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Sexuality Education: A battleground of ideologies in Panama

Analysing the influence of narratives on sexuality education on the public opinion

Ana Raquel Fuentes Córdoba

MA Candidate, GLOBED Intake V

Supervisor:

Dr Helen Seitzer

Universität Bremen

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Abstract

In the last couple of years, there have been a series of attempts to include the teaching of sexuality education in Panama. Each time, efforts to establish a policy or a programme in comprehensive sexuality education (CSE) have generated debate and faced strong opposition from religious and pro-family groups, whose crusades have successfully prevented the approval and acceptance of CSE in Panama. In turn, the proposal of abstinence-focused sexuality programmes has received similar backlash from civil society organisations (CSOs), human rights and feminist activists, thus, creating a rift between proponents of CSE and proponents of abstinence programmes. This research aims to understand the narratives of such groups and their influence on public opinion. Although there is extensive research on the opinion of the public around sex education and the debates supporting and opposing sex education, to the best of my knowledge, no other studies are focusing on the influence of narratives on sexuality education in the opinion of the public. By using the lenses of symbolic interactionism and the narrative policy framework, this work represents an innovative addition to the growing literature on sexuality education and narrative policy analysis.

Following a mixed-methods methodology composed by explorative interviews, document analysis, and a survey, this research demonstrates that both narratives rely on protecting human integrity and ensure the wellbeing of children, youth, and families, showing similar values around the narratives. Nevertheless, when it comes to content, profound discrepancies arise among groups, creating a polarising debate. To measure and evaluate how these narratives can affect public perception against or in favour of sexual education policies, I conducted a survey with university students. After a series of demographic questions, students were subjected to a **narrative treatment**, in which randomly, respondents were shown a video with the narrative of a person supportive of CSE or a video showing a person with an abstinence-based narrative. By calculating the mean difference among groups, findings imply that people subjected to CSE narratives changed their opinion and are keen to support the teaching of CSE. In contrast, those exposed to an abstinence-based video are polarised while some agreed with abstinence-based teachings, while others rejected this narrative and called for the teaching of CSE.

This research makes noticeable the need for improved understanding between Panamanian political actors and a deeper comprehension of what CSE entails. Because of how sexuality education is approached, this work illustrates how the country faces several problems that affect the realisation of human rights, which CSE can tackle. Based on this reflection, I finish this research by 1) bestowing insights on why CSE should be implemented in Panama and 2) proposing policy recommendations for enhancing the Panamanian sexuality education teachings.

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Acronyms

ACF Advocacy Coalition Framework

APLAFAsociación Panameña de Planeación Familiar (The Panamanian Association for Family Planning)

CRUC Centro Regional Universitario de Coclé

CSE Comprehensive Sexuality Education

CSO Civil Society Organisation

GBV Gender-based violence

INEC National Institute of Statistics and Census

LAC Latin America and the Caribbean

MEDUCA *Ministerio de Educación* (Panamanian Ministry of Education)

MIDES *Ministerio de Desarrollo Social* (Panamanian Ministry of Social Development)

MINSA *Ministerio de Salud* (Panamanian Ministry of Health)

MoE Ministry of Education

MoH Ministry of Health

NPF Narrative Policy Framework

STD Sexually transmitted disease

STI Sexually transmitted infection

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Introduction

Sexuality education: the ongoing debate

Sexuality education is the teaching that promotes sexual and reproductive health and rights, allowing people, particularly youth, to form respectful social and sexual relationships while considering their well-being and their peers (Mabray and Labauve, 2002). Teaching sexuality education is a valuable asset, as, without it, people may receive confusing and conflicting information about relationships and sex (Le Mat, 2017), which can leave them vulnerable to sexually transmitted infections and unintended (teenage) pregnancy, which can have severe effects on their human rights (Le Mat, 2017).¹

Most education systems have their curriculum or programme to cover this type of education. Due to sociocultural systems and beliefs, it can be perceived as a somewhat controversial matter. This controversy is no stranger in Latin America and the Caribbean (LAC) (Gianella et al., 2017). As a culturally and historically Christian² region, sexuality education in LAC is considered taboo and a highly debated topic. However, LAC has high levels of AIDS, and teenage pregnancy rates remain high (Gianella et al., 2017). Despite efforts to promote sexuality education, particularly comprehensive sexuality education (CSE), there is prominent conservative mobilisation against this approach. Political and religious actors argue that such teachings promote gender ideology, thus, destroying the traditional family.

In Panama, these debates are replicated (Gianella et al., 2017; Nevache, 2018) due to the growing influence of religious fundamentalisms on public policies and the setbacks in gender equality. Meanwhile, Panamanian feminist activists, student unions, and members of specific CSOs consider that sexuality education should include all elements of human sexuality: the body, feelings, emotions, attitudes and behaviours, social values, pleasure, and human rights associated with

¹ For instance, teenage pregnancy can lead girls to drop out of school, which deprives them from their right to education (Braeken and Cardinal, 2008). In addition, lack of sex education leads to misconceptions of gender roles and may lead to gender inequality (McElderry and Omar, 2003).

² Mainly Catholic.

sexuality. Likewise, these groups claim that sexuality education should be universal: that is, it should reach all people, beginning at home and in the community, continuing through all levels of formal and non-formal education (APLAFA, 2020).

In the last couple of years, there have been multiple attempts to include the teaching of CSE in Panama. However, each time, they have generated debate and faced strong opposition from religious and pro-family groups, which have successfully prevented the approval of such programmes. For instance, the proposed Bill 61 (*Ley 61*) regarding sexuality education and reproductive health was widely debated at both the civil society level and in the National Assembly (*Asamblea Nacional*) (Samaniego, 2020). The policy proposal was met with a large protest called *Por nuestros hijos* (For our children), which was coordinated mainly by evangelical groups and members of the national assembly. The main narrative they used to refute the Bill was that the policy promotes anti-Christian values and gender ideologies (Ortega, 2016; Nevache, 2018). On the other hand, over 46 organisations, including student unions, health professionals, humanitarian and CSOs, feminist collectives, and certain members of Congress, came to support the proposed policy (Prior-Grosch, 2016). As such, any effort to establish a sexuality education policy is met with backlash either by abstinence groups – thinking that the policies tarnish Panamanian values or by CSE groups – thinking that the policies are not direct enough and only promote abstinence as the primary method of control.

1.1 Research questions and sub-questions

This research aims to understand the debates and narratives around sexuality education, at the same time, the effect of such narratives in the public opinion. For this, I guide this research by the following question:

What are the narratives around the most recent attempts to implement sex education policies in Panama, and how do they influence the public's opinion?

This question is complemented by the following sub-research questions:

- What are the beliefs of actors regarding sexuality education?
- How do these narratives differ?

Structure of the research

This **introduction** serves as the first section, in the second section I present a **context** of Panama in terms of *education*; moreover, I also provide an outlook to the *main problematics* in Panama regarding sex and reproductive rights and a brief explanation to who are the *actors* and where is *the debate today*. In the third section I present the **literature** on sexuality education and the **theoretical basis** for this research, which will help in the analysis of narratives. Following, the fourth section serves as a space to present the **methodology and methods** I implemented during this research. In the fifth section I present the results following the interviews and explain the narratives around sexuality education in Panama by exposing what the actors think. Likewise, I discuss the new guidelines implemented by the government. Next, I **present and discuss** the results obtained the results from the survey measuring the public opinion regarding sex education in Panama. Finally, I close this research with a discussion of the narratives around sexuality education, position the policy implications by explaining why comprehensive CSE should be provided in Panama.

2 Setting the context: the why of the debate and a series of attempts to establish a sex education legislation

In this section, I present Panama's education situation and connect it to the reality in the field of sexual education by deep diving into some reoccurring problems in the Panamanian education context that are closely related to how sexual education is being (not) taught. Following, I present the most prominent actors in the constant debate on sexual education and provide a brief overview of the most recent attempts to implement sexuality education – either through abstinence or CSE. I close this section by presenting where the debate is today.

In terms of education, as of 2020, Panama's enrolment rate and schooling to primary school has remained steady, at a 98,9%-enrolment rate; meanwhile, in secondary education, the accessibility increased from 72% to 80,3% enrolment rate (Saforcada and Baichman, 2020). However, according to reports from the Panamanian Ministry of Education (MEDUCA) and the National Institute of Statistics and Census (INEC), between 2013 and 2019, the dropout rate in middle and high school education was 63% (Coriat, 2021), that is, for every 100 students who started this level of education in 2013, only 37 finished high school. Meanwhile, the last figures of the Gross Enrolment Rate in Tertiary Education are from 2015, showing an enrolment rate of 47,27%; moreover, the numbers of completion rates are not available (Saforcada and Baichman, 2020; Astudillo et al., 2019).

2.1 Identifying the consequences of the lack of sexuality education and other problematics

When it comes to sexuality education, the Panamanian reality becomes dire. In here, I examine more profoundly a series of problematics that affect the realisation of human rights and sexual reproductive rights (SRR) associated with sexuality education. Among these, teenage pregnancy, and STIs/STDs, but I also bring attention to two others: child marriage and the normalisation of violence. The latter is closely related to the development of the others and the truncation of implementing CSE.

Sexually transmitted infections and diseases (STIs/STDs)

By 2020, the UNAIDS reported that Panama has an HIV prevalence rate of 1.0 (0.9-1.1), meaning that an estimated 35,000 people are living with HIV (UNAIDS, 2020). Recent findings from MINSA, show that people infected with STIs/STDs face high levels of discrimination and stigma during medical care, decreasing their chances of recovery (Calvo et al., 2018; MINSA, 2020; Lasso, 2019). Underreporting of STIs/STDs remains visible within Panama's health system, most are managed syndromically (García et al., 2011), and vulnerable groups have difficulties accessing care. Indigenous and afro-Panamanians – particularly women, transwomen, and adolescents of these groups – are the most vulnerable to acquiring an STI/STD, mainly in rural areas due to poor health services (Gabster et al., 2019).

Teenage pregnancy³

Panama has one of the highest prevalence rates of teenage pregnancy in the Latin American region (Pan American Health Organization, n.d.). In 2019, UNDP reported that Panama has an adolescent birth rate of 81.8 (births per 1,000 women ages 15-18). The Ministry of Health of Panama (MINSA) calculated a daily average of 12 – reported – teenage pregnancies, in 2019. During the COVID-19 pandemic, this issue became more critical. When strict quarantine measures were in place, and young girls were supposed to be under the protection of caretakers, there were 27 daily teenage pregnancies (Baena, 2022; Testa, 2021). Moreover, Panama has a significant rate of pregnancies in girls aged 10-14, representing 10 % of teenage pregnancy. In the reported cases the police and the Public Ministry must be notified (Rodríguez, 2021), as it is legally classified as rape and, in this case, abortion is viable.

Teenage pregnancies and abortions are highly stigmatised in Panama. Most young girls are unaware that they have the right to an abortion in the case of rape as there is a lack of knowledge of legal rights. On top of this, health professionals designated for the procedure have the right to claim conscientious objection on moral, religious, or any other grounds to refrain from performing

³ This issue creates an economic dependence as educational and employment opportunities become more difficult and adolescent pregnancy contributes to perpetuating cycles of poverty and poor health that affect generations later (Testa, 2021). Adolescent girls from lower socio-economic backgrounds are the most disadvantaged, as they are also unable to outsource care and are forced to interrupt their trajectories within the formal education system (UNFPA, 2021). Pregnancy in teenagers is considered high-risk, as when the mother is an adolescent, it is more common for the new-born to become ill or die during the first year of life (APLFAFA, 2020)

the abortion (Verges, 2007); thus, young girls are forced to give birth (CEPAL, 2007). Although the Bill 60 of 2016 protects the right to education of young mothers in schools (SENNIAF, 2016), most of the time, the adolescent interrupts her studies (see Table1) after giving birth due to economic pressure and social stigma (INEC, 2013).

Table 1. Number of teenage mothers by school rate attendance by province and indigenous community. Information obtained from the National Census of 2010.⁴

Provinces and indigenous communities	Rate of school attendance by (reported) teenage mothers		
	Total	Attendance	Dropout
Total	23,215	2,716	18,462
Bocas del Toro	1,997	346	1,647
Coclé	1,445	221	1,223
Colón	1,771	437	1,332
Chiriquí	2,869	598	2,270
Darién	670	116	551
Herrera	494	116	378
Los Santos	344	85	259
Panama (Including Panama Oeste a new province)	9,324	2,161	7,141
Veraguas	1,382	279	1,103
Guna Yala	455	50	402
Emberá-Wounaan	192	25	167
Ngäbe Buglé	2,272	282	1,989

⁴ INEC obtained this information during the last national census, which was held in 2010. Moreover, the indigenous communities of Naso Teribé, Guna de Mandungandí and Guna de Wargandí were not included.

Child marriage

In Panama, Bill 30 prohibits child marriages,⁵ but the practice remains common, in many cases, family members approve or have knowledge of the cohabitation of a minor with an adult (UNFPA, 2020). Approximately 15% of children are forced to be married young, particularly girls and adolescents, who are forced into early marriages in the case of a pregnancy, even if it is a product of rape (Borgen Project, 2013).⁶ Child marriage violates the human rights of children and adolescents. This harmful practice puts the lives of the victims at risk and limits their overall development. Child marriages are associated with teenage pregnancy, school dropout, lower participation in the adult labour market, higher risk of sexual violence and lack of autonomy to make decisions about their bodies and lives.

Normalisation of violence

The issues highlighted here reflect a normalisation of violence that goes beyond social life and individual actions; it is replicated and accepted within the education, health, and justice systems. In Panama, there is a taboo toward sexuality and sexual behaviour, perpetuating harmful conditions, such as gender-based violence, gender inequality concerning sex, deprivation of sexual and reproductive rights, and lack of family planning.⁷ Likewise, there is a culture of silence towards abuse and violence against adolescents, especially girls. In 2020, Panama registered a rise in femicides, a consequence of the institutional and social abandonment of women and girls, left to fend for themselves in the face of the growing threat of domestic and machismo violence (Agrana, 2021). Approximately 20,000 or so reported cases of domestic violence and sexual abuse go unresolved. In the case of reporting, women are dragged into a trail of revictimisation and blaming (Agrana, 2021).

I bring attention to these situations as they closely relate to how Panama approaches sexuality education, as these facts have caught the attention of policymakers, human rights organisations, and the general public. Even when addressing these issues, the narratives of actors differ as some are staunch opponents of using CSE as a component to address these issues, while others are strong supporters of CSE in the ways of easing these issues. Therefore, tackling these problems is part of

⁵ In Panama, the age of consent is 18 years old.

⁶ Unions with aggressors are sought to maintain the honour of the family within the community (Barrios-Klee et al., 2017).

⁷ These distressing facts reinforce the need for CSE in Panama, as the silence about early sexual abuse and limited access to contraceptive access permeates (Fondo de Población de las Naciones Unidas, 2021).

the never-ending debate and push-and-pull of actors regarding their beliefs around sexuality education.

2.2 Who are the actors?

In Panama, there is an array of actors in the field of sexuality education. Concerning sexuality education, some members of congress are the most active in the topic.⁸ At ministerial level, MINSA and MEDUCA exert their power as they provide the guidelines for the implementation of any policy or programme related to education and health. Other actors include NGOs and CSOs, such as:

Table 2. NGOs and CSOs focused on sexuality education in Panama

Name	Objective
The Panamanian Association for Family Planning (APLAFA)	CSO established in 1965 with the aim of improving the health, sex education and economic-social conditions of Panamanians, with an emphasis on women, in order to contribute to improving the quality of life of the population in the country.
The Panamanian Alliance for Life and Family (<i>Alianza Panameña por la Vida y la Familia</i>)	An advocacy group hoping to strengthen families in values and principles, to build an integrally healthy society; defend the right to life as a human right, starting from the conception of the unborn.
The Panamanian Coalition for Comprehensive Sex Education (<i>Coalición Panameña – Educación Integral en Sexualidad</i>)	Group that contributes to the knowledge, exercise, and implementation of mechanisms for the fulfilment of young people's sexual and reproductive rights. The group aims for the adoption of CSE in schools.
PalabrasPoderosxs	Feminist platform focused on issues related to sexual and reproductive rights and disseminating information on issues considered taboo, such as menstrual hygiene management and sex education, creating safe spaces so that women can learn.

⁸ Particularly in the Commission of Congress dedicated to “Women, Children, Youth and Family.”

When speaking about sexuality education, it is vital to consider the role of the church. Panama is a historically and culturally Roman Catholic country, hence, the Church poses a strong force in the implementation and acceptance of policies and programmes (Illueca, 2017). Although, as in the rest of Latin America, the evangelical population has grown in the last years, representing approximately 10.4 % of the total population (Ministerio Público de Panamá, 2020). The evangelical groups have attempted multiple times to enter politics and the education field through various avenues, such as lobbying Congress candidates and establishing universities in the country (Nevache, 2018). It was through the massive mobilisation against Bill 61, that ended up turning them into a political actor. The evangelical groups push against the growth of actors with a progressive agenda on sexuality and gender issues in the country. From 2016 onwards, the charismatic evangelicals have continued to accumulate successes in their advocacy on public policies (Nevache, 2017).

