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Mesure fonctionnelle appliquée à trois problèmes de la société  
colombienne : Vente de Drogues, Consommation de  
Substances Psychoactives et Education Sexuelle des  
Adolescents

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# ***INTRODUCTION***



## ***Presentation***

The present document is the result of the efforts made during my doctoral studies, which spanned four academic years. This document compiles my personal interests as a Colombian and as a youth educator, as well as my professional interests as a psychologist and a master's degree holder in political science. It reflects my roles as a university professor and as a therapist for young victims of conflict and/or members of criminal organizations. This document represents the culmination of my training as a researcher and a scientist, with a keen interest in contributing to our understanding of Colombian perceptions and, hopefully, in the future, influencing evidence-based government decisions.

The results obtained are the product of careful planning, review, restructuring - driven by the constraints of the COVID-19 pandemic - and the execution of three studies that addressed relevant social phenomena in Colombia. These studies examine opinions on the possession of illicit substances, attitudes toward the consumption of psychoactive substances, and the sexual education provided in school settings by psychological counselors.

Not only are these issues of particular interest to Colombia today, but in recent years, with the urgent concern over the country's internal armed conflict put on the back burner, both scientists and the general public have begun to perceive peace as a state of well-being that depends not only on the absence of war, but also on education, social policies, health care and other factors. In other words, now that the conflict has given us Colombians a *truce*, we can contemplate educational and



pedagogical processes that offer opportunities for intervention and prevention, with the aim of improving the quality of life for Colombians. To achieve this goal of contributing to the construction of Colombian society, there arises a need to understand the perspectives of Colombians on the three topics presented in this document.

Exploring the perspectives of Colombians regarding the management of drug policies and sexual education is both relevant and sensitive. Social experiences such as armed conflict, forced displacement, political corruption, economic inequality, discrimination, rising rates of sexual violence, and recurring migratory processes, among other challenges, have shifted sensitive sociopolitical discussions from being evidence-based and led by politicians to being increasingly conducted on social media platforms. The debates have moved to social networks, to broad *conversations* in which little or nothing is built, to discussions without arguments or those that are convenient for the elections of the day. Hence, the study of common perspectives, using the scientific method, is both appropriate and timely. This document presents a methodical and rigorous approach. It seeks to provide a more complete and enriching view of the phenomena enunciated, which -we hope- will contribute to a solid base of scientific knowledge in the field of psychology.

The document consists of three main sections. The first section presents the introductory body of the work, in which a socio-political contextualization of the place where the data were collected is made: Colombia, as well as the methodological basis that was employed transversally in the studies conducted, using the Theory of

Information Integration and Functional Measurement, proposed by Norman Anderson (1996, 2008, 2017) and the Cluster Analysis technique of Hofmans and Mullet (2013).

The second section focuses on the contextualization of the social and situational factors that some of the social problems that afflict Colombians. These factors are broken down into the three studies that make up the doctoral dissertation. The first study a) focuses on the mapping of Colombians' positions regarding penalties for crimes related to psychoactive substances, with the objective of accurately characterizing the diverse positions of citizens regarding the type of sanction that should be imposed on a person detained by the police in possession of illicit substances. The second study b) focuses on the approval of policies to regulate the use of psychoactive substances, seeking to map Colombians' positions on policies to restrict the use of such substances. Finally, the third study c) examines the ethics of counseling in the context of sexual information, with the objective of identifying Colombians' positions on what a school counselor or counselor can and cannot do in these situations.

Finally, the general discussion of the work carried out is presented, as well as the most relevant observations of each of the studies presented. The emerging conclusions of the studies, their limitations and the new lines of research that emerge from the findings are described.



***SOCIOPOLITICAL AND EMPIRICAL  
BACKGROUND***



## ***Sociopolitical Overview of Colombia***

The data from the three studies presented in this document were collected in urban areas of Colombia, a country located in the northwest of South America, sharing its borders with Venezuela and Brazil to the east, Ecuador and Peru to the south, and to the northwest with Panama and Nicaragua. According to the World Bank (2023), in 2021, Colombia had a population of 56,516,562 people, with a progressively growing trend over the last 60 years. Notably, out of the total population, 26,101,321 were women (50.7%), and 25,983,569 individuals were active in the workforce, of which 41.1% were women.

Colombia's history has been marked by circumstances that have fostered a culture of violence, which is reflected in statistics that often align with social perceptions (National Center for Historical Memory [CNMH], 2018; UN Women, 2021; Government of Colombia, Ministry of Health and Social Protection, 2019). One of the most profound phenomena in its recent history has been the internal armed conflict, which has been associated with systematic violations of human rights, illicit drug economies, corruption, and a wide social inequality gap. In other words, while Colombia is popularly known for drug production and trafficking, this is only the "tip of the iceberg" in a history of violence that currently counts over 8 million victims solely related to the Colombian armed conflict (Human Rights Watch, 2023; Unit for Comprehensive Attention and Reparation to Victims [UARIV], 2023).

In attempting to understand the armed conflict, the National Human Development Report (2003) asserts that violence has primarily affected rural areas

where the presence of the state was insufficient and neglectful. Despite subsequent changes following the signing of the Peace Agreement between the government and the largest guerrilla group in the country at that time, it has been observed that illegal economies persist in these territories (United Nations Development Programme [UNDP], 2022; 2023). Such neglect fueled violent expressions of social discontent and further complicated the conflict. To this day, no one knows exactly why the Colombian armed conflict began. A clear timeframe or situation that initiated the conflict has not been established. Where some level of consensus does exist is that in Colombia, disputes over land ownership and the exploitation of its resources were the triggers for social grievances that found no legal or peaceful avenues for resolution (Castrillón-Guerrero, Riveros Fiallo, Knudsen, López López, Correa-Chica, & Castañeda Polanco, 2018; Pachón, 2021; Vargas-Reina, 2010; Roperó, 2016; Segrelles, 2018). These acts of violence, experienced at the regional level, have permeated the everyday lives of people over the last 60 years, reshaping how citizens relate to their territories.

One of the most notable aspects of the violence has been its principal armed actors. Both paramilitary groups and guerrillas (and more recently, Criminal Gangs) have sought to control strategic areas for the production and export of illegal drugs (CNMH, 2016). The drug trade has been the backdrop for the murders of farmers involved in the business or those who oppose it. It has also justified the killing of social leaders and human rights defenders who denounce the harms of the drug trade. These leaders have reported how the drug trade has coopted institutions and

triggered violent practices among young individuals, as well as acts of sexual violence. The latter crimes have had a more significant impact on girls, women, and individuals of diverse sexual orientations.

This is how Colombia is one of the countries with the highest levels of homicides in Latin America and the Caribbean, at 22 per 100,000 inhabitants (United Nations [UN], 2020). In addition, since the signing of the peace agreements in 2016, 1,429 murders of social leaders and human rights defenders have been recorded, of which at least 350 events have been shown to be related to these agreements (Institute for Development and Peace Studies [Indepaz] 2023).

Between 2017 and 2018 there was a decrease in the illicit cultivation of coca bush by 1.2%. But currently there has been an increase in cocaine hydrochloride manufacture by 5.9%; and it is particularly alarming that illicit coca bush cultivation has increased by 43% in 2021. This indicates that there is a greater amount of land under coca cultivation and a greater presence of illegal groups, which are fighting for territorial control for cocaine trafficking (United Nations Office on Drugs and Crime [UNODC], 2023). This, in turn, has led to an increase in violence in the community at large.

It could be stated, then, that after seven years of signing the peace agreement between the government and The Revolutionary Armed Forces of Colombia [FARC] guerrillas and the alleged demobilization of the United Self-Defense Forces of Colombia (a paramilitary group), there still exists an association between drug production/trafficking and violence. This engenders a cycle of violence, as the extent



to which police and military interventions are undertaken to "wage war on drugs," there is a concurrent increase in armed violence, and consequently, the homicide rate (UN, 2020).

Another social phenomenon within the framework of the armed conflict is sexual violence, especially against women and individuals with diverse sexual orientations. This phenomenon has had profound impacts at individual, community, and societal levels. According to the Observatory of Memory and Conflict (CNMH, 2021), there have been 15,760 victims of sexual violence in Colombia between 1959 and 2020, of which 61.1% were women and 30.8% were girls and adolescents. Sexual violence has been understood as gender-based violence, occurring within the context of domination and the exercise of violent power. This violence seeks to assert control over a territory or community, as well as over the body of another person (CNMH, 2017).

In addition to the impacts of violence and the vulnerabilities of the civilian population, particularly the actions of war, sexual violence was used for territorial control, intimidation, threats, or simply as acts of imposition and power. Hence, sexual violence in the context of the armed conflict is the most silenced and forgotten form of repression employed by armed actors (CNMH, 2017). This is why the framework of the internal Colombian armed conflict affects people's perceptions on topics related to sexuality and psychoactive substances.

## ***Education and the Training of Colombian Youth***

In Colombia, by the year 2020, there were 12,672,168 young people between the ages of 14 and 28, representing 25% of the total population (National Administrative Department of Statistics [DANE], 2022; United Nations Population Fund [UNFPA], 2022). Out of these, 8,101,292 children, adolescents, and young people enrolled in official educational institutions, while 1,696,385 did so in unofficial institutions. However, the school dropout rate continues to be a significant problem in Colombia, with a total of 332,067 students dropping out in the year 2020 (DANE, 2022).

According to this report from the National System of Higher Education Information [SNIES] of Ministry of Higher Education of Colombia [MESC] (2017), only 1,163,889 of young individuals completed their high school education up to the 11th grade, and out of them, 646,426 were admitted to some higher education program. A total of 423,182 completed their university studies during the 2016 period. These figures highlight an unequal landscape in the exercise of human rights, particularly in the realm of education. Furthermore, it predisposes children and adolescents to be more vulnerable to risk situations, such as the sale, distribution, and consumption of psychoactive substances, and participation in organized groups engaged in illegal economies.

Children and young people in school-age have not been immune to the country's violent reality. The distribution and consumption of psychoactive substances are present in school environments, which not only exacerbate violence

and inequalities but also impact the mental health of children and young people. In other words, violent environments affect the life experiences and future plans of young individuals (López, 2016; López López, & Andrade, 2016). According to Routes of Conflict (2020), between 1990 and 2020, 881 violent events (such as attacks and armed takeovers) affected Colombian schools. These attacks disrupted school cycles and hindered children, adolescents, and young people's access to education. Additionally, according to the Truth Commission (2022), between 1990 and 2018, 6,496 children, adolescents, and young people were kidnapped, and 16,238 were recruited by armed groups.

In accordance with this, the District Education Secretary of Bogotá [SED] (2013) stated that the surroundings of educational institutions border on the activities of organized groups dedicated to the consolidation and strengthening of illegal economies. These drug trafficking economies operate through: (a) territorial control by monopolizing the drug trade, and (b) the decentralization of major drug distribution points in the city, transitioning to small-scale drug trafficking.

Schools, which should serve as centers of protection and education for children, adolescents, and young people, have become targets and operational spaces for military actions as well as havens for armed groups. Within schools, armed and drug trafficking groups have jeopardized the lives and well-being of children, adolescents, and young people because the state has not ensured their security, and education itself has not adequately promoted critical thinking in the face of the country's violent reality (Truth Commission, 2022).

## ***Youth Psychoactive Substance Use: The Sociopolitical Violence Context in Colombia***

While countries continue to grapple with the consequences of the COVID-19 pandemic, the global drug landscape shows increasing rates of drug use (Secretary of Health of Bogota [SSD] & UNDOC, 2022). Over the last 12 years, it has been observed that global drug consumption rates have increased by 26%, with an estimate that 1 in every 18 individuals between the ages of 15 and 64 have consumed some form of drugs in the past 12 months, representing 5.6% of the population (2022).

In Colombia, as in different countries, governments have been concerned about the presence of illicit substances within their territories. This concern ranges from the cultivation of so-called illicit crops to consumption. Strategies for controlling drug crops have been diverse (such as aerial glyphosate spraying, manual eradication, and legal action against cultivators), as have those for controlling drug trafficking. However, these measures have been primarily prohibitionist or repressive.

### ***Evolution of Drug Policies in Colombia***

The history of anti-drug policies in Colombia dates back to the 1970s, when the United States and Colombia began collaborating in the fight against the

trafficking of marijuana and cocaine. This initial cooperation stemmed from international pressure and diplomatic exchanges between the two countries, serving as a prelude to the formal war on drugs that would unfold later (Britto, 2020).

It is important to consider that Colombia, in its quest for solutions and actions to mitigate the cultivation, production, manufacturing, trafficking, and consumption of illicit substances, has implemented policies that have oscillated between markedly prohibitionist stances, in which possession and consumption were criminalized. This is evident in Law 30 of 1986, known as the National Narcotics Statute. These policies were responses to the country's international prominence but also generated challenges—not only in the context of international relations but also within Colombia itself—affecting the economy, territory, social and cultural aspects, people's habits and quality of life, while exacerbating violence and corruption and impacting the role of state institutions (governance). Thus, this legal framework laid the foundation for an anti-drug policy centered on criminalization and punishment, relegating public health approaches to a secondary role (Uprimny & Guzmán, 2016).

In the early 1990s, in response to increasing violence and social pressure, the country's stance on personal drug use began to shift. In 1994, the Constitutional Court, through ruling C-221, decriminalized the possession of a minimal dose for personal use. This decision, based on the right to free development of personality, marked a shift toward a less punitive stance (Cozac, 2009). However, the prohibitionist approach resurged in the 2000s. A notable example of Colombia's prohibitionist drug policies is the Plan Colombia (Tate, 2015). Largely financed by

the United States, this plan aimed to eradicate coca crops through aerial fumigation with glyphosate and a military offensive against drug trafficking leaders (Rosen, 2015). Despite its objectives, Plan Colombia was criticized for its adverse effects on health and the environment and for failing to achieve significant reductions in drug supply or associated violence (Massey, 2001). Few progressive policies focusing on social and cultural treatments have been implemented (Quintero & Posada, 2013). Although Colombia's drug policies have been predominantly prohibitionist, the production, trafficking, and consumption of illicit substances remain an enduring reality.

