RESEARCH
BARREIERS AND RESEARCH STRATEGIES IN SEXUAL HEALTH
An Experience with Adolescents in Public Schools
SONIA MEAVE LOZA AND EMILIA LUCIO GÓMEZ-MAQUEO

Sonia Meave Loza is a student in the doctoral program of the Faculty of Psychology at UNAM, E-MAIL: smeavel@prodigy.net.mx.
Emilia Lucio Gómez-Maqueo is a full-time professor, at the Faculty of Psychology of UNAM. Av. Univeraidsd 3004, Colonia Copilco-Univeraidsd, Calegation Coyoacán, Ciudad Universitaria, CP 04510. E-MAIL: melgm@servidor.unam.mx.
This research was supported by project DGAPA PAPIIT IN 302206.

Abstract:
This article reviews the importance of research on the sexual health of adolescent students. A description is given of the most relevant findings of sexual behavior and high-risk sexual behavior in a Mexico City sample of 478 adolescent students between ages thirteen and nineteen. A proposal is made to analyze the barriers presented during the study, and strategies are suggested for working on this topic in school scenarios. Emphasis is placed on the school’s role as a facilitator of preventive actions in the sexual and reproductive health of adolescents.

Keywords: sex education, adolescents, role of school, prevention, Mexico.

Introduction
In the field of psychosocial and educational research, few studies share the process used to obtain the results, or the context, barriers, and strategies that were effective during research. Various studies have focused their interest on understanding more about research obstacles and facilitative aspects. One study found that the motivation of parents, students, and teachers affected a school-based prevention program in sexual health: in particular, the teachers’ feelings of discomfort influenced participation. Another study found that teachers’ attitudes regarding the material and activities of sex education (such as showing how to use a condom) influenced the limited results of the prevention program (Bustom et al., 2002).

However, in another experience, agreement between the preventive program’s goals and the school’s objectives facilitated the work in preventing sexual health risks (Constantine, Slater and Carroll, 2007).

In Mexico, a study carried out with young people regarding the cultural perceptions of HIV/AIDS reported that various public secondary school and high school directors refused to accept the research, even in the presence of links with the community (Bronfman et al., 1995). The situation was different when the team obtained support from a higher authority in the Secretariat of Public Education.

The current study describes the results as well as the experiences that served as barriers, and the strategies that were useful in attaining the project goals. To analyze these last two points, we used the system proposed by Blinn-Pike, Berger and Rea-Holloway (2000), who suggest a review of processes, based on: a) the background information that generates planning the research; b) the recruitment of and association with direct participants in the study (professors, parents, and adolescents) as well as indirect participants (administrative), who are responsible for school scenarios; c) the discussion of the strengths and weaknesses in the research process; and d) the identification of useful elements for continuing research in the field.

Before beginning the analysis of this project, we must answer the following question: Why is research on the sexual health of adolescents important?
In 1994, The International Conference on Population and Development, organized by the United Nations, stressed the importance of working on sexual and reproductive health (SRH) with adolescents and young people, based on the estimation that the world’s largest adolescent population would be in place in 2010. Emphasis was placed on the goals of preventing and promoting health before conception, including SRH education and family planning services for all adolescents, plus advising for those who are sexually active (Senderowitz, 2000).

In addition to reporting on the demographical growth of the young population, diverse studies have indicated changes in sexual behavior, such as sex lives starting at increasingly younger ages and more active sexual behaviors among adolescents (Santelli, Abma, Ventura et al., 2004). Young people have also increased their alcohol consumption considerably, which affects sexual behavior and causes more violent forms of expression like sexual harassment or assault (George et al., 2006). On the other hand, substance abuse is associated with reduced use of condoms, more sexual partners, and the exchange of sex for money or drugs (Petry, 2000; Paul, Macmanus, Hayes, 2000), among other high-risk behaviors.

High-risk sexual behaviors have the effect of increasing unplanned pregnancies, abortions in unsafe conditions, and new cases of sexually transmitted infections. In Latin America and the Caribbean, 560,000 adolescents and young people between ages 14 and 24 have contracted HIV (Shutt-Ainney y Maddaleno, 2003). Adolescent pregnancies present lead to particular risks in maternal mortality and low birth weight (IPAS, 2004), while dropping out of school, low self-esteem, and depression are psychosocial effects.

