EVALUATION OF PREVENTIVE ACTIONS AGAINST STDs/AIDS AND DRUG ABUSE IN ELEMENTARY AND HIGH SCHOOLS IN BRAZILIAN CAPITALS

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Preface

According to the principles upon which the Brazilian health policy is based, special emphasis has been given to the decentralization of actions in this area, through the adoption of new approaches to the relationship between different government agencies and federal, state, and municipal instances, and also of different inter-institution perspectives and alternative forms of relationship between the public power and society.

The implementation of policies consonant with such principles and lines of action represents, on the one hand, a unique opportunity to aggregate capacities and join efforts in such a critical sector as health. On the other hand, it is a great challenge for a country of continental dimensions and great regional differences such as Brazil. These become even more significant when dealing with such a delicate area as the prevention of STDs/aids and drug abuse and with such a sensitive public as school youths.

Since 1994, the National Coordination of STDs/Aids, of the Ministry of Health, has been facing this challenge with the support of the Ministry of Education. Among others, it has been developing activities to promote health and prevent sexually transmitted diseases among adolescents and youths in the school environment with emphasis on aids and drug abuse.

This document presents an evaluation of the process, results, and impacts of this initiative. As will be observed, a great number of actions has already been accomplished, covering a broad scope of activities, and causing important repercussions on the information of the majority of teachers and on the attitude and behavior of most students and parents regarding STDs/aids and drug abuse. In other words, as shown by the data, the actions developed do make a difference both to young generations and adults and also to teachers and relatives.

There is still much to be done by all the public instances and agencies involved, in order to reduce the vulnerability of school youths to STDs/aids and drug abuse. In view of what has already been accomplished, though, this simply means new goals to be achieved.

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CONTENTS

INTRODUCTION

The objective of this document is to present an evaluation of the preventive actions against STDs/aids and drug abuse in schools which are part of the Brazilian Program for STDs/Aids.

Depending on the purposes of the evaluation, three different perspectives may be identified as being used to address public policies, programs, and projects. First, a situation assessment is used when the objective is to provide the manager with knowledge about the several possibilities concerning the public to be benefited and/or its characteristics and preferences, which include: the tactics to fight certain difficulties or limitations, the installed capacity, and the available resources to perform actions, etc. Seldom used in Brazil, the situation assessment performed prior to the beginning of any action represents more than a simple diagnosis. It actually consists in a mapping of possibilities that gives the manager more confidence to establish goals and make strategic decisions.

Another perspective is adopted when the purpose of the evaluation is to allow the manager to follow up the planned actions and gradually improve the implementation by means of continuous and successive feedback cycles. This is called process evaluation.

Finally, the product evaluation is adopted when it becomes necessary to obtain instruments to make new decisions and/or explain actions developed, according to accountability principles. This document presents a product evaluation.

In essence, in any evaluation there are four dimensions to be appraised:

1. Processes the means, procedures, and instruments by which the objectives are pursued.

2. Results the immediate products of the actions accomplished, which can themselves be evaluated (efficacy), or about which efficiency evaluations (cost/benefit) may be performed;

3. Quality the measure by which the results obtained and the processes adopted are considered efficient and satisfactory by those involved in the program such as the

beneficiaries, executors, and planners; and

4.Impacts corresponding to the consequences of the results produced, be they direct and intended, or indirect and not anticipated. This kind of evaluation demands rigorous care in isolating the variables to be analyzed and must be performed after a pre-determined period of activity implementation.

This document, which is focused on the products, first examines the processes adopted in the implementation of STDs/aids and drug abuse preventive actions, according to descriptions made by principals, teachers, and members of the school pedagogic teams. Secondly, the results of the actions implemented will be analyzed, based on the opinions of students and parents. Thirdly, the impacts of the actions will be evaluated, both on the students and on their parents.

Description of the study carried out

Regardless of the type or objective of the evaluation, it is always connected to the notion of value; for instance, the value of the qualification of the multipliers. The evaluation also has the goal of explaining the reasons for certain results and of estimating their consequences. Thus, it helps to demonstrate the purposes of the actions performed, confronting them with the opinion of those who have gone through the process and acquired new abilities, and to elucidate the ways in which they were transformed into diverse practices. On the other hand, due to the very characteristics of a great part of the actions developed, their evaluations generally require complex processes, involving a combination of different approaches and of primary and secondary data.

Keeping this in mind, in order to perform the present evaluation, four different data collecting instruments were applied in 340 schools of 14 Brazilian capitals: Manaus and Belém, in the Northern Region; Fortaleza, Recife, Maceió, and Salvador, in the Northeast; the Federal District, Goiânia, and Cuiabá, in the Midwest; Vitória, Rio de Janeiro, and São Paulo, in the Southeastern Region, and Porto Alegre and Florianópolis, in the South. The instruments used were: closed questionnaires to students, parents, and teachers; interviews in focus groups with students, parents, and teachers; individual open interviews with school principals; observation schedules of the surveyed schools.

Due to space and graphic format limitations, in the tables presented in this

evaluation, the surveyed state capital are identified by the corresponding FU acronym, although the data collecting was restricted to the state capital municipalities and to the Federal District. For a better understanding by the reader, a chart linking the FU states to their respective capitals is provided below.

Chart 1: Federated Units (FU) and Capitals included in the research

Federal Unit	Abbreviation	Capital
Goiás	GO	Goiânia
Mato Grosso	MT	Cuiabá
Amazonas	AM	Manaus
Pará	PA	Belém
Ceará	CE	Fortaleza
Pernambuco	PE	Recife
Alagoas	AL	Maceió
Bahia	BA	Salvador
Espírito Santo	ES	Vitória
Rio de Janeiro	RJ	Rio de Janeiro
São Paulo	SP	São Paulo
Santa Catarina	SC	Florianópolis
Rio Grande do Sul	RS	Porto Alegre

Thus, this evaluation comprises two complementary approaches, differing in both their results and in the strategies adopted. The extensive approach and the comprehensive approach were combined in order to allow the articulation of the respective benefits and to overcome their individual limitations. The former is aimed at determining magnitudes and is based on the representability and inferential capacity of the data, typical of survey-like researches. However, when dealing with relatively small statistical universes, known restrictions to samples of finite populations recommend that, instead of sample techniques, censuses should be carried out.

In turn, the comprehensive approach seeks to understand the content and meaning of the manifestations of social life, typical of the activities of the subjects. They interact exactly according to the meanings - whether they be individual, social, cultural etc. - attributed to the action itself and to its relations to the other ones. Thus, it tries to gather all of these elements, focusing on the perceptions, intentions, motivations, and values expressed in the agents' speech.

In this sense, besides in loco observation at schools and comprehensive individual interviews with principals, coordinators, pedagogic supervisors, and educational advisers, focus groups were an especially efficient technique with teachers, parents, and students.

In fact, focus groups have proved to be one of the main instruments for rapid assessments[1], developed to obtain quick and non-expensive in-depth information, and with a significant amount of qualitative information provided by the members of a specific group. The technique requires a random selection of members in order to control for some common denominators, such as gender, age, and institutional position, and compose groups that allow greater variety of opinions. The content saturation technique is used to define the number of groups necessary. This saturation is observed when the content of the interviews becomes repetitive and does not show new elements.

Description of the comprehensive research

As seen in Table 1, although the comprehensive approach does not require large-scale samples, the qualitative research that supports this evaluation comprises a varied set of instruments applied to a significant number of units. Moreover, it is worth emphasizing the fact that the number of informers involved is very high, since the focus groups are composed of ten people on average.

In the qualitative research, the most critical stage of the work is the analysis of information. It is carried out through the systematic handling of the participants' statements, identifying and classifying the most significant sections.

The analysis is done by means of a progressive probing into the written information, using a subgroup of data organized by issues, so that they can be regrouped into cultural categories.

In the first stage of the analysis, the data are categorized in a descriptive manner, so that, in a second step, the cultural patterns that guide the interpretation of the qualitative data can be identified. In this stage, the concerns, priorities, perceptions of the researched individual, as they were expressed, uncensored or discriminated, are demonstrated, and a comparison is done among the groups.

The categories arise from the data according to patterns and repetitions, having the cultural reference of the surveyed group as a starting point.

1. The Rapid Assessment technique is used to facilitate decisions that must be based on reality. It is a tool for the articulation of opinions, judgements, and perspectives expressed by the people involved in the problem. (World Bank, 1993)

Table 1. Qualitative Instruments, by Capitals of the Federated Units (FUs) in which the survey was carried out (absolute figures).

	Observation Focus at Schools	Individual Schedules with Principals and Education Coordinators	Teachers Interviews with Groups	Students Focus Groups	Parents Focus Groups
Federal District	26	31	3	8	2
Goiânia	35	11	3	10	2
Cuiabá	26	17	3	6	2
Manaus	27	11	1	5	2
Belém	36	10	3	8	2
Fortaleza	32	10	3	8	2
Recife	28	17	2	8	2
Maceió	31	8	3	7	2
Salvador	30	10	3	9	2
Vitória	22	18	3	8	2
Rio de Janeiro	33	12	3	7	2
São Paulo	46	9	2	8	1
Florianópolis	27	10	3	8	3
Porto Alegre	21	11	2	7	3
TOTAL	420	185	37	107	29

Source: Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*) The total of observation schedules comprises the school units of the qualitative and quantitative samples.

Starting from the research questions, their assumptions, problem areas, and key-issues for the survey, the categories arise from the main questions based on the interview guides and data.

Thus, once the information is categorized, a synthetic analysis of the results of the interviews and focus groups was done in order to reveal the main key-messages stated by the participants, as well as points of convergence and divergence, contradictory viewpoints, and dialogues among sample groups. This analysis was compared to the results of the questionnaires, hence yielding, as will be shown, coincidental and contradictory data.
Description of the extensive research

Tables 2, 2.1, and 2.2 below present the quantitative sample. Private, public, state,

Table 2. Educational Establishments in the Capitals, by Level of Education and School Administrative Instance, in 1998 (absolute figures).

	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS	TOTAL
State Schools	14	18	14	12	21	12	15	9	11	6	7	25	13	13	190
Municipal Schools	-	4	3	3	2	4	2	6	3	6	5	6	2	3	49
Private Schools	5	5	4	7	5	8	4	10	9	7	11	15	6	5	101
TOTAL	19	27	21	22	28	24	21	25	23	19	23	46	21	21	340

Source: 1998 School Census - INEP
(*) It should be noted that many of the schools, especially private and state ones, offered both levels of education.

Table 2.1 Schools Sample Distribution by Capitals, according to Administrative Instance (absolute figures):

City	Level of Education* / Administrative Instance					
	Elementary			Secondary		
	Municipal	State	Private	Municipal	State	Private
Federal District	-	496	190	-	70	70
Goiânia	149	140	176	1	85	44
Cuiabá	99	68	78	-	36	32
Manaus	192	165	160	-	70	37
Belém	54	236	155	1	59	34
Fortaleza	159	172	806	1	56	114
Recife	185	179	503	2	71	82
Maceió	47	92	157	2	17	53
Salvador	201	358	671	-	57	101
Vitória	36	18	58	-	10	27
Rio de Janeiro	956	101	1134	-	182	405
São Paulo	391	957	856	8	510	488
Florianópolis	36	48	43	-	28	10
Porto Alegre	42	235	101	2	53	52

Source: Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.

and municipal establishments were included, all of them dedicated to elementary and secondary education* during the day and night shifts.

Based on the 1998 School Census data, Table 2.1 describes the universe of educational establishments in the capitals where the survey was carried out, by levels of education offered within their administrative instances**, thus providing a better assessment of the sample.

As can be observed in Table 2.2, the questionnaires on sexuality, STDs, and aids were answered in total by 16,619 students, 4,532 parents, and 3,055 teachers in the schools selected to compose the sample.

Table 2.2 Questionnaires Answered by Students, Teachers, and Parents in the FU Capitals (absolute figures).

	DF	GO	MT	AM	PA	CE	PE	BA	AL	ES	RJ	SP	SC	RS	Total
Students	853	1263	970	1296	1610	878	1010	1568	1016	1108	993	1838	1109	1107	16619
Teachers	137	201	262	187	255	186	95	189	315	193	280	257	187	311	3055
Parents	195	294	369	303	359	299	308	313	519	373	227	339	364	270	4532

Source: Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.

Tables 3, 3.1, 4, and 5 which follow show the distribution of questionnaires answered by students, parents, and teachers in the FU capitals

Source: Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.

Sample model

The database used for the selection of this sample was the official record of INEP-MEC (the Ministry of Education Research Institute), made from the School Census. This is the most reliable database on schools, grades, and students in terms of comprehensiveness, characteristics, and precision of information.

* In Brazil, Elementary Education comprises the 1st through 8th grades, and Secondary Education comprises the 9th to 11th grades.

** According to the Ministry of Education, the schools are classified into four modalities named "administrative instance": public federal, public state, public municipal, and private schools

Table 3. Questionnaires Answered by Students in the FU Capitals, by School Administrative Instance and Study Shifts (Absolute Figures).

	State Schools	Municipal Schools	Private Schools	Day Shift	Night Shift	Junior High	High School	TOTAL
Federal District	632	--	221	750	103	553	300	853
Goiânia	852	229	182	973	290	863	400	1263
Cuiabá	527	105	338	799	171	505	465	970
Manaus	684	282	330	877	419	837	459	1296
Belém	1187	119	304	1242	368	1020	590	1610
Fortaleza	321	204	353	617	261	704	174	878
Recife	498	110	402	835	175	622	388	1010
Maceió	305	242	469	758	258	766	250	1016
Salvador	910	147	511	1261	307	977	591	1568
Vitória	300	336	472	961	147	633	475	1108
Rio de Janeiro	246	279	468	820	173	415	578	993
São Paulo	960	300	578	1506	332	1111	727	1838
Florianópolis	702	105	302	821	288	585	524	1109
Porto Alegre	582	115	410	953	154	588	519	1107
TOTAL	8706	2573	5340	13173	3446	10179	6440	16619

Source: Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.

The sample was composed of a subgroup of the regular elementary and secondary municipal, state, and private schools existing in the capital municipalities of all the states involved in the survey. Assuming that demographic density affects social phenomena, including those in the school environment, the definition of the sample size was based on the parameter of variation in school sizes, as measured by the number of students in each capital.

Thus, keeping a reliability coefficient of 95.5% and a deviation margin of 5%, this subgroup varied in each capital from a minimum of 19 schools in the Federal District and in Vitória to a maximum of 46 schools in São Paulo.

Furthermore, the sample selection took into consideration, besides the differences among the capitals, the sources of variations of the schools administrative instances. The

Table 3.1 Students Enrolled X Answered Questionnaires, by Level of Education in the FU Capitals, 2000 (absolute figures).

City	Students Enrolled X Answered Questionnaires					
	Elementary	Secondary	Total	Elementary	Secondary	Total
Federal District	385.476	131.498	516.974	553	300	853
Goiânia	221.728	75.182	296.910	863	400	1263
Cuiabá	111.117	24.870	135.987	505	465	970
Manaus	317.072	83.153	400.225	837	459	1296
Belém	237.431	94.700	332.131	1020	590	1610
Fortaleza	440.206	116.491	556.697	704	174	878
Recife	283.653	95.334	378.987	622	388	1010
Maceió	160.115	37.062	197.177	766	250	1016
Salvador	537.876	174.515	715.391	977	591	1568
Vitória	53.886	27.320	81.206	633	475	1108
Rio de Janeiro	863.547	275.065	1.138.612	415	578	993
São Paulo	1.678.252	599.261	2.277.513	1111	727	1838
Florianópolis	56.461	19.936	76.397	585	524	1109
Porto Alegre	217.432	65.744	283.176	588	519	1107

Source: 2000 School Census - INEP

sampling plan took two aspects into consideration. First, it should be comprehensive in order to subsidize decisions at the largest scope. Secondly, the results should express local characteristics, and the sample should be made up in such a way as to comprise them. Thus, the samples should be representative of each subpopulation.

The database used in the reference system does not address individual information on the students. The lowest aggregating level is the school, with its respective number of classrooms and students by grades. The school size, as measured by the number of students, was critical for the definition despite selection. Thus, the larger the school, the higher its probability of being selected.

The sample was proportionally divided among the diverse strata to assure the comprehensiveness of the results as well as their capacity of detecting specificities. In other words, each school was not studied as a whole; rather, levels of teaching, shifts, and grades

Table 4 - Questionnaires Answered by Students Parents in the FU Capitals, by School Administrative Instance (absolute figures).

	State Schools	Municipal Schools	Private Schools	TOTAL
Federal District	136	-	59	195
Goiânia	182	79	33	294
Cuiabá	240	122	7	369
Manaus	98	40	165	303
Belém	226	45	88	359
Fortaleza	136	108	55	299
Recife	137	47	124	308
Maceió	122	142	255	519
Salvador	129	49	135	313
Vitória	59	115	199	373
Rio de Janeiro	31	93	103	227
São Paulo	105	76	158	339
Florianópolis	243	12	109	364
Porto Alegre	127	36	107	270
TOTAL	1971	964	1597	4532

Source: Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.

were selected. Financial restrictions inherent to researches of this size strongly contributed to the definition of the sample size. Respecting the representation of the subpopulations, it was possible to study a great sector of the school and the total of classrooms selected with minimum or no changes in financial costs. All the students were interviewed in the classrooms included in the sample.

The selection procedure was done in three steps. In the first step, schools were randomly and thoughtfully selected. Secondly, the grades were selected according to the criteria shown below. Finally, classrooms from each grade were randomly chosen for the application of the questionnaires.

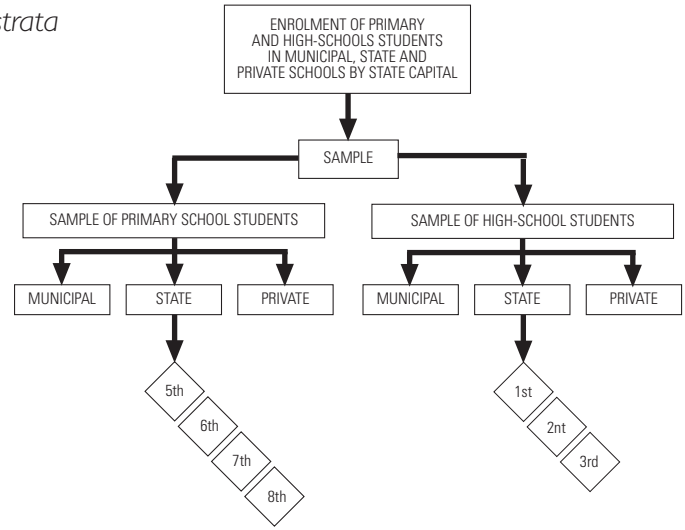
The strata were defined by the combination of Level of education and Administrative instance (municipal, state, or private). The grade corresponds to the year of study (5th to 8th grade in Elementary school, 1st to 3rd in Secondary school). Thus, there are 42 strata in each capital. Figure 1, below, shows them in a schematic diagram.

Table 5 - Questionnaires Answered by Teachers in the FU Schools, by School Administrative Instance (absolute figures).

	State Schools	Municipal Schools	Private Schools	TOTAL
Federal District	97	-	40	137
Goiânia	133	37	31	201
Cuiabá	173	43	46	262
Manaus	112	9	66	187
Belém	179	12	64	255
Fortaleza	99	58	29	186
Recife	39	24	32	95
Maceió	112	98	105	315
Salvador	105	34	50	189
Vitória	55	35	103	193
Rio de Janeiro	79	62	139	280
São Paulo	102	69	86	257
Florianópolis	130	8	49	187
Porto Alegre	131	66	114	311
TOTAL	1546	555	954	3055

Source: Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.

Figure 1: Sample strata



In the grades/classrooms selected, the questionnaires were applied according to the clinical research technique, which means they were distributed to all students so they could answer them autonomously, with no direct intervention by the researcher. All students in these grades/classrooms received questionnaires to be answered by their parents or tutors. Returning the questionnaires was not compulsory. In each school, self-applicable questionnaires were distributed to all of the members of the technical-pedagogic staff. Again, they were not required to return the questionnaires.

The data were analyzed aggregately by FU capitals. A warning should be made at this point as to the meaning of the numbers. Fortunately, part of the phenomena studied here, in particular the risky sex attitudes and the involvement with drugs, are marginal, in that they are not pattern behaviors broadly disseminated throughout society. As a result, their manifestations always tend to be expressed in small percentages. Despite being small, they are of great significance. For example, in a hypothetical universe of about 500,000 youths between 15 and 24 years old living in any Brazilian capital, such the ones studied, with approximately two million inhabitants, 2% translates into 10,000 individuals. If they carry on activities whose interactions yield a multiplying effect, then this small percentage may mean large-scale problems.

Research process

The data presented in this evaluation were obtained from a set of questions which integrate a broad questionnaire on sexuality, STDs/aids, and drug abuse, in addition to a sequence of open individual interviews, as well as focus group interviews, and an observation guide of the surveyed schools. The questions were prepared and discussed by the partner institutions. Next, they were submitted to tests in individual applications and in pilot researches carried out in schools of the Federal District. After the results of the pilot research were processed, questionnaires and guides were reformulated as necessary. A protocol comprising all the documents and instruments of the research was submitted to and approved by the UNESCO Ethics Committee.

The capitals that were part of the research were selected in accordance with the National Coordination of STDs/Aids team.

After the instruments were reproduced, the researchers qualified the teams in charge of the data collecting in each of the capitals to accomplish the field work. The training of the teams, carried out between April and June 2000, lasted on average three days, comprising theoretical and practical contents, especially in regard to the in loco observation of schools, to the accomplishment of interviews and of focus groups. Special emphasis was given to the compliance with the ethical principles of the research, notably the confidentiality of the responses.

After the data were returned by the local teams – in the form of completed questionnaires and recorded interview tapes – they were compared to sample maps and verified. Next, the questionnaires were submitted to electronic processing using the SPSS software, in order to conduct data consistency tests. In turn, the recorded tapes were transcribed into texts for analysis.

Report structure

In addition to this introduction, this report is composed of four chapters, followed by the conclusions. In the first chapter, a brief discussion of the concepts that guide the prevention of STDs/aids and drug abuse is presented, followed by a short description of the National Policy for STDs/Aids and the Brazilian Program for STDs/Aids, upon which the preventive activities are based, under the agreement between the Brazilian government and the World Bank, named Aids-I (1994-1998) and, later, Aids-II (1999-2002). The following chapter consists of: a process evaluation focusing on the partnerships established for the execution of the actions, the qualification activities, the activities offered to students and their parents, as reported by members of the faculty and by the schools technical and administrative bodies, and the human and material resources used for that goal. In the third chapter a result evaluation is presented. The direct beneficiaries of this process, parents and students, describe the activities developed and express their opinions on them. Finally, the fourth and final chapter presents an impact evaluation of the activities, which focuses especially on the students.

As can be noted throughout the study, a great number of actions was accomplished in the capitals where the study was carried out comprising a broad spectrum of activities. These brought important impacts to the information of most teachers and to the attitude

and behavior of most students and their parents regarding STDs/aids and drug abuse.

Including those who are not yet sexually active, in general, the actions carried out show a positive preventive effect on the behavior of those who are already sexually active, thus affecting their vulnerability to STDs/aids.

Those who are sexually active represent a significant sector of the student population, varying from 31% to 50%, depending on the capital. Among them, preventive actions have had decisive repercussions: on the attitudes towards the use of condoms, on their effective utilization, on the restriction of sexual partners, on the restriction to sexual relationships with prostitutes, and on the sharing of syringes during drug abuse, among others.

Among the parents, the actions produced relevant effects on the attitudes towards conversations about STDs/aids with their children, which include recommendations about the use of condoms, and on how they should be distributed to students in schools. In short, the actions carried out made a difference on both youths and their parents.

On the other hand, it can also be observed that there is a vast gap to be fulfilled with federal, state, and municipal initiatives, in order to better inform teachers, parents, and students. A reduction of the vulnerability of school youths to STDs/aids and drug abuse is also necessary. Despite the existence of these gaps, they do not hinder the study. Rather, they represent new challenges to be faced.

As a rule, only valid answers were submitted to analysis. Except for those cases in which the information could be relevant, non-answers were not included. For this reason, a significant variation can be observed in the absolute figure (N) of several variables. Thus, it is worth pointing out the fact that in these cases the absolute figure (N) is quite reduced, deserving special care as to inferences, since diverse information refers to non-generalized manifestation phenomena (such as the abuse of illicit drugs). On the other hand, two additional precautions should be considered in the reading of the multiple choice answers. First, in some cases, the absolute figure refers to the total of answers and not to the total of people answering, which often makes the absolute figure (N) much higher than that of those answering[2]. Secondly, there are several multiple choice questions that accept only two possibilities: either they are marked, meaning YES; or they are not, meaning NO. In these cases, there are no invalid answers. Therefore, the absolute figure (N) will always be the same in many Tables. The data are analyzed in aggregate by the FU capitals.

2. In all the tables the absolute figure is within parenthesis.

1 THE NATIONAL POLICY AND THE BRAZILIAN STDS/AIDS PREVENTIVE PROGRAM

1.1. Conceptual References

The term vulnerability has its origins in the debate on human rights indicating the political and/or judicial frailty of individuals due to failures in the guarantee of their citizenship rights[3]. This concept is rightfully placed in the debate on the aids epidemic from the 1990s on, ushering in a new perspective on how to deal with the problem in a more just and efficient manner.