In Colombia, currently, there are no judicial penalties against consumers of illicit substances. However, the law has established mechanisms aimed at controlling the internal drug traffic within the country and reducing the harms associated with their consumption. Specifically, a person found in possession of an illicit substance is not criminally punished, as long as the quantity does not exceed the permissible limits. Otherwise, individuals may face prison sentences ranging from four (4) years to thirty (30) years, as well as economic penalties (Constitutional Court, Decision C-221 of 1994; Law 1453, 2011, art. 376).

It might seem that Colombian law is clear enough that consumers or possessors of illicit substances should not be punished, and it emphasizes the importance of implementing alternative measures such as educational, administrative, and therapeutic measures, clarifying that prohibition does not imply penalization (Constitutional Court, Decision C-491 of 2012; Constitutional Court,

Decision C-574 of 2011; Law 1453, 2011). However, in reality, it is difficult to determine whether individuals caught with illicit substances carry them solely for personal use or are involved in microtrafficking (a term used to describe the distribution of small quantities of drugs to evade law enforcement processes).

It's important to consider that Colombia, in its quest for solutions and actions to mitigate the cultivation, production, manufacturing, trafficking, and consumption of illicit substances, has implemented policies that have ranged from a pronounced prohibitionist stance, in which possession and consumption were penalized. This is evident in Law 30 of 1986, known as the National Narcotic Substances Statute. These policies were responses to the country's international prominence but also led to problems not only in the context of international relations but within the country itself, affecting the economy, territory, social and cultural aspects, people's habits and quality of life, and increasing situations of violence and corruption while impacting the role of state institutions (governance).

Likewise, it is important to highlight the proposals promoted that went from the commitment to the free development of the personality and proposals with greater emphasis on preventive and intervened processes, especially therapeutic ones. This allows us to identify the intentions to change not only the framework for drug-related analysis but also the action plans, grounded in a human rights and public health approach (UN, 2016).

These efforts, along with the signing of the Peace Agreement in 2016, aim to create spaces and initiatives for societal transformation within the context of a stable

and lasting peace. This is reflected in Point 4: Solution to the Problem of Illicit Drugs, which reaffirms the need to find an alternative solution to this problem, including illicit cultivation, production, and marketing, given the impact this has had on the internal armed conflict (Special Jurisdiction for Peace, 2016).

However, despite the initiatives in addressing illicit substances, both formal and informal prevention programs, and attempts to shift away from the "war on drugs" culture, it can be stated that Colombia has not completely disengaged from repressive and prohibitionist policies and political intentions.

### ***Effects of Anti-Drug Policies in Colombia***

On the other hand, although non-custodial options for minors continue to be evident, approximately 245,038 adolescents and young people entered the Adolescent Criminal Responsibility System between 2008 and 2018. The offense of drug trafficking, manufacturing, or possession had the highest incidence, accounting for nearly 27% (The Colombian Institute of Family Welfare [ICBF], 2019). Furthermore, 12.35% of young offenders were associated with criminal groups or organizations, and 12.17% were linked to gangs involved in illicit economies (Ministry of Health of Colombia [MSC], 2022).

In parallel, in 1994, about 85,000 individuals were arrested for drug trafficking, manufacturing, or possession, with 16,000 receiving convictions and 200 being extradited (Drug Observatory of Colombia [ODC], 2015). Between 2005 and 2014, 2,479,630 arrests were made, with approximately 29% (727,091 arrests) related to



illicit substances. Among this population, 52% of the arrests were of individuals under 25 years of age, while 44% were of those over 35 years of age (Uprimny, Chaparro, & Cruz, 2017).

In 2017, in 97% of cases involving individuals arrested for carrying illicit drugs, prosecutors imposed custodial sentences on 94% of them. Of all the convictions, around 31% were related to simple drug possession, meaning the quantity of the substance was either slightly above or below the minimum allowed dose, without evidence of intent for distribution (ODC, 2017).

It could be mentioned that in Colombia, policies have ranged from prohibitionist proposals that penalize drug possession and consumption, as endorsed by Law 30 of 1986 - the National Statute of Narcotics, to actions focused on a human rights and public health approach (UN, 2016), as also highlighted in the signing of the Peace Agreement in 2016 or the acceptance of personal use (Decision C-221/1994), although it was subsequently prohibited through legislative acts.

Despite the actions taken in terms of public policies regarding the drug trafficking phenomenon in Colombia – which translate into promotion, prevention, and intervention efforts – a study was conducted in 2016 with a sample of 3,242,377 high school students, revealing an increase in psychoactive substance use as children's age increased. According to this study, substance use initiation occurred at the age of 13.6, primarily involving tobacco and alcohol. Additionally, 24% of students reported having used drugs at least once in their lives. Moreover, approximately 70% of the children stated they had consumed alcohol at some point

in their lives, and finally, 16% of students had used an illegal substance at least once in their lives (such as marijuana, cocaine, basuco, ecstasy, heroin, hallucinogens, poppers, crack, glue/solvents, among others) (ODC, 2016).

Connected to this, according to the District Health Secretariat of Bogotá-Colombia and the UNODC (2022), the highest age range of psychoactive substance consumers falls between 12 and 24 years old, particularly in the middle and upper socioeconomic strata (a novel aspect in this new study). Nonetheless, the lower socioeconomic strata (1 and 2) still show an increase in the abuse or dependence on psychoactive substances compared to the rest of the population, with a higher prevalence among males than females. Despite this information, there is still no data on the effectiveness of programs that have helped reduce substance use or, at the very least, delayed the age of onset of first use (ODC, 2016).

The drug phenomenon in Colombia is not only related to violence on a macro level but has also established an association between criminal behavior and psychoactive drug use at individual levels, at least among the adolescent population. This can occur either at the time of the commission of the offense or prior to it. It is known that 12.4% of adolescents and young people who entered the Juvenile Criminal Responsibility System (the name given to the process of legal proceedings for young people involved in criminal behavior) were consumers of marijuana, cocaine, and/or inhalants from the age of 10. Furthermore, 22.8% had consumed marijuana on the day the offense was committed (ODC, 2017). Although this relationship does not imply causality, it is real that young people are not only

exposed to the health consequences of consumption but also to criminal gangs that monopolize drug trafficking and execute violence in the territories.

Studying the relationships between violence and drug trafficking in Colombia is relevant because it contributes to finding solutions to both issues. However, as mentioned earlier, the success of a policy is closely linked to the coherence of that policy with the political and cultural characteristics of the context in which they are intended to be implemented. Castanié, Muñoz, Kpanake, and Mullet (2020) have demonstrated how ordinary citizens can form opinions on specific aspects of the regulation of substance consumption or services that impact health.

Previously, the study by Lopez, Pineda, Sorum, and Mullet (2016) identified the opinions of ordinary Colombian individuals regarding state policies for managing psychoactive substances. Seven different perspectives were identified in this study, among which the following can be highlighted: (a) 50% of the participants were labeled as "radical constructionists" because they considered all policies to be unacceptable. (b) 19% fell into the category of "cultural conservatives" because they found only one drug policy to be fully acceptable: total prohibition (although half of the members of this group were willing to allow the free sale of soft drugs). (c) 14% were "progressive prohibitionists" because their preferred policies were either total prohibition or government regulation. (d) 8% of the participants fell into the "free-market advocates" group. Finally, 5% of the participants were labeled as "progressive legalization advocates" because the preferred policy in this group was the complete regulation of all substances. This study examined policy perspectives

at a general level, without considering specific strategies for controlling substance consumption, nor did it consider scenarios for assessing direct actions toward tobacco and marijuana consumers.

On the other hand, the previously mentioned study by Castanié et al. (2020) allowed for an observation that to curb the prevalence of unhealthy behaviors, ordinary French citizens had a variety of viewpoints. Furthermore, their judgment was clearly influenced by the type of behavior (tobacco, alcohol, and gambling consumption) as well as the type of punishment applied to consumers. This study considered legally regulated unhealthy behaviors.

### ***Current Situation of Sex Education for Colombian Youth***

Colombian youth face challenges beyond violence, drug trafficking, and the lack of effective drug prevention strategies. A biased sex education system—shaped either by religious prejudices or a lack of knowledge—places young people in a vulnerable position. They often struggle to access reliable information that would enable them to make informed decisions about themselves, thereby violating their autonomy. This lack of education also exposes them to greater health risks due to unsafe sexual practices.

As described in previous sections, it is difficult to address any phenomenon in Colombia without referencing the armed conflict. This conflict has been so prolonged and pervasive that almost all social phenomena must be understood within the context of sociopolitical violence. Consequently, issues related to sexuality

and gender-based victimization are not just social problems, as they are in many other countries. Instead, they have become normalized practices deeply rooted in the sociopolitical conflict and widespread throughout society, as evidenced by the statistics on sexual victimization (Ombudsman's Office, 2023; CNMH, 2021).

Understanding sexuality as a dimension of human development, combating sexual victimization, and creating spaces and strategies for education have been objectives of educational institutions and political organizations. These institutions have promoted actions through public policies, yet they often face resistance from the more conservative sectors of society, which argue that providing information about sexuality might encourage morally undesirable behaviors.

The influence of religious or educational institutions—most of which are religious in Colombia—can affect citizens' decision-making. Decisions often based on ignorance tend to lead to indecision, vulnerability, or even the acceptance and normalization of violence.

In this context, as previously mentioned, with the high rates of school dropout among Colombian children and youth, it is difficult to guarantee suitable environments for learning about healthy sexuality. As a result, young people are more exposed to sexually transmitted infections, early pregnancies, or the inability to fully and responsibly enjoy their sexuality.

## ***Sex Education Policy in Colombia***

In Colombia, the policy on sex education has undergone significant evolution over the past decades, responding to the country's social and legal transformations. From its early stages in the 1970s to current policies, this development reflects efforts to integrate comprehensive education grounded in rights, focusing on respect for diversity and the well-being of young people.

During the 1970s, initial attempts to include sex education in schools were isolated and limited to the private sector, revealing a lack of state guidance in this area (Gómez & Salazar, 2015). In 1981, the Ministry of Education issued Resolution 03345, encouraging educational institutions to incorporate sexuality into their curricula. However, this effort lacked specificity and a concrete implementation mechanism, limiting its scope and effectiveness (Ministry of National Education [MEN], 1981).

The promulgation of the 1991 Constitution marked a milestone in the recognition of fundamental rights, as it included the right to comprehensive education and health, implicitly addressing sexual and reproductive health (Congress of Colombia, 1991). This provided a constitutional foundation upon which a more robust regulatory framework for sex education could later be built.

Law 115 of 1994, known as the General Education Law, was a key step in including training in values and health as part of formal educational objectives. Although this law did not explicitly mention sex education, it established a framework for comprehensive education addressing personal and social development, creating

an opportunity for addressing sexuality within educational institutions (Congress of Colombia, 1994).

The year 2003 marked a significant advance with the formulation of the National Policy on Sexual and Reproductive Health, promoted by the Ministry of Health. This policy formally included sex education as a fundamental component and established guidelines for its promotion in schools and other community spaces (Ministry of Health and Social Protection [MSPS], 2003). Similarly, the Constitutional Court issued Ruling T-692 in 2006, affirming that educational institutions must guarantee comprehensive sex education that includes emotional, ethical, and social dimensions, respecting rights such as the free development of personality (Constitutional Court of Colombia, 2006).

The National Program for Sexuality Education and Citizenship Building, launched in 2008, reinforced this approach by introducing a human rights and gender perspective in education. It promoted civic competencies and a culture of respect and equity (MEN & UNFPA, 2008). This effort was complemented in 2016 with guidelines for incorporating a gender perspective into school coexistence manuals, fostering an environment of respect for sexual and gender diversity (MEN, 2016).

The Decennial Public Health Plan of 2018 strengthened these principles, setting specific objectives for education on sexual and reproductive health, including the prevention of teenage pregnancies, sexually transmitted infections, and gender-based violence (MSPS, 2018). Finally, the National Development Plan 2018–2022 emphasized the importance of a comprehensive, rights-based approach to

preventing sexual violence and promoting safe school environments (National Planning Department, 2018).

### ***Sex Education, Schools, and Adolescents***

Pineda-Marin et al. (2019) previously studied judgments on sex education strategies. Their findings revealed at least seven different perspectives. One perspective fully supported any sex education strategy, while another considered delegating education to a third party, such as a nurse, as the best approach. A third viewpoint showed indecision regarding almost all possible sex education strategies. A fourth perspective supported teaching the biological functioning of the body concerning sexuality but disagreed with discussing emotional relationships or sexual experiences before marriage. A fifth viewpoint endorsed providing information to young people but discouraged sexual experiences. The sixth perspective, with the largest number of participants, viewed the most appropriate strategy as providing information alongside encouraging sexual experimentation before marriage. Finally, a seventh perspective disagreed with all the strategies presented. This study, conducted with participants aged 18 to 65, does not provide insight into young people's judgments regarding the strategies commonly used in their households to teach sex education. Moreover, it does not account for new strategies or channels through which young people acquire information about sexuality, such as social media, websites, or their peers.



This highlights the importance of spaces for information and education within the framework of sexuality. According to Orcasita et al. (2018), in Colombia, 20% of all pregnancies occur among adolescent girls, and 10% of young people aged 15 to 19 are living with HIV. The Colombian Institute of Family Welfare (ICBF, 2015) reports that 23.4% of individuals aged 10 to 19 are mothers, with over 70% having received prior information. Additionally, the National Institute of Health of Colombia's Ministry of Health (2017) indicates that HIV/AIDS notifications increased by 15.8% between 2015 and 2016. These findings align with preliminary results presented by the United Nations Population Fund (2022), showing that in 2021, there were 3,468 births among girls aged 10 to 14 and 79,287 births among adolescents aged 15 to 19. These circumstances foster processes of violence and vulnerability among minors, contravening the country's laws.

