Sexuality and Life Skills Education

A Multistrategy Intervention in Mexico

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This contribution presents a set of intervention programs in the area of reproductive health, sexuality, and life-skills education that are now widely used in Mexico and with Latin American populations elsewhere. First, the authors briefly indicate how a research-informed approach has been central to the development and implementation of these interventions. Thereafter they describe how the programs were initially designed, taking into consideration the Mexican cultural context and its implications for Mexican adolescents. They also mention subsequent evaluation-based extensions of the programs to reach other target populations, to broaden the range of issues addressed, to promote their dissemination, and to advocate society-wide sexuality and life-skills education.

Sexual and reproductive health and rights are areas in which academic research and application are often separate and uninformed about each other. On the one hand, demographers have provided population statistics and mapped important antecedents of population growth (e.g., Massey, 1990) while researchers in social and health psychology produced many insights on individual processes of behavior change (e.g., Feldman, 1998). On the other hand, women's groups, many of them in grassroots organizations and nongovernmental organizations (NGOs), have been working from the heart, not necessarily basing their work on research findings. Admittedly, research often is too far removed from real-life settings and real-life issues, particularly those facing people living with poverty and illiteracy. Equally, NGOs often rely on intuitive understanding. They are unduly optimistic about the effectiveness of their interventions, while being critical of objective evaluation procedures allegedly incapable of capturing the essence of change processes. We believe that psychology can be a central discipline in bringing about changes that enhance health at both individual and public levels if psychologists can succeed in combining information accumulated in scientific psychology with the culture-sensitive needs and constraints of specific groups in specific times and circumstances. The work reported here has been conducted in this spirit at Instituto Mexicano de Investigación de Familia y Población (IMIFAP), a Mexican NGO devoted to research and educational programs in life skills and sexual and reproductive health and rights (Pick, Givaudan, & Brown, 2000; see also http://www.imifap.org.mx).

Our thinking has crystallized into a heuristic framework summarizing the concerns and approaches that have guided the development and implementation of intervention programs (Pick, Poortinga, & Givaudan, in press). The framework draws a distinction between three areas of concern, namely (a) the context in which people live, (b) the more or less permanent characteristics of the person, and (c) concrete situational demands with which the person is confronted.

By *context* we refer to the conditions under which people live. Economic factors are the most basic; the members of a wealthy group or society have access to all kinds of resources that are not available in a poor society. Formal education is closely related to economic factors. Limited school education implies less access to all kinds of information and also less awareness that there exist acceptable norms and beliefs that may differ from those found in one's own social environment. This brings us to another part of context, sociocultural factors. Through socialization and acculturation individuals acquire the values, norms, and practices that are prevalent in their social environment (Berry, Poortinga, Segall, & Dasen, 2002; Segall, Dasen,

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Berry, & Poortinga, 1999). As we detail later, our work is in part directed at bringing about changes in context. Efforts toward advocacy are aimed at removing constraints in the sociocultural context, for example, by addressing social norms and political obstacles.

The second major concept in our framework is *individual personality dispositions*. In psychology the person is usually considered to possess traits or functions that have continuity over time and situations, even if changes through self-development and external influences are deemed possible. Characteristics that are seen as central to the well-being of a person include self-esteem (Coopersmith, 1967) and self-efficacy (Bandura, 1997). The adverse effects of a nonsupportive socioeconomic and educational environment can be partly offset if the person has strong individual resources, including the traits mentioned above (Elias, Gara, Schuyler, Branden-Muller, & Sayette, 1991; Luthar, 1991). Although the ultimate objective of our interventions is to bring about changes in more permanent characteristics of the individual person, it is important to note that in our programs we rarely address personality dispositions directly. Rather, we focus on changes in actual behavior in concrete situations (see below) and in societal norms and values (as already mentioned).

The third aspect in our approach concerns the tools needed to cope with situational demands. Here we include concepts that pertain to concrete demands of situations and what it takes to enable the person to react adequately. A central concept in our interventions is that of *skills*, including decision making, communication, and assertion. Skills allow the individual to bring forth the necessary elements to act in a situation according to his or her own standards and desired outcomes. Also important are knowledge and beliefs. Knowledge refers to scientifically recognized facts. Beliefs may or may not be based on factual knowledge. Thus, an example of knowledge is that HIV/AIDS can be sexually transmitted. An example of a belief that is not based on scientific knowledge or fact but that is commonly held in some communities is that masturbation leads to one's spinal cord turning to fluid. Changes in target behaviors do not occur in a linear fashion but rather in small steps, for example, going from precontemplation of change via preparation for change and actual modifications all the way to their maintenance (Prochaska & DiClemente, 1982).

