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*Chapter 11*

# MODEL FOR HIV/AIDS PREVENTION BY FORMING PSYCHOSOCIAL COMPETENCIES*

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## ABSTRACT

In this chapter, we will analyze the strategies for HIV/AIDS prevention, especially on young people, since they are the riskiest group to be infected, due to their life style and practices in today's situations and contexts. From the experience of working with young people in the promotion of health, the authors propose a model for HIV/AIDS prevention, based on psychological competencies development and strengthening, which, at a time, is based on the following: (1) to transmit clear and true information concerning HIV/AIDS and preventions methods; (2) to develop high motivation for the use of prevention methods; (3) to develop the necessary abilities to handle risky situations and to put them into practice when necessary; and (4) to confront the environments that favor or block young people from practicing prevention. To undertake these aspects, it is necessary to evaluate the development state of young people's psychosocial competencies; to understand and intervene from young culture's point of view, and to tackle the dynamics of living with health and illness processes, incorporating prevention as an academic course, as well as parent education.

**Keywords:** Prevention, promotion, psychosocial competencies, HIV, AIDS.

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## INTRODUCTION

Infection by the human immunodeficiency virus (HIV) is increasing. According to the latest data, it has been found that between 34.1 and 47.1 million people in the world are infected (ONUSIDA,2006); 17.7 million of those infected are women, while 2.3 million are children under 15 years. In the year 2006, there were close to 4.3 million new persons infected, and approximately 530,000 were young people under 15 years.

Since the discovery of this virus in 1983, it is calculated that almost 20 million persons have died, an alarming number that demonstrates this illness is a central public health problem which must be given utmost attention. The regions with the highest number of infected persons are: Sub-Saharan Africa (24.7 million), Southern and Southeastern Asia (7.8 million), Latin America (1.7 million), Eastern Europe and Central Asia (1.7 million), and North America (1.4 million). This shows that the infection mainly affects people in developing countries.

Lately, young people are one of the populations at greatest risk for infection, which is mainly due to the lifestyles in which risky behavior occurs, even though there is information in reference to the possible consequences, as it is mentioned by Nuñez, Tobon and Arias (2006a) and Vallejo; Nuñez, Escobar, Ramirez, Velez and Gallego (2007). It is calculated that young people between 15 and 24 years are the half of the population that has recently been infected by HIV in the world, and more than 6000 young people are infected each day (ONUSIDA, 2004). In 2006, there were more than 380,000 deaths of young people under 15 years old due to the infection (ONUSIDA, 2006).

There are diverse reasons why young people are at high risk: early sexual relations initiation (Mejia, 2000; Profamilia, 2005); use of intravenous drugs; lack of information about the virus; poverty and lack of access to protection resources, and especially the feeling that health is an intrinsic and natural process that is part of living the moment, by using the body as a tool and psychological ling to pleasure (Nuñez, Tobon and Arias, 2006a).

So far, it is known that this virus is transmitted by bodily fluids, especially blood (blood transfusions and organ transplants) and semen (during unprotected sexual contact) (Ballester, 1997, ONUSIDA, 2006). HIV is also found present in other fluids such as saliva, perspiration and tears, but the amounts found are not sufficient to transmit the infection to other human beings.

Taking into account that there has been very important progress in the analysis of blood reserves used for transfusions around the world, the main risk factor for transmitting the disease is by having sexual relations without using condoms; having contact with blood from infected persons and by consuming drugs intravenously with non-sterile syringe.

Due to the continuous growth of HIV infection cases, and AIDS development during the last decade, different prevention projects and programs were implemented among the general population, especially young people. However, it seems that those programs have not yet achieved a significant impact in promoting healthy behaviors. For that reason, in spite of preventing campaigns and strategies, young people continue to have risky behavior, increasing the probability of HIV/AIDS infection; for example, sharing syringes, having sexual relations without using condoms, etc. (More examples on Meekers, Klein and Foyet, 2003). Even among university students, risky behavior that may lead to infection by HIV/AIDS is frequent, in spite of the fact that this group supposedly has an adequate

information level concerning the matter (Piña, 2004), which has to do with pleasant sexual experiences, which postpone the assumption of risk as something negative (Nuñez, 2002; Nuñez, Tobon and Arias, 2006a; Vallejo et al, 207). This is related to the results of previous studies carried out in Mexico. An important percentage of young people with risky behavior was found, which coincides with other studies carried out in this country (Villagran and Diaz-Loving, 1999).

