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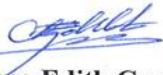
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Anexo 1. - Desglose de trabajos dictaminados aprobados
Anexo 2. -Desglose de trabajos dictaminados no aprobados

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ANEXO 1

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MD. Octavio Augusto Olivares
MGA. Héctor Manuel Gil Vázquez
2. Identificación de factores asociados a la reincidencia de psoriasis en una comunidad indígena
Filomena Damián Joaquín
Maylin Almonte Becerril
3. Enfermería, terapia Infusiva y Norma Oficial Mexicana 022-SSA3-2012
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Elsie Ariadna Rocha Lara
Juan Pineda Olvera
4. Automanejo de la Diabetes Tipo 1 en Adolescentes de una Institución Privada de Salud
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Diana Analí Bonilla Cantú
Elvira Margarita Escobar García
Sheila Saraí Hermosillo Gámez
Mayra Lizbeth Ramírez Pinales
5. Conocimiento del personal de enfermería sobre el Síndrome de muerte súbita del lactante.
M.E Blanca Lidia Ortiz Atilano
Dra. Annel González Vázquez
Estudiantes De Licenciatura En Enfermería
Rocío Garza González
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6. Susceptibilidad de riesgo en convivientes de personas afectadas por tuberculosis pulmonar
Dra. Educ. María de los Angeles Paz Morales
Dr. Educ. Milton Carlos Guevara Valtier
7. Estudio Comparativo de Procedimientos Tradicionales usados durante embarazos de Riesgo en una Comunidad Indígena
PESS. Isaac Salvador Vázquez
PESS. Josefa Pérez Juan
Dra. Denison Sánchez Miguel
Dra. Maylin Almonte Becerril
8. Plantas Utilizadas por comadronas en el Parto y Posparto
Liliana Mercedes Sapan
Gloria Estela Cristóbal López
Ana Lucia de Jesús Calderón
9. Motivos del abandono escolar en adolescentes embarazadas
Rosalva del Carmen Barbosa Martínez
José Ángel Murillo Treviño
Melissa Elizabeth Treviño Ortega
Lizeth Nohemí Carreón Torres
Velia Margarita Cárdenas Villarreal
Diego Ramón Medellín Moreno
10. Concept Analysis: Social Resilience in Adolescence
Lubia Del Carmen Castillo Arcos
Raquel Alicia Benavides Torres
Rosamar Torres
11. Conocimiento sobre el VPH, Relación de Pareja y Grado de Satisfacción Sexual
Dra. Silvia Guadalupe Soltero Rivera
EG. Hugo Benigno Félix Iglesias
EG. Gloria Elena Cedillo Rodríguez
EG. Yulissa Anahí Medina Obregón
EG. Jesús Alberto Carranza Ramírez
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Capítulo 4

Título: The Concept Analysis of HIV/AIDS Prevention in Mexico: An Evolutionary View in Adolescent Population

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Introduction

Human immunodeficiency virus (HIV) is a retrovirus that infects cells of the human immune system and destroys or impairs their function. Infection with this virus results in the progressive depletion of the immune system, leading to immune deficiency. Acquired immunodeficiency syndrome (AIDS) describes the collection of symptoms and infections associated with acquired deficiency of the immune system. The level of HIV in the body and the appearance of certain infections are used as indicators that HIV infection has progressed to AIDS. HIV infection causes a gradual depletion and weakening of the immune system. This results in an increased susceptibility of the body to infections and can lead to the development of AIDS (UNAIDS, 2005).

The Acquired Immunodeficiency Deficiency Syndrome (AIDS) appeared in the 80's and became a Pandemic illness. Around the world, more than sixteen million people with AIDS have died since 1983, and sixteen thousands people become infected by Human Immunodeficiency Virus (HIV) every day (Joint United Nations Program on HIV/AIDS [UNAIDS], 2002). The estimated number of diagnosed AIDS cases for 2002 in the United States is 886,575. Adult's and adolescent's AIDS cases total 877,275, including 718,002 cases in males and 159,271 cases in females, with women accounting for an increasing proportion of people living with HIV and AIDS. In the same period, 9,300 AIDS cases were estimated in children under age 13 (UNAIDS, PAHO, UNICEF, & WHO, 2004).

