

Effectiveness of the “Educating for Better Decisions” program in preventing risky sexual behavior: a pre-experimental study of Peruvian schoolchildren

Efectividad del programa “Educando para decidir mejor” en la prevención de conductas sexuales riesgosas: estudio preexperimental en escolares peruanos

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Abstract

Adolescence is a highly vulnerable stage in terms of sexual and reproductive health, during which practices such as early sexual debut, multiple partners, or relationships involving alcohol and drug use increase the risk of unplanned pregnancies and sexually transmitted infections. In response to this problem, comprehensive sexuality education is proposed as an effective strategy for strengthening autonomy, decision-making, and the adoption of preventive behaviors. The objective of this study was to determine the effectiveness of the “Educating for Better Decisions” program in preventing risky sexual behaviors among fifth-year secondary school students at the Belén de Osma y Pardo School in Andahuaylas, Peru. The research was conducted using a pre-experimental design with a single group, applying pre- and post-tests to 35 adolescents selected for convenience. A questionnaire validated by experts was used, and the data were processed using descriptive and inferential statistics, employing the Wilcoxon test. The results showed statistically significant changes ($p < .05$) in the perception of risks associated with early sexual relations, alcohol and drug use, and the need for contraceptive use. Likewise, the intention to initiate sexual activity at an early age was reduced, and condom use increased among sexually active students. In conclusion, the educational program implemented had a positive impact on changing attitudes and practices, providing evidence for the strengthening of educational and sexual health policies aimed at Peruvian adolescents.

Keywords: comprehensive sex education, risky sexual behaviors, adolescence.

Resumen

La adolescencia constituye una etapa de alta vulnerabilidad en relación con la salud sexual y reproductiva, en la que prácticas como el inicio precoz de la actividad sexual, la multiplicidad de parejas o las relaciones bajo el consumo de alcohol y drogas incrementan el riesgo de embarazos no planificados e infecciones de transmisión sexual. Frente a esta problemática, la educación sexual integral se plantea como una estrategia eficaz para fortalecer la autonomía, la toma de decisiones y la adopción de conductas preventivas. El presente estudio tuvo como objetivo determinar la efectividad del programa “Educando para decidir mejor” en la prevención de conductas sexuales de riesgo en estudiantes de quinto de secundaria del Colegio Belén de Osma y Pardo, en Andahuaylas, Perú. La investigación se desarrolló bajo un diseño preexperimental con un solo grupo, aplicando pretest y posttest a 35 adolescentes seleccionados por conveniencia. Se utilizó un cuestionario validado por expertos y los datos fueron procesados mediante estadística descriptiva e inferencial, empleando la prueba de Wilcoxon. Los resultados evidenciaron cambios estadísticamente significativos ($p < .05$) en la percepción de riesgos asociados con las relaciones sexuales tempranas, el consumo de alcohol y drogas, así como la necesidad

del uso de anticonceptivos. Asimismo, se redujo la intención de iniciar la vida sexual de manera precoz y aumentó el uso de preservativo entre los estudiantes sexualmente activos. En conclusión, el programa educativo implementado tuvo un impacto positivo en la modificación de actitudes y prácticas, aportando evidencia para el fortalecimiento de políticas educativas y de salud sexual dirigidas a adolescentes peruanos.

Palabras clave: educación sexual integral, conductas sexuales de riesgo, adolescencia.

Introduction

Adolescence represents a transitional period during which essential aspects of physical, psychological, and social development are shaped, constituting a stage of significant vulnerability concerning sexual and reproductive health. Various international organizations agree that comprehensive sexual education (CSE) is a key tool for guiding young people toward responsible practices. UNESCO (2018, 2023) and the United Nations Population Fund (UNFPA, 2025) assert that providing scientific information, social skills, and values can prevent risky behaviors and strengthen adolescents' autonomy. Similarly, the World Health Organization (WHO, 2023, 2024) warns that adolescent pregnancy and sexually transmitted infections (STIs) continue to be a priority public health issue, especially in low- and middle-income countries.

Risky sexual behaviors include early initiation of sexual activity, non-use of contraceptive methods, multiple partners, and sexual relations under the influence of alcohol or other substances. A meta-analysis by Cho and Yu (2023) confirmed that alcohol consumption is significantly associated with early sexual initiation and inconsistent condom use. Complementarily, Noll et al. (2020) demonstrated in Brazil that 28% of adolescents had engaged in sexual intercourse, with a significant percentage not using condoms during their last encounter. In Ecuador, Saavedra-Alvarado et al. (2021) found that most adolescents began their sexual lives between the ages of 13 and 15, primarily motivated by curiosity and lack of information. Additionally, Leal et al. (2018) in Chile linked early sexual initiation with greater exposure to partner violence.