In this article, a general model is presented to orient the design of HIV/AIDS prevention programs among the young population. This model is based on acquiring and strengthening psychosocial competencies, which are characterized as effective behaviors for dealing with certain situations, such as sexuality, so that they can be practiced by the young with the smallest possible risk to health. An approach from competencies allows having a common language in educational system, organizations and institutions committed to young health and, in this manner, to integrate promotional activities within the academic program (Tobon, 2004), by focusing on illness prevention and health promotion, taking into account young's cultural and social dynamics, and in addition to conditions, practices and beliefs in the area of the health of young people, which is exactly as Nuñez and Zambrano (2002) state, it deals with the promotion of health and the prevention of illness as processes that run from individuals to socio-cultural internalization. Without a doubt, this implies to visualize the need to focus on Intervention Procedural Models in human health, in pandemic nature problems, such as HIV/AIDS, exactly as it is established by Nuñez and Tobon (2005b); Tobon and Nuñez (2005); Nuñez, Tobon, Vinaccia and Arias (2006), and Nuñez, Tobon, Bañol and Arias (2006).

## Effective Interventions in Hiv/Aids Prevention

According to Tundra, Izquierdo, Fumaz and Ferrer (2003), up to now, the following conclusions can be reached with respect to HIV prevention effective programs:

1. Traditionally, prevention programs have emphasized on communicating information in educational environments. Basically, the majority of studies indicate that, on this matter, information is efficient, nevertheless only for a better knowledge in the infection of HIV and in the creation of favorable attitudes towards the practice of safe sex.
2. The combination of information and training in abilities development creates major changes on human behavior's three levels: cognitive, affective-attitudinal and behavioral levels.
3. In young populations in several countries, the greatest way to be infected is by sharing hypodermic injection. Here, there is a double risk for infection: sharing needles and having unsafe sex under drugs effect. With respect to prevention, it has been found that combining information and developing abilities is useful (for example, clean needles and the use of condoms) to decrease the HIV infection risks. However, there is still no concluding information about its effectiveness in decreasing the risk of unsafe sexual practices in this group of drug users.

According to this, we can therefore say there is evidence showing that this combination of information with the development of abilities is the best strategy for preventing HIV infection in young people. However, new studies are necessary to establish the efficacy, efficiency and effectiveness of specific components in the intervention. The mentioned combination, as a mechanism for HIV prevention is an important support for introducing the prevention model based on competencies formation, which, even though they are composed of these two elements, have other components that potentially make them more pertinent in working with young people. For this, it is necessary to keep in mind that the competencies of human beings are constructed from basic nerve processes, which after going through psychological processes such as memory, learning, perception, thought and language, evolve into complex processes such as intelligence, creativity, behavior and personality. Competencies are not permanent and they are not universal, they are developed according to social, cultural and economic contexts. For that reason, it is necessary to recognize individual differences between young people and those who pretend to develop a competence.

## Hiv/Aids Psychosocial Competencies Approach

Different studies and programs for young's HIV/AIDS can be grouped into three essential models. The first one corresponds to Bandura's self-efficacy theory (1997). In this approach, the main objective is to determine how effectiveness beliefs have an influence on risky behaviors, and promotes appropriate self-effective behaviors, allowing reducing risky activities (Lopez, Salinas and Landero, 1999).

The second model deals with reasoned action theory by Ajzen and Fishbein (1980); Fishbein and Azjen (1975). This model involves studying basic attitudes and beliefs for risky behaviors in order to carry out actions to modify and implement new attitudes, searching for a reasoned action of the person who takes risks (Perello and Villagran, 2000).

Lastly, we have the psychological model of biological health by Bayes and Ribes (1992). From this approach, some HIV/AIDS risk factors have been evaluated (Piña, Gonzalez, Molina and Cota, 2003). Especially, it has been tried to determine which are the social circumstances and reasons that have an influence on risky behaviors, so as to modify strategies.