As noted earlier, Colombia's General Education Law 115 of 1994 mandates that education focused on the personal and social development of children and adolescents be included in all school curricula. This law specifies that such education must be comprehensive and mandatory for all public and private educational institutions. Additionally, laws have been restructured to broaden the scope of sex education. For instance, Law 1620 of 2013 requires sex education to go beyond biological aspects, incorporating human rights as well as sexual and reproductive rights. However, a gap persists between the law and the implementation of sex education practices across cities, regions, and schools.

In 2022, Welbin and the Laboratory of Education Economics (LEE) conducted a study on the current state of sex education in Colombia. The results revealed that 16% of public and private schools participating in the study consider sex education a priority that enhances individual well-being. While 77% of these schools engage in daily activities promoting students' sexual and reproductive rights, such initiatives are not necessarily a priority. Although 71% of schools have updated their sex education curriculum in the past two years, only 67% take measures to prevent gender-based violence and sexual harassment, 15% provide information on access to contraceptives, and 19% have trained their teaching staff on pregnancy prevention in the last two years.

Within the framework of Colombia's education policy and based on Welbin's findings (2022), 40% of the nation's schools have developed strategies and action plans to address student health and well-being, with 80% updating these plans in the past two years. However, only 17% of schools have effectively monitored the various actions implemented.

Despite these efforts, 80% of participating schools reported that they do not provide comprehensive and adequate support to meet students' physical, mental, and social health needs. Of the schools implementing measures, 72% have specific professionals to provide psychosocial support to students, 9% rely on trained teaching and administrative staff, and 19% lack professionals to offer such support. Among these, 49% are in rural areas, and 25% are public schools. The study also highlights that 53% of participating schools identified issues related to coexistence

and health as the primary causes of student absenteeism. These findings underscore the need to enhance the focus of education policy and attention to students' health and well-being in Colombian schools.

As observed, laws and policies on sex education have primarily focused on preventing the risks associated with sexuality, with few efforts directed toward fostering pleasurable and healthy sexual experiences. This has not led to significant reductions in adolescent pregnancy rates or sexually transmitted infections within the population.

In this Colombian reality, three studies are conducted with a particular emphasis on the perspectives of ordinary individuals regarding three phenomena of everyday life. In other words, expanding the understanding of the country's social reality is deemed essential, considering how macrosocial events—particularly in the context of violence—have permeated various aspects of Colombians' daily lives. These events can even influence their perceptions and positions on certain situations, ranging from involvement in criminal groups engaged in illegal economies, such as drug sales in specific territories, to their perceptions of sex education events for adolescent girls, especially in light of data on sexual violence.



***INFORMATION INTEGRATION THEORY AND  
FUNCTIONAL MEASUREMENT.***

For the development of the three studies, the methodological foundation was Information Integration Theory and Functional Measurement (IIT/FM), as proposed by Anderson (1996, 2008, 2017). Information Integration Theory (IIT) and Functional Measurement (FM), developed by Norman H. Anderson (1996, 2008, 2017), provide a theoretical framework that conceptualizes cognition as an active process driven by specific goals and motivations. This theory divides cognition into three functional systems: the declarative system, the procedural system, and the feedback system. The declarative system is responsible for the storage and retrieval of information; the procedural system executes actions; and the feedback system monitors performance, enabling individuals to adjust and improve their cognitive skills (Anderson, 1996).

IIT/FM has been utilized to explain a wide range of cognitive phenomena, from learning and memory to decision-making and problem-solving (Anderson, 2008). It has been applied across various fields of psychology, offering insights into how individuals make judgments and decisions based on basic cognitive rules. Previous studies highlight the relevance of this theory in analyzing everyday judgments and its application in decision-making within both simple and complex contexts (Anderson, 1996, 2008; Ouédraogo & Mullet, 2001; Morales, Castro, Charles, Mezquita & Mullet, 2015; Morales-Martinez, Lopez-Ramirez & Mullet, 2016; Mullet, Morales-Martinez, Makris, Roge & Sastre, 2012; Mullet, Muñoz-Sastre & Chasseigne, 2021).

It is worth noting that the theory is primarily conceived as a theory of judgment in everyday life (Anderson, 1991, 1996, 2008), as our cognitive processes are reflected in the judgments we make about immediate reality or some aspects of it (Muñoz Sastre, Lopez Lopez, & Pineda-Marin, 2017).

In this regard, IIT/FM allows for a deeper understanding of how people make decisions based on the context in which they are immersed. From "simple" choices like selecting clothing or buying a birthday gift to more complex decisions such as choosing a career or deciding to forgive someone who has hurt us.

In alignment with this, Muñoz Sastre, et al. (2017) illustrates how the proposed psychological rules in functional measurement are carried out and how they operate to understand the issuance of judgments. In concordance, the theory's diagram, known as the Information Integration Diagram (IID), consists of three major moments when arriving at a judgment, all stemming from an individual's interest within a particular context: assessment, integration, and response. "This diagram also illustrates two key aspects of judgments: goal-directed decision-making and the multifactorial nature of that goal" (p. 2).

Assessment has traditionally been understood as the moment when an individual assigns subjective value to one or more stimuli. However, this psychological value is closely related to the person's personal history, the tools they have developed over time, and the context in which they operate. In other words, this initial assessment moment is a process that regulates the creation of a representation influenced by both the individual's purpose and personal experiences

in making the judgment (Muñoz Sastre, et al., p. 3). According to the authors, the generated value is a type of information that can be integrated with other available data. While the psychological value may vary concerning different stimuli, it depends on the purpose of the task at hand, the situation being addressed, as well as the individual's emotional state and motivation.

It's important to note that we can assess different stimuli when making a decision. In line with the functional theory of cognition, when faced with a situation that presents multiple stimuli, we will have a psychological parameter value for each of them. For example, when deciding whether to go to university by car or by bicycle to arrive on time for our 9 AM class, the stimuli that could influence our decision include the weather (whether it's raining or sunny), environmental pollution, and the duration of the journey. In this case, the individual will assess each of these stimuli and then integrate the information to make a decision.

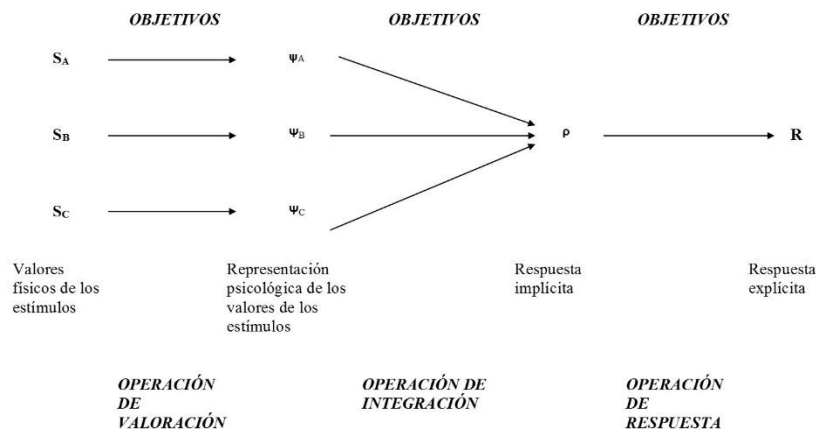


Figure 1. Information integration diagram. Source, Anderson (1981), cited by Muñoz Sastre, et. al. (2017)



To illustrate the above more clearly, let's take an example provided by Muñoz Sastre, et al. (2017).

...let's suppose that SA, SB, SC are the elements of a situation in which one wishes to buy a piece of clothing. SA could be the quality (durability): very good. SB, the price of the garment: high price. SC, the aesthetic aspect of the clothing: not very beautiful. These three stimuli are incommensurable, they belong to different categories of the same product (quality, price, and aesthetics), and they are also measured differently. That said, before integration can take place – according to the theory – it must be ensured that these stimuli can be commensurated to be operated on the same measurement scale, which is established depending on the goal, in this case, the goal is to buy a piece of clothing. The goal is not to wash or sell the garment, so the scale through which a response or judgment is sought will be defined in terms of acceptability, in other words, how attractive the product is to the consumer. (page 3)

With the above, each of the stimuli S1, S2, and S3 associated with their respective values of psychological parameters  $\psi_1$ ,  $\psi_2$ , and  $\psi_3$  is understood as assessment.

The second moment in the issuance of a judgment is called integration and occurs once the assessment has been generated. In other words, the individual already has a value of the psychological parameter for stimuli S1- $\psi_1$ , S2- $\psi_2$ , and S3- $\psi_3$ , and it is clear that the unit of measurement (getting to the university to attend the 9 AM class) will be integrated so that the individual internally provides a unitary response. "Therefore, the integration operator is where the transition from multiple

determinations to a singular response  $\rho$  is generated. The concept of integration reflects the multifactorial nature of all kinds of judgments" (Muñoz Sastre, et al., page 3-4).

Following the authors, the weight assigned to a value, the degree of significance, will also depend on the type of sources available to the individual. In other words, as mentioned earlier, people attribute value and significance to a value based on the resources they have (their history, their references and considerations about life, mobility, transportation, norms, environmental care, among others). These sources of information are, therefore, crucial. That is, if it is concerning for a person and they take actions to minimize harm to the environment, this notion becomes a factor of personal relevance, increasing the probability that they will assign greater weight to the value related to traveling by bicycle. However, if the priority is to arrive early for a class, and assuming that using a car would provide a higher speed and a greater likelihood of arriving early without considering the emission of smog, the weight assigned to the value may vary.

### ***Cognitive Rules***

The Andersonian cognitive rules, rooted in Information Integration Theory (IIT), are fundamental for understanding the processes of information integration employed by individuals when making judgments or decisions (as discussed in the previous section).

One of the most important rules in this theory is averaging, where individuals assign differential weights to stimuli based on their perceived relevance. Instead of treating all factors equally, people give greater weight to those they consider more important in a given situation. This results in the weighting of information, meaning that not all factors have the same impact on the final judgment. A practical example is the process of career choice, in which students consider multiple variables—such as the length of study, job opportunities, and personal affinity with the field—weighting each factor according to its individual relevance to make an informed decision (Fruchart & Vera Cruz, 2020; Muñoz Sastre et al., 2017).

On the other hand, summation is another core rule in Anderson's theory. Unlike averaging, where factors are weighted differently, summation involves each factor contributing independently and cumulatively to the final judgment. This operation is particularly useful in contexts where every piece of information is consistently considered and has a total impact on the evaluation. In studies on forgiveness, for example, it has been shown that individuals use a summation rule to integrate information, where factors such as the presence of apologies, the intentionality of the act, and the severity of the consequences are combined to form a final judgment on the willingness to forgive (Girard et al., 2002).

The flexibility of these cognitive rules has been explored in various contexts. One interesting finding is that people do not always adhere to a single rule but can alternate between averaging and summation depending on the task type and the mode of information processing. Betsch et al. (2006) found that in situations where

information is processed explicitly, such as evaluating actions in the stock market, individuals tend to use an averaging rule. However, when attitude formation is implicit, people are more likely to follow a summation rule. This suggests that context and cognitive processing type are key determinants in the choice of integration rule.

Another relevant aspect of Andersonian cognitive rules is their applicability to perceptual and moral judgments. In research on perceptual judgments, for instance, children have been found to use information integration rules based on summation and averaging when judging the size of visual areas (Mullet et al., 1989). These rules are not only applicable to abstract or academic decision-making contexts but also guide cognitive processing in everyday tasks. This highlights the universal nature of Anderson's cognitive rules and their capacity to explain complex judgment processes across a variety of domains.

Cognitive rules have also been crucial in understanding how individuals integrate missing information. Singh (1984) explored how people impute values to unavailable information when making judgments. In this context, when information about an important attribute—such as generosity or income in a donation study—is missing, individuals tend to assign an average value to the absent information. This process of imputing information underscores the flexibility of cognitive integration rules, enabling individuals to arrive at complete judgments even when not all information is available.

Moreover, Information Integration Theory has been successfully applied in the field of sports decision-making. Rulence-Pâques et al. (2005) demonstrated that

Anderson's simple algebraic rules, such as averaging and summation, are also relevant in sports contexts, where players make rapid decisions based on multiple factors. In their study, team sport players, such as those in soccer and basketball, integrated information about the importance of the game, the team's numerical status, and the remaining time consistently using these cognitive rules. This suggests that cognitive rules are not only applicable to everyday decisions but also to high-pressure situations, such as those in sports.

In the realm of attitudes and social perceptions, studies have also demonstrated the applicability of Andersonian cognitive rules. Juslin (2015) found that when evaluating complex situations with multiple cues, individuals tend to use additive models when they cannot account for all interactions between factors. This bias toward linearity and additivity is partly due to the limitations of working memory, which cause individuals to process each cue in isolation and adjust their judgments cumulatively.

A notable feature of Anderson's theory is its robustness in explaining phenomena such as the weighting of perceptual evidence. Gardelle and Summerfield (2011) found that when individuals process heterogeneous evidence, they tend to disregard extreme samples of evidence and focus on more reliable cues. This behavior follows a pattern of "robust averaging," where perceptual judgments are based on the optimal integration of the most relevant signals, demonstrating the utility of Andersonian cognitive rules in optimizing decision-making under uncertainty.

Thus, IIT/FM provides valuable insights into cognitive processes and their relation to human behavior. In today's world, its relevance is particularly significant due to the growing need to understand and address complex societal problems. From climate change to mental health, automation, and artificial intelligence, many challenges require creative and adaptive solutions that stem from a deep understanding of how individuals make everyday decisions. The flexibility and robustness of these rules enable researchers and practitioners to better understand the mental processes underlying human judgments and decisions.

Similarly, IIT/FM allows for the mapping of judgments held by ordinary individuals in specific contexts. In an increasingly globalized and diverse world, where communication and understanding across different cultures and languages are essential, generating such knowledge is crucial. This is particularly relevant for understanding how different linguistic and cognitive structures influence people's thought processes and communication, and how political agendas, educational proposals, and public policies align with public perceptions and desires.

