

RESEARCH ARTICLE

Attitudes towards sexuality in Peruvian adolescents

Nataly Choco Zegarra¹, Alexandra Mercedes Salluca Yana¹, Jose Calizaya-Lopez^{1,*}

¹Universidad Nacional de San Agustín de Arequipa, Arequipa, 04001, Peru

* Corresponding author: Jose Calizaya-Lopez, jcalizayal@unsa.edu.pe

ABSTRACT

Adolescence is an important stage for the construction of identity, where sexuality acquires a central role, in the Peruvian context, cultural and family patterns tend to strengthen conservative visions, conditioning adolescents' attitudes towards sexuality. The aim of this study was to analyze attitudes towards sexuality in Peruvian adolescents, considering sociodemographic characteristics and the cultural context in which they develop. Method. The study was observational and cross-sectional, with a quantitative approach; 1865 adolescents intentionally selected in five educational institutions participated; The scale of attitudes towards sexuality was applied, the data were analyzed using non-parametric tests, with calculation of effect sizes. Results. It was found that more than 90% of the adolescents evaluated presented conservative attitudes towards sexuality, evidencing a strong influence of family, religious and sociocultural factors in the configuration of these attitudes. It is concluded that these predominant conservative attitudes reflect the validity of traditional values in the socialization of adolescents, likewise, there is a need to strengthen comprehensive sex education programs that promote objective information, responsibility and autonomy in the experience of sexuality.

Keywords: Adolescence; sexuality, attitudes; conservative behaviors

1. Introduction

Adolescence is a significant stage of human development in which sexuality acquires a fundamental role, as it is linked to the construction of personal identity, affective expression and decision-making in the intimate and social sphere^[1]. In the case of Peruvian adolescents, attitudes towards sexuality are shaped by multiple influences, including family, school, media, culture, and peers; however, distorted conceptions, stigmas and taboos persist that hinder a responsible and healthy experience of sexuality^[2].

In the national context, the problem is reflected in alarming figures, the demographic and family health survey (ENDES) reported that 12.6% of adolescent women between 15 and 19 years of age are already mothers or are pregnant^[3]; This data shows the presence of risky sexual behaviors, such as early sexual initiation, the low use of contraceptive methods and exposure to inappropriate information in digital environments, this situation demonstrates the importance of understanding how Peruvian adolescents construct their attitudes towards sexuality and what factors affect these perceptions^[4].

In this sense, attitudes towards sexuality in adolescents are affective, evaluative and behavioral

ARTICLE INFO

Received: 20 August 2025 | Accepted: 23 September 2025 | Available online: 29 September 2025

CITATION

Choco-Zegarra N, Salluca-Yana AM, Calizaya-Lopez J. Attitudes towards sexuality in Peruvian adolescents. *Environment and Social Psychology* 2025; 10(9): 4080. doi:10.59429/esp.v10i9.4080

COPYRIGHT

Copyright © 2025 by author(s). *Environment and Social Psychology* is published by Arts and Science Press Pte. Ltd. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<https://creativecommons.org/licenses/by/4.0/>), permitting distribution and reproduction in any medium, provided the original work is cited.

predispositions that reflect their way of conceiving sexuality^[5], these attitudes are manifested in dimensions such as autonomy, responsibility, freedom of decision, love and mutual well-being. Although they are often influenced by knowledge, they can be conditioned by social, cultural and institutional contexts, generating discrepancies between what they know about sexuality versus what they feel or act^[6].

Therefore, attitudes towards sexuality in adolescence are not formed in isolation, but respond to a set of psychological and social processes influencing the understanding, valuation and experiences of sexuality^[7]; From the perspective of social learning theory^[8], adolescents construct beliefs by observing and modeling behaviors of parents, peers, and the media; Likewise, the theory of planned behavior^[9] explains that attitudes influence the intention to act, so positive beliefs about responsible sexuality favor safe practices.

From the theory of socialization^[10], adolescents internalize cultural, family, and religious norms that can promote healthy attitudes or, on the contrary, generate prejudices; and the theory of psychosocial development^[11], associate's sexuality with the construction of identity and the search for intimacy in this stage of life.

These perspectives show that the sexual attitudes of adolescents arise from the interaction between individual, social and cultural factors, understanding them from the psychosocial framework allows us to explain the differences in the ways of experiencing sexuality, constituting a fundamental axis to guide comprehensive sex education programs^[12].