In many countries AIDS exceed the institutional capacity

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to respond through actions in order to stop, decrease, and prevent AIDS cases (Contreras, Guzman, & Hakkert, 2001). Mexico is fifth in reported HIV/AIDS cases in Latin America. Most of the HIV/AIDS cases in Mexico are from homosexual and bisexual transmission. Fifty percent of the AIDS' cases reported in Mexico are from men who have sex with men. However, heterosexual transmission accounted for 39% of cases. The HIV/AIDS epidemic in Mexico is characterized by a high prevalence, fast dissemination, and high percentages of sexual risk behaviours. The proportion of VIH positive persons in Mexico is one per 1000, and has remained stable for 12 years. AIDS cases in the early 1980's were not very common, after the 1980's they increased rapidly, and in the 1990's cases were moderated (Magis-Rodriguez, Bravo-Garcia, Uribe-Zuniga, 2002). Mexicans in the 18-35 age years account for 76% of the total HIV/AIDS cases (Secretaria de Salud de Mexico, 2003). Given the long incubation period usually seen with HIV (2 to 10 years), it can be assumed that a high percentage of these infections occurred during adolescence (Cotran, Kumar & Collins, 1999).

In addition, adolescents are at most risk because this developmental stage is characterized by taking risks that allow them to define and to discover their identity (Tiezzi et al., 1997). Adolescence is a period of development, not only physically and socially, but also emotionally. It is a time when youth are extremely vulnerable and when they must come to grips with their changing bodies. With the development of secondary sex characteristics however, sexuality becomes an increasing concern for

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Adolescents and the ways in which they respond to these changes contribute to their overall identity and to their sexuality. Therefore, adolescents need to try things in order to find out who they are and become more independent, which puts them at higher risk for developing HIV/AIDS (Marinez Salgado, 2003).

Estimations of Mexican reports show that 31% to 68% of teenagers 15 to 19 years engaged in sexual intercourse (Caballero Hoyos & Villaseñor Sierra, 2001). Adolescents' age of first sexual intercourse has become progressively younger, the average age of sexual debut is 15.4, but boys start earlier than girls (Santos-Preciado et al., 2003). Many studies reported that one of the most common risk factor among adolescents is unprotected sex or inconsistent use of contraception (69%) (Caballero-Hoyos & Villaseñor-Sierra, 2001). In addition, most adolescents do not perceive their vulnerability (Guttmacher et al., 1997), so unprotected sex with multiple partners put them at very high risk for HIV/AIDS.

In Mexico, adolescents represent 10% of the population and it is increasing very fast. It is expected that in 2010 year Mexico will have 11;047,879 adolescents that will constitute the largest segment of the Mexican population (INEGI, 2004). Adolescence is a period of transition between childhood and adulthood and is a time when individuals learn to be socially responsible for themselves and for their actions. Those at most risk for contracting HIV/AIDS are adolescents who have unprotected sex (sex without using some form of contraceptive barrier), those who have multiple partners, and those whose sex partners include intravenous drug users (Pennsylvania State

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University, 2002). New trends in sexual behaviors are probably responsible for the new HIV cases in adolescence. Together, these trends increase adolescent's exposure to risk behaviors for HIV/AIDS (Villasenor-Sierra, Caballero-Hoyos, Hidalgo-San Martin, & Santos-Preciado, 2003).

In terms of gender, Mexico is characterized for a patriarchal society characterized with machismo (Chauvinism). Sex is seen as an opportunity for men to prove their masculinity, while women are described as submissive with less power than men. Women do not talk about their feelings related to sexuality, so negotiating HIV/AIDS prevention is difficult because talking about sex is taboo in Mexican society (Castro-Vazquez, 2000).

Virginity seems to be necessary condition for women to marry and this belief is supported by the Catholic religion (92% of Mexicans are Catholics). In addition, religious beliefs do not support condom use (Ortiz et al., 1998, p. 164). In Mexican society, men believe that girls are responsible for persuading men to use a condom, which reinforces the idea that woman are primarily responsible for having safe sex (Castro-Vazquez, 2000). These socio-cultural factors show how women are disempowered by men and religious beliefs related to Mexican culture (Tolman, 2003).