### ***Previous Studies carried out in Colombia using Information Integration Theory (IIT) and Functional Measurement***

In recent years, various studies in Colombia have applied Information Integration Theory (IIT) and Functional Measurement (FM) to understand key sociopolitical issues. López-López and Mullet (2016) aimed to analyze how Colombians evaluate the willingness to forgive actors involved in the armed conflict.

The methodology included surveys administered to a representative sample of the population, assessing factors such as remorse and the perpetrator's status. The results showed that 75% of respondents would forgive if the perpetrator demonstrated genuine remorse, and 60% would do so if the perpetrator had low involvement.

Mullet et al. (2016) investigated Colombians' ethical attitudes toward political amnesties and transitional measures. The study utilized scenario-based surveys to evaluate reactions to various political situations, analyzed using the Functional Measurement method. Findings revealed that 70% of respondents supported amnesties when perpetrators showed signs of remorse, although support dropped to 45% if the individuals involved were directly responsible for severe violations.

Another study by López-López et al. (2016) explored Colombians' perceptions of drug policies. Using surveys conducted among urban populations, the study analyzed opinions on prohibition, regulation, and market liberalization. Results indicated that 68% of participants preferred regulation over prohibition, with this preference being more pronounced among young people in urban areas, where 55% supported a more flexible approach.

Similarly, López-López et al. (2017) examined citizens' perceptions of ordinary corruption in Colombia, addressing phenomena such as bribery and the misuse of confidential information. The study, based on surveys conducted among citizens in different regions, showed that 80% considered bribery the most severe

form of corruption, while 65% condemned threats or the use of privileged information, with variations across age groups.

Finally, López-López et al. (2013) focused on forgiveness in the context of transitional justice. Using structured surveys, the study evaluated how emotional and contextual factors influenced Colombians' willingness to forgive. Results revealed that 72% of participants were willing to forgive if the perpetrator demonstrated remorse and took reparative actions, while only 30% were willing to forgive without evidence of such actions.

These studies provide insight into how Colombians integrate emotional, ethical, and rational aspects when forming judgments on critical issues such as forgiveness in the armed conflict, corruption, and drug policies. In a country transitioning toward peace and reconciliation, the application of Information Integration Theory (IIT) and Functional Measurement (FM) offers a precise methodology for understanding how collective attitudes are shaped regarding these challenges. Furthermore, the qualitative and quantitative results provide a robust foundation for developing public policies that align more closely with the perceptions and needs of the population. These studies not only assess Colombians' preferences and judgments but also serve as a key tool for designing intervention strategies that promote dialogue, justice, and social development in complex contexts.

Based on the above, the following section presents three studies that apply Information Integration Theory and Functional Measurement (IIT/FM) to address



fundamental questions related to critical social issues within the Colombian context. The *first study* aims to characterize the diverse positions of Colombian citizens regarding the type of punishment that should be imposed on individuals caught in possession of illicit substances. The *second study* explores citizens' attitudes toward tobacco and marijuana consumption policies, identifying how these positions are segmented according to specific contextual factors. Finally, the *third study* examines Colombians' judgments about the behavior of school counselors in the context of sexual education, analyzing how factors such as religion and socioeconomic contexts influence these perceptions. These studies, grounded in IIT/FM, offer a deep and structured understanding of how individuals integrate information and make judgments on sensitive and controversial issues within Colombian society.



***MAPPING COLOMBIANS' POSITIONS ON  
SENTENCING FOR SUBSTANCE OFFENSES***



## ***Introduction***

The objective of this study was to characterize precisely the diverse positions of Colombian citizens regarding the type of punishment that should be imposed on a person who has been arrested by the police while in possession of illicit substances. In Colombia, in 2019, it is estimated that about 8% of people aged 12 to 65 have used cannabis at least once, about 2% have used cocaine, and 0.1% have used heroin. The percentages of regular users of these substances (monthly use) are approximately 2%, 0.3% and 0.01%, respectively (DANE, 2020). For cannabis, the average age of initiation is about 18 years. About 55% of people feel that if they wanted it, it would be easy to get it and only 7% of people have never been openly offered it in their lives. In 2014, about 85,000 people were arrested for the crime of trafficking, manufacture or carrying of narcotics, 16,000 were convicted, and 200 were extradited (Observatorio de Drogas de Colombia, 2015).

In Colombia, as in other countries, governments have been concerned about the presence of illicit substances in their territory. This concern ranges from the planting of so-called illicit crops to drug trafficking. Multiple strategies have been put in place to control drug crops (e.g., aerial spraying of glyphosate, manual eradication, prosecution of growers) as well as to control drug trafficking. However, perspectives and legislation have oscillated between two poles: prohibitionist/repressive and progressive, i.e., focusing on social and cultural measures. In 1994, the Colombian Constitutional Court had already ruled (Ruling C-221) that the control of substances should be carried out with respect to the rights of

people to autonomous development and, therefore, the consumption of personal doses should be decriminalized (JEP, 2022). On the contrary, in 1999, under the Pastrana government, a strategy called Plan Colombia was implemented with the objective of totally prohibiting the use of drugs, even in small quantities (Tate, 2015). In 2002, under the repressive-minded Uribe government, the Constitutional Court (Ruling C-689) nevertheless insisted on the importance of differentiating between trafficking, possession and consumption in court decisions (Quintero & Posada, 2013). In 2009, the Constitutional Court went a step further and ruled that the criminalization of drug use should be done in the spirit of public health and not in the spirit of criminalization (Quintero & Posada, 2013). Finally, from 2011 onwards, the policy of repression in the control of drug use gave way to a true public health perspective, which resulted in the decriminalization of the possession and consumption of personal doses and the concern for health care for users of illicit substances, instead of incarceration (JEP, 2022).

Currently, in Colombia, there are therefore no judicial sanctions against use of illicit substances, but the law has provided mechanisms that aim to control the internal trafficking of drugs in the country and to reduce the harm associated with drug use. Specifically, a person caught in possession of an illicit substance such as marijuana, hashish, cocaine (or its derivatives) or methaqualone is not judicially sanctioned as long as the quantity does not exceed the maximum allowable amounts, which are 20g of marijuana, 5g of hashish, 1g of cocaine and 2g of methaqualone. Otherwise, individuals can face prison sentences of four years to

thirty years as well as economic sanctions (Constitutional Court of Colombia, 1994; 2012).

In reality, it is difficult for police and judges to discern whether people who are caught with illicit substances are carrying them only for consumption or are engaged in micro-trafficking (distribution of drugs in small quantities to evade police prosecution). In 2017, 31% of the convictions with deprivation of liberty were for people who had only the maximum allowable amount on their person and for whom no evidence of trafficking could be established (Observatorio de Drogas de Colombia, 2017).

### ***Citizens' Views Regarding Sentencing for Substance Offenses***

It may seem strange to examine citizens' positions on a subject as complex as criminalization legislation related to substance offenses (Loader, 2006). This legislation must take into account a multiplicity of extremely diverse factors such as considerations of public order (e.g., repression of violent criminality), considerations of public health (e.g., treatment of the sick), budgetary costs (e.g., prison management), or international relations (e.g., the need for harmonization of legislation at the regional or global level).

As previous studies in the United Kingdom have shown (Hough & Roberts, 1999; Roberts, Hough, Jacobson & Moon, 2009), ordinary citizens, in their assessment of the level of punishment required for trafficking or substance use, (a) are likely to be overwhelmed by their emotions and call for disproportionate

sentences, or (b) may be guided by their interests and, if they themselves feel implicated (e.g., regular users), propose sentences that are too lenient. It is likely that this finding also applies to many other publics, including the Colombian public.

However, a sentencing system that is completely at variance with citizens' opinions may not be easily enforceable (Robinson & Darley, 1997). It is important to know the extent to which the current sentencing system differs from the views of citizens. Moreover, citizens' positions on this issue are very likely to be diverse. They are not usually reduced to a point along a scale from unfavorable to favorable. They have a structure. Knowing these structures implies conducting a detailed characterization of them.

Kirby and Jacobson (Kirby & Jacobson, 2014) conducted a study in England and Wales that examined citizens' views (a) on the relative severity of different drug offenses, particularly possession, supply, and importation, (b) on the relevance of the type of drugs to the severity of drug offenses; and (c) on the aims of sentencing itself. They used a vignette technique and the six offenses used to create each story were possession of cannabis, small-scale supply of cannabis, large-scale supply of heroin, medium-scale importation of cocaine, medium-scale supply of crack, and large-scale importation of heroin. In other words, they manipulated three factors – the type of substance (cannabis, cocaine and heroin), the amount of substance (small or large), and the nature of the charge against the offender (possession, supply and importation) – and assessed their participants' reactions to this manipulation.



Participants were sensitive to all three factors. Firstly, participants made a clear differentiation between possession charges and other types of drug charges. Their main argument was that possession and personal use only cause harm to oneself, while supply and importation result in harm to others. Secondly, cannabis-related offenses were largely considered to deserve less rigorous sentences than those related to any of the other drugs. Thirdly, the majority penalty for the supplier of mild quantities of crack and cocaine was two to fifteen years in prison, while for the large-scale supplier of heroin it was ten to twenty years. Kirby and Jacobson (Kirby & Jacobson, 2014) also reported that the “phrase that was perhaps repeated more than any other in the focus group discussion was ‘he knows what he’s doing’.” This sentence suggests that the severity of sentences may also be related to the degree of personal maturity of transgressors.

Gritsenko and collaborators (Gritsenko, Gavronava, Khalepo, Reznik & Isralowitz, 2017) explored Russian university students' attitudes toward drug trafficking. They found that (a) 56% advocated "strict and very severe punishment (including death)", regardless of the circumstances, (b) 27% felt that punishment should "take into account mitigating factors such as unemployment, the need to support a family", and (c) 17% felt that punishment should “take into account objective measures of the crime committed (volume of sales, duration of trade, and others).”

Jorgensen (Jorgensen, 2018) examined the opinions of US police officers regarding appropriate sentences for various drug offenses. More than 80%

considered a minimum of one year in prison to be an appropriate sentence for people arrested for selling cocaine or heroin for profit. In the case of persons arrested for selling cannabis or using cocaine or heroin, only about 30% considered such a sentence to be appropriate. In the case of a person arrested for cannabis use, only 5% thought that such a sentence was appropriate. The very religious officers were harsher in their opinions than the non-religious ones.

### ***The Present Study***

As noted above, this study sought to characterize in detail the diverse positions of Colombian citizens -- a population for which little empirical data on the subject is available -- regarding the type of punishment to be meted out to a person who has been arrested by the police while in possession of illegal substances. As also suggested above, these positions are likely to be extremely varied and each is likely to be complex and to have structure. They cannot be reduced to simple placements along a scale of sentencing severity. It is therefore necessary, if we are to understand these positions, to adopt a methodological approach that is sufficiently flexible to be able to capture this diversity and complexity.

This is why the present study was conducted according to an approach already used in other fields, whenever a fine characterization of public positions is desired (Kamble & Mullet, 2016; Pineda-Marín, Muñoz Sastre, Pérez, González Cuervo & Mullet, 2018). A number of vignettes were created by orthogonal variation of the three factors considered by Kirby and Jacobson (Kirby & Jacobson, 2014):

type of substance (cannabis, cocaine, or heroin), amount of substance, and type of charge against the offender (simple possession, sale to adults, sale to teens, canvassing at the school door). A fourth factor, also suggested by these authors, was considered: the age of the offender, minor or major. A situation of everyday life easily recognizable by all in Colombia was chosen; that of a male person who is apprehended in the street by the police because he is suspected of illicit trafficking.

Colombians' positions on the severity of punishment in the various situations described in the vignettes are likely to be extremely varied. In a recent survey conducted in Bogotá on adults' perspectives on possible drug control policies, no less than seven qualitatively different positions were identified (López López, Pineda Marín, Sorum & Mullet, 2016). The most common position (50% of participants) was that no control policy was adequate. These participants tend to believe that neither legalization nor prohibition of substances can address the psychological and social underlying causes of their use. Many Colombians tend to believe that the origins of the drug problem lie abroad, in wealthy economies where a significant portion of the population is willing to spend large amounts of money in exchange for small amounts of powder. For about half of the participants expressing this radical position, the only thing the government can do is to inform the public of the dangers of drug use. The second most common position (19%) was that a policy of complete prohibition was the only one that would be adequate (although half of the members of this group were willing to allow cannabis to be sold freely). The third one (14%) was similar except that participants were also considering as acceptable a policy of complete

regulation by the government. For 8%, the only valid option was that the drug market should be free.

We therefore expected several qualitatively different positions to be expressed by the participants. The first expected position is that of the participants for whom as soon as a person is convicted of drug offence, this person should be sentenced in the most severe way possible, regardless of the circumstances. This position is based on the philosophy of the war on drugs. Gritsenko and collaborators (2017) showed that this position is very common in Russia, even among students. A symmetrical position, probably in the minority, should also be found. Since for a certain percentage of Colombians the drug market should be free, no conviction should be incurred by anyone (except perhaps those canvassing at school gates).

Intermediate positions must also be found. For a significant number of people, the severity of the penalty should be proportionate to the danger they pose to others. Canvassing at school gates should be punished much more severely than being in possession of a single dose, especially if the substance in question is heroin and the seller is a mature adult rather than an underage youth. Kirby and Jacobson (2014) showed that their participants clearly distinguished between possession charges and sales charges, between cannabis-related offenses and cocaine-related offenses, between supplying light amounts and supplying large amounts, and that they were sensitive to the degree of personal maturity of the offender.

Finally, for a certain percentage of participants, Colombia's current law should apply in all cases. The Colombian Constitutional Court has made it clear that

possession of a personal dose of any drug is decriminalized (Constitutional Court of Colombia. Judgment, 2012). Therefore, possession of a small amount of cannabis (or cocaine, or heroin) should not result in a sanction, but the sale of illicit substances should be severely punished, regardless of the circumstances.