Previous research related to sexual and reproductive health, as well as studies focused specifically on attitudes towards sexuality, still require accumulating knowledge^[13,14], therefore, understanding this situation allows us to understand how attitudes determine behaviors, a positive, informed and responsible disposition promotes safe practices and relationships based on respect, While negative or uninformed attitudes can generate risks to physical, emotional, and social health in this population^[15], in addition, conservative attitudes limit the adoption of preventive behaviors^[16], therefore, there is still a gap in studies that address this problem from a comprehensive and updated analysis.

Therefore, the present study is relevant because by identifying the contextual conditions, it will be understood why Peruvian adolescents start their sexual life early, with low use of contraceptive methods and limited access to reliable information^[17], reflecting problems such as adolescent pregnancy, increase in sexually transmitted infections, compromising the social and emotional well-being of this population.

It also seeks to provide updated empirical evidence on how Peruvian adolescents construct their attitudes towards sexuality, identifying patterns and risk or protective factors. Likewise, the results obtained will constitute a significant contribution to the design of educational programs, formulation of public policies aimed at promoting sexual and reproductive health, contributing directly to the fulfillment of the sustainable development goals, especially those related to health, education and gender equality.

Therefore, it was proposed to analyze the attitudes towards sexuality in Peruvian adolescents considering their sociodemographic and contextual characteristics, this approach will provide scientific evidence that serves as a basis for future research related to the proposed topic.

2. Method

2.1. Type of study

The study used a cross-sectional observational design, with a quantitative approach, in addition, the information was collected during the first half of 2025.

2.2. Participants

A total of 1865 adolescents aged 14 and 17 years of both sexes, from five educational institutions participated. Participants were selected through non-probabilistic sampling of an intentional or convenience type, considering their accessibility and the feasibility of addressing a sensitive topic such as sexuality. Those who did not agree to participate voluntarily were excluded. This type of sampling, although it allows for the collection of pertinent and contextualized information, has limitations of representativeness and possible biases derived from the educational and sociocultural environment of the participants. However, it is suitable for exploratory studies and constitutes a starting point for future research with probabilistic designs and greater population scope.

Of the total number of participants, 75.1% resided in urban areas and 24.9% in rural areas, located in regions far from the capital. This geographical distribution is relevant, as cultural, educational, and service access factors vary between urban and rural contexts, which could influence attitudes towards sexuality and, at the same time, limit the generalizability of the results at the national level.

To estimate the sample size, the G* Power program ^[18] was used in order to determine the minimum sample size to find effectiveness in the statistical tests to be used, the following criteria were considered: t test (statistical test to differentiate two independent groups, error of 0.05, probability of 0.95 and small effect size of 0.154), F test (ANOVA statistical test to differentiate more than two independent groups, error of 0.05, probability of 0.95 and small effect size of 0.10, number of comparison groups'6').

2.3. Instrument

The scale of attitudes towards sexuality was applied in its expanded version of 28 items. The original scale was developed by Fisher and Hall ^[19], later expanded by Suerio et al. ^[20]. The instrument is based on the concepts of positive or negative attitude (conservative or liberal) towards various aspects of sexuality. The scale uses the Likert-type response format, with values ranging from 1 (strongly disagree) to 5 (strongly agree). In this way, the total score varies between 28 and 140 points, indicating the higher the score is interpreted as a liberal attitude and the lower the score, a conservative attitude. It can be applied individually or collectively to adolescents between 14 and 18 years old.

The validity of the instrument was evaluated by discriminant analysis, confirming that all items significantly differentiated between groups with liberal and conservative attitudes ($p < .001$). Regarding reliability, the internal consistency method was applied through Cronbach's Alpha coefficient, obtaining a value of 0.84, evidencing an adequate consistency and a high level of reliability of the scale.

2.4. Procedure

In the data collection process, ethical and logistical guidelines were followed according to the population group, the participation of adolescents was managed through educational institutions, with prior authorization from the directors. Subsequently, the objectives of the study were communicated to parents or guardians, who granted the appropriate authorization. In this way, it was guaranteed that the participation of the students was free, voluntary and under informed consent, safeguarding respect for their rights always.

2.5. Ethical considerations

The research was carried out in compliance with national and international regulatory frameworks that regulate research with human subjects. At the national level, the provisions of Ministerial Resolution 233-2020 of the Ministry of Health of Peru, which establishes the guidelines for health studies, were complied with. At the international level, the principles of the Declaration of Helsinki were followed, which guided the protection of the dignity, rights and well-being of the participants, therefore, the voluntary participation of

adolescents, the informed consent of their parents or guardians and the confidentiality of the information collected were guaranteed.

