


PERCEPTIONS OF THE GUIDING ROLE IN SEXUAL EDUCATION FROM THE PERSPECTIVE OF THE GUARDIAN AND THE STUDENT IN AN EDUCATIONAL INSTITUTION

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ABSTRACT

Objective: To assess the perceptions of the guiding function in sexual education from the perspective of the tutor and the student.

Material and methods: Qualitative approach study and phenomenological design; the in-depth interview was used and as an instrument of data collection the interview guide. To determine the samples, the selection criteria were considered, following the criterion of "saturation", with which, finally, two study samples were worked on: 7 tutors and 10 students. The collected data were organized and analyzed using the Grounded Theory model. **Results:** The perceptions of the orienting function in its dimensions were evaluated: sexual education (resources available, needs, strengths and weaknesses), transcendental topics of sexual education (life plan, self-esteem, falling in love, initiation of sexual relations, adolescent pregnancy and sexually transmitted infections), controversial issues of sex education (abortion, use of contraceptive methods and homosexuality) and other agents involved (other agents within the school, family-parents and health personnel). The perceptions of tutors and students regarding the orientation function of the latter in sexual education issues are discrepant, being found as fundamental weaknesses the lack of training of tutors. **Conclusion:** The tutors perceive their guiding role in sex education as an important responsibility towards the students, which depends on the commitment and attitude of each tutor, weakened by the limited time and lack of information and training on sexual education issues. The students perceive the guiding function as inadequate and insufficient.

Key words: Sex education, Students, Mentors (Source: MeSH NLM)



INTRODUCTION

The World Health Organization defines adolescence as the human group between 10 and 19 years old, considering "early adolescents" those between 10 and 14 years old, while between 15 and 19 are called "late adolescents". Adolescence, a stage that 30% of the population of Latin America and the Caribbean goes through, must be interpreted as a socially, culturally and historically determined phenomenon, with the adolescent being the product and agent in every recurrent knowable process of constitution and interpretation of the realities negotiated with others. (1) Many of the behaviors that are established during adolescence can have persistent effects in adulthood, so it is recommended to address aspects such as early motherhood, sexually transmitted infections (STIs), behavior related to seeking health care, violence, and risk behaviors. (2)

The term "sex education" describes education (the process of informing, instructing and transmitting values) about sex in the different stages of development, considering sexuality as a whole, so that the individuals who receive it can achieve a satisfactory sexuality in a scenario of freedom and responsibility. (3) Nowadays, sex education is taking more important topics, and not just alterations in the sexual sphere, considering issues such as self-esteem, falling in love and values. (4) To impart sex education is to teach about sexuality, where adolescents must be facilitated with adequate interaction for interpersonal relationships. (5) It must also seek to teach the individual to live his sexuality healthily and enjoy pleasure with the exercise of his rights in the matter of sexuality. Sex education is effective if it is able to legitimize sex as a factor in the personality and manages to establish the difficult diagonal between "what is" and "what should be", helping to obtain a critical spirit that, in turn, does not believe that they are maladjusted to the society in which the child's life develops. (6).

In this sense, the objective of sex education is to promote the positive acceptance of one's own sexual identity, detached from discriminatory gender elements and the experiences of balanced and satisfactory interpersonal relationships. It is the

pedagogical efforts that make the information important. (7,8) The question would be to carry out intervention programs in sex education parallel to social advances, it is essential that school intervention programs must have a triangular support, which alludes to an education that starts first from the father and mother, teachers in schools and health professionals. (7) This education must be contemplated over a long period of time, since it is not a set of information or content. (9) There are those who emphasize that sex education begins in the mother's womb with the exchange of stimuli that the fetus receives from a mother and a society, which loves or rejects this new being; At birth, what he finds, sees, hears, touches and how he is sustained, begin to found tastes in his future. (10) It is essential to start sex education early and from there to develop it continuously and progressively according to the age group.

