HIV and STI prevention				
HIV/AIDS and other STIs	45	28	72	41 ^{***}
Where to access HIV/STI services	39	21	62	41 ^{***}
Contraception and unintended pregnancy				
Contraceptive methods	42	29	67	34 ^{***}
Where to get methods	29	21	47	16 ^{**}
How to use methods	34	18	53	34 ^{**}
Abortion	30	7	66	26 ^{***}

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

TABLE 5.5. Percentage of principals who reported various school policies, by department, Peru, 2015

	All (N=57)	Department		
		Lima (N=27)	Ucayali (N=18)	Ayacucho (N=12)
School has a child protection policy	96	100	94	91
Policy for cases of harassment of students by teachers				
Fired or transferred (after an investigation)	58	59	56	58
Given several warnings before they are fired	11	15	11	0
Temporarily suspended from teaching	7	7	6	8
Given a warning but are not fired or suspended	7	11	6	0
School does not have a policy	18	7	22	33
Policy for cases of harassment of students by other students				
Expelled (after an investigation)	23	26	17	25
Given several warnings before they are expelled	30	41	11	33
Temporarily suspended	18	11	33	8
Given a warning but are not expelled or suspended	19	22	17	17
School does not have a policy	11	0	22	17
Policy if a girl becomes pregnant				
She would be allowed to continue her studies	89	92	94	75
She would be asked to stay home from school until she gave birth	9	8	6	17
She would be suspended, transferred or expelled	2	0	0	8
Policy if a boy gets a girl pregnant				
He would be allowed to continue his studies	87	75	94	100
He would be suspended, transferred or expelled	9	17	6	0
Total	100	100	100	100

Note: 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, by department and gender, Peru, 2015

Personal safety	All (N=2,528)	Department			Gender	
		Lima (N=1,501)	Ucayali (N=522)	Ayacucho (N=505)	Men (N=1,222)	Women (N=1,304)
Feel safe expressing themselves in front of other students and teachers at this school						
Never	12	10	19	11***	14	10**
Sometimes	60	61	53	65	60	60
Always	27	29	28	23	26	29
Fear that other students or teachers may make fun of them/tease them at school						
Never	47	49	49	40*	47	47
Sometimes	47	45	45	52	47	46
Always	6	6	6	8	6	7
Afraid that other students will physically harm them						
Never	76	78	77	69***	75	77
Sometimes	21	19	18	28***	21	20
Always	4	3	5	3	4	3
Total	100	100	100	100	100	100

*p<.05, **p<.01, y***p<.001. The number of students by gender is 2,526 because two students did not give their gender. Source: student questionnaire.

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

	All (N=2,528)	Department			Gender	
		Lima (N=1,501)	Ucayali (N=522)	Ayacucho (N=505)	Men (N=1,222)	Women (N=1,304)
Source						
Father	53	51	58	52 **	58	48 ***
Mother	70	70	75	66 **	59	80 ***
Other family members	67	66	67	68	64	70 **
Friend/girlfriend/boyfriend	68	70	62	68 **	70	66
School outside of normal class hours (teacher, counselor, after-school program)	55	57	51	50 **	56	53
Peer educator, outreach worker	24	23	25	26	27	21 ***
Religious figure	23	22	28	21 *	23	23
Health center/youth center/other community center	69	66	71	74 **	68	69
Media (e.g., books/pamphlets, Internet, radio, TV)	85	86	79	86 **	84	85
Most used source						
Father	31	31	36	25 ***	37	25 ***
Mother	27	26	27	32	14	39
Other family members	11	10	4	14	11	10
Friend/girlfriend/boyfriend	10	13	5	11	12	9
School outside of normal class hours (teacher, counselor, after-school program)	4	3	5	2	5	3
Peer educator, outreach worker	1	1	1	1	1	0
Religious figure	1	1	0	0	1	1
Health center/youth center/other community center	4	3	8	6	6	5
Media (e.g., books/pamphlets, Internet, radio, TV)	10	10	13	8	12	8
Total	100	100	100	100	100	100

*p<.05, **p<.01, y ***p<.001. *Note:* The number of students by gender is 2,526 because two students did not give their gender. 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 department and by gender, Peru, 2015