2.3 Recent attempts to implement sex education in Panama and reception across actors and the public

Panama⁹ has had multiple attempts to establish a sexuality education policy for its schools, thus, generating division among people and political actors (Verges, 2007). Due to the influence of religious actors, sexuality education programmes in public schools focus on sexual anatomy and embryo development (Verges, 2007). The most recent attempts to establish a sexuality education legislation and programme are threefold:

- In 2014, congressman Crispiano Adames proposed Bill 61 on Sexual and Reproductive Health in Panama, adopting public policies on CSE.¹⁰ For including a gender perspective, Bill 61 was lauded by human rights activists and bashed by pro-family and religious groups (Estrella de Panamá, 2018). The former group encouraged thousands of people to mobilise in rejecting Bill 61. During the multitudinous activity,¹¹ groups expressed their opposition

⁹ Sexuality education is also provided in the health sector, and in recent attempts, these programmes have integrated the concepts of gender equality, self-esteem, and the rejection of violence, but their development depends on the degree of commitment and context of the health personnel (Nevache, 2018).

¹⁰ According to Congressman Adames, the creation of CSE guidelines intended to provide the country with a regulatory framework containing necessary, effective, and efficient public policies to provide the authorities with the tools to reduce the growing rate of underage pregnancies, gender-based violence, and STIs.

¹¹ The rally was organised by the Christian Coalition for Life and Family and the Panamanian Alliance for Life and Family, together with some members of congress.

to the Bill as they perceived the promotion of gender ideologies and threats against the traditional family (Chacón, 2016). This march, in turn, moved feminist activists, student coalitions, and proponents of CSE. APLAFA pronounced its support for the Bill, and student coalitions demanded the need for CSE in the education system (Estrella de Panamá, 2016). A much smaller protest¹² occurred in support of Bill 61. Ultimately, the Bill was rejected and enhanced the **foundations of the conflict** among groups.

- In 2019, MEDUCA prepared five didactic guides based on sexuality and affectivity, hoping to implement them with primary, middle, and high school students, pregnant adolescents and parents or guardians (Aguilar, 2021).¹³ Proponents of abstinence sexuality education have accepted the guides. Members of evangelical churches and the Panamanian Alliance for Life and Family esteemed the high ethical values presented in the guides (Pinto, 2021).¹⁴ Meanwhile, there has been controversy surrounding the public consultation for developing the guidelines, as the process did not have the input of relevant groups and experts on sexual and reproductive education (Panamá América, 2021). CSE groups believe the guidelines are an advancement towards sex education but reject the abstinence-based language and message used in the guidelines. APLAFA claims that the guidelines do not follow the “International Technical Guidelines on Sexuality Education – An evidence-informed approach” developed by UNESCO (Panamá América, 2021).¹⁵
- In 2021, Congressman Gabriel Silva proposed Bill 590, an education policy aiming to halt the rate of teenage pregnancy, STIs and sexual violence. The policy proposes teaching CSE in public and private schools as long as parents authorise the teaching (TVN, 2021). As the proposed Bill 590 was not debated in the National Congress, it was adapted and adopted by the Women’s Commission within the Congress and passed as Bill 657. As of 2022, the Bill has not caused any commotion among actors and the public.¹⁶

¹² Groups claimed that sexuality education strategies have been introduced several times in Panama and are usually forgotten due to the growing pressure of conservative and religious groups (Metro Libre, 2016).

¹³ The guides were conceived from the previous guides prepared during the debate of the Bill 61, but adjusted and deleted topics that created public scrutiny from the previous guides (MIDES, 2021).

¹⁴ The guides claim respect for life, from conception to natural death and love for the family (Pinto, 2021).

¹⁵ As part of this research, I will be discussing in section 5 the Sexuality and Affectivity Guidelines and the narrative used by them to promote their version of sexuality education.

¹⁶ As of June 3, 2022, the Bill was adapted to “Ley 302” and adopted the Sexuality and Affectivity Guidelines and elements from the proposed Bill by Congressman Silva.

2.4 Where is the debate today?

Since the introduction of the guidelines, the debate has somewhat ceased, but social media has been used to disseminate political commentary, particularly on the issues highlighted in this section, feeding into the debate on the best strategies to tackle them. For this and considering the role of narratives in identity and beliefs' maker (Tomaščíková, 2009), I believe that assessing the narratives disseminated to the public through media can affect the way CSE is understood and tamper and benefit the implementation of a curriculum oriented to CSE. This source might be viable in further research when analysing narratives and beliefs while researching sexuality education.

3 Literature around sexuality education policies and understanding the use of narratives through theory

In this chapter, I provide a review to the relevant literature around sexual education. First, I begin discussing the main types of teachings of sexuality education. Then, I turn to the debates around such programmes and policies in the Latin American region while identifying the actors involved in the battleground. Moreover, I incorporate a framework with the symbolic interactionist thinking and the Narrative Policy Framework (NPF) by explaining the tenets and use of narratives in the process of policymaking; thus, I conclude this chapter with proposing a framework that adopts these two lenses to approach the study of policy narratives and sexuality education.

3.1 Relevant literature on sexuality education: teachings, actors, and debates

When it comes to sexuality education programmes, there are various types of teachings and as Kirby (2008) states “sex education is a continuum”, but for the sake of this research, I will focus on the two main and most relevant types of teachings: abstinence-only programmes and comprehensive sexuality education.

Abstinence-only programmes focus on promoting abstinence and prohibit pre-marital sex, teaching young people to disengage in any type of sexual activity (Hall and Stranger-Hall, 2011). Proponents of abstinence-only programmes believe that providing youth information about contraception results in allowing pre-marital and promiscuous sex (Lamb, 2013). Thus, they argue that solely through this programme, teenage pregnancy and STIs/STDs rates can decrease (Lamb, 2013). Moreover, motivations to promote abstinence lay on the promotion of family values and (religious) purity (Kirby, 2008; Lamb, 2013). Even though this approach has been widely implemented across different countries, particularly those in the Global South where religious belief is strongly tied to politics, research shows that abstinence-only programmes tend to be ineffective in reducing teenage pregnancy and increases risky sexual behaviour among youth and adults (Carter, 2012; Hall and Stranger-Hall, 2011). In his research about impact of abstinence-only and CSE programmes on adolescent sexual behaviour, Kirby (2008) demonstrates that abstinence-only teachings do not delay sex initiation among young people. Similarly, while studying sexual behaviour and condom use among African American youth, Shepherd et al. (2017)

found that students exposed to abstinence-based programmes were more likely to have unprotected sex and remain at greater risk of contracting STDs/STIs.

Comprehensive sexuality education is envisioned to teach students values that will assist them to understand their own sexuality and engage in healthy choices (Braeken and Cardinal, 2008). Although CSE also encourages abstinence, it also provides young people information about safe sex (Collins et al., 2002). CSE enables (young) people to advocate for their health and wellbeing, while also identifying healthy relationships and healthy sexual behaviours (Goldfarb and Lieberman, 2021). The implementation of CSE is based on evidence, context, and age, having a scaffolded model to incorporate age-appropriate topics as students grow and adapt – to the best possible way – to the context where it is being taught (UNESCO, 2018).

Multiple sources of literature demonstrate that the teaching of CSE in schools and in informal settings is positively correlated to healthy sexual behaviours, openness towards inclusivity and wider understating of human rights and gender equality (Morales, 2020; Goldfarb and Lieberman, 2021; Slater, 2013). For example, Goldfarb and Lieberman (2021) conducted a worldwide systematic literature review on studies and research around CSE, convening that, besides decreasing teenage pregnancy and STI/STD rates, CSE implementation positively fosters better communication skills in relation sexual health decisions, skills, knowledge, prevents child abuse as it increases the knowledge of appropriate and inappropriate behaviours towards the body, and increases appreciation for sexual diversity. Likewise, in their research “The Potential of Comprehensive Sex Education in China”, Wang et al. (2005) followed the implementation of CSE programmes with youth from Shanghai over a period of 20 months and revealed that people subjected to the programmes are less likely to become pregnant in their teenage years, less likely to contract a STD/STI and have better management of relationships (Wang et al., 2005).

Sexuality Education in Latin America and the Caribbean

Incorporating sexuality education into school curricula is a controversial topic and a site of contentious narratives (Robinson et al., 2017). Throughout LAC, there have been multiple attempts to implement comprehensive sexual education policies (UNESCO, 2015; Vergés, 2007). As of 2010, Argentina, Brazil, México, Colombia, and Uruguay remain as the only countries in LAC with sexuality education with a comprehensive focus (Ramírez, 2010). Meanwhile, Chile, Costa Rica, Nicaragua, El Salvador, Peru, Panama, and Paraguay promoted their own kind of CSE

programmes (Gianella et al., 2017; Fajardo-Heyward, 2016); however, the programmes received massive backlash (Nevache, 2018) and teachings remain mostly abstinence-based (Ramírez, 2010).

In the case of LAC, Morales (2020) explains that countries more aligned to UN mandates are more likely to implement CSE – at least at the informal level with CSOs and activist groups – although those are subjected to religious backlash based on the belief of preserving the sociocultural norms. Meanwhile, in “Sexuality Education Policies: trends and challenges in the Latin American Context”, Baez and González del Cerro (2015) describe how most of the countries in the region are developing some type of action to include sexuality education for young people in the educational system, either through the intervention of the State or by aligning with CSOs. However, the authors explain that State-led actions take biological and physiological points of view, aiming to teach youth about the dangers of “uncontrolled” sexuality. Initiatives following efforts by CSOs and social activist, target human rights, aiming to ensure the teaching of sexuality from all point of views, proposing not only to know the body but primarily the behaviours that enable students to make "correct decisions" about their lives, avoiding pregnancy and diseases (Baez and González del Cerro, 2015). Likewise, Da Silva and Ulloa Guerra (2011) illustrate that reducing sexuality education to knowledge of reproductive organs and physiological change does not decrease the level of unwanted pregnancies, STIs and STDs. In fact, a reductionist view of sexuality education limits the possibility of promoting more open dialogues with students that include topics that are avoided, stigmatised, or undervalued, such as gender equality and sexual diversities (Da Silva and Ulloa Guerra, 2011).

Sexuality education is a discursive and narrative field shaped by the political and cultural tensions of whomever remains at the top echelon of influence, whether religious, activist, social, scientific, or political actors (Múñoz Astudillo, 2017). Gianella et al. (2017) explain that conservative coalitions of religious and political leaders have stagnated the advancement of a more holistic CSE in LAC and anything related to human rights, thereby anything targeting gender equality. In a systematic analysis of the state of the art of sexuality education in LAC, Santibáñez Bravo and Moreno Vargas (2021) reveal there has been a series of advancements towards CSE and setbacks moving towards abstinence-only teaching. They explain this non-stop process is a result of the constant power struggle between conservative sectors, which aim to keep children and young people in ignorance about sexuality in hopes of protecting their innocence, an attitude that the

author consider irresponsible; and progressive sectors, which tend to meet the needs of citizens (Santibáñez Bravo and Moreno Vargas, 2021; Muñoz Astudillo, 2017).

By recognising this non-stop cycle of debates and struggles, it is important to turn to what Muñoz Astudillo (2017) identifies as the four main discourses in the LAC field and battleground of sexual education policies:

- The (Catholic) church as the main protector of moral and religious value;
- the scientific community, dictating the norms of teaching;
- the feminist groups, in their struggle towards gender equality, social justice and the preservation of human rights;
- the State as the defender of its citizens and by establishing health and education public policies.

In this logic, and considering the situation in Panama, I believe there are two other actors that should be included: the evangelical church as it has been increasing its involvement in the political debate (Nevache, 2017) around sexuality education and gender diversity movements, as they are advocating for a more inclusive and less hetero-centric teaching of sexuality (Epps et al., 2021).

As evidence from the literature shows, there are several actors interested in the development of a sexuality education policy across contexts and fields; hence, sexual education lies within antagonistic views and discourses (Lesko, 2010). In the case of Panama, the situation replicates, with actors from different spectrums having different ideologies and using contrasting narratives. Although there is extensive research on sexuality education and the opinion of the public around sex education, research focusing on the Panamanian context is scarce and no other studies focus on the influence of narratives on sexuality education in the opinion of the public; this research, therefore, fills this gap. In this sense, the examination of such narratives and debates requires two lenses: 1) understanding how sex education is taught and perceived by actors and the public; and 2) the use of narratives to embed a policy. For this, I propose two approaches: symbolic interactionism and the NPF.

3.2 Using symbolic interactionism to understand views towards sex education

As social creatures, humans create meaning through interaction and such meaning develops perspectives, narratives, and stories to explain the social surrounding and actions (Plummer, 2000). Thus, symbolic interactionism contends to look for meaning, context, and situations within the narratives. These meanings evolve through encounter and particular emotions, then, depending on the environment, such meanings can change (Lehn and Gibson, 2011). Supported by the symbolic interactionist thinking, this research aims to define patterns of speech, meaning, and the interactions that define the opinion of individuals (Ulmer and Wilson, 2003).

3.3 The Narrative Policy Framework: the construction of narratives and dissemination of them

According to Crow and Berggren (2014), analysing narratives allows the identification of language patterns policymakers and stakeholders employ to deliver their own agenda and interests. The two main approaches to explain narrative and its relationship with policy and opinion are the **NPF** and the **Advocacy Coalition Framework (ACF)**. The NPF states that understanding narrative is the best way to grasp meaning-making within the policy process (McBeth et al., 2007); hence connecting to a symbolic interactionist thinking. Meanwhile, the ACF states that people form coalitions and join politics to turn their beliefs into policy (Cairney, 2011). Both explain the way communicators convey complex issues to prepare their agenda and the target audience to consider “problematic” facts that need to be remedied immediately (Shanahan et al., 2018). Jones and McBeth (2010) explain the role of narratives in making public policy and how characters (in their case, policymakers) play an important role in understanding policy implementation and changing the opinion of the public.

For the sake of this research, I will focus on the NPF at a meso-level as at this level, which is concerned with policy narratives from policy actors and its intention to lead to a specific political outcome and disseminate narratives to achieve the preferred results of public policies (Shanahan et al., 2011; Jungrav-Gieorgica, 2021; Shanahan et al., 2018).

4 Methodology

In this section, I present the methodological approach to identify the narratives and acquire information regarding the influence of them on public opinion. This research follows a mixed-methods methodology, composed by explorative interviews and a survey, serving as primary sources, and a secondary source through a document analysis.

4.1 Data collection methods

Through explorative interviews I analysed the view of those participating in the policy narrative process. This was assisted by a document analysis of the narratives presented by focal actors in the promotion of sex education and their narratives. Moreover, this research also includes an experimental portion to measure the influence of the narratives on the public opinion towards sexuality education policies.

4.2 Exploring the narratives from actors

I conducted a series of explorative interviews around the conception of sexuality education and the point of view (belief) that each actor has. For this research, I am separating actors by their support to a kind of sexual education and thus, labelling the narratives into two groups, one referring to a **comprehensive-based narrative** and the other one as **abstinence-based narrative**. Henceforth, these terms are employed.¹⁷

4.2.1 Access to participants¹⁸

I contacted 23 possible participants via email about the research and depending on their response, some were contacted via WhatsApp. At the end, I obtained five interviews with comprehensive-based narratives and three with abstinence-based narratives.

4.2.2 Document analysis

¹⁷ While carrying out the interview, notes of language patterns were taken. By using the NFP, I identified which elements actors use to narrate their stance on the sex education policy. Prior to engaging in interviews, I prepared a guide to support myself in keeping the subject of attention on the narratives employed (Seidman, 2013).

¹⁸ Annex I, "Fieldwork Part I" contains a list of the actors contacted for this research.

As part of this research, I reviewed a series of documents and media sources that promote, examine, and object the implementation of sexuality education.¹⁹ Through the NFP, narratives and language were examined to identify how they are turned into policy and programmes. For this, I analysed the the *Guía de Orientación y Formación en Materia – Educación en la Sexualidad y Afectividad*,²⁰ the most recent attempt adopted by MEDUCA.

4.3 Testing the influence of narrative in the public

I elaborated a survey with an experimental component to evaluate how narratives can affect public perception against or in favour of sexual education policies in Panamanian public schools. For this, participants were exposed to different narratives, abstinence-based and comprehensive-based.²¹

4.3.1 Access to participants

I distributed online surveys among students from the University of Panama, Coclé Campus (CRUC, for its acronym in Spanish), located in the city of Penonomé. I collected data regarding their opinion in the sexuality education policy debate. Although not representative of the entire population, I decided to conduct this survey with university students because students are active online, meaning that they are more exposed to the agenda of different political and religious actors. Moreover, conducting a survey with this population and in this location is easier in terms of accessibility and security.

4.3.2 Sample

According to the CRUC's Admissions, there are 5250 students in the academic institution. Considering this number, my sample size is 359. Below, Table 3 shows the parameters.²²

¹⁹ Annex I, "Fieldwork Part III" contains a list of the information reviewed to inform this research.

²⁰ A rough translation of this document is "Orientation and Subject Formation Guideline – Education on Sexuality and Affectivity".