The two main concepts that preceded the aforementioned term were respectively risk group and risk behavior. The first arose as soon as the HIV virus was detected in the United States and France. In fact, the concept of risk factor, the analytical category initially adopted by scientists in trying to establish regular associations and carry out probability studies on the disease, evolved into risk group[4]. This concept generated a series of negative consequences at the social level as well as in public policies. In the latter case, prevention policies were restricted to groups considered of risk and proved to be a mistake, even from the epidemiological point of view. At the social level, as a consequence of health policies, two of the most negative effects were the prejudice toward groups in which the disease had first appeared and their subsequent stigmatization.

Only by 1985 did the term risk group begin to be reviewed. By that time, aids had begun to spread globally, affecting not only risk groups, but people from different backgrounds which included ethnic groups and sexual orientations. In particular, social movements such as the homosexual one became more active. Then came the concept of risky behaviors, which demystified the stigma on previously segregated minorities and gave more importance to individual behavior. Concern with prevention became universal and stimulated active involvement by individuals.

Nonetheless, a very limited perspective on how individuals could get infected by the virus still prevailed. The thought at the time was that if there were a risky behavior, then there were other behaviors to avoid contamination, and the choice was in the hands of the individual. The spreading of the epidemic in the late 1980s and throughout the 1990s

3. ALVES, J. A. L., apud AYRES, J.R. de C.; CALAZANS, G.J. & FRANÇA Júnior, I.. Vulnerabilidade do adolescente ao HIV/Aids. In: Vieira, E.; Fernandes, M.E.L.; Bailey, P. & McKay, A (org.). Seminário Gravidez na Adolescência, 1999. P. 97.
4. AYRES, J. R. de C.; CALAZANS, G. J. & FRANÇA Júnior, I.. Vulnerabilidade do adolescente ao HIV/Aids. In: Vieira, E.; Fernandes, M.E.L.; Bailey, P. & McKay, A (org.). Seminário Gravidez na Adolescência, 1999. P. 98.

and its expansion in less developed countries led to the questioning of that assumption.

The importance of the vulnerability idea lies in the recognition that contamination by the HIV virus does not depend only on information or on the individual's attitude, but on a series of structural factors that affect individuals regardless of their will. In addition to that are collective factors, among which the inequality of economic, political, cultural, and judicial conditions that affect the vulnerability to HIV virus infection and the development of aids[5]. Thus, the collective responsibility to fight the epidemic is increased.

Mann (1992) proposes a scheme in which vulnerability is composed of three factors: individual behavior, social context, and the institutional component (national/regional preventive programs). The efficiency of an aids preventive program depends on the interaction between these three components[6]. The first factor includes each individual's personal attributes, the quantity and quality of information available to him/her, and the degree to which it is incorporated into daily life. For instance, among youths a few vulnerability behavioral factors can be identified: sensation/conviction of being invulnerable, tendency for experimentation and transgression, difficulty in making decisions, lack of a well defined identity, anxiety, ambiguity, conflict between reason and feeling, and the disintegration of the family, among others[7].

The social component includes access to means of communication, education, material and cultural resources, capacity to affect political decisions and in general diverse structural components such as human rights, quality of life, and effective exercise of citizenship. This is one of the factors that vary most from one country to another and that which the concept of vulnerability has drawn attention to. Among youths the following social vulnerability factors can be identified: fashion, susceptibility to peer pressure, need for group assertion, economic status, low citizenship awareness, and lack of solidarity[8].

Finally the institutional component is represented by the accomplishment of national, regional and even international prevention policies and programs. In other words it expresses the initiatives of governmental institutions in order to make individuals stronger in face of the epidemic. This also varies in several countries and regions throughout the world according to their development level and mainly according to their specific resources. Among the institutional vulnerability factors the following can be mentioned: low organizational capacity, expression, and political representation, low institutional qualification of the agencies in charge of health and education services[9].

5. AYRES et alii. Op. Cit, 100.
6. MANN, J., TARANTOLA, D. J. M & NETTERS, T. W. (Ed.). Aids in the World: a global report. Cambridge, Massachusetts: Harvard University Press, 1992, p. 580.
7. AYRES, J. R. de C.M. O Jovem que Buscamos e o Encontro que Queremos Ser: a vulnerabilidade como eixo de avaliação de ações preventivas do abuso de drogas, DSTs e AIDS entre crianças e adolescentes. In: TOZZI, D. et al. (org.) Papel da Educação na Ação Preventiva ao Abuso de Drogas e às DSTs/AIDS. São Paulo: Fundação para o Desenvolvimento da Educação, 1996, p. 15-24.
8. A AYRES, J. R. de C. M. Op. Cit, p. 15-24, 1996.
9. Ditto, Op. Cit., p. 15-24.

1.2. The National Policy and the Brazilian Program for STDs/Aids

The combination of social exclusion with the difficulties of the health sector in Brazil (scarcity of resources to pay for the costs of services, lack of qualified human resources, among others) requires a new definition for the epidemic and new alternatives to face its expansion. For that purpose a loan agreement was signed between the Brazilian government and the World Bank named Aids-I (1994-1998). This agreement made possible the consolidation of the Brazilian Program for STDs/Aids and the development of several actions. In 1998 it was renewed and consolidated in the Project Aids-II (1998-2002). The new challenge featuring this agreement lies in cooperation, in how to integrate and articulate actions and institutionally strengthen different managers in order to assure sustainability to the plan and guarantee the continuity of the actions.

It is worth mentioning that in addition to the Program for STDs and aids, the Brazilian government has engaged in horizontally-based bilateral and multilateral cooperation processes. Aids cannot be limited by frontiers, especially among developing countries, where the epidemic tends to be widely spread. Thus, Brazil maintains cooperation agreements within the scopes of the Mercosul, Latin America, and the Caribbean, with Portuguese and English speaking African countries, with North America, Japan, and Europe.

These agreements are part of the National Policy for STDs/Aids, which has three main goals: (1) to reduce the incidence of HIV virus/aids and other STDs infection rates; (2) to expand the access to and improve the quality of diagnoses, treatment, and assistance regarding the HIV virus/aids; and (3) to strengthen public and private institutions responsible for STDs/aids control[10].

These goals are the basis of the guidelines and strategies of the Brazilian Program for STDs/Aids and its components, which are respectively (1) promotion, protection, and prevention, (2) diagnosis and assistance, and (3) institutional development and management.

1.2.1. Preventive Actions against STDs/Aids and Drug Abuse at Schools

Within the scope of Aids-I (1994-1998) the National Coordination of STDs/Aids of the Ministry of Health developed, among others, activities directed to children and youths in two major lines: activities with boys and girls outside school (living in the streets or working) and activities directed to children and youths at school[11].

10. Política Nacional de DST/Aids Princípio, Diretrizes e Estratégias / Coordenação Nacional de DST e Aids. 1. Ed. Brasília: Ministério da Saúde, 1999, p. 13.
11. Based on the document Ações Realizadas com Crianças e Adolescentes Escolarizados, 1994-1998, of the Ministry of Health/SPS/National Coordination of STDs/Aids, Subcomponent Crianças e Adolescentes and on an interview with Suely Andrade from the National Coordination of STDs/Aids, Brasilia, 23/03/2001.

In specific regard to children and youths at school, qualification activities were developed with multipliers through three different proposals: a) qualification of teachers through distance training; b) qualification of young multipliers; and c) qualification of teachers and students; the two latter through in loco education.

The actions being developed within the scope of Aids-II (1999-2002) have been complying with the aforementioned guidelines. However, during this second phase they have been leaning toward decentralization and institutionalization, since the present activities are more directly related to the agreements made between the National Coordination and the State Secretariats of Education and Health, and partnerships also involving municipal instances and civil society agents have been established.

1.2.2. The Conception and Development of Preventive Actions

According to the principles that guide health policies in Brazil, special emphasis must be given to the decentralization of actions. This decentralization requires new approaches of the relations between federal, state, and municipal levels, and also new inter-institutional perspectives and new patterns of relationship between public institutions and society. These conceptions are the basis for the implementation of preventive actions against STDs/aids/drug abuse in the school environment, as reported by a member of the National Coordination of STDs/Aids in an interview with the research team.

In the first stage the decentralization process involves the establishment of inter-institutional partnerships between the Ministry of Health, through the Secretariat of Health Policies and the National Coordination of STDs/Aids, and the Ministry of Education and Sports, through the Long Distance Education Secretariat.

Further these actions shall evolve into an inter-institutional decentralization at the state instance levels. An example of this is the Projeto Escola (Project School), an agreement between the NC-STDs/Aids with the State Secretariats of Health and Education. However, this is only one of the actions developed in the field of prevention of STDs/aids and drug abuse. There are many others that are often cross-referenced.

The Projeto Escola is specifically oriented to public state schools. Although the agreements do not contemplate private schools, they end up receiving some support and developing preventive actions, possibly through partnerships with NGOs or other Third Sector institutions.

In general terms the institutional arrangement of the Projeto Escola can be described this way: they are partnerships for year-long projects. Each partnership involves only one project, and only one partnership by state is allowed. Its coordination is necessarily incumbent on the State Secretariat of Education, the state instance that autonomously manages financial resources in the average value of R$ 30,000.00. In addition to this value each state receives graphic and audio-visual materials. The states have autonomy to select the project that will be carried out by the partnership, which schools will be included, and also the goals to be achieved. In general the two State Secretariats of Health and Education establish the goals and select the schools jointly according to epidemiological data. The municipalities participate in the process, but they are not included in the management of the partnership. They can only have their schools included, receive materials etc. The National Coordination of STDs/Aids apparently plays an important role in this arrangement, not only by stimulating partnerships, but also in trying to articulate the actions and following up the projects.

However it can be observed that there are gaps in the institutionalization of the Project and in the control of preventive actions. On the one hand, there is no effective control of the teacher's actions at any instance. Beyond that, the relation between the teacher and the distribution/control of the material to be used in the preventive actions seems very frail. Firstly, the state instances also have great autonomy in this area; there are several types of material and there are differences between the states regarding the mobilization and the capacity to produce and/or reproduce materials. Secondly, there are basic operational problems in the distribution of the material. Thirdly, there is apparently great need for materials in the schools and among education professionals, but there is no way of guaranteeing the effective use of those materials.

It must be considered that the lack of organization observed in the preventive actions is mainly a result of the decentralization process itself. As it was conducted in Brazil there were a lot of miscarriages due to resistances imposed by a history of excessive centralization. In other words there is no tradition of decentralized public policies in Brazil; quite the opposite. This makes decentralization initiatives dispersed and unfeasible, as well as the control over the goals, the selection of activities, the beneficiaries, the production and use of the material etc. Thus, the very consolidation and institutionalization of public policies, programs, and projects, as well as their respective results and impacts are affected.

2 PROCESS EVALUATION

This chapter presents an evaluation of the processes adopted in the implementation of preventive actions against STDs/aids and drug abuse at elementary and secondary schools[12] of the capitals where the research was carried out.

Process is understood as the set of procedures, means, and instruments used to achieve the intended objectives and goals. In this case, the process evaluation will be based on the quantitative and qualitative information provided by those in the school responsible for the delivery of preventive actions.

Aspects will be approached pertaining to different institutional arrangements that define local level partnerships, the qualification of those in charge of the actions, the activities offered, and the material used.

2.1. The Development of Actions at Schools

According to the opinion expressed by a member of the National Coordination of STDs/Aids, the school is seen as a privileged place for the exchange of information on issues such as sexuality, sexual health, and drugs also by teachers and principals: *Every program in this direction is welcomed at the school, provided it is monitored. There is no denying that education is the way out to all kinds of solutions.* (Interview with the principal of a public school in Florianópolis, SC)

According to some principals, the debate on sexuality is part of the life of young people and it is one of the issues that attract them most: *It is precisely the content the student is most attracted to, because it deals directly with his/her life. When the issue is approached, the interest is much higher, because they want such knowledge, they are initiating.* (Interview with the deputy principal of a public school in the Federal District)

In the opinion of another principal, all the spaces should be used, because although youths already know the issue and know that it is serious, that they have to be careful, they

12. To this end, quantitative data has been used from 3,055 questionnaires answered by teachers, as well as qualitative data obtained from observation schedules at 420 schools, from 185 individual interviews with principals and education coordinators, and 37 focus groups with teachers, besides 29 focus groups with parents.

deal with it in great disregard. Intensive work may seem saturated, but these are issues that must be intensely discussed.

Some principals emphasize the importance of the activities, because they always bring novelty and contribute to the breaking of taboos established by generation gaps: *It would be good if we could bring students and parents together to attend a lecture about something they still think is a taboo.* (Interview with the principal of a private school in Cuiabá, MT)

However, some professionals interviewed claim there is no regular program within their schools. In fact, confirming the data from the Survey Report on the Projetos Escola (NC-STDs/Aids) discussed in the previous chapter, Table 6 shows significant variations among the capitals regarding the accomplishment of actions within the schools. Thus, it can be noticed that Recife, Maceió, and Belém were the capitals in which the lowest percentage of teachers reported having developed in 1999 activities related to sexuality and preventive measures against STDs/aids and drug abuse (47%, 59%, and 60%, respectively)

Table 6 – Teachers, by FUs capitals, according to the development, by the school (in 1999), of prevention activities with students on sexuality and STDs/Aids and drug abuse, 2000(%)

Did the school develop activities? (*)	DF	GO	MT	AM	PA	CE	PE	BA	AL	ES	RJ	SP	SC	RS
Yes	83	81	74	69	60	62	47	74	59	78	66	81	82	68
No	17	19	26	21	40	38	53	26	41	22	34	19	18	32
TOTAL	100 (108)	100 (161)	100 (160)	100 (130)	100 (194)	100 (155)	100 (122)	100 (150)	100 (223)	100 (162)	100 (227)	100 (184)	100 (126)	100 (237)

Source: Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*) Teachers were asked: Is the school developing, or has developed in 1999, any work with students on sexuality and prevention of STDs/Aids and drug abuse?

While in some schools preventive measures had already been consolidated to the point of being acknowledged by the community, in others they had not even been initiated: *There is a program called health program that will be developed in the school. It will be a periodic follow-up work only to deal with these problems: teenage pregnancy, aids, STDs.* (Interview with the principal of a state school in Rio de Janeiro, RJ)

The main reason[13] given by teachers for not developing preventive actions against STDs/aids/drug abuse in the schools where they work is the lack of didactic material on the issues. Secondly, comes the lack of qualified teachers, mainly indicated in Cuiabá, Porto Alegre, Recife, and Maceió. Thirdly, teachers report that the problem has to do with the lack of institutionalization mentioned in chapter 1 of this work. They claim that the state

and municipal Secretariats of Education have not included the issues in their political-pedagogic projects. The most significant percentages of this nature are seen in Manaus, Belém, and Salvador.

Table 7 data show that Recife, Porto Alegre, Belém, and Rio de Janeiro were the capitals where the lowest percentages of teachers stated that the issues STDs/aids and drug abuse were included in the schools political-pedagogic project (44%, 56%, 60%, and 61%, respectively).

Table 7 – Teachers, by FU capitals, according to the treatment given by the school to the themes STDs/Aids and drugs, 2000 (%).

	DF	GO	MT	AM	PA	CE	PE	BA	AL	ES	RJ	SP	SC	RS
The themes STDs/Aids and drugs are part of the political-pedagogic project of the school (*)	71	85	80	71	60	64	44	66	66	73	61	75	75	56
TOTAL (N)	(108)	(163)	(178)	(136)	(188)	(159)	(106)	(152)	(219)	(158)	(215)	(200)	(126)	(240)
The school treats the themes as transversal subjects (**)	69	69	70	82	61	59	47	67	56	76	62	82	58	50
The school treats the themes in a punctual manner, occasionally (**)	31	31	30	18	39	41	53	33	44	25	38	18	42	50
TOTAL	100 (104)	100 (156)	100 (171)	100 (123)	100 (173)	100 (150)	100 (88)	100 (138)	100 (192)	100 (151)	100 (193)	100 (212)	100 (123)	100 (225)

Source: Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Teachers were asked: Is the school developing, or has developed in 1999, any work with students on sexuality and prevention of STDs/Aids and drug abuse?

These percentages tend to coincide with data related to the adoption of the inter-relative perspective in dealing with the issues (Table 7). The lowest percentages were found in Recife (47%) and Porto Alegre (50%).

2.2. Partnerships

An analysis of the partnerships established for the development of preventive actions against STDs/aids and drug abuse reveals a frailty: those partnerships established with public institutions and military or police corporations tend to predominate, whereas others originated from civil society, especially with the school community, are less effective

(Table 8). It is worth pointing out that the indications of students' parents, parent-teacher associations (PTAs), and community leaderships/associations as a whole rarely exceed 1/3. On the other hand, the relative importance of references to religious institutions is outstanding.

Table 8 – Teachers, by FU capitals, according to school partners for the development of prevention activities against STDs/Aids and drug abuse, 2000* (%).

Partners	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
Public institutions	38	38	44	35	31	33	37	38	31	36	34	24	31	23
Police or military entities	32	23	14	14	7	2	15	27	14	21	7	19	27	8
Religious institutions	19	18	19	24	15	10	9	14	9	22	13	8	8	8
NGOs	14	8	10	9	11	5	16	3	11	11	13	10	9	9
Students parents	12	12	15	19	11	8	17	16	11	19	20	9	12	9
Parent-Teacher Association (PTA)	4	7	17	13	3	8	4	2	5	9	8	7	12	7
Community associations / leaderships	6	7	11	5	7	5	7	5	5	7	7	5	6	8
Others	19	27	14	15	17	15	24	14	17	23	29	11	11	10
TOTAL (N)	(119)	(170)	(146)	(136)	(177)	(127)	(76)	(154)	(150)	(155)	(152)	(222)	(164)	(231)

Source: Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Only affirmative answers to the question: Are the themes STDs/Aids and drugs part of the political-pedagogic project of the school? N corresponds to the total number of valid answers.
(**)Teachers were asked: How does the school usually treat the themes STDs/Aids and drugs?

However, there are variations among capitals and diverse types of schools. Although parents are cited as partners by a small number of teachers, in the private schools of Goiânia this percentage is 29%. This percentage is much greater than the average in other cities (12%) and that of public schools, which is only 9%. In Vitória 25% of the private schools indicated parents as being their partners, and in Rio, 28%. In Fortaleza, community leaderships and PTAs did not participate in the activities in almost all the private schools. And in the public ones the percentages of teachers who indicated partnerships with these agents were 10% and 6%, respectively. In Florianópolis, 43% of the private school teachers indicated that the police and military corporations acted as partners; almost the same percentage as in public entities (45%).

In interviews with principals and in the focus groups with teachers, partnerships between schools and several institutions appear to have three main functions: (a) the

promotion of activities; (b) the qualification of professionals in the educational area, and (c) the distribution of material related to STDs/aids. According to the principals the main partners of the schools are the State Secretariats of Health and Education, different NGOs, universities, colleges, education centers, and other public institutions.

The State Secretariats of Health and Education are present in the partnerships in all the capitals where the study was carried out, but not in all of the schools surveyed. These partnerships provide qualified personnel, such as doctors and nurses, and sometimes establish permanent teams in the school and provide material.

Other constantly mentioned partners are higher education institutions (HEIs), whether private or public, that refer medical students to give lectures and provide information to the schools. In some cases, these students go to other cities to give lectures. This kind of partnership is not focused only on the unilateral interest of the school, but also fulfills the need of the HEIs to qualify their students: The school is also a learning field for medical students. They do sensitization work on STDs/aids. It's been at least 4 or 5 years since the school has been a place for lectures and slide shows. (Teacher focus group in a public state school in Goiânia, GO).

The National Council of Drugs (CONEN), the Hospital das Clínicas, The Resistance to Drugs and Violence Educational Program (PROERD), and the Military Police are also indicated as school partners:

We have a partnership with doctors from the Hospital das Clínicas. This is being done for some time already. But it has not gotten to the point where we'd like it to, because the proposal is to qualify monitors. (Interview with the principal of a public state school in São Paulo, SP).

Other entities such as the Army and the Federal Police were mentioned in some schools, although they are more directed to the prevention of drug abuse: The Army gives us a lot of support in this sense. They provide us with very good material. They teach and explain. We have lots of good things, really. (Interview with the principal of a private school in Florianópolis, SC)

When the partnership involves the qualification of teachers, the quantitative data (Table 9) show a great diversity of situations. The most frequent one is the qualification done by public health institutions. Next come universities and private health institutions. There are great differences among the cities regarding the importance of public health

Table 9 – Teachers, by FU capitals, according to institutions that offered qualification courses on prevention against STDs/Aids and drug abuse, 2000* (%)

Institution	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
Public health institution (state or municipal)	49	28	51	36	55	70	65	56	53	49	34	62	60	47
University	19	34	19	24	16	4	27	23	12	21	19	17	22	23
Private health institution (hospital, etc.)	14	17	11	12	14	13	8	6	15	13	23	6	11	28
Religious institution	-	12	12	15	6	9	4	6	3	13	2	4	2	11
NGO	8	8	10	-	4	4	4	-	15	3	28	10	5	8
TOTAL (N)	(37)	(50)	(79)	(33)	(49)	(56)	(26)	(78)	(34)	(21)	(53)	(52)	(63)	(64)

Source: Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*) Only affirmative answers to each alternative in the question: Which agent/institution participated or collaborated in the development of prevention activities against STDs/Aids and drugs (Mark each one that participate(d))?. N corresponds to the total number of valid answers.

institutes in the effort to qualify teachers for the prevention of STDs/aids and drug abuse. With the exceptions of Rio de Janeiro, Salvador, São Paulo, and Cuiabá, the NGOs' participation is not significant in this task, being surpassed even by that of religious institutions.

Several discrepancies relevant to the present survey were found when comparing data by capitals with data separated by school administrative instance in each of the cities. In Fortaleza, Recife, and Porto Alegre it was possible to observe greater involvement, in terms of qualification, by public health institutions in public schools than in private ones.

As regards the offer of courses by public HEIs, discrepancies were found in Cuiabá, Belém, and mainly in Recife. In the first two cities, the HEIs were said to offer courses to 20% of public schools. These percentages were responsible for the averages obtained in these capitals (19% and 16%, respectively). It is convenient to inform that the support of the HEIs to private schools was very low in Cuiabá and Belém. In Recife, not only did the opposite occur, but a great disparity was noticed in the percentages obtained: the HEIs were said to offer courses by 75% of private school teachers and by only 18% of those of public schools.

Regarding the offer of courses by private health institutions, discrepancies are pointed out in Maceió, Fortaleza, and Cuiabá. In Maceió, the average obtained (6%) is very reduced if compared to the percentage obtained in public schools: such institutions were

indicated as offering courses by only 4% in these schools against 13% in private schools. In Fortaleza, private health institutions seemed to be more concerned with private schools. These institutions were said to have offered courses by 36% of private school teachers (a higher percentage than the average [13%] in this and other capitals) and by only 7% of public school teachers. It is clearly a relevant disparity. Finally in Cuiabá while 12% of the public school teachers indicated the offer of courses by these institutions, there was no similar statement in private schools.

There are also religious entities that develop initiatives within private schools. In four capitals, disparities were found in percentages related to religious entities. In Manaus and Salvador, they offered courses to 27% (Manaus) and 10% (Salvador) of private school teachers, against 0% (Manaus) and 10% (Salvador) to public school teachers. On the other hand, in Goiânia and Cuiabá, religious entities showed greater concern with the qualification of public school teachers: the total results of both capitals (12%) are originated solely from the rates of the latter (14% Goiânia and 12% Cuiabá).

Finally, regarding the offer of courses by NGOs, disparities were observed in four FU capitals: Florianópolis, Goiânia, Cuiabá, and the Federal District. In the last three ones, NGOs offered courses to 12% (DF), 10% (GO), and 11% (MT) of public school teachers, leaving private schools out. In Florianópolis, the opposite occurred. NGOs offered courses to 12% of private school teachers and to only 2% of teachers in public ones. While in some schools long-term partnerships with NGOs were consolidated, in others they were not, and were limited to a short term.

Among NGOs, it is necessary to highlight the role of GAPA (the Aids Support and Prevention Group), which acts in several cities and schools in Brazil, and has the goal of qualifying teachers and making pedagogic material available for the activities developed: *We have some lecturers who sometimes come here and develop activities. GAPA has done it... I think it is necessary, although many times parents may not like it, because the subject is made clear in the youths language.* (Interview with the deputy principal of a public state school in Porto Alegre, RS)

Another NGO that was mentioned in the statements was the GTPOS (the Work and Research Group on Sexual Orientation). Others NGOs are also mentioned such as Saúde e Vida (Health and Life), in Salvador, and the Casa de Passagem (Passage House), in Recife. In some interviews there have been several mentions to partnerships with NGOs,

although none of them was identified.

There is greater follow-up by the State Secretariats of Health and Education in some capitals. They periodically go to schools to deal with STDs/aids issues. In Fortaleza there was greater articulation between the diverse government branches, a possible explanation for the outstanding position of preventive actions in that capital. The project Escola Viva (Live School) is a partnership between the State Secretariats of Education, Culture, Social Action, and Health, implemented by the Secretariat of Education.

Through the statements of principals and teachers of the schools, including those in the same city, it could be observed that the schools present different processes. There are schools that are granted official projects and/or partnerships. Others, even in lack of support, manage to develop activities due to the efforts of their community. And finally there are schools that are unaware of any kind of the surveyed actions.