Adolescents' HIV infections may be influenced by different personal, interpersonal, and socioeconomic factors related to sexual health practices and their belief of getting infected by HIV/AIDS (Guttmacher et al., 1997). HIV/AIDS prevention in adolescents has a significant impact on social, economic, and political progress in

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Mexico; but unfortunately governmental institutions do not meet adolescents' needs. If health care institutions agree about the aspects that HIV/AIDS prevention includes, more effective actions may be developed. Due to the fact that most of adolescents enjoy health, the health system in Mexico focuses in other chronic or acute diseases. However, youths are affected by problems related to behaviours (sexual risk) that may have future consequences in terms of morbidity (e.g. STD and HIV/AIDS) (Maldonado, Morello, & Infante-Espinoza, 2003).

This concept analysis is essential because agreement about definitions and terminologies in the field of HIV/AIDS prevention is necessary for better understanding of adolescents' needs for prevention. The definition of this concept is crucial to communicate, disseminate information, and develop specific actions and programs aimed to prevent HIV/AIDS. The importance of analysing this concept is that the view of HIV/AIDS is influenced by a society with many historical changes that determine transformations over time in their perspectives (Maldonado, Morello, & Infante-Espinola, 2003). Historical changes include: 1) perception of AIDS as homosexuals' disease, 2) the incorporation of women to the work force and their implication in gender roles, 3) the condom use acceptance by religious persons, and 4) the big influence of U.S. culture and society after the North America Free Trade Agreement (NAFTA). This paper considers the evolution of Mexican society and its purpose is to define the concept of HIV/AIDS prevention in Mexican adolescents from Rodgers' evolutionary view

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Based in a process that continue through the time with a particular context (Rogers, 2000).

Method

Rodgers' evolutionary view of concept analysis was used as a method in this paper (Rodgers, 2000). This concept analysis with an evolutionary view focused on the use and orientation toward clarification, its applications, and its current use in sexual health. This procedure allows knowing the "state of the art" of the concept, which provides foundation for development of future research on the sexual area. The focus was to identify, to analysis, and to identify with and inductive approach the common use of the concept with out a strict definition imposed from the health system. This method resulted appropriated, because it accentuates an inductive inquiry with a rigorous sample selection for data collection. Concepts and associated expressions were identified with inclusion of time period in their settings (p. 79). This approach was based on the analysis of literature available about HIV/AIDS prevention, the disciplines interested, and the variety of sources.

The activities included in Rodgers' method (2000) are the followings, that occurred simultaneously rather than linear steps, in a process: 1) identify the concept of interest and associated expressions; 2) identify and select an appropriate realm (setting and sample) for data collection; 3) collect data regarding the attributes of the concept, along with surrogate terms, references, antecedents, and consequences; 4) identify concepts related to the concept of interest; 5) analyze data regarding the above characteristics of the concept; 6)

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Conduct interdisciplinary or temporal comparisons, or both if desired; 7) identify a model case of the concept, if appropriate; and 8) identify hypothesis and implications for further development. Step one, identify the concept of interest and associated expressions, occurred already because the concept of interest was HIV/AIDS prevention and its associated expression were STD and STI prevention. On the next part of the paper the remained activities are presented in order to analyze the concept of HIV/AIDS prevention.

Sample and data collection

The process of choosing a sample was one of the hardest parts because there was no much literature with Mexican population. The sample was constituted by 57 items.

Research articles constituted 81%, books 5%, governmental reports 9%, and institutional web pages 5%. However Rodgers (2000) suggest that at least 30 items from each discipline need to be considered, this analysis totalled composed all existing literature available using indexes and computer data bases. An inclusion of different sources of information was considered to analyse how the concept of HIV/AIDS prevention has been used and how people describe it. This method allows deciding which disciplines were included based on familiarity with the literature and awareness of which fields of study have an interest in the concept. In this case, the disciplines involved in this phenomenon were all related to health such as: physiology, medicine, nursing, sociology, and social work. An analysis of health policies was allowed because the literature review incorporated manuscripts and reports from institutional organizations

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And programs. However many disciplines were included, the main goal was that nurse's could apply the concept as their own discipline because their holistic approach take in consideration the social aspect of an individual.

Another important aspect was that HIV/AIDS prevention concept is commonly used by governmental organizations, so inclusion of definitions from their web sites were considered. The criteria in selecting a web site was very rigid, due to only recognized organizations by the Mexican Health System were included.