The primary aim of our interventions is to bring about changes in the actual behavior repertoire of individuals. We see the acquisition of relevant skills, knowledge, and beliefs as a necessary condition for the realization of such changes. Just as most people can learn to drive a car and use it even in dense traffic, they should be capable not only of learning about sexual and reproductive health but also of making use of this knowledge. This orientation underlies what we refer to as the *life-skills orientation* in our programs. We do not want to suggest that there is a dichotomy between situational skills and more general personal characteristics. The latter can be important predictors of behavior (see, e.g., Albarracin, Johnson, Fishbein, & Muellerleile, 2001; Fishbein, 2000). However, to initiate change we have found a focus on the former useful for the often poorly educated populations with which we work.

Sexuality and Reproductive Health Education Programs

Context

In Mexico the need for change in sexual and reproductive behaviors is evident the moment one considers birth statistics. Seventeen percent of all live births are to women under 19 years of age (Consejo Nacional de Población, 1997). In a sense, the live births are the tip of an iceberg. Although technically illegal, abortion is widely practiced. Statistics suggest that there are between 500,000 and 1,700,000 abortions performed every year (López Garcia, 1994). Historically, contraception was illegal until 1972 (Consejo Nacional de Población, 1975). Before that time contraceptives were hardly available and extremely expensive. When availability increased, usage did not grow accordingly, especially in rural areas. Moreover, sexuality education in schools has long been controversial and continues to be so with some influential religious groups.

Of the intricate pattern of sociocultural norms, values, and traditions regarding sexuality and gender roles we can mention only a few salient points. A man who has many children and sexual partners is widely seen as the role model to be admired, a perception impeding condom and contraceptive use. Double messages regarding the sexuality of women are widespread. Taking the sexual initiative or displaying pleasure in sex is seen as indicating loose morals. At the same time such modesty in his partner is an alleged reason for a man to seek more pleasurable sex outside the home. Premarital sexual intercourse is socially frowned on, yet encouraged implicitly as a means for a woman to get a man to marry her in a setting in which a woman without a man is seen as a second-class person. Decisions in general and especially those concerning sexuality and reproduction are to be made by the man, with the woman taking a subservient role. Such gender inequality frequently leads to abuse and violence against women (e.g., Fawcett, Heise, Isita-Espejel, & Pick, 1999). A further aspect of context is religion. Over 95% of the population belongs, at least nominally, to the Roman Catholic church, which plays an important role in maintaining traditions that are not necessarily compatible with best practices as identified by research on public health and well-being.

In this brief overview we cannot do justice to the cultural diversity of a country like Mexico, which has obvious differences between regions, between urban and rural areas, and between socioeconomic groups. However, large sections of the population share important commonalties in the conditions of poverty, low literacy, and sociocultural normative constraints that govern everyday life.

Toward Interventions at the Situational Level

In the 1980s a major objective of IMIFAP was to develop programs through which sexual and reproductive health and rights could be enhanced. We decided to focus initially on adolescents.

In one study with a representative household sample of 865 adolescent girls in Mexico City two contrasts were examined: (a) previous sexual experience versus no experience and (b) protected versus unprotected sexual intercourse.[1] The adolescents with sexual experience were also compared with a matched sample of young women in a maternity ward who indicated that their pregnancy had been unwanted at the time of conception. A central hypothesis was that adolescents who had received sexuality education were less likely to have had sex, especially unprotected sex, and had a lower probability of pregnancy. These expectations were not supported by the results. No differences were found that could be related to whether these adolescents had received sexuality education (Pick de Weiss, Díaz Loving, Andrade Palos, & Atkin, 1988).

Next, sexuality education programs used in Latin American countries were analyzed. It was found that they were very formal; hardly allowed for student participation; and centered mainly on physical aspects of menstruation, pregnancy, and the anatomy of sexual organs.