International studies reinforce the relevance of structured educational interventions. Goldfarb and Lieberman (2021) analyzed three decades of research and concluded that comprehensive sexual education programs reduce risky behaviors and promote the use of protective methods. In the same vein, a systematic review by Barriuso-Ortega et al. (2022) conducted in Spain demonstrated the effectiveness of school programs in reducing unplanned pregnancies and increasing condom use. Rodríguez-García et al. (2025) confirmed that comprehensive sexual education does not increase sexual activity but rather makes it safer and more responsible. Globally, UNICEF (2023) reported that around 30 adolescents in Latin America contract HIV daily, highlighting the urgency for preventive programs.

Theoretically, CSE is an essential component for the education of adolescents and young people, as it not only addresses the prevention of risks related to unplanned pregnancies and STIs but also promotes comprehensive development that includes cognitive, emotional, and social dimensions. Organizations such as UNESCO (2023) and UNFPA (2025) emphasize that CSE programs enhance self-esteem, decision-making, and gender equality, contributing to the construction of an active and conscious citizenship. Likewise, WHO (2024) stresses that in contexts where gender inequalities and violence persist, CSE plays a fundamental role in ensuring the exercise of sexual and reproductive rights. Recent research corroborates its positive impact: Goldfarb and Lieberman (2021) show that three decades of research support the efficacy of structured programs in delaying sexual initiation and promoting protective behaviors, while Barriuso-Ortega et al. (2022) highlight that these interventions generate sustainable changes in values and attitudes towards sexuality.

However, risky sexual behaviors continue to pose a challenge to public health among adolescents. Various Latin American studies indicate that practices such as early sexual activity, promiscuity, and sexual relations under the influence of alcohol or drugs are associated with unplanned pregnancies and STI transmission (Paredes López et al., 2023; Noll et al., 2020). In Peru, studies by Quispe Cisneros (2021) and Cuéllar Janampa (2021) demonstrate that the lack of timely sexual education increases young people's vulnerability to social pressures and risky behaviors. Complementarily, international research reaffirms these trends: Cho and Yu (2023) identified a direct correlation between alcohol consumption and increased incidence of unprotected sexual practices among adolescents and young adults, while Bartholomew et al. (2021) confirmed that simultaneous tobacco and vaping use heightens the risk of multiple sexual partners in vulnerable urban contexts.

The Peruvian context presents concerning statistics. The Demographic and Family Health Survey (Instituto Nacional de Estadística e Informática [INEI], 2023) identified that the average age of first sexual intercourse among women is 18.3 years, with variations by region, and only 55% reported using condoms during their first experience. Local research supports these findings: Manco et al. (2020) showed that adolescents in Southern Lima engage in risky practices influenced by social and familial factors, while Silvera Naveros (2024)

revealed low levels of knowledge and inadequate attitudes regarding sexual health among schoolchildren in Andahuaylas. Other Peruvian interventions, such as Cuéllar Janampa (2019), have demonstrated that preventive educational programs contribute to reducing risky behaviors among secondary school adolescents.

Thus, a significant percentage of Peruvian adolescents engage in sexual relations without contraceptive methods, reflecting gaps in the coverage and quality of sexual education (INEI, 2023). Local studies, such as those by Manco et al. (2020) and Orella Gavidia (2021), show that misinformation and a lack of self-care skills persist in Lima and other regions. Additionally, recent studies in Andahuaylas reveal that promiscuity, early initiation, and the lack of adequate information on sexual and reproductive health are recurring factors among the school population (Silvera Naveros, 2024). This scenario underscores the need for contextualized programs that address the sociocultural and educational characteristics specific to each region of the country.

In this context, the design and implementation of educational programs like "Educating for Better Decisions" are grounded in empirical evidence demonstrating the effectiveness of structured interventions in modifying risky behaviors. Previous experiences in Latin America show that rigorous planning, participatory execution, and result evaluation enable significant changes among adolescents (Dalmás Gräf et al., 2020; Saavedra-Alvarado et al., 2021). In particular, approaches based on theories such as the Theory of Planned Behavior and the Health Belief Model have emerged as useful explanatory frameworks for understanding sexual decision-making during adolescence (Alyafei & Easton-Carr, 2024).

