Sexuality education for HIV prevention in Latin America and the Caribbean: A regional diagnosis

1st Meeting of Ministers of Health and Education to Stop HIV in Latin America and the Caribbean

Sexuality education for HIV prevention in Latin America and the Caribbean: A Regional Diagnosis

Preventing through education

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Prologue

It has been over 25 years since the Human Immunodeficiency Virus (HIV) was first identified. This epidemic has indelibly marked our world, and we are confronted with one of the largest health challenges in modern history. The HIV epidemic continues to test the capacity of governments and citizens to respond. Yet, it has also catalyzed an international solidarity to address health inequalities, made even more tangible by this epidemic.

In the previous quarter century, HIV has infected nearly 70 million people and has lead to the death of close to 30 million worldwide. Currently, it is estimated that nearly 35 million people are living with HIV. Of these, 1.6 million are in Latin America and 230,000 in the Caribbean; the latter region being the second-most affected region in the world.

The global response to the epidemic is one of the most important in human history. Governments have made international commitments, which have resulted in public policies implemented across countries with notable results. The dedication and efforts of the scientific community have provided important medical advances and life extending drugs, improving the quality of life of people living with HIV/AIDS. Finally, a rich social movement committed to combating HIV has coalesced to fight for the human and social rights of persons living with HIV.

Governments worldwide initiated this millennium with the commitment to halt and begin to reverse the HIV epidemic by 2015. To achieve this goal, they agreed to coordinated actions for prevention, care and human rights and directed at people living with HIV and those most vulnerable to the advancing epidemic.

To date, our region has made significant advances in the fight against HIV. For example, we have eliminated HIV transmission through transfusion of blood or blood products. In the area of prevention, despite great scientific advances in understanding the biology of the HIV virus, an effective vaccine still proves elusive. As such, effective prevention still relies on people having the information, skills and tools to protect themselves from infection. We have also made important advances in extending coverage of antiretroviral medications to people living with HIV/AIDS. This policy has required an unprecedented effort in countries like ours, which have limited resources for social expenditures. The financial commitment that this region's countries have made to provide universal access to antiretrovirals routinely consumes resources needed for prevention. It is estimated that in Latin America only 15% of resources earmarked to combat the HIV epidemic are spent on prevention activities.

Yet the difficulty of assuring the fiscal sustainability of the universal access to antiretroviral drugs policy, along with our commitment to the Millennium Development Goals requires us to carry out specific, planned and coordinated actions in the area of HIV prevention.

Since the principal mode of transmission of HIV is through sexual activity, prevention must begin with the modification of individual human behaviors. Youth are particularly affected by the HIV epidemic. The majority of people living with HIV in our world were infected between 15 and 24 years of age. According to the most recent statistics, less than half of adolescents and youths worldwide have sufficient information about HIV and AIDS. Thus, it is essential that we develop prevention interventions that address sexuality among youth, to insure that as they become sexually active, they have the information, skills and tools they need to be able to protect themselves. I am convinced that the promotion of healthy sexual behaviors requires basic and comprehensive education to ensure that people can make informed, responsible decisions.

This regional diagnosis of the state of sexuality education for HIV prevention in Latin America and the Caribbean reviews the available literature on individual interventions in sexual education. And, it provides a comprehensive picture of the current situation of school-level education on sexuality and the prevention of HIV and other sexually transmitted diseases.

This document is presented within the framework of the First Meeting of Ministers of Health and Education to Stop HIV in Latin America and the Caribbean: Preventing through Education. I hope that it will provide a common departure point for the establishment of joint commitments to integrate efforts by our Ministries of Health and Education for the benefit of this generation of youth, and those to come.

Much remains to be done to combat the HIV epidemic in our region. We have committed to universal care and now is the moment to insure universal access to prevention. In other moments and in response to other health and education problems, a coordinated effort by our governments has proven to be efficient and effective. I am convinced that a joint response by our governments will lead to concrete results in the fight against the HIV epidemic that enable us to meet our Millennium development goal on AIDS.

Dr. José Ángel Córdova Villalobos
Secretary of Health, Mexico

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The opinions provided in this document are the exclusive responsibility of the authors and do not reflect the official position of any institution of the Government of Mexico, nor of any International Organization that collaborated in the study.

Acronyms

AIDS	Acquired immunodeficiency syndrome
CCNAPC	Caribbean Coalition of National AIDS Programme Coordinators
HIV	Human immunodeficiency virus
IDUs	Injecting drug users
INSP	National Institute of Public Health (Mexico)
LAC	Latin America and the Caribbean
NGO	Non-governmental organization
PAHO	Pan-American Health Organization
PLWHA	Person Living with HIV/AIDS
STI	Sexually transmitted infections
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund

Executive summary

More than 25 years since the discovery of the human immunodeficiency virus (HIV), preventing its transmission continues to be a challenge throughout the world; Latin America and the Caribbean (LAC) are not an exception.

The Government of Mexico has called upon the countries of the region to sign a joint Declaration from the Ministries of Education and Health with the firm commitment to utilize a comprehensive sex education approach as a strategic tool for HIV prevention. This diagnostic document, written by a team from the Mexican National Institute of Public Health (INSP), in collaboration with specialized international agencies, and country-based informants provides the results of a survey about the situation of sex education and HIV prevention in the schools for the entire region. The study included 34 countries in the Latin America and the Caribbean region.

The problem

The HIV/AIDS epidemic continues to advance in Latin America and the Caribbean, especially in key populations such as men who have sex with men, sex workers, and injecting drug users (IDUs) who, because of their specific behaviors, are at greater risk. Young people are particularly vulnerable as members of these groups with risk behaviors or when they interact with these key populations. Sexual behavior and/or drug use cause the greatest risk, not sexual preference, or type of work. There is also risk for young women in general and heterosexual men.

The educational system, whose potential role for HIV prevention has not been fully realized, can become a fundamental tool in the region. However, no comprehensive analysis of the present situation of sex education and HIV prevention exists for the region as a whole.

Normative analysis

This document presents a list of school programs that have been published, studied, and evaluated in each country of the region (See Annex 1). The characteristics of successful sex education and HIV prevention programs at the worldwide level are the same for programs in LAC countries. These characteristics have been identified through international literature reviews and meta analyses. There is a wide variety of experiences at regional level; while some countries have several descriptive studies and evaluations, others have none.

Descriptive analysis

The educational situation as a whole has not been evaluated for the region. Key participants (from the Ministries of Education and Health, national HIV/AIDS programs, as well as members of civil organizations) in 34 LAC countries completed a survey to obtain this information. United Nations Population Fund (UNFPA) focal points responsible for HIV/AIDS coordinated the survey.

The most relevant results of this study are as follows:

1. Sex education and HIV prevention is the responsibility of the Ministry of Education, however the Ministry of Health has jurisdiction over specific aspects.
2. Sex education legislation has been enacted in some countries in the region and is relatively comprehensive; nevertheless, there are still countries with relatively low or nonexistent levels of legislation.
3. In LAC, sex education is approached more commonly within the content of a variety of classes rather than a stand-alone subject. In several countries, it is an extracurricular theme. In only a few countries is it an optional subject.
4. In the majority of countries, there is a textbook or specific book chapter for teaching sex education and HIV prevention.
5. In the majority of the countries, at the primary level, the classroom teacher is the person in charge of teaching sex education and HIV prevention.
6. At the middle school level, the majority of countries cover most of the relevant subjects concerning sex education; however, the subject of discrimination based on orientation or sexual preference is not included in the curriculum.
7. Only Brazil, Mexico, and Argentina report that condom distribution and/or access exists for adolescents at the high school level (between 15 and 17 years). Nevertheless, condom distribution and/or access is not an official policy in Mexico, and, in Argentina, it occurs only in certain provinces.
8. The majority of LAC countries (including the five with the largest target population) respond that sexual abstinence is not promoted as the only form of prevention in the official sex education programs.
9. Efforts to integrate into the school system children and adolescents living with HIV (or who are affected by the virus) are at a relatively high level in almost half of the countries.
10. The evaluation of specific programs and national initiatives has acquired greater importance in the region, but more work is needed on the subject.

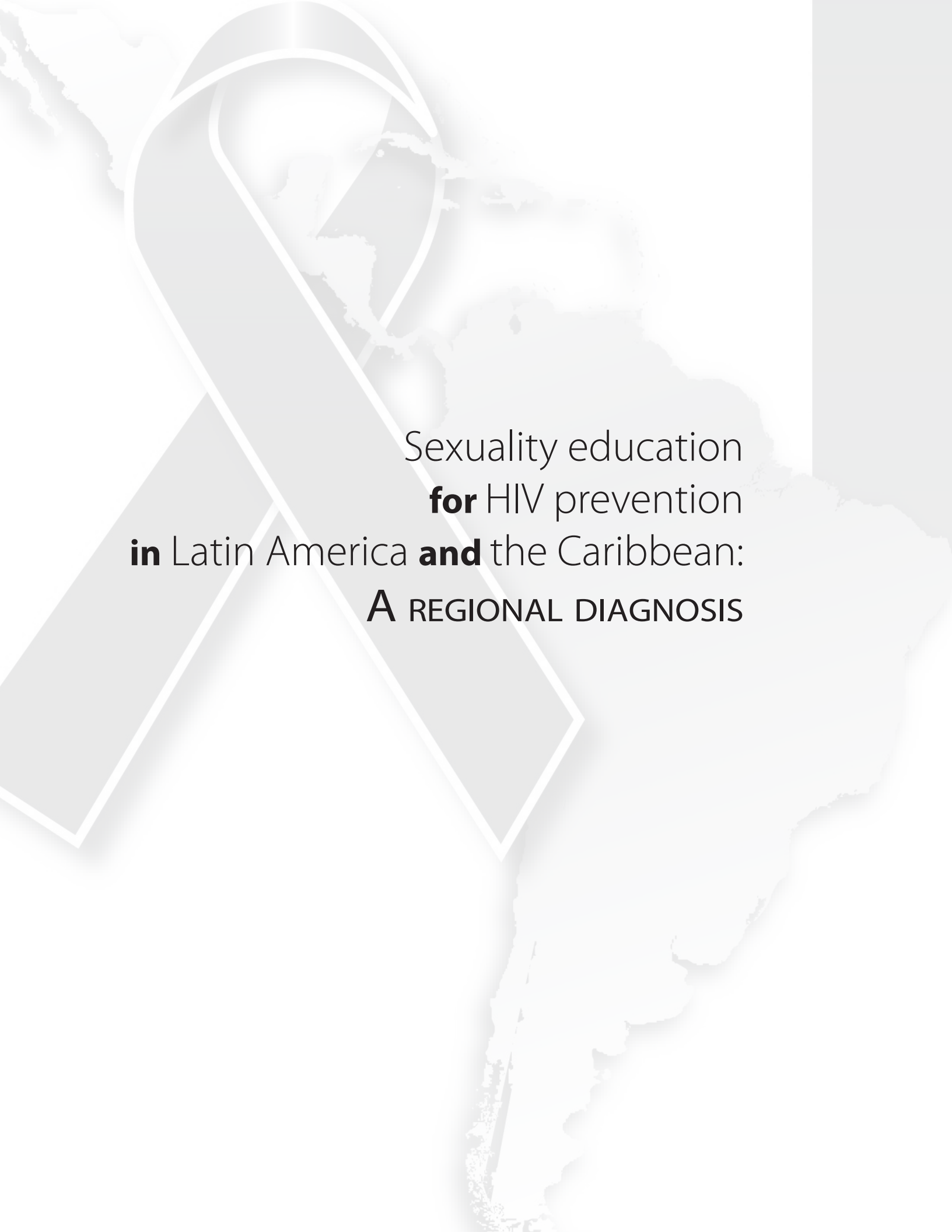
Implications and recommendations

The following recommendations are directed at policy makers as well as for anyone who is interested in sex education and HIV prevention policy:

- Legislation for an obligatory curriculum on sex education and HIV prevention is an important step to position the subject in the current political agenda and to mobilize society. However, legislation alone does not guarantee that the relevant subjects for HIV prevention will be taught in the schools.
- Equally important is to establish legal protection for children and adolescents living with HIV, and to integrate them into the school system for each country of the region. However, it is also necessary that governmental organizations and civil associations work together to monitor whether the laws are applied and take action (legal, if necessary) to prevent and eradicate discrimination.
- The process of monitoring coverage and quality, as well as the process of evaluating the effect on behaviors, is a key component in the planning and execution of programs and should not be seen as an additional or extra step, but an essential part of the implementation process. It also allows for transparency and accountability on the part of the government.
- A comprehensive approach to sex education is required to reduce to the vulnerability and individual risk factors, such as education to eliminate gender inequalities; reduce all forms of violence; and respect all forms of diversity (ethnic, geographic, sexual orientation, etc.). It is imperative that young people have effective access to health services to care for their sexual and reproductive health needs. In particular,

it is important to continue and strengthen the efforts to guarantee effective access for adolescents and young people who require counseling and testing for sexual transmission infections (STIs) including HIV, STI medical treatment, condoms, and advice concerning reproductive health decisions.

- There needs to be joint action so that sex education and HIV prevention policies at national level are coordinated and in agreement with official programs and the academic curriculum. In addition, the governmental information provided through the mass media must be consistent with the contents of comprehensive sex education and promotion of sexual health.



Sexuality education **for** HIV prevention **in** Latin America **and** the Caribbean: A REGIONAL DIAGNOSIS

I. Introduction

Making prevention the primary strategy to respond to the HIV/AIDS epidemic in Latin America and the Caribbean (LAC) has been a difficult objective to achieve, even after more than 25 years since the first case of the virus was reported. Facing the HIV/AIDS epidemic from a preventative focus using education is an option whose potential has not been fully explored. Sexuality education for children and adolescents can occur at home, school, or medical settings. Since the schools have students as a captive population for long lengths of time and during important developmental periods, comprehensive school-based sexuality education provides an opportunity to strengthen and broaden the themes that are taught in the school setting. In addition, it is important to coordinate the development of educational materials with the health sector to provide young people with the most precise, up-to-date and relevant information available.

The Government of Mexico has called upon the other countries in the region to sign a joint Declaration from the Ministers of Education and Health with the commitment to utilize the comprehensive sexuality education as a strategic tool for HIV prevention. One of the objectives is to agree upon strategies to increase awareness and effectively train teachers from all sectors and academic levels on the importance of HIV prevention through education. Another objective is to acknowledge, reposition, and strengthen the fundamental role of education in reducing individual's vulnerability and risk behaviors. Finally, through improved sexuality education as part of the national HIV response, the epidemic will slow and its impact will lessen.

This paper provides a diagnostic summary of the present situation about HIV and sexuality education in the school setting for the entire region. Key informants from 34 Latin American countries completed a semi-structured, self-response survey to collect substantive information on school-based prevention programs. This document provides an essential input for the Ministerial Declaration and contributes to the technical and programmatic debate on the subject of HIV prevention education in the schools.

This document is organized as follows: first, we provide background at the international and regional levels concerning sexuality health programs and HIV prevention in the classroom setting. This section concludes by framing the overall objective, as well as the specific tasks. Next, we specify the methodology used, by specific objective, and the data processing procedures. Then we present the normative results from the literature review, followed by the descriptive results about sexuality education and HIV prevention in LAC based on the key informant survey. The final section is a discussion and recommendations for education and public health policies.

Background

International experience with HIV prevention programs at the school level is ample, but it is also a controversial subject. The comprehensive literature reviews for developing countries (Magnani, Seiber et al. 2001; Speizer, Magnani et al. 2003; Fernandez, Kelly et al. 2005; Kirby, Obasi et al. 2006; Kirby, Laris et al. 2007) suggest that programs at the school level can have a positive impact on attitudes and knowl-

edge of HIV/AIDS and other sexually-transmited transmission infections (STIs).

The literature shows heterogeneous and diverse outcomes. Some of the variables that have been studied are attitudes; knowledge; age of first sexual relation; total number of sexual partners; number of concurrent sexual partners; condom use during the last sexual relation; condom use during the first sexual relation; use of contraceptive methods, etc. Generally, variables related to knowledge and attitudes are easier to measure and change than behavior-related variables (Magnani, Seiber et al. 2001; Speizer, Magnani et al. 2003; Fernandez, Kelly et al. 2005; Kirby, Obasi et al. 2006; Kirby, Laris et al. 2007).

The effectiveness of the school-based education for sexuality education and HIV prevention interventions depends on several factors: the curriculum, its contents, and the presentation format, exposure time, repetition, and training for intervention implementers. The most effective programs use a variety of methods, for example: traditional classroom setting education, group exercise and role-play, videos, etc. Programs with specific characteristics (defined in the main text, Chart 1) report improvements in knowledge and attitudes, but very few document changes in condom use, the number of partners or the age of first sexual activity.

Several prevention programs in the school setting have been evaluated in LAC (Caceres, Rosasco et al. 1994; Eggleston, Jackson et al. 2000; Magnani 2001; Magnani and et al. 2001; Magnani, Seiber et al. 2001; Towers, Walker et al. 2006; Walker, Gutierrez et al. 2006). [Annex 1 presents the References Matrix]. The results indicate that many of the interventions have not been fully successful in obtaining the stated goals of modifying the risk behaviors and postponing initiation of sexual activity, reducing the number of sexual partners, and reducing the number of unplanned adolescent pregnancies. In addition, many programs have not strongly demonstrated an effect on consistent condom use or sexual abstinence. However, educational strategies are still a valuable option in comparison with other prevention methods. The literature suggests that knowledge, attitudes, and life skills are important parts in the chain of events that affect self-efficacy, and can lead to positive changes in behavior (Lule, Rosen et al. 2006).

Generally, HIV prevention is part of the education system as specific HIV courses or is included within other subjects (e.g., human biology, health and self-care, etc.). The primary expected outcomes of this type of intervention are an increase in consistent condom use, delayed initiation of sexual activity, and reduction of sexual partners. Secondary outcomes are increased knowledge about HIV and the methods for preventing unplanned pregnancy in adolescence. This type of intervention was conducted in the State of Morelos, Mexico (Walker, Torres et al. 2004; Walker, Gutierrez et al. 2006). Using an experimental design education intervention and evaluation, the researchers demonstrated that condom use did not change, but HIV knowledge and use of emergency contraception improved in both intervention groups (schools with HIV education versus schools with HIV education plus emergency contraception education) in comparison with control schools.

Other types of interventions at the school level refer to reproductive health in general or other specific aspects (Pick De Weiss, Givaudan et al. 1993; Eggleston, Jackson et al.2000; Murray, Toledo et al. 2000) including the integration of clinic and school (Magnani 2001). In this last program, the clinics' location, and level of youth-friendliness are important factors for accessibility and changes in attitudes and knowledge. The participation of the civil society has also been identified as an important element, in particular with peer education (Fernandez, Kelly et al. 2005; Fernandez, Kelly et al. 2005; Maiorana, Kegeles et al. 2007).

Prevention education is recommended as one of the strategies that should be implemented, especially with a strong evaluation component and fulfilling the characteristics that have been documented as key in the literature (Ross et al. 2006). More investigation is required to document and evaluate the effectiveness of specific prevention programs for young people and adolescents. In addition, more research is needed to document the impact of health and education policies on prevention programs at school level.

As a first step, more information is required about the type of prevention programs that exist in the schools and their contents. It is also important to understand how these programs are implemented in the schools for each country and the region.