There are 3 stages to sex education. The first stage is in childhood where the idea of always speaking to them with the truth prevails, especially correctly answering the questions that exist. The next stage is that of pre-puberty and puberty, where teaching is focused on animal and plant reproduction, in this stage the participation of health professionals together with the teacher is important. The third stage, between 14 and 17 years of age, is where complete information should be provided (5). Until now, 7 years old was the minimum age considered to understand the issue of prevention in health, and at 11 years old, formal operational thinking allows the understanding of what is good or bad for each person. Today we must design programs from preschool. (11)

The studies described so far have sought to provide, under quantitative values, a vision of the current reality with respect to the degree or level of knowledge that students or tutors present on sexual health issues, however, the motives or personal perceptions that can explain the problem regarding the little knowledge on this subject have not been delved into. For this reason, we propose a research that presents the objective of assessing the perceptions of the guiding function in sex education from the perspective of the tutor and the student at the Isabel Chimpu Ocllo Educational Institution.

MATERIAL AND METHODS

This study was carried out with a qualitative approach, with a retrospective cross-sectional design. This study was carried out at the Isabel Chimpu Ocllo Educational Institution, belonging to the UGEL 02 of the Rímac district, in Lima. The mixed public institution has the secondary level of regular training. The school was chosen for this research work because it is located in the district of San Martín de Porres, a district in which there are many cases of teenage pregnancy and problems in terms of sexual and reproductive health.

There were two study populations, the first was made up of all the teachers of the institution, which amount to a total of 45. The second population was made up of all the students of the school, which amount to a total of 660 students enrolled. For teachers, having experience as a tutor in the fourth and fifth year of secondary education was considered as an inclusion criterion, while for students, students in the fifth grade of secondary education and who were under 19 years of age were considered. The type of sample was directed or non-probabilistic sample, specifically that of voluntary participants. To determine the sample size, the "saturation" criterion was followed, which makes it operationally easier to determine it. Finally, a total of seven tutors (two men and five women) and ten students (five women and men respectively) were used.

The variables or categories in which the questions were framed during the interview were four: 1) Perceptions of the guiding function in sex education; 2) Perceptions of the guiding function in transcendental issues; 3) Perceptions of the guiding function in controversial issues of sex education and 4) Perceptions of the guiding function of other agents involved. The four categories were consulted with both tutors and students.

For data collection, the in-depth interview technique was used, which allowed us to obtain more complete and detailed information from the interviewees. In this research, an exclusive interview guide for tutors and another for students was used as an instrument. Within the execution, a pilot test was carried out in order to make the necessary adjustments to the research instruments. The analysis was carried out using the Grounded

Theory model, which was carried out by the two authors of this research.

The research was part of the degree thesis in obstetrics, for which it was reviewed and approved by the Professional School of Obstetrics of the National University of San Marcos, as well as the corresponding permits in the educational institution. Likewise, all participants agreed to participate in the interview and its audio recording through informed consent (in the case of tutors) and informed assent (in the case of students), which contemplated the possibility of withdrawing from the study if required. A neutral character was maintained throughout the study to avoid moral pressures, thus preserving the authentic dialogue, as well as taking care of the confidentiality of the participants.

RESULTS

The results will be addressed in two segments, firstly, the answers obtained by the tutors and then those found by the students, in order to contrast the perceptions of each group. The responses reported in this research correspond to those that were recurrent.

When evaluating the tutor's perceptions of his or her guiding role in sex education, it was found that the tutoring hour becomes the only space available to attend and guide students, however, some teachers express their dissatisfaction with the limitations they present regarding the topic of sex education and the social context that students present. which in some situations is difficult to manage. On the part of the students, they come to identify the tutoring hour as a space to guide, however, there are those who detract from the activity. Likewise, students look for characteristics such as empathy, friendship, sincerity in the tutor.

Finally, the years of experience presented by the tutors were identified as strengths, although there are those who adopt negative attitudes. (**Figure 1**).

With respect to the role played by tutors in guiding transcendental topics of sex education, it was found that, as in the previous dimension, some tutors recognized certain limitations in addressing topics such as the "life plan" or "self-esteem", unlike "falling in love", where they reported having greater ease within counseling.