2.6. Data analysis

The surveys collected in physical format were digitized and later organized in a Microsoft Excel database, this database was exported to Jamovi statistical software, where quantitative analyses were performed. First, the distribution of the data was verified using the Shapiro-Wilk test, the results showed that the variables did not conform to normality, for this reason, the use of non-parametric tests was chosen in the inferential analyses [21].

For the comparison between two independent groups, the Mann Whitney U test was used, while in cases involving more than two groups, the Kruskal Wallis test was applied (complemented with post-hoc analyses, to identify specific differences between them). Additionally, effect sizes were calculated using biserial correlation and epsilon squared, to provide a more robust and complete interpretation of the findings.

3. Results

Descriptive analyses of the sociodemographic variables of the participating adolescents were carried out, finding that: 40.9% were men and 59.1% women; the mean age was 15.22 years with a standard deviation of 0.897 in a range of 14 to 17 years; 26.6% indicated having a romantic relationship and 73.4% did not; 55.5% indicated that the head of the household was a man and 44.5% a woman; 75.1% reside in an urban area and 24.9% in rural areas; 58.2% were part of a nuclear family, 23.9% were single-parent and 18% were extended families; the religion professed by the family was Catholic 62.4%; 53.6% considered themselves extroverts compared to 46.4% who are introverts; 90.3% indicated that they had not had sexual relations and 9.7% did; 85.6% had information about sex education and 14.4% indicated the opposite; 77.1% do not talk about aspects related to sexuality, with 31.9% talking about the topics with friends and 23.7% with their mother.

In Table 1. It was found that most of the participating adolescents manifested a conservative attitude towards sexuality (91.6%), while 8.3% expressed a liberal position; The results indicate that the conception of sexuality in Peruvian adolescence continues to be strongly influenced by cultural, family and religious factors, which promote more restrictive views regarding the initiation of sexual relations, the use of contraceptive methods and the openness to dialogue on sexual issues.

Table 1. Attitudes towards sexuality in adolescents

Type of attitude	F(x)	%
Conservative	1709	91.6%
Liberal	156	8.3%

In **Table 2** Statistically significant differences were found according to various variables; in terms of sex, women expressed more conservative attitudes than men, reflecting the influence of traditional gender norms; likewise, those who did not have a partner showed more conservative behaviors, probably associated with less exposure to emotional bonds.

With respect to the area of residence, adolescents from rural areas are more conservative, evidencing that cultural and religious patterns are more rigid; Similarly, those who had not initiated sexual relations expressed more restrictive attitudes, confirming that the experience influences a more liberal view of sexuality.

Finally, the lack of information on sex education was associated with conservative attitudes, reinforcing the important role of sex education in the construction of critical and responsible attitudes. Therefore, the attitudes of Peruvian adolescents towards sexuality are determined by gender factors, affective ties, sociocultural context, sexual experience and access to sex education, demanding educational interventions and public policies differentiated by these variables.

Table 2. Comparison of results in two independent groups

Variables	Groups	N	Average Range	p	IN
Sex	Man	763	900.92	.032	.0582
	Woman	1102	955.21		
Sentimental relationship	Yes	497	872.95	.004	.0878
	No	1368	954.82		
Area of residence	Urban	1401	902.63	.000	.0131
	Rural	464	1024.70		
Sex	Yes	181	815.71	.002	.0139
	No	1684	945.61		
Information on sex education	Yes	1596	919.66	.009	.0992
	No	269	1012.16		

Note: Test= Mann Whitney U; p = significance (.05); TE= size of the effect.

In **Table 3** Significant differences were found in attitudes towards sexuality according to contextual variables. Adolescents from extended families showed more conservative attitudes, probably due to the greater intergenerational transmission of traditional values; Likewise, adolescents from families that profess the Adventist religion were more conservative, demonstrating that religiosity influences the regulation of sexual behavior. Finally, those who talk about sexuality mainly with their teachers also showed conservative behaviors, indicating that school discourse tends to emphasize prevention and control rather than a comprehensive vision of sexuality.