General objective

This report aims to identify the current situation of the intersection of AIDS/health/education in the school setting through a regional diagnostic, including the current situation of protection and prevention of children living with HIV/AIDS, while acknowledging the governments' commitment through the signing of the joint Ministerial Declaration of Education and Health (2008) to implement individually (each country) and jointly (all the Latin American and Caribbean region) sexuality education as a strategic tool for HIV prevention.

In order to fulfill the general objective, the following activities were carried out.

1. Identify the studies conducted over the last 15 years on sexual and reproductive health of young people in the school setting in LAC;
2. Evaluate the curriculum content, support material, professional development, and the current situation of sexuality education and HIV prevention in the schools, by country and for the entire region.
3. Document the status of legislation concerning sexuality education and HIV prevention; and legislation to prevent discrimination against children and adolescents living with HIV.
4. Discuss the normative elements and the diagnosis for LAC within the framework of the Ministerial Declaration of Education and Health for HIV Prevention in Latin America and the Caribbean.

II. Methods

a. To document the normative part (Activity 1) the following databases were reviewed: PubMed, Scielo, LILACS, WHO/PAHO; as well as organizations' web sites such as UNAIDS, UNESCO, UNFPA, and UNICEF. The researchers reviewed the UNGASS 2008 reports for the regional countries and created tables with the relevant data from Demographic Surveys and Health (Macro/DHS). A reference matrix is included (Annex 1: References Matrix).

b In order to develop the descriptive part (Activities 2-4) a survey of key informants was used in each country in the region. The questionnaire was developed by a group of INSP experts in consultation with specialized United Nations agencies (PAHO/WHO, UNICEF, UNESCO, UNAIDS, UNFPA). The UNFPA regional office, through its country representatives, completed the questionnaires by interviewing participants from the Ministries of Education and Health, national HIV/AIDS programs, as well as different civil organizations. Coordinators of UNESCO and UNAIDS collaborated in some English-speaking Caribbean countries where there was no UNFPA representative. The data was gathered during May 2008. A representative of the Ministry of Education (or equivalent) was required to sign the questionnaire.

Survey questionnaire:

Key participants used a computer-based questionnaire to fill in their responses (Annex 2: Questionnaire).

The instructions for filling out the questionnaire stated that the UNFPA focal point responsible for sexuality education or HIV in each country should complete the computer-based questionnaire, through interviews with persons indicated by the Ministries of Education and Health. The survey gathered information for each country on a general level and the educational system as a whole. Data for the schools refers to a "typical school" for each educational level. To fill out the questionnaire, UNFPA focal points consulted with different interested parties, such as the Ministry of Education, Ministry of Health, NGOs, and civil organizations. In some cases, interviews with key informants were conducted, and then the information was included and /or summarized in a single final questionnaire for the national level in each country. For the individual interviews (or sector) and for the final questionnaire, an electronic format in Microsoft Word was specifically designed to capture the data.

The components of the questionnaire were:

- **Section A.** General Aspects:
  This section focused on the principal topics of the survey.
- **Section B.** Specific Aspects:
  This section concentrated on the survey themes for each school level, in a more in-depth manner. The themes covered were:
  - Theme 1: Legislation on sexuality education and HIV prevention;
  - Theme 2: Specific aspects and content of the official program (or curriculum) for each school level for sexuality education and HIV prevention education;

- Theme 3: Official materials for teaching sexuality education and HIV prevention education, by school level;
- Theme 4: Curricular development responsibilities for each school level;
- Theme 5: Persons officially responsible for teaching sexuality education and HIV prevention education, by school level;
- Theme 6: Teachers' training, by school level;
- Theme 7: Integration of children and adolescents living with HIV into the school system;
- Theme 8: Evaluation and integration process for sexuality education and HIV prevention education in the schools.

Scope of work

This diagnostic was realized in consultation with the following 34 countries of Latin America and the Caribbean:

- Antigua and Barbuda
- Argentina
- Bahamas
- Barbados
- Belize
- Bolivia
- Brazil
- Chile
- Colombia
- Costa Rica
- Cuba
- Dominica
- Dominican Republic
- Mexico
- Ecuador
- El Salvador
- Grenada
- Guatemala
- Guyana
- Haiti
- Honduras
- Jamaica
- Nicaragua
- Panama
- Paraguay
- Peru
- Puerto Rico
- Saint Vincent and the Grenadines
- Saint Kitts and Nevis
- Suriname
- Saint Lucia
- Trinidad and Tobago
- Uruguay
- Venezuela

The international organizations that collaborated in this study were:

- Caribbean Coalition of National AIDS Programme Coordinators (CCNAPC);
- United Nations Children's Fund (UNICEF);
- United Nations Population Fund (UNFPA);
- Horizontal Technical Cooperation Group of Latin America and the Caribbean on HIV/AIDS (GCTH);
- United Nations Educational, Scientific and Cultural Organization (UNESCO);
- Pan-American Health Organization (PAHO)/ World Health Organization (WHO);
- Joint United Nations Programme on HIV/AIDS (UNAIDS).

Data Processing

Discrepancies: For countries that returned more than one questionnaire (for example, Ministry of Health, Ministry of Education and civil society), and a final questionnaire did not exist, the following algorithm was used for the cases with disagreements:

- Revision for consistency with other parts of the questionnaire;
- Revision of consistency with annex documents;
- Consultation directly with the key participants;
- Consultation with the UNFPA focal point responsible for HIV/AIDS; and
- Expert team review of the particular inconsistencies to reach a general agreement, giving preference to the answers from the Ministry of Education, when they existed.

For countries where it was not possible to answer for the high school, or the equivalent level, (17 to

19 years) and it was unclear why the answer was not provided (because programs did not exist or because the Ministry of Education did not have official jurisdiction over that level of studies) the following procedure was used:

- Electronic mails were sent to the persons responsible for the questionnaire to clarify the situation; and/or
- Telephone contact was made with these persons.

Coding: For the data analysis, answers were coded and stored in Excel sheets to summarize the information. For example, for questions A.1-A.12 in Section A on General Aspects the coding was done in the following form:

- For A.1, A.4, A.5:
  No answer=blank; No=0; In process=1; Yes =2.
- For A.2:
  Other=1; Municipal/district=2; State/Province=3; National=4
- For A.3:
  Ministry of Health =1; Ministry of Education=2; Family=3; Church =4; Civil society =5
- For A.6, A.7, A.8, A.9:
  None =0; Some =1; Almost all =2; All =3
- For A.10, A.11, A.12:
  Do not exist =0; In some states/provinces=1; In all of the country=2

III. Results

Normative

Annex 1 (References Matrix) shows a summary of publications on sexuality education and HIV prevention programs, including the year, country, and city of implementation. In addition, the matrix provides information on whether they complied with the key characteristics of successful sexuality education and HIV prevention programs based on the literature (Kirby, Obasi ET to. 2006; Kirby, Laris ET to. 2007). Chart 1 summarizes the characteristics proposed by Kirby and colleagues as those that are key to effective programs.

Evaluations at the aggregate level that identify the characteristics of successful programs for the implementation of comprehensive sexuality education were not found. A country level focus is not directly comparable with the ideal characteristics of specific programs. Therefore, the following results describe the texts' contents, who teaches and with what previous training.

Annex 1 contains a summary of the published literature, and Chart 1 presents the characteristics of the ideal programs summarized by Kirby and colleagues. Contradictions were not found between those suggested characteristics based on the global reviews and the situation in LAC.

In addition, Annex 1 contains a summary of the relevant publications on sexuality education and HIV prevention in the region. In particular, UNESCO's (2004a and 2004b) Education Global Sector HIV & AIDS is of particular relevance since it documents the difficulties of the educational sector in the fight against the epidemic.

Descriptive

In spite of the short field time (approximately one month), the survey was satisfactorily conducted in 29 of the 34 countries selected in LAC. The survey's coverage rate was 95.54% of the target population in the region; defining the target population as children and adolescents between 6 and 18 years. The majority of countries agreed to share the information from different sectors through key informants and the coordination of the UNFPA focal points (except in three Caribbean countries where UNESCO coordinated the questionnaire). We were unable to obtain information from only five countries: Belize, Cuba, Guatemala, Grenada, and Puerto Rico.

Five countries provided more than one completed questionnaire without a summarizing document. For these cases, we followed the previously described procedure for discrepancies. In four countries, it was not possible to distinguish if the lack of answers for the high school or equivalent level (17 to 19 years) was due to the nonexistence of particular programs or the absence of authority by the Ministry of Education.

In only eleven countries did a representative of the Ministry of Health sign the questionnaire (See Annex 3: List of Participants / Key Informants with the summary of the respondents and signed questionnaires). In the rest of the cases, the information was received but the legal representative's signature was not obtained.

The next section presents the most relevant results from the survey. It refers to particular data by country, for the most part. However, in others,

Chart 1
Characteristics of effective programs

Most effective programs share the majority of the following characteristics. The programs that incorporate these characteristics tend to modify behaviors in a positive manner, but having all 17 characteristics does not guarantee that all of the changes will be positive. Other factors also influence the changes such as young peoples' values and attitudes and life skills. The 17 characteristics can be classified in three categories:

a) Development process:

1. Participation of various people with different backgrounds in theory, research, and sexuality/HIV education, in order to develop the curriculum.
2. Evaluate the needs and strengths/weaknesses of the target group.
3. Use a logical framework to develop the curriculum that specifies objectives in health, behaviors affected by those health objectives, risk and protective factors that will be affected by these behaviors, and activities directed at these risk and protective factors.
4. Design activities in accordance with the values of the community and the available resources.
5. Conduct a pilot program.

b) Content:

6. Focus on a clear health objective.
7. Focus only on the specific behaviors that apply to the health objective; provide clear messages about these behaviors; and provide examples about situations that show the behaviors and how to avoid them.
8. Take into account the multiple psychosocial risk and protective factors that affect the sexuality behaviors.
9. Create socially safe environments for the young people who participate.
10. Include multiple activities to modify each one of the selected risk and protective factors.
11. Employ teaching methods that provide incentives for participation by young people, assist the participants to internalize the information, and help to modify the group of risk and protective factors.
12. Use activities, teaching methods, and behavior messages that are appropriate for the culture, age, and sexual experience of the young people.
13. Discuss the themes in a logical sequence.

c) Implementation:

14. Ensure assistance from the authorities (for example, Ministry of Health, President of the School District, community, other organizations)
15. Select teachers with desirable characteristics. Provide them with training, supervision and assistance.
16. If necessary, implement activities to recruit and ensure the attendance of the young people (for example, advertise the program, offer food).
17. Implement almost all the activities with a reasonable level of fidelity.

Sources: (Kirby, Obasi et al. 2006; Kirby, Laris et al. 2007)

the analysis reports data for the five countries with the largest populations of school-age children and adolescents (6-18 years) (Brazil, Mexico, Colombia, Argentina, and Peru), that in total represent more than 70% of the target population in the region. In addition, there was an emphasis placed on the extreme cases or the important exceptions to the regional average. Finally, there also is a summary of the comments made in the questionnaire.

Even though the questionnaire includes two independent sections (Section A: General aspects and Section B: Specific aspects), the results are reported jointly for an easier identification of the main themes.

1. Legislation on sexuality education in the schools

Governmental level at which sexuality education policies operate

For the majority of LAC countries, the responsibility for sexuality education policies is concentrated at federal or national level. Brazil, Argentina, and Saint Lucia differ because this responsibility is decentralized.

Responsible sector for sexuality education policies

Generally, the Ministry of Education in each country is responsible for the sexuality education policy. Some exceptions are countries such as Paraguay, which declares that civil society is fundamentally responsible for sexuality education, and Saint Lucia and Suriname, which state that the family is primarily in charge of this education.

Map 1 (p. 51) summarizes the information about legislation on sexuality education in the schools. In twelve countries legislation regarding sexuality education in schools (Argentina, Brazil, Colombia, Costa Rica, Chile, Ecuador, Honduras, Jamaica, Mexico, Nicaragua, Panama, and Dominican Republic) is in effect. Three countries (Bolivia, Paraguay, and Uruguay) respond that legislation is in process. The remaining countries report that there is no legislation on this topic.

Answers to relevant questions were grouped in an index (not shown) to summarize the development of legislation on sexuality education in the schools in each country. A higher index average indicates a more comprehensive legislation for sexuality education in the schools. Chart 1.1 shows the different stages of legislation about sexuality education and HIV prevention for each country in the region. The Chart also demonstrates the great diversity that exists in the region on this subject:

- Only three countries (Argentina, Brazil, and Costa Rica) reached a high level for the presence of specific legislation on sexuality education in the schools.
- The majority of the countries have a medium level (Bolivia, Chile, Colombia, Ecuador, El Salvador, Honduras, Nicaragua, Peru, Dominican Republic, Uruguay, and Venezuela).
- Several countries have a low level (Haiti, Mexico, and Panama). Within the countries that have a low level, there are also countries with a zero value index, meaning that legislation on this subject does not exist (Antigua and Barbuda, Bahamas, Barbados, Guyana, Jamaica, Paraguay, Saint Lucia, Suriname, and Trinidad and Tobago).

2. Responsible persons for curriculum development in the schools, by school level

Generally, in LAC, the responsible person for curriculum development for sexuality education or HIV prevention education at school level is the individual teacher or psychologist and/or doctor. Only Saint Lucia reported including a specialist from an International Organization besides the previously mentioned professionals. Dominican Republic also includes a nurse in curriculum development.

3. Persons officially responsible for teaching sexuality education and HIV prevention education, by school level

Each country indicated who is the responsible person (teacher, nurse, counselor, peer educator, or guest presenter) transmitting this information to the students.

In LAC, sexuality education is approached more commonly as a cross-cutting aspect within the contents of a variety of classes rather than a stand alone subject.

Chart 1.1
Legislation for sexuality education and HIV prevention

Countries	Is there national legislation for sexuality education in the schools?	Is there national legislation for HIV prevention education in the schools?	Is there legislation at the state/ province/ district level about sexuality education in the schools?	Is there legislation at the state/ province/ district level about HIV prevention in the schools?	Does the legislation about sexuality education and HIV prevention education pertain to all the schools or only public schools?	Is the legislation specific about what material should be offered to students on different levels with respect to sexuality education and HIV prevention education?	Does the legislation specify at what age sexuality education and HIV prevention education should begin?
Antigua and Barbuda	○	○	○	○	○	○	○
Argentina	●	●	●	●	●	●	●
Bahamas	○	○	○	○	○	○	○
Barbados	○	○	○	○	○	○	○
Bolivia	◒	◒	◒	◒	◒	●	●
Brazil	●	●	●	●	●	●	○
Colombia	●	●	○	○	●	●	●
Costa Rica	●	●	●	○	●	◒	●
Chile	●	●	○	○	●	○	○
Dominica	○	○	■	■	■	■	■
Dominican Republic	●	●	○	○	●	○	●
Ecuador	●	●	○	○	●	◒	●
El Salvador	○	●	○	○	●	●	○
Guyana	○	○	○	○	■	■	■
Haiti	○	○	○	○	○	◒	○
Honduras	●	●	●	○	○	○	○
Jamaica	○	○	○	○	■	■	■
Mexico	●	○	○	○	○	○	○
Nicaragua	●	●	○	○	●	●	○
Panama	○	●	○	●	■	○	○
Paraguay	○	○	○	○	○	○	○
Peru	○	●	●	○	●	●	●
Saint Lucia	○	○	○	○	■	■	■
Suriname	○	○	○	○	○	○	○
Trinidad and Tobago	○	○	○	○	■	■	■
Uruguay	◒	◒	○	○	◒	●	●
Venezuela	●	●	○	○	■	○	◒
QUESTIONS*	1.1	1.2	1.3	1.4	1.8	1.9	1.10

● Yes, there is ◒ Under development ○ No there is not ■ Did not anwer

* Questions refer to the questionnaire (Annex 2)

In 21 countries, the classroom teacher is responsible for teaching sexuality and HIV prevention education at the primary level.

However, at the middle school level, a specific teacher is responsible for sexuality and HIV prevention education in 18 countries in the region.

A counselor or advisor is the next most commonly cited person who is responsible for teaching sexuality and HIV prevention education (14 countries reported this for the middle school level).

The participation of alternative personnel such as nurses, peer educators, and/or guest presenters is relatively small.

The following is additional information that the countries expressed on the responsibility to teach specific messages related to sexuality and HIV prevention education. Only countries making additional comments are included in the following summary:

Explanations for who is responsible for teaching these contents by countries:

Barbados: From age 11 on, there are specific teachers for the HIV subject. Nurses assist with the information about sexuality and sexual health. Some schools have peer educators. Also, the guidance counselor participates. If necessary, the school issues an invitation to a particular person.

Bolivia: Currently, the classroom teacher is in charge. There is a first draft of a new curriculum currently in approval process.

Brazil: In accordance with the National Curriculum guidelines, sexuality education is taught within the contents of a variety of classes, not as a stand-alone subject. It is taught mostly in Physical Education and Natural Sciences classes. States and municipalities train teachers who then educate and train other teachers (peer education among teachers). Peer teaching exists among students, but it is not an official responsibility. Health organizations establish and develop strategies for the integration among school, health care centers, and community. Interested adolescents and young people are trained to become health care promoters.

Colombia: The national sexuality education program is comprehensive and horizontal. Each educational institution is independent. There are institutional round-tables and teaching teams. The educators rely on various organizations in joint programs for the promotion and prevention activities. In some cases, institutions invite NGOs.

Costa Rica: When available, psychologists, social workers, or guidance counselor support the programs. Health care workers develop activities in collaboration with educational centers to discuss these subjects. The educational centers do not have a health care specialist as a resource.

Chile: Generally, classroom teachers are in charge of this information. Sometimes they invite a representative from the Ministry of Health to provide more information on a particular subject. There are cases where students monitor HIV/AIDS prevention in a non-official manner.

Dominica: In the larger primary and middle schools, the classroom teacher is responsible. Other professionals, such as health care promoters and nurses, assist only if needed.

Dominican Republic: Sometimes, a guest expert is invited to teach a particular subject.

Ecuador: The classroom teacher is the one mainly in charge of teaching, There is leadership development for students in these specific subjects, which is coordinated with the responsible institution.

El Salvador: In the high school, Biology or Adolescent Psychology teachers are in charge of these contents. The promoter carries out this work within the program "Healthy Schools". The educational program for life skills supports the school's efforts and professional development for teachers in terms of approach and contents. In addition, the preven-

tion and care program for children offers free educational courses for the first and second cycle.

Guyana: It is believed that all teachers incorporate these subjects into their curriculum.

Honduras: Subject teachers and promoters are the ones in charge. Special invitations are issued in specific cases.

Mexico: At the primary level, the person varies. Some schools use the school guidance counselor, doctor, sexologist, or health care promoter to teach these subjects. In middle school, Science, Civic, and Ethics teachers are responsible. Some schools seek the support of experts from civil society organizations or health sector for these subjects. They also might supplement teaching with forums and informational campaigns. In teacher-training programs, the subject is taught in Childhood and Adolescent Development classes.

Nicaragua: The health care promoters, who are community volunteers, help with the training process, but they are not official resources of the institutions. The nursing personnel support the teachers and the school guidance counselors, but they are not official resources either.

Paraguay: In primary and middle school, the teachers in specific academic areas are responsible.

Peru: There are no teachers specifically trained in teaching sexuality education. Everyone must teach the content to comply with the curriculum. When implementing the curriculum, the teacher must present sexuality and HIV prevention using a variety of methods in different subject matters. Health care promoters may go to the schools by invitation and some schools use peer teaching, but not in an official manner. Some schools also occasionally invite a NGO representative to talk about the subject.