In order to solve problems related to an inadequate sample size, an expansion of the scope of study had place. On the search of literature all documents that contain in the title, abstract, or key words: HIV prevention, AIDS prevention, or HIV/AIDS prevention, and adolescents and Mexico were included. Due to the concern related to important work that could be missed in Spanish for the actual indexed procedures, a review of reference lists in other articles provided a clue to increase the sample size. Data collection was regarding the attributes of the concept, along with surrogate terms, references, antecedents, and consequences, using databases such as Academic Search Premier, Cinahl, Medline, PsycInfo, PubMed, PsycArticles, Helath Source, and Sociological Collection. Items included in the analysis were from 1994 to 2005. In order to include the found documents, the researcher read and reviewed that all components for the analysis were included. All documents were revised in order to make sure that they were form peer review journals and/or governmental institutions. Documents excluded from the analysis were

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Those did not include Mexican population and those did not meet the criteria mentioned above.

Data analysis

The procedure of data analysis consisted in a review of definitions regarding the attributes, antecedents, consequences, surrogate terms, and related concepts, along of HIV/AIDS prevention in Mexico. Most of the documents do not include a specific definition for the concept or attributes, but the analysis was based on the statements that provide the clue about how authors define HIV/AIDS prevention. The procedure for data analysis was to read articles and to classify them with the components included in each document. Every sentence that includes the components in the analysis was underlined and labelled. After that, the sentence was entered in an Excel sheet. Then, the sentences that coincide were analyzed as one definition in order that researcher's perspective do not influence with author's definitions. The sentence was read carefully for second time and attributes, consequences, antecedents, related terms and surrogate terms were identified and entered in a separate cell. At the end of the analysis, group of similar definition were overlapped and coded. Results of this analysis are presented in the following parts of this paper.

Results

There are three types of HIV/AIDS prevention: mother-child, intravenous, and sexual (CONASIDA, 2001). Those occur at two different levels: individual and community (see figure 1). Those types of prevention are derived from the different form of transmissions. Mother-child

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Transmission is the most common type of infection in the children's reported cases, 15 year of age and less. In Mexico, the treatment is free for all pregnant woman and children 8 years or less with AIDS (Pedrosa, Ramos, Teran, & Hernandez, 2001). Intravenous transmission is very common in donors and drug users. Since 1986 commercialization of blood was prohibited and all blood derivatives are analyzed carefully before transfusions. On the case of drug users, many programs against addictions have been working in drug prevention, but this type of prevention does not include HIV/AIDS prevention (Magis, 2001). Sexual prevention constituted the focus of this analysis because most of the cases are from sexual transmission (39%). Therefore, this paper provided an analysis of HIV/AIDS prevention focused on sexual transmission.

Attributes

Attributes of the concept represent the primary accomplishment of concept analysis (Rodgers, 2000). The first attribute is actions to impede HIV/AIDS happening (Stern et al., 2003; Perez-Palacios & Galvez-Garza, 2003). Those actions include interventions, sexual education, and programs (MEXFAM, 2004). Actions that work for HIV/Prevention are: 1) to increase knowledge about sexuality, anatomy, physiology, and social aspects (McCauley et al., 2004; Caballero-Hoyos & Villaseñor-Sierra, 2003); 2) to transmit the importance of values and Parent-child communication about sex (Villarruel et al., 2003; Pick, Guivaudan, & Gohen, 1995); 3) to clarify

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doubts about HIV/AIDS, transmission types, myths, and realities (McCouley et al., 2004); 4) to transmit a positive perception of risk, safe sex (no fluid interchange), and abstinence (Villasenor-Sierra et al., 2003; Egremy & Saavedra, 2003); 5) to encourage the correct and consistent use of condoms (Marinez-Donate et al., 2004; Pick et al., 1996); 6) to train about decision making, assertiveness, and negotiation (Gayet, Rosas, et al., 2003; Fuensanta & Moral de la Rubia, 2001); 7) to support adolescent development of sexual orientation and gender roles (Caballero-Hoyos & Villasenor-Sierra, 2003); 8) to increase self-esteem, self-efficacy, and empowerment (Tapia-Aguirre et al., 2004; Martinez-Donate et al., 2004); 9) to persuade about future plans (Villarruel et al., 2003; Pick, Guivaudan, & Gohen, 1995); and 10) to teach how to deal with peer pressure (Rasmussen, Hidalgo-San Martin, & Alfaro-Alfaro, 2003; Reynoso, 2003; Perez-Palacios & Galvez-Garza, 2003).