We also expected that the frequency of expression of these different positions would differ according to participants' age, whether they had children, and their degree of religiosity. For example, if a position of the harshest possible punishment in all cases is evidenced, this position should be more frequently expressed among those who are older and have children (Pew Research Center, 2014; Schmidt, Jacobs & Spetz, 2016), or report a very high degree of religiosity (Stylianou, 2004).

## ***Method***

### ***Participants***

The participants in this study were a convenience sample of 302 adults (36% men) aged 18 to 85 years ( $M = 37.32$ ,  $SD = 13.60$ ) residing in Bogotá, Colombia. Their demographic characteristics are shown in Table 2. Some of the participants ( $N = 190$ ) were approached in different districts of the city. They were requested to participate in the survey while they were walking on the main pedestrian sidewalks in their barrio, usually in nearby areas of public facilities, commercial centers, and the churches. The participation rate was 51%. The main explanation expressed for not taking part in the study was time constraints. The remaining participants ( $N = 112$ ) were surveyed through internet, because of COVID-19 and the Colombian

government's mobility restrictions. A judge from the Civil Court of Bogota also agreed to participate.

*Table 1. Demographic Characteristics of the Sample. Composition of the Cluster*

Factor	Cluster						Total
	Never Severe	Depends on Charge	No Sale	Except if Small	Always if Adult	Always Severe	
<b>Age</b>							
18-28 Years	9(11) <sup>ab</sup>	41(51) <sup>a</sup>	5(6)	9(11) <sup>a</sup>	13(16) <sup>a</sup>	4(5) <sup>a</sup>	81
29-35 Years	7(9)	28(37) <sup>b</sup>	2(3)	17(23) <sup>a</sup>	14(19)	7(9) <sup>b</sup>	75
36-49 Years	2(2) <sup>a</sup>	30(38) <sup>c</sup>	2(2) <sup>a</sup>	14(18)	23(29) <sup>a</sup>	9(11) <sup>c</sup>	80
50+ Years	1(1) <sup>b</sup>	13(20) <sup>abc</sup>	7(11) <sup>a</sup>	10(15)	16(24)	19(29) <sup>abc</sup>	66
<b>Gender</b>							
Male	9(8)	41(37)	7(7)	15(14)	30(27)	8(7) <sup>a</sup>	110
Female	10(5)	71(37)	9(5)	35(18)	36(19)	31(16) <sup>a</sup>	192
<b>Socio-Economic Level</b>							
Very Low	5(10)	12(24) <sup>a</sup>	2(4)	7(14)	13(26)	11(22) <sup>a</sup>	50
Low	3(3)	43(45) <sup>a</sup>	4(4)	20(21)	14(15) <sup>a</sup>	12(12)	96
High	6(6)	39(39)	8(8)	11(11)	27(27) <sup>a</sup>	9(9) <sup>a</sup>	100
Very High	5(9)	18(32)	2(4)	12(21)	12(21)	7(13)	56
<b>Children</b>							
No	16(8)	85(43) <sup>a</sup>	10(5)	32(16)	38(19)	17(9) <sup>a</sup>	198
Yes	3(3)	27(26) <sup>a</sup>	6(6)	18(17)	28(27)	22(21) <sup>a</sup>	104
<b>Religious Involvement</b>							
Very Low	7(13) <sup>a</sup>	30(58) <sup>abc</sup>	1(2)	6(12)	7(13)	1(2) <sup>a</sup>	52
Low	8(7)	41(37) <sup>ad</sup>	8(7)	24(22)	25(22)	6(5) <sup>b</sup>	112

High	3(3) <sup>a</sup>	38(34) <sup>bc</sup>	6(5)	16(14)	28(25)	21(19) <sup>c</sup>	112
Very High	1(4)	3(12) <sup>cde</sup>	1(4)	4(15)	6(23)	11(42) <sup>abc</sup>	26
Data Collection							
Face to Face	12(6)	67(35)	11(6)	35(19)	40(21)	25(13)	190
Internet	7(6)	45(40)	5(5)	15(13)	26(23)	14(13)	112
Total	19	112	16	50	66	39	302

Note: Figures with the same subscript are significantly different,  $p < .05$ . Figures in parentheses are percentages calculated for each row.

### **Material**

The survey material consisted of 48 cards describing situations in which the police detained people on suspicion of substance trafficking. Each scenario contained four items of information (a) the age of the person apprehended (a teenager of about 17 years or an older man of about 40 years), (b) the amount of substance found on that person (small or large amount), (c) the type of substance (cannabis, cocaine or heroin) and (d) the charge against him (simple possession of substance, sale of substance to adults, sale of substance to minors or sale at the school gate). Scenarios were obtained by orthogonally crossing these four factors. The design was Age x Quantity x Type of substance x Charge, 2 x 2 x 3 x 4.

An example scenario (translated from Spanish) is as follows: Wilson Ramirez, age 17, was caught by the police in possession of a significant amount of cocaine (enough to make 20 doses). This is the first time Wilson has been arrested. At the time of the arrest, Wilson was selling this amount or part of it to a teenager like

himself who appeared to be one of his regular customers. What level of conviction do you think Wilson deserves"? Responses were provided on an 11-point scale with values ranging from No sentence (0) to Extremely severe sentence (10).

### ***Procedure***

Data collection was conducted in 2019 and 2020. The procedure followed Anderson's guidelines for this type of study (Anderson, 2008). For participants interviewed individually, after an initial meeting on the street, it was agreed to meet at the participant's home later. Therefore, data collection took place in a quiet room. For participants who participated online, immediately after agreeing to participate, they virtually signed an informed consent form. They then received a link to the SurveyMonkey platform. They were accompanied remotely during the familiarization phase of the survey. Afterwards, they completed all scenarios on their own.

In both conditions, participants needed 25-30 minutes to provide the answers. No participants commented on the number of statements or expressed doubts about the plausibility of the situations presented. A demographic questionnaire was filled out at the end of each session. Some respondents spontaneously voiced their views on the topic; these views were registered.

Ethical approval for the study was granted by Ethics Committee of the Konrad Lorenz University, Bogotá, Colombia. The study conformed to the ethical recommendations of the Colombian Society of Psychology. Total anonymity was preserved, and informed consent was obtained from all participants.



## ***Results***

As very widely varying positions were expected, a cluster analysis, using the K-means procedure (Hofmans & Mullet, 2013), was performed in order to detect qualitatively different judgment patterns. As four positions were expected, a four-cluster solution was first applied. Subsequently, three-, five-, six-, and seven-cluster solutions were examined. Figure 2 shows the decrease in the average distance from the centroid as a function of the number of clusters considered. The six-cluster solution was the one that seemed optimal.

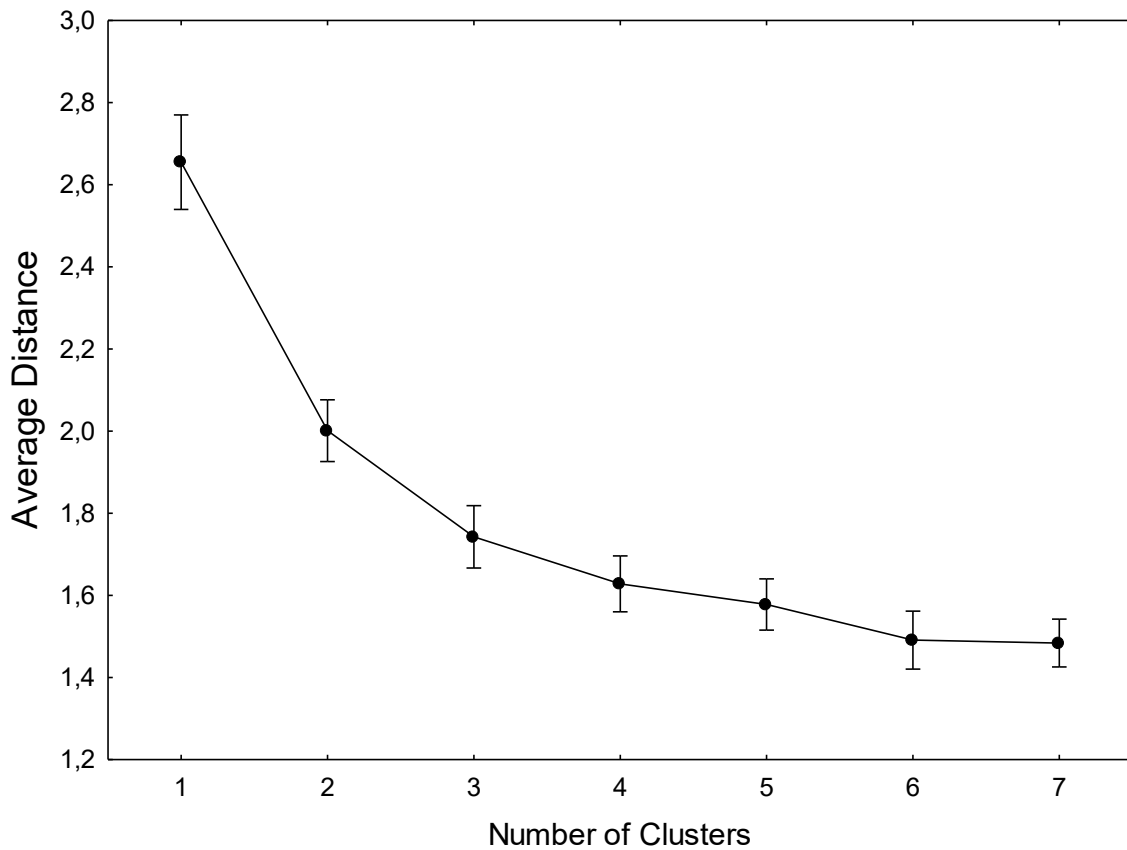


Figure 2. Decrease in the average distance from the centroid as a function of the number of clusters considered

An overall ANOVA was performed on the observed ratings for each profile with a Cluster x Age x Quantity x Substance Type x Charge, 6 x 2 x 2 x 2 x 3 x 4 design. Due to the large number of comparisons, the significance threshold was set at 0.001. The main results are shown in Table 2. Since the Cluster effect and the two-way interaction involving Cluster were significant, six separate analyses were performed at the group level. Figure 3 shows the mean severity scores of five of

these six clusters as well as the judge's ones. The results of the ANOVAs at the group level are shown in Table 3.

*Table 2. Main Results of the ANOVA*

Factor	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>	$\eta^2_p$
Cluster	5	12 286.49	328.03	.001	.85
Age	1	186.98	16.29	.001	.05
Quantity	1	604.77	85.71	.001	.22
Charge	3	5 769.65	497.77	.001	.63
Substance	2	104.58	35.79	.001	.11
Age x Charge	3	11.59	3.62	.05	.01
Quantity x Charge	3	217.39	74.87	.001	.20
Cluster x Age	5	74.75	6.51	.001	.10
Cluster x Quantity	5	99.62	14.12	.001	.19
Cluster x Charge	15	694.07	59.88	.001	.50
Cluster x Substance	10	16.47	5.64	.001	.09
Cluster x Age x Charge	15	34.80	10.86	.001	.16
Cluster x Quantity x Charge	15	44.55	15.34	.001	.21

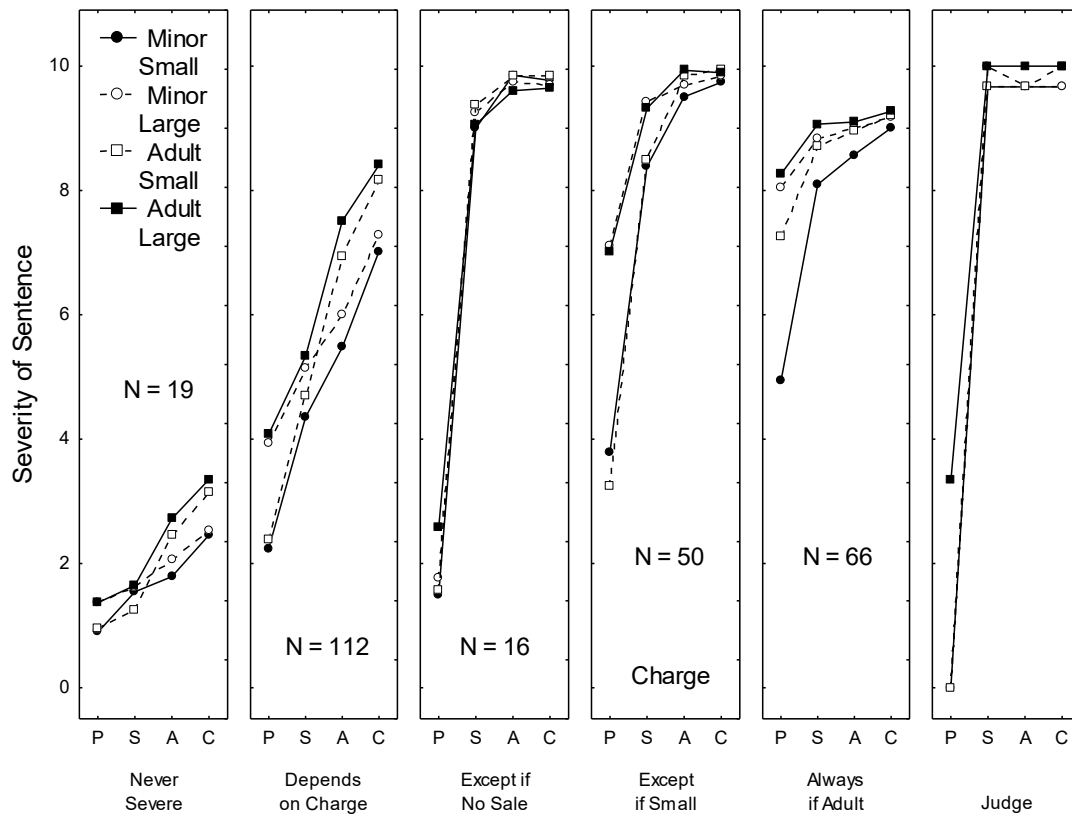


Figure 3 Pattern of ratings observed for five of the six clusters, and for the judge

Pattern of ratings observed for five of the six clusters, and for the judge. Each panel corresponds to one cluster. In each panel, the y-axis corresponds to the severity judgments, the x-axis bears the four types of charges, and the four curves correspond to the four combinations of the age factor and of the quality factor.