	Tutors	Students
Resources	<i>"I think this opportunity I have (tutoring time) is very positive because I think they are being educated, and leave the taboo behind, and do things as they should be..." (Tutor 1)</i>	<i>"For me, the tutoring hour is fine, that it is only one hour... most of the teachers talk and talk and talk nothing more and do not advise and do not deal with other topics and do not help us about sexuality either..." (Student 4)</i>
Needs	<i>"Talking about sex education with students is quite important, but... in itself I feel a little short ... for me talking about sexuality is a little uncomfortable, well all the colors come over me" (Tutor 2)</i>	<i>"We would like him to be a tutor almost like our friend, who talks to us and knows how to listen and who is there next to us and who gives us enough confidence to be able to deal with it more" (Student 3)</i>
Weaknesses	<i>"Another great weakness is that our population is made up of boys or girls who come from dysfunctional homes who live with their brother or uncle. So maybe that can be a door through which they can perhaps do things that they shouldn't do" (Tutor 3)</i>	<i>"In tutoring, we talk to each other, because the tutor doesn't talk much about the subject... speech... Above other things he sits or leaves. Sometimes he didn't come either. They left us that is, free time." (Student 1)</i>
Strengths	<i>"The strength that exists, at least ... for me it is positive and I feel prepared to do it... and from the students that desire to want to learn and know more" (Tutor 1)</i>	<i>"In my opinion, each teacher here has had their years and during those years they should have had tutoring and that experience has been extended more and more to each classroom at least they must have experience or already be a little prepared." (Student 2)</i>

Figure 1. Perceptions of tutors and students on the guiding function in sex education

It was found that tutors carry out their guiding role with responsibility and concern regarding the initiation of sexual relations, revealing little support from the student's family.

Regarding pregnancy and issues related to sexually transmitted infections, the tutors agree that it should be constant counseling. In the case of the students, they consider that the counseling on the life plan and self-esteem was carried out with due importance, although they refer that it should be treated in a more in-depth way, they also perceive that the counseling on pregnancy is not very specialized. (**Figure 2**)

The guiding role on controversial issues was then evaluated, including abortion, contraceptive methods, and homosexuality.

	Tutors	Students
Life Plan	<i>"I kind of lacked it, I'm aware that I lacked it... that is, I applied the dynamics that the guides, the manuals give us; but yes, I lacked it" (Tutor 1)</i>	<i>"The life plan theme seemed very good to me... it tells us what we want to be later on, that is, leaving the school you are going to study, our objective, how we were going to approach it and how we were going to develop it..." (Student 1)</i>
Self-esteem	<i>"Self-esteem in general is a very important issue, it is quite broad, but very few classes are almost always scheduled and... they are not becoming aware of the subject to be discussed, they take it into play, they do not understand it, as if they heard it and then forgot" (Tutor 3)</i>	<i>"The self-esteem class does... a little boring, the same concept, was almost repetitive to the past years, but in reality the person should study that part" (Student 4)</i>
Infatuation	<i>"The importance is that they know how to face the age they are, that they are at an age of illusion that feels attraction to the opposite sex, the importance would be to guide them on how to take that infatuation. So there is a lot of work to be done because it is a crucial issue" (Tutor 2)</i>	<i>"Yes, it felt normal, yes, we interacted and yes I felt her very comfortable... and the jokes that we made like he laughed and like he put himself on our level and yes that class was cool, I liked it, I did like it." (Student 3)</i>
Initiation of sexual relations	<i>"It is useless if you tell the student "have your first sexual relationship when you really feel that he is the love of your life"... because suddenly at home they live in a terrible promiscuity, when they see that the mother works that way, it is a reality that we have here, they do not live in values, so what one can say to them, for them, is abstract" (Tutor 1)</i>	<i>"The tutor began to guide us (on the initiation of sexual relations),... it is very, very intimate with each one, and it is not easy to talk,... partly he sometimes denied it because some laughed, they took it as a joke, because they see relationships as something strange, but in part we are old enough to be able to know" (Student 1)</i>
Pregnancy	<i>"In fact, I don't agree with that, which is why we try as much as possible to transmit to the adolescent "not getting pregnant so quickly", it is already a social problem for me" (Tutor 1)</i>	<i>"Pregnancy is an issue that we had many doubts, ... He did explain to us, and even brought us brochures on adolescent pregnancy, early pregnancy and made us know more about the subject. He was prepared because he knew how to guide us the main thing... but I would have liked to know something more specialized, more grounded." (Student 1)</i>
STIs	<i>"It seems to me that it is a very important issue for them, it is of great concern worldwide, because there are diseases that no longer have a cure, such as HIV" (Tutor 3)</i>	<i>"He felt serious because HIV causes death and... as if it ruins a person's life. If he was prepared, comfortable and safe." (Student 1)</i>