The psychological model of biological health is considered as a relevant base for the prevention of risk factors associated with HIV/AIDS. Succinctly, the model establishes a psychological health dimension based on three factors: (1) biological states modulated by behavior; (2) people's interactive behavior styles, and (3) functional competencies to interact with diverse situations.

Within this model, competencies are understood as the abilities possessed by individuals to effectively interact according to requirements established by a situation (Bayes, 1992). This is related to the ability of persons to successfully confront challenges imposed by daily life, which, according to Mantilla (2002), has to do with human development promotion and prevention of psycho-social problems related to the health of young people's practices and lifestyles. In this manner, competencies are capacities effectively placed into action due to environment circumstances in which they interact. From this point, it is found that in an analysis of competencies, in order to make a person to confront certain situation, it is necessary to establish the social environment in which the competency will take place, as well

as the person's internal factors related to that competency, such as knowledge, attitudes, motives, and the procedures execution.

Traditionally, in the study of psychosocial risk factors, aspects such as stress, social support, self-esteem and personality have been emphasized. In general, this latter point refers to consistent modes of behavior that are placed into action in certain situations, but that have no explicit effectiveness criteria for the person. Competencies, on the other hand, are performances people possess when interacting with their environment, which are formed in the self-organizing process of human behavior, interacting with the environment; they are used for reacting in an effective manner to certain situations based on explicit criteria. (Bayes, 1992; Piña, 2003)

The model of competencies, which in the case of prevention of sexually transmitted diseases, would be placed in the psychosocial area because it links the cognitive-affective aspects (psychological) with social interaction (social), it also allows to direct systematically, preventive actions to concrete fields of behavior, taking into account the wide rank of behaviors in interaction with the context in which they occur, and where health and risk experiences are carried out by young people.

## Essential Axis of an Hiv/Aids Prevention Model Based on Development of Competencies

The approach on competencies is of psycho-social order because it links the psychic (cognitive-affective-behavioral) to social relations and cultural devices that are meaningful for health. This model pretends to develop and strength competencies in young people to handle their own sexuality with responsibility, preventing sexually transmitted diseases and HIV/AIDS. Thus, according to Restrepo (non published data), in young people's process of developing psychosocial competencies, it is necessary to keep in mind, according to constructivist approach contributions to the psycho-social competency theory, three basic ideas: the importance of collaboration between couples as the core of mechanisms for resolving problems; the importance that the cultural context has for developing relevant learning, and the importance of social interaction in individual abilities development.

A program focused on competences formation must (1) intervene in the contexts in which young people live to favor prevention; (2) to offer information about this topic (HIV/AIDS nature, transmission mechanisms, condoms use, etc.); (3) to motivate prevention; and (4) to support abilities (condoms use; postponement of sexual relations when no condoms are available; to say no when the person does not want to have sexual relations, etc.), and to promote people to put those abilities in practice, according to effective criteria. This last aspect is what characterizes any topic based in competencies formation. It is not enough to transmit information and to develop abilities; it is essential to create mechanisms so that certain information and abilities are put into practice in interacting contexts, under certain circumstances and environmental and biological events (Nuñez, Tobon, Vinaccia y Arias, 2006).

All of this is related to the concept of life abilities that is proposed by the OMS (1998), and worked on by Mangrulkar, Vincent and Posner (2001), and Mantilla (2002), which explains how adolescents and young people can best confront the situations which can potentially affect their daily life. Those abilities are: knowledge of oneself, empathy, effective

communication, interpersonal relationships, decision-making, problems and conflicts solutions, creative and critical thought, feelings and emotions dealings, tension and stress handling.

Psychosocial competencies and abilities work for life is based on action plans and strategies development that have been developed in Latin American countries, regarding an integral care program to adolescents and young people (OPS, 1998), emphasizing on sexual and reproductive health (OPS, 1995). Under the criteria of integral intervention in young people's health, Nuñez and Tobon (2005a) have constructed a care model for young health, based on health re-conceptualization from human development point of view. That model has the following axis of action: Axis 1: To establish government policies for prevention and promotion. Axis 2: To provide integral health services. Axis 3: To form health competencies. Axis 4: To offer friendly and simple access health services. Axis 5: To empower young people to be the authors of the conditions that guarantee their own health. This model is correlated to the articulation logic proposed by Nuñez and Tobon (2005b) and Nuñez and Tobon (2006) in the Mental Health Procedural Model as the path for the integration, research and the clinical practice from a psychological intervention point of view in front of the complex human health problems. The axes previously exposed, must be integrated under the following criteria:

## To Communicate a Clear and Truthful Information

Psychosocial competencies formation for preventing HIV/AIDS requires young people to structure and to know, in a clear and precise manner, which is the nature of this infection, its risk factors and control mechanisms. Although there has been progress and better information within the community, more information on the topic is still lacking, which must be coming from trustworthy sources that are close to and legitimated for young people. .