²¹ With this, I used the symbolic interactionist perspective to behaviour and language within the narrative groups, which provides room for comparison and pattern identification (Lauring, 2011).

²² Annex I, "Fieldwork Part V" presents how the sample was calculated.

Table 3. Sample Size

Margin of error	5 %
Confidence level	95 %
Population size	5250
Sample size	359

4.3.3 Structure

The survey was anonymous and its structure in terms of study, contents the following sections:

Demographic questions: household income, employment, gender, age, religious affiliation and rate of attendance, educational attainment, what kind of TV they watch.

After the demographic questions, students were subjected to a **narrative treatment**, in which randomly, respondents were shown a video showing the narrative of a person supporting comprehensive-based narrative (**comprehensive-based narrative treatment**) in Panama or a video showing a person abstinence-based narrative (**abstinence-based narrative treatment**).²³

Opinion outcomes: all respondents were asked questions regarding their opinions about sex education in Panama after receiving the treatment (if it applies).

4.3.4 Variables

Independent variables: the main independent variables are dichotomous and are the *comprehensive-based narrative treatment* and the *abstinence-based narrative treatment*. I constructed the variables as follows: if an individual is exposed to the supporting videoclip, the *comprehensive-based narrative treatment* will take the value of 1, 0 otherwise. If the individual is exposed to the *abstinence-based narrative treatment*, the variable will take the value of 1, 0 otherwise.

²³ To see the division of the groups, please refer to Annex I “Fieldwork Part VI: Narrative treatment”

Dependent variable: the main dependent variable *public opinion toward sexuality education in public schools* will take the value of 1 if the respondent says “agrees” or “somewhat agrees,” if the respondent does “not agree nor disagrees” or “disagrees” the value will be 0.

4.3.5 Hypothesis

Public exposed to the abstinence-based narrative treatment; hence, narratives employed by MEDUCA, pro-life and religious groups are supportive of abstinence-based narratives; hence, will remain against CSE and **will not change their opinion**. In contrast, public exposed to the comprehensive-based narrative treatment; thus, narrative used by other actors, such as the MINSA, and actors like UNFP and APLAFA are supportive of the comprehensive-based narratives; hence **approve the implementation of CSE and will change their opinion towards CSE**.

4.4 Data Analysis

After conducting the survey, I used Excel to calculate the mean differences²⁴ among the treatment groups, as follows:

- Mean difference between *comprehensive-based narrative treatment* and *control*
- Mean difference between *abstinence-based narrative treatment* and *control*
- Mean difference between *comprehensive-based narrative treatment* and *abstinence-based narrative treatment*

4.5 Reflexivity and ethical considerations

In doing this research I am at crossroads with my positionality, whether I am an insider or an outsider. For example, when conducting the survey, I had to access Zoom classes and present myself to the students; thus, providing my background information. Hence, I was seen as an insider because I am Panamanian and studied in the public system from kindergarten until high school; thus, I experienced first-hand the multiple attempts and ill-fated teachings of sexuality education. I am also from the province where the survey was conducted and from a rural working-class background, similar to the students participating in the survey. Yet, I was also seen as an outsider due to my academic and professional background. On the other hand, some interviewees saw me as an outsider because I do not belong to their religious group, while others saw me as an insider

²⁴ I ran some t-tests to identify the differences among groups: whether their opinion is influenced by the narrative treatment.

by identifying me in the (feminist) activist arena of Panama. For these experiences and layered social locations, I consider myself what Chhabra (2020) calls an in-between; therefore, this research preserves the complexities of similarities and differences of backgrounds (Chhabra, 2020; Dwyer and Buckle, 2009).²⁵

Working in this research gave me a space to reflect on my own ideas and motivations, mainly when dealing with narratives and stances that I do not agree nor follow. This research has been a good exercise to maintain pragmatism, diplomacy and understanding of the motivations and core beliefs of others.

²⁵ This positionality did not create any conflict or negative impact in the study. In fact, it provided me with a clear vision of how delicate this topic is in the Panamanian context and that, in order to conduct the study, I needed several permits and ensured the anonymity of students. All participants and interviewees were aware of the topic. For both the interviews and the survey, informants were at first taken aback when hearing about the study, and prior to the interview session and the survey, participants were ensured that participation was voluntary and a window to leave the discussion was given should they begin to feel uncomfortable.

5 The construction of policy narratives on sexuality education

As I discussed in section 2, Panama has been the arena for a contentious debate around sexuality education, where multiple actors formulate their narrative and attempt to halt and promote policy on sexuality education based on their particular interests. In this section, I present and explore actors' narratives and beliefs more closely. For this, I begin the section by discussing the narrative and content of the most recent strategy of the MoE on sexuality education, the *Guía de Orientación y Formación en Materia – Educación en la Sexualidad y Afectividad*. Following, I present the narratives of actors from both sides of the spectrum, including their perception of what a sexuality education policy should entail. I close this section by weaving in narratives with the points of discrepancies and convergence among narratives, thus, providing the “moral of the story” according to each narrative group (Jungrav-Georgica, 2020).

5.1 Establishing a curriculum – *Guía de Orientación y Formación en Materia – Educación en la Sexualidad y Afectividad*

In 2019, MEDUCA developed five documents in hopes of fulfilling the lack of sexuality education in schools. The five documents are the following:

1. One guide comprising primary school (grades 1 – 6);
2. A second guide for middle school students (grades 7 – 9);
3. A guide for high-school students (grades 10 – 12);
4. A guide for teenage mothers and pregnant adolescents and their parents;
5. A final guideline was developed for parents.

Informed by the NPF, I present a brief outlook of the guidelines and their overall narrative in this subsection.

***Sexualidad y Afectividad* according to the MoE**

At first glance, the guidelines have captivating and inclusive illustrations, denoting a positive outlook. While doing an in-depth reading of the documents, I noticed that the guidelines use easy-to-follow language, as they are intended to be used by any teacher or capable adult that can deliver these lessons. In the guidelines, I noticed the following:

- All the guidelines begin with a similar disclaimer, which is that “education of sexuality and affectivity is based on high ethical values, inspired by respect for life, from

conception to natural death, personal dignity, love for the family, responsibility, commitment and sensitivity to special educational needs”. From the beginning, there is a narrative focused on ethical and moral values, with a “pro-life” speech, which is usually shielded by using the family to justify agendas (Álvarez Ugarte, 2021).

- The guidelines then continue with their objectives, which is to contribute to the formation and orientation of students in sexuality and affectivity education, through strategies favouring the promotion of physical and mental health and the development of healthy sexuality, appropriate to their level of maturity, in order to promote a comprehensive education based on respect for human dignity, values and life skills. In the case of the guidelines for teenage mothers or pregnant adolescents, the guidelines also aim to reduce the chances of a second pregnancy; in the case of the guidelines for parents, they are intended to strengthen knowledge regarding sexuality and provide parents with tools on how to teach sexuality aligned with morals and dignity.
- As background justification, the guidelines use the worrying rate of teenage pregnancy and STIs/STDs. Moreover, the documents mention other problems in the country, such as early sexual relations, violence against men and women, and inequality between men and women. When speaking about early sexual relations, the guidelines explain that abortions are illegal in Panama and present the penalty in case a woman aborts and if a doctor performs the procedure, reaffirming the conviction of protecting life since conception. Then, there is a shallow attempt to focus on severe issues in the country and equate violence against women to what men experience, which is counterintuitive when gender inequality is addressed.
- The guidelines reassure Panama’s adherence to the Universal Declaration of Human Rights to further justify the development of the guidelines.

Bearing in mind the objectives and background information, I observed that the guidelines somewhat align with UNESCO’s *International Technical Guidance on Sexuality Education*, by having a self-esteem and mental wellness approach and including an understanding of healthy relationships. However, the guidelines still address sexuality as dangerous, even though they claim it is natural and normal. There is constant mention of the importance of abstinence, especially in teenage mothers’ guidelines. The topic is only present in the guidelines envisioned for high school

students and teenage mothers, with only one activity – per document – to explain what birth control entails, which includes Church-approved methods such as the rhythm method/calendar-based method and Billings.²⁶

The guidelines present hetero-centric, heteronormative, ableist, and adult-centric narratives:

1. Hetero-centric by ignoring LGBTQIA+ communities, particularly when boasting about fulfilling human rights, when these groups are utterly disregarded.
2. Adult-centric by ignoring the thirst for knowledge that children and young people have at this age and explaining that adults must be the sole centre of information, particularly regarding sexuality.
3. Ableist by forgoing the necessities and SRR of people with disabilities.
4. Heteronormative by assigning care jobs and attachment roles to young girls and women, notably on the guidelines for teenage mothers, pregnant adolescents, and parents.

In general, every document tries to combine physiology, anatomy, and psychology when explaining sexuality. Moreover, abstinence as the most effective method to prevent pregnancies and STIs/STDs is the key message of the guidelines and it is promoted as a way to follow high ethical values. For instance, in the guideline intended for high-school students, there is an activity centred on two flowers, one is passed around, and the other stays unscathed and untouched. This activity suggests that flowers represent the sexuality of each person, and in case people start having sexual behaviours and engaging in pre-marital relations, their “flowers” are ruined as they are passed around people, meaning that people can ruin their value and beauty by engaging in sexual behaviours.

The guideline aimed at teenage mothers and pregnant adolescents romanticises motherhood by inciting girls to feel an instant attachment towards the child. Given the context where most of these pregnancies were conceived, the guidelines exert violence by deflecting the fact that most of these pregnancies are the product of rape and engage in the revictimisation of the girls (Jordan, 2013). Moreover, the guideline thoroughly explains how to take care of the baby, but it neglects to mention

²⁶ Billings method is a family-planning method in which women use their vaginal mucus to determine their fertility. The rhythm method is a family-planning strategy in which women track their ovulation period to achieve pregnancy or avoid pregnancy by avoiding coitus during the fertile period.

the rights of teenage mothers and their baby and how to assert them, whether she has been in an abusive situation or not. Moreover, there is a complete absence of mentioning the father figure of the baby, hence, further normalising parental abandonment and machista views of women being the sole carers.

The guidelines have some contradictions,²⁷ suggesting the need to verify further what is presented (De Marneffe et al., 2008). For example, in an adult-centric stance, all guidelines – except for parents – claim that young people and children do not want to learn as they are not interested in acquiring new knowledge. However, they then explain how young people and children are at an age where curiosity is inevitable. Thus, they are eager to learn new things, but then, once again, the guides disclose the lack of interest from young people to engage in new things that require learning; therefore, it is vital to go to parents in case of wanting to know about sexuality. When speaking about emotions at a young age, the guidelines explain that it is normal to have different emotions, but it is vital to *autoregulate*, as, without it, people can start engaging in harmful behaviours, such as having sex. Which once again reveals a narrative towards abstinence and labelling sexuality as something bad.

The situation of relying on parents and adults brings attention to another situation. The guides recognise that violent behaviour since infancy can be learnt from the household and acknowledge the high rates of intrafamilial violence in Panama. Family and schools are recognised as centres of help when it comes to sexuality related issues, which ignore the systemic issues of increased teenage pregnancies as products of familial violence (Samaniego, 2021) and the constant pro-family crusades to exclude pregnant girls from attending schools (Gordón Guerrel, 2020). In this sense, the guidelines do not present real solutions to the problems detailed in Section 2 or the ones they claim to avoid, as there are no resources to whom to turn in case the violence happens.

²⁷ The guidelines also discourage readers to use social media and the internet to obtain information. While it is essential to recognise the widespread of misinformation in social media platforms and internet website; the role of the internet for young people to access resources cannot be negated. Instead, the guidelines should provide strategies to use properly these platforms.

5.2 Identifying and understanding the beliefs and narratives of actors

To grasp and present the narratives of actors, I employed deductive and inductive coding, where I noticed that there is a devil-angel shift in their policy narrative (Shanahan et al., 2018). For example, there is a clear rift between proponents of CSE and those who oppose it. On the one hand, CSE supporters use human rights and evidence as their shield to promote their conception of being the hero and “good guys”, while presenting the abstinence-based groups as the villains, who are acknowledged by CSE supporters as the winners in the field of sexuality education but must be toppled. Meanwhile, abstinence supporters see themselves as the protectors of values and morals, thus, also using an angel narrative and a narrative arc of winning over the “devils” that aim to tarnish the Panamanian culture.

I obtained information from these actors based on their role and prominence. It is worth noting that there might be a gender bias on the sample of interviewees, given that there is clear gender difference on the narrative spectrum; however, I did not use gender when analysing their policy narrative. In further research, this variable might be viable when analysing narratives and beliefs and to provide a gender-lens when doing research on sexuality education.

5.2.1 Comprehensive-based narratives

This section is based on the narratives, perceptions, and beliefs of Sonia, Mariana, Luisa, Juan²⁸ and Karla, comprising some narratives of CSOs, activists, and a member of Congress.²⁹ I started these interviews with questions regarding their knowledge of sexuality education and what their beliefs on sexuality education are. Comprehensive-based actors see sexuality education, particularly CSE, as extremely necessary within the Panamanian education system and an urgent legislation. The narratives are based on, mainly, two reasonings: 1) it is the right of people to have scientific information to make decisions about their lives; and 2) because there are negative effects in terms of family-planning – hence community-planning – and in terms of high expenditure in the

²⁸ As a political figure in Panama, the Congressman explained that sexuality education in Panama must be scientific and without any kind of indoctrination or ideology other than science. The legislation he promotes seeks to reduce underage pregnancies, sexual crimes and sexually transmitted infections and prevent child abuse in Panama through an educational plan, which will be implemented in public and private schools, shelters, and centres for young people in the penitentiary system.

²⁹ I cannot attest that these narratives comprise all the beliefs of members of these groups.

care of diseases and health situations that could be prevented with CSE. All actors agree that Panama **does not have** a proper sexuality education and this, in turn, affects the realisation of the rights of children and young people.³⁰

When asked about the rates of teenage pregnancy and STIs/STDs, most actors of this narrative have a vision based on what UNESCO refers to a human-rights approach, and in some cases, a feminist perspective (McClain, 2006), as they see these problem tied to the lack of sexuality education, a weakened State, and a patriarchal society that normalises; thus, omitting the right of the citizens to obtain information and to make conscious decisions regarding family planning. For instance, when speaking with Sonia, she sees the state as unable to manage the conflict regarding sexuality education and that is one of the main reasons Panama still lacks a legislation.³¹ Further, she stresses the poor acknowledgement from authorities when dealing with abuse, as gruesome scenes are always expected when violence is reported.³² Nonetheless, she evidences that most teenage pregnancies in Panama, come from abusive relationships due to the psychological manipulation and economic power that adult men have over unprotected girls – which in turn, reflect the level of patrimonial violence exercised by the state by not having a protection mechanism for vulnerable children – and, with staunch human rights perspective, she expresses that these appalling realities can be overcome with comprehensive sexuality education.

Karla agrees that the debilitated government enhances patriarchal and *machista* practices; thus, there is a deep-rooted violence towards young girls, adolescents, and women. All actors from CSE narratives suggest that teenage pregnancies and the normalisation of violence is not endemic to the countryside, but present throughout the country. Mariana, who employs a feminist perspective when asked about this problematic, deep dives on how Panama hypersexualizes girls and revictimizes them in the face of violence; hence, making them affront a trail of further abuse. She also suggests that it is a big social mark of Panama that the population does not find it wrong for adult men to approach girls.³³ Meanwhile, Luisa suggest that the multiple problematics Panama

³⁰ For more information, Annex II “Interview responses” Excerpt 1, contains a response from Juan.

³¹ Interview with Sonia.

³² In the case of Sonia, she views cultural and social facts as why Panama has a high rate of teenage pregnancy, which are a systemic misogyny and a *machista* culture, that enable the grooming of young girls by adult men and then revictimizes them when abused.

³³ Interview with Mariana.

has in terms SRR are a direct consequence of not having sex education of any kind, and the misinformation regarding sexuality.

Overall, there is a feminist perspective as actors blame the patriarchal system where rapes and abuses are normalised at a rate where people do not report them because the same institutions that should prevent, protect, and punish rapists and abusers do not do their job and, instead, blame girls. In her discourse, Luisa suggests that the impunity of rape and abuse makes *“abusers or potential abusers think that if they keep their predatory behaviours, nothing will happen to them because they government protects them, because they think that it is okay to abuse and rape girls and adolescents and that this is the normal way to do it.”*³⁴

All actors from this narrative share similar values and beliefs, when it comes to the teaching of sexuality education, particularly in having a discomfort with the incursion of the church on politics, particularly in education, but do not accuse the lack of sexuality education entirely as the Church’s fault, but more on the government. In fact, Juan employs a perspective of economic and social benefits to the government and state— hence, to the entire population of Panama – when promoting sexuality education and suggests that if applied with a perspective of human rights, and without the incursion of ideas that can harm the wellbeing of everyone, the state will have a well-rounded population.³⁵

When asked about why they believed sexuality education is a taboo in Panama, actors suggest this is the root of the heated debate in the country and explained that the taboo around sexuality and the reluctance to learn about it (the fear of the unknown), greatly affects advancements of sexuality education in Panama. Here, actors suggest that taboos come from religious – Christian – beliefs, the fear of using proper language to explain sexuality, and the politicisation of bodies, particularly women’s bodies. Mariana explains, the taboo persists because historically women's bodies have been and are disputed territory, where they have been denied the right to make decisions about their sexual and reproductive rights.³⁶ Moreover, actors also suggested that taboos stem from wanting to protect children, becoming counterproductive as young people and children are thus left in

³⁴ Interview with Luisa. Excerpt translated from Spanish by the author.