In regard to private schools, the establishment of partnerships is an important part in the conception of projects related to sexuality and STDs/aids prevention, since they all claim they are not included in an official government program. The partnerships between private schools and several institutions are not established on the same level as those with public schools. In some cases principals complained of the lack of support:...*we ourselves and God.*

2.3. Qualification

As to the function of the partnerships, the qualification activity is most mentioned in the interviews with principals. Some of these partnerships have the sole function of qualifying teachers and principals in order to generate a multiplying effect and reach other professionals and mainly students:

> *We have a group here called Elo da Vida (Link to Life) that is linked to the Secretariat of Health. Through this group we also qualified professionals directly involved in the area to refer people like drug abusers to places where they can have better treatment.*
>
> (Interview with principal of a public state school in Fortaleza, CE)

As regards qualification, there are cases of schools that work with well-structured and organized projects aimed at preparing their faculty. It is the case of Fortaleza, where there is a group of 18 schools that participate in qualification activities and promote meetings of teachers:

There are five schools in the nucleus. Next week a week-long qualification course will be held, expanding the group to 18 schools. These will also become nuclei for the pre vention of STDs/aids/drug abuse. The entire qualification course will happen in the school. We will carry out a selection and indicate the schools with greater need to be included in the group.

(Interview with the principal of a public state school in Fortaleza, CE)

The existence of projects structured to provide qualification to educators and multiplying agents among students was also observed in other cities: in the Federal District, program Cuidar (To Care); in Rio de Janeiro, projects Amor à Vida (Love to Life) and Elo da Vida; in Vitória, the PREPAVI, and in Manaus, project Adolescer (Growing Older).

Nonetheless, according to information provided by part of the teachers, qualification activities related to STDs/aids and drug abuse are still very incipient. As seen in Table 10, only a small portion of them has gotten some kind of qualification for this goal. The highest percentages were found in Florianópolis, Vitória, Fortaleza, and Cuiabá, with almost 1/3 of the teachers having had some kind of qualification. In the individual interviews, many of the principals state that neither them, nor the teachers have had any qualification on the issue: *To work directly with this question, no. No courses paid by them or by the Secretariat.* (Interview with the director of a public state school in Cuiabá, MT)

Table 10 –Teachers, by FU capitals, according to the participation in qualification courses on prevention of STDs/Aids and drug abuse, , 2000* (%).

	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
Have taken at least one course	27	25	30	19	19	30	17	24	18	33	19	20	34	21
Have not taken any course	73	75	70	81	81	70	83	76	82	67	81	80	66	79
TOTAL	100 (137)	100 (201)	100 (262)	100 (177)	100 (255)	100 (186)	100 (149)	100 (315)	100 (189)	100 (193)	100 (280)	100 (257)	100 (187)	100 (311)

Source: Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Only affirmative answers to each alternative in the question: Who offered this qualification course? N corresponds to the total number of valid answers.

Some schools invite specialized professionals to provide teachers with further information to try and make up for the lack of qualification: There's a qualified person who comes here to do the qualification of the teachers. (Interview with the principal of a municipal school in Recife, PE)

It is worth pointing out situations in which, although there was no qualification from extra-school institutions, the school itself took the initiative of providing information to the

faculty, though not in a course format: *Most schools worry about it, but this is an initiative of the school itself, although there are meetings promoted by the secretariats and the local coordination. There is no qualification on STDs, aids, or drugs.*(Interview with the principal of a state school in Recife, PE)

In a private school in Rio de Janeiro, it can be clearly observed that the initiative to participate in a qualification course is taken by the teachers and principals themselves: *All of the work is being generated by the school direction itself, by those in charge of the school. It was all done by the people here.* (Interview with the principal of a private school in Rio de Janeiro, RJ)

This is not restricted to private schools. Several statements obtained in public schools reinforced this perception when stating that information on the prevention against STDs/aids and drug abuse are obtained due to each person's individual interest through alternatives such as the internet, newspapers, and external activities to the work environment:

> *The school organizes it, does it, and looks for it. For instance, when I know that there's any activity at the SESC (the social service for commerce workers), at their library, we go for it. Even here, there's the community, there's the Palm Sunday week, which some times brings works on sexuality. And every time I try to participate.*
>
> (Interview with the principal of a municipal school in Rio de Janeiro, RJ)

The courses mentioned are related to STDs/aids and drugs. As seen in Table 11, among the teachers who took qualification/formation courses to perform the activities herein focused the most common were the courses in both areas, especially in Cuiabá, Fortaleza, Maceió, Salvador, Vitória, Florianópolis, and Porto Alegre.

Many of the teachers have gone through some kind of training, mainly through lectures that often did not include all of the teachers in the school: *We had a course here given by the municipal secretariat. We had lectures and slide shows. I don't think it qualified 80% (of the teachers), but it was possible for us to pass on the information.* (Interview with the principal of a state school in Fortaleza, CE)

In fact, as seen in Table 12, in most cases the courses were offered to some teachers, not to all of them. Despite being a strategy for qualifying multipliers, this point deserves careful attention due to the shifting of teachers and to the need to focus on these issues from a transversal perspective.

The interviews indicate that the qualification is directed basically to science teachers,

Table 11- Teachers, by FU capitals, according to qualification courses taken for the prevention of STDs/Aids and drug abuse, 2000* (%)

Areas	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
STDs/Aids	35	36	39	27	29	46	39	13	32	24	51	35	14	23
Drugs	32	28	18	39	41	11	31	41	21	32	9	27	37	27
Both areas	32	36	43	33	31	43	31	45	47	44	40	39	49	50
TOTAL	100 (37)	100 (50)	100 (79)	100 (33)	100 (49)	100 (56)	100 (26)	100 (76)	100 (34)	100 (63)	100 (53)	100 (52)	100 (63)	100 (64)

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Teachers were asked: Have you taken any specific course to act in the prevention of STDs/Aids and drug abuse at school?

Table 12 –Teachers, by FU capitals, according to participation in the qualification course for the prevention of STDs/Aids and drug abuse, 2000* (%).

The course was offered to	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
All of the teachers	24	26	24	6	12	14	23	21	18	33	36	25	30	25
Some of the teachers	54	54	56	61	59	54	54	41	62	29	40	64	44	45
Principals, supervisors, advisors, coordinators	14	18	8	15	12	34	12	30	9	33	17	7	14	19
TOTAL (N)	(37)	(50)	(79)	(33)	(49)	(56)	(26)	(78)	(34)	(63)	(53)	(52)	(63)	(64)

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Teachers were asked: Have you taken any specific course to act in the prevention of STDs/Aids and drug abuse at school? The answer alternatives correspond to the categories listed in the table, and those where none were marked were considered negative answers.

due to the pertinence of the issue to their professional area:

> *The city hall gave a course to science teachers; an excellent package course on aids and alcoholism. It was very positive, because they returned full of ideas. They were multipliers inside the school. And we have done excellent sensitization activities since then.* (Interview with the principal of a municipal school in Vitória, ES)

The reduced participation of principals and pedagogic staff of the schools must also be mentioned. This seems to be another aspect deserving consideration due to their central role when it comes to embracing public policies, programs, and projects in the schools under their administration. The interviews show that even when there was qualification, several times they did not participate in it, leaving it to the teachers: *No, because I was acting as principal, a management position. But the people who were directly involved in the project went through qualification for several weeks.* (Interview with the deputy principal of a public school in the Federal District)

Some principals feel unprepared to debate on issues related to STDs/aids with the

academic background acquired in the university. Those issues were not part of the curricula.

One of the consequences of the low participation of principals in the qualification processes is the existence of a certain perplexity and many doubts as to how to treat children with aids studying at the school. The next statement shows a principal talking about real past situations:

Chart 2: Then, what do we know?

(Interview with the principal of a municipal school in Porto Alegre, RS).

No, we did not have qualification, but we know we have students with aids. This is a flaw in the system, because the students are here. There are students we know about and those we do not. We have cases of children who lost their parents to aids. And we do not know if they have it. But we know about other children; their parents tell us. They have to take medicines at given times. Then, what do we know? Because when they get hurt we have to be careful, we have to wear gloves, etc. But they are among all the other children. We have to know how to deal with them and with the others. It is complicated.

Nonetheless, although there was no involvement of the managing staff in some private schools, financial support was given to teachers interested in qualification courses, as stated one principal in Rio de Janeiro: *There is support from the school. When the school wants someone to go, it pays for everything, all of these seminars and congresses. Now, if the person finds something interesting by his/her own initiative, the school pays for 50%. It is a policy we have.* (Interview with the principal of a private school in Rio de Janeiro, RJ)

Even so, quite often the private school does not provide qualification to the teacher: It is not a flaw we notice in the educational process. It's because the school in a certain way is not connected to the academic environment. You graduate from a university and that's it. If you want to specialize in something, you're on your own. (Teacher focus group in a private school in Fortaleza, CE)

There are cases where the principal considers the issue as extra-curricular, but he/she approaches it: ...when the need arises. (Teacher focus group in a state school in Vitória, ES); (...) *because it is not part of the curricula; it is an extra-curricular activity that we do because it*

is necessary. (Interview with the principal of a state school in Vitória, ES)

Among the teachers who have taken courses, data indicate (Table 13) that the majority were short-term and in loco. It must be mentioned that references to long distance courses were rare in the interviews. In the Federal District, a principal mentioned the program TV-Escola (School TV), the only one referring to the use of this material in a private school:

> *We have subscriptions of magazines and newspapers with which we work a lot, because they are updated. Didactic books are not that good, so we try to do it through the TV-Escola, a very good resource given to us by MEC, and we like it a lot. Added to pedagogic magazines and journals, it's of great value to us.*
> (Interview with the principal of a private school in the Federal District)

Table 13 –Teachers, by FU capitals, according to characteristics of the qualification course on prevention of STDs/Aids and drug abuse, 2000* (%).

Source: Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Only affirmative answers to the following multiple choice question: This qualification course was offered to: 1 - all of the teachers; 2 - some of the teachers; 3 - principals, supervisors, advisors, and coordinators? N corresponds to the total number of valid answers.

This information is confirmed in Table 14. It is possible to observe that in all the capitals the percentages of teachers exposed to the series Prevenir é Sempre Melhor (Preventing is Always Better) were very low. This reduced audience does not express the quality of the series, but other problems possibly related to lack of advertising and poor management. In fact, regarding the series Prevenir é Sempre Melhor almost all of those who watched it in all the capitals considered it a good or excellent program (Table 15).

Besides that, the majority reported that watching the program brought benefits to their professional and personal lives (Table 16), with exceptions noticed in Recife and in Porto Alegre. In those cities a significant number of people limited the acquired benefits to their professional lives. In Cuiabá, even parents mentioned the benefits of the series broadcast by the program Um Salto para o Futuro (A Leap into the Future):

Table 14 –Teachers, by FU capitals, according to exposure to the series Prevenir é Sempre Melhor, 2000* (%)

	DF	GO	MT	AM	PA	CE	PE	BA	AL	ES	RJ	SP	SC	RS
Have not seen	86	87	74	81	89	84	90	87	87	87	92	90	89	94
Have seen integrally or in part	14	13	26	19	11	16	10	13	13	13	8	10	11	6
TOTAL	100 (117)	100 (173)	100 (214)	100 (145)	100 (220)	100 (158)	100 (126)	100 (166)	100 (245)	100 (169)	100 (257)	100 (232)	100 (157)	100 (282)

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Only affirmative answers to the following multiple choice question: What kind of course was it? N corresponds to the total number of valid answers.

Table 15 – Teachers, by FU capitals, according to the evaluation of the series Prevenir é Sempre Melhor, 2000* (%)

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(**)Teachers were asked: Have you seen the series Prevenir _ Sempre Melhor, offered by the program Um Salto para o Futuro, transmitted in 1999 by TV-E?

Table 16 – Teachers, by FU capitals, according to areas benefited by the series Prevenir é Sempre Melhor, 2000* (%)

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Teachers were asked: If you have seen the series integrally or in part, how do you evaluate the content of the programs presented?

Through Um Salto para o Futuro we developed an STDs/aids project and we talked about drugs. We did a presentation in the school using puppets, signs. And we held a Science Fair where condoms, contraceptive methods etc. were shown.
(Parent focus group in a state school in Cuiabá, MT)

On the other hand, as shown in Table 17 the evaluation done by the teachers of the qualification/formation courses is generally a very critical one and is reflected in their lack of confidence. They keep thinking it is necessary to study more and to seek professional help to approach these issues with the students, even if they have already participated in some kind of qualification course:

> *I've attended some lectures, but I think that little was added. Sometimes I participate together with the students, with the teachers, and even with the school community, but the issues are approached in a very superficial way. We need to have certain informa tion, but there are some that are specific from the medical field.* (Interview with the principal of a public school in Salvador, BA)

Table 17 – Teachers, by FU capitals, according to characteristics of the qualification course on prevention of STDs/Aids and drug abuse, 2000* (%).

Evaluation of the course	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
Bad	44	61	51	29	67	38	41	33	33	29	36	62	37	38
Good	44	34	47	71	33	53	53	56	67	61	33	28	61	49
Excellent	12	5	2	-	-	9	6	10	-	10	31	10	2	13
TOTAL	100 (25)	100 (38)	100 (51)	100 (21)	100 (27)	100 (45)	100 (17)	100 (39)	100 (24)	100 (44)	100 (39)	100 (39)	100 (43)	100 (53)

Source: Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*) Teachers were asked: Has the series been useful to you?

Data from Table 18 confirm teachers' statements in focus groups and principals' opinions in interviews. In five of the capitals - Goiânia, Cuiabá, Belém, Fortaleza, and Maceió - less than half the teachers thought their knowledge was enough on issues related to sexuality and sexual and reproductive health: masturbation, homosexuality, abortion, STDs, aids, pregnancy, contraception etc. In the other capitals with the exceptions of Vitória, Rio de Janeiro, and Santa Catarina, where the corresponding percentages exceeded 3/5, the number of teachers who considered their knowledge to be enough was slightly above average.

As Tables 19 and 19.1 show, in response to the questions as to how aids can be prevented or transmitted, almost all of the teachers were capable of selecting the right answers within a broad set of alternatives. Regarding the transmission of the disease, incorrect references were low, reaching significant values only in Florianópolis, Manaus, and the Federal District. However, attention should be given to the number of incorrect answers regarding prevention. These varied between the minimum of 65% in Porto Alegre and the

Table 18 –Teachers, by FU capitals, according to self-evaluation of the information on the themes sexual and reproductive health, 2000* (%)

	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
Insufficient information	47	56	52	48	58	55	46	55	53	38	36	45	38	43
Sufficient information	53	44	48	52	42	45	54	45	57	62	64	55	62	57
TOTAL	100 (137)	100 (201)	100 (262)	100 (177)	100 (255)	100 (186)	100 (149)	100 (315)	100 (189)	100 (193)	100 (280)	100 (257)	100 (187)	100 (311)

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Teachers were asked to give grades from 0 to 10 to the following aspects of the qualification offered to them for the prevention of STDs/Aids and drug abuse: Quality, Adequacy, Duration, Sufficiency. The grades given to the four aspects were added up and divided by four. The percentages corresponding to the variation between 0 and 5.999 are considered Bad; from 6 to 8.999, Good; and from 9 to 10, Excellent.

Table 19 –Teachers, by FU capitals, according to correctness of the information on the forms of Aids transmission, 2000 (%)

	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
Indicated correct forms of Aids transmission	99	100	99	99	100	100	100	100	100	100	100	100	100	99
Did not indicate correct forms of Aids transmission	1	-	1	1	-	-	-	-	-	-	-	-	-	1
TOTAL (N)	100 (130)	100 (189)	100 (245)	100 (165)	100 (236)	100 (177)	100 (143)	100 (285)	100 (177)	100 (185)	100 (272)	100 (252)	100 (174)	100 (302)
Indicated incorrect forms of Aids transmission	11	8	7	12	8	5	6	6	9	5	4	6	13	9
Did not indicate incorrect forms of Aids transmission	89	92	93	88	92	95	94	94	91	95	96	94	87	91
TOTAL (N)	100 (130)	100 (189)	100 (245)	100 (165)	100 (236)	100 (177)	100 (143)	100 (285)	100 (177)	100 (185)	100 (272)	100 (252)	100 (174)	100 (302)

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Teachers were asked: Among the themes below, which do you have sufficient information on? Those who marked 0 to 3 items were gathered into the category Insufficient information; those who marked between 4 and 8 were gathered into the category Sufficient information.

According to diverse criteria (Table 20) the grades attributed to qualification courses are consonant with criticisms made by teachers and principals in the interviews. One of the most mentioned problems is the lack of systematization of the qualification courses: *Last year some teachers did it with the Red Cross, but it is always like that, whoever wants to go may go. There was no study provided by anyone.* (Interview with the deputy principal of a state school in Porto Alegre, RS)

Simultaneously, when there are qualification offers they occur in schedules that are incompatible with the schedule of classes, reducing the attendance by teachers of both

Table 19.1 –Teachers, by FUs capitals, according to correctness of the information on the forms of Aids prevention, 2000* (%)

	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
Indicated correct forms of Aids prevention	100	98	99	98	100	99	100	99	99	100	100	100	100	99
Did not indicate correct forms of Aids prevention	-	2	1	2	-	1	-	1	1	-	-	-	-	1
TOTAL (N)	100 (129)	100 (189)	100 (245)	100 (165)	100 (236)	100 (176)	100 (142)	100 (291)	100 (178)	100 (185)	100 (270)	100 (252)	100 (174)	100 (300)
Indicated incorrect forms of Aids prevention	74	73	77	78	78	85	77	77	71	72	68	69	69	65
Did not indicate incorrect forms of Aids prevention	26	27	23	22	22	25	23	23	29	28	32	31	31	35
TOTAL (N)	100 (129)	100 (189)	100 (245)	100 (165)	100 (236)	100 (176)	100 (142)	100 (291)	100 (178)	100 (185)	100 (270)	100 (252)	100 (174)	100 (300)

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Students were asked: How do you prevent Aids? The following were considered correct prevention forms: to have sex only using condoms; not to have sex with prostitutes or hookers; to have injections only with disposable syringes or needles; not to accept blood transfusions without quality guarantee. The following were considered incorrect prevention forms: not to use public restrooms; to use condoms only when having sex with an unknown partner; not to donate blood; to take frequent blood tests; to avoid any contact with infected people.

Table 20 – Average values attributed by Teachers, by FU capitals, to the evaluation criteria of the qualification courses for the prevention of STDs/Aids and drug abuse, 2000*

Criteria	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS	Total
Quality	6,38	6,36	6,59	6,71	6,14	7,23	6,68	6,50	6,92	6,98	7,03	6,88	7,02	6,70	6,72
Adequacy	5,56	5,98	6,02	6,38	5,66	7,00	7,06	6,49	6,42	7,12	7,23	6,37	6,84	6,53	6,47
Duration	4,92	4,73	4,58	5,57	3,83	5,77	4,61	5,02	4,52	6,00	5,63	4,83	5,07	5,45	5,03
Sufficiency	5,04	5,02	5,25	6,43	4,74	5,76	5,76	5,92	5,68	6,20	6,51	5,32	5,54	5,60	5,62
Average	5,47	5,52	5,61	6,27	5,09	6,44	6,02	5,98	5,88	6,57	6,60	5,85	6,11	6,07	5,96

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Teachers were asked: How do people get Aids? The following were considered correct transmission forms: through blood transfusions and surgeries; infected mothers, who pass it on to their babies; contaminated syringes and needles; contaminated equipment of doctors and dentists. The following were considered incorrect transmission forms: through kissing, hugging, and handshaking; in restrooms and toilets.

public and private schools. Generally, they work in more than one school, and the only way they can attend a course is through quick lectures.

Chart 3: 'Mobile' Teacher.

(Interview with the principal of a private school in Rio de Janeiro, RJ, Interview with the principal of a state school in Porto Alegre, RS)

We have groups here that are always trying to get specialized, but there are difficulties in terms of their schedule. Since last year I've been negotiating with NEPADE from Rio State University (UERJ) for them to give our teachers a course. Some of them took it, but I wanted to offer a course to a greater number of teachers, a special course. The problem is that they are 'mobile' teachers. They get out of here and go somewhere else. Then, what we have here are teachers going back and forth, attending lectures.

There are courses but we don't have time to attend them, because we're teaching. Teachers are not well paid so they have to double shifts, or even work in three shifts (mornings, afternoons, and nights). The teachers do not have time.

Another problem mentioned in the interviews is the exclusion of some schools from the qualification activities. Moreover, the quality of these qualification courses is criticized by some principals and teachers: *They (the Secretariat of Education) promote courses, but this is not enough, and the courses are not very good. Lots of things are scattered; they do not have a proper infrastructure for all of this.* (Interview with the principal of a state school in Salvador, BA)

Maybe due to their own perception that the courses offered do not fulfill their information needs, some of the teachers consider specific qualification unnecessary, and emphasize their life experience as being much more important:

> *And experience is what will grant me that condition. I graduated 28 years ago, and there are almost no opportunities for more qualification. But I try doing it on my own. Because I think that, in terms of sexuality what counts is information and dialogue.*
> (Interview with the principal of a public school in Salvador, BA)

2.4. Activities

The quantitative data distinguishing the kinds of activities developed show a great and generalized concentration of classes given by science teachers (Tables 21 and 22).

Table 21 – Teachers, by FU capitals, according to activities developed at school for the prevention of STDs/Aids, 2000*(%)

Activities	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
Classes given by the Sciences teacher	54	57	53	38	40	42	58	56	51	46	68	46	39	40
Classe given by teachers of other disciplines	34	37	45	27	20	32	26	31	38	40	26	30	23	23
Lecture given by people outside school (doctors, policemen etc.)	45	49	51	40	31	33	36	45	29	54	63	44	38	37
Video tape on the theme presented to students	49	44	49	26	35	35	29	38	29	46	42	31	31	23
Research	46	50	40	35	36	35	41	51	43	43	49	29	26	19
Group work (**)	45	51	52	39	33	39	33	58	51	51	60	37	36	28
Presentation in Sciences Fair	43	43	38	42	43	43	58	62	22	33	41	13	18	13
Reading and comprehension of texts	39	35	37	29	23	26	26	33	33	43	39	28	21	22
Making of panel on the theme	32	37	35	25	20	24	25	36	37	39	42	16	24	16
Activity week on the theme	13	18	16	20	10	12	8	18	19	23	16	5	11	7
Dramatization on the theme	13	24	16	15	7	9	11	23	29	22	14	14	13	4
Debates	14	9	18	11	5	8	9	10	17	14	18	8	10	8
Interactive workshop	13	4	8	3	1	5	8	3	7	7	4	3	4	12
Musical activity (**)	11	14	8	11	7	13	12	14	9	11	9	14	9	8
Poetry and literature activity (**)	16	27	10	14	14	9	15	18	9	18	16	15	13	12
Competition	1	3	1	2	3	6	1	9	7	5	5	1	2	2
TOTAL (N)	(119)	(170)	(146)	(136)	(177)	(127)	(76)	(154)	(150)	(155)	(152)	(222)	(164)	(231)

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Only affirmative answers to the following request: Check all the activities developed at school on STDs/Aids.
(**)Teachers were asked: Besides the activities dealing with STDs/Aids, check among the following activities those which were developed on the same theme. N corresponds to the total number of valid answers.

Table 22 – Teachers, by FU capitals, according to activities developed at school for the prevention of drug abuse, 2000*(%)

Ativicties	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
Classes given by the Sciences teacher	53	49	49	38	41	38	59	53	45	46	63	41	35	38
Classes given by teachers of other disciplines	36	43	47	29	24	34	33	31	38	45	33	33	28	24
Lecture given by people outside school (doctors, policemen etc.)	42	47	44	35	29	28	34	45	25	55	57	39	37	33
Video tape on the theme presented to students	41	34	47	25	30	33	28	40	27	44	43	28	32	20
Presentation in Sciences Fairs	42	39	35	39	37	35	54	55	24	28	36	11	18	13
Research	40	41	46	33	31	31	40	42	37	18	44	26	25	16
Group work (**)	45	51	52	39	33	39	33	58	51	51	60	37	36	28
Reading and comprehen-sion of texts	38	33	37	24	22	24	21	36	28	43	41	24	23	20
Making of panel on the theme	29	34	37	24	15	28	18	33	29	36	36	14	24	17
Activity week on the theme	15	12	14	17	9	9	8	16	21	21	13	3	15	5
Dramatization on the theme	15	24	19	13	10	15	11	28	32	20	15	11	16	6
Debates	13	9	16	10	5	9	9	12	17	13	17	8	9	7
Interactive workshop	12	4	10	2	1	6	5	3	5	8	7	2	4	9
Musical activity (**)	11	14	8	11	7	13	12	14	9	11	9	14	9	8
Poetry and literature activity (**)	16	27	10	14	14	9	15	18	9	18	16	15	13	12
Competition	2	4	1	2	3	6	3	8	7	3	4	1	4	3
TOTAL (N)	(119)	(170)	(146)	(136)	(177)	(127)	(76)	(154)	(150)	(155)	(152)	(222)	(164)	(231)

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Only affirmative answers to the following request: Check all the activities developed at school on drugs.
(**)Teachers were asked: Besides the activities dealing with drugs, check among the following activities those which were developed on the same theme. N corresponds to the total number of valid answers.

The same can be observed in the open interviews. According to several statements these are the teachers who more easily embrace the debates and who participate the most. This is verified in public as well as in private schools:

> *This is debated in science and health programs, in biology too. The science and biology teachers work on drug abuse and STDs prevention and we have a day in our annual schedule when we work not only with the students, but with the whole community on* these issues. (Interview with the principal of a state school in Cuiabá, MT)

After science classes, lectures and assignments are the most frequent activities. However, in the interviews most principals say that lectures are the most frequent activity.