In HIV/AIDS prevention we have had important progress in establishment disclosing strategies (although a lot is still missing from this field), but we must develop preventive abilities as such, that are put into practice by young people in an effective manner. In Colombia, many of the difficulties of current prevention programs reside in this hollow, since it emphasizes on offering information and not on working on behavior execution as such, under a context of certain reinforcing and facilitating environmental situational risk behaviors.

It is necessary to continue giving information. However, such information must be easily understood by young; it must be in comprehensive reading, but specially, it must be reliable. This implies developing interactive, dynamic activities close to their imaginary activities, beliefs and health practices (Orozco y Nuñez, 2001), in which they are brought up to date as to the latest discoveries about the infection, as well as all that concerns the preventive behavior to be followed. Regarding prevention behaviors, young people should not only know which behaviors to follow, but also how to follow them; although sometimes this seems to be obvious, at times. In this sense, it is not sufficient to advise the condom use, but how and why to use it.

## To Induce a Strong Motivation Towards Preventive Behaviors

Motive is a central component for all behavior, constituting a compelling factor for behavior so as to obtain an immediate or later goal. As stated by Piña et al. (2003), the reasons are manifested by selections and preferences of objects and events. Such selections and preferences increase the probability of risky behaviors for HIV/AIDS infection.

HIV/AIDS prevention programs must determine the main reasons for risky behaviors and young prevention, in order to take them into account in the activities. Prevention programs in this field must motivate young people to put on practice healthy behaviors, including two aspects. One is to look for external motivators which compel them towards those behaviors (externally reinforced), and the other is to orient them towards self-motivation in order to have a healthy life.

Motivation has an essential role in competencies and studies indicate that the best persons for preventing risky behaviors against HIV/AIDS are generally motivated to take care of their health and to prevent infection. This is proved by a research carried out by Piña (2004) among young university students in México. In this study, the predictability was evaluated under several aspects of competencies (knowledge, beliefs, motives and circumstances), concerning four risky behaviors: a) Sexual relations with different couples; b) Frequency of condoms use throughout life ; c) Sexual relations with sporadic couples; and d) the condom use with sporadic partners. Logistic regression proved that motives were the competency factor that predicted these four behaviors. Upon analyzing only one of the risky behaviors studied, it was found that the main reasons for "not consistently using a condom" risky conduct, were the following: a) their partner does not like to use one; b) they did not have a condom with them; c) they have never known how to use one, and d) it makes sex less pleasant. Other researchers have obtained similar results (Anderson, Wilson, Doll, Jones and Barker, 1999; Brigham et al., 2002).

The reasons are central axes that measure the risky behavior for HIV/AIDS infection, in addition to health promotion and disease prevention. In this sense, in order for young people to be competent in HIV/AIDS prevention, they must have solid reasons for doing so, and block the possible reasons for not doing it, such as the fact that condom use decreases pleasure. Programs in this filed must be focused on dealing with the reasons which block a healthy life style, and on promoting the reasons that lead to prevent infection behaviors. This implies sensitizing young people about the disease and about how to have safe and pleasant sex.

## To Develop and to Strength Abilities for Handling Sexual Behavior

It is not enough to intervene in transmitting information or creating motivation contexts for provoking effective prevention behaviors; it is also necessary to possess habits to prevent infection and to use them according to effectiveness criteria. Therefore, the programs in this area must establish mechanisms so that young people may develop necessary habits and act effectively.

For example, one practice is the use of condom. It involves knowing how to use it, knowing that it can be used only once, and knowing that vaginal penetration condoms are not the same as those for anal penetration (it requires a finer one). Likewise, it is required that young use it at the right moment.