³⁵ Information obtained from interviewing Juan.

³⁶ Information obtained from interviewing Mariana.

danger of misinformation. Actors also unravelled that there is a need to stop seeing children and adolescents as the sole property of parents and as individuals with agency and the right to know.³⁷

In terms of social and economic benefits stemming from implementing sexuality education, actors explained there are great advantages for the overall wellbeing of the country and its citizens. Actors agree that having proper CSE in schools can alleviate the state from spending resources on situations that can be prevented with CSE and by abiding to the protection of the rights of all citizens. Actors believe that by reducing teenage pregnancy, cycles of poverty can be broken, and young girls can continue an education. In this idea, actors claim that it is vital to stop romanticising poverty and normalising that “because some young mothers are able to continue an education, then everyone can” type of narrative, as Mariana explains:

“Every time an adolescent becomes pregnant her own development is affected, her possibility of reaching her goals is stagnated, especially if she belongs to poor social strata, even if she is middle class, the condition of being a mother transforms and limits her progress and I add that not all cases are successful as our current Minister of Education who was a teenage mother, on this example the anti-rights groups have based many of their current arguments, that because one can, the others can too.”³⁸

Actors explain that, even though abstinence-based narratives believe CSE tampers with the conception of families and damages them, CSE in fact protects families because when young people are clear about self-esteem, self-worth, their goals, what self-care means for them, how to identify situations of abuse and how to respond against these situations, it represents a social gain for the entire wellbeing of families and communities.³⁹ Actors agree that when young people complete their entire educational cycle, including university education, and then are able to decide with the right socioeconomic conditions, with a broader vision of themselves and what they want for their lives and when and how to have children, that is a gain for the communities in terms of social and economic benefits.

In this group, it is interesting to see the collective idea of protecting human rights, people’s bodily autonomy and holding the Panamanian government responsible for not seeking the wellbeing of

³⁷ For more information, Annex II “Interview responses” Excerpt 2, contains a response from Karla.

³⁸ Interview with Mariana. Excerpt translated from Spanish by the author.

³⁹ For information about some activities conducted by some comprehensive-based actors, Annex II “Interview responses” Excerpt 3, contains a response from Sonia.

its citizens. In summary, the central core narratives, and beliefs on a policy on sexuality education, can be understood as follows:

- Sexuality education must be comprehensive and ensure the inclusion of everyone, particularly those who have been historically and socially marginalised.
- CSE must be implemented in Panamanian schools to ensure the integrity and protection of the SRR of children and young people.
- The Panamanian government must abide by international regulations and implement an evidence based CSE curriculum.
- The Panamanian government must promote humane programmes and laws that assist and protect people who are victims of (sexual) abuse.
- Ensure the SRR of every person living on Panamanian land is fulfilled.
- The Church must not take part in the formulation and regulation of a sexuality education policy.
- Parents/guardians must be involved in the development of their children; however, the individuality of children and youth must be recognised and respected.

5.2.2 Abstinence-based narratives

This section is based on the narratives, perceptions, and beliefs of Pedro, Miguel and Iván, comprising some of the views from members of the Catholic Church and Evangelical Church, and a member of the government.⁴⁰ I started these interviews with questions regarding their knowledge of sexuality education and what their beliefs on sexuality education are. I noticed that in the abstinence-based narratives, there is a recognition of the need to implement a sexuality education in schools, but mostly overseen by parents at home. Unconsciously, actors from this narrative wish for more control of the actions of youth and people in general, as a hope to safekeep the “good morals” of Panamanian society.

Following, I asked them about teenage pregnancy and STDs/STIs rates in Panama and the role of sexuality education to tackle these problems. I observed claims that these are cultural issues endemic to the rural and indigenous areas of Panama, and do not see it as an alarming issue that should concern the entirety of Panama, involuntarily adhering to the normalisation of violence I

⁴⁰ I cannot attest that these narrative comprise all the beliefs of members of these groups.

presented in section 2. Moreover, actors consider that these are issues caused by the lack of morals in the country and suggest that social media and music have a major role in promoting sexual promiscuity, particularly on (young) women.⁴¹

Actors consider that rates are closely related to the lack of sexuality education and poor knowledge of human emotions and behaviours, particularly from women and young girls. There is some acknowledgement of violence towards girls, but it is recurring putting the responsibility on young girls, while leaving men out of the equation. This is also presented by the actor from the evangelical church, who claims that rates of STIs/STDs and teenage pregnancy are alarming due to girls not knowing themselves. He explains as follows:

“... the reason why early pregnancy in Panama is increasing is because young women are acting simply based on their hormonal sensations, because they themselves do not understand, they do not understand their body and that young men also go through this hormonal cycle. We know that young men are being activated and obviously they see the ladies, because the man is activated by the vision, and they approach them by physical contact, we stimulate them and, in this case, they walk around with their hormones in an uproar - as we say here in Panama - and they walk around without the knowledge of how to prevent pregnancy, and they act spontaneously. Not to mention the older people who understand a little more from experience of the activities that seduce girls and get them pregnant, which is a crime. But mainly the reasons why there is a lot of teenage pregnancy is because the girls do not know themselves, do not know their bodies, do not know their emotions, do not know their cycle, do not know what they are feeling, and confuse love with a hormonal state, and that is not love, that is hormonal excitement.”⁴²

Likewise, there is a strong emphasis on sexuality being something out of bounds for young people. When asked about the imminent taboo around sexuality education and sexuality in general, there is the perception that sexuality is part of human nature and a common narrative that taboos lie on parents and their resistance to learn new things. For example, Iván recognises that sexuality is seen as something forbidden and sinful due to the religious influence in Panamanian culture. He uses generational differences to explain the taboo by suggesting that it is the elderly that encourage the taboo and the culture of fear. However, he explains that by omitting the topic of sexuality, young people and children are left amidst the dangers of misinformation and abuse from strangers.⁴³ Likewise, Miguel believes in the generational gap as the elderly and parents of today do not know how to talk with their children about sexuality because they did not receive information in their

⁴¹ For more information, Annex II “Interview responses” Excerpt 4, contains a response from Iván.

⁴² Interview with Miguel. Excerpt translated from Spanish by the author.

⁴³ Interview with Iván. Excerpt translated from Spanish by the author.

youth. Hence, admitting that there is a vicious cycle of missing information and exposing children and adolescents to the risks of the internet and peer pressure.⁴⁴

Meanwhile, Pedro took a physiological approach when explaining the taboo. In this perspective, as humans there is the thought that sexuality is the genitals, and to overcome this taboo, it is vital to understand that sexuality is something complex, so it is necessary to broaden the definitions of sexuality not “*limited to the pleasure part.*”⁴⁵ There is a consensus on the lack of information by parental figures, the fear and persistence to learn about sexuality. Moreover, social media is brought once again, in this case to explain the persistent taboo that exists today around sexuality and sexual education, and the dangers it poses in providing misinformation to children and youth. The three actors gave a call to action to parents to inform themselves of the dangers of misinformation regarding sexuality, as new ideas that might make kids go astray from good behaviour.

In terms of social and economic benefits, the narrative of actors differs. While the MoE actor agrees that sexuality education can build stronger communities by providing proper family planning, both religious actors suggested that sexuality education programmes that go beyond abstinence only benefit big pharmaceutical business, given their interest on people to have abortions and use contraception. In fact, religious actors⁴⁶ expressed their dismay towards CSE claiming that it increases the rate of abortion; thus, causing higher costs to State and people.⁴⁷

When asked whether sexuality education should be implemented in schools, actors agree that it should be included in schools’ curriculum but must be a work in tandem within the school and families. Actors mentioned the need for a comprehensive education but focused on abstinence and (Panamanian) values and morals, which entails what Rafal (2010) refers to “abstinence-plus” programmes, where abstinence is the core teaching, while also providing safe-sex strategies. In the case of interviewed actors, only MEDUCA advocated for abstinence-plus strategies, while both religious groups embraced a fully abstinence teaching. Looking at their perspective, actors’ belief that (Panamanian) values and morals include a conglomerate of pious and Christian values that

⁴⁴ Interview with Miguel. Excerpt translated from Spanish by the author.

⁴⁵ Interview with Pedro. Excerpt translated from Spanish by the author.

⁴⁶ Information retrieved from the interviews with Pedro and Miguel.

⁴⁷ For more information, Annex II “Interview responses” Excerpt 5, contains a response from Miguel.

protect the family, enhance responsibility, honesty and that what constitutes “good behaviour” including the control of sexuality, maintaining a heteronormative roles, as in the interviews the three actors repetitively mention the need of morals, values, ethics, and inclusion of the church.

In this group, it is interesting to see how actors accuse “progressive” ideals promoted by UN and other IOs as evils that tamper with the way “things have always been”; thus, suggesting that CSE is rather new and should not be accepted in Panama. In summary, the narratives, and beliefs of this group on a policy on sexuality education can be comprised in the following manner:

- Allow people to self-regulate⁴⁸ themselves; thus, they do not engage in any sexual behaviour prior to marriage.
- Sexuality education should affirm the wellbeing of children and young people by protecting their innocence.
- Maintain high levels of Christian morals and values.
- Safekeep Panamanian culture; thus, society is not corrupted by intrusive agendas that might damage the family.
- Sexuality education must abstain from promoting “diverse families” that tamper with the traditional family.
- Raise awareness among people, mainly (young) women and girls of their emotions and bodies; thus, they are more conscientious of their behaviour so the rate of unwanted and teenage pregnancy can decrease.
- Parents must have a thorough knowledge of what sexuality entails and must engage in the teaching of sexuality education of their kids, either by being active participants and/or revise what their kids are taught in their schools.
- Prohibit and tackle down the extortion of adults towards youth and children.

5.2.3 Beliefs of actors on the Sexuality and Affectivity Guidelines

⁴⁸ In the guidelines and narratives employed by abstinence-based actors, the term “*autorregulación*” is constantly employed and it can be roughly translated as “autoregulate” or “self-regulation”.

I asked the participants about the new guidelines and what they thought about them, whether they agreed with the content and pedagogical methods and if they believed they will be an effective tool or another ill-fated attempt to have sexuality education in Panama. The perceptions can be summarised as follows:

Table 4. Beliefs and opinions regarding the *Guía de Orientación y Formación en Materia – Educación en la Sexualidad y Afectividad*⁴⁹

Thoroughly examined	Briefly examined	Has not read them
<p>Sonia Read them and it is concerned with guides for teenage mothers in regard to victimisation and with the other guides due to the lack of information regarding contraceptive methods and the strong abstinence-plus language.</p> <p>Iván Read them and it is proud of this new initiative to teach sexuality education in Panama as it includes a staggered strategy to teach children and young people.</p> <p>Luisa Read them, and believes they are not well-designed in terms of pedagogic strategy and content, as it lacks vital information regarding sexuality.</p> <p>Juan Believes that it is the beginning of that Sexuality Education that boys, girls and adolescents need. He believes they need to be assessed to verify if they are actually effective.</p> <p>Karla Read them, believes they are a start but concerned with how sexuality is approached and how some topics are still taboo, such as menstruation.</p>	<p>Mariana Briefly read them, believes they are a start but do not follow CSE strategies as the one proposed by UNESCO.</p> <p>Pedro Briefly read them but hopes they will consider the different contexts in Panama and moral and ethical value.</p>	<p>Miguel Has not read them but hopes they do not include gender ideology, LGBTQI+ themes, or any idea that tampers with the natural conception of the family.</p>

⁴⁹ Information retrieved from interviewing the actors. Translated from Spanish by the author.

5.4 Differences and convergences – the narratives’ “moral of the story”

Among the actors' narratives, there is an idea of protecting human integrity and ensure the wellbeing of children, youth, and families. Hence, there are similar values around the narratives (Jungrav-Gieorgica, 2020). But the polarising debate comes into life when discussing who should be considered in the policy process, the perspective and “moral” framework that will guide the process, and the content that will be taught. Policy narratives around sexuality education are shaped by the actors’ belief system (Jungrav-Gieorgica, 2020; Plummer, 2000), in this case their political ideology, cultural and social norms, ethical and religious views. As seen with both groups, within their beliefs, narratives and ideas, there are different visions and approaches to what is considered the public policy problem (Jones et al. 2014). While in comprehensive-based groups the narratives on the policy problem are guided by denouncing the state for omitting citizens of their right to have a sexuality education, in the abstinence-based groups the policy issue is seen as a problem of behaviours of individual by adhering with ethical and moral values. This idea is also seen in the guidelines: rather than seeing the lack of sexuality education as a societal problem, the narratives promote strategies that address particular behaviours at an individual level.

Convergences come when actors recognise the need of having sexuality education implemented at schools. There is a general belief and agreement on the need of family planification and life projects, and that could help in the development of Panama and overall wellbeing of people. Both groups agree the need for a public policy that establishes a sex education curriculum. Meanwhile, there is a consensus that sexuality education should be taught from a young age but should be staggered, adapting the content while children are growing up, and also adapted depending on the context where the teaching is happening. Both groups agree that teaching of sexuality education needs to start at home. Parents and guardians must be involved in the learning process and teaching, as they must also know the information. In the case where violence occurs at home, schools must serve as safe haven where students can inform about anything happening against them and to solve any doubts they might have regarding sexuality and reproduction.

Considering Shanahan et al. (2017) idea that each narrative group has a “moral of the story” to influence the policy process, in the case of both groups there are not directly state policy solutions: a) in the case of CSE actors, provide an intermediary step which relies on holding the Panamanian government accountable and continue activist process obtain larger policy solutions – in this case, change sexuality education programmes to CSE; and b) abstinence actors continue referencing programmes and policies on moral standards with hopes of maintaining control and “protecting” the culture.

6 The influence of narratives in the opinion of the public

To test the influence of narratives on the public opinion, I prepared a survey where participants are exposed to different narrative treatments. The survey comprised an experimental component to evaluate how narratives can affect public perception against or in favour of comprehensive sexual education policies in Panamanian public schools.⁵⁰ According to Jungrav-Gieorgica (2020) and Shanahan et. Al (2018), the most effective way to measure this is through calculating the difference of means through tests (for example, a t-test or ANOVA) in order to understand the changes of a variable given a narrative intervention.

In this section, I first provide a brief explanation of how I approached my sample. Next, I present some demographic data from the sample. Then, I present and interpret the results after the narrative treatment; by comparing the treatments with the control group and later. Following, I deep-dive in the opinion of the students in regard to sexuality education. I close this section by analysing some unexpected outcomes and ponder on the influence of narratives in the opinion of the participants.

6.1 Survey Results

For this research, my original plan was to conduct face-to-face surveys, but due to the pandemic the whole process had to be adapted online. I began my fieldwork experience in October 2021, in the city of Penonomé, Panama.

To determine which survey and group the student got, I used Google Forms to elaborate the survey, and Excel to randomise the groups and assign the survey. When entering the classes, professors allowed me to explain the purpose of the study to the students and I texted via-zoom each student with their respective link. In some cases, I also distributed the survey via email, but this did not assure me whether the student responded to the survey or not.⁵¹

⁵⁰ After a series of demographic questions, students were subjected to a **narrative treatment**, in which randomly, respondents were shown a video showing the narrative of a person with a comprehensive-based narrative in Panama or a video showing a person with an abstinence-based narrative. Other respondents did not watch a video and only filled out the survey directly; thus, were not subjected to a narrative treatment and were part of the control group.

⁵¹ My sample size for the survey was intended to be 359 students but, in the end, I only obtained 190 responses, less than I expected, creating a limitation on the sample. More than 500 surveys were sent, but it was rather difficult to engage students into responding. Moreover, the sample is not very diverse, in terms of education fields because, even though the university setting is semi-urban, there are only a few faculties available.