The second attribute is promotion of sexual health behaviors, safe sex, responsibility, HIV testing, monogamy, abstinence, and condom use (Project Hope, 2005; CONASIDA, 1995). Promotion of sexual health behaviors is a basic strategy for HIV/AIDS prevention. It is well known that information is not enough to change behaviors, so it is necessary to implement new actions. Interventions may include face to face communication and group discussion that been shown to be more effective than information alone (Pick, 1999; Pick et al., 1995). HIV Infections may be prevented with abstinence, monogamy, not having fluid interchange when not penetration, and use of condom (Gente Joven, 2004;

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Pedrosa, 2001; Opuni, 2003; IMSS, 2004). There is well know that promotion of preventive actions such as HIV testing for opportune diagnostics and available treatments are elemental against HIV/AIDS (UNAIDS, PAHO, UNICEF, & WHO, 2004). The third attribute is related to the type of strategies. All actions and strategies should be gender and sexual orientation sensitive (Castro-Vasquez, 2000; Jacobson, 2004; Herrera et al., 2004). These two last aspects are barriers for HIV/AIDS prevention because they affect adolescent's beliefs and attitudes, and as consequence behaviors (Fuensanta & Moral de la Rubia, 2001; Mercado, Egremy, & Saavedra, 2004). In addition, strategies in men who have sex with men may include psycho-affective aspects because those are segregated form the rest. Adolescents with homosexual or bisexual preferences should be oriented in the aspect that they are looking for a sexual identity (Parra et al., 2001; Bertozzi, Conde, & Leyva, 2005). Based on gender, sexual orientation, and psycho-affective sensitive strategies, HIV prevention should tackle adolescent needs such as be emphatic, not having a stigma, and not to be judged (Ponce, 2001; Rasmussen, 2001).

The fourth attribute is time. Time is considered as a quality of actions because HIV/AIDS prevention should occur before risky behaviors happen (Pedrosa et al., 2001; Jacobson, 2004). That means that prevention is needed before adolescents engage and maintain in sexual risk behaviors. Therefore action should be opportune and anticipated (Gente Joven, 2004; CONASIDA, 1995). The last attribute to discuss is participation (CONASIDA,

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1995). Parents play a central role in HIV/AIDS prevention because they are a source of values and information for adolescents. In Mexico, parents are much respected, so their opinion and communication is valued for adolescents (Villarruel et al., 2003). Another instance of participation is teachers because they spend a considerable amount of time with adolescents. The evidence shows that teachers are the second instance of support for adolescents when they have a problem or a sexual concern (Secretaria de Salud, 2003; Secretaria de Salud, 2002). Nor teachers or parents can have a fully participation without health providers' help. Institutional organizations should work in the distribution of condoms and make their access easier (UNAIDS, et al., 2004; Opuni, 2003; IMSS, 2004). Based on the mentioned antecedents HIV/AIDS prevention includes opportune, sensitive, and participative actions to promote, adopt and/or maintain sexual health behaviours in adolescents in order to impede HIV/AIDS happening.

Antecedents and Consequences

Antecedents refer to situations, events or phenomena that precede the concept. On the other hand, consequences refer to situations, events or phenomena that follow the concept (Rodgers, 2000). Based on the analysis of literature, the following table 1 reorganize those components.

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Related concepts

Related concepts reflect the philosophical assumption that every concept exists as a part of a network of related concepts that provide a background and help to give significance to the concept of interest (Rodgers, 2000).

The first related concept is Safe Sex that involves the correct use and constant use of condom (male and female) (CONASIDA, 2001). Parra et al., (2001) included in their definition of safe sex two additional components abstinence and monogamy. In addition, Pedrosa (2001) stated that safe sex is the maintenance and correct use of condom following 12 steps. Another related concept is Sexual Health Promotion. The principal goal of sexual health promotion is to increase the personal and collective well being with attainment and maintenance of sexual health (Secretaria de Salud, 2002). There are five principal components to improve sexual health: 1) to eliminate barriers to sexual health, 2) to provide comprehensive sexuality education to adolescents, 3) to provide education, training and support to professionals working in Sexual Health related fields, 4) to develop and provide access to comprehensive Sexual Health services for adolescents, 5) to promote and sponsor research and evaluation in sexuality, Sexual Health and the dissemination of the knowledge (Pick, Givaudan, & Gohen, 1995; PAHO & WHO, 2000).