Uruguay: In middle and high school, teachers approach the subject in an interdisciplinary manner.

Venezuela: In some cases, an interdisciplinary team teaches the contents.

4. Specific aspects of the official program (curriculum) for each school level

The questionnaire asked about the inclusion of 42 themes or messages in curriculum for each school level. In order to present the information in an efficient manner by country and school level, it was organized in the following form:

A) High-priority specific subjects included in the curriculum, by school level and country;
B) Substantive prevention information included in the curriculum, by country.

For the latter, only selected priority themes are included in the text: abstinence, condom, health care services and access, and equality or discrimination. Annex 4 has the precise information, as reported by each question and country.

A) High-priority specific subjects included in the curriculum, by school level and country.

A graph was constructed to represent the inclusion of high-priority specific aspects in the curriculum by school level. For each school level (primary, middle, and high school), the basic subjects were considered and the coverage percentage of these subjects was quantified. These were selected based on some of the points that indicated by Kirby and other expert opinions of the group for this study.

A.1) At the primary level, the basic subjects are:

- Biological aspects of human reproduction;
- Self-esteem;
- Stigma and discrimination;

- Equality between sexes (gender roles);
- Sexually transmitted infections; and
- Contraception.

Chart 4.1, for Primary level school shows that there exists a range in the breadth of sex and HIV prevention education at the primary curricular level in LAC.

Figure 1A (page 49) uses the same data as Chart 4.1, but the information is presented as a percentage of relevant themes included in the curriculum. Only five countries report that they cover the six high-priority subjects for the primary level (100% of the relevant themes): Guyana, Jamaica, Mexico, Trinidad and Tobago, and Uruguay. Nine countries report providing information on five of the six themes (or 83% of the relevant themes): Bahamas, Barbados, Colombia, Dominica, Dominican Republic, Panama, Peru, Suriname, and Venezuela. Argentina, however, covers four of the six themes (67%), along with Bolivia, Chile, Ecuador, and Paraguay. Brazil reports covering three of the six themes in primary (50%, the same as Costa Rica, El Salvador, Honduras, and Saint Lucia. Antigua and Barbuda is the only country that covers only one of the six themes in primary school (17%).

A.2) For middle school (students between 13 and 15 years) and high school (17 to 19 years), subjects included as the most relevant:

- Biological aspects of the human reproduction;
- Self-esteem;
- Stigma and discrimination;
- Equality between sexes (gender roles);
- Sexually transmitted infections;
- Contraception;
- Correct use of condoms;
- Abstinence and condom use as joint message of prevention;
- How to negotiate condom use with partner;
- How to decide when to have sex;
- How to say "no" to unwanted sex;
- How to resist peer pressure to have sex;
- Where to find help if required; and
- Where to find health services.

Chart 4.2 presents the most specific relevant subjects that are covered in the sexuality education programs at the middle and high school level.

Figure 1B (Middle school, page 49) shows that only Peru and Antigua and Barbuda report that all the relevant themes (100%) are covered in middle school level. Six countries report covering 13 of the 14 relevant themes for middle school level (93%): Bahamas, Barbados, Brazil, Dominica, Ecuador, and Uruguay. Argentina and Mexico report covering 12 of the 14 themes (86%), along with Nicaragua and Trinidad and Tobago. Figure 1B also demonstrates that the majority of countries cover between 60 and 80% of the relevant themes in middle school.

Figure 1C (High school, page 50) summarizes the percentage of the relevant themes that are covered in the curriculum at the high school level. Five countries (Antigua and Barbuda, Bahamas, Dominica, Ecuador, and Jamaica) cover 100% of the themes for high school level. Brazil covers 93% of the themes, as do Uruguay and Haiti. Argentina eaches 86% of the contents, along with Barbados, El Salvador, Nicaragua, and Trinidad and Tobago. Costa Rica, Venezuela, and Dominican Republic cover 79% of the themes. Colombia and Mexico cover 59% of the themes. It is important to clarify that at this level, a distinction must be made between no answer and lack of jurisdiction on the part of the Ministry of Education. In some countries, the Ministry of Education is only responsible for primary and middle school. In Mexico, for example, more themes are taught in middle school than in high school, which can seem contradictory. Nevertheless, many of the answers only pertain to the education that the population of 6 to 14 years receives.

B) Substantive prevention information included in the curriculum, by country

Independently of the countries' reports of the breadth of the inclusion of themes into the pro-

Chart 4.1
Specific aspects of the official program (or curriculum) for the PRIMARY* level concerning sexuality and HIV prevention education**

Country	Biological aspects of human reproduction PRIMARY	Self-esteem PRIMARY	Stigma and Discrimination PRIMARY	Equality between the sexes (gender roles) PRIMARY	Sexually transmitted infections PRIMARY	Contraception PRIMARY
Antigua and Barbuda	●					
Argentina	●	●	●	●		
Bahamas	●	●	●	●	●	
Barbados	●	●	●	●	●	
Bolivia	●	●	●	●		
Brazil	●	●		●		
Colombia	●	●	●	●	●	
Costa Rica	●	●		●		
Chile	●	●	●	●		
Dominica	●	●	●	●	●	
Dominican Republic	●	●	●	●	●	
Ecuador	●	●	●	●		
El Salvador		●	●	●		
Guyana	●	●	●	●	●	●
Haiti	●	●	●	●		
Honduras	●	●			●	
Jamaica	●	●	●	●	●	●
Mexico	●	●	●	●	●	●
Nicaragua		●	●	●	●	
Panama	●	●	●	●	●	
Paraguay	●	●		●	●	
Peru	●	●	●	●	●	
Saint Kitts and Nevis						
Saint Lucia	●	●			●	
Saint Vincent and Grenadines						
Suriname	●	●	●	●		●
Trinidad and Tobago	●	●	●	●	●	●
Uruguay	●	●	●	●	●	●
Venezuela	●	●	●	●	●	
QUESTIONS	2.1	2.2	2.3	2.4	2.5	2.6

* Primary or Equivalent between 6 and 13 years

** The countries that do not appear, did not respond or return the survey

grams, it is important to review the specific contents (See Annex 4). The countries that are in process of officially including these themes into their curriculum are Bolivia, Ecuador, Haiti, and Nicaragua. Only Saint Lucia responds that sexuality education is not part of the school curriculum.

It is of great interest to identify how many countries exclusively promote sexual abstinence in official school programs. El Salvador and Dominican Republic respond that all sexuality education programs in the school promote only abstinence. Five countries (Bahamas, Barbados, Guyana, Haiti, and Trinidad and Tobago) reported that only abstinence is taught in some of their programs. The vast majority of LAC countries (including those with the largest target population) respond that promotion of only sexual abstinence is not taught in any of the official sexuality education programs.

Table 4.2
Specific aspects of the official program (or curriculum) for MIDDLE SCHOOL (B) and HIGH SCHOOL (C) concerning sexuality and HIV prevention education.

Countries	Biological aspects		Self-esteem		Stigma and Discrimination		Equality between the sexes		Sexually transmitted infections		Contraception	
	B	C	B	C	B	C	B	C	B	C	B	C
Antigua and Barbuda	●	●	●	●	●	●	●	●	●	●	●	●
Argentina	●	●	●	●	●	●	●	●	●	●	●	●
Bahamas	●	●	●	●	●	●	●	●	●	●		
Barbados	●	●	●	●	●	●	●	●	●	●	●	●
Bolivia	●	●	●	●	●	●	●	●	●	●	●	●
Brazil	●	●	●	●	●	●	●	●	●	●	●	●
Colombia	●	●	●	●	●	●	●	●	●	●	●	●
Costa Rica	●	●	●	●			●	●	●	●	●	●
Chile	●		●		●		●		●		●	
Dominica	●	●	●	●	●	●	●	●	●	●	●	●
Dominican Republic	●	●	●	●	●	●	●	●	●	●		●
Ecuador	●	●	●	●	●	●	●	●	●	●	●	●
El Salvador	●	●	●	●	●	●	●	●	●	●		●
Guyana	●	●	●	●	●	●	●	●	●	●	●	●
Haiti	●		●	●	●	●	●	●	●	●	●	●
Honduras	●	●	●	●			●	●	●	●		●
Jamaica	●	●	●	●	●	●	●	●	●	●	●	●
Mexico	●	●	●	●	●	●	●	●	●	●	●	●
Nicaragua	●	●	●	●	●	●	●	●	●	●		
Panama	●	●	●	●	●	●	●	●	●	●		
Paraguay	●	●	●	●			●	●	●	●		●
Peru	●	●	●		●		●		●		●	
Saint Lucia	●	●	●	●	●				●		●	
Suriname	●	●	●		●		●	●	●	●	●	●
Trinidad and Tobago	●	●	●	●	●	●	●	●	●	●	●	●
Uruguay	●	●	●	●	●	●	●	●	●	●	●	●
Venezuela	●	●	●	●	●	●	●	●	●	●	●	●
QUESTIONS	2.1		2.2		2.3		2.4		2.5		2.6	

Continued.../

In addition, we can identify if countries are promoting condom use in the official school programs. Brazil reports that all school sexuality education programs promote condom use. Argentina, Suriname, and Uruguay report that almost all official school sexuality education programs promote condom use. On the other hand, Mexico, Barbados, Colombia, and Trinidad and Tobago report that only some programs promote condom use. In the rest of the countries, the promotion of condom use is not part of the official school sexuality education program (See Map 2, page 52).

Only Brazil, Mexico, and Argentina report that condom distribution and/or access exists at the high school level. Brazil is the only LAC country that provides them starting at the primary level. The majority of countries consider that the educational sector should not be in charge of condom distribution. Generally, in the LAC countries, some states or provinces provide health services for young people. In 23 of the 29 countries, health services distribute condoms to single adolescent men; and, in 23 countries, condoms are distributed to married adolescent men and women. The female condom is distributed in very few countries (10 countries). Birth control pills for single adolescent women are available in the majority of countries (19), but only 12 countries provide emergency contraception.

/... continuation

Table 4.2
Specific aspects of the official program (or curriculum) for MIDDLE SCHOOL (B) and HIGH SCHOOL (C) concerning sexuality and HIV prevention education.

Countries	Correct condom use		Absti-nence and condom use as joint messages of prevention		How to negotiate condom use with a partner		How to when to have sex		How to say "no" to unwanted sex		How to resist peer pressure to have sexual relations		Where to find help if required		Where to find health services	
	B	C	B	C	B	C	B	C	B	C	B	C	B	C	B	C
Antigua and Barbuda	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Argentina	●	●			●	●	●	●	●	●	●	●	●	●	●	●
Bahamas		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Barbados			●		●	●	●	●	●	●	●	●	●	●	●	●
Bolivia													●	●	●	●
Brazil	●	●			●	●	●	●	●	●	●	●	●	●	●	●
Colombia													●	●	●	●
Costa Rica			●	●			●	●	●	●	●	●	●	●	●	●
Chile							●	●	●	●	●	●	●	●	●	●
Dominica		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Dominican Republic							●	●	●	●	●	●		●	●	●
Ecuador	●	●	●	●		●	●	●	●	●	●	●	●	●	●	●
El Salvador		●	●	●				●	●	●				●	●	●
Guyana							●	●	●	●	●	●	●	●	●	●
Haiti		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Honduras			●	●								●	●	●	●	●
Jamaica	●		●	●	●	●		●		●		●		●		●
Mexico			●	●			●	●	●	●			●		●	●
Nicaragua			●	●	●	●	●	●	●	●	●	●	●	●	●	●
Panama	●	●	●	●			●	●	●	●			●	●	●	●
Paraguay			●	●			●	●	●	●					●	●
Peru	●		●		●		●		●		●		●		●	
Saint Lucia									●		●		●		●	
Suriname			●		●				●		●		●		●	
Trinidad and Tobago	●	●	●	●			●	●	●	●	●	●	●	●		
Uruguay	●	●			●	●	●	●	●	●	●	●				
Venezuela							●	●	●	●	●	●	●	●	●	●
QUESTIONS	2.13		2.14		2.15		2.22		2.23		2.24		2.34		2.35	

B = Middle School (13-16 years)
C = High School (17-19 years)

A central subject in sexual health prevention is the teaching of social equality between men and women. The data gathered show that all the educational programs in Costa Rica, Chile, Dominican Republic, Mexico, Panama, and Uruguay discuss this subject. This theme is promoted in almost all the educational programs in the larger countries, such as Argentina and Colombia. However, in other large countries, such as Brazil and Peru, it is reported that the subject is only discussed in some of the programs. The overall regional average demonstrates that the countries did not contemplate the subject of sexual inequality in its totality in their official programs. The topic of discrimination based on sexual

orientation or preference is not seen in practically any of the school programs, except in Uruguay that reports its inclusion in all the programs; Colombia and Argentina report that this topic is discussed almost all of the programs and Brazil only in some.

5. Official support materials to teach sexuality and HIV prevention education

Official textbooks in the school setting

The majority of countries report that official textbooks discuss HIV prevention, and are made or approved by the government. Map 3A (p. 53) shows that on the primary level, of all the countries that responded, only four (Bolivia, Ecuador, Dominican Republic and El Salvador) report that they do not have a specific textbook or chapter from a more general text to teach sexuality and HIV prevention education. The remaining countries have some official textbook or chapter to teach sexuality and/or HIV prevention education.

Map 3B (p. 54) shows that Ecuador and Trinidad and Tobago respond that they do not have an official textbook or book chapter to teach sexuality education at the middle school level.

Map 3C (p. 55) shows that Paraguay, Peru, Ecuador, Haiti, and Trinidad and Tobago do not have a textbook or book chapter for sexuality and HIV prevention education appropriate for the high school level. Ecuador is in the process of piloting and preparation of official textbooks about sexuality education for the twelve educational grades covering students from 6 to 18 years.

Official situation of each country in relation to textbooks or book chapters

The following is a summary of the relevant points that the countries made in the comments section of the questionnaires.

Brazil: There are several textbooks or book chapters at the national level that the schools can decide whether to use. The states and municipalities can also have their own textbooks or book chapters.

Colombia: Textbooks exist; however, they are out-of-date and with a variety of approaches. They also do not discuss subjects of reproductive sexual rights, gender, sexual and reproductive health, and the body. These subjects are outlined in the national proposal for scientific competence. Official textbooks that cover all of the areas do not exist. The school decides what books and materials to use.

Costa Rica: Sexuality education is taught as part of Biology, Orientation, Home Economics, and Philosophy.

Chile: Sexuality education is an interdisciplinary subject in the curriculum. HIV/AIDS is discussed in 7th grade of primary, 2nd grade and 4th grade in middle school.

Dominica: The Ministry of Health wrote a small textbook for primary education. The Ministry of Education wrote a manual for middle school on sexuality. In addition, they use a variety of materials.

Dominican Republic: The schools use the guide and program for affective sexuality education called "Hablemos" (Let's Talk) as well as book chapters of Biology and Social Sciences.

Ecuador: Currently, the government is in the process of writing the official Curriculum of Comprehensive Sexuality Education with emphasis on HIV/AIDS prevention, as well as the elaboration of age-appropriate pedagogical materials. Bibliographical material and/or any other official documents do not exist. For this reason, the decisions of the educational institutions are respected in relation to reference materials.

El Salvador: The majority of the materials are for teachers and some are still being created. Some textbooks are directed at teachers working with adoles-

cents. These are Health Sciences, Environment, and Adolescent Psychology. In addition, there is a series of Life Skills Education. They discuss subjects such as adolescence, sexuality, and sexual and reproductive health.

Guyana: Specific manuals for primary school exist. They are also used in middle school. They focus on aspects of sexuality and HIV prevention education.

Haiti: There is guide for teachers and a manual for 9th grade students, but it has not been officially adopted.

Mexico: Sexuality and HIV prevention education materials are included in Natural Sciences, Civic, and Ethics teaching textbooks for primary and middle school. Textbooks for middle school are developed by different publishing houses and are approved by the Ministry of Education if they follow the official curriculum. Textbooks suggest consulting Internet websites. To complete an undergraduate teaching degree, students use the following textbooks: Adolescent Development II, Growth, and Sexuality.

Nicaragua: At the primary level, some book chapters exist in Environmental Science, in the component of Life and Environment Sciences. In middle school, the information is found in Citizen Development and Productivity, in the component of Society and Civics.

Paraguay: There is a textbook for the area of Natural Sciences and Health. Generally, it does not focus on the issue of rights.

Peru: In 1996, the government created sexuality education materials for each grade in primary and middle school. These materials continue to be used in many schools, but the distribution is limited among middle schools.

Saint Lucia: There is education on HIV and AIDS in the schools of the Caribbean and books on Biology.

Uruguay: In primary level, the sexuality education contents are included in the general textbooks. In middle school, there are several reference textbooks and a specific bibliography is under production. In the bibliography, UNFPA materials are cited. There is not one specific textbook on HIV or STI prevention in the schools. Instead, the schools use a variety of textbooks from different publishing houses.

Venezuela: All educational levels use the book "Educación Sexual Básica para la Prevención del SIDA y Otras Infecciones de Transmisión Sexual" (Basic Sexuality Education for the Prevention of AIDS and Other Sexually Transmitted Infections), adjusting for age-appropriateness. Teaching materials were prepared with participation of the Ministries of Education, Culture and Sports, and Health and Social Development in 2001.

Audio-visual materials and pamphlets on sexuality education and prevention in the schools.

Most countries commenting on this theme state that few audio-visual and pamphlet materials exist and, generally, they are not official or necessarily created specifically for school use. Some countries use TV programs, guides, and films (Brazil, Colombia, Costa Rica, Chile, Dominica, Dominican Republic, El Salvador, Guyana, Haiti, Honduras, Mexico, Peru, Saint Lucia, and Uruguay).

Specific pamphlets on correct condom use, distribution, and access to condoms in the schools

Several countries indicate that condoms are not available in the schools. Some of these countries specify that only the health sector distributes condoms. The health sector is responsible for the distribution of pamphlets and condoms (Colombia, Costa Rica, Dominica, Dominican Republic, Guyana, Honduras, Peru, Saint Lucia and Venezuela). Very few countries mention that condom distribu-

tion occurs in the schools. Those that do specify, state that distribution is only partially done. For example, it only occurs in some districts (Argentina); in universities and other higher-level institutions of education (Barbados); or in specific projects (Haiti). One country indicates that civil society organizations and health centers distribute condoms in the schools during campaigns or forums (Mexico).

Courses or extra-curricular workshops in which these subjects are discussed

Almost half of the countries specify that teachers as well as students receive training in extra-curricular courses or workshops on a variety subjects: sexuality; STI prevention; adolescent pregnancy; sexual abuse; violence; etc. (Argentina, Colombia, Costa Rica, Chile, El Salvador, Guyana, Haiti, Honduras, Mexico, Paraguay, Peru, Suriname, and Venezuela). Some countries specify who leads this type of programs; mostly, they mention NGOs. Honduras mentions that the Church is one such institution that conducts these courses. Peru provides courses for parents as well. Suriname is the only country that explicitly mentions abstinence within the extracurricular courses, as well as correct condom use. Only Mexico specifies that the teachers, by their own initiative, can ask for this type of continuing education courses. In the other countries, it is not clear in how the courses are initiated.

6. Professional development of teachers in the schools, by school level

Of the countries with the largest populations, only Mexico and Argentina report that they provide teachers with training courses during the undergraduate program. Antigua, Barbados, Dominica, Dominican Republic, and Guyana also provide training, although not necessarily focused on teachers of all educational levels.