Percentage of students who agree with the following statements	All (N=2,528)	Department			Gender	
		Lima (N=1,501)	Ucayali (N=522)	Ayacucho (N=505)	Men (N=1,222)	Women (N=1,304)
Statements related to female sexual behavior and women's rights						
Usually, when girls say no to sex, they really mean yes	24	25	21	24	33	16**
It's acceptable for husband to beat wife if she refuses sex	5	4	6	5	6	3
Statements related to sexuality and contraceptive use						
Having consensual sex is part of a healthy relationship	46	46	47	44	54	38***
Using a condom is a sign of not trusting your partner	23	19	29	26***	27	18***
Making contraceptive methods available to young people encourages them have sex	38	39	36	37*	43	33***
It is wise for a student who does not want to become pregnant to use a contraceptive method	77	79	73	79	77	78
Statements related to sexual orientation						
If someone I knew had HIV/AIDS, I would still be his/her friend	73	76	71	66***	67	78***
If someone I knew was homosexual, I would still be his/her friend	69	71	74	56	57	80**
Sexual relationships should only be between a man and a woman	54	53	56	55	57	51

*p<.05. **p<.01. ***p<.001. Note: The number of students by gender is 2,526 because two students did not give their gender.

TABLE 7.2. Percentage of principals and teachers with various attitudes towards sex and relationships, by department, Peru, 2015

Percentage who agree with following statements	Principals				Teachers			
	All (N=57)	Lima (N=27)	Ucayali (N=18)	Ayacucho (N=12)	All (N=210)	Lima (N=105)	Ucayali (N=57)	Ayacucho (N=48)
Statements that support SE								
Important that youth are taught about healthy sexuality	100	100	100	100	97	98	96	94
Important to teach students about contraceptive methods to avoid unintended pregnancies	95	89	100	100	94	93	96	94
Important to tell students where to access youth-friendly SRH services	88	81	100	83	92	89	98	92
Restrictive statements regarding sexuality								
Sex should only be allowed between a man and a woman	72	81	67	58	72	71	79	68
Abortion shouldn't be allowed under any circumstance in the case of an unwanted pregnancy	58	63	67	33	43	40	58	33 *
Girls should remain virgins until marriage	52	63	29	58	38	45	33	29
Boys should remain virgins until marriage	41	44	29	50	33	38	29	25
Punitive statements								
Young people who carry condoms are bad/promiscuous/unfaithful	7	4	0	25 *	14	12	13	19
Making contraceptives available to young people encourages them to have sex	28	37	22	17	26	23	32	25
Students with HIV/AIDS should not be allowed in schools	18	26	6	17	12	18	8	2 **
Girls who get pregnant should be expelled	4	4	6	0	2	4	0	2
Boys who get a girl pregnant should be expelled	7	12	6	0	4	7	2	0
Boys who carry condoms should be expelled	2	0	6	0	5	7	2	6
Girls who carry condoms should be expelled	4	4	6	0	3	6	0	0 *

*p<.05. **p<.01.

TABLE 7.3. Percentage of students and teachers who reported various opinions and beliefs regarding sexuality education, by department, Peru, 2015

	All	Department		
		Lima	Ucayali	Ayacucho
STUDENTS' OPINIONS	(N=2528)	(N=1501)	(N=522)	(N=505)
Believe SE has been useful/very useful in their personal lives	92	91	97	88 ***
Believe SE should be taught	97	97	96	97
Degree of enjoyment of SE classes				
More than other subjects	30	29	36	27 *
About the same as other subjects	64	65	57	67
Less than other subjects	7	7	6	6
Total	100	100	100	100
Reasons why SE should be taught:				
These topics are just as important as other topics	81	83	75	83 ***
Parents don't teach us	23	23	21	26
We need to know how to prevent unintended pregnancy	73	71	74	76
We need to know how to avoid getting HIV/AIDS or other STIs	70	70	67	76 **
We need to learn how to resist pressure	42	43	39	44
To understand how our body works	46	49	39	49 ***
TEACHERS' OPINIONS	(N=210)	(N=105)	(N=57)	(N=48)
Aspects they believe SE should seek to impact in students				
Knowledge	70	83	61	52 ***
Attitudes	66	59	77	69
Opinions	28	25	35	27
Practical skills/life skills	28	27	32	25
Self-confidence	60	56	74	50 *
Most important message it should impart				
That everyone deserves respect, no matter what gender, age, sexual orientation, ethnic group, or social status	77	80	61	90 **
That sexual relations should always be consensual	30	30	25	35
Information about HIV/STI transmission and where to access HIV/STI services	50	46	60	50
Accurate information on contraceptives and where to access them	39	31	54	38 *
That abstinence is the best way to prevent pregnancy and HIV/STIs	22	23	30	13
That people should not have sex before marriage	12	15	11	6
That sexuality is a natural, healthy and positive part of life	55	61	53	44

*p<.05. **p<.01. ***p<.001.