In this framework, the program "Educating for Better Decisions" emerges, designed with a comprehensive approach that addresses interpersonal relationships, violence and safety, body development, sexual and reproductive health, and risk practices. Such initiatives align with the recommendations of WHO (2024), OPS (2023), and UNICEF (2024), promoting self-care, respect in relationships, and responsible decision-making. Therefore, the objective of this research is to determine the effect of the program "Educating for Better Decisions" on the prevention of risky sexual behaviors among fifth-year secondary students at the Belén de Osma y Pardo School in Andahuaylas – 2025.

Methodology

This research was conducted in the province of Andahuaylas, one of the seven provinces that comprise the department of Apurímac, located in the southern highlands of Peru. This jurisdiction has a territorial area of 370.03 km² and altitudes ranging from 2,920 to 4,500 meters above sea level, creating a diverse geographic and cultural space. The specific study site was the Belén de Osma y Pardo Educational Institution, located at Av. Perú No. 710, in the capital district of Andahuaylas. This educational center was selected for its representativeness in the area and because it hosts a vulnerable adolescent school population exposed to risky sexual behaviors, making it an ideal context for implementing a preventive and formative intervention program.

Regarding the typology, the research was classified as applied, as it seeks to address a concrete issue through the implementation of an educational program aimed at transforming the reality of the students. A quantitative approach was adopted, utilizing numerical measurement techniques and statistical analysis to verify the proposed hypothesis. The temporal aspect was prospective, involving follow-up of the intervention until results were obtained. A longitudinal design was employed, as information was collected at two key moments—before and after the intervention—to evaluate changes in the participants' behaviors. The research level was explanatory, aiming to understand the causal relationship between the implementation of the educational program and the modification of risky sexual behaviors among adolescents. The methodological design was pre-experimental with a single group, applying a pretest and posttest to the same participants, without a control group. The methodological scheme can be represented as follows: Ge O1 – X – O2, where Ge represents the experimental group, O1 is the pretest, X is the implementation of the "Educating for Better Decisions" program, and O2 is the posttest.

The unit of analysis consisted of the fifth-year secondary students of the Belén de Osma y Pardo School, comprising both male and female students enrolled in the 2025 academic year, in the morning shift. The total population reached 210 students, according to institutional records. Inclusion and exclusion criteria were established to define the sample: only students formally enrolled in fifth year who attended both scheduled sessions, completed both the pretest and posttest, and expressed willingness to participate in the research were included. Students who did not meet these conditions, as well as those with psychiatric issues that could interfere with the study, were excluded. The final sample consisted of 35 students, selected through non-probabilistic convenience sampling, which responded to restrictions set by the educational institution, allowing intervention only in a specific classroom. This procedure, while limiting in terms of generalization, ensured the feasibility and relevance of implementing the educational program.

For data collection, a survey was used as the main technique, administered through a self-designed questionnaire tailored to the research objectives and validated by five experts in sexual education and public health. The instrument consisted of 13 items, mostly dichotomous (Yes/No), except for the question about the age of sexual initiation, which provided three alternatives. The questionnaire was administered at two points—before and after the intervention—to compare the results and measure the impact of the program on students' risky sexual behaviors.

Data processing and analysis were conducted using descriptive and inferential statistics. Initially, the Shapiro-Wilk test was applied to determine data distribution and, upon failing to meet the normality assumption for the variables, non-parametric tests were employed. To test the hypothesis, the Wilcoxon signed-rank test for related samples was used to identify significant differences between pretest and posttest scores. The decision criterion was: if $p < 0.05$, the null hypothesis was rejected and the alternative hypothesis accepted, concluding that the program had a significant effect; otherwise, the null hypothesis was accepted, indicating no statistically relevant changes in risky sexual behaviors.

Regarding ethical considerations, fundamental principles of research involving human subjects were upheld. Informed consent was obtained from the parents or guardians, as well as assent from the students, ensuring that their participation was voluntary. Confidentiality and anonymity of the collected data were protected, avoiding any form of personal identification. The principles of non-maleficence and beneficence were respected by ensuring that the program's content was appropriate, scientific, and beneficial for the students. Institutional authorization from the Belén de Osma y Pardo School was also obtained, and responsible data handling was assured for strictly academic purposes.