A subsequent step had the aim of gaining insight into what education programs should contain. This was done through a literature review and through focus groups in which both male and female adolescents were asked about prior sexuality education; what the education covered and did not cover; how helpful this education had been to them; and what they found lacking in their own prevention behaviors, attitudes, and communication. There were two findings. First, it was clear that a participatory style of interaction was required. The second finding was that the adolescents expressed insecurity not only about their personal functioning in general (which we defined in terms of self-esteem and self-efficacy) but especially about their sexuality. What emerged was a need for concrete knowledge relating to psychosocial aspects of sexuality, including gender role expectations, how to use contraceptives, and HIV/AIDS prevention. With respect to skills, making decisions on practical matters such as the use of condoms made the participants feel very uneasy, as did communication with their parents. In addition, girls needed gender role options other than motherhood (especially employment outside the home; Pick de Weiss, Atkin, Gribble, & Andrade Palos, 1991).

On the basis of these results, a first version of a sexuality and life skills education program, called *Planeando tu Vida* (Planning Your Life), was developed (Pick, Montero, Aguilar, & Rodríguez, 1988). This program has gone through nine revisions and is now available in its 11th edition nationwide in Mexico as an optional course for teachers (Pick, Aguilar, et al., 2000). In terms of situational demands the person is facing, the program addresses sexuality, issues related to pregnancy, contraception, sexually transmitted infections, and HIV/AIDS prevention. To improve their skills, participants are trained in communication, self-assertion, and decision making. Personal variables like self-efficacy and self-esteem are addressed, but in an indirect fashion; for example, participants are told they will feel more confident when they "go for it" and actually do things they want to do.

Training with this program is conducted in groups of 15 to 30 individuals coordinated by an instructor or replicator. A highly participatory procedure is followed; techniques include role playing (e.g., a typical authoritarian [*macho*] father who learns that his 16-year-old daughter had sex), letter writing (e.g., relating something you always wanted to tell but did not dare), debates, and actual practices (e.g., go to a pharmacy to buy a condom). The examples used in skills building are domain specific; they refer to ways of applying knowledge on sexual and reproductive health and rights. In the course of time the program has been broadened for reasons given below. Extensions have been made to other spheres of activity, such as nutrition and prevention of substance abuse.

Evaluation

Evaluation has been a multifaceted and almost continuous process, often conducted in an informal fashion. This has been supplemented by more systematic studies comparing questionnaire scores of participants and nonparticipants or pre- and postprogram scores (e.g., Pick, Hernández, Alvarez, & Vernon, 1992).

In one of the early evaluation studies we compared the effects of *Planeando tu Vida* with a traditional sexuality education program. Knowledge regarding sexuality and pregnancy prevention was significantly increased by both programs (Pick de Weiss & Andrade, 1989). However, only participants in the *Planeando tu Vida* program showed significant changes in behavioral intentions.

In later studies similar positive effects were found for skills like decision making and even for self-efficacy and self-esteem. An important finding was that the adolescents' likelihood of using protection was significantly increased if they received training in the program before their sexual debut. These studies also incorporated scales on use and abuse of alcohol, tobacco, and drugs. Many of the same determinants predicting whether a person would have unprotected sex were found to be predictors of a person's likelihood of substance abuse (Pick de Weiss, Andrade, & Townsend, 1990; Pick, Andrade Palos, Townsend, & Givaudan, 1994). These findings, together with results from focus groups, formed the basis for adding extensions to the program. Thus, the systematic and informal evaluation studies stimulated the development of a range of programs going beyond sexuality education per se to include sexual and reproductive health and rights. The IMIFAP results support the view that various risk behaviors have similar determinants (Dryfoos, 1990) and that programs that provide training in a series of life skills will gradually lead to a reduction of risk behaviors in various areas (World Health Organization, 1997).

Advocacy and Upscaling

The results of the various evaluations provided strong encouragement to advocate further dissemination of find-

[1] Only girls could be included in this study because the health authority in charge of approving the funding was of the opinion that boys "have nothing to do with this"!

ings. The effects of programs were presented to cabinet ministers and undersecretaries of education and health in several Latin American countries and to directors of schools, clinics, and NGOs, as well as to other interested parties, like parent groups. To know how much support there was for national sexuality and life skills education, one Mexican ministry suggested that public opinion be assessed. A national opinion poll by Gallup showed that 95% of the population was in favor of such education from preschool onward (as cited in Pick de Weiss, 1993). The results were disseminated through press conferences, radio and TV talk shows, meetings with local authorities in various states, and as part of a soap opera transmitted daily on national TV for over a year (Secretaría de Educación Publica, Unidad de Televisión Educativa, & IMIFAP, 1993). Gradually a series of training courses and educational materials were developed, part of which are now incorporated into the official curriculum of the Mexican national school system. The programs range in level from preschool through high school (e.g., Pick & Givaudan, 1998; Pick, Givaudan, Troncoso, & Tenorio, 1999; Pick de Weiss & Vargas Trujillo, 2000).