To confront these problems, a series of health strategies has been developed through the media, health clinics for the exclusive attention of HIV carriers, prevention in certain groups like prostitutes, and community programs; public campaigns have been employed to encourage young people to use condoms (Donovan, 1998). However, the central programs for prevention among adolescents have been school-based.

School as a Place of Prevention

School is the ideal place for learning healthy behaviors that can contribute to health in general, and to sexual and reproductive health in particular. Promotion and prevention in SRH have various advantages: the adolescent stage of physical and psychological development coincides with the beginning of sexual practices, and is an ideal moment for teaching students healthy attitudes and practices in an appropriate setting, and for preventing them from following unhealthy patterns (Kirby, 1999). One of the practical reasons for using school in prevention is the number of individuals who can be reached, since school is a link with the community; for many students, school is the only place to receive information, since many parents do not talk enough with their children about topics related to sexuality or SRH.

It has been proven that teaching prevention at school is a strategy that functions. In particular, when general sex education is combined with information on the prevention of STD/HIV/AIDS, improvement is seen in students’ knowledge, attitudes, and behaviors in relation to sexuality and safe sex (IPPF, RHO-Jóvenes, 2000).

In Mexico, a program called “A Team against AIDS” reported increased knowledge about condom usage and public awareness regarding HIV-AIDS (IMIFAP, 2006). The cost/benefit evaluation of these programs has shown that they are a profitable investment since they can improve students’ health, not only by giving them information, but also by referring them to health centers without generating considerable economic costs (Senderowitz, 2000).

Sex Education in Mexican Schools
In Mexico, the demographic indicators of population growth motivated the government to take two important measures: a) the promotion of contraceptive use, and b) the formation of new awareness of sexuality through school. In the 1970s, sex education became part of official educational discourse, producing intense discussion among various sectors, including the Church, the National Union of Parents, political parties, intellectuals, and teachers (García, 1989). At the present time, the discussion revolves around the sex education content of textbooks used in the public schools.

The National Population Council was created to promote and coordinate governmental actions for controlling demographic variables and preparing a sex education model. The goals were to reduce, by the 1980s, population growth, and to model Mexicans’ sexual behavior through sex education and the use of contraceptives (CONAPO, 1975:12, in García, 2000).

Since that time, sex education for adolescents at school has been developed in Mexico in both formal and informal modes. The formal mode was included in the basic education program of elementary and secondary school of Mexico’s Secretariat of Public Education, and was revised in the educational modernization of 1989-1994 to maintain an informative/biological nature addressed in the classes of natural science, biology, and civics. The focus was on families formed by heterosexual couples (Aguilar, 1994:764-794; García, 2000).

One study found that only 54% of Mexican adolescents from ages twelve to nineteen received sex education, and within this group, 91% received sex education exclusively at school (Pick, Andrade y Chávez, 1988). More recent data from the National Youth Survey indicate that 31% recognized that school was where they had learned most about sexuality (INJ, 2002). Although these data give an important panorama of the proportion of adolescents and young people who were benefited, no information exists on the type of programs, contents, instructors, and the results of these efforts.

On the other hand, the informal mode with adolescents has been covered by civic, private, and religious organizations; each organization has a working model with a particular focus. Sex education is provided through informal conversations, workshops, or courses; some include parents and teachers and train coordinators. The most widespread programs are: “Gente joven” (“Young People”) by MEXFAM, and “Planeando tu vida” (“Planning Your Life”), by IMIFAP (Aguilar, 1994:770-774). MEXFAM has extended its program to nine states, with friendly pharmacies and medical services (MEXFAM, 1999).

In the other line of work, the health sector responded to the situation by creating institutions like CONAAIDS and coordinating the development of programs of secondary attention for pregnant adolescents. One study of reproductive health programs for adolescents in Mexico City reported that they are delayed in time since the users are adolescents who are already pregnant; on the other hand, health personnel are not prepared to meet the population’s needs and their working hours conflict with school hours. The principal suggestion was to develop preventive actions (Stern y Reartes, 2001:169-174).

The above information emphasizes the consideration of schools as scenarios of prevention. A solid argument for this action is the number of adolescents in the public school system. State- and federal-supported schools represent 82% of total schools; of these, 78% provide elementary and secondary education, and 11% offer high school education. During the 2005-2006 school year, national enrollment was 5,979,256 students in secondary school, and 3,658,754 in high school (SEP, 2006); these figures show that in spite of dropouts, a captive population exists that could potentially benefit from preventive programs.