STIs: Sexually transmitted infections

Figure 2. Perceptions of tutors and students about the guiding function in transcendental issues of sexual education

	Tutors	Students
Abortion	"You know that people are part affective, part sentimental... sometimes we show them videos of what an induced abortion is like and the girls come out very sensitized, the videos help us a lot because they ask "What miss is like that?" yes I tell them there they are watching it... But you also have to know how to handle it..." (Tutor 5)	"The tutor gave us to understand that abortion can be something sad and not only destroys the mother who is thinking of having an abortion, but also destroys a child who does not know life, it is a subject of great sadness if you notice it and more so a video that I have seen on my part, it is very traumatic" (Student 2)
Use of contraceptive methods	"Contraceptive methods such as intake, ampoules, pills, IUDs, or anovulatory methods, I don't agree, but with condoms yes! I definitely agree with that because it does not affect either one or the other" (Tutor 3)	"Yes... Yes, you could say, a little (according to the information received). Because I already know that when I have sex I must use a condom, a condom, and when I must and want to have a child or be a professional, then yes, natural, hehehe (laughs)". (Student 1)
Homosexuality	"Well, touching homosexuality was not very pleasant for me, we have to talk to the boys about this, because we are living in a world with this type of sexuality, so that they also know how to differentiate and can see that God has only created two sexes, I give them an example with the animals, that the animal is male or female" (Tutor 2)	"Mmm homosexuality they haven't talked to us, I don't think so (smile). I would have liked to because I don't really know what it means... and I think it's important that they talk to us... because in other countries I think it's already common, right? Having the third sex... and I have certain doubts, ... as if because they become like that" (Student 2)

Figure 3. Perceptions of tutors and students on the guiding function in controversial issues of sex education

	Tutors	Students
Other agents of the institution	"That the psychologist is aware of the students, any case is there to solve any case that the tutor cannot solve, if in case more experienced people are needed" (Tutor 2)	"The tutors should help us more like the assistant who I trust because I have known her since first grade, or the social science teacher who talks to us directly or like the Person and Family teacher. The teacher of Person and Family is older and has more experience about this, that is, he speaks to us normally, openly, he says everything, without garlic, he says it normal..." (Student 2)
Family (parents)	"In this school there are many parents with too many hours of work and the children are left alone, there is no guidance, there is no person to guide them, there is no in some way as you can say, repression or respect for an older person... and they are uninformed... then sexual intercourse occurs at a very early age" (Tutor 3)	"They as parents must inform us because sometimes we make mistakes and we don't know. I believe that this education should be done at school, but both at school and at home" (Student 4)
Health personnel	"I tell them fully to ask, they may have doubts, ask any of the professionals, but do not stay with the influence of the street... because that is negative, tremendously" (Tutor 1)	"They (those from MINSA) come seasonally to talk to us about various topics, the times they come we are very well advised and guided by them, they meet our expectations, they give us brochures, they show us videos, they give us indications and they do talk very broadly about the subject" (Student 1)

Figure 4. Perceptions of tutors and students on the guiding role of the agents involved in sex education

With respect to abortion and homosexuality, it was found that sociocultural factors can influence the information provided, as well as the use of audiovisual resources was widely used in this topic. Within the counseling on contraceptive methods, it was observed that despite the lack of specialized information, there is openness to deal with the issue. The students, for their part, considered the topics discussed as important, however, they requested that the information be expanded in this regard. It highlights that the students perceived resistance or little interest on the part of the tutors to talk about homosexuality in the tutorial schedules. (**Figure 3**)

Finally, in **Figure 4**, perceptions regarding the agents involved in sex education were analyzed. On the part of the tutors, the psychology staff was identified as a complementary support in the orientation, as well as the external health professional or students from various universities who came to the school to give informative talks. It was also evidenced that the student's family context contributes to poor decision-making regarding their sex life. With respect to the students, they reported that within the institution the tutor and the psychologist have little activity, so their work is devalued, on the contrary, the students highlight the support of other agents. Likewise, when asked about the work of the health personnel, they report that they felt that the information provided was complete and specialized.