Both in the qualitative and in the quantitative data, lectures are given by extra-school agents such as doctors, policemen, university students, health and education professionals, etc. Students may ask freely and debate their doubts in them: *We have had groups of students from the university and even from the Hospital das Clínicas. They work with the students, talk to them.* (Interview with the principal of a state school in Porto Alegre, SC)

In the Federal District, Porto Alegre, Vitória, and Salvador there were lecturers who gave knowledge on the subject, and also sold books to students and teachers: *We debated this subject with the biology and Ethics teachers, and we had several lectures here. In the end they do sell books, but the lectures and debates are really good, and the students only buy the books if they want to.*(Interview with the deputy principal of a public school in the Federal District)

The school holds lectures with people who had problems with drugs, STDs, and aids: *We had a guy with aids here. He stayed for three weeks with us. He works by himself and he developed projects here. It was very good.* (Interview with the principal of a state school in Goiânia, GO)

In some capitals the schools promoted lectures for the parents and teachers: *We have lectures, including one scheduled for now, and it's going to happen in three phases, first to the teachers, then to the parents, and then to the students, on drug abuse and STDs.* (Interview with the principal of a state school in Porto Alegre, SC)

However, the lectures as planned activities or isolated spot works became the target of criticism due to the lack of continuity and to the monotony imposed on the students: *Lectures, isolated works, there is always someone coming to lecture us on diseases, on drugs, always, and they say 'Oh teacher, I cant take it anymore, not once again, I'll go away.'* (Teacher focus group in a state school in Maceió, AL)

Also in private schools lectures are given by professionals such as psychologists,

doctors, sexologists, people with HIV, and former drug abusers, with films and debates.

Teachers also perform specific activities approaching sexuality, STDs, and aids, using books, videos, films, and slides: *Well, this is included in the content of science and biology. We have some topics linked to these cases. It is very important. Each teacher has a different perspective. We also use slides and films.* (Interview with the principal of a private school in São Paulo, SP)

As can be seen in Table 21, some schools deal with the issue in several disciplines. In the interviews, some principals state that they try to integrate the issues, among the various disciplines, including religion classes.

Transversal themes are an important topic in that disciplines such as science, Portuguese, physical education, music, arts, and others can approach the same subject from diverse perspectives, enriching the curricula and giving information to people who have no other way of obtaining that knowledge. At the same time, within the transversal themes many times issues related to sexuality show up: *...when there is an opportunity to insert the issue.*

Private schools are the ones that most put into practice the inter-relation between disciplines. Some schools make use of religion classes to approach diverse social issues such as aids, drugs, and violence. Others create a specific discipline to deal with these issues:

> *The school was concerned about not restricting it to a single discipline. In other words, the school did not want the biology teacher alone to be talking about aids. Rather, it wanted them all to talk about it. A discipline called natural sciences is the link to sex education with issues ranging from aids and abortion to pregnancy. We approach all these issues, but beyond that, freedom was given to everyone who wanted to contribute.* (Interview with the principal of a private school in Rio de Janeiro, RJ)

The Science Fair appears both in the quantitative and in the qualitative data as a frequent activity in the schools. According to statements by principals and teachers, they are done because the students get enthusiastic about them by participating more actively and by presenting their own projects: *In the Science Fair that we have every year, there are lots of projects on these issues. They go to the university, get the material, bring it into the classroom very good stuff.* (Interview with the principal of a private school in Florianópolis, SC)

Although formal classes are not provided, several schools work with specific workshops, grouping students that meet once a week and then they multiply it into their groups: *We have a workshop on sexuality. It is a very cool activity, it is in a group. The number of vacancies*

is limited. (Interview with the principal of a municipal school in Porto Alegre, SC)

The qualification of students that are multipliers, who learn and then pass the information on to others, is also reported by some principals:

> *Previously, I had a very good experience with this project that is working out. I have a student who was transferred to this school. She took part in the musical workshops of the Project Seguir (To Follow). During the workshops they became multipliers and then, besides the teachers, we have multipliers in drugs and STD prevention etc.*
>
> (Interview with the principal of a state school in Salvador, BA)

Although it has not been named as such, this action can express the qualification strategy of young multipliers. It is worth noting the existence of some public schools where the principals explicitly stated that they are acting in the qualification of young people as multipliers - probably within the above mentioned strategy: *It exists even though our school took part in a work on that issue. We train monitors so they can pass information on to their peers. And mainly in science classes, where the teacher approaches the issues.* (Interview with the principal of a public school in Florianópolis, SC)

One of the principals interviewed alternates the lectures, which are frequent, with a work that the school has been carrying out connected to theater. Another person interviewed makes reference to the composition of songs to follow up the works.

In some capitals the schools hold a cultural week in which issues such as drugs and aids are inserted through exhibits and researches. Rap music is also used as an instrument of work on the issues. Teachers of a private school in Goiânia recall the importance of working with youths in a playful manner, so that they can better explore the activities: *We work these issues with students in a playful manner. We collect opinions, listen to stories, we try to make it very democratic, so it does not become mandatory. We try to give youths freedom.* (Teacher focus group in a private school in Goiânia, GO)

Among the private schools researched, the majority demonstrates having developed some activities with their students in regard to sexuality and STDs/aids. But, according to principals and teachers, they are promoted by the school's own initiative and are not included in any program, project, or institutional partnership with the local government: *The program content itself is official. There is no partnership, we do not have support. The school invites and even pays for these professionals to come here and pass on information. The government never did anything.* (Interview with the principal of a private school in Recife, PE)

Although the majority of principals in schools claim that they perform some kind of preventive activities against STDs/aids, their depth may vary greatly among them and seems to depend on their own interests and concerns: *(...) we do not have specific programs on these issues, we deal with them within a greater project of life valuation, from elementary school to secondary seniors, approaching from aids to drugs.* (Interview with the principal of a private school in Porto Alegre, SC)

Disciplinary activities tend to predominate in schools while research and group works and presentations are less frequent. These results are applicable both to the prevention of STDs/aids and drug abuse (Table 22). Nevertheless, some statements show that workshops, theater plays, and debates are used in schools as a way of informing students about STDs/aids and drugs.

In Goiânia, Cuiabá, Maceió, and Recife, some schools take students to attend lectures outside the school premises, in partnerships with NGOs, the police, and firefighters, mainly on issues related to drug abuse:

> *Last year we developed a project with the people of Casa de Passagem, about drugs. We had an anti-drugs week with the Secretariat of Education. We had a parade and talked about drugs and abortion. We brought some people in to give us lectures.*
> (Interview with the principal of a state school in Recife, PE)

Both in regard to STDs/aids and drug abuse, it should also be noted the routine character of the activities developed, conventional activities being much more common than those that approach the issues artistically through music, literature, theater, or playfully through contests. This result coincides with that obtained in the already mentioned document from the National Coordination of STDs/Aids, National Evaluation of the Prevention of STDs/Aids and Drug Abuse in schools[14], which also registers the predominance of conventional pedagogic practices, if compared to those where there is a more active involvement by the students.

The analysis of the issues approached in these activities shows an emphasis on contents about sexuality and transmission/prevention of STDs/aids, followed by human reproduction (Table 23). Themes like love, affection, self-esteem, sexuality, which are associated with vulnerability standards in regard to STDs/aids were less mentioned. In this sense, it is worth noticing the reduced emphasis given to gender relations and to prejudices.

Besides that, when compared to previous issues, all contents related to drugs were

14. Levantamento Nacional sobre Prevenção de DST/Aids e o Uso Indevido de Drogas em Escolas Série Avaliação, Número 3, Ministério da Saúde, 2000. In its Table 22.

Table 23 –Teachers, by FU capitals, according to the contents approached in the activities developed at school for the prevention of STDs/Aids and drug abuse, 2000* (%)

Contents approached	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
Sexually transmitted diseases (STDs)	41	48	50	42	32	49	43	53	39	41	41	33	34	29
Aids transmission and/or prevention	41	45	55	35	32	47	37	44	41	38	43	34	35	30
Human reproduction, pregnancy	41	30	40	25	19	32	34	40	33	33	40	23	30	26
Love, affection, and self-esteem	36	28	40	23	20	31	28	23	26	32	34	30	23	24
Biological body and sexuality	30	27	27	20	14	26	23	25	22	27	29	20	24	20
Definition and classification of drugs	33	37	36	28	19	32	33	38	28	30	35	25	23	20
Tobacco and/or alcohol	36	34	46	24	24	36	28	43	31	34	43	25	30	25
Injectable drugs, sharing of syringes	30	25	44	22	23	29	22	28	26	27	28	21	23	21
Effects of drugs on the body	33	34	45	28	28	34	30	40	29	36	44	28	27	24
Chemical dependence	33	27	35	26	23	24	25	29	23	28	34	23	24	21
Prejudice	29	29	41	25	16	34	26	29	27	32	32	24	20	20
Gender relations	9	9	16	5	3	5	11	5	8	11	11	7	10	13
TOTAL (N)	(119)	(170)	(146)	(136)	(177)	(127)	(76)	(154)	(150)	(155)	(152)	(222)	(164)	(231)

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Only affirmative answers to the request: Check all the contents dealt with in the activities in which you participated. N corresponds to the total number of valid answers.

indicated by lower percentages of teachers, in general around 1/3 of the indications.

As evidenced by Table 24, and also confirmed by data from the National Evaluation of the Prevention of STDs/Aids and Drug Abuse in Schools , the privileged target audiences were, in first place, regular students in the day shift of elementary schools[15] and, in second place, secondary students in the day shift. Students in the night shift are referred to by smaller percentages, especially those in secondary schools and according to data from the present research they tend to have greater vulnerability rates to STDs/aids.

As a rule, in most capitals the public targeted has been concentrated in the day shift. In private schools this percentage of night shift students targeted is much lower than in public ones, being null in some cases, maybe because in private schools the night shift is not always offered. In Maceió, 42% of the public schools developed activities with 5th to 8th grades but only 10% of the private schools did it. In Rio de Janeiro, 35% of public

15. In its Table 25.

Table 24 –Teachers, by FU capitals, according to target public of the prevention activities against STDs/Aids and drug abuse, 2000* (%)

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Only affirmative answers to the questions: Which levels or grades were the activities developed with/offered to? (Check all the grades and levels benefited.) N corresponds to the total number of valid answers.

schools developed activities in the 5th to 8th grades of the night shift and 34% with secondary grades of the same shift, while in private ones this percentage is of only 1% to 5%, respectively.

The exceptions are the cities of Manaus, Fortaleza, Vitória, and Florianópolis, where the percentages between public and private schools in the night and day shift grades seem to be more balanced. In Fortaleza, the situation is the opposite in vocational schools as 10% of private schools stated they offered activities in the night shift while only 1% of public schools said so.

As seen in Fortaleza, Recife, Maceió, and Salvador the highest percentages of teachers were registered as stating that the intensity of the activities was low. It means they were performed only once or twice a year (Table 25).

In the Federal District, the percentage of teachers in public schools that indicated low frequency of activities is of 8% and in the private ones it is 24%. In Goiânia, only 9% of the teachers in private schools stated that activities were performed with intense

Table 25 –Teachers, by FU capitals, according to frequency of the activities developed at school for the prevention of STDs/Aids and drug abuse, 2000* (%)

Relative frequency	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
Intense	33	20	26	18	8	16	5	23	15	21	9	23	20	30
Medium	51	61	62	51	59	49	56	40	35	50	68	50	56	44
Low	13	17	13	29	30	34	40	37	51	29	23	27	24	25
None	3	2	-	2	2	-	-	1	-	-	-	1	-	1
TOTAL	100 (69)	100 (106)	100 (93)	100 (66)	100 (88)	100 (67)	100 (43)	100 (101)	100 (89)	100 (90)	100 (102)	100 (102)	100 (70)	100 (91)

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Teachers were asked: How often were the diverse activities on STDs/Aids and drugs carried out? Intense frequency was considered that corresponding to every week and/or twice a month; Medium, once a month and/or twice a year; Low, once a year; and None, when the activities had never been carried out.

frequency. In Fortaleza, 30% of teachers in private schools considered intense the frequency of the activities, while this percentage in public ones is less than half (14%). In Florianópolis 34% of teachers in public schools considered low the intensity of the activities, while in private schools this percentage is much lower, only 10%.

Nevertheless, data from Table 26 show that although the variations by capitals are significant, very low percentages of teachers state that specific and systematic guidance of students have been carried out. About half the teachers claim that the work done is not

Table 26 –Teachers, by schools administrative instance, according to practices related to the prevention of STDs/Aids and drug abuse, 2000 (%)

STDs/Aids*:	DF	GO	MT	AM	PA	CE	PE	BA	AL	ES	RJ	SP	SC	RS
Teachers discuss it with students only during classes	29	32	22	43	39	33	47	35	27	20	28	31	39	27
On several occasions some teachers discuss it and counsel students	50	51	52	43	35	53	42	41	55	48	46	48	42	44
A specific and systematic orientation work is being carried out with students	21	17	27	14	26	14	11	25	18	32	26	22	20	28
TOTAL	100 (66)	100 (98)	100 (93)	100 (65)	100 (84)	100 (66)	100 (45)	100 (84)	100 (93)	100 (87)	100 (110)	100 (121)	100 (82)	100 (117)
Drugs:**														
Teachers discuss it with students only during classes	30	33	22	32	38	33	43	31	24	18	30	34	33	31
On several occasions some teachers discuss it and counsel students	51	55	43	54	42	52	47	46	58	44	45	44	41	46
A specific and systematic orientation work is being carried out with students	19	12	35	14	21	16	11	23	18	38	25	22	26	23
TOTAL	100 (73)	100 (102)	100 (91)	100 (65)	100 (82)	100 (58)	100 (47)	100 (84)	100 (93)	100 (88)	100 (107)	100 (121)	100 (76)	100 (106)

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Teachers were asked: Check what is done at your school on STDs/Aids.
(**)Teachers were asked: Check what is done at your school on drugs.

limited to specific activities during classes. Rather, in several moments, some of them debated and oriented their students on issues related to STDs/aids and drug abuse.

This informality is present when the teachers state that they do not have time to talk about the discussed issues within the curriculum and some need the authorization by the principal to do so, which makes the activities quick and superficial: *In my classes we haven't had this opportunity yet, even because it is very rapid and we do not have time. I think the school could be doing this through lectures.* (Teacher focus group in a state school in Cuiabá, MT)

Besides these limitations sometimes imposed by principals there is also the lack of interest by the teachers causing the work done not to be systematic, but a result of voluntary initiatives by one or another teacher. Some of them, in face of the lack of space to further discuss the issue: *...play or put a videotape on and leave it there.*

There are schools that count on volunteers and other professionals to perform activities such as psychologists, advisors, and supervisors. The major problem is the lack of possibilities for the future handling of these actions, which are not formal.

2.5. Material

As shown by Table 27, the material made available to teachers for the development of activities seems to be restricted containing folders, posters, books, and handbooks. Small percentages of teachers cited the material in Porto Alegre, São Paulo, and Belém. The opposite of what happened in Cuiabá, Maceió, the Federal District, and Rio de Janeiro.

In regard to posters and folders, only Recife presented discrepancies. The public schools in this capital had a percentage of 44%, while private schools only got to 13%, a percentage much below the average of this capital and of other capitals where the research was conducted.

In Belém, Recife, Salvador, and Florianópolis, some disparities were verified in the availability of videotapes. In the first two capitals, public schools presented significantly higher percentages than those of private schools. The averages obtained in these two capitals (11% and 25%, respectively) were basically originated from percentages by public schools. In Salvador and Florianópolis, private schools surpassed public ones. In Salvador, 33% of the

Table 27 –Teachers, by FU capitals, according to material available for the development of prevention activities against STDs/Aids and drug abuse, 2000* (%)

Material available	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
Posters and/or folders	41	40	48	35	27	37	34	48	33	31	41	27	32	22
Books, manuals	37	33	32	21	25	28	22	34	27	32	32	25	27	16
Video tapes	30	25	36	19	18	28	25	27	20	30	30	19	18	13
Condoms	19	20	28	13	11	11	16	16	15	19	16	6	23	5
Others	14	15	13	15	10	9	9	21	17	17	15	8	12	8
TOTAL (N)	(119)	(170)	(146)	(136)	(177)	(127)	(76)	(154)	(154)	(155)	(152)	(222)	(164)	(231)

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Only affirmative answers to the request: Check the type of material received for the development of activities related to STDs/Aids and drugs (Check all of those received). N corresponds to the total number of valid answers.

teachers in private schools said they had tapes (and only 14% in public ones).

Discrepancies related to the distribution of condoms were verified in six capitals, and in four of them, public schools had higher percentages than private ones. The percentages obtained by teachers in public schools of Goiânia, Recife, Belém, and São Paulo were 23%, 14%, 23%, and 9%, respectively, while only 4%, 4%, 0%, and 1% in private schools. In Fortaleza and Florianópolis, however, the percentage of teachers in private schools who said they had condoms available for distribution were 20% and 43%, while only 9% and 15% in public schools. It should be pointed out that the proportion in Florianópolis (private schools) was extremely high, mainly when compared to the averages in the other capitals.

In Goiânia, 16% of the teachers in public schools said they had other materials while only 4% in private ones. In Florianópolis, however, 30% of teachers in private schools said they had other materials while only 4% in public ones.

According to the qualitative data, based on interviews with principals and focus groups with teachers it becomes clear that the Secretariats of Health and Education play a major role in the distribution of material to the public schools. Such is the case in Goiânia: *The Secretariat at least gave us pedagogic materials and posters.* (Teacher focus group in a municipal school in Goiânia, GO)

But there are other partners which act in the distribution, such as: Universities, the Civil Police and many NGOs, and private entities and laboratories: *At the time, we received*

it from the Secretariats of Health and of Education. Today we do not get anything. Some time ago I got something from Santa Luzia laboratory, which is a private lab. (Interview with the principal of a municipal school in Florianópolis, SC)

On the other hand, qualitative data confirm the fact that the distribution of the material varies from city to city, with the predominance of printed material, such as folders and pedagogic books distributed by state secretariats. This is the case of Goiânia and the Federal District: If we receive it, it is in the form of manuals, folders, to prevent aids, and posters. And then they come to make an exhibition of these things, which attracts the students to the issue. (Interview with the principal of a public school in the Federal District)

Principals in Goiânia, Fortaleza, and Maceió emphasized the distribution of kits, folders, condoms etc., that is, a more diversified material: *We have maps and, permanently, a little kit for teachers to take to the classroom. I have female and male condoms and other contraceptive devices. We have that material at the disposal of teachers.* (Interview with the principal of a state school in Fortaleza, CE)

About the material, some schools, although in small numbers, receive condoms and distribute them among their students: *We get the material, we get a large number of condoms, folders, we get a lot of folders.* (Interview with the principal of a state school in Salvador, BA)

Still in regard to the distribution of materials, even in the cities where teachers said to have received them, it was a result of initiatives by the teachers and principals themselves: *The teachers are worried about it, since the government does not invest, does not provide the material, nothing. How can there be any progress?* (Teacher focus group in a state school in Belém, PA)

The analysis of the specific material for the development of preventive activities shows that the results are very deficient. As seen in Table 28 the number of teachers in all the capitals that had contact with any of the materials hardly reaches 1/5.

The fact that less than half the teachers, with the exceptions of Fortaleza, Recife, and Florianópolis, reported that male condoms were distributed during the pedagogic activities of prevention of STDs/aids carried out in the schools where they teach (Table 29) also deserves attention. The lowest percentages were registered in Porto Alegre, São Paulo, Maceió, the Federal District, and Manaus.

Not all the teachers are unanimous as to the distribution of condoms to students in the schools, although the majority said to be favorable. In fact, as shown in Table 30, the

Table 28 –Teachers, by FUs capital, according to specific material with which they had contact for the development of prevention activities against STDs/Aids and drug abuse*, 2000 (%)

Specific material	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
Creseendo de Bem com a Vida: teacher's book and comic books	18	11	16	13	9	6	8	12	9	8	12	5	9	4
Pedagogic video tape and bulletins of *Prevenir é Sempre Melhor*	16	12	23	17	11	13	9	15	11	13	13	9	11	3
Manual for the young multipliers	13	10	14	7	5	7	4	10	13	5	7	6	10	4
Pedagogic video tape and bulletins of *Crescendo de Bem com a Vida*	13	9	16	13	14	9	7	16	8	11	11	7	12	2
Gertrudes doll	12	9	10	4	2	6	5	7	6	8	12	10	6	2
Gervásio doll	9	9	7	4	3	6	4	7	5	8	11	8	6	2
Jornal Radical x DST/Aids	28	10	11	5	4	8	3	6	5	5	7	6	6	1
Folders kit on drugs elaborated by CEBRID	9	12	19	10	9	10	11	14	9	13	16	6	13	4
TOTAL (N)	(119)	(170)	(146)	(136)	(177)	(127)	(76)	(154)	(150)	(155)	(152)	(222)	(164)	(231)

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Teachers were asked to indicate, in a list of specific materials, which items were only known (checking with C) and which were effectively used (checking with U). For reasons that will not be discussed here, they simply checked several materials. For the purposes of this analysis, it is considered that this is an indication that there was some kind of contact with the material. Thus, the data do not discriminate the kind of contact, but only its occurrence. N corresponds to the total number of valid answers.

Table 29 –Teachers, by FU capitals, according to distribution of male condoms during the pedagogic activities on STDs/Aids prevention, 2000* (%)

	DF	GO	MT	AM	PA	CE	PE	BA	AL	ES	RJ	SP	SC	RS
Condoms were distributed	22	46	45	25	31	72	52	37	19	30	37	17	63	13
Condoms were not distributed	78	54	55	75	69	28	48	63	81	70	64	83	37	87
TOTAL	100 (72)	100 (107)	100 (95)	100 (69)	100 (83)	100 (68)	100 (46)	100 (81)	100 (85)	100 (94)	100 (96)	100 (257)	100 (79)	100 (101)

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Teachers were asked: Were male condoms ever distributed to students during the pedagogic activities on STDs/Aids prevention?

number of teachers who are against it varies between a maximum of 31% in the Federal District and in Vitória and a minimum of 18% in Salvador and 19% in Recife. As for those who were favorable, maximum percentages were 80% in Salvador and 79% in Recife and Fortaleza.

Table 30 – Teachers opinion on the distribution of condoms at school, 2000 (%)

	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
Favorable*	65	77	70	70	77	79	79	75	80	69	73	72	74	72
Not favorable	35	23	30	30	23	21	21	25	20	31	27	28	26	28
TOTAL(N)	100 (137)	100 (201)	100 (262)	100 (177)	100 (255)	100 (186)	100 (149)	100 (315)	100 (189)	100 (193)	100 (280)	100 (257)	100 (187)	100 (311)
Against**	31	20	27	24	21	24	19	21	18	31	26	27	20	26
Not against	69	80	73	76	79	76	81	79	82	69	74	73	80	74
TOTAL(N)	100 (137)	100 (201)	100 (262)	100 (177)	100 (255)	100 (186)	100 (149)	100 (315)	100 (189)	100 (193)	100 (280)	100 (257)	100 (187)	100 (311)

Source: Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Teachers were asked: What is your opinion on the distribution of condoms to students at schools? This is a multiple choice question in which the favorable or contrary position is qualified, being related to several alternative reasons. In the table, the category Favorable corresponds to the sum of all those who said so for whatever reasons proposed in the question. Not favorable corresponds only to the sum of those who did not mark any of these reasons.
(**)Teachers were asked: What is your opinion on the distribution of condoms to students at schools? This is a multiple choice question in which the favorable or contrary position is qualified, being related to several alternative reasons. In the table, the category Against corresponds to the sum of all those who said so for whatever reasons proposed in the question. Not against corresponds only to the sum of those who did not mark any of these reasons.

In the interviews with principals and in the teacher focus groups, it can be observed that the schools receive materials from different sources. In the group of private schools, those that receive materials from the Secretariats of Education and of Health are rare. However, that occasionally occurs. Examples can be found in Goiânia and Belém: *We go after the material at specific bodies such as the GAPA. We go after it at the Secretariat of Health. We already have a lot of materials due to the work that has been carried out along the years.* (Interview with the principal of private school in Belém, PA)

In general, the materials used by private schools are either prepared by the teachers themselves, or obtained at the NGOs, or bought by them:

> *We bring the publishers to the school and develop posters. We get very good material. We have subscriptions of magazines that bring a lot of guidance material for the teachers. We also buy it. So the material is purchased by the school itself.*
> (Interview with the principal of a private school in Recife, PE)

According to some teachers and principals the great autonomy of private schools in collecting material may allow students to get in touch with materials that go against the official campaigns promoting prejudice and discrimination:

Some materials that we had were even aggressive, dealing with aids in a terrorist manner. What we try to recover through our activities is the importance of affection, love, and fellowship. And as to prejudice, you notice that instead of bringing the HIV positive person closer, the materials end up keeping the person away. (Interview with the principal of a private school in Belém, PA)

A principal from Florianópolis complained about the low diversity of the material received: *Only posters and sometimes booklets with 4 or 5 pages. That 's the kind of thing we can get.* (Interview with the principal of a private school in Florianópolis, SC)

Many principals and teachers complained that they simply did not get any material for the development of preventive activities: *What the teacher gets is the pedagogic book and what is in the book. That's it. If he does not ask for extra material he will not get it.* (Interview with the principal of a state school in Cuiabá, MT)

An analysis of the specific material for the development of prevention activities shows that the results leave a lot to be desired[16]. As can be observed, the number of teachers in all the capitals who had contact with any of the materials rarely reaches 1/5. It should be mentioned that the National Research on the Prevention of STDs/Aid and Drug Abuse at Schools, published by the Ministry of Health, reported percentages very close to those presented here[17]. It should be emphasized that in this document figures are general, not being limited to the capital municipalities of the FUs (as is the case of the present study). In spite of that, it was found that some information between the two of them were coincidental.