The increasing interest in IMIFAP programs has led to the need for a systematic approach to the training of prospective program replicators. The strategy currently being used is to introduce in detail two basic programs, *Planeando tu Vida* and a short program about how to become a replicator (Ramón & Guzmán, 1999). These are followed by topical programs for replicators focused on specific age groups, including parents (Givaudan & Pick, 1997; Pick, Givaudan, & Martínez, 1997, 1998; Solano, Pick, & Pick, 1995) and children (Pick & Givaudan, 1998), or issues like prevention of violence (Fawcett et al., 1999; Fawcett, Venguer, Vernon, & Pick, 1998) and HIV/AIDS (Hernández, de Ramirez, & Reyes, 1992; Reyes, Givaudan, Pick, Martínez, & Ramón, 1995).

One striking experience has been the apparent relevance of IMIFAP programs in other countries, mostly but not exclusively in Latin America. When training replicators from other countries substantive issues and approaches to intervention are easily recognized and considered valid. When these replicators implement the programs in their communities they make adaptations in the contents, emphasizing local issues and choosing appropriate examples. However, we never found it necessary to modify the structure of a program or its underlying principles. Nowadays there is much discussion in the literature about the extent of psychological differences between cultures (e.g., Miller, 1997; Segall et al., 1999). It appears that the needs for social skills in decision making and communication that form the core of IMIFAP programs have relevance in a wider range of countries than just Mexico. At present we only have preliminary evaluation studies to substantiate this viewpoint.

We are quite aware of the risk of cultural imposition that in the past has so often characterized the introduction of Western educational and health interventions in the majority world (e.g., Sinha, 1997). Developed in Mexico, ours is a Western approach insofar as it is based on contemporary ideas of mainstream psychology. At the same time, the framework described in the first part of this article explicitly asks for an analysis of local cultural context. The extent to which intervention programs have to be adapted and optimized locally is an empirical question. Cross-cultural differences should not blind psychologists to communalities in the everyday life of the poor and powerless in this world, particularly women and children. After all, many cross-cultural differences in behavior have to do with differences in affluence and education.

Conclusion

At the time of this writing, IMIFAP programs, developed from the original *Planeando tu Vida*, have been implemented in nine countries of Latin America as well as in Greece and with Latinos in the United States. Thirty thousand replicators have been trained and over 11 million adolescents and children have been reached. An estimated 6 million Mexican children have used school textbooks on civic and ethic education based on these programs and written by IMIFAP staff. The available materials include over 160 training manuals, videos, question-and-answer books, storybooks, posters, and pamphlets that in different ways provide factual information on sexual and reproductive health and rights, promoting personal empowerment and skills such as decision making and communication with one's partner, children, and peers.

For psychology as a helping profession to make an impact requires international cooperation. Psychologists have important roles to play in developing such cooperation at several different levels: in the sensitization of authorities to key issues and in the development and implementation of programs, policies, and their evaluations. We believe that approaches that are open to indigenous concerns but give psychological concepts a place in application provide a starting point for the large-scale international efforts needed to raise standards of public health and education in the majority world.

REFERENCES

Albarracin, D., Johnson, B. T., Fishbein, M., & Muellerleile, P. A. (2001). Theories of reasoned action and planned behavior as models of condom use: A meta-analysis. *Psychological Bulletin, 127,* 142–161.

Bandura, A. (1997). *Self-efficacy: The exercise of control.* New York: Freeman.

Berry, J. W., Poortinga, Y. H., Segall, M. H., & Dasen, P. R. (2002). *Cross-cultural psychology: Research and applications* (2nd ed.). Cambridge, England: Cambridge University Press.

Consejo Nacional de Población. (1975). *Mexico demográfico* [Demography of Mexico]. Mexico City, Mexico: Author.

Consejo Nacional de Población. (1997). *Carpeta informativa para el 11 de julio, Dia Mundial de la Población* [Information file for July 11, World Population Day]. Mexico City, Mexico: Author.

Coopersmith, S. (1967). *The antecedents of self-esteem.* San Francisco: Freeman.

Dryfoos, J. G. (1990). *Adolescents at risk: Prevalence and prevention.* New York: Oxford University Press.

Elias, M. J., Gara, M. A., Schuyler, T. F., Branden-Muller, M. A., & Sayette, M. A. (1991). The promotion of social competence: Longitudinal study of a preventive school-based program. *American Journal of Orthopsychiatry , 61,* 409–417.