For this survey, participants answered 36 questions in the case of narrative treatment, and 33 in the case of the control group.⁵²

6.1.1 Demographic background of the sample

As mentioned, every participant is a university student in the province of Coclé. Most participants were born in the province and live in nearby towns. The majority of participants is single (60%), while the rest is either married (6%) or in a relationship (34%). Most of participants are females (85%), while 15% are males and none identify as non-binary/other.⁵³ Meanwhile, as seen in Figure 1, participants fall in the age category of 18 – 25 years old, followed by the age group of 26 – 30 years old. According to global trends, these age groups are the most active in social media, particularly Instagram (Statista, 2022); thus, are consuming diverse information and might be exposed to different narrative agendas. In fact, 80% of the participants reported using social media (Instagram, Facebook, Twitter, TikTok) every day, while 19% reported using the platforms every other day.⁵⁴

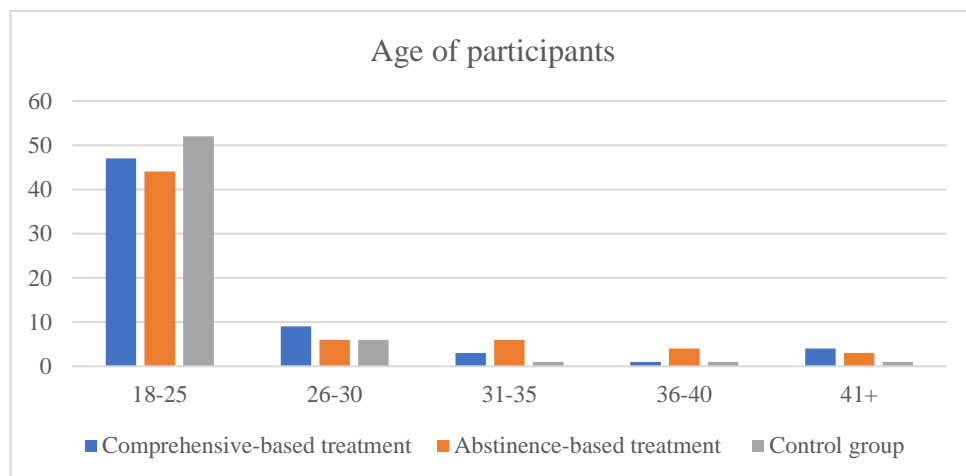


Figure 1. Age of participants distributed by narrative treatment. Source: the author.

Following, I decided to ask participants if they considered themselves religious and whether they attended services. I rationalise this by the effect the Church has on public perceptions, its role as a political actor (Múñoz Astudillo, 2017; Nevache, 2017) and the influence it has on the lifestyle and

⁵² For more information, you can access the full questionnaire in the Annex I “Fieldwork Part IV” section.

⁵³ Please refer to Annex III, Figure 10 to see the gender distribution of participants.

⁵⁴ Please refer to Annex III, Figure 11 to see the rate of usage of social media among participants.

culture of people in Panama. I was particularly intrigued to see these results, because when I accessed the online classes to distribute the survey, I noticed they began with prayer sessions hosted by the professors, especially in the Education, Accounting and Nursing classes. The results follow Panama’s trend of being mainly Catholic, with 73% affirming they follow a Catholic faith, while 9% of respondents mentioned an adherence to the evangelical church; the rest were either not religious or followed another religion, such as Jehovah’s Witness. Following, along with other activity-related questions, I asked participants how often they attend religious services, the responses are shown in Figure 2:

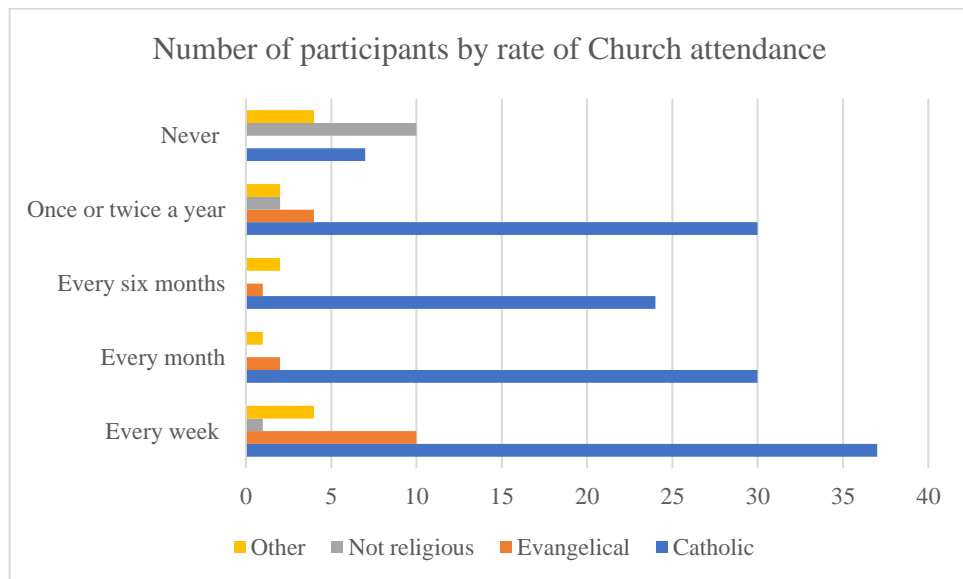


Figure 2. Frequency of attendance of participants according to their religious adherence. Source: the author.

I also asked students what they are currently studying in university, thus seeing if their field of studies might interact with their opinion in relation to the narrative and compare it to the control group. In this case, I was able to obtain access to six faculties – comprising nine degrees – out of the fourteen faculties offered by CRUC.

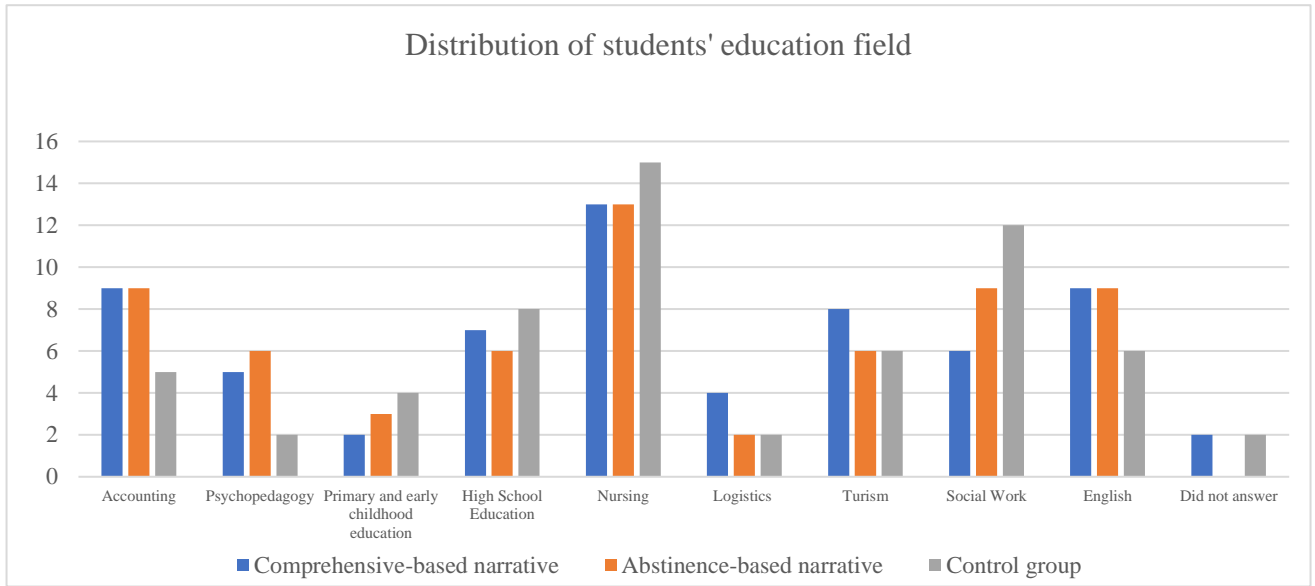


Figure 3. Distribution of field of studies by narrative treatment. Source: the author.

As I randomised the sample using Excel, the distribution of the survey was equal per faculty, but the rate of response was not the same per degree as in some cases some faculties, such as Nursing, have more students than others, such as Psychopedagogy.

Having these demographic details allowed me to create a baseline of my sample to notice the similarities from the background, and thus, enabled me to conduct the experimental portion of this research. To sum up, this baseline assists in the precision of the treatment (McManus, 2020).

6.1.2 What is the opinion of students regarding sexuality education?

In this subsection I now present and interpret the results following the exposure of students to a narrative policy on current sexuality education debates and explore its relationship with their opinion. Moreover, I attempt to test my hypothesis and demonstrate whether narrative policies towards CSE can change the opinion of the public, while exposed to an abstinence-based narrative treatment will not change their opinion. The following results are pertaining to those subjected to

the narrative treatment ⁵⁵ but cannot be compared to the control group as members of this group were not asked questions regarding the videos.

After watching the video, I wanted to know the **reception** of participants in relation to whether they agreed or not with the video.⁵⁶ As both table 5 and figure 4 demonstrate, in the comprehensive-based narrative treatment people agreed more to the video, whereas those subjected to the abstinence-based narrative treatment, were more polarised.

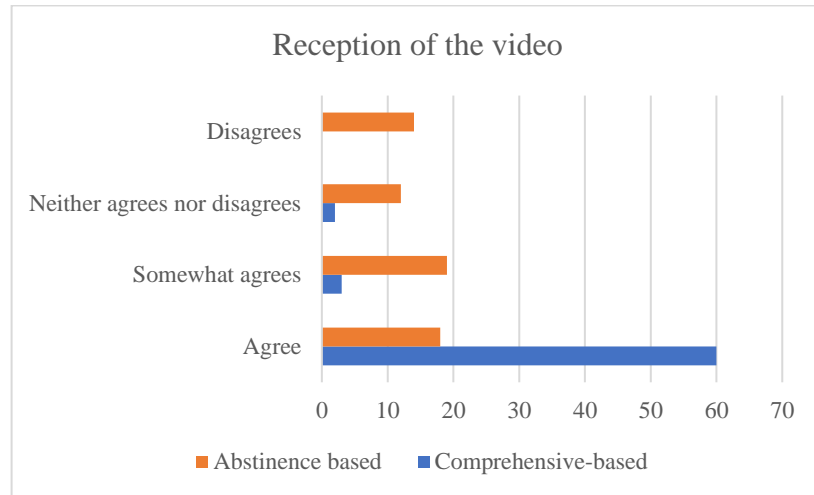


Figure 4. Reception of narrative following the treatment. Source: the author.

The mean difference is significant at 0.05, meaning that there was a change towards the reception of CSE narrative, once exposed to it. Meanwhile, those facing an abstinence-based narrative remain with a similar stance. However, after measuring their reception, I also added an open question so participants could elaborate their reasoning behind their position. In the case of comprehensive-based narrative treatment, students agreed and recognised the importance of teaching children and young people about human behaviour, self-esteem, respect, sexuality without taboos, and gender equality. Meanwhile, in the case of abstinence-based treatment, there was some staunch support of the narrative, while – as result show – strong disagreement, calling out the narrative for giving “misinformation” and promoting antiquated values.

⁵⁵ For more information, the videos can be accessed in the Annex 1 “Fieldwork Part VII” section.

⁵⁶ I measured the response using a Likert scale, with the responses taking the following values: “Agree” = 4, “Somewhat agree” = 3, “Neither agrees nor disagrees” = 2, “Disagrees” = 1

Table 5. Results of t-test measuring the reception

Variable	Comprehensive -based treatment	Abstinence- based treatment	Difference	t-statistic
Reception	3.952	2.650	1.302	9.028**

** Statistically significant at 0.05

After measuring the reception towards the narratives, I asked students if the video changed their opinion regarding sexuality education.⁵⁷ In this case, there was not a significant change in either group, as the following table and figure reflect. Nonetheless, the mean difference is significant at 0.05, meaning that there was a change of opinion towards the narrative treatment. Based on the results, 37% of participants subjected to comprehensive-based narrative treatment changed their opinion on sexual education, meaning that those exposed to CSE narratives are more likely to change their opinion in comparison to those exposed to an abstinence-based narrative.

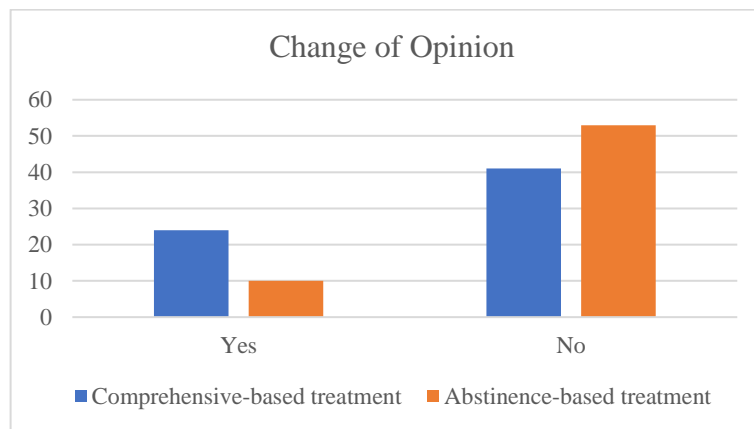


Figure 5. Change of opinion towards sexuality education. Source: the author.

⁵⁷ To measure the difference among groups and test the significance of the experiment in relation to this variable (named **opinion**), I used a dichotomous approach, where “yes” = 1 and “no” = 0.

Table 6. Change of opinion towards CSE (opinion)

Variable	Comprehensive -based treatment	Abstinence- based treatment	Difference	t-statistic
Opinion	<i>0.369</i>	<i>0.158</i>	<i>0.211</i>	<i>2.753**</i>

** Statistically significant at 0.05

Once again, I opened the floor for students to express why they felt it changed their opinion or not. In the case of comprehensive-based narratives, students who reported not having changed their opinion commented that they already knew about CSE and agreed with the statement of the video. In fact, some mentioned hoping for a Panamanian legislation that adheres to a CSE curriculum. On the other hand, those subjected to abstinence-based narratives reflected a polarisation as with the previous question, while some said it did not change their opinion as they agreed with the statement, others reported not having their opinion changed because they oppose the narrative of the video and find it rather prejudicial towards the wellbeing of children and youth.

Next, I inquired if the students acquired new knowledge/information following the treatment. In this way, I present an effect of the narratives that goes beyond changing opinion, in this case a stimulus and the possible formation of new meanings towards sexuality education (Shanahan et al., 2018). Results in table 7⁵⁸ suggest that those exposed to a comprehensive-based treatment learned something new about sexual education, whereas those in the abstinence-based treatment report having known the same information prior to this survey.

Table 7. Learning something new

Variable	Comprehensive -based treatment	Abstinence- based treatment	Difference	t-statistic
Learning	<i>0.800</i>	<i>0.555</i>	<i>0.245</i>	<i>3.046**</i>

** Statistically significant at 0.05

⁵⁸ Once again, I employed a dichotomous approach, where “yes” = 1 and “no” = 0 to test the difference of means in the variable I call **learning**.

Here, students exposed to the comprehensive-based treatment acknowledge the benefits of sexuality education in a society facing multiple constraints regarding SRR. Meanwhile, the polarisation among participants in abstinence-based group persists, as some reported not learning anything new due to knowing those facts and agreeing with them, while others expressed disdain towards the narratives that exacerbate prejudice and taboo.

After these treatment related questions, I continued the survey with general questions regarding their knowledge on CSE, whether they received sexuality education, where they received it and by whom, and where sexuality education should be taught. This section marked the inclusion of control group students.

Most students reported having a general knowledge of what CSE entails. Those exposed to the comprehensive-based treatment provided a response similar to the video; those in the abstinence-based group had, once again, a more polarised idea of what CSE, some mentioning it was a “progressive agenda to promote gender ideologies and tamper with Panamanian ideals” while others reported it was a much needed teaching in Panamanian schools; those in the control group, explained that it was the teaching of human sexual behaviour to take cautious decisions regarding sexuality. When it comes to receiving sexuality education, 77% of participants reported having received some teachings of it. Wanting to expand on their experience on sexuality education and their environment, I asked them where they received it. In the form of a multiple-choice question, I received various places, in some cases the home, the school – at secondary level –, the internet, and less frequently, the Church.

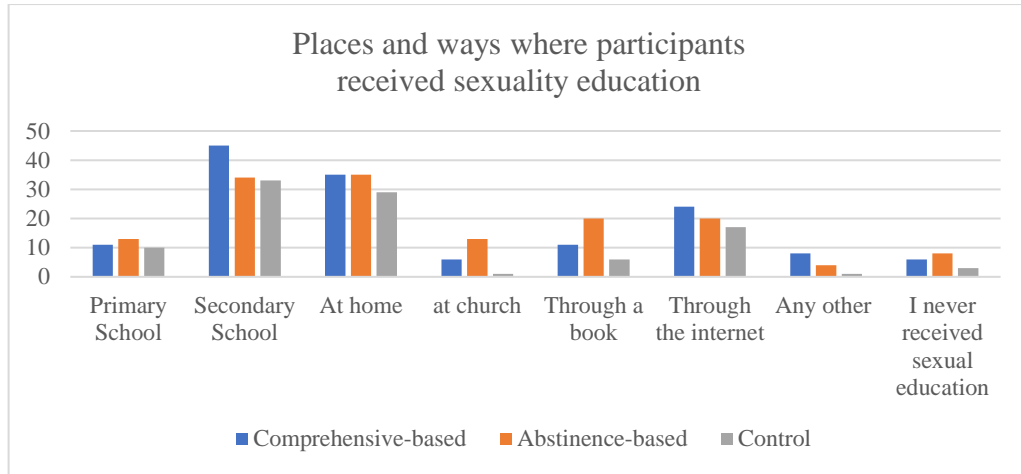


Figure 6. Distribution of places where participants received sexuality education. Source: the author.