Although sex education in Mexico has been able to create lines of action because of the number of years it has existed, coordination is still lacking among health institutions, educational institutions, and nongovernmental organizations (NGO). In such a context, research can play an important role in
evaluating programs as well as recognizing other components that can contribute to prevention efforts involving adolescents.

**Background of Research Project**
The current study was aimed at researching individual factors such as the personality traits and psychosocial characteristics of adolescents who present high-risk behaviors. The goal was to explore the role of these variables in the context of risk—the risk of sexually-transmitted disease and unwanted pregnancies. This article will analyze the results obtained in the first stage of research on the adolescents’ sexual behavior.

**Method**

**Subjects**
The participants in this study were adolescents between ages thirteen and nineteen, of both sexes, who were students at public junior high and high schools in southern Mexico City. A non-probabilistic sample was formed of N= 478 students.

**Instruments**
To define the adolescents’ sexual behavior, use was made of an adolescent development questionnaire (Meave y Lucio, 2005) that explores adolescents’ sexual behavior within psychosexual development, including high-risk behaviors. The questionnaire is a self-reporting instrument of 45 items that was validated by judges.

**Procedure**

**Planning of Research**
The first goal was to find schools that would agree to participate in the research. Possibilities included schools where a previous project had been carried out, independent contacts, and schools known through the community service centers of the UNAM’s Faculty of Psychology. Eight schools were contacted, and a favorable response was obtained from four. The reasons for denying access were shortages of physical space for research work and of time for participating in projects outside of the school and the curriculum; as well as beliefs that the topic of “sexuality” was sensitive and that the project should be reviewed by the school’s teachers. Other schools simply delayed their response, based on the pretext of changes in directors.

During the initial interviews with directors, similarities were logged in the four schools in terms of the directors’ descriptions of adolescents’ problems in the social and family context, such as drug use, economic problems, broken families, violent behavior in the neighborhood, and violence within the family. Mention was also made of the parents’ limited participation; in the secondary schools, the parents visit the school when their presence is obligatory or when the student’s enrollment is endangered by low academic achievement or behavioral problems (for both secondary and high school students).

**Administrative Consent**
At the schools that agreed to participate, a meeting was scheduled to provide further information about the project. The directors and/or assistant directions were given a presentation of the project’s goals and activities, along with a description of the testing instruments to be used, the activities in each phase, and the terms for adolescents and parents in some cases.
Due to time limitations at meetings, an explanatory summary of the study’s protocol was delivered. The meetings were adjourned after agreeing on the forms of work. In each school scenario, the directors delegated project coordination to other school employees, such as social workers and counselors. The director was directly involved in only one case. Project coordination included: evaluation, contact with parents and secondary students, scheduling, space assignment, and the selection of groups. The coordinating mediators assigned teachers, counselors, prefects, and security personnel to serve as links with the students.

Consent from Parents and Guardians
Obtaining consent from parents or legal guardians was a priority, since most of the students were minors.

Secondary Students
The procedure for obtaining consent was adapted to each school’s characteristics. An effective measure was to contact the parents during two activities of high parental attendance: the signing of report cards and the general meeting held at the beginning of the school year. At these events, the procedure was as follows:

- Open invitations were extended to the parents of students in the second and third years of secondary school, at times through the school’s director and at other times directly through the research team. Parents and guardians were requested to consent to the evaluation and participation of their children in preventive workshops, and were invited to participate in an introductory workshop on “Communication and Adolescent Sexual Health”.
- Use of consent forms: a description of the research objectives and the importance of the topic. At the bottom of the form, parents/guardians had to indicate if they accepted their child’s evaluation and participation in the workshop, and if they were interested in attending the workshop for parents.
  In some cases, the teachers gave the parents the forms. In other cases, members of the research team addressed the parents at the end of the general meeting, before they left school. The social workers gave forms to the parents during their appointments with parents.
- Supplementary explanations: a meeting, in some schools, to answer parents’ questions about the activities that would be carried out with their children. Few parents attended these meetings. However, after answering questions, the research team gave advice upon request with regard to family violence, and adolescents’ behavioral and scholastic achievement problems. In some cases, parents and guardians were channeled to institutions and to the psychological services center of the Faculty of Psychology. In other cases, intervention was necessary (interview/crisis intervention).
- The most effective strategy was having team members approach parents before leaving school, although some parents refused the form and information due to a lack of interest or time. Some of the mothers commented that they could not make a decision until consulting with their husband.