Teachers in LAC receive preparation on how to teach sexuality and HIV prevention education through continuing education courses, not necessarily during their initial training or licensing, but more on an ad hoc basis. The governmental continuing education programs for teachers dealing with HIV prevention exist for the entire country in the following countries: Costa Rica, Chile, Dominica, Dominican Republic, Mexico, Nicaragua, Peru, Saint Lucia, Uruguay and Venezuela. The remaining countries offer courses in some of the states or provinces.

The types of materials most often used to train teachers are guides for teachers and videos. When the teachers present this material to the students, they use the teaching guides and other books. Some countries report the use of the Internet.

Continuing education classes are most commonly held at the school where the teacher works, teaching centers, and general governmental offices.

The countries report that the teacher training is based on scientific evidence for the three school levels.

7. Evaluation and integration of sexuality and HIV prevention education in the school setting

On average, evaluation of the curriculum and/or sexuality and HIV prevention education programs is in the process stage according to the countries that responded to the questionnaire. In the region, eleven countries have some type of formal evaluation of their programs. They are Bahamas, Barbados, Colombia, Costa Rica, Chile, Dominican Republic, El Salvador, Haiti, Honduras, Jamaica, and Paraguay. Seven countries (Ecuador, Brazil, Guyana, Nicaragua, Saint Lucia, Suriname and Venezuela) report that they are developing evaluations. The remaining countries report no evaluations.

8. Integration of children and young people living with HIV in the educational system

To determine the level of integration of children and young people living with HIV into the school system, the following information was collected:

existence of legislation against discrimination (in general and specific to HIV); programs and policies to facilitate the integration; and the role of governmental and non-governmental organizations to assure the correct and effective implementation of these policies.

Based on specific criteria in each of these areas, we ranked each country according to a scale of integration with the levels being low, medium, and high. Those countries, with a high level of integration, generally had a solid legal support against discrimination, and in particular against HIV-related discrimination.

In LAC, integration varies according to the specific legislation in the different countries. All countries recognize, in some form, the right and need to include students infected and affected by HIV in the schools. In order to accomplish this, the countries rely on the support of programs and national policies, as well as the joint work of civil society.

In ranking the countries, we found that 13 have a high level of protection for children living with HIV in the schools, 12 have a medium, and two have a low level (Map 4, p. 56).

Chart 8.1 details several points of legislation and programs that support the integration of children and adolescents living with HIV in the school setting. Sixteen countries have legislation against discrimination in general, and three did not report having legislation against discrimination (Antigua and Barbuda, Barbados, and Jamaica). The promulgation of legislation in Bolivia, Colombia, Saint Lucia, and Trinidad and Tobago is underway. In fifteen countries, there is anti-discrimination legislation that applies specifically to people living with HIV, and, in twelve, legislation also applies to children and young people living with HIV.

To guarantee the legal right of children and adolescents living with HIV to participate in school, the countries mention two strategies: one, legislation against discrimination, and another, based on the fundamental right of children to attend school. The rights of children infected and affected by HIV to have access to an education are protected through a combination of legislation, programs, and civil society's participation.

While all countries work to assure that children living with HIV have access to school and do not experience discrimination, the degree of legal protection varies throughout the region. All of the countries included in this survey have signed the United Nation's Convention of the Rights of the Child, which in Article 28 recognizes the right of children to education.

Of the 27 countries that answered the related question, 15 have legislation that mentions specifically that the infected child has the right to go to public school. It is notable that although the Dominican Republic reported not having any legislation against discrimination in general, they have a national policy for children and adolescents living with HIV that guarantees access to the schools.

None of the countries report that it is necessary to register students living with HIV with the school authorities. However, Nicaragua reports that there are parents or relatives who communicate the child's HIV status to the school authorities "to protect the child's and others' health".

All countries cite the existence of civil society organizations to monitor and promote the access of these minors living with HIV to education. These organizations are in charge of ensuring and facilitating the integration of the child living with HIV in the school. They also have an important role in monitoring cases of discrimination. Twelve countries report having policies that promote education of minors living with HIV, or minors affected by HIV. Brazil, Chile, Costa Rica, Mexico, and Peru mention that they have developed official guidelines or rules for the integration of children living with HIV in the school. Brazil, for example, has several informational guides directed at different levels: municipal and state authorities, teachers in the school, and the general society. Chile and El Salvador explicitly discuss the integration of HIV positive children and adolescents in the official curriculum. Ecuador and Saint Lucia are in process of creating support materi-

Table 8.1
Legislation and programs for the integration of children and adolescents living HIV in the schools

Países	General anti-discrimination legislation	Anti-discrimination legislation: PLWHA	Anti-discrimination legislation: Children living with HIV	Legislation: access to school for children living with HIV	Programs for integration	Facilitating Organizations
Antigua and Barbuda	○	○	○	○	○	○
Argentina	●	●	●	●	●	●
Bahamas	●	●	○	◒	●	●
Barbados	○	◒	○	○	○	●
Bolivia	◒	●	●	●	●	◒
Brazil	●	●	●	●	●	○
Colombia	◒	◒	◒	●	○	●
Costa Rica	●	●	●	●	●	●
Chile	◒	◒	◒	●	○	●
Dominica	■	■	■	○	●	○
Dominican Republic	○	●	●	●	◒	■
Ecuador	●	●	●	○	○	○
El Salvador	●	●	●	●	○	●
Guyana	●	○	■	●	●	●
Haiti	◒	◒	◒	○	○	●
Honduras	●	●	●	●	●	●
Jamaica	●	●	○	●	●	●
Mexico	●	●	●	●	○	●
Nicaragua	●	●	●	●	◒	●
Panama	■	■	■	○	■	■
Paraguay	●	○	○	○	○	●
Peru	●	●	○	●	●	●
Saint Lucia	◒	◒	○	○	○	○
Suriname	●	●	●	◒	○	●
Trinidad and Tobago	◒	◒	◒	○	●	●
Uruguay	●	○	○	○	●	●
Venezuela	●	●	●	●	◒	●
QUESTIONS	1.5	1.6	1.7	7.1	7.2	7.7

● Yes, there is ◒ Under development ○ Does not exist ■ Did not respond

Note: Belize, Cuba, Grenada, Guatemala, Puerto Rico, Saint Kitts and Nevis, Saint Vincent and the Grenadines did not respond to these questions.

als against stigma and discrimination in the schools. Guyana has informational guides and flyers that pertain to discrimination and stigma related to HIV in a general form for young people and adults, but do not necessarily address this subject in the school setting. Uruguay reports that there is no protocol to fight stigma and discrimination related to HIV in the schools since there is no law that applies to this type of discrimination; however, this subject is discussed during the continuing education for teachers.

Amongst the involved organizations are the National Human Rights Commissions, Ombudsman or the equivalent, the Ministries of Education and Health, and the National AIDS Commission. These governmental agencies have the important role of receiving complaints concerning discrimination. All countries report that also the civil society has a dynamic and pro-active role in assuring that the rights of children living with HIV are respected. In some instances, when there have been cases of discrimination and the access of children living with HIV to the school has been refused, lawsuits have proceeded to court for the appropriate resolution. According to the reported data, all the judgments have been in favor of the plaintiff, and the courts have encouraged the legislature to guarantee access for all children to education and pass legislation against discrimination.

IV. Discussion

The most relevant results of this study are summarized as follows:

1. Sexuality and HIV prevention education is the responsibility of the Ministry of Education, however the Ministry of Health has jurisdiction over specific aspects.
2. Sexuality education legislation has been enacted in some countries in the region and is relatively comprehensive; nevertheless, there are still countries with relatively low or nonexistent levels of legislation.
3. In LAC, sexuality education is approached more commonly as a cross-cutting topic within the content of a variety of classes rather than a stand-alone subject. In several countries, it is an extracurricular theme. In only a few countries is it an optional subject.
4. In the majority of countries, there is a textbook or specific book chapter for teaching sexuality education and HIV prevention.
5. In the majority of the countries, at the primary level, the classroom teacher is the person in charge of teaching sexuality education and HIV prevention.
6. At the middle school level, the majority of countries cover most of the relevant subjects concerning sexuality education; however, the subject of discrimination based on sexual orientation or preference is not included in the curriculum.
7. Only Brazil, Mexico, and Argentina report that condom distribution and/or access exists for adolescents at the high school level (between 15 and 17 years). Nevertheless, condom distribution and/or access is not an official policy in Mexico, and, in Argentina, it occurs only in certain provinces.
8. The majority of LAC countries (including the five with the largest target population[1]) respond that only sexual abstinence is not promoted as the exclusive form of prevention in the official sexuality education programs.
9. Efforts to integrate into the school system children and adolescents living with HIV (or who are affected by the virus) are at a relatively high level in almost half of the countries.
10. The evaluation of specific programs and national initiatives has acquired greater importance in the region, but more work is needed on the subject.

Limitations

It is evident from the results that sexuality and HIV/AIDS prevention education is still not discussed by all LAC countries. It is a politically controversial subject and for this reason, in two or three countries, we were unable to obtain official data.

The different sectors invited to participate did not always agree in their answers. For some questions such as in cases of discrimination, there is a risk of participants providing socially desirable responses.

Discrepancies with respect to the fundamental responsibility of sexuality education existed in some countries. For example, the education sector may

[1] Argentina, Brazil , Colombia, Mexico and Peru.

affirm that sexuality and HIV prevention education is a fundamental obligation of the family. Therefore, the education sector did not accept responsibility, and limited the information concerning many of the topics raised in the survey. In these cases, civil associations and the health sector responded with more information on several subjects.

Some results were contradictory. For example, in Mexico, programs exist but they are optional and with less curricular value than a course on environment. Therefore, they do exist, but they are not mandatory and not all the teachers impart the sexuality and HIV prevention curricula. The existence of these programs is only a first step. To make them obligatory and part of the official curriculum is a very important additional step.

It appears that the question about responsible party for sexuality education policies was not interpreted the same throughout the countries. A discrepancy can exist between the official policies, who writes them, and who implements them. It is a question of the difference between rules and implementation. The government has the responsibility to establish the rules; but in reality, the implementation can be by the same government, civil society, or the family (as some countries responded).

V. Conclusions

It is the responsibility of governments to provide comprehensive sexuality education as a fundamental right for children and adolescents in order to guarantee their complete and healthy development. A wide perspective is needed that discusses not only biological development, but also ethical, social, affective aspects, gender equality, diversity of orientation, sexual identity, and elimination of all forms of discrimination. Participatory methods, complementary to classical and traditional curricular activities, should be better utilized.

The classroom teacher is generally the person in charge of teaching sexuality and HIV prevention education. The training about these subjects should be part of the formal professional undergraduate teacher training. Continuing education courses should reinforce the teachers' knowledge and understanding to appropriately fulfill their role. Continuing education for teachers as well as education for students should be based on scientific methods documented at a worldwide level.

The relevant textbooks and book chapters should be reviewed and updated to reflect scientific advances in the subject areas and in the methodology of comprehensive sexuality education. It is very important for the region that the official curriculum in each country deals with the subject of respect for sexual diversity as well as orientation, preference, and identity. In particular, educating and dealing appropriately with STI, including HIV prevention in men who have sex with men is perhaps the most important challenge in the region to stop the concentrated epidemic.

This effort does not directly measure the quality of sexuality and HIV prevention education. The existence of courses at all school levels (primary, middle, and high school) does not necessarily imply that the contents are taught appropriately. More studies are needed that specifically address the quality of education, as well as evaluations concerning the effectiveness of the programs to influence changes in behaviors, knowledge, and attitudes.

Legislation about mandatory sexuality and HIV prevention education is an important step to position the subject in the political agenda and to mobilize the society. Nevertheless, legislation by itself does not guarantee that the relevant subjects on sexuality and HIV prevention are taught in the schools.

Similarly, legal protection for children and adolescents living with HIV needs to be established for their integration to the school system as a fundamental step in each country. It is also important that NGOs and civil associations work jointly with governments ensuring that laws are applied and taking action (legal, if necessary) to prevent and eradicate discrimination.

The process of monitoring coverage and quality and the process of evaluating effects are key components in the planning and execution of programs. These should not be seen as additional or extra steps, but as an essential part of the implementation process. Evaluation also serves to monitor that the impact is on going for medium and long terms.

Additional entry points in the school programs must be found for the implementation of an integrated approach to reduce the vulnerability and the individual risk factors, including: inequalities;

violence; discrimination; confidentiality; and the socio-cultural context. It is important that young people have access to health care services to address their sexual and reproductive health needs.

In particular, the LAC countries must continue and strengthen their efforts to assure that adolescents, as well as young people, have effective access to services, voluntary counseling and testing for detection of STIs and HIV, STI care, condoms, and guidance on reproductive decisions. Services should be guaranteed for all, including people living with HIV.

Finally, it is important that the sexuality and HIV prevention education policies at the national level are consistent and in agreement with official programs and curriculum. Inter-sectoral control systems, monitoring, and evaluation are needed to improve the programs at the national level. The information and messages broadcast through the mass media, including television, radio, and newspapers, must be consistent with the contents of comprehensive sexuality education and sexual health promotion for young people and adolescents.

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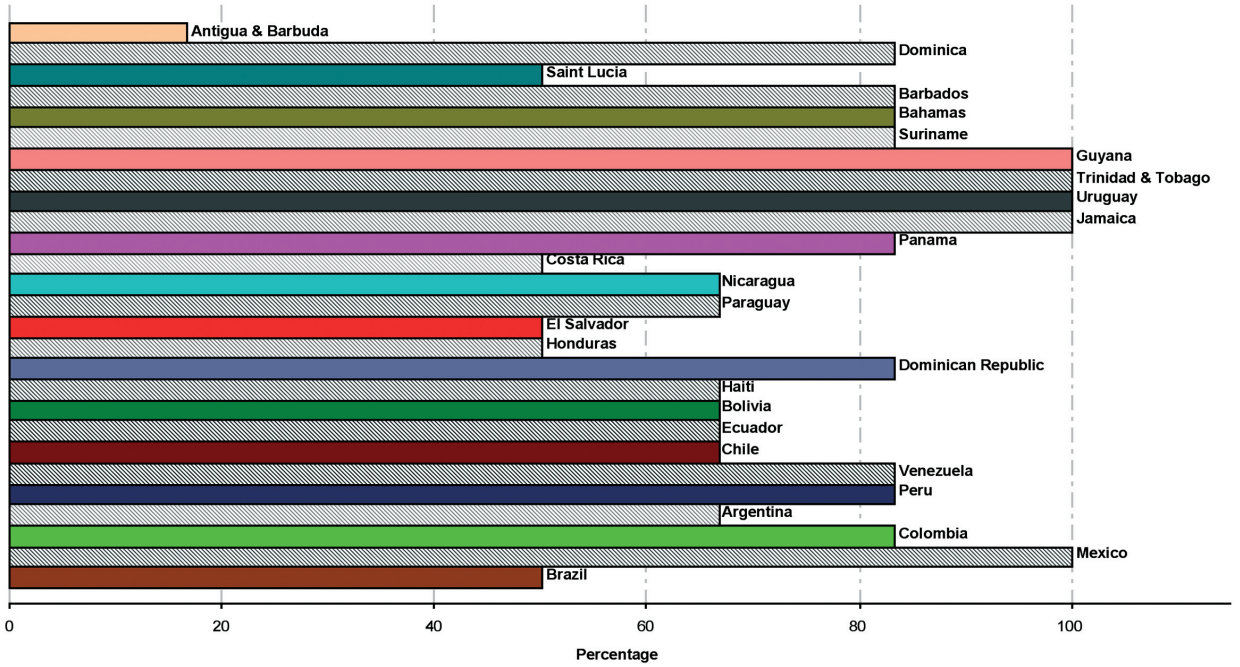
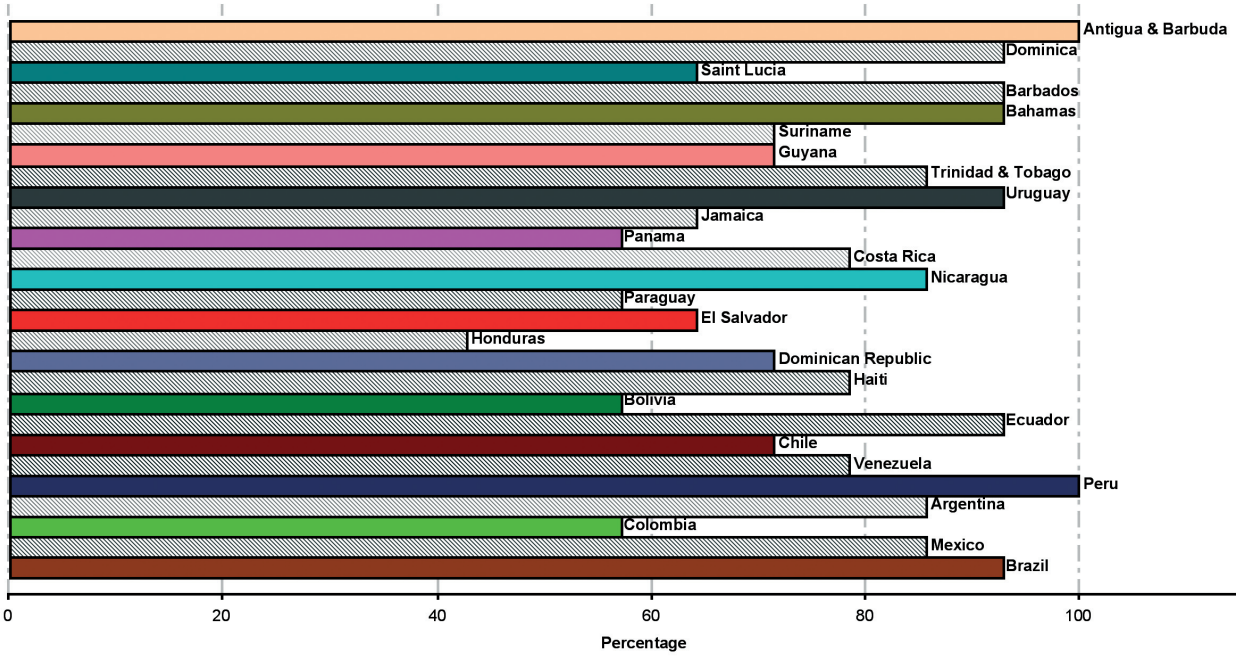
Figures

Figure 1A
Percentage of relevant themes* included in curriculum, primary school level.