Next, I turned to see what their belief regarding teaching sexuality education to young people is, an opinion potentially influenced by the narrative treatment. For the variable **teaching**, most participants agreed that young people must receive sexuality education. Nevertheless, in the abstinence-based narrative treatment some participants did not agree; therefore, the results are statistically significant, which can represent that if the study were to be replicated with a larger and more diverse sample, people would present a similar position to those subjected to abstinence-based narrative treatment.

Table 8. Teaching of sexual education to young people (teaching)

Variable	Comprehensive-based treatment	Control	Difference	t-statistic
Teaching	<i>1</i>	<i>1</i>	<i>1</i>	<i>65535</i>
	Abstinence-based treatment	Control		
	<i>0.920</i>	<i>1</i>	<i>0.080</i>	<i>-2.293**</i>
	Comprehensive-based treatment	Abstinence-based treatment		
	<i>1</i>	<i>0.920</i>	<i>0.080</i>	<i>2.348**</i>

** Statistically significant at 0.05

Thereupon, I provided a series of options to see why they thought young people should be taught sexuality education. Even though most participants agreed, some responses refer to the “right to know”, to the “wellbeing of people” and prevention of STIs/STDs and teenage pregnancy, aligning to comprehensive-based narratives explored in Section 5, while those who oppose the teaching, reported fear of young people engaging in pre-marital sex and not maintaining moral values, which adheres to abstinence-based narratives also explored in Section 5.⁵⁹ Consequently, through a series of choices, I asked participants where the teaching should happen and by whom. Here, 81% of the students believe that sexuality education should be taught by the parents, and 80 % of participants report that sexuality education should be taught in school by a professional. Meanwhile, 65% believe the teaching of sexuality education should be carried by health professionals, whereas, in a much smaller rate, 8% of participants report that the teaching should also involve the Church. This last response was unprecedented because following the praying at the beginning of some lessons, I thought this ritual and interaction would influence the perception and belief of participants (Múñoz Astudillo, 2017). However, factors such as field of study and the narrative treatment might have influenced the decrease in assessing the Church as a teaching actor.

Given that sexuality education concerns family planning, reducing teenage pregnancy and STIs/STDs contagion and other SRR issues (UNESCO, 2018), I decided to ask students their opinion on the role of sexual education in the prevention of teenage pregnancy and STIs/STDs.⁶⁰ In this case, most participants belief sexual education plays a major role in the prevention of teenage pregnancy and STIs/STDs. As the table shows, abstinence-based treatment responded more to “strongly agree” (49%) but also had more “disagree” (51%) responses showing more polarisation in the responses, moreover, there was missing data in the abstinence-based treatment. Besides, in both the control and comprehensive-based groups, participants responded more “agree”; thus, reducing the mean value.

⁵⁹ Please refer to Annex III, Figure 12 to see the responses of participants when asked why sexuality education should be taught to young people.

⁶⁰ To measure this, I followed a Likert scale, with “Strongly agree” = 4, “agree” = 3, “Neither agrees nor disagrees” = 2, and “Disagrees” = 1, and compared the means of each group in regard to the **teenage pregnancy and STIs/STDs** variable.

Table 9. Role of sexuality education in reducing teenage pregnancy and STIs/STDs

Variable	Comprehensive -based treatment	Control	Difference	t-statistic
teenage pregnancy and STIs/STDs	2.609	2.435	0.156	1.472
	Abstinence- based treatment	Control		
	3.316	2.435	0.863	6.360**
	Comprehensive -based treatment	Abstinence- based treatment		
	2.609	3.316	0.707	-5.511**

** Statistically significant at 0.05

Even though the results are statistically significant when compared to the control group and comprehensive-based group, there is a change of opinion in those who are exposed to the abstinence-based treatment. Meaning that those who already reported feeling “disdain” and “distracted” about the repercussion of lack of sexuality education were even more mobilised and polarised when exposed to an opposing idea to what they believed, aligning to the idea that individuals whose values are threatened further mobilised and polarised their opinion (Kleiner, 2018).

Afterwards, I asked if they thought sexuality education is currently implemented in Panamanian schools. I rationalised these questions to measure effectiveness of the narrative treatments and depending on the group, if the opinion changed or not.⁶¹ Results present a statistically significant result when comparing comprehensive-based vs control and comprehensive-based vs abstinence-based, suggesting some level of polarisation among responses; hence, possibly changing their opinion on the current state of sexuality education in Panamanian schools. This can be reflected in

⁶¹ To operationalise this, I used a Likert scale, with “Yes” = 4, “Maybe” = 3, “Not sure” = 2, and “No” = 1, and compared the means of each group in regard to the present sex ed teaching.

the next figure, where the responses are more distributed in those exposed to CSE, whereas the abstinence-based and control groups are more polarised. Thus, results suggest that the population in general – regardless of whether they support abstinence-based or CSE teachings – **does not believe** there is a sexuality education teaching Panamanian schools.⁶²

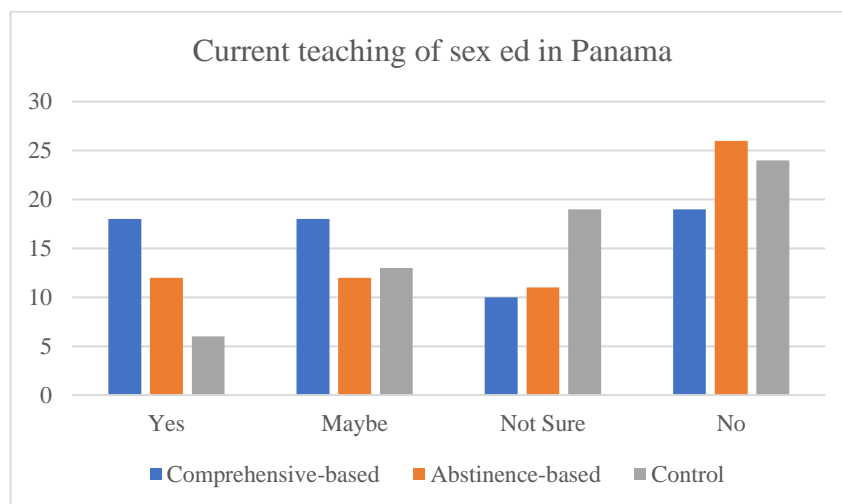


Figure 7. Opinion on the current teaching of sexuality education in Panama. Source: the author.

Considering that 36% of the population does not think Panama has a teaching of sexuality education, I decided to ask the students if they thought Panama should teach the subject in schools. Results in Figure 8 demonstrate that most participants believe CSE **should** be taught in Panamanian schools. To verify in depth why they supported the teaching of sexuality education, I provided an open question. Even though the results were not statistically significant,⁶³ most participants agreed, once again used phrases such as “children and youth have the right to know”, “it is the SRR of everyone”, “Panama does not have decent sex ed, and it needs to improve”, “it can reduce sexual abuse and teenage pregnancies” and in general aiming to the “well-being of people”, which highly associate to comprehensive-based narratives.

⁶² Refer to table 11 in Annex III “Survey Results” to see the difference among groups

⁶³ Refer to table 12 in Annex III “Survey Results” to see the difference among groups.

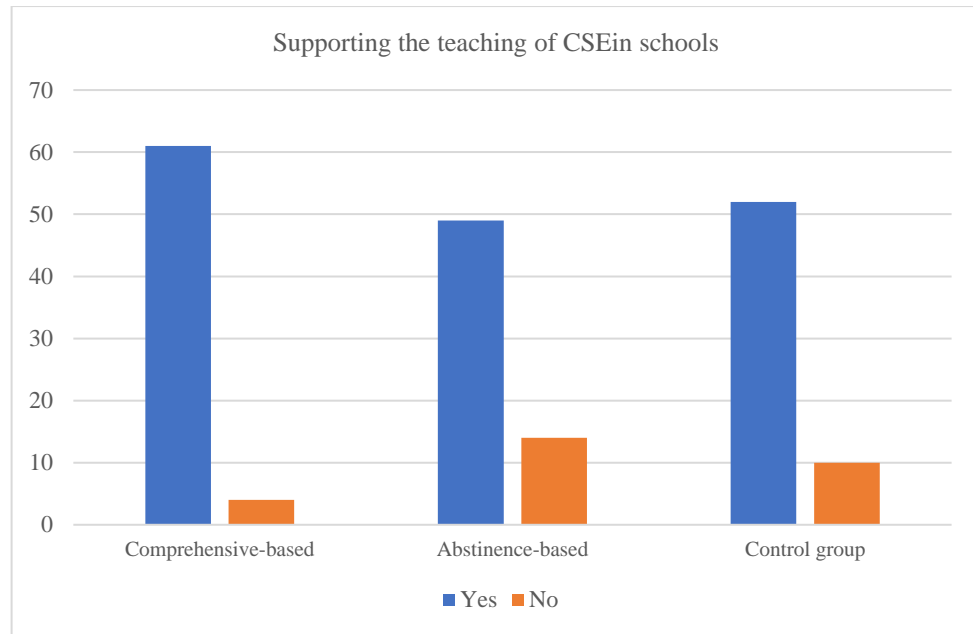


Figure 8. Supporting the teaching of CSE in Panamanian schools. Source: the author.

However, I noticed that a very small percentage did not agree with the implementation and teaching of CSE in Panamanian schools. While reading the responses, I noticed perceptions such as “children and youth will be in more danger”, “children and youth will start having sex sooner”, “teachers do not have capacity to teach”; hence ideas somewhat aligning to abstinence-based narratives, but still classify in the point of convergence discussed in section 5, the motivations look for the wellbeing of people in general (Lesko, 2010). I decided to verify if the field of study had an influence in this opinion, for this I found those who oppose or are not sure about the teaching of sexuality education are currently enrolled in the following fields:

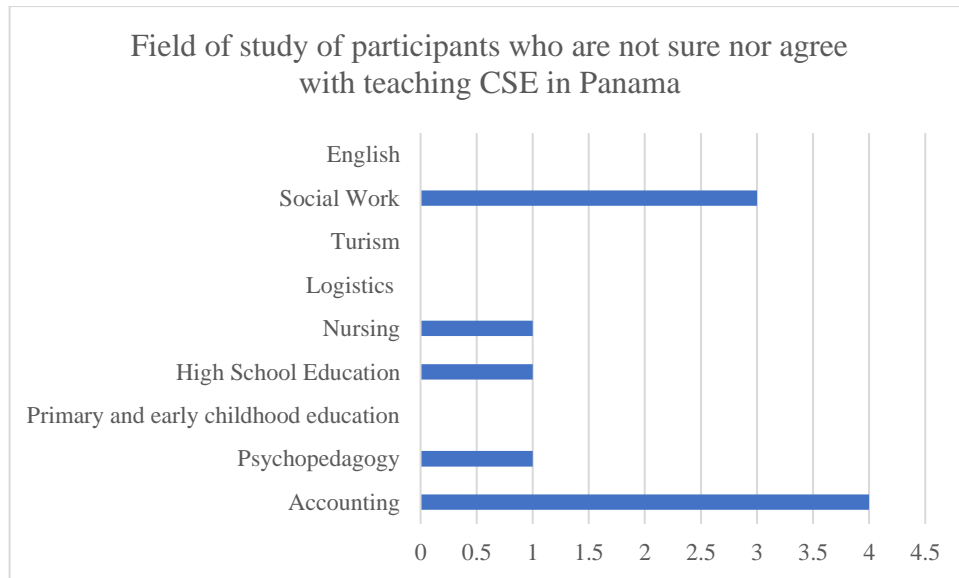


Figure 9. Field of study of students who are not sure nor agree with teaching CSE in Panamanian schools.
Source: the author.

Given that the responses come from a very small pool, I cannot attest there is a relationship between the field of study and students' opinion. Thus, in this case, the relevance of the narrative treatment cannot be taken for certain, as most of the sample agreed with teaching sexuality education.

6.2 Unexpected outcomes

I will now discuss some unprecedented outcomes out of this experiment, particularly regarding the influence of narrative on the public opinion. The policy narrative used in the experiment conveyed complex issues – from polarising ends – to entice the target audience to consider “problematic” facts that need to be remedied immediately (Shanahan et al, 2018). As seen with the comprehensive-based group, students were more convinced by the information presented and there was less polarisation within them and the control, while the abstinence group had a more splitting context. This situation emulates what occurs with the actors presented in Section 5: while comprehensive-based actors had a similar view of what sexuality education should entail, how it should be implemented and why it is relevant, abstinence-based groups had more diverse opinions.

While most participants follow a Christian faith, there was still significant backlash against the abstinence-narrative video, first evidenced when asked if they agreed with the video. Some participants denounced the narrative as full of prejudices and outdated statements that can be influenced by the age of participants. As most participants belong to Generation Z, they are more

connected and consume information that can be considered “progressive” and human rights oriented (Parker, and Igielnik, 2020). There was some support for sexuality education in the three groups, once again polarising the debate and demonstrating that policies influenced by abstinence-based groups are not reflective of what new generations want and support.

6.3 Assessment of the results

Following the results, I now ponder the following: *To what extent do my results support my hypothesis?* Having identified the narratives of actors, where they differ and converge, and putting them up to test in an experiment with university students, I noticed that – even though an amateur video was used – students exposed to comprehensive-based treatment changed their opinion and reception regarding CSE, while those in the abstinence-based group did not change their opinion. Thus, when it comes to putting students through a narrative treatment, the results support my hypothesis. However, given the complex and diverse context of Panama, I cannot ascertain that if replicated with a larger population, the results will remain the same.

7 Conclusions

In this Master Thesis, I have attempted to answer the guiding question, "*What are the narratives around the most recent attempts to implement sex education policies in Panama, and how do they influence the public's opinion?*". For this, I categorised the narratives into two groups as a representation of the division that Panama experiences when addressing sexuality education. The narratives lie on whether people – and in this sense, children, and youth – should have the right to know about their SRR or whether they should be protected and safely kept from "harmful behaviours". Among supporters and promoters of CSE, informing people of their SRR is at the core of their narrative, whereas those advocating for abstinence-based sexuality education control and protection of the family are the foundation of their crusade (Lesko, 2010).

Through the exploratory interviews, the main results on what are actors, and their most recent narratives believe that proponents of CSE suggest that when establishing a programme of CSE, the Panamanian government must ensure the inclusion of everyone, particularly those who have been historically, socially, and systematically marginalised, such as afro Panamanians and indigenous communities. They recognise the cultural and social values of the Catholic and Evangelical churches. However, they believe these institutions should not take part in formulating and regulating sexuality education teachings, and thus, believe that in this way, the government promotes humane programmes and laws that ensure the SRR of every person living on Panamanian land. In turn, abstinence-based actors and rejectors of CSE have narratives focused on maintaining high levels of Christian values and morals so that people can self-regulate themselves. This group of actors affirms that people, particularly women, need to be more conscientious of their behaviour and bodies, assuring that this will decrease the rate of teenage pregnancy. Both groups believe parents/guardians must be involved in the development of children and aware of what they are being taught. However, CSE proponents demand the recognition and respect of the individuality of children and youth as people deserving of human rights rather than a commodity of their families (Schulz, 2018).

To complement this narrative analysis, I perused the *Guía de Orientación y Formación en Materia – Educación en la Sexualidad y Afectividad*, a strategy that will be implemented by MEDUCA this year (La Estrella de Panamá, 2021). The guidelines claim to have a robust scientific base that

promotes self-esteem, social skills, and tools to promote self-regulation. Along with these, the core idea is to ensure and assure abstinence as a form of self-regulation, as it is the only way to achieve affectivity and respect towards others (Lesko, 2010). They further align with abstinence narratives by claiming to keep morals and values, promoting the right of "life since conception", and maintaining family at the core of the teaching.

Considering these narratives, I addressed the second part of the question on the influence on public opinion by subjecting university students to a narrative treatment (Shanahan et al., 2018). After the treatment, they answered questions relating to sexuality education, revealing that when exposed to a CSE narrative, people are unaware of what CSE entails and its benefits to the wellbeing of people and agreed with the narrative. The experiment also revealed polarisation among the abstinence treatment as some reported to agree with the narratives as they aligned with the Panamanian values and morals. In contrast, others presented disdain for the narratives and deemed them inadequate, antiquated, and harmful.

When asked whether it changed their opinion, a larger group reported having their opinion remain the same. In the case of CSE, even though they did not know much about CSE, they felt their opinion was the same as the narrative. Meanwhile, abstinence-based treatment reported agreeing with the narrative, while others reported not agreeing and not being influenced by the narrative. I asked the students if they support the teaching of CSE in schools, and in the CSE group, most students supported the teaching and reported that it is imperative and much needed, and this perception was common among those who said yes. While those who say no, having a similar rate of response in the control group and abstinence-based group, reported that teaching CSE can pervert the curriculum and input harmful ideas about sexuality in children and youth.

The results show that the CSE narrative is not known, and when known, it can be plagued by **distortive ideas**. Looking at the responses of the CSE treatment on not knowing about CSE compared to the abstinence-based treatment, the control group suggests that policy narratives on the abstinence spectrum are the **standard norm** in Panama. Therefore, to ensure the implementation and promotion of CSE, actors need to find new strategies to reach people – in a culturally sensitive manner – and influence the acceptance of CSE narratives and programmes.