The first cluster ( $N = 19$ , 6% of the sample) was labelled *Never Severe*. This designation was given because, as can be seen in Figure 3 (left-hand panel), all mean ratings were low ( $M = 1.95$ ,  $SD = 1.23$ ). When the offender was selling drugs at school gates, the severity of the sentence ( $M = 2.88$ ,  $SD = 1.27$ ) was somewhat higher than when the offender was simply in possession ( $M = 1.15$ ,  $SD = 0.69$ ),  $\eta^2_p = .56$ . As can be seen in Table 1, younger participants or participants with low levels

of religiosity expressed this position more frequently than older participants (36+ years) and participants with high levels of religiosity.

The second cluster ( $N = 112$ , 37%) was labeled *Depends on the charge*. This designation was given because, as can be seen in Figure 3 (second panel), severity ratings were considerably higher when the offender was selling drugs at the school gates ( $M = 7.72$ ,  $SD = .58$ ) than when he was simply in possession ( $M = 3.17$ ,  $SD = 0.46$ ),  $\eta^2_p = .69$ . In addition, severity ratings were slightly higher (a) when the offender was an adult ( $M = 5.94$ ,  $SD = 0.62$ ) than when the offender was a minor ( $M = 5.18$ ,  $SD = 0.58$ ),  $\eta^2_p = .25$ , (b) when the amount of substance was high ( $M = 5.96$ ,  $SD = 0.56$ ) than when it was small ( $M = 5.16$ ,  $SD = .55$ ),  $\eta^2_p = .45$ , and (c) when the substance was heroin ( $M = 5.89$ ,  $SD = 0.45$ ) than when it was cannabis ( $M = 5.16$ ,  $SD = 0.47$ ),  $\eta^2_p = .32$ . Older participants or participants with lower socioeconomic status, or participants with children, or participants with a very high level of religiosity expressed this position less frequently than younger participants (49 years or less), participants with higher socioeconomic status, participants without children, and participants with lower levels of religiosity.

The third cluster ( $N = 16$ , 5%) was labeled *Always severe except in the case of simple possession*. This designation was given because, as can be seen in Figure 3 (third panel), severity ratings were, irrespective of the context, always considerably lower when the offender was simply in possession ( $M = 1.85$ ,  $SD = 1.04$ ) than when the offender was selling drugs ( $M = 9.56$ ,  $SD = 0.48$ ),  $\eta^2_p = .96$ . Older participants expressed this position more frequently than participants aged 36-49. The pattern of

ratings given by the members of this cluster was very similar to that observed in the judge (right panel).

The fourth cluster ( $N = 50$ , 17%) was labeled *Always severe except in the case of simple possession of small amounts*. As can be seen in Figure 3 (fourth panel), severity ratings were considerably lower when the offender was simply in possession of small amounts ( $M = 3.51$ ,  $SD = 0.77$ ) than in all other cases ( $M = 9.15$ ,  $SD = 0.28$ ),  $\eta^2_p = .58$ . In addition, severity ratings were slightly higher when the substance was heroin ( $M = 8.65$ ,  $SD = 0.36$ ) than when it was cannabis ( $M = 8.14$ ,  $SD = 0.36$ ),  $\eta^2_p = .28$ . Younger participants expressed this position less frequently than participants aged 29-35.

The fifth cluster ( $N = 66$ , 22%) was labeled *Always severe for adult dealers*. As can be seen in Figure 3 (fifth panel), severity ratings were somewhat lower when the offender was a minor who was simply in possession of small amounts ( $M = 4.93$ ,  $SD = 0.37$ ) than in all other cases ( $M = 8.70$ ,  $SD = 0.29$ ),  $\eta^2_p = .20$ . In addition, severity ratings were slightly higher when the substance was heroin ( $M = 8.58$ ,  $SD = 0.44$ ) than when it was cannabis ( $M = 8.31$ ,  $SD = 0.52$ ),  $\eta^2_p = .18$ . Participants aged 36-49 and participants with high socio-economic levels expressed this position more frequently than participants aged 18-28 and participants with low socio-economic level.

Finally, the sixth cluster ( $N = 39$ , 13%, not shown) was labelled *Always severe*. This designation was given because all mean ratings were very high ( $M = 9.84$ ,  $SD = 0.24$ ). When the offender was selling drugs at school gates, the severity of the

sentence ( $M = 9.88$ ,  $SD = 1.12$ ) was slightly higher than when the offender was simply in possession ( $M = 9.71$ ,  $SD = 0.25$ ),  $\eta^2_p = .16$ . As can be seen in Table 2, older participants, female participants, participants with children, participants with very low socio-economic status and participants with a very high level of religiosity expressed this position more frequently than younger participants (49 or less), male participants, participants without children, participants with high socio-economic status, and participants with lower levels of religiosity.

Figure 4 shows the Euclidian distances between the seven profiles of mean ratings. The main opposition was between the *Never severe* position and all the other positions. There was also a minor opposition between the *Charge* and *No sale* positions on the one hand, and the three *Always severe* positions on the other hand. Unsurprisingly the judge's personal position was close to the *No sale* position.

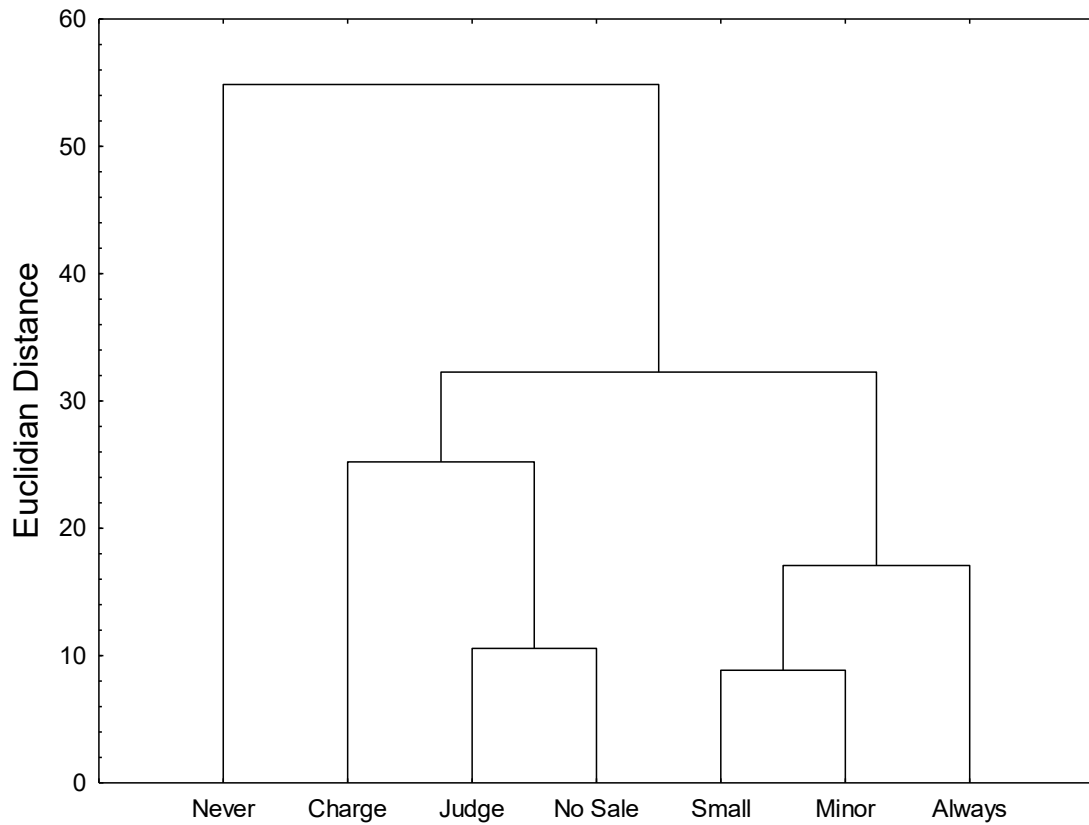


Figure 4. Euclidian distances between the seven observed positions

### **Discussion**

As expected, two radical positions were found. For six percent of the participants, mostly the youngest and least religious, even the sale of illicit substances, by an adult, at the school gates should not result in a very severe sentence. This finding is reminiscent of the one reported by López López and collaborators (2016) that eight percent of respondents to a survey on substance control policies expressed the idea that the only acceptable policy is a free market policy. There is, of course, a substantial difference between a free-market policy and



a policy of decriminalization of drugs. The common idea, however, is that the possession, use and trade of drugs should not be prosecuted, except perhaps in certain extreme cases.

In contrast, 13% of the participants, mostly older and very religious ones, did not take into account the circumstances in which the protagonist was arrested. From their point of view, even a teenager caught with a personal dose of cannabis should be extremely severely sentenced. This result can be compared with the result reported in the same survey, according to which, for 10% of the participants, only a complete prohibition policy combined with information campaigns about the dangerousness of drugs is acceptable.

Among most participants, however, the positions expressed are seemingly more nuanced. Seventeen percent of the participants expressed a position that is reminiscent of the position defended in 2012 by the Constitutional Court, according to which the mere possession of a personal dose of drugs is not punishable. Twenty-two percent of the participants expressed a position similar to this one, although harsher. In their view, an exception to the maximum severity can only be tolerated in the case of a youth. These results are consistent with those reported by Gritsenko and collaborators (2017). On the other hand, 5% (including one judge) expressed a similar but more flexible position. In their opinion, in all cases where no attempt to sell is proven – cases of simple possession, there is no reason to punish in an extremely severe manner.

Finally, 37% of the participants, mostly younger males without children, and less religious people, expressed a position that punishment should be strictly proportional to the charge against the offender. According to them, an extremely severe punishment is necessary in cases considered serious (e.g., selling at the school gate), mainly if it involves the sale of heroin by an adult, whereas it is not appropriate in cases considered less serious (e.g., simple possession), mainly if it involves the possession of cannabis by a teenager. This position is similar to the one advocated by the International Drug Policy Consortium according to which “proportionate sentencing frameworks should distinguish between the type of drugs and the scale of the illicit activity, as well as the role and motivation of the offender” (Lai, p. 1).

The results of the present study are broadly consistent with those of Kirby and Jacobson (2014). The three situational factors – type of substance, amount of substance, and type of charge against the offender – do, taken together, have an effect on the degree of sentence severity deemed appropriate. What the present study shows, moreover, is that (a) these effects are manifested in only some of the participants and not in all of them, and (b) the effect of the factors corresponding to the behavior and age of the protagonist is significantly greater than the effect of the factors corresponding to the substance itself.

The results are also consistent with those of Jorgensen (2018). Of all the demographic characteristics, religiosity has the strongest impact on the positions expressed: 42% of the very religious participants expressed the most drastic position

and only 12% the position corresponding to the proportionality rule, whereas, among the not very religious participants, the two percentages are 2% and 58%, respectively.

### ***Limitations***

The main limitation is that the sample was a convenience sample of non-professionals living in one area of Colombia who agreed to respond to a lengthy survey. This study was not epidemiological in nature. As noted above, its purpose was to map, in an exploratory way, people's opinions about the penalties that should be imposed on people who have been arrested by police for possession of illegal substances, not to determine the exact percentages of people who hold each of these opinions. No major differences were found whether the data were collected via the Internet or face-to-face. Future studies should, using a shortened version of our material, analyze the views of fully representative samples of Colombian adults and compare them to the views expressed by people in other parts of Colombia (e.g., rural areas) and by people in other countries, especially countries with different drug control policies.

### ***Conclusion***

The positions expressed by the participants correspond to three distinct, classical philosophies (a) a libertarian, free-market philosophy – punishment should

never be extremely severe because the trade in psychotropic substances is a trade like any other (6%), (b) a moralistic, conservative philosophy – punishment should always be extremely severe except perhaps in certain cases (52%), and (c) a progressive, human rights-inspired philosophy – punishment should always be proportional to the seriousness of the facts (42%).

The fact that the majority of participants expressed a moralistic stance may be related to the realization that successive Colombian governments have never succeeded in establishing a control policy that is not moralistic, i.e., a policy according to which the use of psychotropic substances is considered profoundly immoral, so offenders must be punished in the most dissuasive way possible (regardless of the actual personal and public health consequences of such behavior). It is also related to (a) the judicial polarization that Colombia has experienced, especially in the last twenty years, which has not allowed for the consolidation of strategies against drug possession, and (b) the speeches of different political leaders who have often expressed personal ideologies disconnected from social reality and scientific evidence.

Furthermore, participants expressing non-moralist views are divided. While the majority express views similar to those of international organizations such as the International Drug Policy Consortium, a minority express views that go much further. This fact probably weakens the local relevance of their arguments. There is therefore a concern that any change in legislation in either direction is likely to generate discontent among large segments of society. It is therefore desirable that legislators

rely heavily on progressive international legislation (United Nations, 2016) to support domestic policies that are not strictly moralistic and conservative.

***MAPPING COLOMBIANS' POSITIONS ON  
NATIONAL POLICIES TO CONTROL  
TOBACCO AND MARIJUANA CONSUMPTION:  
A PILOT STUDY***



## ***Introduction***

As in most countries, tobacco consumption is a popular recreational activity in Colombia. It is estimated that among adults aged 18 to 65, between 8% and 9% smoke tobacco regularly (The World Bank, 2020). Among teenagers, the figure may be higher (WHO Framework Convention on Tobacco Control, 2018). Marijuana use, another popular recreational activity, has recently been decriminalized in this country, but the trade in this substance is still illegal (Colombia Reports, 2015). It is estimated that between 1% and 3% of adults use marijuana regularly (Statista, 2019). Moreover, a study conducted in 2016 on a very large sample of students aged between 12-17 showed that 16% had consumed some illegal substance at least once in their lives, among them marijuana (ODC, 2016).