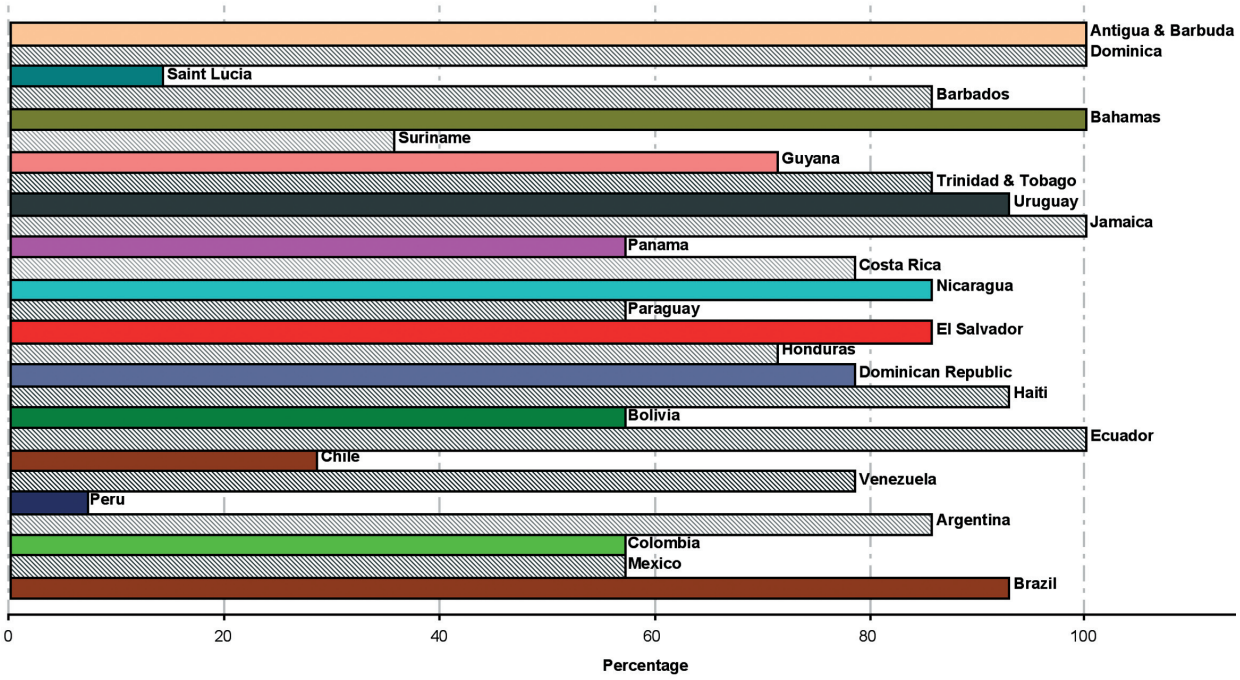
* The themes are: 2.1 Biological aspects of human reproduction; 2.2 Self-esteem; 2.3 Stigma and discrimination; 2.4 Sex equality and gender roles; 2.5 Sexually transmited infections, 2.6 Birth control.

Figure 1B
Percentage of relevant themes* included in curriculum, middle school level.



* The themes are: 2.1 Biological aspects of human reproduction; 2.2 Self-esteem; 2.3 Stigma and discrimination; 2.4 Sex equality and gender roles; 2.5 Sexually transmited infections; 2.6 Birth control; 2.13 Correct condom use; 2.14 Abstinence and condom use as the only prevention strategies; 2.15 How to negotiate condom use between the couple; 2.22 How to make the decision when to have sex; 2.23 How to say "No" to unwanted sex; 2.24 Resist pressure from partner to have sex; 2.34 Where to find counseling, and 2.35 Where to find health services.

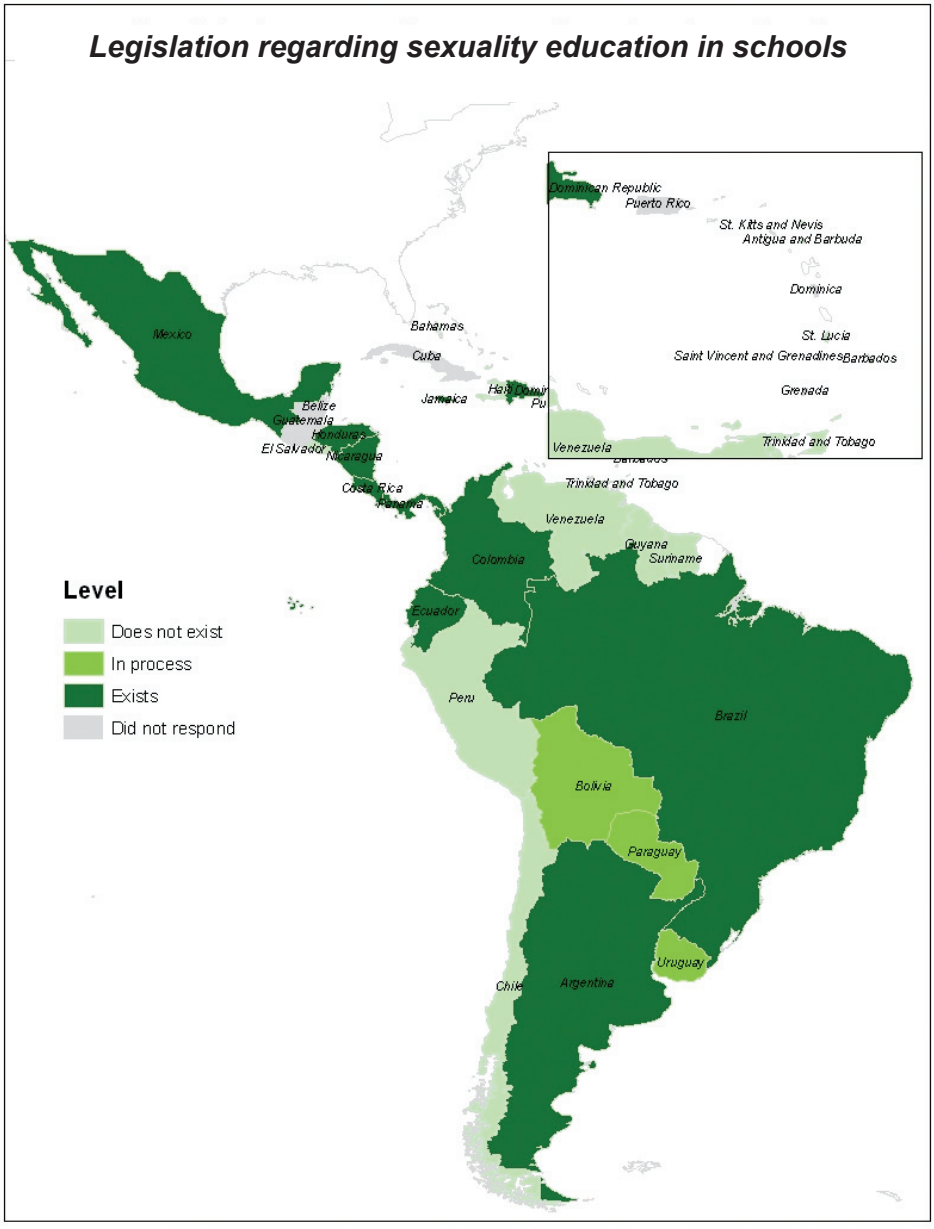
Figure 1C
Percentage of relevant themes* included in curriculum, high school level.



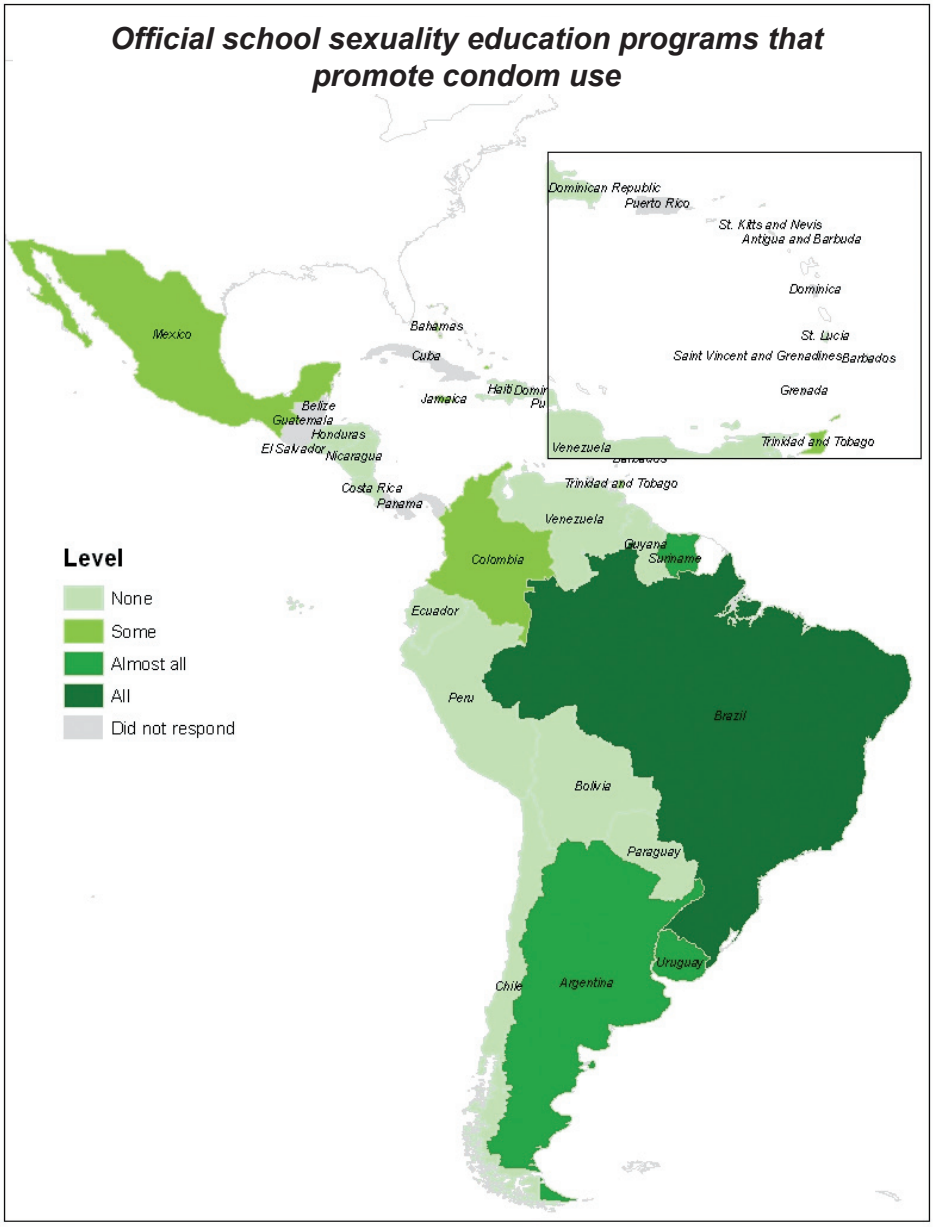
* The themes are: 2.1 Biological aspects of human reproduction; 2.2 Self-esteem; 2.3 Stigma and discrimination; 2.4 Sex equality and gender roles; 2.5 Sexually transmited infections; 2.6 Birth control; 2.13 Correct condom use; 2.14 Abstinence and condom use as the only prevention strategies; 2.15 How to negotiate condom use between the couple; 2.22 How to make the decision when to have sex; 2.23 How to say "No" to unwanted sex; 2.24 Resist pressure from partner to have sex; 2.34 Where to find counseling, and 2.35 Where to find health services.

Maps

MAP 1


Legislation regarding sexuality education in schools
Dominican Republic
Puerto Rico
St. Kitts and Nevis
Antigua and Barbuda
Dominica
St. Lucia
Saint Vincent and Grenadines
Barbados
Grenada
Trinidad and Tobago
Venezuela
Mexico
Bahamas
Cuba
Jamaica
Belize
Guatemala
El Salvador
Nicaragua
Costa Rica
Panama
Colombia
Ecuador
Peru
Brazil
Bolivia
Paraguay
Uruguay
Chile
Argentina
Guyana
Suriname
Level
Does not exist
In process
Exists
Did not respond

MAP 2


Official school sexuality education programs that promote condom use
Level
None
Some
Almost all
All
Did not respond
Mexico
Belize
Guatemala
Honduras
El Salvador
Nicaragua
Costa Rica
Panama
Bahamas
Cuba
Jamaica
Haiti
Dominican Republic
Puerto Rico
St. Kitts and Nevis
Antigua and Barbuda
Dominica
St. Lucia
Saint Vincent and Grenadines
Barbados
Grenada
Trinidad and Tobago
Venezuela
Colombia
Ecuador
Peru
Brazil
Bolivia
Paraguay
Chile
Argentina
Uruguay
Guyana
Suriname

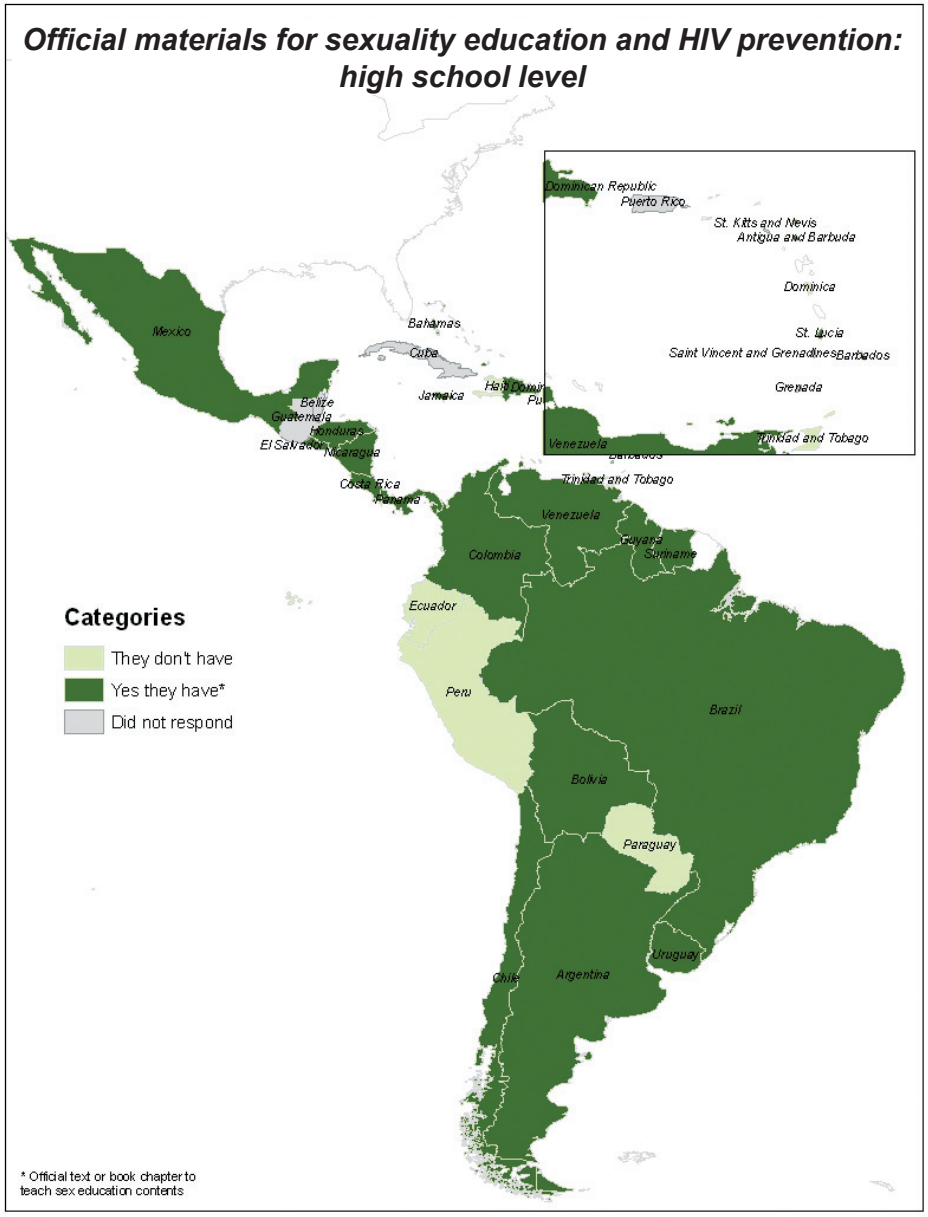
MAP 3A


Official materials for sexuality education and HIV prevention: primary school level
Dominican Republic
Puerto Rico
St. Kitts and Nevis
Antigua and Barbuda
Dominica
St. lucia
Saint Vincent and Grenadines
Barbados
Grenada
Trinidad and Tobago
Mexico
Bahamas
Cuba
Jamaica
Belize
Guatemala
Honduras
El Salvador
Nicaragua
Costa Rica
Panama
Venezuela
Colombia
Guyana
Suriname
Ecuador
Peru
Brazil
Bolivia
Paraguay
Uruguay
Chile
Argentina
Categories
They don't have
Yes they have*
Did not respond
* Official text or book chapter to teach sex education contents

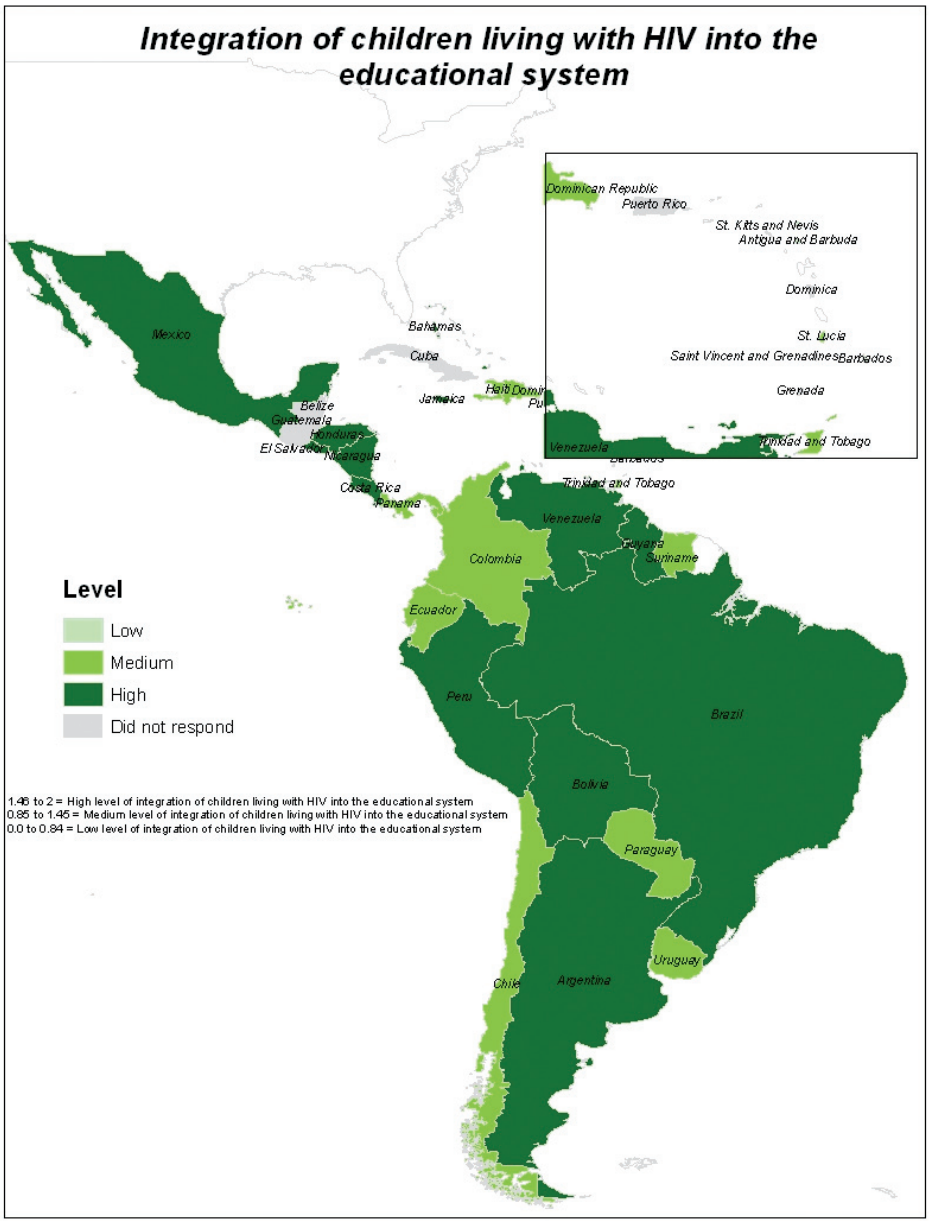
MAP 3B


Official materials for sexuality education and HIV prevention: middle school level
Dominican Republic
Puerto Rico
St. Kitts and Nevis
Antigua and Barbuda
Dominica
St. Lucia
Saint Vincent and Grenadines
Barbados
Grenada
Trinidad and Tobago
Mexico
Bahamas
Cuba
Jamaica
Belize
Guatemala
Honduras
El Salvador
Nicaragua
Costa Rica
Panama
Venezuela
Colombia
Guyana
Suriname
Ecuador
Peru
Brazil
Bolivia
Paraguay
Uruguay
Chile
Argentina
Categories
They don't have
Yes they have*
Did not respond
* Official text or book chapter to teach sex education contents