Table 3. Comparison of results in more than two independent groups

Variables	Groups	N	Average Range	p	IN
Family Type	Nuclear	1085	920.78	.011	.0048
	Monoparental	445	903.87		
	Extensive	335	1011.29		
Religion	Catholic	1163	961.46	.000	.0182
	Evangelist	156	791.56		
	Adventist	156	1039.68		
Trusted person to talk about sexuality issues	No	201	791.93	.001	.0111
	Other	189	936.61		
	Friends	595	953.28		
	Teachers	215	1063.37		
	Father	133	927.89		
	Mother	442	905.17		
	Siblings	241	855.66		
	Nobody	239	897.55		

Note: Proof= Kruskal Wallis; p = significance (.05); TE= size of the effect.

In **Table 4** Age was correlated with the conservative attitudes of adolescents, finding that age is positively and significantly related ($r = .166^{**}$ and $p < .001$). demonstrating that the older adolescents are, they tend to maintain more traditional positions around sexuality. Therefore, as they advance into adolescence, the internalization of social and cultural norms transmitted by family, religion, sociocultural context, and educational environment intensify.

Table 4. Correlation of age with conservative attitudes

Spearman's Rho Test		Conservative attitude	Age
Conservative attitude	Correlation	1	.166**
	Sig. (p)		.000
	N	1865	1865
Age	Correlation	.166**	1
	Sig. (p)	.000	
	N	1865	1865

Note: * $p < .05$; ** $p < .01$; $p < .001$

4. Discussion

The results on attitudes towards sexuality in Peruvian adolescents allow us to reflect on the complex interaction between individual, family, social and cultural factors in the construction of sexual perceptions and practices; Adolescence is a fundamental stage in psychosocial development, characterized by the search for identity and the exploration of intimacy [11], processes in which sexuality occupies a central place, therefore, understanding sexual attitudes is important, because they condition the adoption of preventive behaviors, responsible decision-making and the configuration of relationships based on mutual respect.

Likewise, these results show that adolescents are in an adverse situation towards the opening of new ways of experiencing sexuality, due to the persistence of traditional beliefs strongly marked by cultural, religious and family factors. It was found that adolescents with less access to information at home and at school have more conservative attitudes, finding that comprehensive sex education is important as a protective role in the sexuality of this population, improving knowledge, skills, and values necessary to make informed decisions [22].

The data reveal significant differences according to sex, while female adolescents tend to show more restrictive attitudes, in boys a greater permissiveness is observed, demonstrating the persistent influence of traditional gender roles, maintaining that gender norms shape perceptions of sexuality in adolescence [23].

Another relevant finding was the relationship between religion and sexual attitudes, adolescents who manifested a strong religious practice presented more conservative positions, which has been documented in international studies [24]. This confirms that religious beliefs continue to be a determining factor in the construction of sexual attitudes in contexts such as Peru, where religiosity is a central sociocultural factor.

The influence of the family and the intergenerational transmission of traditional norms play a fundamental role, studies have shown that households where restrictive religious and moral values predominate tend to foster in adolescents a conservative view on issues such as the initiation of sexual relations, the use of contraceptive methods or sexual diversity [25].

Similarly, the insufficiency of comprehensive sex education programs in schools is another important factor, although curricular efforts have been implemented, the information provided tends to focus on

biological and preventive aspects, leaving aside affective, relational, and diversity components, this contributes to maintaining a limited and normative approach, which reinforces traditional positions instead of promoting a critical and reflective vision [26].

In addition, the predominance of conservative attitudes among Peruvian adolescents underscores the need to adapt comprehensive sexuality education to a cultural context marked by taboos and traditions. To achieve impact, programs must be culturally sensitive, include participatory methodologies, and strengthen the role of teachers as mediators. The participation of families, communities and local leaders is key to reducing resistance and legitimizing the educational process. Adapting sex education does not imply renouncing the principles of equity and human rights but contextualizing its implementation to promote more informed and responsible attitudes, to prevent early pregnancies and sexual risk behaviors.

From a psychosocial perspective, this predominance of conservative attitudes can be understood as an adaptation strategy in the face of social and cultural pressure. Adolescents, being in a stage of identity transition, tend to align themselves with the normative expectations of their environment to avoid social sanctions or family conflicts [8].

However, this result also opens a critical discussion, although conservative attitudes can be associated with preventive behaviors (such as delaying the onset of sexual life), they could also limit access to truthful information and safe practices, favoring the risk of unplanned pregnancies or sexually transmitted infections when sexual initiation occurs without adequate preparation.