These recreational activities may be pleasurable in their own right, but they come at a high cost. The life expectancy of a regular tobacco smoker, for example, is at least ten years shorter than that of an abstainer (Jha, Ramasundarahettige, Landsman, Rostrom, Thun, Anderson, McAfee and Peto, 2013). As far as they are concerned, marijuana users expose themselves to increased health risks as well as risks of domestic and traffic accidents. In other words, they may endanger the lives of others (Substance Abuse and Mental Health Services Administration, 2023).

Controlling the consumption of substances that are bad for people's health is a tricky balancing exercise (Global Commission on Drug Policy, 2021). If consumption of such a substance is banned, and there is no substitute for it, then a black market is created, and the consumption, trade and production of this substance



take place in an oculous way, with all the consequences in terms of criminality that this entails. The cure is sometimes worse than the disease. On the other hand, if consumption of such a substance is authorized, then the public health consequences of such consumption are considered to be the responsibility of the government. Every accident or death attributable to the consumption of this substance is (at least in part) charged to the government (Camus, Lhermite, Sastre, Sorum and Mullet, 2016). The control of the consumption of substances harmful to health has, therefore, and whatever the country concerned, the structure of a dilemma.

One of the consequences of the above is that, depending on the aspect of the situation in question they favor (e.g., civil liberties *versus* public health), citizens' positions on control policies can vary considerably. For exemple, in a study carried out in France on the acceptability of national policies to control alcohol consumption, tobacco use and gambling, Castanié et al. (2020) demonstrated the existence of at least eight qualitatively different positions, i.e. positions that cannot easily be ordered along a single prohibition-permissivity axis. The different policies examined by these authors varied according to the comprehensiveness of preventive measures (e.g., information campaigns), the strength of regulatory measures (e.g., bans on minors) and the severity of sanctions. With regard to tobacco, the policy likely to be supported by a majority of people would involve moderate levels of regulation in combination with at least a moderate level of prevention but a low level of sanctions. For alcohol, on the other hand, policies involving a high level of sanctions were clearly preferred.

### ***The Present Study***

The present study is an extension of the Castanié and colleagues' work (2020). As already indicated, this study was carried out in Colombia and focused on two substances in particular: tobacco and marijuana.

The few studies carried out in Colombia on the subject of drug control policies have shown the same diversity of opinion as the one found in France. López López et al. (2016) inventoried Colombians' perspectives on current and potential drug policies. Different situations were described in terms of the demand for drugs in a specific country, the existence of information campaigns regarding the dangerousness of drugs in that country, and national policy regarding soft and hard drugs (from a *laissez faire* policy for all drugs to a complete ban on all drugs). Participants rated the acceptability of each situation. Half of the participants considered all situations to be unacceptable; that is, no single policy seemed right to them, 19% felt that the only fully acceptable policy was total prohibition (although some members of this group were prepared to allow the over-the-counter sale of soft drugs), 14% admitted to two policies – total prohibition and total regulation of all substances by the government, 8% were of the opinion that the drug market should be free, and 5% were in favor of total regulation of all substances. In most cases, the presence of information campaigns was highly appreciated. A subsequent study by Del Rio Forero et al. (2022) showed that this diversity of position was also observed with regard to the appropriate sentence to be imposed on a drug trafficker,

depending on the age of the trafficker and the type and quantity of illicit substance found on him/her.

At least three qualitatively different positions were, therefore, expected. The first would express rejection of any controls on the consumption of either substance. Presumably, this position is more likely to be found in the case of tobacco than in the case of marijuana. The second would be the opposite position; the toughest policies involving a high level of regulation and severe penalties would be the preferred policies. Presumably, this position is more likely to be found in the control of marijuana consumption than in the control of tobacco consumption. The third would be an intermediate position, emphasizing information campaigns and involving moderate levels of regulation and sanction.

## ***Method***

### ***Participants***

The participants in the present study represent a convenience sample of 147 adults (72% women) aged 18 to 67 ( $M = 34.31$ ,  $SD = 14.86$ ), and residing in three cities in Colombia: Bogotá, Cartagena and Bucaramanga. Their demographic characteristics are shown in Table 3. Some of the participants ( $N = 90$ ) were approached in different neighborhoods of these cities. They were asked to participate in the survey while walking along the main pedestrian sidewalks, usually in areas near public facilities, shopping malls, school zones and churches. The participation rate was 67%. (The main motive expressed for not participating in the

study was lack of time.) The remaining participants ( $N = 57$ ) were surveyed through the Internet due to the emergency situation issued by the Colombian government because of COVID-19.

Table 3. Demographic Characteristics of the Sample. Composition of the Clusters.

Variable	Tobacco			Marijuana				Total	
	Never	Depends	Always	Undet.	Never	Depends	Always		Undet.
<b>Gender</b>									
Male	10(24)	9(22)	7(17)	15(37)	6(15)	10(24)	11(27)	14(34)	41
Female	22(21)	18(17)	27(25)	39(37)	19(18)	22(21)	26(24)	39(37)	106
<b>Age</b>									
18-21 Years	15(31) <sup>a</sup>	7(14)	9(18)	18(37)	13(27) <sup>a</sup>	8(16)	8(16) <sup>a</sup>	20(41)	49
22-30 Years	13(28) <sup>b</sup>	11(24)	8(17)	14(31)	10(22) <sup>b</sup>	12(26)	11(24)	13(28)	46
31+ Years	4(8) <sup>ab</sup>	9(17)	17(33)	22(42)	2(4) <sup>ab</sup>	12(23)	18(35) <sup>a</sup>	20(38)	52
<b>Young Children</b>									
No	28(26)	19(17)	21(19)	42(38)	20(18)	25(23)	23(21)	42(38)	110
Yes	4(11)	8(22)	13(35)	12(32)	5(13)	7(19)	14(38)	11(30)	37
<b>Province</b>									
Bogota	23(24)	17(17)	20(21)	37(38)	21(22) <sup>a</sup>	19(19)	21(22)	36(37)	97
Cartagena	4(21)	4(21)	3(16)	8(42)	2(11)	5(26)	3(16)	9(47)	19
Bucaramanga	5(16)	6(19)	11(36)	9(29)	2(6) <sup>a</sup>	8(26)	13(42)	8(36)	31
<b>Social Strata</b>									
Lower	11(24)	4(9) <sup>a</sup>	14(30)	17(37)	11(24)	4(9) <sup>ab</sup>	15(32)	16(35)	46
Middle	12(21)	12(21)	14(24)	20(34)	9(16)	14(24) <sup>a</sup>	14(24)	21(36)	58
Higher	9(21)	11(26) <sup>a</sup>	6(14)	17(39)	5(12)	14(32) <sup>b</sup>	8(19)	16(37)	43
<b>Attendance at Religious services</b>									
Never	6(22)	4(15)	4(15)	13(48)	6(22)	6(22)	4(15)	11(41)	27
Sometimes	20(27)	13(17)	15(20)	27(36)	13(17)	19(25)	17(23)	26(35)	75

Frequently	6(13)	10(22)	15(34)	14(31)	6(13)	7(15)	16(36)	16(36)	45
Tobacco Consumption									
Never	18(20) <sup>a</sup>	17(19)	24(26)	32(35)	14(16)	21(23)	23(25)	33(36)	91
In the Past	5(14)	7(20)	8(23)	15(43)	5(14)	6(17)	11(32)	13(37)	35
Currently	9(43) <sup>a</sup>	3(14)	2(10)	7(33)	6(29)	5(24)	3(14)	7(33)	21
Marijuana Consumption									
Never	23(20)	18(16) <sup>a</sup>	30(27)	41(37)	19(17) <sup>a</sup>	21(19)	31(28)	41(36)	112
In the Past	7(24)	6(21)	4(14)	12(41)	3(10)	10(35)	5(17)	11(38)	29
Currently	2(33)	3(50) <sup>b</sup>	0(0)	1(17)	3(50) <sup>a</sup>	1(17)	1(16)	1(17)	6
Total	32	27	34	54	25	32	37	53	147

### ***Material***

The material consisted of 36 vignettes describing national control policies. As in Castanie et al. (2020), each vignette presented four pieces of information (a) the type of substance considered in the policy (tobacco or marijuana), (b) the level of prevention implemented by the government (no information campaigns, campaigns targeting at-risk populations, or massive campaigns aimed at the whole population), (c) the level of regulation planned by the government (e.g., prohibition of consumption in public places, high cost of the substance, age limits), and (d) the level of sanctions imposed on transgressors (e.g. financial penalties only). The vignettes were obtained by orthogonally crossing these four factors: Type of substance x Prevention x Regulation x Sanction, 2 x 3 x 3 x 2 (see Table 4).

Table 4. Mean Ratings (and Standard Deviation) Observed in Each Condition.

Substance	Information Campaigns	Regulation	Sanction	<i>M</i>	<i>SD</i>
Tobacco	No	Strong	Not Severe	5.79	3.40
Tobacco	No	Strong	Severe	5.82	3.36
Tobacco	No	Moderate	Not Severe	5.53	3.30
Tobacco	No	Moderate	Severe	5.84	3.29
Tobacco	No	Weak	Not Severe	4.60	3.44
Tobacco	No	Weak	Severe	4.94	3.56
Tobacco	Targeted	Strong	Not Severe	6.59	3.05
Tobacco	Targeted	Strong	Severe	6.64	3.10
Tobacco	Targeted	Moderate	Not Severe	6.48	2.94
Tobacco	Targeted	Moderate	Severe	6.68	2.96
Tobacco	Targeted	Weak	Not Severe	5.38	3.30
Tobacco	Targeted	Weak	Severe	5.46	3.37
Tobacco	Massive	Strong	Not Severe	7.09	2.93
Tobacco	Massive	Strong	Severe	7.03	2.96
Tobacco	Massive	Moderate	Not Severe	6.54	2.94
Tobacco	Massive	Moderate	Severe	6.92	2.93
Tobacco	Massive	Weak	Not Severe	5.61	3.37
Tobacco	Massive	Weak	Severe	5.72	3.42
Marijuana	No	Strong	Not Severe	6.13	3.38
Marijuana	No	Strong	Severe	5.72	3.46
Marijuana	No	Moderate	Not Severe	5.12	3.51
Marijuana	No	Moderate	Severe	4.99	3.58
Marijuana	No	Weak	Not Severe	4.45	3.74
Marijuana	No	Weak	Severe	4.67	3.83
Marijuana	Targeted	Strong	Not Severe	6.41	3.12

Marijuana	Targeted	Strong	Severe	6.63	3.07
Marijuana	Targeted	Moderate	Not Severe	5.86	3.33
Marijuana	Targeted	Moderate	Severe	5.96	3.32
Marijuana	Targeted	Weak	Not Severe	4.81	3.71
Marijuana	Targeted	Weak	Severe	5.01	3.72
Marijuana	Massive	Strong	Not Severe	6.71	3.16
Marijuana	Massive	Strong	Severe	6.86	3.12
Marijuana	Massive	Moderate	Not Severe	5.88	3.24
Marijuana	Massive	Moderate	Severe	6.16	3.27
Marijuana	Massive	Weak	Not Severe	4.82	3.59
Marijuana	Massive	Weak	Severe	4.97	3.61

An example scenario (translated from Spanish) is as follows: “The Republic of Cilicia is a democratic state committed to the fight against smoking. The state completely prohibits smoking in public places, including restaurants, bars and nightclubs. It does not even allow ventilated smoking rooms in these places. It sets high prices for the purchase of cigarettes (30 thousand pesos per pack). Their sale is prohibited to minors under 21 years of age. The state regularly launches information campaigns regarding at-risk populations (e.g., dolescents). In case of non-compliance with these regulations, the state considers various types of sanctions ranging from imprisonment to financial penalties. If this policy were applied in Colombia, to what extent would you approve of it?” The response sale ranged from Would not approve at all (0) to Would approve completely (10).

It should be noted that this set of 36 labels contained the two policies currently in force in Colombia: Information campaigns, moderate regulation, and not severe sanctions for tobacco or marijuana consumption.

### ***Procedure***

Data gathering was carried out in 2020 and 2021. The procedure followed Anderson's (2008) guidelines for this type of study. For participants surveyed individually, gathering took place in a quiet room. After an initial meeting on the street, it was agreed to meet the participant at home at a later date. For other participants surveyed via the Internet, a link to the SurveyMonkey platform was sent after they had agreed to participate voluntarily and virtually signed an informed consent form. They were accompanied remotely through a familiarization phase, and then completed all the scenarios at their own pace. In both conditions, participants needed between 20 and 25 minutes to respond. No participant commented on the number of statements or expressed doubts about the plausibility of the situations presented.

A demographic questionnaire was completed at the end of each session. Some respondents spontaneously expressed their opinions on the subject; these were recorded. The study complied with the ethical recommendations of the Colombian Psychological Society. Total anonymity was preserved and informed consent was obtained from all participants. The study was approved by the Board of Trustees of Konrad Lorenz University.



## ***Results***

The overall mean ratings and their standard deviations are shown in Table 4. In order to detect qualitatively different patterns of ratings – that is, qualitatively different participants' positions, a cluster analysis, using the K-means procedure (Hofmans and Mullet, 2013), was first applied on the acceptability ratings in the tobacco control condition. Several solutions were tested: a two-cluster one, a three-cluster one, a four-cluster one, and a five-cluster one. Figure 5 shows the decrease in the average distance from the centroid as a function of the number of clusters considered. The four-cluster solution was the one that seemed optimal. It partitioned the sample into four groups of 54, 34, 32 and 27 participants. In the five-cluster solution, the additional cluster would be a small cluster of nine participants. The same procedure was then applied to the acceptability ratings in the marijuana control condition. The four-cluster solution was again the one that seemed optimal. It partitioned the sample into four groups of 53, 37, 32 and 25 participants.