Information on the parents’ response to the general invitation is available for only one school. According to the director, 65% (N=250) attended, and of these, 25% refused or did not turn in the consent form on time. The other school did not provide information on attendance due a lack of updated lists.
High School Students

The adolescents ages eighteen and nineteen were exempt from the procedure because their own consent was sufficient. Minors in high school were asked to provide a telephone number to contact them, to confirm their participation in the activities, and to ratify the agreement of their parents or guardians. An important obstacle was the students’ lack of a ground line or cellular telephone. On other occasions, relatives answering the phone were not able to provide information about the adolescent’s availability. Such factors led to decreased participation.

Use of Evaluation Instruments

Before the evaluation, the adolescents were provided with an explanation of the research objectives. Those who gave their consent participated, subject to parental approval. The phase of evaluation used two sessions for completing three instruments of evaluation; students who did not finish in two sessions were allowed to use a third. The adolescent development questionnaire was administered in the classroom along with the socio-demographic questionnaire, with two or three proctors per group, in a single session.

Some adolescents chose not to respond to the evaluation and their decision not to participate was respected. Others who initially did not want to participate requested inclusion, and were accepted on the condition of their turning in the consent form. Other factors affecting the evaluation were absence from school or dropping out, especially in schools operating on the evening shift and at the high school level.

Only complete questionnaires were considered. Responses were inputted through the SPSS 11 program, in order to complete an analysis of frequency. Cases of sexual abuse were excluded based on the criterion that abuse is a problem that is specifically different from initial sexual activities in the expected course of development.

Results

A total of 478 adolescents completed the questionnaire; 62.2% were secondary school students, and 37.9% were high school students. 52% of the group were males and 47.1% were females. The average age of the sample was 15.8, with most students between ages fourteen and sixteen.

Results on the milestones of puberty indicate that menarche occurred at age twelve on the average, while the first ejaculation was reported between ages twelve and thirteen.

The type of adolescent relations sustain at the time of the evaluation revealed shades of meaning ranging between affective association and sexual attraction. The females reported more relations of friendship, while the males mentioned more relations of attraction and courtship.

In addition to being asked about the social relations that provide opportunities for the manifestation of social sexual behaviors, the students were requested to specify the type of physical and sexual contact they have experienced. The results are shown in percentage form in Chart 1.

The males more than the females mentioned sexual contact like petting underneath clothing and oral sex. Of the females, 11% reported no contact. 23.8% of the total adolescents have had sexual relations at least once; of these, 60.5% are male.

Those who had not had sexual relations indicated that the most important reason was (70%) dedication to school; they also mentioned not wanting to disappoint their parents (21%); and the adolescents males affirmed that their partner was unwilling (12%). When the same group was asked if they would like to have sexual relations the following year, 25% of the males and females answered affirmatively.
The average age the males in the group first had sexual relations was 14.3 years old, and for the females, 16 years old. 41.4% of the males had had between two and three sexual partners, in comparison with the females (71%), who had had only one. Regarding the use of contraceptives during the first sexual relation, 27.7% did not use any contraception and 23.3% did not use contraception during the following sexual relations. Regarding condom use, 39.1% of the females reported using condoms at times, compared with 35% of the males. 19.6% of the females never used a condom in their sexual relations, compared with 8.6% of the males. Chart 2 shows high-risk sexual behaviors.

One of the most relevant high-risk sexual behaviors is the failure to use contraceptives; although some adolescents affirm their usage, it is still important to consider the group of inconsistent usage: “sometimes I use one”. Mention should also be made of sexual relations with a stranger, experiences of alcohol consumption in the last relationship, and previous pregnancies at this age.

To evaluate the context of risk with respect to pregnancy, the participants were asked if anyone near to them had gotten pregnant or gotten a girl pregnant before age twenty: 21% had two or more relatives in this situation and 10.5% had two or more friends in this situation. Apparently the males have more high-risk sexual behaviors. Adolescents’ sexual behavior varies widely because although some have had sexual relations, others have not.
**Discussion**

The results show that adolescents are beginning their sex life in secondary school or just before entering high school. The National Youth Survey reports an average age of 16 (INJ, 2000), while the average age for this group is 14.5; the reason may be that this group is part of an urban population and the adolescents are exposed to other stimuli, like television, and that their forms of expressing sexuality are more advanced.

Data like the number of sexual partners pose the question: When is intervention necessary? And what type of intervention do these adolescents need? According to these data, interventions are distinguished by: adolescents without sexual experience and adolescents who have sexual experience or have had sexual relations at least once. Regarding prevention, the data suggest a universal level and selected prevention for adolescents with risk indicators.