Fawcett, G. M., Heise, L. L., Isita-Espejel, L., & Pick, S. (1999). Chang-

ing community responses to wife abuse: A research and demostration project in Iztacalco, Mexico. *American Psychologist, 54*, 41–49.

Fawcett, G., Venguer, T., Vernon, R., & Pick, S. (1998). *Detección y manejo de mujeres víctimas de violencia doméstica: Desarrollo y evaluación de un programa dirigido al personal de salud* [Detection and handling of female victims of domestic violence: Development and evaluation of a program directed at health personnel] (Boletin Documentos de Trabajo No. 26). Mexico City, Mexico: Population Council/ INOPAL III.

Feldman, R. S. (1998). *Social psychology* (2nd ed.). Upper Saddle River, NJ: Prentice Hall.

Fishbein, M. (2000). The role of theory in HIV prevention. *AIDS Care, 12*, 273–278.

Givaudan, M., & Pick, S. (1997). *"Yo papá, yo mamá": La forma responsable de educar y disfrutar con tus hijos e hijas* [I father, I mother: The responsible way of educating and enjoying your children] (2nd ed.). Mexico City, Mexico: Editorial Planeta.

Hernández, J. C., de Ramirez, A. H., & Reyes, J. (1992). *SIDA: Información para dar a los clientes en la farmacia (Guía para el personal de farmacias)* [AIDS: Information to give to the clients in pharmacies (Guide for pharmacy workers)]. Mexico City, Mexico: Instituto Mexicano de Investigación de Familia y Población, Consejo National de Lucha Contra el SIDA, & Secretaría de Salud.

López García, R. (1994). El aborto como problema de salud publica [Abortion as a public health problem]. In M. C. Elu & A. Langer (Eds.), *Maternidad sin riesgos en Mexico* [Maternity without risks in Mexico] (pp. 85–90). Mexico City, Mexico: Instituto Mexicano de Estudios Sociales.

Luthar, S. S. (1991). Vulnerability and resilience: A study of high-risk adolescents. *Child Development, 62*, 600–616.

Massey, D. (1990). Social structure, household strategies, and the cumulative causation of migration. *Population Index, 56*, 3–26.

Miller, J. G. (1997). Theoretical issues in cultural psychology. In J. W. Berry, Y. H. Poortinga, & J. Pandey (Eds.), *Handbook of cross-cultural psychology: Vol. 1. Theory and method* (pp. 85–128). Boston: Allyn & Bacon.

Pick, S., Aguilar, J., Rodríguez, G., Reyes, J., Collado, M. E., Pier, D., et al. (2000). *Planeando tu vida: Nuevo programa de educación sexual para adolescentes* [Planning your life: A new sexual education program for adolescents]. Mexico City, Mexico: Editorial Planeta.

Pick, S., Andrade Palos, P., Townsend, J., & Givaudan, M. (1994). Evaluación de un programa de educación sexual sobre conocimientos, conducta sexual y anticoncepción en adolescentes [Evaluation of a sexuality education program on knowledge, sexual behavior, and contraception among adolescents]. *Salud Mental, 17*, 25–31.

Pick, S., & Givaudan, M. (1998). *Yo quiero, yo puedo* [I want, I can]. [Series with age-appropriate units from preschool to ninth grade]. Mexico: IDEAME.

Pick, S., Givaudan, M., & Brown, J. (2000). Quietly working for school-based sexuality education in Mexico: Strategies for advocacy. *Reproductive Health Matters, 8*(16), 92–102.

Pick, S., Givaudan, M., & Martínez, A. (1997). *Aprendiendo a ser papá y mamá: De niñas y niños desde el nacimiento hasta los 12 años* [Learning to be papa and mama: About boys and girls from birth to 12 years] (2nd ed.). Mexico City, Mexico: Editorial Planeta.

Pick, S., Givaudan, M., & Martínez, A. (1998). *Deja volar a tu adolescente y será un gran adulto* [Let your adolescent fly and he or she will be a great adult]. Mexico City, Mexico: IDEAME.

Pick, S., Givaudan, M., Troncoso, A., & Tenorio, A. (1999). *Formación cívica y ética: Secundaria (Yo quiero, yo puedo)* [Civic and ethic education: Seventh through ninth grades (I want, I can)]. Mexico City, Mexico: Editorial Limusa.