In Cuiabá the percentage of schools that had contact with the material is greater in public schools than in private ones. Only 7% of the private schools had contact with the videotapes and pedagogic bulletins of Prevenir é Sempre Melhor. With Boneco Gervásio that percentage is null. The use of the Jornal Radical x DST/Aids and of the kit of folders on drugs elaborated by CEBRID is also higher in public schools than in private ones in Amazonas. In public schools, 13% of the teachers indicated the Jornal Radical and 35% mentioned CEBRID's kit. Now, in private schools the corresponding percentages are 2% and 7%, respectively. In Fortaleza, the contact of private schools with the videotapes and pedagogic bulletins of the series Prevenir é Sempre Melhor, with the Jornal Radical x DST/Aids, and with the folders kit on drugs elaborated by CEBRID is null. In public schools they are referred to by 11%, 9%, and 12% of the teachers, respectively. In Recife, private

16. The teachers were asked to point in the list of material presented in Table 29, which were only known and which were effectively used. For reasons apart from the discussion, teachers only marked serveral materials with an X. In this analysis, it is assumed that such an indication some kind of contact with the material. Thus, the data presented in Table 29 do not specify the kind of contact, but only its occurrence.
17. In its Table 21.

teachers also indicated less contact with practically all the materials. And the Manual of Young Multipliers, the Jornal Radical x DST/Aids, and the folders kit by CEBRID have a null percentage. However, in the public schools of Recife the contact with CEBRID's kit is reported by 15% of the teachers. The exception in this capital are the teacher's books and the comics by Crescendo de Bem com a Vida, which were more frequently indicated by teachers of private schools than by those of public ones, though not with significant differences. In general, public school teachers are those who most report the contact with these materials. The major exceptions are Vitória and Florianópolis, where private school teachers had greater contact with the materials indicated.

Still in regard to the materials, as to the diffusion, an analysis of the data provided by the survey of the school environment shows that, among the messages on the message boards of the schools visited, 12% were about sexuality and STDs/aids drug abuse prevention (Table 31). Although, at a first glance, this percentage may seem to be very low, that is not what actually happens, as these boards include all administrative, cultural, and social matters regarding the school and its members.

Table 31 – Messages written on the message boards of the schools visited, by school administrative instance, 2000 (%)

	State Schools	Municipal Schools	Private Schools	Total
Health campaigns in general	4	4	2	3 (26)
Prevention against drug abuse	7	10	5	7 (58)
Sexuality, STDs, Aids	6	5	3	5 (40)
No messages	3	4	2	3 (23)
Others	80	78	88	82 (679)
TOTAL	100 (425)	100 (139)	100 (261)	100 (826)

Source: Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.

3 EVALUATION OF THE RESULTS

The goal of this chapter is to examine the results of the preventive actions. In other words, it is intended to characterize the immediate products of the implemented initiatives and the reactions of their direct beneficiaries or clients, such as the students in elementary and high schools in the capitals where the study was done and their parents[18]. In this sense, the observations herein may be different than those expressed in the previous chapter by principals, educational coordinators, and teachers, or they can be coincidental, highlighting some of the more relevant aspects of the present evaluation.

3.1. Characterization of the Program Beneficiaries

From the perspective of the results, the direct beneficiaries of the preventive actions against STDs/aids and drug abuse are the students and their parents. As seen in Tables 32 and 33, women tend to predominate both among students and parents. In terms of age, the majority ranges from 15 to 17 years of age, followed by those between 10 and 14 years of age.

Table 32 – Students, by FU capitals, according to sex and age group, 2000 (%)

SEX:	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
Female	58	52	55	55	59	56	54	59	57	54	52	50	49	51
Male	42	48	45	45	41	44	46	41	43	46	48	50	51	49
TOTAL	100 (839)	100 (1242)	100 (952)	100 (1274)	100 (1568)	100 (869)	100 (990)	100 (810)	100 (1518)	100 (1098)	100 (980)	100 (1801)	100 (1104)	100 (1094)
AGE GROUP:														
10 to 14 years old	42	49	40	39	32	47	40	40	38	40	28	46	36	40
15 to 17 years old	41	32	46	46	37	30	39	41	37	42	51	42	47	48
18 to 20 years old	13	15	12	11	22	16	15	16	19	13	17	10	14	10
21 to 24 years old	4	4	3	4	9	7	5	4	6	5	4	2	3	2
TOTAL	100 (839)	100 (1245)	100 (935)	100 (1272)	100 (1569)	100 (866)	100 (992)	100 (824)	100 (1531)	100 (1095)	100 (977)	100 (1804)	100 (1098)	100 (1097)

Source: Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.

18. This chapter is based on the data obtained from 16,619 questionnaires to students, 4,532 questionnnaires to parents, and also from 107 students focus groups, besides the already mentioned 185 open interviews with principals and educational coordinators, 37 teachers focus groups, and 29 parents focus groups.

Table 33 – Parents, by FU capitals, according to sex, 2000 (%)

	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
Female	76	78	76	75	80	83	79	78	77	72	79	79	71	78
Male	24	22	24	25	20	17	21	22	23	28	21	21	29	22
TOTAL	100 (191)	100 (289)	100 (358)	100 (294)	100 (357)	100 (295)	100 (304)	100 (515)	100 (310)	100 (365)	100 (224)	100 (334)	100 (361)	100 (270)

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.

The percentage of students who have become sexually active varies between 31% and 50%. As seen in Table 34, the capitals in which the highest percentages of students between 11 and 14 years of age with an active sexual life were found were Belém (17%), Cuiabá (16%), and Salvador and Porto Alegre (both with 15%). The lowest percentages, in the same age group, occur in Alagoas (9%) and in Goiânia (10%). In the age group between 15 and 17, the highest percentages were found in Manaus (57%) and in Belém (52%), while the lowest ones were found in the Federal District (36%) and in Recife (37%). Among students above 18 the highest percentages of those who claimed to have an active sexual life were registered in Manaus (86%), Rio de Janeiro (80%), Porto Alegre (79%), and Belém (78%).

Important variations by gender also occur (Table 35). The percentage of female students who declared being sexually active varies from a minimum of 18% in Recife and 20% in São Paulo to a maximum of 36% in Belém and 31% in Florianópolis, reaching 1/5 to 1/3 on average. Percentages among male students are much higher, closer to half the students. Among these, the lowest percentage of those who declared having a sexually active life are from the Federal District (42%) and in São Paulo (43%). The highest rates were found in Belém (70%) and Manaus (65%).

As seen in Table 36, the average age for the first sexual relation[19] is significantly lower among male students than that among female ones. In the case of the girls, in Porto Alegre, Manaus, and São Paulo, the lowest average ages for the first sexual relation are found (15, 15.1, and 15.2 years of age) and the highest are found in Belém and Fortaleza (16 and 15.8 years of age). Among boys, the lowest average ages are found in Cuiabá, Manaus, and Salvador (13.9 years of age) and the highest is found in Florianópolis (14.5 years of age).

As for the abuse of licit drugs, students seemed to prefer alcoholic beverages instead of tobacco (Table 37). In fact, more than half of them consume, either regularly or occasionally, alcoholic beverages reaching 62% in Porto Alegre and in Salvador, 61% in Florianópolis, 59% in Rio de Janeiro, and 58% in São Paulo. As for the regular or occasional use

19. Since the universe researched is composed of students starting from the 5th grade of elementary school, which usually corresponds to the age of 11, and taking into consideration that when working with average ages a small number of errors that can happen in the answers may cause significant variations, the Research Coordination ruled that information of this kind would only be considered valid when the students were 11 or higher, and all the statements below that age would be dealt with as missing values.

Table 34 – Students, by FU capitals, according to sex activity by age group, 2000* (%)

	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
Students from 11 to 14 years old with active sexual life	14	11	16	14	17	11	13	9	15	13	13	11	14	15
Students from 11 to 14 years old without active sexual life	86	89	84	86	83	89	87	91	85	87	87	89	86	85
Total (N)	100 (298)	100 (542)	100 (294)	100 (438)	100 (405)	100 (373)	100 (351)	100 (290)	100 (485)	100 (390)	100 (257)	100 (704)	100 (300)	100 (393)
Students from 15 to 17 years old with active sexual life	36	43	41	57	52	39	37	47	43	42	42	42	48	49
Students from 15 to 17 years old without active sexual life	64	57	59	43	48	61	63	53	57	58	58	58	52	51
Total (N)	100 (318)	100 (357)	100 (414)	100 (543)	100 (540)	100 (235)	100 (351)	100 (300)	100 (535)	100 (425)	100 (458)	100 (718)	100 (463)	100 (491)
Students at 18 years old or above with active sexual life	70	71	66	86	78	64	70	66	70	77	80	70	74	79
Students at 18 years old or above without active sexual life	30	29	34	14	22	36	30	34	30	23	20	30	26	21
Total (N)	100 (116)	100 (215)	100 (126)	100 (176)	100 (440)	100 (184)	100 (179)	100 (145)	100 (297)	100 (181)	100 (182)	100 (183)	100 (163)	100 (131)

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Students were asked: Have you ever had a sexual relation? In this table, in each age group, the students who answered affirmatively are considered as having active sexual lives

Table 35 – Students, by FU capitals, according to sex and sexual life, 2000 (%)

	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
Female with active sexual life*	27	21	22	29	36	21	18	22	27	27	28	20	31	28
Female without active sexual life	84	79	78	71	64	79	82	78	73	73	72	80	69	72
TOTAL	100 (434)	100 (598)	100 (484)	100 (644)	100 (832)	100 (454)	100 (500)	100 (442)	100 (783)	100 (562)	100 (478)	100 (841)	100 (488)	100 (524)
Male with active sexual life*	42	46	52	65	70	45	55	56	56	49	56	43	51	52
Male without active sexual life	58	54	48	35	30	55	45	44	44	51	44	57	49	48
TOTAL	100 (302)	100 (525)	100 (376)	100 (522)	100 (561)	100 (341)	100 (397)	100 (291)	100 (534)	100 (445)	100 (425)	100 (793)	100 (463)	100 (500)

Source: Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Students were asked: Have you ever had a sexual relation? Those who answered affirmatively were considered as having an active sexual life.

Table 36 – Average age at the first sexual relation, according to students sex, by FU capitals*, 2000

SEX	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
Female	15.7	15.7	15.7	15.1	16.0	15.8	15.6	15.4	15.6	15.6	15.2	15.2	15.5	15.0
Male	14.2	14.4	13.9	13.9	14.1	14.3	14.2	14.2	13.9	13.4	14.4	14.1	14.5	14.1

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Students who said to have an active sexual life were asked: How old were you when you had sex for the first time?

Table 37 – Students, by FU capitals, according to the use of licit drugs (tobacco* and alcoholic beverages), 2000 (%)**

	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
Smoke cigarettes (tobacco)	11	9	11	12	14	12	10	11	7	12	13	12	12	18
Do not smoke cigarettes (tobacco)	89	91	89	88	86	88	90	89	93	88	87	88	88	82
TOTAL (N)	100 (802)	100 (1184)	100 (910)	100 (1217)	100 (1528)	100 (833)	100 (937)	100 (774)	100 (1441)	100 (1044)	100 (961)	100 (1703)	100 (1040)	100 (1045)
Consume alcoholic beverages	53	48	52	49	52	53	50	52	62	53	59	58	61	62
Do not consume alcoholic beverages	47	52	48	51	48	47	50	48	38	47	41	42	39	38
TOTAL (N)	100 (798)	100 (1201)	100 (930)	100 (1226)	100 (1523)	100 (835)	100 (970)	100 (800)	100 (1438)	100 (1058)	100 (972)	100 (1743)	100 (1059)	100 (1059)

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Students were asked: Are you used to smoking tobacco cigarettes? The affirmative answer comprises those who said to smoke cigarettes everyday or occasionally.
(**)Students were asked: How often do you consume alcoholic beverages? The affirmative answer includes those who consume alcoholic beverages everyday, almost everyday, on weekends and/or family gatherings, Carnival, and New Year's eve.

of common cigarettes, this figure is three to five times lower than the consumption of alcoholic beverages. 18% of those surveyed reported using common cigarettes in Porto Alegre, 14% in Belém, 13% in Rio de Janeiro, and 12% in Manaus, São Paulo, and Florianópolis.

In regard to illicit drugs (Table 38), high consumption rates are reported in the cities of Porto Alegre and Rio de Janeiro (both with 15%). Next followed Florianópolis and the Federal District (both with 8%), São Paulo, Vitória, and Cuiabá (each with 7%), with about half the percentage observed in the two first capitals mentioned. The lowest percentage of youths reporting the consumption of illicit drugs occurred in Fortaleza (2%), followed by Maceió and Goiânia (3%).

Table 38 – Students, by FU capitals, according to the use of illicit drugs*, 2000 (%)

	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
Use or have used	8	3	7	4	4	2	5	3	4	7	15	7	8	15
Do not use; have never used	92	97	93	96	96	98	95	97	96	93	85	93	92	85
TOTAL (N)	100 (443)	100 (746)	100 (447)	100 (587)	100 (713)	100 (405)	100 (393	100 (397)	100 (686)	100 (623)	100 (410)	100 (1173)	100 (643)	100 (493)

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(**)Students were asked: How often do you use or have used...? followed by the following drugs: marijuana, crack, cocaine paste, cocaine, glue, inhalable drugs, intravenous drugs. Tranquilizers, amphetamines, and syrups were not included, as they can be taken under medical prescriptions. All of those who said everyday, almost everyday, on weekends, and/or that have used, but do not anymore were considered as using or having used one or more of these drugs.

Significant variations also occur in the average age[20] of the first contact with drugs. In regard to licit drugs (Table 39), the average age of the first contact varies from a minimum of 13.3 years of age in São Paulo and 13.4 years of age in Porto Alegre. Students in

20. It should be noted that, in the study of average ages, small variations in the final result have great significance and that, by decision of the Research Coordination, the minimum age taken into consideration in any cases was 11 years old.

Fortaleza and Belém were found to try tobacco and alcohol a little later: The average age was, respectively, 14 and 14.5 years of age. When the focus is transferred to the average age of the first contact with illicit drugs (Table 39), significant aspects can be observed. First, this initial contact occurs about one year later than that with licit drugs, varying from a minimum of 14.6 years of age in São Paulo and 14.5 in Goiânia to a maximum of 16.6 in Manaus and 15.5 in Fortaleza. Second, the capital of São Paulo appears as that in which

Table 39 – Students, by FUs capitals, according to average age of students at the first contact with licit* or illicit drugs, 2000 (in years)**

	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
Average age at the first contact with licit drugs	13,6	13,6	13,8	13,9	14,5	14,0	13,8	13,7	13,9	13,5	13,7	13,3	13,6	13,4
TOTAL (N)	(510)	(698)	(576)	(763)	(1061)	(501)	(550)	(498)	(871)	(677)	(774)	(1082)	(677)	(820)
Average age at the first contact with illicit drugs	14,9	14,5	14,8	16,6	15,0	15,5	15,0	15,1	14,9	14,6	14,9	14,4	14,9	14,8
TOTAL (N)	(131)	(128)	(103)	(120)	(119)	(66)	(63)	(63)	(85)	(189)	(154)	(224)	(171)	(230)

Source: Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*/**)Students were asked: How often do you use or have used...? followed by the following drugs: marijuana, crack, cocaine paste, cocaine, glue, inhalable drugs, intravenous drugs. Tranquilizers, amphetamines, and syrups were not included, as they can be taken under medical prescriptions. All of those who said everyday, almost everyday, on weekends, and/or that have used, but do not anymore were considered as using or having used one or more of these drugs.

students have the earliest contact both with licit and illicit drugs.

Further in the analysis of the drug problem among students, data show that the percentage of students who stated having used intravenous drugs (Table 40) varies from a minimum of 1% in Cuiabá, Fortaleza, Recife, Maceió, Salvador, and São Paulo to a maximum of 4% in Porto Alegre and of 3% in both the Federal District and in Rio de Janeiro. Attention should be paid to the fact that these data refer strictly to the means of application, and do not describe the substance used, which can be either licit or illicit[21/22].

Among students who reported having used intravenous drugs, the majority of them denied the habit of sharing syringes or needles (Table 41). The students who reported usually sharing syringes/needles while drug abusing varied from a minimum of 22% in Manaus and 29% in Belém to a maximum of 54% in Recife, 49% in the Federal District, 46% in São Paulo and Goiânia, and 45% in Vitória[22]. It should be mentioned that the sharing of syringes is directly or indirectly responsible for about 25% of the aids cases

21. In 1997, the Brazilian Center of Information on Psychotropic Drugs (CEBRID) performed the fourth survey of a series initiated in 1987, involving the same target population (elementary and secondary students of the state school network) and the same places of the other three epidemiological studies (Belém, Belo Horizonte, Brasília, Curitiba, Fortaleza, Porto Alegre, Recife, Rio de Janeiro, Salvador, and São Paulo). Comparing the results of these surveys (1987, 1989, 1993, and 1997) as to the tendency of frequent abuse of drugs in general (use of drugs six or more times during the last 30 days before the research), it was observed that, among others, a statiscally significant increase tendency in the frequent drug abuse in Belém (from 1% in 1987 to 3.6% in 1997), Fortaleza (from 1.4% in 1987 to 3.7% in 1997), and Porto Alegre (3.2% in 1987 to 5.2% in 1997). The opposite, the decrease in the tendency to abuse drugs frequently, can be observed in Recife (from 3.4% in 1987 to 2.9% in 1997), Rio de Janeiro (from 2.6% in 1987 to 2.4% in 1997), and São Paulo (from 2.8% in 1987 to 2.4% in 1997). The comparison between the four surveys also shows that there was an increase tendency of frequent abuse of marijuana, anti-stress pills, anphetamines, and cocaine in the group of ten capitals. The surveys made available by CEBRID focus on the types of substances used and their frequency, but do not discriminate usage procedures (ingestion, aspiration, inhalation, injection, application to mucous membranes etc.). (IV Levantamento sobre o Uso de Drogas entre Estudantes de 1o e 2o Graus em 10 Capitais Brasileiras 1997 José Carlos Galduróz, Ana Regina Noto, E.A Carlini). Cf. www.cebrid.nom.br
22. Such as steroids, amphetamines, tranquilizers, anti-psychosis, cocaine, and heroine.

Table 40 –Students, by FUs capitals, according to use of intravenous drugs* by, 2000 (%)

	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
Use or have used	3	2	1	2	2	1	1	1	1	2	3	1	2	4
Do not use; have never used	97	98	99	98	98	99	99	99	99	98	97	99	98	96
TOTAL	100 (449)	100 (759)	100 (453)	100 (605)	100 (723)	100 (419)	100 (398)	100 (401)	100 (697)	100 (637)	100 (413)	100 (1188)	100 (646)	100 (505)

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Students were asked: How old were you when you first tried...? followed by the items: tobacco cigarettes; alcoholic beverages.
(**)Students were asked: How old were you when you first tried...? followed by the items: marijuana, crack, cocaine paste, LSD or ecstasy, cocaine, glue, inhalable drugs, intravenous drugs. Tranquilizers, amphetamines, and syrups were not included, as they can be taken under medical prescriptions.

Table 41 – Students who use or have used intravenous drugs*, by FUs capitals, according to sharing of syringes while abusing intravenous drugs, 2000 (%)

Shared syringes or needles?	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
Yes	49	46	37	22	29	28	54	35	40	45	38	46	42	35
No	51	54	63	78	71	72	46	65	60	55	62	54	58	65
TOTAL (N)	100 (45)	100 (50)	100 (27)	100 (54)	100 (92)	100 (47)	100 (35)	100 (31)	100 (83)	100 (47)	100 (34)	100 (65)	100 (24)	100 (31)

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Students were asked: How often do you use intravenous drugs? All of those who said everyday, almost everyday, on weekends, and/or have used, but do not anymore were considered as using or having used these drugs.

reported to the Ministry of Health as of yet. Besides HIV contamination, the other diseases transmitted by blood prevail among Brazilian intravenous drug users[23].

3.1.1. Level of Information of the Beneficiaries

The majority of the parents surveyed in almost all the capitals considered themselves inadequately informed when asked to evaluate their own knowledge and information on a set of issues related to sexual and reproductive health (Table 42). The only two exceptions were observed in Vitória and São Paulo. The percentages of those who considered their information inadequate were higher among parents in Cuiabá (70%) and Fortaleza (69%), and lower, excluding Vitória and São Paulo, in Rio de Janeiro (53%) and in Florianópolis and Porto Alegre (54%).

Most of the students demonstrated significant knowledge regarding the correct transmission and prevention answers, when exposed to a set of alternatives of HIV transmission and STD/aids prevention (Table 43 and 43.1). The lowest corresponding percentages among students were found in the schools of Salvador (92% and 89%, respectively).

The percentages of students who indicated incorrect forms of HIV transmission

23. Data obtained from AIDS II – Relatório de Implementação e Avaliação, Maio de 2001, Ministério da Saúde.

Table 42 –Parents, by FU capitals, according to their self-evaluation on the information on themes like sexual and reprodutive health, 2000* (%)

	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
Insufficient information	60	64	70	65	66	69	64	63	60	49	53	45	54	54
Sufficient information	40	36	30	35	34	31	36	37	40	51	47	55	46	46
TOTAL	100 (195)	100 (272)	100 (354)	100 (285)	100 (331)	100 (272)	100 (295)	100 (485)	100 (288)	100 (347)	100 (209)	100 (299)	100 (316)	100 (241)

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Students were asked: If you have ever used any intravenous drug, did you share the syringe with anybody else? (Check only one answer) The answer YES includes those who shared the syringe with one or more persons.

Table 43 – Students, by FU capitals, according to correctness of the information on the forms of Aids transmission*, 2000 (%)

	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
Indicated correct forms of Aids transmission	98	99	96	98	98	94	97	99	88	99	99	97	99	95
Did not indicate correct forms of Aids transmission	2	1	4	2	2	6	3	1	12	1	1	3	1	5
TOTAL (N)	100 (791)	100 (1201)	100 (920)	100 (1234)	100 (1519)	100 (878)	100 (946)	100 (784)	100 (1568)	100 (1057)	100 (950)	100 (1738)	100 (1021)	100 (1107)
Indicated incorrect forms of Aids transmission	24	21	25	23	24	20	21	22	18	14	14	22	15	14
Did not indicate incorrect forms of Aids transmission	76	79	75	77	76	80	79	78	82	86	86	78	85	86
TOTAL (N)	100 (791)	100 (1201)	100 (920)	100 (1234)	100 (1519)	100 (878)	100 (946)	100 (784)	100 (1568)	100 (1057)	100 (950)	100 (1738)	100 (1021)	100 (1107)

Source: Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Students were asked: How do people get Aids? The following were considered correct transmission forms: through blood transfusions and surgeries; infected mothers who pass it on to their babies; contaminated syringes and needles; contaminated equipment of doctors and dentists. The following were considered incorrect transmission forms: through kissing, hugging, and handshaking; in restrooms and toilets.

were low in all the capitals, with the maximum in Cuiabá (25%), the Federal District and Belém (24%), and the minimum in Vitória and Rio de Janeiro and Porto Alegre (14%).

However, the percentages of students who indicated incorrect means of preventing aids were high ranging from a minimum of 71% in Salvador to a maximum of 84% in Manaus.

The analysis of data separated by schools administrative instance and by study shift shows some percentage discrepancies highly relevant for the present survey. Among the students who indicated the correct means of aids transmission, the only discrepancy was found in Salvador: 95% of the day shift students correctly indicated the means of transmission; in the night shift this rate dropped to 78% of the students.

Table 43.1 – Students, by FUs capitals, according to correctness of the information on the forms of Aids prevention*, 2000 (%)

	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
Indicated correct forms of Aids prevention	97	97	96	97	97	93	97	97	87	97	93	96	98	94
Did not indicate correct forms of Aids prevention	3	3	4	3	3	7	3	3	13	3	3	4	2	6
TOTAL (N)	100 (783)	100 (1191)	100 (918)	100 (1224)	100 (1501)	100 (878)	100 (946)	100 (778)	100 (1565)	100 (1050)	100 (940)	100 (1721)	100 (1006)	100 (1107)
Indicated incorrect forms of Aids prevention	75	77	76	84	82	82	81	80	71	75	73	78	73	73
Did not indicate incorrect forms of Aids prevention	25	23	24	16	18	18	19	20	29	25	27	22	27	27
TOTAL (N)	100 (783)	100 (1191)	100 (918)	100 (1224)	100 (1501)	100 (878)	100 (946)	100 (778)	100 (1565)	100 (1050)	100 (940)	100 (1721)	100 (1006)	100 (1107)

Source: Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Students were asked: How do you prevent Aids? The following were considered correct prevention forms: to have sex only using condoms; not to have sex with prostitutes or hookers; to have injections only with disposable syringes or needles; not to accept blood transfusions without quality guarantee. The following were considered incorrect prevention forms: to take vaccines; not to use public restrooms; to use condoms only when having sex with an unknown partner; not to donate blood; to take frequent blood tests; to avoid any contact with infected people.

Regarding the indication of incorrect means of aids transmission, discrepancies occurred in the following seven capitals: Vitória, Goiânia, Cuiabá, Recife, Rio de Janeiro, Florianópolis, and São Paulo. With the exception of Florianópolis, the mentioned disparities happened in schools of different administrative instance. It should be emphasized that in all of these capitals, municipal schools had the highest percentages of incorrect answers on how aids is transmitted.

Regarding the correct means of aids transmission, the only disparity was found in Salvador, where only 74% of the students in the night shift indicated correct means, compared to the high percentage of the day shift students (93%). It is noticeable that when compared to the averages of all the capitals contained in Table 43.1, that rate (74%) is considerably low.

Finally, among the percentages of students who indicated incorrect means of aids prevention, strong disparities occurred in three capitals: Vitória, Cuiabá, and Rio de Janeiro.