Limitations and further research

While my empirical results offer interesting insights on how the narratives influence the students' – and the public – opinions, other aspects might impact the way people perceive topics and form their opinion on topics.

- The role of social media in disseminating narratives: social media becomes a niche wherein political commentary is given, and "controversial" topics are often scrutinised on social media (Bode, 2015). At the meso-level of analysis within the NPF, social media can serve as a place to formulate policy narratives and spread meanings and beliefs toward a cause is created (Carter and Fuller, 2016; Shanahan et al., 2018). In the case of Panama, actors from both narratives are actively engaging in social media, particularly Twitter, Instagram, and Facebook; for this and to further understand the influence of narratives on the public opinion, research on the role of social media and the formulation of public opinion towards sexuality education is relevant to the literature.⁶⁴
- Use a more diverse sample and reach out to more actors: while I contacted multiple actors for the explorative interviews, some possible interviewees did not respond nor participate, it was challenging to obtain a response/interview from supporters of abstinence-based narratives.⁶⁵ Likewise, regarding accessibility, I decided to survey university students, and I did not obtain the number of expected responses. For this, I discern it is valuable to conduct a similar study in another location in Panama to comprehend the influence of policy narratives on sexuality education.
- Implementation of Bill 302: The Sexuality and Affectivity guidelines were recently adopted as *Ley 302* and stipulates the use of the guidelines in public and private schools, health centres, churches, community centres and at home (Cruz, 2022). Considering the core ideas and narratives presented in the guidelines, research on the process of implementation, reception and outcomes after the implementation is relevant in terms of accountability, transparency, effectiveness, efficacy, and efficiency.

⁶⁴ Refer to Annex III "Social Media and the debate".

⁶⁵ In some cases, I received responses from them assuring an interview, but when the interview day came, the actors did not attend. I tried to follow-up with them, but at this stage, my emails/calls were not answered.

Beyond fear – why CSE should be implemented in Panama and policy recommendations

Educating children and young people on healthy relationships and sexuality has constantly stirred the pot in Panama, causing a quandary among all actors⁶⁶ involved in the topic. This research reveals the opinion of students on sexuality education comprises the recognition of the **need** for sexuality education, mainly one based on comprehensive strategies. For this, it is necessary that when designing a sexuality education programme, the government, and pertinent actors, adopt strategies that recognise people's needs and ensure comprehensive programmes related to sexuality, family planning, social skills, prevention of abuse, and others. Despite the idea of protecting children and youth from harmful behaviours, evidence from Panama suggests that abstinence programmes are ineffective as numbers in the rates of teenage pregnancies and STIs/STDs are increasing. By claiming to protect the natural form of the family and the Panamanian culture from intrusive agendas – such as the "gender ideology" –abstinence-based actors and their narratives feed the taboo and fear of sexuality (Lesko, 2008).

This misinformation on sexuality and CSE can harm people of all genders and further alienate those already in vulnerable positions (Epps et al., 2021). For this, I argue that CSE must be adopted by Panamanian policymakers and implemented in schools. CSE is part of the human right to education, and it must be a public good and ensured by the state; thus, the Panamanian government needs to leave behind these ideas that deprive citizens of knowledge and categorises things such as good or bad when in fact, this kind of "protection" only benefits a small percentage of the population and neglects the rest. Many problematic situations – such as those explored in section 2 – can be curbed within the teaching of CSE. Sexuality is an essential element of human behaviour and development, and education is the tool that incorporates CSE to promote individual and social development (Ramírez, 2010).

The lack of CSE in Panama has a steep cost in terms of economic effects. According to UNFPA Panama,⁶⁷ the cost associated with teenage pregnancy⁶⁸ in the country amounts to US\$495.4

⁶⁶ Including parents, teachers, students, political actors, activists, religious actors.

⁶⁷ To calculate these costs and obtain these results, UNFPA employed the MILENA methodology, which calculates the opportunity cost (how much the country loses and/or forgoes in education, labour participation and income. In addition, it estimates health expenditures and fiscal losses due to foregone taxes (UNFPA Panamá, 2021).

⁶⁸ This also includes pregnancy in young girls, aged 9 – 14 years old.

million, and if US\$15 million for health expenses and US\$15 million for fiscal losses are added to the costs, the total sums up to US\$525 million (Fondo de Población de las Naciones Unidas, 2021). In terms of social effects, the lack of CSE is linked to poverty and the reproduction of inequalities and reflects situations of sexual violence and abuse.⁶⁹ It is imperative to consider that behind those alarming numbers, there are people whose lives and rights are violated.

This research demonstrates that narratives are important in examining the issue of policy perception, acceptance, and implementation in Panama. Given that the mandating *Ley 302* advocates for abstinence and uses a narrative that portrays sexuality as something **threatening**, it ends up **excluding the wellbeing** of people by omitting information. Further, the normalisation of violence through forgoing resources to prevent abuse and GBV and the use of revictimising language discloses the effects of the current debate on **personal lives**. For this, the Panamanian government must revise the content within *Ley 302* and leave behind abstinence as the centre of teaching; thus, it is imperative to stop measuring everything to a "moral" and "Christian" standard that ends up overlooking people and instead, labels and treats them as "immoral", "irresponsible" and "dangerous". Likewise, the Panamanian government must ensure that educational institutions and communities abide by Bill 60 of 2016 by allowing young mothers and pregnant adolescents to continue their education and provide more humane treatment to victims of abuse and rape.

I close this thesis by calling the Panamanian government to guarantee that decisions come from and for the people, not from a small sector. For this, the Panamanian government must guarantee adequate access to CSE and ensure the participation of youth and educational community in the debate and policy decision-making. Panama, in theory, is a secular country; therefore, religious groups should not be defining values on what should be taught in public schools (Illueca, 2017). Today and in the time to come, the topic of CSE and SRR will remain relevant in the Panamanian context. To ensure the fulfilment of these rights, the state must warrant a separation of the Church and that people in religious positions do not impose their agenda and personal beliefs on fundamental political decisions. In this way, Panama can have **just** and **inclusive** CSE policies.

⁶⁹ Sexual violence and abuse are multifactorial issues but as CSE teaches the skills to develop healthy relationships and provides the tools to prevent violence, its implementation can help in the process of tackling these problems (Rolston et al., 2020; UNICEF, UNESCO et al., 2018).

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Appendix

Annex I

Fieldwork Part I: List of possible interviewees⁷⁰

Based on actors and organisations, their influence, the following actors were contacted to participate in the interviews:

1. The president of Yo Creo en la Familia and prolific member of the Panamanian Alliance for Family and Life
2. The pastor of Missionary Community Bendición
3. The pastor of Hosanna Apostolic Community
4. Manager of APLAFA
5. Founder of PalabrasPoderosxs
6. Subdirector of MEDUCA, Coclé Province
7. Priest from the Catholic Church and leader of youth programming for Radio María
8. President of The Panamanian Coalition for Comprehensive Sex Education
9. Congressman proponent of Bill 590
10. Congresswoman and executive member of the Panamanian Alliance for Family and Life
11. Congresswoman proponent of Bill 590
12. Congressman and supporter of CSE, also a proponent of Bill 590
13. Archdiocese of Panama
14. Representatives of the Commission on Women, Children, Youth, and the Family, run by the Panamanian Congress
15. Pastor of Tabernacle of Faith
16. Youth Christian Movement, a faction of Hosanna Apostolic Community
17. Founder of EmpoderHadas, a sex education podcast
18. Current Minister of Education
19. Leader and spokesman for Movimiento Pro-Valores y Familia
20. Lawyer, Human Rights and Gender Specialist
21. Confederación Nacional de Padres de Familia
22. Congressman proponent of Bill 61
23. Manantial de Vida Church

⁷⁰ Even though information and the names of these actors are widely available online, to maintain anonymity; I will not put their name.

Table 10
Interviewees (Exploratory interviews)

Research participant	Identification	Name	Organisation/Role	Date of interview
<i>Palabras Poderosas</i> Founder	Interview 1	Karla	Palabras poderosas	September 9, 2021
Manager of APLAFA	Interview 2	Sonia	APLAFA	December 2, 2021
Activist and Journalist	Interview 3	Luisa	EmpoderHadas	December 7, 2021
President of <i>Coalición Panameña por la Educación Integral</i>	Interview 4	Mariana	Coalición Panameña por la Educación Integral	December 10, 2021
Priest of youth activities	Interview 5	Pedro	Archdiocese of Panama, Radio María	January 4, 2022
Pastor of youth activities	Interview 6	Miguel	Tabernáculo de la Fe	January 5, 2022
Appointee to the Coclé province	Interview 7	Iván	Ministerio de Educación	January 11, 2022
Independent Congressman	Interview 8	Juan	Congressman of Panama, Asamblea Nacional de Panamá	February 23, 2022

Fieldwork part II: Interview questions⁷¹

1. Please explain your general opinion on sex education in Panama.
2. What kind of activities have you carried out to promote this type of education (or similar) within your organization or individually?
3. What motivated your action on the issue of sex education in Panama?
4. Why do you think the rates of teenage pregnancy and STIs are so alarming in Panama compared to other Latin American countries?
5. What do you think about sex education in Panama, do you think there is a teaching of sex education, and do you think it should be taught in schools?
6. What do you think of the new Sexuality and Affectivity guides?
7. Do you think that sexual and reproductive education can prevent teenage pregnancy and STIs? Please explain.
8. In your opinion, at what age do you think sex education should be taught in Panama?
9. Why do you think there is a taboo around sexuality and sex education?
10. Do you think there are social and economic benefits for society by implementing sexual health education in schools? If yes, what would these be. If no, why not.

Fieldwork part III: Documents, media portals, and news sources reviewed during the fieldwork

- The *Guía de Orientación y Formación en Materia – Educación en la Sexualidad y Afectividad*
- Pilot projects presented by MINSA, MEDUCA, UNFPA, National Institute for Women (INAMU), APLAFA.
- Media coverage by the most popular sources in Panama:
 - i. TV News: TVN, RPC, ECOTV, and NextTV
 - ii. Newspapers: La Prensa, La Estrella de Panamá, El Panamá América
 - iii. Online News Outlets: Foco Panamá, Praxis, Antónima.
- Reports, convocations of protest, memoranda, and media publications by the following religious and non-religious organisations:
 - i. Comunidad Apostólica de Hosanna, evangelical community highly influential in Panamanian politics and education.
 - ii. Coalición Panameña por la Educación Integral, non-religious organisation based in Panama City highly influential in the education arena.
 - iii. Conferencia Episcopal, catholic community highly influential in Panamanian politics and education.
 - iv. Espacio Encuentro de Mujeres, largest feminist coalition in Panama.
 - v. Alianza Panameña por la Vida, pro-life group influential in Panama.
 - vi. Movimiento Pro-Valores y Familia, pro-life group influential in Panama.

⁷¹ Text originally in Spanish, translated to English by the author.

Fieldwork part IV: Survey questions

Survey – Comprehensive Sex Education in Panama⁷²

The following survey is part of a master's thesis project focused on narrative policy and the influence of such narratives on public opinion. In this case, research contributes understanding of public opinion on sexual education in Panama. This is a research project being conducted by Ana Raquel Fuentes Córdoba, a student at the Master in Education Policies for Global Development (for more information, you can peruse the programme here <http://www.globed.eu/>).

This survey should take approximately 20 minutes to complete. Your participation in this study will be completely anonymous and the results will only be handled by me. You may refuse to take part in the research or exit the survey at any time without penalty. You are free to decline to answer any particular question you do not wish to answer for any reason. Your survey answers will be sent to a link at Google Forms where data will be stored in a password protected electronic format. Google Forms does not collect identifying information such as your name, email address, or IP address. Therefore, your responses will remain anonymous. No one will be able to identify you or your answers, and no one will know whether or not you participated in the study.

If you have any questions or concerns, you can contact me at afuentescordoba@gmail.com. Thanks for participating!

- Demographic questions (baseline)

- 1. Which country were you born in?**
- 2. Which province?**
- 3. Which city/town were you born in?**
- 4. Where do you currently live?**
- 5. Gender**
 - Male*
 - Female*
 - Other*
 - Prefer not to say*
- 6. What is your marital status?**
 - Single*
 - In a relationship*
 - Married*
 - Separated*
 - Divorced*
- 7. Are you currently working?**
 - Yes*
 - No*

⁷² Text originally in Spanish, translated to English by the author.

Sometimes (camaroncitos)

8. How old are you?

18 – 25

26 – 30

31 – 35

36 – 40

41 +

9. How many people live with you?

I live alone

2-3 people

4-5 people

6+

10. Can you state your household income?

1.0 – 500 USD per month

501 – 1000 USD per month

1001 – 1500 USD per month

1501 – 2000 USD per month

2000 + USD per month

11. How many kids do you have?

0

1

2-3

4-5

6+

12. How many kids live with you?

0

1

2-3

4-5

6+

13. What is your religious affiliation?

Agnostic

Atheist

Christian/Catholic

Christian/Protestant

Christian/Other

Hindu

Jewish

LDS/The Church of Jesus Christ of Latter-Day Saints

Muslim

Spiritual but not religious

Not religious

Other (please specify)

14. How often do you attend religious services?

- once per week*
- once or twice per month*
- once or twice per year*
- never*

15. Please mark with an “X” the frequency in which you engage in the following activities

Activity	Frequently	Sometimes	Not very often	Never	Not Sure
<i>Watching Television/Netflix</i>					
<i>Playing videogames</i>					
<i>Playing adult games (cards, monopoly, boardgames)</i>					
<i>Walking for pleasure</i>					
<i>Attending youth groups</i>					
<i>Using social media (Instagram, Tik Tok, Facebook, etc.)</i>					
<i>Going to church</i>					
<i>Running for pleasure</i>					
<i>Reading books for pleasure</i>					
<i>Competing in team sports (for example, baseball, basketball, volleyball, football, etc.)</i>					
<i>Competing in individual sports (for example, track and field, tennis, etc.)</i>					
<i>Going out with your family</i>					
<i>Cycling</i>					
<i>Going to the movies</i>					
<i>Going out for drinks and entertainment</i>					
<i>Visiting art galleries and museums</i>					
<i>Listening to music</i>					
<i>Swimming</i>					
<i>Constitutional Rights Activism</i>					
<i>Feminist Activism</i>					
<i>No A la Minería Activism</i>					
<i>Pro-family Activism</i>					

<i>Attending sports events</i>					
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16. What is your class year?

Freshman

Sophomore

Junior

Senior

Graduate student

Other

17. What are you studying?

- **Questions after the videos**

18. Do you agree with the statement presented in the video?

Agree

Somewhat agree

Neither agrees nor disagrees

Disagrees

19. Based on your answer, can you explain your position?

20. Did the video change your opinion on sexual education?

Yes

No

21. If yes, how did it change?

22. Did you learn something new through this video?

Yes

No

23. If yes, what did you learn?

24. Do you know what comprehensive sexual education refers to?

Yes

No

25. Based on your answer, can you explain your position?

26. Have you ever received sexual education?

Yes

No

27. If you did receive sexual education, from where did you get it?

School

College

At home

At church

Through a book

Through the internet

Any other

I never received sexual education

28. Are you currently sexually active?

Yes

No

I have never had sex

29. In case you are sexually active, what method of protection do you use?

Condom

Contraception pills

Diaphragm

Feminine condom

Injection

Intrauterine Device (IUD)

We practice pulling-out

I don't know how to use any of these

30. What do you think about the practice of abstinence?

31. Do you think sexual education should be provided to young people?

Yes

No

32. If yes, why do you think sexual education should be given to young people?

Because they have the right know

Because it will help them recognise and protect themselves from abuse

Because it will protect them from infection and unwanted pregnancy

Because it is part of life, and they should know enough to enjoy it/feel a sense of wellbeing

Any other

I do not think young people should receive sexual education

33. If you think that sexual education should be given to young people, how and by whom should this information be given?

When they have questions

In the classroom by a biology or physiology teacher

In school by counsellors/external resource person

By parents

In the church

By a health professional

I do not think young people should be given information about sexual education

34. Do you think sexual and reproductive education can prevent teenage pregnancy and STIs?

agree

somewhat agree

neither agrees nor disagrees

disagrees

35. Do you think that Panamanian public schools offer comprehensive sexual education classes to students?

agree

somewhat agree

neither agrees nor disagrees

disagrees

36. Do you think Panamanian public schools should offer comprehensive sexual education?

agree

somewhat agree

neither agrees nor disagrees

disagrees

37. Based on your answer, can you explain your position?

38. Did you watch the video in its entirety?

Yes

No

Fieldwork Part V: Sample

I used the following equation to calculate the sample size:

$$n = N * X / (X + N - 1)$$

Where n is the sample size. N represents the population size, and X indicates the following:

$$X = Z_{\alpha/2}^2 * p * (1 - p) / MOE^2$$

Where $Z_{\alpha/2}$ represents the critical value of the normal distribution. I am using a confidence of 95%, so α is 0.05 and the critical value is 1.96. MOE represents the margin of error, which is 5% and p the sample proportion of 50%.