Pick, S., Hernández, J. C., Alvarez, M., & Vernon, R. (1992). *Prueba operacional para la institucionalización de educación para la vida familiar en escuelas secundarias de la Ciudad de México* [Operational trial for the institutionalization of education through family life in secondary schools in Mexico City]. Report CI 91.43A presented to the Population Council, New York.

Pick, S., Montero, M., Aguilar, J., & Rodríguez, G. (1988). *Planeando tu vida: Programa de educación sexual para adolescentes* [Planning your life: Sexual education program for adolescents]. Colonial Santa Cruz Atoyac, Mexico: Editorial Pax Mexico.

Pick, S., Poortinga, Y. H., & Givaudan, M. (in press). Integrating intervention strategy in culture sensitive health promotion programs. *Professional Psychology.*

Pick de Weiss, S. (1993). *Development of support for national sex education in Mexico.* Report presented jointly to the Moriah Fund, The Prospect Hill, and The John Merck Fund, New York, NY, and Boston, MA.

Pick de Weiss, S., & Andrade, P. (1989). *Desarrollo y evaluación longitudinal de cursos comparativos de educación sexual* [Development and longitudinal evaluation of comparative courses in sexual education]. Report ITT 598-0616.12-523-58 presented to the U.S. Agency for International Development, Washington, DC.

Pick de Weiss, S., Andrade, P., & Townsend, J. (1990). *Planeando tu vida: Desarrollo y prueba de un programa de educación para la vida* [Planning your life: Development and try-out of a life education program]. Report CI 89.37A presented to the Population Council, New York, NY.

Pick de Weiss, S., Atkin, L. C., Gribble, J., & Andrade Palos, P. (1991). Sex, contraception and pregnancy among adolescents in Mexico City. *Studies in Family Planning, 22*, 74–82.

Pick de Weiss, S., Díaz Loving, R., Andrade Palos, P., & Atkin, L. (1988). *Adolescentes en la Ciudad de México: Estudio psicosocial de las prácticas anticonceptivas y embarazos no deseados* [Adolescents in Mexico City: Psychosocial study of contraception practices and unwanted pregnancies]. Report presented to the Panamerican Health Organization, Washington, DC.

Pick de Weiss, S., & Vargas Trujillo, E. (2000). *Yo adolescente: Respuestas claras a mis grandes dudas* [I adolescent: Clear answers for my great doubts] (3rd ed.). Mexico City, Mexico: Editorial Planeta.

Prochaska, J. O., & DiClemente, C. C. (1982). Transtheoretical therapy: Toward a more integrative model of change. *Psychotherapy: Theory, Research, and Practice, 19*, 276–288.

Ramón, J., & Guzmán, G. (1999). *Manual de formación de facilitadores 1* [Manual for the formation of facilitators 1]. Mexico City, Mexico: Instituto Mexicano de Investigación de Familia y Población.

Reyes, J., Givaudan, M., Pick, S., Martínez, A., & Ramón, J. (1995). *Un equipo contra el SIDA* [A team against AIDS]. Mexico City, Mexico: Editorial IDEAME.

Secretaría de Educación Publica, Unidad de Televisión Educativa, & Instituto Mexicano de Investigación de Familia y Población (Producer). (1993). *Platicame de eso . . .* [Talk to me about that . . .]. [Motion picture]. (Available from the Instituto Mexicano de Investigación de Familia y Población, 25, Malaga Norte, Colonia Insurgentes Mixcoac, 03920 Mexico, DF).

Segall, M. H., Dasen, P. R., Berry, J. W., & Poortinga, Y. H. (1999). *Human behavior in global perspective: An introduction to cross-cultural psychology* (2nd ed.). Boston: Allyn & Bacon.

Sinha, D. (1997). Indigenizing psychology. In J. W. Berry, Y. H. Poortinga, & J. Pandey (Eds.), *Handbook of cross-cultural psychology: Vol. 1. Theory and method* (2nd ed., pp. 129–169). Boston: Allyn & Bacon.

Solano, G., Pick, S., & Pick, S. (1995). *"Dejame responderte": Diccionario para que papá y mamá pueden hablarle a sus hijos e hijas de más de 200 termas que los ponen en aprietos* [Let me respond to you: Dictionary designed for parents so that they can talk to their children about 200 topics that put them in uncomfortable situations]. Mexico City, Mexico: Editorial Planeta.

World Health Organization. (1997). *Life skills education in schools.* Geneva, Switzerland: Author.