Prevention programs must take action on abilities development. It needs workshops where young people learn to follow prevention behaviors by observing models in videos and in dramatizations. Then, it is essential to ask young people to practice those preventive behaviors. It is also very important for young people to be conscious of likely risky behavior contexts in order to be alert before going to such contexts. This consciousness implies having knowledge about the possible reinforcement of environmental factors, in which probability of risky behaviors increases. For example, many times, condom is not used due to the immediate pleasure of ejaculating within the vagina. Risky behaviors such as rectal coitus or coitus with prostitutes also constitutes significant levels of risk for young people, as determined by Alvarez, Gil, Ramirez and Restrepo (2002) in a study done among university students.

## To Intervene in Risky Situations

They are situations in which a person interacts with his/her natural and social environment, giving a bi-directional feedback. In the case of HIV/AIDS, the situations related to the infection are, in general, the relationships of friendship, "courtship", recreation and the search for sexual satisfaction with prostitutes or with strangers. These are the risky behavior contexts in which prevention must be put in practice.

In this case, prevention must be based on spaces for interaction which make risky behaviors more probable as well as for situations control, so in this way, the strategies to be implemented must be taken into account. It requires knowing about young people culture, their customs and places where they socialize.

Academic environment must carry out a detailed analysis of all possible situations likely to be risky for VIH/AIDS transmission. School-aged adolescents and young people are the greatest risky infection group, (Bayes, 1995). Consequently, mechanisms must be established so that they show preventive behaviors and be able to have access to condoms and to necessary information for practicing safe sex.

Risky situations intervention involves research processes and integral systematization, which from qualitative and quantitative tendencies allow a deep and contextual approach to the problems related to young health. There are examples of studies carried out that come from knowledge of the dynamics and meanings of juvenile sexuality (Mejia, 2000) and up to biological and psycho-social factors related to young university students health conditions (Nuñez, Arias and Tobon, 2005), and work systematization processes with abilities for living (Nuñez, 2002; Nuñez, Tobon and Arias, 2006a; Nuñez, Tobon and Arias, 2006b; Nuñez, Castaño and Aristizabal, 2006c); and Botero, Gonzales and Valencia (2002).

## General Guidelines for Prevention Programs Implementation

### *To Carry Out a Psycho-Social Competencies Diagnosis*

To implement an HIV/AIDS prevention project for young people requires knowing exactly the psycho-social skills and the competencies formation in this population related to the infection prevention. This permits to know about aspects to be emphasized, and also the

impact coming from other actions of the community, through educational processes, media massive campaigns, family education and information received from groups of couples.

For diagnosis, it is important to use qualitative as well as quantitative instruments which facilitate to determine the level of the young person's psycho-social competencies and abilities for living, in addition to their comprehension, meanings and accounts respecting these ones, exactly as is shown by Nuñez (2002), Nuñez, Arias and Tobon (2006b). In the qualitative part, young people will be asked to provide certain data concerning their risky behavior as well as prevention measures to be used to confront this health problem, since it will allow them to participate and to be responsible for the prevention processes of the disease and to promote health.

In the quantitative part, it is important to use instruments designed to evaluate competencies, which have characteristics that are different from traditional questionnaires for evaluating psychological factors. Although there is still little progress in this area, important contributions have begun to occur, such as the instrument for evaluation of risk factors in infected persons by Piña (2003) or the questionnaire developed by Torres (1994) that was redesigned and validated by Piña, Molina and Cota (at the press). The latter questionnaire contains 29 items, with adequate reliability (alpha of 0,754) and validity (it has a two factors and two indexes structure which explain the 54.26% of the variance). This instrument has been used with young people and it evaluates the following competency factors: knowledge with respect to HIV/AIDS, beliefs, motives, circumstances and risk behaviors (see Table 1).