In terms of high-risk sexual behaviors, the nonuse of contraceptives, and especially inconsistent use, as well as the nonuse of condoms are the central risks in the first and subsequent relations. These data agree with those of the National Health Survey for adolescents between ages twelve and nineteen (González-Garza et al., 2005).

Simultaneous sex partners and sexual relations with strangers are an important element that describes changes in sexual behavior. An attitude of experimentation, especially among adolescent males, suggests the need to incorporate elements of prevention that are especially directed to this sector.

Alcohol consumption associated with sexual contact is important data because: the behaviors occur in a context of risk; the consumption of alcohol and other substances is a reality for adolescents in Mexico; 12.79% of the high school students have consumed alcohol; and 81.8% of those who have consumed alcohol are male (Cordero, 2004).

Lastly, school is a protective factor because the adolescents who have not had sexual relations have expectations regarding optimal performance at school. Parental expectations regarding their children’s future is also a protective factor. Both factors have been previously recognized in literature on the subject.

The limitations of this study are that the participants were students in public schools only and in a single area of Mexico City. Recognition must also be giving to the effect of adolescent males’ over-reporting their sexual behavior and the females’ under-reporting, due to the social desirability imposed by cultural norms.

**General Observations**

Work in Mexican schools from the perspective of this research leads to two basic conclusions regarding barriers.

1) It is important to make indirect participants visible. Influence on the research process is exerted by: parents and guardians due to their acceptance or rejection of their children’s participation; and all

| Sexual relations with a stranger at least once | 31.6 |
| Simultaneous sexual partner | 10.3 |
| Alcohol in last sexual relation | 26.7 |
| Drugs in last sexual relation | 3.4 |
| Sex for pay | 12.8 |
school personnel, whether administrative personnel, teachers, or support personnel. These are the adults who regulate the research team’s interactions with the participating adolescents.

Difficulties at school apparently occur regarding the form of work, since reaching agreements with the director does not mean that the school network will respond in the same direction or will be prepared to facilitate research work.

2) In second place, in spite of the success attained in complying with most of this project’s goals in almost all of the schools that agreed to participate, a constant obstacle is recognized in norms: required compliance with class schedules and educational goals leaves limited time for extracurricular activities, including sex education. Institutional pressure may exist with respect to the objectives that each school “must” attain in pedagogical terms. In some cases, ambivalence was observed: the authorities want to offer students the opportunity to benefit from the evaluation, detection, and preventive workshops, but in operational terms, classrooms are not available, the students cannot “miss class”, or difficult schedules are assigned for the activity.

Some teachers may not comprehend the research work in schools or may interpret the interruption of classes due to research and intervention activities as an attempt on their employment interests. In one case, a teacher commented to the adolescents: “The ones who go out to work with the psychologists are crazy.” On other occasions, the teachers requested the presence of students who were participating in the preventive workshop to carry out other activities, such as handing in notebooks, practicing flag bearing, or providing testimony on the misbehavior of a classmate (Meave, 2006). In response to such situations, the research team had to assure the adolescents that they would suffer no negative consequences. These incidents occurred in spite of prior notification, the selection of work schedules, and communication with teachers.

Useful Elements for Future Research

With Schools

From the beginning of the study, it would be relevant to establish a communication channel. The meeting for explaining the proposed work is the ideal time for developing this channel, and it should be maintained during each stage of work, with the director as well as with the designated mediators. By keeping this channel open, the research team can obtain better support from the school’s humans and materials resources. It is recommendable to present clear information on research activities to teachers and school personnel, in case the communication between mediators and teachers is not efficient.

Communication with mediators deserves special care since this link may be a determining factor for attaining the project goals as well as for delaying or even obstructing their attainment, because of the ability to influence the director’s decisions.

A large part of this study’s success is due to the high sensitivity of mediating directors and teachers regarding the contributions of the research. As indicated by Bustom et al. (2002), when directors share the perception of benefits and identify with the ultimate ends of research, the results will be much more successful for both parties. Many teachers and counselors facilitated the research work, donated their time, and were available on occasions when the mediator’s coordination failed, thus allowing the programmed work to continue. Others showed interest in knowing the scope of work and made positive comments on the adolescents’ need for attention (Meave, 2006).