In all of them, private school students presented lower rates than those of public schools, whether they were municipal or state schools. In Cuiabá, the highest percentage of incorrect answers occurred in state schools (81%).

As Table 44 shows, for students the main agents of information on STDs/aids and drug abuse are their teachers and their mothers. The former are mentioned in Belém (52%), Porto Alegre (52%), and Salvador (53%), and more indicated in the Federal District (72%) and Goiânia (69%). As for mothers, they are less indicated in the Federal District (44%), Fortaleza (44%), and Maceió (45%), and most mentioned in Rio de Janeiro (63%), Porto Alegre (61%), and Florianópolis (60%). Peers or friends in general are indicated by about half the students, with few relevant variations among the capitals. It is worth highlighting the fact that references to knowledge acquired from well-informed friends on the issue of STDs/aids are relatively few. Overall about 3/4 of the students made references to them. This datum may represent a low efficacy rate in terms of teen multipliers or may simply result from the fact that they were not identified by their peers as well-informed classmates.

Table 44 – Students, by FU capitals, according to people who most informed them, about sex, STDs/Aids, and drugs*, 2000 (%)

	DF	GO	MT	AM	PA	CE	PE	BA	AL	ES	RJ	SP	SC	RS
Teachers	72	69	66	67	52	61	56	53	58	66	57	59	62	52
Mothers	44	54	56	52	48	44	54	49	45	56	63	55	60	61
Mates or friends in general	48	44	52	46	50	49	51	44	49	54	51	47	55	50
Father	31	37	39	34	30	30	38	34	29	40	45	42	43	44
Siblings or relatives	28	28	31	30	32	29	30	28	29	34	36	32	34	39
A well informed mate	23	23	22	28	28	27	27	25	29	27	24	22	24	23
Boy/Girlfriend	26	22	18	26	29	25	22	24	24	24	22	21	25	26
TOTAL	(750)	(1148)	(890)	(1188)	(1425)	(798)	(894)	(1516)	(953)	(1013)	(902)	(1658)	(963)	(1009)

Source: Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Students were asked: Who provided you most with information on sex, STDs/Aids and drugs, or talked with you most about these subjects? (Check all true alternatives). This is a multiple choice question, and the percentages correspond to the affirmative answers to each of the alternatives. N corresponds to the total number of answers based on which each of the percentages was calculated.

3.2. Activities

Data obtained among students show that most were exposed to the three issues focused on by the preventive actions herein evaluated in the majority of the capitals (Table 45). On the other hand, the second greatest sector is formed by those who were not exposed to any of these issues. Quantitative data show that among the students who had preventive activities at school in only five of the 14 capitals (the Federal District, Goiânia, Cuiabá, Manaus, and Vitória) students were exposed to the three issues. In more than half of the capitals, students were generally not exposed to preventive activities.

Table 45 –Students, by FU capitals, according to the number of themes on prevention activities offered to them by the schools 2000* (%)

Number of themes	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
Only one theme	19	23	22	24	30	25	25	26	23	19	22	24	19	25
Two themes	11	11	10	11	11	10	7	9	11	12	8	10	7	9
Three themes	40	41	36	39	21	29	23	24	31	42	32	32	33	29
No theme	30	25	32	27	39	35	45	41	34	27	39	34	41	37
TOTAL	100 (853)	100 (1263)	100 (970)	100 (1296)	100 (1610)	100 (878)	100 (1010)	100 (1016)	100 (1568)	100 (1108)	100 (993)	100 (1838)	100 (1109)	100 (1107)

Source: Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Students were asked: Has your school offered any activities related to drugs, STDs, or Aids in the latest year? (Check all true alternatives) N corresponds to the total number of answers based on which percentages were calculated.

Although several students say the schools developed activities, others claim this did not occur. It is important to emphasize that statements that the schools did not develop such activities are repeated in the Federal District, Salvador, Florianópolis, and Porto Alegre. A possible explanation for this contradiction is a point of complaint by the students in Recife. Not all are included in the activities.

On the other hand, it is important to point out that the informers themselves mention that the absence of these activities cannot be extended to the city where the school is located, and not even to the state: *In the other schools I attended they had activities. Now in this one there are none or I've never heard about it.* (Student focus group in a state school in Salvador, BA)

The analysis of the issues to which the students were exposed shows that the least frequent was aids, and the most explored was STDs (Table 46). In the capitals of Pará,

24. In its Table 12.

Table 46 – Students, by FU capitals, according to themes in prevention activities offered by the schools*, 2000 (%)

Themes	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
Drugs	55	54	50	53	41	48	38	45	47	58	47	53	47	47
STDs	58	60	54	60	41	46	40	39	53	59	47	47	46	45
Aids	48	54	46	49	30	40	30	33	41	51	39	40	39	39
TOTAL (N)	(1099)	(1767)	(1249)	(1784)	(1771)	(1035)	(940)	(1150)	(2049)	(1468)	(1119)	(2157)	(1193)	(1245)

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*) Students were asked: Has your school offered any activities related to drugs, STDs, or Aids in the latest year? (Check all true alternatives). This is a multiple choice question, and the percentages correspond to the affirmative answers to each of the alternatives. N corresponds to the total number of answers based on which percentages were calculated.

Pernambuco, and Alagoas, the proportion of students who mentioned having had school activities involving the issue of aids was lower than 1/3. In Maceió and Recife this has been more explored in municipal schools, with percentages of 42% and 32%, respectively, while in Belém this happens more frequently in state schools, with a percentage of 32%.

The aids issue is most frequently mentioned by state school students. It is worth emphasizing that the document, National Evaluation of the Prevention of STDs/Aids and Drug Abuse at Schools[24], also demonstrated that the preventive actions against STDs/aids are more developed by state schools. The issue of drug abuse is more debated in private schools, as compared to public ones, in 10 of the 14 capitals.

As seen in Table 47, schools did not involve, in significant terms, parents in the development of preventive activities. Among parents more than 2/3 informed that the school did not offer opportunities to participate in any activity on STDs/aids and drug abuse.

Table 47 –Parents, by FU capitals, according to the offer of STDs/Aids and drug abuse* prevention activities to students, 2000 (%)

	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
On STDs	2	3	4	4	3	1	1	1	1	3	1	1	2	4
On Aids	4	4	5	4	3	3	2	3	1	4	2	6	3	3
On drugs	8	12	6	12	6	8	9	7	4	21	7	17	15	16
On all the themes	10	18	18	17	10	9	8	11	16	21	12	18	18	8
There were no activities	70	67	67	66	81	79	82	80	78	55	78	63	66	73
TOTAL (N)	(195)	(272)	(354)	(286)	(331)	(249)	(295)	(485)	(288)	(347)	(209)	(299)	(335)	(241)

Source: Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Parents were asked: Has your child's school ever invited you to any lectures, debates, or other kind of orientation on the prevention of STDs, Aids, or drug abuse? This is a multiple choice question, and the percentages correspond to the affirmative answers to each of the alternatives. N corresponds to the total number of answers based on which percentages were calculated.

In fact, qualitative data show that some schools have difficulties in dealing with issues that involve the discussion of violence, drugs, and sexuality. At times, some of them face moral or religious resistance by the families when transmitting informational content to the students.

Some parents think the debates on sexuality should be conducted by specialists and not by teachers. In one of the schools a mother complained about a math teacher who taught sexual education: *I don't want them to say that condoms should be used.* (Interview with the principal of a public school in Vitória, ES)

This resistance is an explanation for the greater control by the principals over the activities and materials used by teachers: *There are some parents who are more conservative than others, and there are parents who are very liberal. I have to keep an eye on that and respect the differences among the families.* (Interview with the principal of a private school in Goiânia, GO)

In others, principals said the involvement of the school should be limited so as not to impose on the youths' values that are different than those of their families:

> *I regard that with caution, I respect the opinion of everyone, but I do not think that the basic mindset of the students must be formed within the school. I'm not saying our information is perfect. That's not it. We make our mistakes, which are big and serious. As we are human beings, there is no need for me to go into a classroom and tell the students that I give my daughter a condom when she goes out.* (Interview with the principal of a private school in Fortaleza, CE)

As already stated, there are teachers who feel unsure and fearful about approaching the issue. This insecurity is materialized when the family protests against the classes. In schools in Belém, people interviewed said families do not accept this kind of education.

Chart 4:

'Teaching Naughty Things' Teacher focus group in a public school in Belém, PA

Words failed me; the mother of one of my students came to me and said, 'Hey, lady, are you the science teacher? Well, I don't want my daughter to attend your classes because you are teaching her naughty things.' I said, 'How's that?' And she said it again, 'You are teaching her how to be naughty.' Then I kept thinking about it, 'Am I stimulating them in some way?'

However, there are schools that hold meetings with the parents in order to explain to them the goals of the project and to urge them to follow up the process. In Belém, during a focus group, someone stated that the school had also promoted activities for the parents. In the activities developed by a school teacher some videos were shown:

> *Well, I'd like to say the following about the information at the school: I have previously said that in the fourth phase we had a science teacher who gave us classes through videotapes. It was a class that included a general coverage of issues like sexuality and virginity and which were shown in the video. We spent many classes watching videos. He [the teacher] said, 'You're wasting time with this class.' Of course we were not.*
> (Parent focus group in a municipal school in Belém, PA)

Another school works with the families by inviting parents to learn about their work proposal for sexual education and also by bringing guests to debate sexuality and prevention of STDs/aids and drug abuse: *There was even a controversy. The parents said that the students had contact with drugs and that this could stimulate them. But the work was done.* (Teacher focus group in a private school in Maceió, AL)

3.2.1. Lectures

The activities mentioned by parents and students could be summarized as lectures, exhibitions in classrooms, and group works. Students from Cuiabá stated that the activities offered by the school are not very frequent and that they are limited to lectures and assignments: *Only when there is a lecture.* (Student focus group in a municipal school in Cuiabá, MT)

Some students from Cuiabá complained that the information acquired through lectures was repetitive: *It is always the same thing. It is always STDs, drugs, violence, we know it, we're surrounded by it.* (Student focus group in a municipal school in Cuiabá, MT)

3.2.2. Science classes and other disciplines

Most of the activities developed by the schools in regard to violence, drugs, sexuality, and STDs/aids, according to the students, are restricted to science (biology) classes or sexual education:

> *Every year we participated. It was like that. Every week, on Thursdays, we had Sexual*

Education, then the teacher explained it all, we could ask questions, but it ended. They taught it all to us…how to use condoms and the types of STDs. (Student focus groups in a municipal school in Recife, PE)

Most activities were developed science classes. However, in some schools other disciplines had debates on sexuality and STDs/aids: *In my school the chemistry teacher assigned us a lot of things. It was very liberal. We did some on STDs, we distributed condoms in class. I have lots of classes that focus on STD prevention.* (Student focus group in a private school in Florianópolis, SC)

In the Federal District the activities do not seem to be concentrated in any specific discipline. This is due to the local government's intervention according to the statement of one student: *Every two months the government chooses a subject and all the teachers had to talk about it. We talked about aids, pregnancy, etc.* (Student focus group in a public school in the Federal District)

In Salvador the students specifically mentioned the Portuguese and science teachers. Generally these teachers ask for essays on sexuality and STDs: *We hear it in all classes. Almost all of them [the teachers] talk about it.* (Student focus group in a state school in Salvador, BA)

But the classes, as well as the lectures, also suffer from problems of discontinuity: *Sometimes we have debates in class and sometimes it comes up spontaneously. This occurs in biology because we're very interested and we get deep into it.* (Student focus group in a state school in Recife, PE)

3.2.3. Assignments

Individual and group assignments are also mentioned by students and parents. However, they are less frequent than expositive classes or lectures, as an activity related to sexuality and STDs/aids: *The teacher tells you to do an assignment, then you have to present it to the classroom, nothing else.* (Student focus group in a municipal school in Cuiabá, MT)

These assignments according to the students themselves are done from research projects in the school library: And also *(...) when we have to do research, we go to the school library.* (Student focus group in a municipal school in Cuiabá, MT)

Once again, opinions about these activities vary from school to school. While some

consider it positive, others do not view them as being effective: *Last year we did an assignment almost all year long on sexuality, which was tiresome.* (Student focus group in a private school in Cuiabá, MT)

3.2.4. Science Fair

The Science Fair was also verified in some schools. In Cuiabá, this activity was promoted through contact with material from the TV program Um Salto para o Futuro:

> *Through Um Salto para o Futuro we did a project on STDs/aids and talked about drugs. We made puppets, posters, and showed the condoms and demonstrated the various types of contraceptive methods.* (Parent focus group in a state school in Cuiabá, MT)

Only in Florianópolis did students mention the Science Fair, although principals and teachers in other cities indicated the practice as common in their schools: *We did it last year. We had a Science Fair and a lot of work went into it. We also distributed condoms.* (Student focus group in a private school in Florianópolis, SC)

3.2.5. Other activities

In Recife students described several activities. Among them, contests and debates with groups of psychologists:

> *There was an event here about sex and aids. The first year I was here there was a group of psychologists who met here once a week. We chose some students from each class and debated once a week on drugs and all of the other subjects.* (Student focus group in a municipal school in Recife, PE)

Debates were also mentioned by some students in the Federal District and Fortaleza as activities developed at school related to sexuality and STDs/aids. However, the content of this activity was criticized by the very students who were not interested in participating: *Since the beginning I knew something was being carried out in this school. There were debates in the classrooms but there were people who wanted to skip the class to chat.* (Student focus group in a public school in the Federal District)

Finally, it is important to cite the references made by students in Vitória, Cuiabá, and Recife to videotape exhibitions on the issues, highlighting the fact that in the first city the

exhibition is done through the material from the TV program Um Salto para o Futuro.

There were also other activities less mentioned but which deserve credit for showing different proposals than the others, be it by their continuity, be it by the kind of involvement done with the youths, or be it for the innovative attitude such as theater plays and internet to draw the student's attention. It should also be emphasized that the majority of these activities were done in private schools:

> *There were always lectures, festivals, and theater plays. I was even in a play last year that talked about two schools. They talked about violence and drugs. We showed it to the principals and they liked it. We showed it several times but not this year.* (Student focus group in a private school in Salvador, BA)

Due to the central role of didactic activities themselves, which involved issues like the prevention of STDs/aids and drug abuse, it is natural that teachers assume the most visible role as prevention agents. As seen in Tables 48 and 49 (and according to the already mentioned document of the Ministry of Health[25]), teachers are the most mentioned by students as agents in charge of talking to them about the three issues of aids, STDs, and drug abuse. There are also people invited from outside the school community such as policemen, doctors, etc. Additionally, there are supervisors/advisors and other unspecified agents who participate.

Table 48 –Students, by FU capitals, according to the people in charge of talking about drugs at schools, 2000* (%)

	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
Teachers	77 (439)	74 (654)	75 (473)	78 (700)	72 (655)	82 (439)	78 (401)	78 (442)	73 (750)	77 (596)	69 (400)	66 (744)	68 (425)	62 (397)
People from outside the school: doctors, policemen, or others	48 (270)	55 (491)	63 (399)	62 (559)	49 (449)	45 (239)	41 (211)	43 (245)	45 (458)	60 (462)	62 (356)	49 (550)	63 (388)	58 (370)
Supervisors/Advisors/ Principals	30 (172)	32 (288)	22 (138)	33 (295)	31 (284)	42 (226)	34 (176)	37 (210)	30 (304)	38 (294)	35 (199)	35 (390)	34 (208)	37 (237)
Nobody	3 (15)	4 (31)	3 (18)	4 (40)	5 (46)	5 (25)	5 (24)	4 (24)	5 (48)	4 (29)	3 (18)	4 (48)	5 (29)	6 (35)
TOTAL (N)	(569)	(888)	(635)	(899)	(909)	(533)	(513)	(568)	(1026)	(773)	(576)	(1127)	(621)	(642)

Source: Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Students were asked: In your school, who talked to the students about drugs? (Check all true alternatives). This is a multiple choice question, and the percentages correspond to the affirmative answers to each of the alternatives. N corresponds to the total number of answers based on which percentages were calculated.

25. In its Table 28.

Table 49 – Students, by FU capitals, according to people in charge of talking about STDs/Aids at schools, 2000* (%)

	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
Teachers	80 (876)	75 (1317)	73 (915)	76 (1354)	70 (1238)	81 (839)	78 (780)	75 (860)	74 (1517)	82 (1199)	72 (806)	68 (1455)	71 (852)	60 (743)
People from outside the school: doctors, policemen, or others	42 (460)	52 (919)	61 (764)	61 (1079)	49 (449)	41 (427)	37 (371)	36 (408)	40 (810)	46 (734)	55 (610)	41 (882)	59 (708)	53 (662)
Supervisors / Advisors / Principals	26 (289)	28 (502)	16 (200)	29 (520)	28 (500)	36 (369)	30 (283)	27 (310)	27 (561)	29 (473)	30 (338)	33 (711)	27 (321)	34 (427)
Nobody	3 (34)	4 (61)	4 (49)	4 (71)	6 (99)	6 (63)	7 (67)	5 (56)	5 (111)	5 (77)	6 (64)	7 (143)	4 (49)	7 (85)
TOTAL (N)	(1099)	(1767)	(1249)	(1784)	(1771)	(1035)	(940)	(1150)	(2049)	(1468)	(1119)	(2157)	(1193)	(1245)

Source: Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Students were asked: In your school, who talked to the students about STDs/Aids? (Check all true alternatives). This is a multiple choice question, and the percentages correspond to the affirmative answers to each of the alternatives. N corresponds to the total number of answers based on which percentages were calculated.

It is also noticeable that in terms of activities related to drug abuse teachers are mentioned more frequently as prevention agents by students in municipal schools except in the case of the Federal District, where they are mentioned by 80% of private school students. Actions by external guests and supervisors are more frequently disseminated in private schools, as in Vitória, where they were respectively mentioned by 53% and 46% of the students. In Porto Alegre, more than 50% of state schools mentioned as agents people from outside the school community, outside guests. And supervisors are mentioned by 32% of the students. In Rio de Janeiro, outside guests are more frequently mentioned by students of public state schools.

Focusing on drug abuse, outside guests are mentioned more frequently as agents in the night shift of half the capitals, including the states of Amazonas (64%), Goiás (51%), Mato Grosso (58%), Pará (41%), Santa Catarina (53%), São Paulo (51%), and the Federal District (39%). Considering the shift, outside guests are mentioned more frequently as agents by students in the night shift when the issue centers around STDs/aids. This occurs in nine of the 14 target capitals.

Although principals were less mentioned as being in charge of talking about the three suggested issues, it is worth pointing out that in nine capitals the percentages of students in municipal schools who mentioned the principals are higher than total percentages. For instance, in Maceió the total percentage is 20%, but principals were mentioned by 27% of students in municipal schools. The same happens in Salvador (13%), Vitória (17%), Goiânia

(16%), Cuiabá (15%), Belém (19%), Recife (15%), Rio de Janeiro (22%), and Porto Alegre (20%). Thus, the assumption can be made that, because they are not directly involved in the partnerships destined to promote preventive actions due to a lack of other alternatives, principals take on the burden of talking about these issues to the students.

The analysis of the frequency and intensity of the exposure of the students to the issues focused on (Tables 50 and 51) shows that most of them inform low exposure, averaging a frequency of once a year, which confirms the criticisms expressed in focus groups directed to the irregular and discontinued character of the developed activities. Next are those who report an average exposure, varying from once a month to twice a year. Coinciding with the data obtained among teachers in the previous chapter, the highest percentages of students who informed having had no exposure whatsoever to prevention of STDs/aids and drug abuse are in the capitals of Pernambuco, Alagoas, Rio Grande do Sul, Ceará, and Pará. In Recife, students from municipal schools were the ones who informed no activities (32%) and the ones who least informed no activities were students in private (15%) and state schools (17%). (Tables 50 and 51).

Table 50 –Students, by FU Capitals, according to the periodicity of the activities related to STDs/Aids offered by schools*, 2000 (%)

Frequency	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
Every week	9	6	8	7	5	6	5	9	6	10	6	14	8	9
Twice a month	10	6	7	8	7	10	6	7	8	9	5	8	5	6
Once a month	14	9	13	12	10	13	9	14	8	13	13	9	8	9
Twice a year	21	24	21	19	15	15	17	14	19	21	24	18	19	16
Once a year	40	46	41	46	50	42	46	42	52	39	45	42	50	43
Have never been carried out	7	9	11	9	14	14	18	15	8	8	8	9	10	15
TOTAL	100 (533)	100 (815)	100 (601)	100 (847)	100 (868)	100 (511)	100 (473)	100 (519)	100 (901)	100 (710)	100 (543)	100 (1037)	100 (558)	100 (599)

Source: Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*) Students were asked: How often were the activities related to STDs/Aids and drugs carried out at school?

3.3. Reactions of the Beneficiaries

Perhaps due to the importance of the issues, when asked about the quality of STDs/aids activities carried out in the school, the majority of the students showed very

Table 51 –Students, by FU capitals, according to the intensity of the exposure to activities related to STDs/Aids carried out at school*, 2000 (%)

Exposure intensity	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
Intense	19	12	15	15	12	16	11	16	14	19	11	22	13	15
Medium	35	33	34	31	25	28	26	28	27	34	37	27	27	25
Low	40	46	41	46	50	42	46	42	52	39	45	42	50	43
None	7	9	11	9	14	14	18	15	8	8	8	9	10	15
TOTAL	100 (533)	100 (815)	100 (601)	100 (847)	100 (868)	100 (511)	100 (473)	100 (519)	100 (901)	100 (710)	100 (543)	100 (1037)	100 (558)	100 (599)

Source: Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Students were asked: How often were the activities related to STDs/Aids and drugs offered at school? Intense frequency was considered to be that corresponding to every week and/or twice a month; Medium, once a month and/or twice a year; Low, once a year; and None when the activities had never been carried out.

positive reactions. The great majority indicated that the material used was easy to understand and that it brought new information, the activities were pleasant and contributed to the learning of several new things. (Table 52)

Table 52 –Students, by FU capitals, according to their opinions about the activities related to STDs/Aids carried out at school*, 2000 (%)

	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
Activities were enjoyable	86	85	87	85	86	84	83	82	88	87	85	85	84	81
Activities were not enjoyable	14	15	13	15	14	16	17	18	12	13	15	15	16	19
TOTAL (N)	100 (487)	100 (725)	100 (508)	100 (694)	100 (684)	100 (429)	100 (395)	100 (427)	100 (798)	100 (664)	100 (519)	100 (904)	100 (524)	100 (528)
The material used was easy to understand	87	83	86	79	79	80	81	78	86	88	83	82	87	85
The material used was not easy to understand	13	17	14	21	21	20	19	22	14	12	17	18	13	15
TOTAL (N)	100 (491)	100 (740)	100 (423)	100 (677)	100 (678)	100 (405)	100 (394)	100 (415)	100 (783)	100 (667)	100 (523)	100 (912)	100 (524)	100 (538)
The material brought new information	87	89	89	90	89	88	83	86	89	88	86	88	86	85
The material did not bring new information	13	11	11	10	11	12	17	14	11	12	14	12	14	15
TOTAL (N)	100 (500)	100 (736)	100 (529)	100 (716)	100 (701)	100 (431)	100 (399)	100 (430)	100 (797)	100 (665)	100 (514)	100 (930)	100 (528)	100 (534)
I learned many things from these activities	92	92	90	92	92	94	90	91	92	91	87	90	88	86
I did not learn many things from these activities	8	8	10	8	8	6	10	9	8	9	13	10	12	14
TOTAL (N)	100 (503)	100 (763)	100 (549)	100 (770)	100 (760)	100 (465)	100 (430)	100 (463)	100 (846)	100 (689)	100 (523)	100 (960)	100 (540)	100 (549)

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Students were asked: Give your opinion about the activities offered on STDs/Aids and drugs. The categories in the table were presented to the students as topics in the evaluation of the activities.

As to the way the activities were developed, students who considered them pleasant were at a minimum of 81% in Porto Alegre and, at a maximum of 87% in Cuiabá and Vitória. In terms of the understandability of the material, percentages obtained vary from a minimum of 78% in Maceió to a maximum of 87% in Florianópolis and in the Federal District. In terms of new information brought by the material used, figures obtained vary from a minimum of 83% in Recife and a maximum of 90% in Manaus. These data are consistent with the evaluation of the results of the activities carried out by the students. At least 86% in Porto Alegre and at most 94% in Fortaleza said they learned a lot as a result of the activities carried out.

Expositive classes were also targets of criticism. This occurred primarily in the schools where apparently these classes are the only activities developed, because the students think they are not enlightening and do not provide the necessary information: *...not only in class.*

The parents also recognized that science classes are where most issues on sexuality and STDs/aids are covered. However, they believe that only asking students to attend classes and do school work does not provide new information. In that case, there should be counseling by health professionals according to their opinions: *I think that the school asks the student to do homework, but they precisely lack the opinion of a doctor, or a psychologist that verifies or talks to them and shows films or slides.* (Parent focus group in a private school in Fortaleza, CE)

3.3.1. The importance of the issues

According to one of the parents interviewed in Belém, it is very important that the school participates in the sexual education of the students. However, he points out that this task requires well-qualified professionals. This same parent stated that lectures by experts are important but the involvement of teachers with well elaborated classes produces more effective results: *... when the teacher is qualified for such a task, then he can inform the student in the class of the best way possible. Now, I think lectures are very good, but teachers are fundamental.* (Parent focus group in a municipal school in Belém, PA)

It should be pointed out that a student in Maceió considered the issues so important that he even lied to his mother about the content of the science classes, so he could participate:

When I was in 8th grade and the school was being reformed, we were sent to the com munity center and people talked about sex, teenage pregnancy. I studied in the morning and attended those classes at night. Then I'd say, 'Mom, I am off to school.' 'To do what?' she would ask. 'To attend a science class about the lungs and the heart,' I would respond. I went and I learned a lot. (Student focus group in a state school in Maceió, AL)

Some students also associated the relevance of these activities to the need to fill in the gap left by families that do not talk to them about these issues, such as in Rio de Janeiro: *Some information is always lacking but it is good, because some of us do not talk to our parents or friends about it.* (Student focus group in a municipal school in Rio de Janeiro)

This opinion is shared by some parents in Porto Alegre, who seem to be relieved because the school is offering sexual education classes, since many of them recognize they cannot talk to their children about the issues due to a lack of knowledge or a significant level of intimacy with their children.