MAP 3C


Official materials for sexuality education and HIV prevention: high school level
Dominican Republic
Puerto Rico
St. Kitts and Nevis
Antigua and Barbuda
Dominica
St. Lucia
Saint Vincent and Grenadines
Barbados
Grenada
Trinidad and Tobago
Mexico
Bahamas
Cuba
Jamaica
Belize
Guatemala
Honduras
El Salvador
Nicaragua
Costa Rica
Panama
Venezuela
Colombia
Guyana
Suriname
Ecuador
Peru
Brazil
Bolivia
Paraguay
Uruguay
Chile
Argentina
Categories
They don't have
Yes they have*
Did not respond
* Official text or book chapter to teach sex education contents

MAPA 4


Integration of children living with HIV into the educational system
Dominican Republic
Puerto Rico
St. Kitts and Nevis
Antigua and Barbuda
Dominica
St. Lucia
Saint Vincent and Grenadines
Barbados
Grenada
Trinidad and Tobago
Mexico
Bahamas
Cuba
Jamaica
Haiti
Belize
Guatemala
Honduras
El Salvador
Nicaragua
Costa Rica
Panama
Venezuela
Colombia
Guyana
Suriname
Ecuador
Peru
Brazil
Bolivia
Paraguay
Uruguay
Chile
Argentina
Level
Low
Medium
High
Did not respond
1.46 to 2 = High level of integration of children living with HIV into the educational system
0.85 to 1.45 = Medium level of integration of children living with HIV into the educational system
0.0 to 0.84 = Low level of integration of children living with HIV into the educational system

Annex 1.
References Matrix

A. Interventions that fulfill Kirby's criteria

Name of Study	Reference	Main Results
Evaluation of a school-based intervention for HIV/AIDS prevention among Belizean adolescents.	Belize City, Belize (Kinsler, Sneed et al. 2004)	Treatment group had greater knowledge about HIV, and demonstrated a higher likelihood to report condom use and/or intention to use condoms in future encounters in comparison with the control group.
Evaluating an AIDS sexual risk reduction program for young adults in public night schools in Sao Paulo, Brazil.	São Paulo, Brazil (Antunes, Stall et al. 1997)	Only women increased communication with their partners, and changed their risky behavior.
Fertility Awareness Education in School: A Pilot Program in Santiago, Chile.	Santiago, Chile (Myrna Seidman, Pilar Vigil et al. 1995)	Students felt that the knowledge they acquired from the program helped them understand and face the biological and emotional changes, and in addition, improved the relationships with adults and peers.
Adolescent pregnancy prevention: An abstinence-centered randomized controlled intervention in a Chilean public high school.	Santiago, Chile (Cabezón, Vigil et al. 2005)	The rate of pregnancy for the treatment and control groups in the 1997 cohort was between 3.3 and 18.9%; for the 1998 cohort, the results were between 4.4 and 22.6%.
Planeando Tu Vida: sex and family life education: fundamentals of development, implementation, and evaluation.	Mexico (Pick, Givaudan et al. 1993)	The treatment group in the program ¨Planeando Tu Vida¨ had more knowledge about birth control when compared with the group that received the traditional program. However, there was not a change in the age of sexual initiation.
Evaluation of two school-based HIV prevention interventions in the border city of Tijuana, Mexico.	Tijuana, Mexico (Martínez-Donate, Hovell et al. 2004)	The exposition to the workshop followed by condom distribution showed two results favorable to prevent HIV prevention: delayed sexual initiation and increased in condom acquisition.
Evaluation of a sexuality education program for young adolescents in Jamaica.	Jamaica (Eggleston, Jackson et al. 2000)	The program did not affect the age of sexual initiation, but did affect the use of birth control during the first sexual relation.

Source: Kirby, Obasi et al. 2006; Kirby, Laris et al. 2007.

B. Interventions that did not comply with Kirby's criteria

Name of Study	Reference	Main Results
An evaluation of an integrated adolescent development program for urban teenagers in Santiago, Chile.	Santiago, Chile (Murray N. et al 2000)	The male students in the treatment schools increased their understanding about STIs at least half a point, and the females in the same group increased their knowledge only a third of a point, compared to the baseline measurements.
Programming for HIV prevention in Mexican schools.	Mexico State, Mexico (McCayley 2004)	The program increased knowledge about HIV and abstinence in the treatment group. These improvements continued for a year after the treatment.

Source: Kirby, Obasi et al. 2006; Kirby, Laris et al. 2007.

C. Other References

Name of study	Reference	Main results
A cluster randomized trial of a sex education programme in Belize, Central America.	Belize City, Belize (Martiniuk, O'Connor et al. 2003)	The treatment was associated with more than two correct answers after adjusting for gender and previous sexual experience.
The use of the female condom by women in Brazil participating in HIV prevention education sessions.	São Paulo, Brazil (Vieira, Machado et al. 2004)	Out of the 165 women, only 74 returned for at least one visit. Of these 74, 78.3% stated they used the female condom between the initial interview and the first follow-up visit.
HIV prevention in Latin America: reaching youth in Colombia.	Santa Fe de Bogotá, Cali and Bucaramanga, Colombia (Pérez and Dabis 2003)	The investigation's principal result was the development of a sex education program with an emphasis on the importance of the school to promote sex and reproductive education.
Educación sobre sexualidad en círculos infantiles.	Sancti Spíritus, Cuba (Martín-Pérez, Gómez et al. 1998)	The efficacy of the project is demonstrated by the significant differences in the proportion of correct answers by the experimental group compared to the control group.
Effectiveness of participative techniques on adolescent knowledge of sexually transmitted infections	Camagüey, Cuba (Tania García Hernández, Reinaldo Rodríguez Ferra et al. 1999)	At the end of the classes, there were 100% positive results.
Effects of TeenSTAR, an abstinence only sexual education program, on adolescent sexual behaviour.	Santiago, Chile (Vigil, Riquelme et al. 2005)	The average rate of sexual initiation amongst the control and treatment groups was 15% and 6.5% respectively. Among the sexually active students, the rate of abstinence was 9% and 20%, respectively.
A model of primary prevention of sexually transmitted diseases and HIV/AIDS in adolescents.	Santo Domingo de los Colorados, Ecuador (Barros, Barreto et al. 2001)	There was not a significant difference between the two groups before the intervention, but after the intervention, the differences were statistically significant.
HIV prevention in Mexican schools: prospective randomised evaluation of intervention.	Morelos, Mexico (Walker, Gutiérrez et al. 2006)	The intervention did not report an impact on condom use. The reported sex behaviors were similar between the treatment and control groups.
Communication as a protective factor: evaluation of a life skills HIV/AIDS prevention program for Mexican elementary-school students.	Hidalgo and Campeche, Mexico (Pick, Givaudan et al. 2007)	The results demonstrated that early intervention programs that had the objective of communicating difficult subjects (for example HIV/AIDS) could prevent risky sexual behavior and their consequences.
Sexual education /AIDS prevention. Peruvian schools.	Peru (Cáceres 1993)	The knowledge and attitudes about sex and HIV were improved in the treatment group compared to the control group.
Evaluating a school-based intervention for STD/AIDS prevention in Peru.	Peru (Cáceres, Rosasco et al. 1994)	Significant changes in understanding about sexuality and HIV, erotophilia, birth control, machismo, and stigma were encountered in the treatment group compared to the control group.
The effect of sex education on adolescents in Saint Kitts and Nevis.	Saint Kitts and Nevis (Russell-Brown, Rice et al. 1992)	Knowledge about puberty, reproductive anatomy, and the relationship between coitus and pregnancy were improved in the intervention group compared to the control group.
Experiences from the teaching of AIDS prevention to preteens in Trinidad.	Trinidad and Tobago (Brathwaite 2000)	Although they received information about HIV, a large percentage of children will adopt risky behaviors.

D. References from Specialized Agencies

Description	Reference
Summary of the HIV/AIDS epidemic in the Caribbean.	(ONUSIDA 2007 a)
Summary of the HIV/AIDS epidemic in Latin America.	(ONUSIDA 2007 b)
Special Report about HIV Prevention.	(ONUSIDA 2007 c)
Analyzes the response by the educational sector (Ministries of Education and civil society organizations that work in education) to the HIV/AIDS crisis, in Asia, Latin America, and Africa.	(Boler, Jellema et al. 2005)
Identifies key issues derived from the information provided by 71 countries for the "Education Global Sector HIV & AIDS Readiness Survey". It provides recommendations to influence the education sector response.	(UNESCO 2004 a)
Further develops the results of the survey, "Education Global Sector HIV & AIDS Readiness Survey ". It shows some of the specific country responses.	(UNESCO 2004 b)
Summary of pilot programs on education.	(WHO and UNESCO 1994)
Contribution to the development of conceptual and methodological guidelines for sex education.	(UNFPA 2005 a)
Current situation and challenges of the education of the sexuality and reproductive health in LAC.	(UNFPA 2005 b)
Statistical information on HIV, demography, economy, etc.	(UNICEF 1999-2005)
Statistics on HIV, demography, economy, etc.	(Argentina 2008) (Brazil 2008) (Colombia 2008) (México 2008) (Perú 2008) [and other LAC countries]
Summary of the report of the Health and Family Life Education (HEFLE) Project.	(PAHO and Caribbean Programme Coordination 1993)
Contains recommendations to improve the sexual health in the region.	(PAHO 2000)
Reports the results of a randomized evaluation of school education on HIV prevention outcomes, comparing three schools in Kenya.	(Duflo, Dupas et al. 2007)

Annex 2.
Questionnaire

HIV prevention education in the school systems:
Questionnaire for a diagnostic in Latin America and the Caribbean

For the past several years, civil society organizations in Latin America and the Caribbean have asked for a meeting of the Ministers of Education and Health, with the aim of unifying goals and criteria for sex education and HIV prevention education in the region. Improved knowledge and more accurate information helps young people to make informed decisions and protect themselves against HIV. Therefore, the Mexican Government has invited the Ministers of Education and Health to a meeting addressing sex education and HIV prevention education for young people. The meeting will be held on August 1st, 2008 in Mexico City, in the context of the XVII International AIDS Conference (AIDS 2008). This initiative is fully endorsed by UNAIDS, PAHO, UNESCO, UNICEF and UNFPA.

The success of this meeting depends greatly on the completion of a diagnostic document on sex education and HIV prevention education for young people. The document will contain an analysis of the existing data and published literature, as well as the results of the following questionnaire for all of the countries in the region. This questionnaire's contents, which were developed in collaboration with the UN specialized agencies, contain information about the school setting and the national prevention education programs. The participation of the senior official who is in charge of sex education for the country and the HIV program coordinator will be fundamental. The UNFPA's representative will coordinate the completion of the questionnaire. The diagnostic document publication will be a collective responsibility of the National Institute of Public Health of Mexico, UNFPA, PAHO, UNAIDS, UNESCO and UNICEF.

Purpose

This questionnaire's intent is to gather information from each country in Latin America on the subject of HIV prevention education. This information will be included as critical content for the "Ministerial Declaration of Education and Health on Prevention of HIV in Latin America and the Caribbean," which is planned for signing in August 2008.

INSTRUCTIONS

General:

This questionnaire should be completed by the UNFPA representative for sexual education or HIV in each country. It requires interviewing key ministerial authorities from both the Ministries of Education and Health The information sought by this questionnaire is meant to reflect the situation at the country level, and for the education system as a whole; the data for the schools should be of a "typical school" for each educational level. To complete this questionnaire, it is essential that different stakeholders be consulted, for example: Ministry of Education, Ministry of Health, NGOs, civil societies and affiliates of the International Planned Parenthood Federation (IPPF). We suggest that this format be used when conducting interviews with each of the key informants, and then the information can be integrated and/or summarized into a single final questionnaire with the data summarized at the national level.

Específicas:

a) Mark ' Yes ' or 'No'; or with an 'X', or the option indicated in the drop-down menu that is activated using the mouse. For the questions that require typing in information, position the mouse on the corresponding cell and enter the text. If you need more details about how to fill out the questionnaire, please see the Guide to completing the survey (sent as a separate file).

b) Save the completed survey as the country name (e.g., Peru) and email it to: ogalarraga@insp.mx We will be grateful if the survey is completed and returned within thirty days of receipt.

c) Please complete and save the General Aspects table (Section A, available in a separate file) with the name of the country and initial "A" (e.g., Perú_A) and email it by May 7th 2008 to: ogalarraga@insp.mx

d) If you have any further questions, which are not addressed in the Guide, please call +52-777-329-3069 to speak with Omar Galárraga or write to the e-mail already provided. The regional contact for UNFPA is Beatriz Castellanos: castellanos@unfpa.org

e) Please ensure that the complete name and title of a senior official authorized to sign on behalf of the Ministry of Education is included in the first table of this questionnaire. Please arrange to print out a hard copy of the completed survey, ensure that the official concerned signs it, and post it to:

Dr. Omar Galárraga, HIV Prevention Department
Center for Evaluation & Survey Research (CIEE)
Instituto Nacional de Salud Pública (INSP)
Av. Universidad 655, Col. Sta. Maria Ahuacatitlán CP 62508, Cuernavaca, Morelos, Mexico
Telephone: +52-777-329-3069
Email: ogalarraga@insp.mx

f) A telephone call of approximately 20 minutes between the person in charge of completing the questionnaire and the INSP coordinator will be programmed to clarify any doubts concerning the information submitted in the questionnaire.

DATOS GENERALES:

Country:
Date completed: Date sent:
Name of the person responsible for completing the questionnaire:
Email address for the person responsible for completing the questionnaire:
Telephone number where the person can be reached:

Instructions: Please complete the data related to the key informants that you contacted, or attempted to contact, to complete this questionnaire. Please fill in all contact information carefully for each individual.

I) Person in charge of sex education in this country:
1.a Complete name:
1.b Organization/Affiliation:
1.c Address:
1.d Office telephone:
1.e Fax:
1.f Mobile:
1.g Email:

II) Assistant or secretary for this person:
2.a Complete name:
2.b Organization/Affiliation:
2.c Address:
2.d Office telephone:
2.e Fax:
2.f Mobile:
2.g: Email:

III) Coordinator for HIV/AIDS Program in this country:
3..a Complete name:
3.b Organization/Affiliation:
3.c Address:
3.d Office telephone:
3.e Fax:
3.f Mobile:
3.g: Email

IV) Assistant or secretary for the HIV/AIDS Program coordinator.
4.a Complete name:
4.b Organization/Affiliation:
4.c Address:
4.d Office telephone:
4.e Fax:
4.f Mobile:
4.g Email:

Indicate the preferred day and time when we can schedule a telephone call of approximately 20 minutes with the person who is responsible for completing this questionnaire.

- Day:
- Local time for the telephone call:

V) Complete the following information for the other key people who contributed information to this questionnaire. It is necessary to include at a minimum one representative from: the Secretary of Health, Secretary of Education, NGO's, civic society, etc. These should be connected with sexual health, and the prevention of HIV and other sexually transmission infections (STIs) in the schools:
5.a Complete name:
5.b Organization/Affiliation:
5.c Address:
5.d Office telephone:
5.e Fax:
5.f Mobile:
5.g Email:

6. a Complete name:
6.b Organization/Affiliation:
6.c Address:
6.d Office telephone:
6.e Fax:
6.f Mobile:
6.g Email:

7.a Complete name:
7.b Organization/Affiliation:
7.c Address:
7.d Organization/Affiliation:
7.e Fax:
7.f Mobile:
7.g Email:

8.a Complete name:
8.b Organization/Affiliation:
8.c Address:
8.d Office telephone:
8.e Fax:
8.f Mobile:
8.g Email:

Signature of Senior Official from the Secretary of Education:

Name:
Title:

Signature of the UNFPA representative:

Name:
Title:

A. GENERAL ASPECTS

Instructions: The questions in this Section A are of a general character and apply to official school programs aimed at children and adolescents (6 to 18 years of age). You can only choose one answer for each question. In the following sections of the questionnaire, more specific questions will be asked about each of these subjects.
Please send the answers (A1.-A-12) of this initial page by May 7, 2008 to: ogalarraga@insp.mx

A.1. Is there legislation on sex education in primary schools?
- ☐ Yes
- ☐ No
- ☐ In process

A.2. The primary responsibility of sex education is at what level:
- ☐ National
- ☐ State/province
- ☐ Municipal/district
- ☐ Other (specify) ☐ Only if you chose "Other"

A.3. Sex education is primarily the responsibility of:
- ☐ Secretary of Health
- ☐ Secretary of Education
- ☐ Family
- ☐ Church
- ☐ Civil society

A.4. Are there programs and/or legislation that protect the rights of children living with HIV?
- ☐ Yes
- ☐ No
- ☐ In process

A.5. Is sex education a part of the school curriculum?
- ☐ Yes
- ☐ No
- ☐ In process

A.6. Are there official school programs that promote condom use?
- ☐ None
- ☐ Some
- ☐ Almost all
- ☐ All

A.7. Are there official school programs that promote sexual abstinence only?
- ☐ None
- ☐ Some
- ☐ Almost all
- ☐ All

A.8. Are there official school programs that deal with the issue of discrimination based on sexual orientation and preference?
- ☐ None
- ☐ Some
- ☐ Almost all
- ☐ All

A.9. Are there official school programs that deal with the issue of social inequality between men and women?
- ☐ None
- ☐ Some
- ☐ Almost all
- ☐ All

A.10. In the school system, are there official textbooks (written or endorsed by the government) that contain information on the subject of HIV prevention?
- ☐ In all of the country
- ☐ In some states/provinces
- ☐ Do not exist

A.11. Are there government programs for training teachers on HIV prevention?
- ☐ In all of the country
- ☐ In some states/provinces
- ☐ Do not exist

A.12. Are there comprehensive and integrated sexual health services for young persons that they can access without parental consent?
- ☐ In all of the country
- ☐ In some states/provinces
- ☐ Do not exist

Theme 1: Legislation about sex education and HIV prevention in this country.

Instructions: Please respond briefly and clearly to the following questions on legislation concerning sexual education and HIV/AIDS prevention in this country. For filling in the commentaries or explanations, the font size will be 8 points. If more space is necessary, please add additional pages, identifying the number of each question on each page.