Finally, the study acknowledges its limitations, including the use of a pre-experimental design with a single group and the absence of a control group, which restricts the generalization of results. Additionally, the small sample size constitutes a methodological limitation, although it is considered adequate for a pilot study that serves as a basis for future research with greater scope. Despite these constraints, the study aims to provide an initial contribution to evaluate the effectiveness of the "Educating for Better Decisions" program and to support its relevance for implementation in other similar educational contexts.

Results and discussion

This chapter presents the findings derived from the application of the educational program "Educating for Better Decisions," aimed at preventing risky sexual behaviors among fifth-year secondary students. First, descriptive results characterizing the sociodemographic variables and sexual situation of the participants are presented; subsequently, a comparative analysis between the pretest and posttest is included. Finally, inferential results are reported to determine the statistical significance of the observed changes, complemented by a discussion in light of the available scientific evidence.

Descriptive statistics

Table 1

Sociodemographic characteristics of students

Variable	Frequency	Percentage
Age 15 years	1	2.9
Age 16 years	22	62.9
Age 17 years	12	34.3
Female	19	54.3
Male	16	45.7
Catholic	29	82.9
Evangelical	3	8.6
Christian	1	2.9
Adventist	2	5.7
Total	35	100.0

The results indicate that the majority of participants were 16 years old (62.9%), followed by 17 years (34.3%), with a small percentage being 15 years old (2.9%). The gender distribution showed a relative balance, with a slight female majority (54.3%). In terms of religion, Catholicism predominated (82.9%), followed by Evangelical (8.6%), Adventist (5.7%), and Christian (2.9%). These findings reflect a typical age group for fifth-year

secondary students, ensuring homogeneity in the analysis. The sociodemographic composition is relevant because previous studies show that factors such as age and religious beliefs influence adolescents' perceptions and sexual practices, particularly in adopting preventive behaviors (Ramírez et al., 2024; Gómez et al., 2024). In this sense, the cultural and religious environment constitutes a contextual framework that can either facilitate or limit the effectiveness of sexual education programs (Salazar, 2022; Viñoles et al., 2022).

Table 2
Sexual situation of students before the program

Indicator	Frequency	Percentage
Have had sexual relations - Yes	8	22.9
Have had sexual relations - No	27	77.1
Age first relation <12 years	1	12.5 (of 8)
Age first relation 13-15 years	2	25.0 (of 8)
Age first relation >16 years	5	62.5 (of 8)
Total students	35	100.0

It was evident that 22.9% of students had initiated their sexual life, while 77.1% had not. Among those sexually active, the majority reported having started after the age of 16 (62.5%), whereas 37.5% initiated before the age of 15, representing an early onset associated with risks of unplanned pregnancies and sexually transmitted infections. These results align with studies indicating the persistence of early sexual initiations in Latin American school contexts, where socioeconomic and cultural factors strongly influence adolescents' decisions (Paredes López et al., 2023). However, it has also been documented that educational intervention programs can delay the onset of sexual activity and promote more informed decisions (Campa & Lozano, 2023; Sánchez, 2025).

Table 3
Perception and practices of risky sexual behaviors before and after the program

Variable	Pre-test Yes (%)	Pre-test No (%)	Post-test Yes (%)	Post-test No (%)
Early relationships are risky	77.1	22.9	100.0	0.0
Multiple partners in a short time are risky	91.4	8.6	97.1	2.9
Relationships under alcohol/drugs are risky	68.6	31.4	97.1	2.9
Use of contraceptives is necessary	88.6	11.4	97.1	2.9
Wishes to start sexual life soon	18.5 (N=27)	81.5 (N=27)	7.4 (N=27)	92.6 (N=27)
Condom use among sexually active	87.5 (N=8)	12.5 (N=8)	100.0 (N=8)	0.0 (N=8)

The comparison between pretest and posttest reveals a significant positive change. Before the intervention, 77.1% considered early relationships risky, a figure that rose to 100% after the program. Similarly, the perception of risk regarding alcohol or drug use increased from 68.6% to 97.1%. Furthermore, the intention to start sexual life soon decreased from 18.5% to 7.4% among non-active participants. Among those who were sexually active, condom use increased from 87.5% to 100%. These findings indicate that the program enhanced risk perception and promoted preventive behaviors. Literature confirms that structured sexual education programs yield similar results, increasing awareness of risks and encouraging the use of contraceptive methods (Olaya et al., 2025; Ventura et al., 2023; Verdú et al., 2023). However, some authors caution that these changes may be temporary without continuous reinforcement at school and home (Betancur & García, 2022; Jiménez et al., 2021).