The teachers’ participation helps to adapt the preventive programs and can also influence other teachers. Teacher training is fundamental for sustaining prevention programs (FHI, 2000).

Feedback at school. The team must be willing to comment on the results of the activities, listen to related problems, offer counseling, and channel individuals to other programs or institutions that can benefit the school, without interfering in the objectives of the proposed research.
The research teams must be trained to sustain ethical behavior while working with adolescents on topics involving sexuality, and to maintain an attitude of respect, empathy, and confidentiality, including additional time to channel or treat special cases like sexual abuse or adolescent pregnancy.

With Parents or Guardians
Parental participation is essential in the entire research process with adolescents. Parents’ role in providing consent is a determining factor in creating the possibility for adolescent participation in evaluation and intervention, a common point of concern for researchers from other countries (Donovan, 1998). A positive strategy with the parents was sensitization in a brief workshop on “Communication and Adolescent Sexual Health”. Those who took the workshop were more willing to accept their children’ participation in preventive workshops. The limitations were absenteeism and the effect of the parents’ work on adolescents.

Although data from the National Parent Survey indicate that 80% agree that their children should receive sex education (IFIE; 2002), this figure does not translate into recognition of their own participation, nor does it allow their children to benefit in all cases. Research on educators’ and parents’ beliefs, cultural values, and social values regarding sexuality will provide important elements in improving preventive proposals (WHO, 2002)

With Adolescents
The research team must be flexible and trained in handling resources with adolescents. An advantage of this study was a team formed by young facilitators who were able to form empathetic ties with the adolescents, as well as other, more experienced team members with clinical training. Such a combination helped to respond to the adolescents’ individual demands and concerns regarding sexuality, family problems, and courtship issues (Meave, 2006).

A basic recommendation is to follow an ethical line of work. Adolescents who approached the team in unaided fashion to refer to problems were allowed to express their concerns and received individual counseling subsequent to programmed. This counseling took place at school or at UNAM’s psychological services center.

Direct communication with the adolescents is small groups and availability were positive strategies to allow each student to make decisions without group influence. Positioning team members in the patio and in an open classroom during breaks facilitated dialogue with the adolescents and encouraged the participation of those who were initially reluctant.

Sexuality is regulated at school. The school’s message is often penalization of the expression of sexuality (clothing, contact). Many young people do not comprehend why adults talk about preventing pregnancy but do not provide detailed information on the use of contraceptives.

Disciplinary control, a necessary element for schoolwork, becomes persecution for some students. One adolescent girl commented, “I want to participate but I don’t want to miss classes or get lower grades” (Meave, 2006).

Research limitations include the inability of various adolescents to participate due to a lack of authorization from parents or guardians, in spite of their individual interest. Other variables to take into account are events that interfere with the work, as well as illness during the winter months and earthquake drills. The most important factors, however, were absence and dropping out of school.

Conclusions
The analysis of this experience revealed that the same factors that act as barriers can also facilitate working with sexual health among adolescent students. The following elements are recognized:
1) Forms of work can be developed along with the school to facilitate research for implementing results. Work with short- and medium-term goals that is adequately evaluated, can influence these scenarios.

2) Involving teachers in preventive activities that are recognized by the authorities and the school can strengthen work in prevention.

3) Achieving greater parental participation in preventive tasks in sexual and reproductive health will contribute to complying with the general law on education from 1993 (Pick, 2006).

4) Adolescents need places where they are allowed to address the topic of sexuality in an integral framework of physical and emotional health, with respect for their privacy and adult discretion (school personnel, parents or guardians, and the outside research team in this case).

If parents and teachers continue to assume or hope that younger adolescents are not sexually active, serious limitations will be created for programs of preventive intervention. Maintaining prevention throughout various stages would be ideal (O’Donell, O’Donell and Stuev, 2001:7-8). Although evidence exists of important experiences at schools, such experiences need to become a reality at more schools. Interventions should be evaluated rigorously: although elements from successful experiences by other researchers are taken into account, at the local level, a successful research record for Mexican adolescents is still pending (Torres, Gutiérrez, Dílys, 2006). The conclusion is that conditions must be established for researching sexual health among adolescents, far before questioning the effectiveness and sustainability of preventive programs.

Schools must involve students, teachers, directors, parents, and the community to participate in planning goals and objectives for programs of preventive intervention. In this manner, needs will become known in a more direct manner. The greater the number of viewpoints that are taken into account in generating team commitment, the better school-based health programs will function (WHO, 2002).

**Bibliographical References**