Still another related concept is Sexual Education. Sexual education should begin early in life, should be appropriate for age and development, and should promote positive attitudes toward sexuality (Ehrenfed-

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Lenkiweicks, 1994; PAHO & WHO, 2000). In this term there are two main categories identified for sexual health education providers: family and others (Guzman, Hackert, & Contreras, 2000; Kelly, 2002). Others may include school, churches and social institutions. To provide sexual health education, promotion of equality between men and woman should be addressed. Sexual health education should cover aspects such as, body changes, family communication, sexuality and adolescence, STDs and HIV prevention, early pregnancy and contraception, gender and adolescence, and gender violence (Mexfam, 2004). Sexual health education could be obtained from family. Pick (1995), reported that children whose parents talk with them about sexual matters, provide sexual education, and contraceptive information at home are more likely than others to postpone sexual activity. In addition, when these adolescents become sexually active, they have fewer sexual partners and are more likely to use contraceptives, condoms, and non barrier methods (Huerta-Franco, 1999).

The last related concept is sexual health or reproductive health. Biological changes precede puberty, so adolescents should dominate physiologically and emotionally those changes such as excitation, cognitive and affective process, beliefs, expectancies, and fantasies. (Hidalgo-San Marin et al., 2003). Sexual health is where sexuality, attitudes, behaviours, and knowledge have place. To have sexual health in society, an open perspective about sexual issues is very important. Furthermore, understanding cultural values related to sexuality before marriage in a society whit changes in

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Fecundity, marital status, and gender roles is valuable to achieve sexual health. These situations give more options to adolescents for sexual maturation and family roles, where a reinforcement of youths preparation for unplanned pregnancies, STDs, HIV/AIDS problems (Dominguez del Olmo, 2004; Stern, 1997).

Model case

The following exemplar is a program that was tried to implement in a school curricula. Toluca, Mexico was the location for the program implementation. The study was conducted in four of the eight high schools in the city. Twenty four counselors, teachers, and principal from the intervention schools received a 36 hour training course "A Team Against AIDS". The curriculum content included 30 session with the following content: 1)Knowledge about sexuality, anatomy, physiology, and social aspects, 2)Values, 3)HIV/AIDS, transmission, myths and realities4) perception of risk, safer sex, abstinence, 5)assertiveness, communication and negotiation, 6)sexual orientation, 7)self-esteem, 8)gender and sexuality, 9)decision making, 10)life course planning. The whole curriculum was administered to 946 students with a mean of age of 16 years. The population was proportional by gender. The principal findings after the program were abstinence for one year after intervention, an increment of knowledge related to HIV/AIDS and their modes of transmission, and increment of confidence about condom use, and positive attitudes for people living with AIDS (McCauley, Pick, Givaudan, & Greene, 2004). To find a model case was the hardest part of the analysis. This program was selected as a model case because it comprises most of the attributes,

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Antecedents, and consequences for HIV/AIDS prevention. The included attributes are: opportune and anticipated actions, gender sensitive strategies, action that promote sexual health behaviors, and teacher participation. The antecedents contain: positive values and beliefs, knowledge and information about HIV/AIDS, support from teachers and health providers, perception of vulnerability, and self-esteem. The consequences comprise more sexual and reproductive health among adolescents.

Implications for research and practice

The findings of this paper have significant implications for nursing research and practice. The concept analysis from an evolutionary view of HIV/AIDS prevention enhance research by providing a solid conceptual foundation for further study related to adolescents in undeveloped countries . In spite of the global importance of HIV/AIDS prevention in Mexican Adolescents, few studies in the field have been conducted by nurses. It is important to emphasize that the concept of HIV/AIDS prevention involves all aspects of humans, and nurses provide this holistic view. Therefore, nurses could conduct more research to increase sexual health in adolescents. In addition, nursing studies constitute one important area for research to evaluate the utility of actions that prevent HIV/AIDS in actual nursing concerns such as sexual problems in adolescents. This analysis provides a base for further research in Mexican population with surrogate and related concepts. For example, prevention could be interpreted in different ways between health providers

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And adolescents. The analysis of HIV/AIDS prevention is very complex and most of the documents show the authors' perspective, so research taking in consideration adolescent's perspective is crucial in order to understand the phenomenon. Considering nursing perspective as a holistic discipline, their practice should be supported by concepts that agree with their perspectives.