In summary, the predominance of conservative attitudes reflects a combination of cultural, religious, family, and educational factors, suggesting the need to rethink sex education strategies in Peru, seeking a balance between respect for sociocultural values and the right of adolescents to an informed, healthy, and risk-free sexuality.

On the other hand, although the analyses revealed statistically significant differences, the effect sizes were small, suggesting that the practical magnitude of the differences is limited. This fact, common in studies with large samples, indicates that statistical significance does not always translate into real relevance; however, even modest effects may be relevant in public health and sex education, given their potential impact on decision-making and the prevention of risky behaviors in adolescents.

During the execution of the research, one of the main limitations was the reduced voluntary participation of some adolescents, who, due to the sensitivity of the subject, chose not to get involved in the study. Likewise, the use of self-report questionnaires may have generated desirability biases, given that sexuality is a sensitive topic and adolescents were able to adjust their answers to what is socially accepted or avoid certain reports; and although the sample was representative in certain regions, the results cannot be generalized to all Peruvian adolescents due to the cultural diversity of the country, in addition to the use of non-probabilistic intentional sampling and the higher proportion of urban versus rural participants. These aspects suggest interpreting the results with caution and considering more confidential methods and probabilistic sampling in future research to reduce these biases.

Finally, it is recommended that subsequent research develop longitudinal studies to analyze the evolution of sexual attitudes over time. Intervention studies that evaluate the impact of culturally adapted comprehensive sexuality education programs should also be included, as well as qualitative approaches that explore adolescents' subjective experiences of the influence of family, religion, or the media. These approaches would complement the quantitative findings, providing practical evidence and a deeper understanding of attitudes towards sexuality in conservative contexts.

Conflict of interest

The authors declare no conflict of interest

References

1. Obledo, H. (2021). Knowledge of adolescence and its implication in teaching practice. *Synchrony*, 79: 677-704. Retrieved from. <https://www.redalyc.org/articulo.oa?id=513867974035>
2. González Labrador, I., Miyar Pieiga, E., and González Salvat, R. M. (2002). Myths and taboos in human sexuality. *Cuban Journal of Integral General Medicine*, 18(3): 226-229. Retrieved from http://scielo.sld.cu/scielo.php?pid=S0864-21252002000300012&script=sci_abstract&tlang=en
3. Demographic and Family Health Survey (2021). Ombudsman's Office: The current situation of teenage pregnancy requires greater access to sexual and reproductive health and comprehensive sex education (ENDES). Retrieved from. <https://www.defensoria.gob.pe/deunavezportadas/defensoria-del-pueblo-situacion-actual-de-embarazo-en-adolescentes-exige-un-mayor-acceso-a-salud-sexual-y-reproductiva-y-educacion-sexual-integral/?print=print>
4. Arias López, L. (2022). Factors that influence the sexuality of adolescents studying medicine at a private university, Cochabamba. *UNITEPC Scientific Journal of Health*, 9(2): 29-37. <https://doi.org/10.36716/unitepc.v9i2.120>
5. Remache Acosta, E. A., and Rojas Conde, G. (2024). Knowledge and attitudes about sex education in adolescents from an Educational Unit in Salcedo, Ecuador. *Nursing Caring for You*, 7. <https://doi.org/10.51326/ec.7.7392392>
6. Badillo-Viloria, M., Sánchez, X., Vásquez, M., and Díaz-Pérez, A. (2020). Risky sexual behaviors and associated factors among university students in Barranquilla, Colombia, 2019. *Global Nursing*, 19(59): 422-449. <https://dx.doi.org/10.6018/eglobal.412161>
7. Samaniego, F., Gómez, L., and Salas, J. C. (2023). Socio-affective factors and their influence on adolescent sexual activity. *Journal of Health Sciences*, 21(1). Retrieved from. <https://revistas.urosario.edu.co/index.php/revsalud/issue/view/528>
8. Bandura, A. (1977). Social learning theory. Prentice-Hall. Retrieved from. <https://psycnet.apa.org/record/1979-05015-000>
9. Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50(2): 179-211. [https://doi.org/10.1016/0749-5978\(91\)90020-T](https://doi.org/10.1016/0749-5978(91)90020-T)
10. Berger, P. L. and Luckmann, T. (1966) *The Social Construction of Reality: A Treatise in the Sociology of Knowledge*. Doubleday & Company, New York.
11. Erikson, E. (1968). *Identity, youth and crisis*. New York: W. W. Norton Company, <https://doi.org/10.1002/bs.3830140209>
12. Calero Yera, E., Rodríguez Roura, S., and Trumbull Jorlen, A. (2017). Approach to sexuality in adolescence. *Medical Humanities*, 17(3): 577-592. Retrieved from. http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S1727-81202017000300010
13. Luque, S. (2024). Level of knowledge in sexual and reproductive health in adolescents of an educational institution in Lima - Peru. *Revista Científica Ágora*, 10(1). <https://doi.org/10.21679/234>
14. Manco, M., Flores-Lovon, K., Ticona, D., and Gutierrez, E. (2020). Sexual health practices in adolescents from two schools in the south of the Lima region, Peru. *Chilean Journal of Obstetrics and Gynecology*, 85(6): 595-603. <https://dx.doi.org/10.4067/S0717-75262020000600595>
15. Samaniego Morales, F., Gómez Barria, L., and Salas Suárez, J. C. (2023). Socio-affective factors and their influence on adolescent sexual activity. *Revista Ciencias de la Salud*, 21 (1): e04. <https://doi.org/10.12804/revistas.urosario.edu.co/revsalud/a.10375>
16. Rodriguez Vega, J. L., Remaycuna Vásquez, A., Peña- Ramírez, M., Aguilar Ventura, L. J., Benites Aliaga, R. S., and Urquiza Zavaleta, R. E. (2023). Attitudes towards sexuality in secondary school students in rural areas of the Piura region. *Journal of the Psychiatric Hospital of Havana*, 20(3). Retrieved from <https://revphp.sld.cu/index.php/hph/article/view/380>
17. Talaverano, L. and Medina, E. (2025). Knowledge and use of contraceptive methods in adolescents from a rural educational institution in Rocchacc. *Stomatology and Public Health*, 24(1): 73-86. Retrieved from. <https://revistas.unsaac.edu.pe/index.php/estomatologia/article/view/1623>
18. Ramos-Vera, C. A. (2021). A sample size calculation method of priori power analysis in structural equation models. *Journal of the Medical Corps Hospital Nacional Almanzor Aguinaga Asenjo*, 14(1): 104–105. <https://doi.org/10.35434/rcmhnaaa.2021.141.909>
19. Fisher, T.D., and Hall, R.G. (1988). A Scale for the Comparison of the Sexual Attitudes of Adolescents and Their Parents. *The Journal of Sex Research*, 24: 90-100.
20. Suerio, E. Diéguez, J. L., López, F. and López, A. (2005). Psychometric properties of the expanded Sexuality Attitudes Scale (ATSS). *Cuadernos de Medicina Psicosomática y Psiquiatría de Enlace*, 74: 46-56. Retrieved from. <https://dialnet.unirioja.es/servlet/articulo?codigo=1368867>