DISCUSSION

The aim of our research was to assess the perceptions of the guiding function in sex education from the perspective of the tutor and the student. In this regard, we insist that no previous research was found that seeks our same objectives; however, those that are related to our study were taken into account.

Regarding institutional deficiencies, both students and tutors expressed dissatisfaction with the short time allocated for tutoring, considering that there is one pedagogical hour a week, time that is minimal for sex education. Likewise, students and tutors perceive that the other factor that affects the guiding function in sex education is the need for specialized training aimed at tutors, since with them it would be possible for teachers to obtain an

optimal level of information and methodology to address these issues. (12) In this regard, the tutors and students reported two important characteristics that may respond to their deficiency.

As a first relevant characteristic, the few or non-existent training in tutoring was expressed, at this point they mentioned that in the few trainings received they do not address specific topics in sex education, added to this disadvantage they specified that these trainings are only attended by a limited number of tutors, who are assigned to replicate the information received with their peers. This fact means that not all tutors acquire an adequate and uniform level of training, taking into account that training includes not only the cognitive aspect but also the methodological aspect. (13) On this point, the research carried out by Testa M et al, evidences the need to train teachers in the sexual area, since among the results obtained the management of correct information and terminology related to topics in the sexual area had a low trend, with the presence of 40% of conceptual errors; In addition, a considerable percentage of teachers with a low sexual cognitive level were observed. Likewise, with respect to didactic strategies, teachers show a low level in the use and mastery of resources and strategies that must be used to successfully teach sex education. (14) In this regard, Rivera R et al show that the teacher does not have the necessary knowledge to adequately answer the main doubts or questions that students have regarding sexuality, and even when they present a positive attitude, this can be doubtful to the extent that the teacher manifests ignorance in the scientific knowledge of sexuality. (15)

As a second characteristic, it was found that all teachers, regardless of their specialty, can be designated as tutors. This is a disadvantage, since not everyone has the appropriate level of knowledge and management of sex education issues, as demonstrated in our results, where tutors perceive that there is a certain ease and mastery for the handling of sex education topics by those teachers who teach science subjects or related to human relations. However, with respect to the professional and personal dimension, the study shows that the disposition and attitude with which they carry out their tutoring function would be

influenced by the values, beliefs and idiosyncrasies of each teacher, since many times the topics to be dealt with conflict with them.

Sometimes the guidance function in sex education is complemented by the multisectoral work of health professionals and students. On this point, the tutors believe that the interventions carried out by these agents are not very innovative, that their students need other strategies to achieve the objectives. This opinion is shared by the students, however, despite these deficiencies, the students highlight the complete and specialized information they receive from these health agents. Therefore, there is a need for a consensus between both sectors to address comprehensive, specialized and coordinated sex education. (16) This last observation is reflected in the research carried out by Marcelo A, where it was found that for the health sector and medical professionals, the conception and focus they give to sexuality education is a risky approach that focuses on sexuality as a cause of pregnancy or sexually transmitted diseases; while the education sector gives it a more biological approach, which would mean that this sex education is not being developed adequately. (17)

It is necessary to consider that the results found in this research could only be transferable to those educational institutions that present similar characteristics, which in this case presented a high proportion of adolescent pregnancies in the district and in that institution. It is also recommended that the obstetrician professional be trained, within his university training, in competencies related to the educational area in issues related to guidance and counseling in sex education for adolescents.

CONCLUSIONS

It is concluded that the guiding function in sex education is an important responsibility towards students, which depends on the commitment and attitude of each tutor, but that it is limited by the short time allocated and by the lack of information and training (for teachers) on sex education issues. The issues of falling in love, self-esteem and life plan are more manageable, compared to the beginning of sexual relations, pregnancy and sexually transmitted infections. Likewise, issues such as abortion, contraceptive methods and homosexuality are difficult for guardians to address.

Comprehensive Sex Education is required with emerging approaches such as those of a gender approach, rights and inclusion and attention to sexual diversity; but that it also includes other training agents such as parents and health personnel trained in sexual and reproductive health. These interventions must be innovative and with an appropriate and friendly methodology, in order to actively involve adolescents.

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Contributions:

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