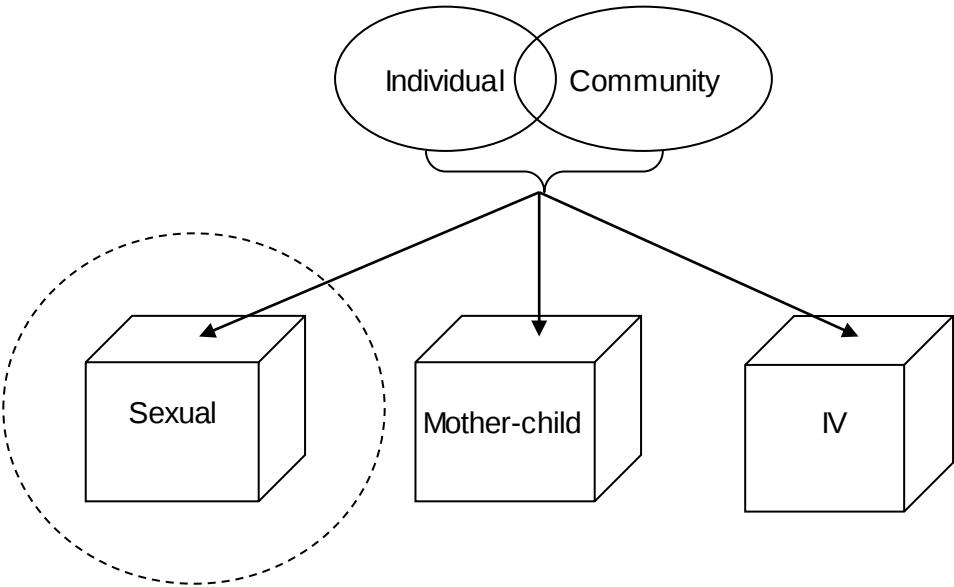
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He model case provides very positive outcomes to take in consideration for implementation in Mexican high school curriculum. Due to the impact of HIV/AIDS prevention in school settings, replications of this study are important in order to move on policy changes. In addition, more qualitative research is needed because the concept include many terms such as values, beliefs, attitudes, and sexual preferences that only with qualitative methods may be fully explored and meet adolescent needs. Safe sex was a concept that this paper found as a related concept. This concept seems very similar and sometimes was used as a synonym. This paper classified safe sex as a related concept, but more research is needed to confirm their differences and similarities. In addition, if the concept is a synonym to include it in the data selection may produce different results.

One problem found in the literature was condom access which is one of the elemental pieces for HIV/AIDS prevention, so to train pharmacy workers is very important. Actions could be to give supplement information in each visit and to detect and promote HIV/AIDS testing for people asking for STDs.

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Figure 1. HIV/AIDS prevention instances and types.



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Table 2. Antecedents and Consequences of HIV/AIDS prevention in Mexican adolescents

Antecedents	Consequences
Positive attitudes and beliefs (Gayet, Juarez, et. al., 2003; Pedrosa, 2001). -Cultural values (Herrera & Campero, 2001; Ponce, 2001). -Vulnerability perception (Parra et al., Caballero-Hoyos & Villasenor- Sierra, 2003). -Knowledge and information about HIV/AIDS (Villasenor-Siera, et al., 2003). -Motivation and Intentions (Fuensanta & Moral de la Rosa, 2001) -Self-efficacy and self-esteem (Martinez-Donate et al., 2004) -Support: Family, teachers, friends, health provider (UNAIDS et al., 2004; Gayet, Rosas et al., 2003; Rasmussen, Hidalgo-San Martin & Alfaro-Alfaro, 2003). -Past sexual experiences (Tapia-Aguirre et al., 2004; Gayet, Juarez, et al., 2003; Uribe-Salas et al., 2003)	Decrement on HIV/AIDS rates (CONASIDA, 2001; Secretaria de Salud, 2002). -Sexual health behaviors in adulthood (Gayet, Juarez et al., 2003; Stern et al., 2003). -More sexual and reproductive health (CONASIDA, 1995; Perez-Palacios & Galvez-Garza, 2003). -Sexual autonomy and responsibility (Secretaria de Salud, 2003; Stern et al., 2003). -Respectful of sexual rights (CONASIDA, 1995).

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