Fieldwork Part VI: Narrative treatment

I constructed three different groups, as follows:

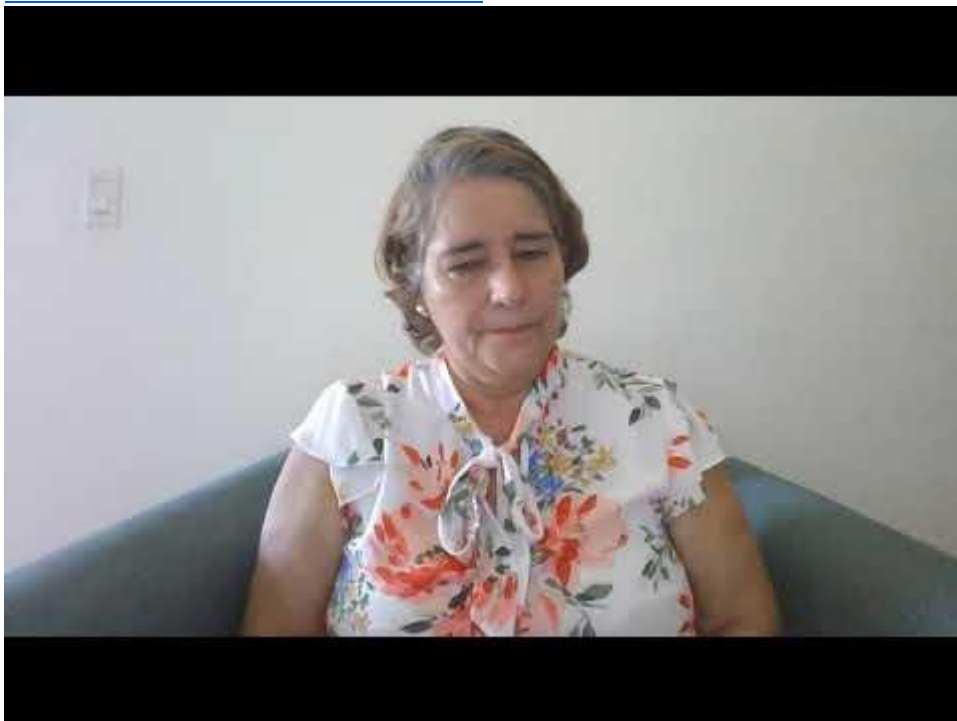
- **Group 1:** *Comprehensive-based narrative treatment.* Videoclip of a person speaking about the benefits of sex education, particularly CSE, and why it should be implemented in schools. After watching the video, subjects answered the sex-ed related questions.
- **Group 2:** *Abstinence-based narrative treatment.* Videoclip of person promoting abstinence-based narrative and speaking against sex education policy in Panama. After the video, subjects answered sex-ed related questions.
- **Group 3:** *Control group.* Respondents in this group did not watch a video and they only filled out the survey directly, with both demographic and sex-ed questions.

Fieldwork Part VII: Videos used during the narrative treatment

[Comprehensive-based narrative treatment](#)



[Abstinence-based narrative treatment](#)



Annex II: Interview responses

Excerpt 1: Interview with Juan. Excerpt translated from Spanish by the author.

Question: What do you think about sexual Education in Panama?

In my opinion, there is no real sex education in our country. What is currently taught in our schools does not go in depth on important issues such as respect for one's own body and that of others, to know about the consequences of early pregnancies, to talk about the consequences of sexually transmitted infections and above all to recognize those signs that indicate that they may be facing a situation of sexual crime; thus, leaving young people in danger of predators or in the face of vulnerable situations that can harm them for the rest of their lives.

Excerpt 2: Interview with Karla. Excerpt translated from Spanish by the author.

Question: Why do you think there is a taboo around sexuality and sex education?

In Panama we must leave behind the narrative that our children are ours, that idea of "Don't mess with my children". Because we are in a society that ignores the uniqueness of children and adolescents, that is to say, their individuality, we need to see them as subjects of rights in the process. Sadly, we continue to bet on a tutelary vision of children and adolescents, as they solely belong to the adults. In other words, the child or adolescent has rights to the extent that an adult, in this adult-centric system, decides whether that child has or not rights, and that does not work that way.

Excerpt 3: Interview with Iván. Excerpt translated from Spanish by the author.

Question: Why do you think the rates of teenage pregnancy and STIs/STDs are so alarming in Panama compared to other Latin American countries?

We see some cultural aspects, we have some indigenous regions and some that are no longer considered indigenous regions, mainly rural, that maintain their culture focused on the fact that if the girl is ready and it is better for them to form a family at an early age. Sometimes with older men, of course, every relationship involves behaviours that lead to pregnancy (...) For example, now we see in music there are very explicit lyrics, even the típico⁷³ has those explicit lyrics or the wave of sensual salsa. In other words, music has always had an influence, so we see a cultural aspect that leads young women to have sex at an early age that leads to pregnancy.

⁷³ *Típico*: traditional music from Panama.

Excerpt 4: Interview with Miguel. Excerpt translated from Spanish by the author.

Question: Do you think there are social and economic benefits for society by implementing sexual health education in schools? If yes, what would these be. If no, why not.

“There is a cost for those who practice abortion because in industrialised countries where abortion is legalised, where supposedly there is the so-called comprehensive sexual education, there is also a high rate of abortions that have a social cost, which creates a cost for the state and for the family because they are not free. So, we see the countries of Europe or the northern hemisphere, those big economies, and abortions are causing big economic costs because they are not free and if they are free, it is because the state treats those unwanted pregnancies, which are the result of faulty sexual education because women are not taking care of themselves. Sometimes it is contradictory that supposedly the most developed countries in sexual education are where there are more abortions in a chronic way because supposedly if you have sexual education there should not be unwanted pregnancies, but it turns out that in the countries where there are more abortions coincide where supposedly there is more sexual education.”

Annex III: Survey results

Figure 10. Gender of participants. Source: the author⁷⁴

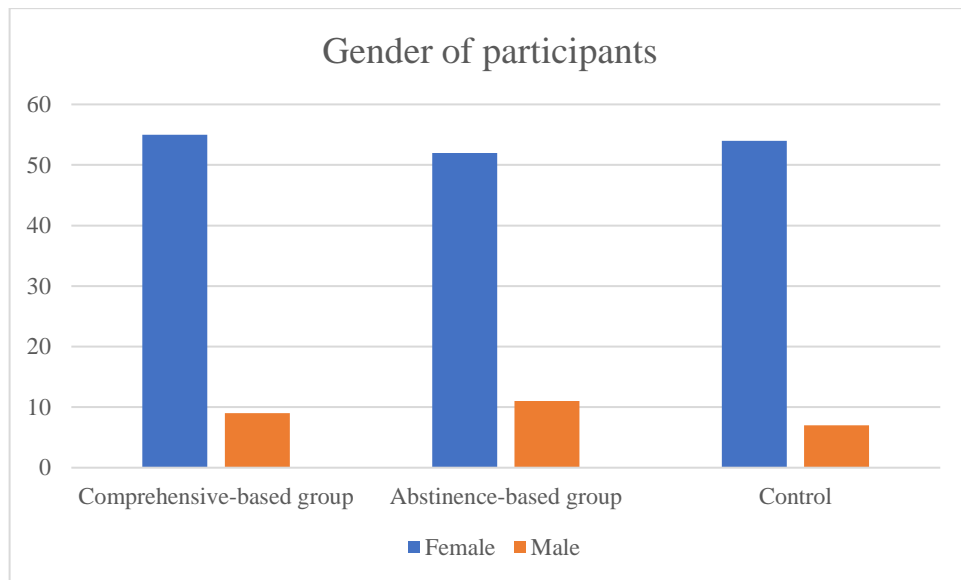
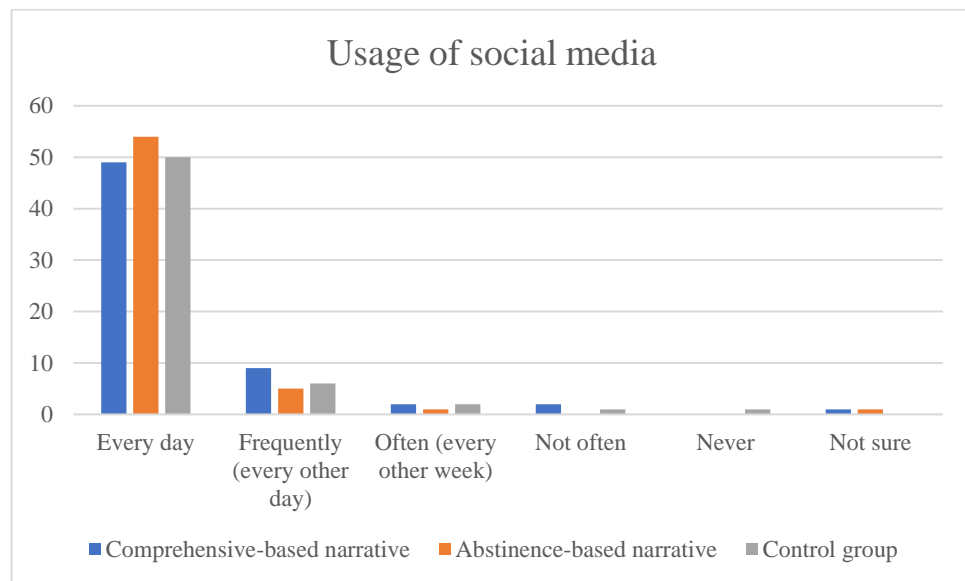


Figure 11. Frequency of social media usage per group. Source: the author



As the figure shows, 80% of the participants use social media every day, while 11% report using it every other day.

⁷⁴ None of the participants reported to be non-binary or gender nonconforming.

Figure 12. Opinion of students on why sexuality education should be given to young people.
Source: the author.

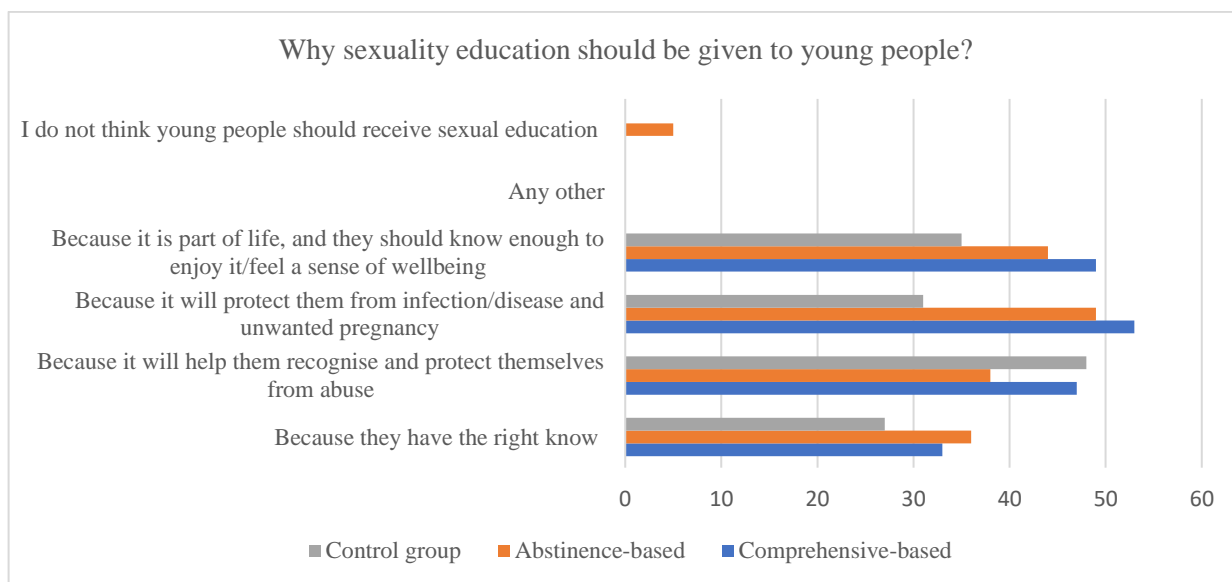


Table 11. Difference among groups

Variable	Comprehensive-based treatment	Control	Difference	t-statistic
Present sex ed teaching	2.538	2.016	0.522	2.675**
	Abstinence-based treatment	Control		
	2.095	2.016	0.079	0.394
	Comprehensive-based treatment	Abstinence-based treatment		
	2.538	2.095	0.443	2.076**

** Statistically significant at 0.05

Table 12. Difference among groups

Opinion on whether sexual education should be taught in Panamanian schools (sex ed in schools)

Variable	Comprehensive-based treatment	Control	Difference	t-statistic
sex ed in schools	3.753	3.790	0.037	-0.295
	Abstinence-based treatment	Control		
	3.571	3.790	0.219	-1.625
	Comprehensive-based treatment	Abstinence-based treatment		
	3.753	3.571	0.182	1.197

Results from this question suggest that most participants believe sexual education **should** be taught in Panamanian schools.

Annex IV: Social media in the debate

I identified that actors from both narratives are actively engaging in social media, particularly Twitter, Instagram, and Facebook; however, their approach and presentation is quite different:

1. Abstinence-based pages tend to be colourful and eye-catching, while in comprehensive-based pages tend to have more texts and information, rather than images.
2. Both groups incite conversation about the topic and promote their services according to their own narrative. In the case of abstinence-based pages, such as *Alianza Panameña por la Vida y la Familia*, they tend to promote Western right-wing ideologies, such as the ones from the American Republican Party and VOX party in Spain. A simple check on their Instagram and Facebook pages shows multiple images of Donald Trump, Candace Owen, Ronald Reagan. Moreover, they also use their platform to promote themselves as to what Weaver and Agle (2002) call an “internalised (Christian) religious self-identity” aiming to denounce transgressive practices, including the teaching CSE. In contrast, comprehensive-based pages, such as APLAFA, use a human-rights approach (UNESCO, 2015) by providing evidence on problems that can be tackled with CSE, incite consciousness and a thorough explanation behind their reasoning.
3. Religious actors have maintained a low-profile in terms of sexuality education. While browsing their social media and websites, their messages are faith-related, motivational, and directed towards families to protect and support each other.

In general, the public is actively commenting on the pages of such actors, either refuting the promotion of their ideas – either abstinence-based or comprehensive-based narratives – or supporting them. In some cases, the public accuses groups of propagating misinformation, and this is evident in the abstinence-based pages.

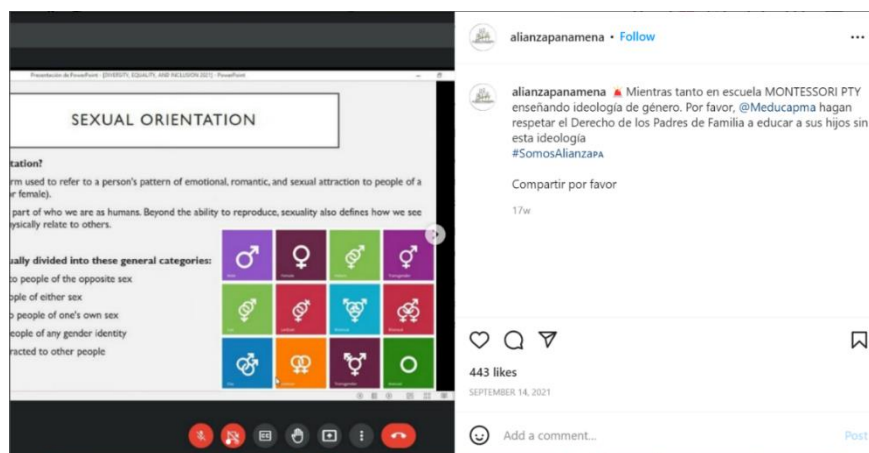


Figure 13. Post by the Panamanian Alliance for Life and Family [[@alianzapanamena](#)], on September 14, 2021. The caption says as follows “Meanwhile, the Montessori PTY school is teaching the gender ideology. Please @Meducapma (MEDUCA), act now to respect the right of parents to educate their children without this ideology. #WearethealliancePA, please share.” [[link](#)] last accessed: 21:00 02.03.2022. *Translation done by the author.*



Figure 14. Post by the Panamanian Alliance for Life and Family [[@alianzapanamena](#)] on May 19, 2021, the image presents the following: “Sex before marriage. To love is to ensure the best for the other. This includes protection for that person. Having sex before marriage conveys risks: ITS, unplanned pregnancies, depression, and anxiety due to separation.” The caption has the hashtag #AmorSólido, translated “Solid love.” . [[link](#)] last accessed: 13:20 02.03.2022. *Translation done by the author.*



Figure 15. Series of flyers posted by PalabrasPoderosasx [[@palabraspoderosxs](#)] on July 14, 2021. The flyers read as follow: “Sex Education – a necessity to tackle violence, abuse, and discrimination. Sex education – it is essential to avoid and address assault against boys and girls, sexual violence, and sexual exploitation. Sex education – to avoid that boys and girls become victims of sex offenders on the internet, their homes, and in their schools. Sex education – in favour of equality between women and men, the promotion of non-stereotyped gender roles, and consent during sexual relations.” [[link](#)] last accessed: 15:00 02.03.2022. *Translation done by the author.*