4 IMPACT EVALUATION

The goal of this chapter is to evaluate the impacts on the direct beneficiaries (students and parents) and on the deliverers (teachers) of the preventive actions against STDs/aids and drug abuse in elementary and high schools in 14 Brazilian capitals.

This evaluation will be done combining qualitative and quantitative data. Within the latter, variables that express subjective estimates (their opinions) by the teachers and students will be dealt with in a distinct manner, as well as those which allow the objective measuring of the impacts. Impact differences will also be characterized in regard to the students, their parents, and teachers, since they correspond to distinct social groups and roles. Finally, for the purposes of this survey sexual activity represents a powerful intervening variable to this study. The students will be divided into two groups dealt with according to their peculiarities: those who are sexually active[26] and those who are not.

Special attention will be given to the statistical correlation established between two independent variables: (i) the offer, or lack of offer, of prevention activities by the school to students and parents; and (ii) the intensity with which beneficiaries were exposed to these activities and the dependent variables related to their behaviors, attitudes, and information. In regard to teachers, only one independent variable will be explored: the offer of qualification courses to act in the preventive actions of STDs/aids and drug abuse in schools.

This evaluation, as any other, requires the analysis of indicators. These are especially relevant in the impact evaluations, where the great challenge is to identify and differentiate the real consequence of a result and all the other things that can result from the intervention of other factors.

Indicators are not just data. They are always variables, since they can have different values. But not all variables are indicators. Indicators are numerical figures attributed to objects, behaviors, activities, or situations, according to certain rules. As measures, indicators refer to information that in conceptual terms is quantifiable, whether the collecting has complied with qualitative or quantitative techniques. Thus, indicators must

26. For the purposes of this survey, sexually active students are considered those who answered Yes to the question: Have you ever had sex?

be defined in operational terms, that is, in categories in which their manifestations can be verified and measured.

The following objective impact indicators, related to the students, were selected for the present analysis:

- sharing of syringes while abusing intravenous drugs;
- number of sexual partners in the last 12 months;
- sexual relations with relatively unknown partners;
- sexual relations with prostitutes;
- use of condoms in sexual relations with prostitutes;
- frequency of the use of condoms;
- attitudes toward passion and sex;
- attitudes toward the importance of virginity;
- willingness to use a condom if it is available at the moment of the sexual relation;
- faith in the partners sexual loyalty.

The following objective impact indicators, related to the parents, were selected:

- self-evaluation in terms of knowledge of sexual and reproductive health;
- availability of sexual education for children on STDs/aids;
- recommendations to children on the use of condoms;
- attitudes toward the distribution of condoms to students at schools.

The following objective impact indicator, related to the teachers, were selected:

- self-evaluation in terms of knowledge of sexual and reproductive health;

4.1. Impact Evaluation by Principals, Teachers, and Students

As can be observed in the following data, high percentages of teachers stated that the activities had a high impact on the students as to the prevention of STDs/aids and drug abuse. Percentages obtained in this category were, in almost all capitals, above 50% (Table 53). However, it is worth pointing out that a reduced number of teachers answered this question.

The analysis separated by the schools administrative instance shows that in Maceió,

Table 53 – Teachers, by FU capitals, according to their estimation of the impact, on students, of the prevention activities against STDs/Aids and drug abuse*, 2000 (%).

Estimated impact	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
None	-	-	2	3	-	-	4	-	-	-	-	2	2	-
Low	5	5	8	13	9	2	4	6	10	-	5	9	4	9
Medium	38	43	25	26	36	34	15	46	29	31	42	39	29	32
High	58	52	65	59	56	63	78	48	61	69	54	50	65	59
TOTAL	100 (40)	100 (58)	100 (49)	100 (39)	100 (45)	100 (41)	100 (27)	100 (52)	100 (49)	100 (55)	100 (67)	100 (56)	100 (48)	100 (56)

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Teachers were asked: How do you evaluate the impact, on youths, of the activities developed? Consider the following aspects (Attribute 0 to 10 points to each item):
[ ] Offered correct and sufficient information; [ ] Contributed to reinforcing the self-esteem; [ ] Stimulated the development of responsible attitudes;
[ ] Contributed to the elimination of prejudice. An average was obtained for the points attributed to each of the topics. The values obtained were reclassified into four categories: zero points = No impact; Between 1 and 4.999 points = Low impact; Between 5 and 7.999 points = Medium impact; Between 8 and 10 points = High impact

despite the high percentage of teachers in public schools who consider the impact to be high (48%), private schools show a much higher percentage of almost 60%. In Goiânia, the percentage of private school teachers who think the impact is low amounts to 22%. In Manaus this is verified in public schools, where 23% of the teachers think the impact is low.

In general, the private school teachers who consider the impact of the activities on the students high are more frequent than those from public schools, reaching 87% in Recife, 85% in Manaus, and 83% in Fortaleza. In Belém, the percentage of private school teachers who claim that the activities reached a high impact is 85%, whereas in public schools it is only 47%. In this same capital, the average impact is indicated by 8% of private school teachers and by 44% in public ones.

However, the analysis of the qualitative data shows that some principals think it is too early to evaluate the impacts of the prevention activities against STDs/aids: *I think it is too early to say anything. We have to wait a little more.* (Interview with the principal of a state school in São Paulo, SP)

Some are very optimistic: *Oh, I think they are learning a great deal about it. And it will be of great value. Even if they think it is boring, they will think about it later. They will link it to their lives.* (Interview with the principal of a state school in Belém, PA)

Similarly to what was verified among teachers, when the students were asked to evaluate the impact of the activities carried out at the schools on their behavior related to sex, aids, or STDs, most of them said they caused changes (Table 54).

Table 54 –Students, by FU capitals, according to their self-perception of the impact of the activities offered by the school on their behavior as to sex, Aids, and STDs*, 2000 (%)

Self-perception as to behavior change	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
Changed significantly	60	63	60	66	63	67	57	55	65	58	53	54	48	50
Changed a little	15	13	19	15	17	15	17	15	16	18	20	21	20	20
Did not change at all	19	12	14	10	8	7	13	14	11	17	19	15	20	20
Did not participate	7	12	7	10	12	11	13	17	8	7	8	11	11	10
TOTAL	100 (497)	100 (752)	100 (546)	100 (759)	100 (789)	100 (440)	100 (404)	100 (463)	100 (816)	100 (683)	100 (501)	100 (966)	100 (537)	100 (564)

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Students were asked: Have these activities made you change your behavior in regard to sex, Aids, and STDs?

The highest percentages of students who said they have changed their behaviors were registered in Manaus, Salvador, Fortaleza, and Belém. In Cuiabá, the percentages were also high, but were concentrated in municipal (69%) and state schools (83%) and in the night shift (50%). The same happened in Rio de Janeiro where the figures were, respectively, 61%, 68%, and 71%.

The lowest percentages of students who registered great changes in their behavior were found in Florianópolis and Porto Alegre. The highest percentages of those who said the activities did not contribute to any changes in their behaviors were also found in Florianópolis, Porto Alegre, besides the Federal District, Rio de Janeiro, and São Paulo. Again, in the case of Rio de Janeiro, it should be pointed out that there is a great variation among school types. While 27% of the students in private schools said activities did not change anything in their behaviors, only 8% in municipal schools and 14% in state schools shared that opinion.

Table 55 presents significant information on the self-perception of behavioral changes among students who have an active sexual life, due to their exposure to prevention activities.

As can be noticed in Table 55, the perception of changes in their own behavior as to sexuality and to sexual health is affected by the intensity with which students were exposed to the activities on the relevant issues. In other words, students who were regularly exposed to these activities weekly, fortnightly, or monthly, more frequently reported having changed their behaviors than students who were exposed every six months

Table 55 –Students with active sexual life, by FU capitals, according to their self-perception of sexual behavior change due to their intensity of exposure to prevention activities*, 2000 (%)

Intense exposure **	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
Changed	91	95	93	86	95	98	96	90	96	87	97	86	69	87
Did not change	9	5	7	14	5	2	4	10	4	13	3	14	31	13
TOTAL	100 (45)	100 (41)	100 (57)	100 (91)	100 (74)	100 (43)	100 (28)	100 (31)	100 (68)	100 (82)	100 (37)	100 (79)	100 (32)	100 (47)
Low exposure **	**DF**	**GO**	**MT**	**AM**	**PA**	**CE**	**PE**	**AL**	**BA**	**ES**	**RJ**	**SP**	**SC**	**RS**
Changed	77	89	85	90	91	90	88	87	92	80	78	87	82	77
Did not change	23	11	15	10	9	10	12	13	8	20	22	13	18	23
TOTAL	100 (121)	100 (181)	100 (153)	100 (235)	100 (285)	100 (115)	100 (114)	100 (92)	100 (282)	100 (168)	100 (163)	100 (211)	100 (170)	100 (178)

Source: Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Students were asked: Have these activities made you change your behavior in regard to sex, Aids, and STDs? The category Changed refers to all of those who said to have changed significantly or just a little. The category Did not change corresponds to those who reported not having changed at all.
(**)Intense exposure refers to those students who were exposed to the activities on a weekly, fortnightly, or monthly basis; Low or No exposure occurred when the school offered activities of this kind only once or twice a year, or did not offer.

or annually to preventive actions. Exceptions were registered among students in Manaus, São Paulo, and Florianópolis[27].

Overall, the same result occurs among students who are not sexually active. It is worth mentioning that, the more they are exposed to preventive actions, the more they report changes in their behavior in regard to sex, STDs, and aids (Table 56)

However, in some capitals, this correlation is not maintained regarding students who do not have an active sexual life: Maceió, Salvador, Vitória, Rio de Janeiro, and Florianópolis. It should be pointed out, by the way, that the statistical correlation was much more frequent among students with an active sexual life (between 31% and 50% of the students, overall, according to capitals) than among those who had not had their first sexual relation yet.

Qualitative data highlight the probable reasons for these results. In interviews, many principals claimed that students demonstrate great interest in the issue, possibly because of the anguish generated by lack of information and by the natural curiosity of that age: *They seem to be receptive. They like the issue, they like to research. We can notice some eagerness in them in getting to know more about the subject.* (Interview with the principal of a public school in Florianópolis, SC)

27. It is worth noting that the percentage differences found in Manaus and São Paulo are within the error margin of the sample of 5%.

Table 56 – Students without active sexual life, by FU capitals, according to their self-perception of sexual behavior change due to their intensity of exposure to prevention activities* 2000 (%)

Intense exposure	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
Changed **	90	93	87	93	92	98	90	77	86	80	78	86	75	85
Did not change	10	7	13	7	8	2	10	23	14	20	22	14	25	15
TOTAL	100 (107)	100 (86)	100 (91)	100 (84)	100 (78)	100 (86)	100 (39)	100 (56)	100 (93)	100 (114)	100 (79)	100 (177)	100 (60)	100 (87)
Low exposure	**DF**	**GO**	**MT**	**AM**	**PA**	**CE**	**PE**	**AL**	**BA**	**ES**	**RJ**	**SP**	**SC**	**RS**
Changed **	75	82	84	87	89	89	79	79	85	80	77	80	73	75
Did not change	25	18	16	13	11	11	21	21	15	20	23	20	27	25
TOTAL	100 (192)	100 (322)	100 (196)	100 (241)	100 (244)	100 (186)	100 (154)	100 (121)	100 (343)	100 (235)	100 (171)	100 (362)	100 (195)	100 (212)

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Students were asked: Have these activities made you change your behavior in regard to sex, Aids, and STDs? The category Changed refers to all of those who said to have changed significantly or just a little. The category Did not change corresponds to those who reported not having changed at all.
(**)Intense exposure refers to those students who were exposed to the activities on a weekly, fortnightly, or monthly basis; Low or No exposure occurred when the school offered activities of this kind only once or twice a year, or did not offer.

On the other hand, some principals state that many students are not interested or do not absorb the information provided: *When you are explaining or talking about a certain subject, they are totally concentrated. Then, they forget about it. They don't care anymore.* (Interview with the principal of a public school in the Federal District)

Usually, the initial reactions of the students are diverse, varying from curiosity to the typical aloofness of the age: *Some of them pay a lot of attention. There are others who make a mess out of it. Some know how it works, others learned it the wrong way. Some make mockery, but others do not.* (Interview with the principal of a state school in Fortaleza, CE)

Fright and shock are some of the immediate effects observed among the youths who attend classes or lectures on STDs/aids:

> *Many of them can't believe what they see, especially a class which watched a video on STDs. They left the room commenting: 'Wow, I didn't know it was like that. I'd heard about it, but I didn't know it happened'. To them, it is frightening seeing what can happen.* (Interview with the deputy principal of a state school in Salvador, BA)

Some students were very shy when the issue was first discussed. However, they soon relaxed and started participating and asking questions:

> *The first time we showed videos they were a bit shy. But soon they started asking questions which indicated they were getting interested and enjoyed the subject. This is*

very important because we were not used to this response. (Interview with the deputy principal of a municipal school in Belém, PA)

Many students react naturally because they already have knowledge about the subjects: *Nowadays, our students react naturally, because they already have knowledge from the world out there, from other places, from where they live.* (Interview with deputy principal of a state school in Fortaleza, CE)

On the other hand, it should be taken into consideration that in many cases the religions of the students may affect their absorption of certain information, and consequently, the impact of the actions:

> *There are different reactions, mainly because of different religions. Some are really interested and others, because of religious beliefs, are afraid of believing that things happen that way. So, the impact we find is the religious difference. This has been one of the reactions.* (Interview with the principal of a public school in the Federal District)

Some religions are a real obstacle to the spreading of information on sexuality, STDs, and aids, and consequently, to the change of attitudes and behaviors. But there are cases when the opposite occurs, when the student takes the issues to the church environment: *I remember a student here who even took the debates to the church. She was in an evangelical church, gathered neighbors, couples, and they debated drugs, sex, condoms, etc.* (Interview with the principal of a municipal school in Rio de Janeiro, RJ)

4.2. Objective Impact Indicators

4.2.1. On students

As mentioned in the beginning of this chapter, one of the ways to evaluate the effective impact of preventive actions is to isolate two groups of students, those who are sexually active and those who are not, and search for correlation between the exposure to preventive actions and their behaviors, attitudes, and information.

As will be seen next, in general the impacts verified show significant variations among the capitals. This is possibly explained in part by the differences among themselves as to the levels of exposure of students to preventive actions[28]. It may, however, result from

several other factors, which add up to the level and intensity of the exposure to preventive actions, such as regional and local culture, financial income, access to cultural goods, religion, etc. and also the local characteristics in terms of the institutionalization of the actions.

4.2.1.1. Behaviors

The data obtained bring significant knowledge about the activities developed and their impacts. For instance, in regard to the sharing of syringes among students who take intravenous drugs and who have an active sexual life (Table 57), the exposure to prevention activities in schools plays a decisive role. Thus, in nine capitals, among the students who stated not having been exposed to prevention activities, those who share syringes are significantly more frequent than among those who were exposed to preventive actions.

Table 57 –Students with active sexual lives who take intravenous drugs, by FUs capitals, and by schools which offered prevention activities against STDs/Aids, according to sharing of syringes during drug abuse, 2000 (%)

	DF		GO		AM		PA		AL	
Share syringes while abusing injectable drugs	**The school offered activities**	**The school did not offer activities**	**The school offered activities**	**The school did not offer activities**	**The school offered activities**	**The school did not offer activities**	**The school offered activities**	**The school did not offer activities**	**The school offered activities**	**The school did not offer activities**
Yes	25	40	48	60	17	27	20	29	33	42
No	75	60	52	40	83	73	80	71	67	58
TOTAL *	100 (12)	100 (15)	100 (21)	100 (15)	100 (24)	100 (11)	100 (30)	100 (34)	100 (6)	100 (12)

	RJ		SP		SC		RS	
Share syringes while abusing injectable drugs	**The school offered activities**	**The school did not offer activities**	**The school offered activities**	**The school did not offer activities**	**The school offered activities**	**The school did not offer activities**	**The school offered activities**	**The school did not offer activities**
Yes	10	40	45	58	25	60	25	56
No	90	60	55	42	75	40	75	44
TOTAL *	100 (10)	100 (10)	100 (20)	100 (19)	100 (8)	100 (5)	100 (12)	100 (9)

Source: Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)As can be observed, the absolute number of answers is quite low, recomending special care with inferences.

Among the students who are not sexually active (Table 58) who take intravenous drugs, the opinions, information, or beliefs in the existence of a cure for aids affect decisively their behavior in regard to the use of injection syringes. As can be observed, acknowledging the incurable character of aids strongly affects the willingness to share syringes during drug abuse. In the nine capitals where a statistic association between the two variables was

28. The exposure refers to the offer or development, by the schools, of STDs/Aids preventive activities, also including drug abuse preventive actions. The intensity of the exposure was measured from the frequency with which the school offered activities on STDs/Aids. Intense exposure refers to students who were presented with weekly, fortnightly, or monthly activities; low or no exposure occurs when the school did not offer activities of that kind or did it only once or twice a year.

observed, it can be noted with a certain regularity that those who believe there is no cure for the disease are the ones who least report sharing syringes, and vice versa.

Table 58 –Students without active sexual life who take intravenous drugs, by FUs capitals, and by opinion as to the cure for Aids, according to sharing of syringes during drug abuse, 2000 (%)

Share syringes while abusing injectable drugs	DF		MT		PA		AL		BA		ES		RJ		SP		RS	
	Is there cure for Aids?		Is there cure for Aids?		Is there cure for Aids?		Is there cure for Aids?		Is there cure for Aids?		Is there cure for Aids?		Is there cure for Aids?		Is there cure for Aids?		Is there cure for Aids?	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Yes	54	100	17	33	26	50	-	43	20	63	39	75	25	67	31	50	11	100
No	46	-	83	67	74	50	100	57	80	37	62	25	75	33	69	50	89	-
TOTAL*	100 (13)	100 (4)	100 (6)	100 (3)	100 (27)	100 (8)	100 (5)	100 (7)	100 (20)	100 (27)	100 (13)	100 (4)	100 (4)	100 (15)	100 (13)	100 (2)	100 (9)	100 (3)

Source: Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)As can be observed, the absolute number of answers is quite low, recomending special care with inferences.

As can be seen in Table 59, the exposure to prevention activities apparently also causes a sexual self-restraining effect. In six of the capitals where the variables were correlated, the students who stated having had prevention activities at school are those who most frequently report having had only one sexual partner during the last 12 months before the survey, and are those who least state having had six or more sexual partners

Table 59 –Students with active sexual life, by FU capitals, and by exposure to STDs/Aids prevention activities at schools, according to the number of sexual partners in the latest year, 2000 (%)

Number of sexual partner in the latest year *	GO		CE		AL		BA		ES		SC	
	The school offered activities	The school did not offer activities	The school offered activities	The school did not offer activities	The school offered activities	The school did not offer activities	The school offered activities	The school did not offer activities	The school offered activities	The school did not offer activities	The school offered activities	The school did not offer activities
One	61	53	70	62	63	51	72	61	68	59	65	59
Two to five	31	33	26	28	26	36	22	29	27	28	27	31
Six or more	8	14	5	10	11	13	7	10	6	13	8	10
TOTAL	100 (219)	100 (79)	100 (110)	100 (82)	100 (128)	100 (90)	100 (303)	100 (140)	100 (200)	100 (88)	100 (175)	100 (130)

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Students were asked: How many different people did you have sex with in the latest twelve months?
[ ] One; [ ] Two to five; [ ] Six to ten; [ ] More than ten. The two last categories of answers were joined under Six or more.

during this twelve-month period.

As Table 60 shows, not only the offer of prevention activities (exposures) impacts

the behavior of those with active sexual lives. The intensity of the exposure also produces an important effect: it reduces the tendency of having sexual relations with casual partners. As can be concluded from the comparison presented in Table 60, in seven of the surveyed capitals a higher intensity of exposure to prevention activities contributes to a reduction in sexual relations with little known partners and vice versa. This has shown to be an important element in the practice of safe sex.

Table 60 –Students with active sexual life, by FU Capitals, and by intensity of exposure* to STDs/Aids activities at schools, according to the practice of sex with little known people, 2000 (%)

Have you ever had sex with a person that you did not know much about?	GO		AM		PA		CE	
	Intense exposure	Low / No exposure	Intense exposure	Low / No exposure	Intense exposure	Low / No exposure	Intense exposure	Low / No exposure
Yes	37	43	44	50	45	49	38	43
No	63	56	56	50	55	51	62	58
TOTAL	100 (51)	100 (234)	100 (103)	100 (291)	100 (83)	100 (341)	100 (61)	100 (146)

Have you ever had sex with a person that you did not know much about?	PE		ES		SC	
	Intense exposure	Low / No exposure	Intense exposure	Low / No exposure	Intense exposure	Low / No exposure
Yes	39	55	31	38	40	46
No	61	45	69	62	60	54
TOTAL	100 (36)	100 (139)	100 (84)	100 (191)	100 (35)	100 (186)

Source: Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Intense exposure refers to the students who were exposed to the activities on a weekly, fortnightly, and/or monthly basis; Low or no exposure occurred when the school offered activities of that kind only once or twice a year, or did not offer.

A similar regularity can be seen in Table 61, which shows that in seven of the capitals where the research was carried out, the higher the intensity of exposure to the prevention activities, the less frequent are sexual relations with prostitutes.

Data from Table 62 show an effective impact of the offer of prevention activities by the school regarding the use of condoms. In five of the capitals it can be seen that students exposed to these activities frequently stated having used condoms in all or at least some of their sexual relations during the 12 months prior to the research. The opposite happens among students who were not exposed to prevention activities at school. Among them, systematically, higher percentages reveal they did not use condoms in any sexual relation during the same period.

As seen in Table 63, the intensity of the exposure also shows a positive correlation

Table 61 –Students with active sexual life, by FUs capitals, and by intensity of exposure* to STDs/Aids prevention activities at schools, according to their practice of sex with prostitutes, 2000 (%)

Have you ever had sex with a sex professional?	GO		CE		AL		ES	
	Intense exposure	Low / No exposure	Intense exposure	Low / No exposure	Intense exposure	Low / No exposure	Intense exposure	Low / No exposure
Yes	6	12	-	5	10	19	2	10
No	94	88	100	95	90	71	98	90
TOTAL	100 (51)	100 (234)	100 (61)	100 (146)	100 (41)	100 (112)	100 (84)	100 (191)

Have you ever had sex with a sex professional?	RJ		SC		RS	
	Intense exposure	Low / No exposure	Intense exposure	Low / No exposure	Intense exposure	Low / No exposure
Yes	5	14	17	10	3	13
No	95	86	83	90	97	87
TOTAL	100 (41)	100 (183)	100 (35)	100 (186)	100 (59)	100 (217)

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Intense exposure refers to the students who were exposed to the activities on a weekly, fortnightly, and/or monthly basis; Low or no exposure occurred when the school offered activities of that kind only once or twice a year, or did not offer.

Table 62 –Students with active sexual life, by FU Capitals and by exposure to STDs/Aids prevention activities at schools, according to frequency of the use of condoms in the latest year, 2000 (%)

In the latest year, in how many sexual relations did you use condoms?	DF		CE		PE		BA		RS	
	The school offered activites	The school did not offer activities	The school offered activites	The school did not offer activities	The school offered activites	The school did not offer activities	The school offered activites	The school did not offer activities	The school offered activites	The school did not offer activities
All	50	43	53	44	61	40	51	44	60	65
Some	40	43	33	39	28	38	36	45	34	24
None	10	14	14	16	11	22	13	11	6	11
TOTAL(*)	100 (121)	100 (56)	100 (120)	100 (79)	100 (145)	100 (100)	100 (221)	100 (139)	100 (189)	100 (158)

Source: Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)The absolute number refers to those who said to have active sexual lives and had at least one sexual relation during the twelve months previous to the survey.

with the use of condoms. Among the students most exposed to the prevention activities, the percentage of those who used condoms in all their sexual relations in the 12 months prior to the research is significantly higher. Among the least exposed this percentage is low. Comparing Tables 62 and 63 it is possible to speculate that the intensity of the actions may be more important than its simple offer, a possibility that seems to be confirmed also in the qualitative data.

Thus, the studied data undoubtedly indicate the existence of positive impacts originated by preventive actions against STDs/aids and drug abuse on the behavior of students, especially among those in the schools of the surveyed capitals who are sexually active.