Specific questions	Yes / No	Describe briefly and clearly the situation in this country.
1.1) Is there national legislation for sex education in the schools?	☐ Yes ☐ No ☐ In process	What is the name or reference number for the law and/or specific rule?
1.2) Is there national legislation for HIV prevention education in the schools?	☐ Yes ☐ No ☐ In process	What is the name or reference number for the law and/or specific rule?
1.3) Is there legislation at the state/province/district level about sex education in the schools?	☐ Yes ☐ No ☐ In process	What is the name or reference number for the law and/or specific rule?
1.4) Is there legislation at the state/province/district level about HIV prevention education in the schools?	☐ Yes ☐ No ☐ In process	What is the name or reference number for the law and/or specific rule?
1.5) Is there legislation (in general) against discrimination?	☐ Yes ☐ No ☐ In process	
1.6). If there is legislation against discrimination, does it protect people who are living with HIV?	☐ Yes ☐ No ☐ In process	
1.7). If there is legislation against discrimination, does it protect children living with HIV?	☐ Yes ☐ No ☐ In process	
1.8) Does the legislation about sex education and HIV prevention education pertain to all schools or only public schools?	☐ Yes ☐ No ☐ In process	
1.9) Is the legislation specific about what material should be offered to students on different levels with respect to sex education and HIV prevention education?	☐ Yes ☐ No ☐ In process	
1.10) Does the legislation specify at what age should sex education and HIV prevention education begin?	☐ Yes ☐ No ☐ In process	

Theme 2: Specific aspects of the official program (or curriculum) for each school level about the sex education and HIV prevention education

Instructions: Mark an "x" if the contents/message applies and for what school level. If more space is required, then attach additional pages. Please identify the page with the number of the question being answered.

Contents (Messages)	Yes included	Primary School or Equivalent between 6 and 13 years	Junior High or Equivalent between 14 and 16 years	High School or Equivalent between 17 and 19 years	Commentary or explanation
2.1) Biological aspects of human reproduction	☐	☐	☐	☐	
2.2) Self-esteem	☐	☐	☐	☐	
2.3) Stigma and Discrimination	☐	☐	☐	☐	
2.4) Equality between the sexes (gender roles).	☐	☐	☐	☐	
2.5) Sexually Transmitted Infections	☐	☐	☐	☐	
2.6) Birth control	☐	☐	☐	☐	
2.7) Emergency birth control	☐	☐	☐	☐	
2.8) Tobacco-associated risks	☐	☐	☐	☐	
2.9) Alcohol-related risks	☐	☐	☐	☐	
2.10) Drug-related risks	☐	☐	☐	☐	
2.11) Abstinence as the only prevention message (HIV, STIs and pregnancy)	☐	☐	☐	☐	
2.12) Condom use as the only prevention message (HIV and STIs)	☐	☐	☐	☐	
2.13) Correct condom use	☐	☐	☐	☐	
2.14) Abstinence and condom use as joint messages of prevention	☐	☐	☐	☐	
2.15) How to negotiate condom use with a partner	☐	☐	☐	☐	
2.16) Consequences of dropping out of school	☐	☐	☐	☐	
2.17) Inequality between the sexes	☐	☐	☐	☐	
2.18) Unplanned pregnancy	☐	☐	☐	☐	
2.19) Early marriage	☐	☐	☐	☐	
2.20) Dating violence	☐	☐	☐	☐	
2.21) Sexual harassment: sexual coercion in the school, at home or on the street?	☐	☐	☐	☐	
2.22) How to decide when to have sex	☐	☐	☐	☐	
2.23) How to say "no" to having sex	☐	☐	☐	☐	
2.24) How to resist peer-pressure to have sexual relations	☐	☐	☐	☐	
2.25) Homosexuality	☐	☐	☐	☐	

2.26) Sexual diversity	☐	☐	☐	☐	
2.27) Violence based on sexual preference or orientation	☐	☐	☐	☐	
2.28) Young persons' rights	☐	☐	☐	☐	
2.29) Sexual rights	☐	☐	☐	☐	
2.30) Reproductive rights	☐	☐	☐	☐	
2.31) Human rights	☐	☐	☐	☐	
2.32) Pornography	☐	☐	☐	☐	
2.33) Sexual work and/or compensated sex	☐	☐	☐	☐	
2.34) Where to find help if/when required	☐	☐	☐	☐	
2.35) Where to find health services	☐	☐	☐	☐	
2.36) Where to find psycho-social help	☐	☐	☐	☐	
2.37) Where to find legal help	☐	☐	☐	☐	
2.38) HIV testing promotion (voluntary testing)	☐	☐	☐	☐	
2.39) Rights to confidentiality	☐	☐	☐	☐	
2.40) Sexual violence	☐	☐	☐	☐	
2.41) Empowerment of girls and female teenagers	☐	☐	☐	☐	
2.42) Sexual exploitation	☐	☐	☐	☐	

2.43) On an annual basis, are there types of extracurricular courses or workshops offered to address one or more of the previously mentioned aspects of the curriculum. Which ones?:

a) Directed at adolescents and/or teenagers: Yes ☐ No ☐
b) Directed at adolescents and/or teenagers and their parents: Yes ☐ No ☐
c) Directed at the parents: Yes ☐ No ☐
d) Directed at teachers: Yes ☐ No ☐

2.44) Are there any TV or radio programs (national/state/province broadcast) produced by the government aimed at teenagers that talk about:

a) Sex education: Yes ☐ No ☐ In process ☐
b) HIV prevention: Yes ☐ No ☐ In process ☐

2.45) How many times a week does this show air

2.46) Is there a NGO (national or state level) that is in charge of providing sex education and prevention classes to:

a) School teachers: Yes ☐ No ☐ In process ☐
b) Parents: Yes ☐ No ☐ In process ☐
c) Young persons: Yes ☐ No ☐ In process ☐

2.47) Does the government health services distribute birth control to young people?

Instructions: Mark an "x" ONLY which methods are being distributed for each population in the corresponding columns. If this method is not being distributed to the population, then leave the column or columns blank. If more space is required, then attach additional pages. Please identify the page with the number of the question being answered.

Population	Male condoms	Female condoms	Birth control pills	Emergency birth control	Other: Which?
a) Mujeres adolescentes solteras	☐	☐	☐	☐	
b) Mujeres adolescentes con consentimiento de sus padres	☐	☐	☐	☐	
c) Mujeres adolescentes casadas	☐	☐	☐	☐	
d) Mujeres adolescentes casadas con el consentimiento de sus esposos	☐	☐	☐	☐	
e) Mujeres adolescentes post-evento obstétrico	☐	☐	☐	☐	
f) Hombres adolescentes solteros	☐	☐	☐	☐	
g) Hombres adolescentes con consentimiento de sus padres	☐	☐	☐	☐	
h) Hombres adolescentes casados	☐	☐	☐	☐	

Theme 3: Official materials to assist in the teaching of sex education and HIV prevention education by school level.

Instructions: Mark an "x" for each academic level, all of the printed materials, visual or other types used. If more space is necessary, please add additional pages, identifying the number of each question on each page

Assistance materials	Primary School or Equivalent between 6 and 13 years	Junior High or Equivalent between 14 and 16 years	High School or Equivalent between 17 and 19 years	Commentary or explanation (include the text's title or chapter or other material)
3.1) Textbooks specific for sex education by school level.	☐	☐	☐	
3.2) Textbooks specific for HIV and other STI prevention education by school level.	☐	☐	☐	
3.3) Chapters of textbooks (for example, Biology textbook or other assigned material) that contain modules about sex education and HIV prevention education at the school level.	☐	☐	☐	
3.4) Audio-visual Material such as movies or documentaries about sex education and HIV prevention education on the school level.	☐	☐	☐	
3.5) Official pamphlets that have general information about sex education and HIV prevention education by school level.	☐	☐	☐	
3.6) Official pamphlets specific for HIV prevention by school level.	☐	☐	☐	
3.7) Official pamphlet specific for correct condom use by school level.	☐	☐	☐	
3.8) Distribution and/or access to condoms in the school.	☐	☐	☐	

3.9) How is sex education dealt with in the curriculum?

a) As an incorporated subject Yes ☐ No ☐ (In which areas:)

b) As a stand-alone subject Yes ☐ No ☐ In process ☐

3.10) Is sex education an extra-curricular activity?

Yes ☐ No ☐

3.11) Is sex education optional??

Yes ☐ No ☐

Theme 4: Curriculum development responsibilities in the schools for each level.

Instructions: Mention for each school level which answer applies. If more space is necessary, please add additional pages, identifying the number of each question on each page.

Questions	Describe briefly and clearly the situation in this country		
	Primary School or Equivalent between 6 and 13 years	**Junior High or Equivalent between 14 and 16 years**	**High School or Equivalent between 17 and 19 years**
4.1) Which professional (For example: teacher, psychologist, nurse, doctor, biologist, school director) is responsible for the curriculum development for sex education and/or HIV prevention education by school level.			
4.2) Approximately how many hours during the school year are dedicated to the development of material on sex education and/or HIV prevention education by school level.			
4.3) If it is the case, at approximately what age do schools officially start providing specific information about HIV prevention education including specifically correct condom use			
4.4) If it is the case, at approximately what age do schools officially start providing specific information about how to negotiate condom use			
4.5) What percentage of schools distribute condoms? (By school level).			

Theme 5: Persons officially responsible for teaching sex education and HIV prevention education, by school level.

Instructions: Mark with an "X" for each school level, which person(s) is responsible for teaching the sex education and/or HIV prevention education. If more space is necessary, please add additional pages, identifying the number of each question being answered.

Persons officially responsible for the teaching of the contents	Primary School or Equivalent between 6 and 13 years	Junior High or Equivalent between 14 and 16 years	High School or Equivalent between 17 and 19 years	Commentary or explanation
5.1) The home room teacher is responsible for teaching sex education and/or HIV prevention education contents by school level.	☐	☐	☐	
5.2) A specific teacher is officially responsible for teaching sex education and/or HIV prevention education by school level.	☐	☐	☐	
5.3) A health promoter is officially responsible for teaching sex education and/or HIV prevention education by school level.	☐	☐	☐	
5.4) A nurse is officially responsible for teaching sex education and/or HIV prevention education by school level.	☐	☐	☐	
5.5) Peer education. Students are officially responsible for teaching sex education and/or HIV prevention by school level	☐	☐	☐	
5.6) A counselor or school guidance person is officially responsible for the teaching sex education and/or HIV prevention education by school level..	☐	☐	☐	
5.7) An outside educator or guest presenter is officially responsible for teaching sex education and/or HIV prevention education by school level.	☐	☐	☐	

Theme 6: Teachers' training, by school level.

Instructions: Mention for each academic level, the answer that applies. If more space is necessary, please add additional pages, identifying the number of each question on each page.

Questions	Describe briefly and clearly the situation in this country		
	Primary School or Equivalent between 6 and 13 years	**Junior High or Equivalent between 14 and 16 years**	**High School or Equivalent between 17 and 19 years**
6.1) What type of training do teachers receive to teach sex education by the school level. (For example, Specific professional development courses, self-taught, none, etc.)			
6.2) What type of training do teachers receive to teach HIV prevention education by school level. (For example, Specific professional development courses, self-taught, none, etc.)			
6.3) What type of materials or resources are used for training teachers on how to teach sex education by school level. (For example: use textbooks to learn how to teach, there is an instructor that teaches teachers, videos for professional development, books, magazines, the Internet as reference).			
6.4) What type of materials or resources are used for training teachers on how to teach HIV prevention education by school level. (For example: They use textbooks to learn how to teach, there is an instructor that teaches teachers, videos for professional development, books, magazines, the Internet as reference).			
6.5) Where does the training take place (For example: in the same school building, in the offices of the State Secretary of Education).			
6.6) Do the teachers receive training during their undergraduate studies?			
6.7) Do the teachers receive continuing education on these subjects? At what time interval? (each semester, yearly, every 5 years, etc.)			
6.8) Is the training material based on scientific evidence?			

Theme 7: Integrating children living with HIV into the school system.

Instructions: The following questions pertain to legislation concerning the integration into the school system of children living with HIV or who have family members who are living with HIV. If more space is necessary, please add additional pages, identifying the number of each question on each page.

Specific questions	Yes / No	Describe briefly and clearly the situation in this country
7.1) In this country, is there legislation or programs (or other types of official declarations) with respect to the right of children living with HIV or that have family members who are living with HIV to have access to public education?	☐ Yes ☐ No ☐ In process	
7.2) Are there programs or strategies for the introduction/ integration into the school of a student who is living with HIV or has family members who are living with HIV? What do these programs/ strategies consist of?	☐ Yes ☐ No ☐ In process	
7.3) Do children living with HIV have to be registered as such with the school authorities?	☐ Yes ☐ No ☐ In process	
7.4) Are there organizations that help to facilitate the school integration for the child living with HIV? Which ones?	☐ Yes ☐ No ☐ In process	
7.5) Do policies exist that promote the education of orphan children who are living with HIV?	☐ Yes ☐ No ☐ In process	
7.6) Which governmental organization is responsible for overseeing or regulating that the children who are living with HIV have access to education?	☐ Yes ☐ No ☐ In process	
7.7 Which NGOs or civil society organizations monitor or promote that children who are living with HIV have access to education?	☐ Yes ☐ No ☐ In process	
7.8) Are there guides or brochures about how to fight the stigma and discrimination in the schools? Do they include children who are living with HIV? Please provide details.	☐ Yes ☐ No ☐ In process	
7.9) Please provide some details about your country's experience with integrating children who are living with HIV in the public education system. Provide reference material if such exists.	☐ Yes ☐ No ☐ In process	
7.10) Is there a governmental agency responsible for receiving complaints about discrimination? Which agency receives complaints about discrimination against a child who is living with HIV?	☐ Yes ☐ No ☐ In process	
7.11) Have there been documented cases of children who are living with HIV experiencing discrimination in the schools?	☐ Yes ☐ No ☐ In process	
7.12) Have there been legal actions (cases, judgments) in respect to these documented cases of discrimination? How were they resolved?	☐ Yes ☐ No ☐ In process	

Theme 8. Evaluation and Integration Process for sex education and HIV prevention education in the schools.

Instructions: Please answer briefly and clearly the following questions pertaining to the evaluation and integration process of sex education in the schools. If more space is necessary, please add additional pages, identifying the number of each question on each page.

Specific questions	Describe briefly and clearly the situation in this country.
8.1) Has the curriculum that is used in the schools ever been evaluated?	☐ Yes ☐ No ☐ In process
8.2)In what year was it evaluated?	
8.3) How was it evaluated? (design type used)	
8.4) Who evaluated it? (Institution, principal investigator)	
8.5) Who paid for the curriculum evaluation?	
8.6) Which national institution administrated the implementation of the evaluation(s)?	
8.7) In the last 10 years, at the national/state/district/ departmental level, have there been any educational interventions in the schools?	☐ Yes ☐ No
8.8) What type of educational program was evaluated?	
8.9) What type of method was used to evaluate the educational program?	
8.10) What were the results? What types of behaviors were evaluated?	
8.11) How were the data from the evaluation analyzed?	
8.12) What was the impact of the intervention?	
8.13) Who paid for the intervention? Where did the resources to implement the evaluation(s) come from?	
8.14) Have there been any studies done to identify the prevalence of some type of STI among teenagers in the schools? Which STIs?	
8.15) In the last ten years, describe the evolution of activities to integrate (or not) sexual education and HIV prevention education in the classroom.	
8.16) In the last ten years, describe whether or not sex education and HIV prevention education has been integrated into the school system.	
8.17) In the last ten years, describe who have been the principal promoters for the integration of these themes into the classroom.	
8.18) In the last five years, describe what have been the obstacles or resistance to the integration of these themes into the classroom.	

8.19) List the published reference material or available working papers related to evaluations of the curriculum or programs (bibliographic references or Internet sites). (Please attach relevant documents to this questionnaire.)

8.20) For the UNFPA representative: please describe if there were any important discrepancies in the information collected for this questionnaire. In which questions?

Annex 3.

List of Participants / Key Informants

Country	Person(s) responsible for the completion of the document; Responsible for Sex Education program; Coordinator for HIV/AIDS program; Other Participants	Signature of the responsible party from the Ministry of Education	Signature of the UNFPA representative
Antigua and Barbuda	Jenelle Babb- UNESCO; Maureen Lewis- Ministry of Education; Janet Weston- Ministry of Health.		
Argentina	Sergio Maulen- UNFPA; Claudio Bloch- Ministry of Health; Mirta Marina-Rights of the Child and Adolescent Program, Ministry of Education; Karina Cimmino- Coordinator of HIV/AIDS Prevention, Ministry of Education; Mable Bianco – President, FEIM.		
Bahamas	Jenelle Babb- UNESCO; Glenda Rolle-Ministry of Education; Rosa Mae Bain- Ministry of Health; Lynette Deveaux- Ministry of Health.		
Barbados	Carmeta Douglin Patricia- UNFPA; Patricia Warner-Ministry of Education; Alise Jordan- National HIV/AIDS Commission; Anton Best- Ministry of Health	There was a signature, but there was no name accompanying the signature.	
Bolivia	Diddie Shaasf- UNFPA; Luisa Salas- Ministry of Education; Ronny Rossel Navarro- Ministery of Education; Mónica Yatsik- UNFPA; Constanza Tames- IDH; Oscar Viscarra-UNFPA.	Luisa Salas Tanaka.	Jorge Parra Vergara.
Brasil	Fernanda Lopes y Laura Cartaña- UNFPA; André Lazaro- Ministry of Education; Mariangela Simao- National HIV/AIDS Program; Isabel Botão- Técnic Consultora Prevention Unit, Ministry of Health; Marina de Fatima Simas Malherido- Pedagogic Technical Area, Ministry of Education.		
Colombia	Daniel Fernández Gómez- UNFPA; Diego Arbelaez Muñoz- Ministry of Education and Social Protection; Ricardo Luque Niño- Ministry of Social Protection; María Victoria Manjarres- Director, Colombia Office of Francoise Xavier Bagnoud.		
Costa Rica	Oscar A. Valverde Cerros- UNFPA; Orlando Hall Rose- Ministry of Education; Lidieth Carballo Quesada- Ministry of Health; Gioconda Mora Monge- National Advisor, Curriciular Development Department, Ministry of Education;;Dixiana Alfaro Alvarado- Minitry of Justice Representative to the National HIV/AIDS Council.		
Chile	Mariela Cortés- UNFPA; María de la Luz Silva- Ministry of Education; Janet Covarrubias- Ministerio de Educación; María Elena Ahumada- Encargada Proyecto Articulación Intersectorial del Ministerio de Salud.		
Dominica	Raquel Child- UNFPA; Cisne Pascal; Prevost Myrtle- Ministry of Education and Youth; Julie Frampton- Nacional AIDS Response Program (NARP); Anthelia James- Ministry of Health; Joan Henry- Ministry of Health; Valda Bruno- Dominica Planned Parenthood Association (DPPA).	Prevost Myrtle.	