21. Boza Torres, P., Liriano Leyva, O., Pérez Sánchez, Y., and Fonseca González, R. (2022). Practical guide to select a statistical test to be applied in biomedical research. *Multimed*, 26(6). Retrieved from. http://scielo.senescyt.gob.ec/scielo.php?script=sci_arttext&pid=S2477-91052021000200062
22. Ronconi, Liliana, E., and Guzmán, S. (2023). Comprehensive sex education in Latin America and the Caribbean: Where we are and where we should go. *Latin American Legal Studies*, 11(1): 246-296. <https://dx.doi.org/10.15691/0719-9112vol11n1a7>
23. Rojas, O. L., and Castrejón Caballero, J. L. (2020). The beginning of sexual life in Mexico. An analysis of changes over time and social differences. *Latin American Journal of Population*, 14(27): 77–114. <https://doi.org/10.31406/relap2020.v14.i12.n27.3>
24. Regnerus, M. (2007). *Forbidden Fruit: Sex and Religion in the Lives of American Teens*, Oxford University Press. Retrieved from. <https://youthandreligion.nd.edu/research-findings/books/forbidden-fruit-sex-and-religion-in-the-lives-of-american-teenagers/>
25. Domínguez Domínguez, I. (2011). Influence of the family on adolescent sexuality. *Cuban Journal of Obstetrics and Gynecology*, 37(3): 387-398. Retrieved from. <https://www.imbiomed.com.mx/articulo.php?id=77629>
26. Vélez de la Calle, C., and Santamaría-Vargas, J. (2023). Policies, Knowledge and Narratives of Sex Education: A Review of Latin American Literature 2000-2022. *Education and City*, (45): e2870. <https://doi.org/10.36737/01230425.n45.2023.2870>