**Table 1. Examples of risk factors analysis in a psycho-social competency framework.**

<table>
<tr><td>Knowledge<br>-Has the idea that HIV is an uncommon virus.<br>-Does not know about HIV/AIDS.<br>-Knows how HIV can be prevented.<br>-Has sufficient trust in the other person.</td><td>Motives:<br>-To have sexual relations with different partners: physical attraction, opportunity, curiosity, excitement, drugs/alcohol.<br>-For not using the condom consistently: he does not like to use it; his/her partner does not like it; he doesn't use it for religious or other reasons..</td></tr>
<tr><td>Sexual Abilities:<br>- He does not know how to use a condom.<br>- He/ she is not careful and does not buy a sufficient number of condoms for all sexual relations with the same person or with different persons.<br>-The condom slips off sometimes or it breaks.</td><td>Social situations in which sexual relations can take place without protection:<br>-Possibility of several sexual partners.<br>-Several sexual relationships with the same partner.<br>-Parties, trips, etc.<br>-Relations with unknown persons.</td></tr>
</table>

*Note*: some common examples of risk factors following the psycho-social competencies model are shown.

## To Understand Juvenile Cultures and The Inclusion of Young People in Prevention Programs

The definition of what the young population is has several variations according to the approach to be followed. Generally, it is understood that this population is from 14 to 24 years old, although in many cases it includes 12 years old boys and girls, and also persons between 25 to 29 years old. The lower limit is related to sexual and reproductive functions development and the beginning of formal thought. On the other hand, the upper limit has to do with the end of the academic and occupational preparation process which allows people to start working in a determined field of work. In addition, this last limit involves full consciousness maturity as a citizen with rights and duties; the establishment of a solid identity and the mature formation of a family. Thus, this concept can be understood as a period and vital process that runs from physiological maturity to social maturity.

Prevention programs focused on forming psycho-social competencies must be based on the knowledge of social and personal concepts that young people have about their body, their sexuality and young culture in which they live and which defines and redefines their life experience. Many prevention programs fail because they neglect this part. This is discussed by Nuñez (2002), upon stating that in young people's life and their health, things are complicated by collective and individual appropriations of meanings and attitudes towards healthy practices and disease, in which the image of a healthy and vital body is exchanged, but in it is included the acceptance of risk as the mediator of pleasant practices under novelty criteria, experimentation and intensity of them; and this is something almost naturally associated to risky sexual practices and substances use and abuse, all of them considered to be in high correlation with HIV/AIDS infection.

With respect to what was previously mentioned, an investigation was carried out among university students based on the depth and establishment of approaching groups (Nuñez, Tobon and Arias, 2006a); its goal was to understand the meaning of health for the students, which included interpreting the meaning of university experiences and health practices, as well as to understand the relationship existing between health and disease, and the meaning of health practices for university students compared with adult models.

The study established that health practices and strategies for young university students means living at the university, experimenting with their sexuality, drugs, their body, pleasure and enjoyment; where friendship bonds and closeness are, at the same time, an affinity, complicity and appearance for men and women. Living as a university student is to be in and to live the present. Health is the place to look at your image, to experiment and, at the same time, to take risks that cause pleasure and enjoyment with a young and vital body in action, a body that does not need care. Feeling and living life to the limit of the moment; health is a temporary place and a temporary finding; not something searched for. The soften boundary between care and risky life is crossed, where living the moment is something natural for young people. From the institutional point of view, an external reading, different and far from university students reality is made, blocking their strategies, still assumed as close to adults and family members with a protecting and prohibitive sense anchored in old traditions, customs, careful behaviors, criteria of prejudice and control, being necessary a two-faced strategy is necessary, one for showing and another for being.

From this study, it is concluded that it is necessary to establish prevention programs with young people, taking into account their autonomy, their freedom, their life experiences and

their own motivation. The language must be constructed from their own language and references, with the goal of finding the best way to orient their own behavior, without imposing outside patterns, which are related to that set forth by Nuñez (2002), regarding the need for recognizing processes of attitudes and behavior symbolic appropriation related to young people health. We face, then, the need to address self-consciousness and offer young people spaces so that they may self-regulate their behavior, far from the control society wishes to impose on them, which they resist, allowing them to assume aspects such as pleasure, adventure and risk, frequently not taken into account in the "adult" language of prevention nor in behavioral technology programs. On the other hand, HIV/AIDS prevention activities for young people require professional psychologists interacting continuously with them and negotiating meanings, goals, strategies and objectives, since psycho-social competencies and abilities development for life is inscribed on their vital process (Nuñez, Castrillon y Bañol, 2002b).

All prevention programs must involve the same young people carrying out different activities, as has been set forth in different social programs (Senderowitz, 1997). This can be, for example, providing information in mass communication media (radio, newspapers, Internet and television) and establishing contact with other young people to motivate the condom use to prevent sharing needles.