Table 63 –Students with active sexual life, by FU Capitals and by intensity of exposure to STDs/Aids prevention activities at schools, according to frequency of the use of condoms in the latest year, 2000* (%)

In the latest year, in how many sexual relations did you use condoms?	MT		AM		PE		BA	
	Intense exposure	Low / No exposure	Intense exposure	Low / No exposure	Intense exposure	Low / No exposure	Intense exposure	Low / No exposure
All	66	50	55	44	63	58	62	51
Some	30	32	36	40	30	29	31	38
None	5	18	9	16	7	13	7	11
TOTAL **	100 (44)	100 (131)	100 (87)	100 (245)	100 (30)	100 (113)	100 (68)	100 (280)

In the latest year, in how many sexual relations did you use condoms?	ES		RJ		RS	
	Intense exposure	Low / No exposure	Intense exposure	Low / No exposure	Intense exposure	Low / No exposure
All	54	49	66	54	71	61
Some	31	30	31	34	24	31
None	14	19	3	12	5	8
TOTAL **	100 (67)	100 (156)	100 (32)	100 (151)	100 (38)	100 (180)

Source: Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Intense exposure refers to the students who were exposed to the activities on a weekly, fortnightly, and/or monthly basis; Low or no exposure occurred when the school offered activities of that kind only once or twice a year, or did not offer.
(**)The absolute number refers to those who said to have active sexual lives and had at least one sexual relation during the twelve months previous to the survey.

4.2.1.2. Attitudes

Besides efficient behaviors, the preventive actions carried out in schools caused an impact on the attitudes of the students, their opinions, beliefs, values, proclivities, bringing positive effects to the practice of safe sex.

There is the case of the association between passion and sexual activity (Table 64), undoubtedly more disseminated among students who are not sexually active and who were exposed to prevention activities, than among those who were not exposed to these activities. It should be noted that this attitude represents an important stimulus to sexual self-restraint, and that the association between the two variables appears statistically significant in 13 of the 14 capitals where the study was carried out.

Also among students who are not sexually active, a statistical association is verified between the intensity of the exposure to prevention activities and the importance attributed to virginity. In seven of the capitals, the students who were intensely exposed to prevention activities are the ones who most frequently attribute virginity a great importance and vice versa (Table 65).

Table 64 –Students without active sexual life, by FU Capitals and by exposure to STDs/Aids prevention activities at schools, according to their attitude towards the relation passion/sex, 2000 *(%)

Believe that sex must be associated to love	DF		GO		MT		AM		PA		CE		PE	
	The school offered activities		The school offered activities		The school offered activities		The school offered activities		The school offered activities		The school offered activities		The school offered activities	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Yes	53	35	57	39	59	49	54	42	55	40	60	48	63	55
No	47	62	43	61	41	51	46	58	45	60	40	52	37	45
TOTAL	100 (362)	100 (246)	100 (584)	100 (308)	100 (357)	100 (299)	100 (455)	100 (305)	100 (374)	100 (523)	100 (317)	100 (309)	100 (271)	100 (425)

Believe that sex must be associated to love	AL		BA		ES		SP		SC		RS	
	The school offered activities		The school offered activities		The school offered activities		The school offered activities		The school offered activities		The school offered activities	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Yes	65	51	57	32	55	45	56	50	58	45	61	49
No	35	49	43	68	45	55	44	50	42	55	39	52
TOTAL	100 (241)	100 (325)	100 (543)	100 (505)	100 (441)	100 (291)	100 (635)	100 (680)	100 (331)	100 (388)	100 (333)	100 (363)

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Students were asked: Check if you agree with the following statement: People should only have sex if they are in love.

Table 65 –Students without active sexual life, by FU capitals and by intensity of exposure* to STDs/Aids preventive actions, according to importance of virginity, 2000 (%)

Consider ** virginity	DF		AM		PA		AL	
	Intense exposure	Low / No exposure	Intense exposure	Low / No exposure	Intense exposure	Low / No exposure	Intense exposure	Low / No exposure
Important	74	65	71	65	65	56	72	68
Not important	26	35	29	35	35	44	28	32
TOTAL	100 (120)	100 (209)	100 (116)	100 (303)	100 (98)	100 (315)	100 (64)	100 (180)

Consider virginity**	BA		ES		RJ	
	Intense exposure	Low / No exposure	Intense exposure	Low / No exposure	Intense exposure	Low / No exposure
Important	77	59	62	54	48	44
Not important	33	41	38	46	52	56
TOTAL	100 (111)	100 (403)	100 (129)	100 (264)	100 (85)	100 (213)

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Intense exposure refers to the students who were exposed to the activities on a weekly, fortnightly, and/or monthly basis; Low or no exposure occurred when the school offered activities of that kind only once or twice a year, or did not offer.
(**)Students were asked: In your opinion (Check only one answer): [ ] Men must remain virgin until marriage; [ ] Women must remain virgin until marriage; [ ] Getting married still a virgin is equally important for both men and women; [ ] Virginity is not important anymore. Those who checked one of the three first alternatives were gathered under the category Important. Those who chose the last alternative correspond to the category Not important.

As regards the attitudes, perhaps the most important impact of the preventive actions is the one described in Table 66. Systematically, in seven capitals, sexually active students who were exposed to preventive actions - when compared to those who were not - are more willing to use condoms if they are available at the moment of the sexual relation. However, it should be warned that regardless of the exposure to prevention activities in schools, those who express such willingness are always a minority, which suggests an attitude of rejection to the condom[29].

Table 66 –Students with active sexual life, by FUs capitals and by exposure to STDs/Aids prevention activities at schools, according to their willingness to use condoms, in case they are available at the moment of the sexual relation*, 2000 (%)

If the condom is available, use it	GO		CE		PE		BA	
	The school offered activities	The school did not offer activities	The school offered activities	The school did not offer activities	The school offered activities	The school did not offer activities	The school offered activities	The school did not offer activities
Yes	22	15	18	12	34	21	23	12
No	78	85	82	88	66	79	77	88
TOTAL	100 (255)	100 (105)	100 (170)	100 (152)	100 (158)	100 (122)	100 (418)	100 (345)

If the condom is available, use	RJ		SP		SC	
	The school offered activities	The school did not offer activities	The school offered activities	The school did not offer activities	The school offered activities	The school did not offer activities
Yes	26	20	25	16	20	13
No	74	80	75	84	80	87
TOTAL	100 (202)	100 (143)	100 (294)	100 (158)	100 (242)	100 (241)

Source: Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Students were asked: Do you usually use condoms: (Check all true alternatives): [ ] No, never; [ ] Yes, in all relations; [ ] Yes, while having sex with prostitutes; [ ] Yes, while having sex with people from the same sex; [ ] Yes, when the partner's health is not trustworthy; [ ] Yes, if you or the partner has it at the time? It is important to observe that this variable is only one of the alternatives to the multiple choice question, which can partly explain the high percentage of negative answers.

As seen in Table 67, in seven of the 14 capitals where the study was carried out sexually active students who were exposed to prevention activities are the ones who most trust the fidelity of their partners as compared to those whose schools did not offer prevention activities. This attitude may suggest a belief in loyalty as an element of safe sex.

Finally, the composition of attitudes and behaviors allows the establishment of a vulnerability index. As can be seen in Table 68, in all 14 capitals, except for Maceió and Florianópolis, the students who were exposed to prevention actions against STDs/aids and drug abuse show the lowest percentages in the rank of high risk as compared to those who were not.

29. On the other hand, it should be kept in mind that, as shown at the end of Table 67, the willingness to use a condom in case it is at hand at the momento of the sexual relation, is only one of the alternatives to a multiple choice question, which may explain part of the high percentage of those who did not mark it.

Table 67 –Students with active sexual lives, by FU capitals and by exposure to STDs/Aids prevention activities at schools,according to their trust in the partner's loyalty*, 2000 (%)

	DF		GO		PA		CE	
Believe in their partner's loyalty	**The school offered activities on STDs/Aids**		**The school offered activities on STDs/Aids**		**The school offered activities on STDs/Aids**		**The school offered activities on STDs/Aids**	
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
Yes	34	27	34	26	44	37	39	30
No	66	73	66	74	56	64	61	70
TOTAL	100 (166)	100 (79)	100 (311)	100 (183)	100 (398)	100 (315)	100 (170)	100 (152)

	BA		SC		RS	
Believe in their partner's loyalty	**The school offered activities on STDs/Aids**		**The school offered activities on STDs/Aids**		**The school offered activities on STDs/Aids**	
	Yes	**No**	**Yes**	**No**	**Yes**	**No**
Yes	39	17	48	38	44	34
No	61	83	52	62	56	66
TOTAL	100 (418)	100 (345)	100 (227)	100 (163)	100 (242)	100 (241)

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Students were requested: Check the statements which you agree with: [ ] I really believe my girl/boyfriend only has sex with me.

Table 68 –Students with active sexual lives, by FUs capitals, according to their exposure to STDs/Aids preventive actions, and to STDs/Aids and drug abuse vulnerability rates*, 2000 (%)

Were exposed to the actions	**DF**	**GO**	**MT**	**AM**	**PA**	**CE**	**PE**	**AL**	**BA**	**ES**	**RJ**	**SP**	**SC**	**RS**
High vulnerability	10	8	10	6	8	5	6	10	5	5	6	4	9	7
Low vulnerability	90	92	91	94	92	95	94	90	95	95	94	96	91	93
TOTAL	100 (102)	100 (195)	100 (147)	100 (288)	100 (307)	100 (83)	100 (125)	100 (156)	100 (259)	100 (180)	100 (158)	100 (220)	100 (157)	100 (172)
Were not exposed to the actions	**DF**	**GO**	**MT**	**AM**	**PA**	**CE**	**PE**	**AL**	**BA**	**ES**	**RJ**	**SP**	**SC**	**RS**
High vulnerability	14	9	11	9	6	8	10	9	6	7	7	9	7	10
Low vulnerability	86	91	89	91	94	92	90	91	94	93	93	91	93	90
TOTAL	100 (35)	100 (45)	100 (46)	100 (45)	100 (125)	100 (37)	100 (67)	100 (68)	100 (66)	100 (42)	100 (72)	100 (79)	100 (86)	100 (79)

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)The vulnerability rate was obtained as follows: An average was calculated of the answers to the following questions: Have you ever had sex while drunk or stoned?; Have you ever had sex for money, drugs, food, work, or any kind of favor?; Have you ever gotten any diseases through sexual relations?; Have you ever had sex with a person who took drugs?; Have you ever had sex with a person from the same sex?; Have you ever had sex with a person whom you did not know much?; Have you ever had sex with a prostitute?; When you have sex, do you ask your partner to use a condom?; Can you tell your boyfriend or partner: 'Without a condom there is no sex'? Do you ever use condoms?; In the past 12 months did you have sex with more than one person?; In the past 12 months did you not use condoms in all relations?; Since all of them are dy cotomic, values varied between 1 and 2. The group of students whose average was between 1 and 1.5 was classified as High vulnerability; the group whose average was between 1.51 and 2 was classified as Low vulnerability

4.2.2. On parents

Table 69 shows that among the parents who were invited by the schools to prevention activities, the number of those who consider their knowledge of the issues to be sufficient is higher, on average, than those parents with the same level of knowledge but who were not invited to the activities. The differences are especially significant in the Federal District, Goiânia, Manaus, Fortaleza, Maceió, Florianópolis, and Porto Alegre.

Table 69 –Parents, by FU capitals, according to invitation of the school to participate in prevention activities, and self-evaluation on themes like sexual and reproductive health*, 2000 (%)

	DF	GO	MT	AM	PA	CE	PE	AL	BA	ES	RJ	SP	SC	RS
Invited/Sufficient information	46	31	33	28	32	42	37	44	40	52	50	56	51	50
Invited/Insufficient information	54	69	67	72	68	58	63	56	60	48	50	44	49	50
TOTAL	100 (28)	100 (67)	100 (91)	100 (68)	100 (50)	100 (52)	100 (30)	100 (69)	100 (53)	100 (92)	100 (34)	100 (75)	100 (57)	100 (30)
Not invited/Sufficient information	40	38	29	38	35	28	36	35	40	50	46	55	44	46
Not invited/Insufficient information	61	62	71	62	66	72	65	64	60	50	54	45	56	54
TOTAL	100 (167)	100 (205)	100 (263)	100 (217)	100 (281)	100 (220)	100 (265)	100 (416)	100 (235)	100 (255)	100 (175)	100 (224)	100 (259)	100 (241)

Source: Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Parents were asked: Among the subjects below, which do you have sufficient information on: sexually transmitted diseases; pregnancy and birth control; vaginal sex; anal sex; oral sex; masturbation; abortion; homosexuality. Those who checked up to 3 items were included in the category Insufficient information; those who checked from 4 to 8 items were included in the category sufficient information.

As seen in the previous chapter, most of these parents were not invited by the school to participate in the prevention activities. At the same time, about 3/4 or more are women, and it is worth noticing that after teachers, mothers are the most mentioned by students as interlocutors on the issues. In other words, from the data in the previous table it is worth of concern in the first place that parents - and mostly mothers - are hardly ever invited to attend preventive actions. Secondly, those who were not invited are not only more numerous, but also those who report having less information on the issues of sexual and reproductive health.

It should be emphasized that parents also have a decisive role in the activities that the school tries to promote. There is a generalized fear that debate on sexuality might stimulate students to behave differently from what is approved by the families: *Many times the teacher is afraid of the parents' reaction. Some parents accept debates on sexuality and some do not. Then they come here and complain that the teacher is talking too much, for instance, when he/she talks about sexual relations and pleasure.* (Interview with the principal of a state school in Cuiabá, MT)

However, there are cases in which, after an initial negative reaction by the families, they became familiar with the subject and began to accept the activities developed at the schools:

In the beginning we noticed some resistance mainly from mothers. They did not want teachers to talk about these matters to the adolescents or to 10 and 11-year-old girls. But they gradually got familiar with this practice at school. (Interview with the principal of a state school in Fortaleza, CE)

In terms of the impact of preventive actions on the parents, some data[30] show a more optimistic scenario than could be expected after several manifestations of resistance and prejudice. This information was collected in focus groups with parents and teachers and in individual interviews with principals.

As Table 70 shows, in eight of the capitals where the survey was carried out, the parents who were invited by the school to participate in preventive actions against STDs/aids and/or drug abuse were the ones who most frequently affirmed that they talked to their children about these issues. It should be noted that more than 4/5 of the parents affirmed having talked to their children about the issues, but the percentages of those who were invited to the activities was significantly higher.

The regularity of this relation between variables is repeated in the case of recommendations by parents on the use of condoms by their children. As Table 71 shows, among those who were invited by the school to preventive actions, the percentages of those who affirmed having recommended the use of condoms are higher than those who were not invited. The association is verified in 10 of the 14 capitals and thus attests to the impact of the initiatives promoted by the schools on the parents.

Finally, as Table 72 shows, the very attitude of the students' parents toward the controversial issue of condom distribution in schools is affected by the initiative of the

30. It is important to make it clear that Tables 67, 68, and 69 have as independent variable the invitation by the school to parents to some STDs/Aids and/or drug abuse preventive activities. In other words, it does not necessarily mean that the parents who said to have been invited did actually come, but only that the school offered such activities and opened it to parents participation.

Table 70 –Parents, by FU Capitals and by invitation to STDs/Aids prevention activities at schools, according to guidance to students on STDs/Aids, 2000 (%)

Did you talk to your children about STDs e Aids?	MT		CE		AL		ES	
	Were you invited?		Were you invited?		Were you invited?		Were you invited?	
	Yes	No	Yes	No	Yes	No	Yes	No
Yes	88	81	82	72	91	82	75	63
No	12	19	18	28	9	18	25	37
TOTAL	100 (89)	100 (241)	100 (66)	100 (391)	100 (88)	100 (242)	100 (51)	100 (209)

Did you talk to your children about STDs e Aids?	RJ		SP		SC		RS	
	Were you invited?		Were you invited?		Were you invited?		Were you invited?	
	Yes	No	Yes	No	Yes	No	Yes	No
Yes	97	90	94	83	89	84	100	89
No	3	10	6	17	11	16	-	11
TOTAL	100 (34)	100 (167)	100 (71)	100 (216)	100 (54)	100 (250)	100 (29)	100 (204)

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.

Table 71 –Parents, by FU Capitals and by invitation to STDs/Aids prevention activities at schools, according to reccomendation that their children use condoms, 2000 (%)

Have you ever encouraged your children to use condoms in their sexual relations?	GO		MT		PA		CE		AL	
	Were you invited?		Were you invited?		Were you invited?		Were you invited?		Were you invited?	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Yes	68	60	75	68	69	63	81	70	65	59
No	32	40	25	32	31	37	19	30	35	41
TOTAL	100 (59)	100 (176)	100 (87)	100 (232)	100 (64)	100 (379)	100 (48)	100 (266)	100 (51)	100 (203)

Have you ever encouraged your children to use condoms in their sexual relations?	ES		RJ		SP		SC		RS	
	Were you invited?		Were you invited?		Were you invited?		Were you invited?		Were you invited?	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Yes	74	61	88	74	81	67	75	68	89	78
No	26	39	12	26	19	33	25	32	11	22
TOTAL	100 (82)	100 (233)	100 (32)	100 (159)	100 (68)	100 (100)	100 (52)	100 (241)	100 (27)	100 (197)

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.

school to invite parents to prevention activities against STDs/aids and drug abuse. Data clearly show that in six of the capitals the parents who were invited are proportionally more favorable to the distribution of condoms than those who were not.

Table 72 –Parents by FU capitals and by invitation to STDs/Aids prevention activities at schools, according to their attitudes towards the distribution of condoms to students at school, 2000 (%)

Source: Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Parents were asked: What is your opinion on the distribution of condoms to students at schools? (Check all alternatives that you consider true). This is a multiple choice question in which the favorable or contrary position is qualified, being associated to several alternative reasons. In the table, the category Favorable corresponds to the sum of all those who said so for whatever reasons. Against corresponds to those who did not check any of the alternative reasons for being favorable

These data suggest that while involving parents in prevention activities, schools end up causing changes in their attitudes and behaviors and reinforcing the impacts of prevention activities on students.

4.2.3. On teachers

Unlike the impact observed among parents and students, the impact of preventive actions on teachers can be more observed in their information than in their behavior, which was not dealt with in this survey. In fact, analyzing the impact of these actions on the teachers actually means analyzing the consequences of their qualification actions upon their information about the issues of sexuality and sexual and reproductive health. It should also be taken into consideration that regarding the evaluation of the impact on the information (of teachers, students, and parents), there is always a significant range of uncertainty, since it is difficult to isolate cross effects from other knowledge sources than preventive actions.

When cross-referencing the participation in courses to act on the prevention of STDs/aids and drug abuse with the teachers' self-evaluation as to the adequacy of their information on these issues, it is observed that, in 13 of the capitals, among those who participated in these courses, those who report having sufficient information on the issues focused are more frequent than the others (Table 73).

However, a further analysis of Table 73 will show that the impact on the sufficiency of information of teachers about the issues studied is very different among the capitals. As observed in Goiânia, for instance, the impact is seen in a 26-point percentage difference in favor of the teachers who have already participated in some kind of course. In São Paulo

Table 73 –Teachers, by FU capitals and by participation in qualification courses to act in the prevention of STDs/Aids, according to their self-evaluation on the information on themes like sexual and reproductive health, 2000 (%)*

Consider their information:	DF		GO		AM		PA		CE		PE		AL	
	Took course?		Took course?		Took course?		Took course?		Took course?		Took course?		Took course?	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Sufficient	57	52	64	38	61	50	47	40	52	42	61	53	67	60
Insufficient	43	48	36	62	39	50	53	60	48	58	39	47	33	40
TOTAL	100 (37)	100 (100)	100 (50)	100 (151)	100 (33)	100 (144)	100 (49)	100 (206)	100 (56)	100 (130)	100 (26)	100 (123)	100 (63)	100 (124)

Source: Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.

Consider their information:	BA		ES		RJ		SP		SC		RS	
	Took course?		Took course?		Took course?		Took course?		Took course?		Took course?	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Sufficient	41	48	73	56	74	62	69	51	67	60	66	55
Insufficient	59	52	27	44	26	38	31	49	33	40	34	45
TOTAL	100 (34)	100 (155)	100 (63)	100 (130)	100 (53)	100 (227)	100 (52)	100 (205)	100 (63)	100 (124)	100 (64)	100 (247)

Source:Evaluation of Preventive Actions Against STDs/Aids and Drug Abuse in Schools, UNESCO, UNDCP, UNAIDS, NC-STDs/Aids, 2001.
(*)Teachers were asked: Among the subjects below, which do you have sufficient information on: sexually transmitted diseases; pregnancy and birth control; vaginal sex; anal sex; oral sex; masturbation; abortion; homosexuality. Those who checked up to 3 items were included in the category Insufficient information; those who checked from 4 to 8 items were included in the category Sufficient information.

the difference is of 18 points and in Vitória, 17 points. In the Federal District, the same teachers present only a 5-point percentage advantage in relation to those who did not participate in any course. In Salvador, Belém, and Florianópolis, the difference is of 7 points.

4.3. Perceptions of Teachers and Principals as to the Impacts of Preventive Actions

4.3.1. Positive impact

Many principals have a positive opinion about the impacts of preventive actions on youths:

We clearly see the students discovering it. They keep trying to understand by making comments and questions. I mean, we notice when the subject is being debated among them. It means there is a real effect. (Interview with the principal of a state school in Cuiabá, MT)

During the explanation of contents in the classroom, teachers introduce what they

call transversal themes as much as possible... *precisely the issues of family, drugs, and sexuality. This is also being presented in the classroom here at the school. This program has had a certain effect.* (Interview with the principal of a state school in Fortaleza, CE)

4.3.2. The unpredictability and complexity of the impacts

Some principals pointed out the existence of different reactions by youths to the activities developed at school: *Like I said, to many people the preventive result is effective. To others, it may be the opposite, we cannot tell.* (Interview with the principal of a state school in the Federal District)

It is important to give special attention to the statement of a principal who uses this difference in the youths' reactions to prevention activities in order to increase the positive reactions by grouping young people more susceptible to behavioral changes with those less likely to do so:

> *Some students are very supportive, some are indifferent, some reject our approach. So, we try to group those who are supportive of the change in order to change the attitude of the others. So we try to work on those who tend to reject the activities.* (Interview with the principal of a state school in Vitória, ES)

Other principals recalled that the effect depends on the capacity of the bearer of information, on the adequacy of the information and the material, and on the way the activities are structured:

> *If the activities are carried out by sensitive people, who can easily transmit their thoughts and feelings, then there is a good chance the effectiveness will be high. The youths who participate in the activities will gradually become aware of the consequences and spread the word to their friends, neighbors, and relatives. So, in our case, these activities* have been really useful. (Interview with the principal of a state school in Fortaleza, CE)

Still, other principals draw attention to the fact that nowadays the student receives so much information that the school needs to act in a differentiated manner so as to maximize the impacts:

> *They have a much broader information than the school realizes. We are very careful when we talk to them about these matters. In fact, their knowledge is much higher than we suppose. I think the school also has to face these things more openly. It has to see things more clearly. There have to be lectures, but we should be getting closer to what*

is real to the student, to what he already knows. And after the Internet, my God, the amount of information became much greater, much faster. (Interview with the principal of a private school in Maceió, AL)

These manifestations lead us to the fact that there are not only objective differences in terms of the impacts among the capitals. Besides that, the agents involved and the contexts in which the preventive actions are carried out are full of specificities that require a strategic planning of the approach, contents, activities, materials, and diverse processes in order to effectively achieve the intended goals and maximize the contemplated benefits.

5 CONCLUSION

First, despite applicable criticism a diversified set of actions was put into practice involving to a greater or lesser degree principals, educational advisors and coordinators, teachers, parents, and students.

Secondly, but not less important, the actions performed show effective impact on their direct beneficiaries: students and their parents. As concerns the former, through the crossing of some variables, it is possible to observe that the exposure of students to preventive actions and the intensity of this exposure produce significant impacts, especially on their behavior and changes of attitude. This occurs mainly among sexually active students (between 31% and 50% of the students, in capitals), but also among those who have not yet become sexually active.

The impacts are objectively expressed in behaviors such as: (i) the sharing of syringes while abusing drugs; (ii) sexual self-restraint, reduction in the number of partners, less willingness to have sexual relations with casual partners or with prostitutes; (iii) greater willingness to use condoms. Impacts were also verified on important attitudes that contribute to the reduction of vulnerability: (i) association between safe sex practice and passion; (ii) importance given to virginity; (iii) proneness to use condoms if they are available at the moment of the sexual relation.

As for the parents, relevant impacts were also verified (i) on the level of knowledge on issues related to sexuality and sexual and reproductive health; (ii) on the willingness to talk to their children about sexuality issues, STDs/aids, and drug abuse; (iii) on advising their children to use condoms in sexual relations; (iv) on their attitude as to the distribution of condoms to their children in school.

Finally, also regarding teachers the impact of qualification activities is observed on their information about issues related to sexuality and sexual and reproductive health.

Despite these undoubtedly positive impacts, data also show that STDs/aids and drug abuse preventive actions may obtain significant efficacy and efficiency gains, especially

from the perspective of the process. It is alarming, in the first place, the total lack of a concept for the managing of the actions, as well as the weak institutionalization of the actions and partnerships that support it. Secondly, special care seems to be necessary (i) in the offer and distribution of material for the development of the activities; (ii) in the offer of qualification; (iii) in the conception of multipliers and their cost/benefit relationship; (iv) in the monitoring of the actions also as to their quality.

Data suggest that one of the most effective ways of containing STDs/HIV and drug abuse advances are broad, consistent, and permanent efforts toward the formation of safe attitudes and behaviors among youths. In this effort towards a potentially more vulnerable population, in a country of continental dimensions and significant cultural diversity, all institutions should be involved with special attention to schools.

On the other hand, schools represent a space where young people meet, establish, and share behavioral codes, begin dating, and develop love relationships. On the other hand, it is where they get information, and where they may have enlightening and non-biased knowledge on delicate issues such as sexuality, where they can express their doubts with less embarrassment than in other collective spaces. As a result, schools represent a privileged channel for STDs/aids and drug abuse preventive efforts.

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