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Dominican Republic	Bethania Betances- UNFPA; Ariza Hernández- Coordinadora del Programa de Educación Afectivo Sexual, Ministry of Education; Paula Disle- Encargada Unidad de Niños y Adolescentes y VIH/SIDA del Consejo Presidencial del SIDA (COPRESIDA); Gisela Ventura- Encargada Departamento de Promoción y Prevención, Ministry of Health		
Ecuador	Mercedes Borrero- UNFPA; Nancy Isabel Cargua García- National Coordinator of PRONESA, Ministry of Education; María Elena Rojas- Ministerio de Salud; Eduardo Yépez- Chief, Women's Health Area, Ministry of Health.	Nancy Isabel Cargua García.	Mercedes Borrero.
El Salvador	Luis Palma- UNFPA; Silvia Elizabeth Martínez- Ministry of Education; José Guillermo Galvàn O. - Ministry of Health; Maria Elena Avalos.- Chief, Comprehensive Adolescent Care, Ministry of Health; Dina Eugenia Bonilla- Adolescent Care Technical Unit, Ministry of Health; Iris Idalia Carrillo de Reyes- Manager, Education for Life, Ministry of Education.		
Guyana	Gillian Butts-Garnett- UNFPA; Sharlene Johnson- Ministry of Education; Shanti Singh- HIV/AIDS Program; Dianne Arthur and Marva Williams - Ministry of Human Services and Social Securityl; Frederick Cox- Guyana Responsible Parenthood Association; Shameza Davis- Guyana Youth Challenge; Gertrude James- Teachers' Union of Guyana.	Desrey Fox	
Haití	Marie Josée Desrosiers Salomon- UNFPA; Joelle DEAS Van Onacker- Ministry of Health; Nadine Louis Similien- Head, Promotion and Protection of Youth, Ministry of Youth, Sports and Civil Action; Alain Saint Hilaire and Claude Richard Accidat- Technical Coordinators for HIV; Etzer Vixamar- Director of Basic Education, Ministry of Education; Guerda Prévilon- Coordinator, Educational Development Center; Harry Théodore- Head, Reproductive Health Unit, GHESKIO; Julien Daboué- Lead Technical Advisor, UNESCO; Max Lélio Joseph- Director, Communications and Public Relations, Family Health International (FHI).		
Honduras	Kenneth Rodríguez C- UNFPA; Marina Xioleth Rodríguez Rivera- Ministry of Health; Liliana Mejía- Technical Advisor, UNAIDS; Rene Javier Irais Izaguirre- Pedagogical Technical Assistant, Ministry of Education; Mirna Thiebaud- head, Adolescent Program, Leonardo Martínez Hospital, San Pedro Sula; Jorge Alberto Fernández V. - Director General, Health Promotion, Ministry of Education.	Kenneth Rodríguez C.	Jozef Maerien.
Jamaica	Melissa McNeil-Barrett- UNFPA; Christopher Graham- Ministry of Education; Salomie Evering- Ministry of Education; Lovette Byfield- Ministry of Health; Olivia McDonald- National Family Planning Board; Clorine Weir- Jamaica Network of Seropositives; Marsha Grant- Jamaica AIDS Support.		
Mexico	Steven Díaz- UNFPA; Josefina Vázquez Mota- Ministry of Education; Jorge Saavedra López – National Center for HIV/AIDS Control and Prevention; Beatriz Mayén Hernández- Coordinator, Educational Progras, Afluentes S.C.		

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Nicaragua	Chantal Pallais- UNFPA; Giovanna Daly; Sara Moraga Amador- Ministry of Education; Guillermo Martínez- Director General for Education and Delegations, Ministry of Education; María Elsa Guillén- Curriculum Director, Ministry of Education; Valeria Bravo- Technical Secretary, Nicaraguan AIDS Commission CONISIDA; Arely Cano- President, ASONVIHSIDA.		
Panama	Edilma Berrio- UNFPA; Horzela Williams- Ministry of the Interior and Justice ; Yira Ibarra- Ministry of Health.		
Paraguay	Patricia Aguilar- UNFPA; Nicolás Aguayo- Ministry of Health; Teresita Aquino- Technical Advisor, Curriculum Development, Ministry of Education; Carmen Aguilera- Head of Teacher Training and Continuing Education, Ministry of Education; Sara López- Director, Educational Orientation, Ministry of Education; Celeste Houdin- Director, ONGBECA.		
Peru	Lucy del Carpio Ancaya/Cristina Magán/Lourdes Palomino/Consuelo Carrasco / Gilbert Oyarce/ Marie Francoise Sprungli- UNFPA; María Teresa Ramos Flores- Ministry of Education; José Luis Sebastián Mesones; Lucy del Carpio Ancaya- National Strategic Coordinator for Sexual and Reproductive Health, Ministry of Education; Lourdes Palomino Gamarra- National Head, Adolescents, Ministry of Health; Neri Fernández Michuy- Technical Team, Ministry of Health; Cristina Magán La Rosa- Technical Team, Ministry of Health; Gilberto Oyarce Villanueva- Sexual Health Team Specialist; José Luis Cairo Molina- Director, Asociación Germinal; Guillermo Diller- Advisor, Peru AIDS Network.	Consuelo Carrasco	Dorina Vereau/Maria Mercedes Barnechea
Saint Kitts and Nevis	Catherine Garner- International University of Nursing; Ruby Thomas- Ministry of Education; Gardenia Destang Richardson- Ministry of Health		
Saint Lucia	Janelle Babb- UNFPA; Nahum Jn Baptiste- National AIDS Programme Secretariat; Sophia Edwards-Gabriel- Student Support Systems Unit of the Ministry of Education; Sonia Alexander- Ministry of Health; Alvina Reynolds- Ministry of Education.		
Suriname	Judith Brielle- UNFPA; Milton Castelen- National AIDS Program; Mariska Harris- Mamio Namen Project; Muriel Gilds- Basic Life Skills; Ingrid Caffe- UNFPA; Anita Breeveld- Ministry of Education.	Soetosenojo Ruben	
Trinidad and Tobago	Jaime Nadal Roig- UNFPA; Esther Le Gendre- Ministry of Education; Violet Forsythe-Duke- Ministry of Health; Patricia Downer- Ministry of Education; Aileen Clarke- Ministry of Social Development; Susan Shurland- UNESCO; Sandra Vokaty- National AIDS Coordinating Committee.		
Uruguay	Magdalena Furtado- UNFPA; Stella Cerrutti- General Board of Directorl; María Luz Osimani- Ministry of Health; Alejandra López- Director, Women and Health in Uruguay; Stella Maris Domínguez- General Coordinator, FRANSIDA.	Juan José Calvo	
Venezuela	Alejandra Corao – UNFPA; Gisela Toro- Vice-Minister for Educational Development; Deisy Matos- Ministry of Health		

Annex 4.

Specific aspects of the official program (curriculum), by country.

The following are commentaries or clarifications that the countries made on diverse subjects referring to the specific content in school programs. However, not all the countries made particular annotations.

For this report, when some clarifying answers were grouped together for two or more questions, their commentaries are very similar or the same. It was not always possible to know to which school level the answers referred.

Biological aspects of human reproduction: Some of the countries comment that this material is offered through one or more disciplines, among those are Natural Sciences, Health Sciences, Biology, Adolescent Psychology, Human Development, Environment, and Physical Education (Brazil, Bolivia, El Salvador, Ecuador, Peru). Sex education is an interdisciplinary subject (Brazil). One country specifically mentions at which school level the materials were taught (Dominica). Another country comments that the degree of depth varies for the different levels and schools (Guyana) or that there exists a program or project, but it has not yet been officially implemented in the schools (Haiti).
Self-esteem: One country comments that the project exists, but it has not yet been officially implemented in the schools (Haiti). Also, one country says that this type of content is offered within the human rights curriculum (Ecuador) or as part of the contents, but does not specify where (Peru). One country mentions that it offers the material in an extra-curricular manner (El Salvador).
Stigma and Discrimination: One country mentions that a program is used for children who are 12 years or older, but it has not yet been officially implemented (Haiti). Another notes that there is a manual for the primary level on the subject but it is a pilot proposal and has not been applied on a national level (Peru). Discrimination is discussed at some school levels (Dominica) or in a general form within the curriculum of the formal educational system, but not specifically in relation to sexuality or HIV (Costa Rica). There are countries that mentioned that this material forms part of the Human Rights materials (El Salvador, Ecuador), and another mentions it is discussed in relation to sexual diversity (Chile).
Equality between sexes (gender roles): There is a program for children who are 12 years or older, but it has not yet been officially implemented (Haiti). Another country refers to a first draft of an educational law to include gender, but it has not yet been officially implemented (Bolivia). One comments that its inclusion depends on the teachers (Guyana). Two countries answer about the application methods rather than the specific curriculum, e.g. sex equality is applied under the national policy for women (El Salvador) or that the country respects gender equality in all educational and social spaces (Ecuador). Two countries specify that this type of contents is presented through an interdisciplinary education (Peru, Chile). Finally, one country specifies at which levels these contents are presented (Dominican Republic).
Sexually Transmitted Infections and General Information about Contraception: Some countries specified when they begin to teach this information, among these, starting at 11 years depending on the local culture (Bolivia), 3rd grade (Dominica) or 6th grade of primary (Guyana), 12 years old, but it has not yet been officially implemented (Haiti). Also, a few countries mention that they teach this material through thematic contents including life skills education and adolescent psychology (El Salvador) or as a specific HIV/AIDS prevention within a framework of values and respect for philosophy and family beliefs (Ecuador).

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Emergency Contraception: Some countries mention that they do specifically discuss this form of contraception (Argentina, Dominica, Dominican Republic, Peru, El Salvador). One country specifically states that legislation does not exist concerning this type of contraception, and therefore it does not provide material in the school (Costa Rica). Another country mentions that only some textbooks include material on emergency contraception (Mexico). Three countries indicate that it is material they are considering. Among these three, it is mentioned that emergency contraception is a right of adolescents and a responsibility on the part of the professional to offer this form of contraception (Brazil). Also, another country comments that this material is given within a framework of rights, with a deep respect for life and a commitment to form assertive decisions (Ecuador), and the third country answers more precisely that this subject begins mainly in the 6th grade of primary (Guyana).

Risks Associated with Tobacco, Alcohol, and Drugs: Very few countries include particular data concerning these topics. Among these, one comments that the risks are discussed in an interdisciplinary manner (Chile), are taught through Health Science, Environment, and Life Skills Education (El Salvador) or in a general way by means of analysis that promotes prevention and assertive decision making (Ecuador). One country specifically states that this material is presented from 3rd year of primary (Dominica). One more country indicates that it has not yet officially implemented this type of program (Haiti) while another country states that it is planning such a program (Peru).

Abstinence as the only form of prevention (STI/HIV/pregnancy): There are various comments: The Ministry of Education raises a vision of Comprehensive Sex Education that would offer several alternatives to allow for assertive decision making (Ecuador). Another country says that it provides information on all of the possible prevention options in middle school (Costa Rica). Officially, abstinence is not promoted within the national curriculum. In some cases, there are institutions of a religious character (Colombia). Also, one country states that abstinence information is provided, but not as the only method. Abstinence in adolescents is recommended, but to sexually active adolescents, information is provided to them to protect themselves (El Salvador). The message in the curriculum is not only abstinence; nevertheless, the government cannot be certain of how the message is present in the classroom (Peru). Three forms of contraception are offered: abstinence, fidelity and delaying sexual initiation (Dominican Republic). Some schools focus on sexual abstinence, although the official program indicates the necessity to educate on all the different contraceptive options. In high school, sexual relations are tied to love as a necessary condition and some web page links are offered in order to expand the information, but many of these are not up-to-date. In some cases, only the web pages offered sponsored by conservative groups such as Provida (Mexico).

Condom Use as the only form of prevention (STI/HIV/pregnancy), correct condom use, abstinence and condom use as prevention and how to negotiate condom use with partner: Three countries refer to condom use along with other prevention alternatives. One country provides information on all possible prevention options during middle school (Costa Rica). The Ministry of Education promotes a vision of Comprehension Sex Education as a way to handle several alternatives that allow for assertive decision making (Ecuador). Teachers discuss contraception with students between 14 and 19 years (Venezuela). Condom use is considered part of the global message about sexual and reproductive health (Jamaica). Four countries make reference to exclusion of the condom. They indicate that officially they do not promote condom use within the national curriculum, as described. Condom use is not discussed at any school level (Guyana, Dominica). Condom use is not part of the official sex education policy (Dominican Republic) and it is not present as an alternative to the delay of sexual initiation and abstinence (Peru). The information is included in a life-skills class and risk reduction where the teachers mainly focus on teaching how to negotiate delaying sexual initiation (El Salvador). Also, one country mentions that in some institutions communication skills are promoted, but there does not exist a national program; nevertheless, they work on this theme in life-skills and this is done with support of some civil society organizations (Colombia). One country mentions that they discuss decision-making, but not methods of negotiation (Mexico).

Consequence of school dropout: A few countries discuss this matter. One states that this topic is discussed as of a comprehensive education (Ecuador); or another mentions that it views schooling as a protective factor (El Salvador). In two more countries, they indicate that this content is under review, but it has not yet been official implemented (Haiti, Colombia).

Gender inequality: Two countries mention that this content is under review, but it has not yet been officially implemented (Haiti, Colombia). One country states that the contents are offered in an interdisciplinary setting (Chile). Some other countries comment that this content is offered within the framework of gender equality (Ecuador) or in a focus of equality of rights (El Salvador). Another country writes that this content can vary based on the school and teachers (Guyana). One country says that although this content exists as part of the curriculum, it is not directed towards sexuality (Peru).

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Unplanned pregnancy: Two countries mention that even though this content is under review, it has not yet been officially incorporated into the curriculum (Colombia, Haiti). Two other countries write that this content is taught as a strategy for the elaboration of the Life Project (Ecuador) or in a class focused on prevention and rights to education (El Salvador). One country states that this content is considered in the curriculum, but does not provide more specific details (Peru) or that it is discussed from the 3rd grade (Dominica). Finally, another country explicitly details the methods they use to teach this material, but they do not identify how this material is incorporated (Chile).

Early marriage: Again two countries mention that even though this content is developed, it has not yet been incorporated in the curriculum (Colombia and Haiti). Other countries comment that this content is rarely developed unless the situation affects school drop-out rates (El Salvador) or that it can vary based on the school and teachers (Guyana). One country specifically states that it is discussed as a strategy for the elaboration of the Life Project (Ecuador) and other two countries clarify that early marriage is not a generalized practice (Costa Rica) and that the marriage is legal from 18 years (Barbados). Finally, one country comments that this subject is not considered within the curriculum (Peru).

Violence during engagement and sexual harassment (sexual coercion in school, on the street and in the home): Although this content is anticipated to be incorporated, there still are not enough professionals who have sufficient education to teach on this subject (Colombia and Haiti). In those countries where it has been considered, one country comments that it is discussed during the respect to the rights and gender equality in the personal development class (Ecuador) or in life skills, self-care gender and safe schools, as well as through a revision of the legal code (El Salvador). Another country states that this can vary based on the school and teachers (Guyana). Other countries indicate that intra-familiar violence is discussed, but does not address it in the context of violence during the engagement (Mexico) or that intra-familiar and sexual violence are discussed, but not in the context of partners; however, sexual harassment is considered in the curriculum (Peru). One country mentions that it does not include these topics as independent subjects, but they are included in other classes and this occurs in last grades in primary school (Dominica).

How to make the decision to have sex, how to say NO to sex, and how to resist peer pressure to have sex: Among the comments submitted, these contents are being developed, but at the moment they are still being incorporated since there are not sufficient qualified professionals to handle the subjects (Colombia). Others mention the curriculum contents are taught through other courses contents such as health, life skills, vocational training, self exploration, and/or parts of human rights (Peru, Costa Rica, Chile, Ecuador, El Salvador). One country specifies that these contents begin at 3rd grade of primary (Dominica). Another country specifies that these contents are taught in the middle level, through the class on reproductive health that addresses how to say no when sex is not desired (Mexico).

Homosexuality, sexual diversity, and violence based on orientation or sexual preference: Among the countries that responded, their answers are in agreement for these three questions. Although these themes are under consideration, and, in some cases, there is material through Ministry of Education, the inclusion of these subjects is practically absent or very superficial in the curriculum (Colombia, Haiti, Peru). Another country states that these themes are under development and in public debate (Venezuela). Other countries answer that teachers do not have knowledge about the themes, and, on the other hand, specify that generally the government leaves the decision on how teach this material to the will and discretion of the teachers (Colombia, Guyana, Venezuela). Others express that these themes are not explicitly in the official curriculum and that if the material is taught, it is in extra-curricular periods and not during the regular schedule (Barbados, Costa Rica, Guyana). Only three countries state that this material is taught in particular classes, such as life skills education, sexuality and HIV/AIDS prevention education, or in connection with class topics on human rights (Costa Rica, Ecuador, El Salvador). One country answers that this theme is discussed as part of respect to all people (Dominican Republic).

Rights of young people, sexual rights, reproductive rights and/or human rights: One country mentions that there is a project under development about the theme (Suriname), or another country has finished, but has still not implemented the materials in the curriculum (Haiti). One country answers that this theme can vary based on the school and teachers (Guyana). Few countries offer some additional material on the subject of rights in the curriculum. One of these indicates that these contents are in agreement with the country's Code of Childhood and Adolescence, and this is monitored in the country by active strategies and case study (Ecuador). Another country mentions that these contents are taught in the curriculum indirectly (Peru) and an additional country answers that the specific content is connected with the information on a variety of rights, among these are life skills education, leadership skills, self care, healthy pregnancy and maternity. The human rights theme is presented in an interdisciplinary manner in the programs. (El Salvador).

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Pornography and/or sex work and/or compensated sex: The countries, that comment on this matter, mention that these contents are not in the curriculum, but that sometimes the subjects are discussed (Peru, Guyana) by an invited teacher (Barbados), when it is considered that a particular characteristic of vulnerability exist in the region (Colombia). Some countries mention that the contents are being developed (Haiti, Venezuela) or specify that the contents are discussed in classes of personal development, self-care (Ecuador, El Salvador) or abuse after the 3rd grade (Costa Rica).

Where to find help if needed, where to find health services, where to find psycho-social support and where to find legal assistance: One country comments that it is in the process of institutionalizing these topics (Haiti). Another mentions that these contents are discussed as part of the school orientation activities (Chile) or for specific situations (Guyana). In some cases the students are given web pages to refer to (Mexico). Two countries mention that these contents are provided through human development (Ecuador) or as part of other contents without giving more particular information (Peru). One country writes that these contents are handled under a different organization, such as the Ministry of Health or Legal Assistance (El Salvador).

The curriculum promotes knowledge of HIV status through voluntary testing: The few countries that wrote anything about these questions stated that the curriculum does not approach this subject.

Right to confidentiality: There is very little information on this point. One country writes that this content is in process of being incorporated (Haiti). Three countries mention that this content is taught in a class on human development (Ecuador), adolescence psychology, HIV/AIDS prevention, life skills (El Salvador) and orientation or advice, but specifically states that it is not particularly for HIV testing (Peru).

Sexual violence: Two countries mention that this curriculum topic is being developed (Haiti and Bolivia). Another country writes that although this content is being developed, there are still not enough professionals with sufficient knowledge of the subject (Colombia). Two other countries state that this content is taught through personal development and an interdisciplinary course (Ecuador and Chile). While another country does mention that reporting is promoted as well as campaigns to increase awareness, information pamphlets, and modifications to the teaching education law (El Salvador).

Empowerment of children and young people: Two countries mention that this curriculum topic is in process (Haiti and Bolivia). Another country states that although this content is being developed, there are not enough professionals with sufficient knowledge of the subject (Colombia). Other countries write that this content is taught through human development, life skills, and self-care (Ecuador, El Salvador), but also through role playing or curricular activities, and leadership skills (Peru, Chile, and El Salvador). Finally, one country states that this content is discussed as a component of other subjects (Guyana).

Sexual exploitation: Some countries mention that there is a project underway about this subject (Bolivia, Venezuela), or it has been finished, but is still not institutionalized (Haiti). Another country says that this can vary based on the school and teachers (Peru). One country specifically mentions that this subject has been developed in the regions that have been identified as having the highest vulnerability (Colombia). Another country indicates that this content is aimed at the identification and promotion of formal accusations (El Salvador).