In accordance with this, it is necessary to propose more integral work models to young people who are able to articulate human development dimension regarding health processes, on the individual and collective levels (POH, 1995, 1998, 2000) in which it is proposed that for having a healthy development, young people needs: to have had a healthy infancy; to live in safe environments which encourage them and offer opportunities through the family, couples and other social institutions; to have access to information and opportunities so as to develop a wide range of practical vocational and life abilities; to have equal access to a wide range of services, education, employment, health, justice and well-being. In addition, the POH adds the need for a macro-environment that supports them, created by policies and legislation, values of society, models of positive roles and standards of conduct, supported by media.

The previously mentioned criteria as regards to the HIV/ AIDS complex problem, and the necessity to consider of young people psycho-social competencies implies thinking, exactly as it is proposed by Tobon and Nuñez (2000), that individual and community health depends on the intervention of multiple hereditary biological factors, social relations, beliefs and symbolic representations facing health and illness, social expectations, housing, food, safety, availability and accessibility to health services, among others.

## To Incorporate HIV Prevention as an Academic Program

Young people spend an important part of their lives in educational institutions acquiring the necessary knowledge and abilities to live in society and to perform a determined occupation. Consequently, the HIV and AIDS infection topic, and also that of sexually transmitted diseases must be discussed and have an important space as an academic course of study, so that this question can be dealt with and planned by teachers and carried out in a systematic manner. It requires taking into account the fact that infection is a question that transcends the health limits, and it is framed in diverse biological, sociological, economic and

political questions. This places the topic in an interdisciplinary level requiring diverse disciplines contributions in which the study plan has been traditionally organized, such as: natural sciences, mathematics, social sciences, ethics, physical education, linguistics and the arts areas.

On the other hand, it is important to take into consideration that the psycho-social competency model that we have presented, also requires an academic program to be based on competencies formation from a complex and interdisciplinary perspective. Experience shows that prevention activities using traditional educational approaches based on communicated information and abilities formation, without taking into account context, make difficult to carry out efficient activities for HIV/AIDS prevention, since they do not enact young's abilities in real daily life situations in daily life with effectiveness criteria. Readers interested in academic programs designed by competencies can refer to Works by Tobon (2004), in which a series of methodological elements are proposed to carry out this process.

In general, competencies formation as an academic course implies to clearly identify and to describe those supporting competencies for young people, parents and experts; to establish the contribution of each area to their formation; to identify how its progressive development will be carried out in different academic levels; to establish standards for evaluating and constructing activities for forming them. It must be promoted teamwork among teachers, as well as meaningful interdisciplinary projects for students. In reference to this, it is interesting to summarize an important project that has been applied in Spain as to this subject. It is "AIDS: to know how to help" program that is focused on students, attempting to offer information and prevent contagion through interdisciplinary activities (Prats, 2002).

## To Train and to Involve Parents

Family and home environments are very important for developing young people psycho-social competencies, in order to prevent HIV infection. Some studies show young who achieve positive, solid and supporting relationships with their parents are less likely to be involved in risky situations (Blum, Beuhring and Rinehart, 2000; Lammers, Ireland, Resnick and Blum, 2000). For example, in a study accomplished in a USA school, sixth and seventh grade students whose relation with their parents was strong, show to be less likely to use drugs, and also to delay sexual activity. (Turner, Irwin, Tschann and Millstein, 1993).

Parents' participation in sexual education is sometimes hard because of bad communication with young people and due to the lack of training on the topic. Frequently, parents and children try to avoid the sexual topic since for them is uncomfortable (Weiss, Whelan and Rao Gupta, 1996; Bumpas, 1999). Often, young people feel their parents are only concentrated on warning them about sexual relations risk, and many young people do not get along enough with their parents to be able to talk about these topics. In addition, many parents, repeatedly, do not have necessary and adequate information concerning sexually transmitted diseases and AIDS.

As a result, it is necessary for parents to be trained in two aspects: (1) the development and solidification of the relationship with their children through respect, understanding, affection and authority; (2) contribution to psycho-social competencies formation of their children by adequate information, motivation, daily abilities, and practices development. The best way for training parents is through formal education, that is, conferences and workshops.