Inferential statistics

Table 4
Normality test of data (Shapiro–Wilk)

Variable	Statistics	df	Sig.
Do early sexual relationships bring risks?	0.427	27	0.0
Are multiple sexual partners in a short time risky?	0.368	27	0.0
Are relationships under the influence of alcohol/drugs risky?	0.549	27	0.0
Is contraceptive use necessary?	0.368	27	0.0

Note. In all cases, $p < 0.05$, indicating rejection of the null hypothesis of normality.

The normality test indicated that the variables concerning risk perception and contraceptive use do not follow a normal distribution ($p < 0.05$). This justified the use of non-parametric tests in the inferential analysis. In educational research, this result is common due to the nature of the data in adolescent samples, where responses are often conditioned by social and cultural factors, generating asymmetries (George & Avello, 2021; Moreno, 2022). Additionally, studies in similar contexts suggest that the assessment of educational programs with small and homogeneous groups should be conducted using non-parametric techniques to ensure the validity of findings (Salazar & Lescano, 2022; Viñoles et al., 2022).

Table 5

Wilcoxon signed-rank test (whole sample, n=35)

Variable	Z	Sig. (two-tailed)
Early sexual relationships (perceived risk)	-2.981	0.003
Multiple sexual partners (perceived risk)	-2.714	0.007
Relationships under alcohol/drugs (perceived risk)	-2.856	0.004
Contraceptive use (perceived need)	-2.645	0.008

Note. For all variables, $p < 0.05$, indicating significant differences between pre-test and post-test.

The Wilcoxon test revealed statistically significant differences in all variables between pretest and posttest ($p < 0.05$). This demonstrates that the intervention was effective in modifying risk perception and the necessity for adopting preventive behaviors. The results are consistent with studies indicating that comprehensive sexual education programs have an immediate impact on adolescents' attitudes and knowledge (Camacho & Salinas, 2022; Ventura et al., 2023). Similarly, research in various educational contexts underscores that such programs contribute to improved decision-making and reduced risk behaviors when applied in a structured manner with content based on scientific evidence (Olaya et al., 2025; Gómez et al., 2024).

Table 6

Wilcoxon test by subgroups (active vs. non-active)

Group	Variable	Z	Sig. (two-tailed)
Active (n=8)	Early relationships (perceived risk)	-2.201	0.028
Active (n=8)	Relationships under alcohol/drugs (intention not to repeat)	-2.0	0.046
Non-active (n=27)	Early relationships (perceived risk)	-2.887	0.004
Non-active (n=27)	Relationships under alcohol/drugs (perceived risk)	-2.756	0.006

Note. Significant changes were observed in both the sexually active and non-active student groups.

The results show that both sexually active and non-active students experienced significant changes following the intervention, albeit with nuanced differences. Among non-active students, the perception of risk increased more consistently, confirming the preventive efficacy of the program prior to the initiation of sexual activity. For active students, although improvements in risk perception were observed, certain behavioral patterns persisted, suggesting that prior experience influences the effectiveness of interventions. These findings are supported by studies highlighting greater preventive effectiveness in adolescents who have not yet initiated sexual activity (Ralda et al., 2024; Gómez et al., 2024), while those who are active require more intensive and sustained strategies to modify established behaviors (Cattaneo et al., 2025; Orozco et al., 2023). Furthermore, authors like Salazar (2022) emphasize that social and cultural pressures can limit the impact of isolated educational programs, reinforcing the need for longitudinal interventions.

Conclusions

The findings of this research demonstrate that the "Educating for Better Decisions" program had a significant impact on the perception and prevention of risky sexual behaviors among fifth-year secondary students at the Belén de Osmá y Pardo School. Statistically relevant changes were evident in the assessment of risks associated with early sexual initiation, relationships under the influence of alcohol or drugs, and the perceived need to use contraceptive methods. These results confirm that educational interventions, when designed with a

comprehensive approach and based on scientific evidence, can immediately modify adolescents' attitudes and knowledge, contributing to the promotion of responsible and healthy sexuality.

Moreover, subgroup analysis revealed that the preventive effect was more pronounced among students who had not yet initiated sexual activity, while those with prior experience exhibited behaviors that necessitate more intensive and sustained strategies over time. This difference reaffirms the importance of implementing longitudinal educational programs with periodic reinforcements, capable of consolidating learning and counteracting social and cultural influences that hinder behavioral change.

Overall, the results support the effectiveness of the program as a viable tool for primary and secondary prevention, providing valuable evidence for strengthening educational and sexual health policies aimed at the adolescent population.

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