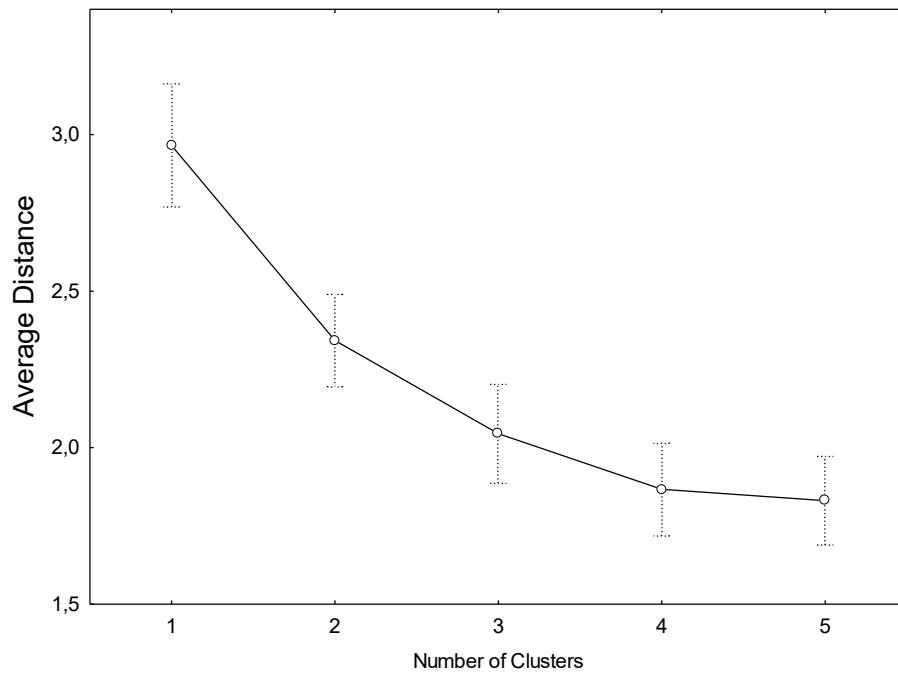


Figure 5. Decrease in the average distance from the centroid as a function of the number of clusters considered.

Two ANOVAs were subsequently conducted with a design of Cluster × Information × Regulation × Sanction, 4 × 3 × 3 × 2, one on the ratings observed in the tobacco vignettes and the other on the ratings observed in the marijuana condition. Owing to the great number of comparisons, the alpha threshold was set at .001 (.05/30 = .0016). The main results are shown in Table 5.

Table 5. Main Results of the Two Overall ANOVAs

Data	Factor	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>	$\eta^2_p$
Tobacco	Cluster	3	4 345.10	288.76	.001	.86
Vignettes	Information	2	213.29	20.57	.001	.13

	Regulation	2	590.22	80.34	.001	.36
	Sanction	1	8.26	2.51	.12	.02
	Cluster x Information	6	38.96	3.76	.001	.07
	Cluster x Regulation	6	365.89	49.81	.001	.51
	Cluster x Sanction	3	10.70	3.25	.02	.06
	Information x Regulation	4	6.48	2.02	.09	.01
	Cluster x Information x Regulation	12	9.50	2.97	.001	.06
Marijuana	Cluster	3	4 372.75	102.26	.001	.68
Vignettes	Information	2	128.71	15.76	.001	.10
	Regulation	2	737.80	45.16	.001	.24
	Sanction	1	1.04	0.25	.62	.00
	Cluster x Information	6	16.14	1.98	.07	.04
	Cluster x Regulation	6	196.81	12.05	.001	.20
	Cluster x Sanction	3	7.28	1.76	.16	.04
	Information x Regulation	4	10.51	4.65	.001	.03
	Cluster x Information x Regulation	12	2.20	0.97	.47	.02

In the Tobacco control condition, the first cluster (22% of the sample) was the expected cluster of participants expressing unfavorable views. As can be observed in Figure 6 (left hand panel), most ratings were quite low ( $M = 2.84$ ,  $SE = 0.70$ ). Ratings were, however, slightly higher in the case of massive information campaigns ( $M = 3.76$ ,  $SE = 0.95$ ) than in the case of complete absence of information ( $M = 1.95$ ,  $SE = 0.60$ ),  $\eta^2_p = .26$ . This cluster was called *Generally unfavorable, irrespective of policy*. As can be observed in Table 3, younger participants (18-30 years) and smokers expressed this position more often than older participants or participants who were not currently tobacco consumers.

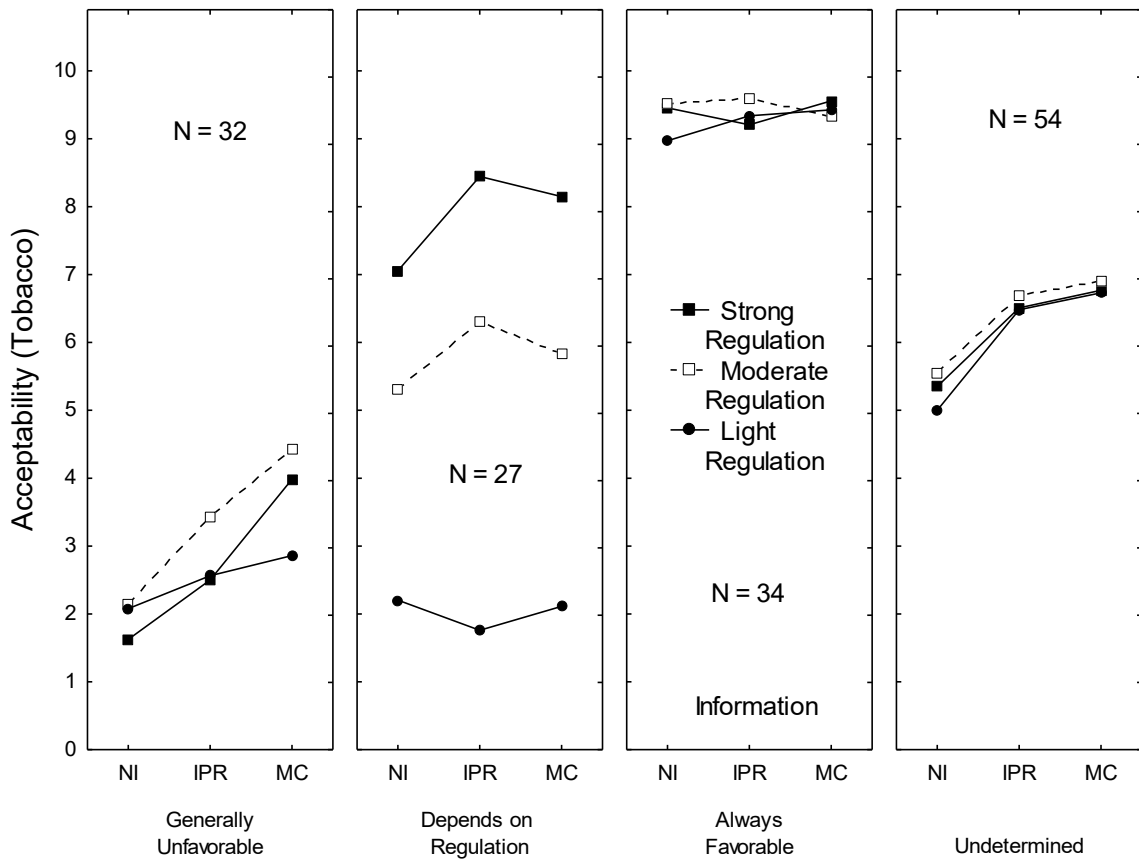


Figure 6. Acceptability judgments are on the vertical axis. The three levels of the Information factor are on the horizontal axis (NI = No information campaigns, IPR = Information campaigns targeted at people at risk, MC = Massive information campaigns). The three curves correspond to the three levels of the Regulation factor. Each panel corresponds to one position.

The second cluster (18% of the sample) was called *Depends on regulation* because, as can be observed in Figure 6 (second panel), ratings were considerably higher when regulation was very strong ( $M = 7.88$ ,  $SE = 0.68$ ) than when it was at its weakest level ( $M = 2.02$ ,  $SE = 0.71$ ),  $\eta^2_p = .78$ . Participants with higher socioeconomic status and marijuana consumers (or smokers) expressed this position more often than participants with lower status or participants who were not currently consumers.

The third cluster (23% of the sample) was called *Always favorable, irrespective of policy*. As can be observed in Figure 6 (third panel), ratings were systematically high ( $M = 9.38$ ,  $SE = 0.38$ ). No effect was detected. The fourth cluster (37% of the sample) was called *Undetermined* because, as can be observed in Figure 6 (right-hand panel), ratings did not deviate much from the center of the response scale ( $M = 6.22$ ,  $SE = 0.37$ ). Ratings were, as in the first cluster, slightly higher in the case of massive information campaigns ( $M = 6.80$ ,  $SE = 0.43$ ) than in the case of complete absence of information ( $M = 5.30$ ,  $SE = 0.63$ ),  $\eta^2_p = .23$ .

In the Marijuana consumption control condition, the first cluster (17% of the sample) was, as in the previous condition, the expected *Generally unfavorable* cluster. As can be observed in Figure 7 (left hand panel), ratings were, in effect, quite low ( $M = 2.24$ ,  $SE = 0.70$ ). As can be observed in Table 3, younger participants (18-30 years), participants living in Bogotá, and marijuana consumers expressed this position more often than older participants or participants living in Bucaramanga or participants who were not currently consumers.

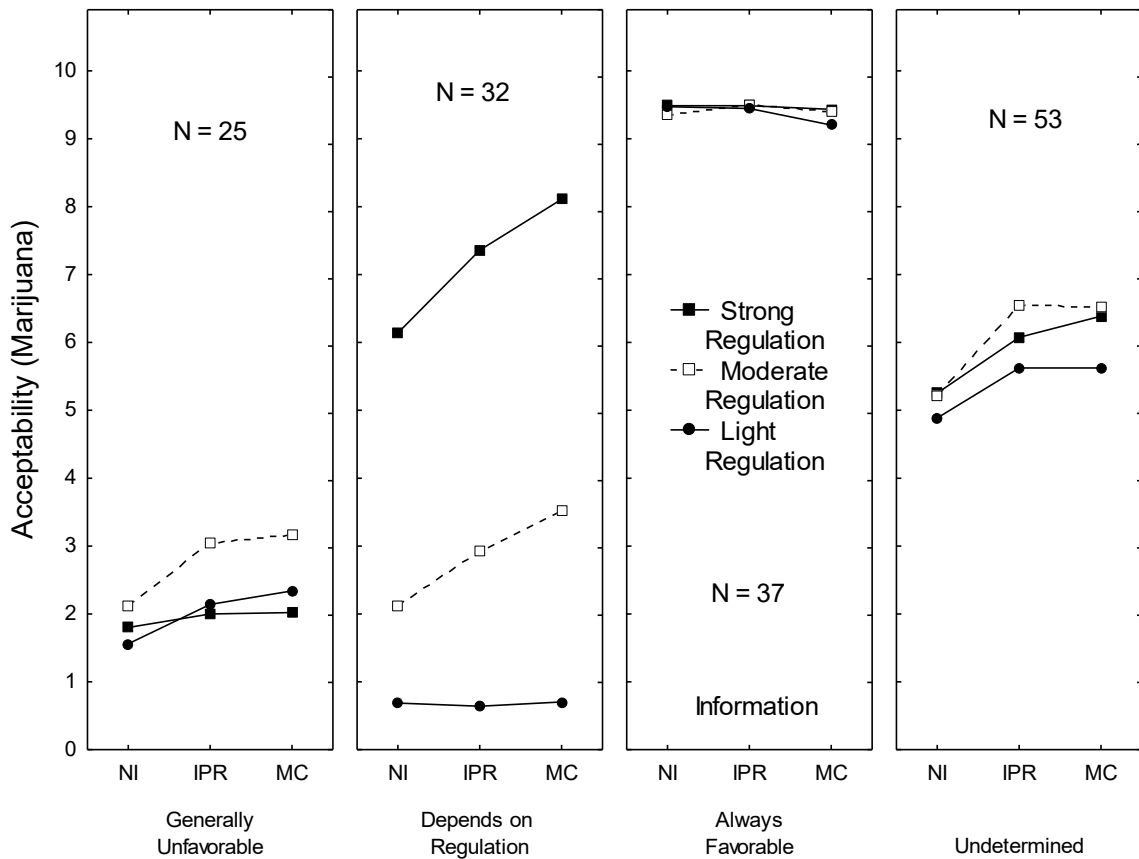


Figure 7. Acceptability judgments are on the vertical axis. The three levels of the Information factor are on the horizontal axis (NI = No information campaigns, IPR = Information campaigns targeted at people at risk, MC = Massive information campaigns). The three curves correspond to the three levels of the Regulation factor. Each panel corresponds to one position.

The second cluster (22% of the sample) was also called *Depends on regulation* because, as can be observed in Figure 7 (second panel), ratings were considerably higher when regulation was very strong ( $M = 7.20$ ,  $SE = 0.77$ ) than when it was at its weakest level ( $M = 0.68$ ,  $SE = 0.33$ ),  $\eta^2_p = .81$ . In addition, the effect of the regulation factor was stronger in the case of massive information campaigns ( $8.11 - 0.70 = 7.41$ ) than in the case of absence of information ( $6.14 - 0.69 = 5.45$ ),

$\eta^2_p = .13$ . Participants with higher or intermediate socioeconomic status expressed this position more often than participants with lower status.

The third cluster (25% of the sample) was again an *Always favorable* cluster. As can be observed in Figure 7 (third panel), ratings were systematically high ( $M = 9.42$ ,  $SE = 0.36$ ). No effect was detected. Older participants expressed this position more often than younger participants. The fourth cluster (36% of the sample) was the *Undetermined* cluster. Ratings did not deviate much from the center of the response scale ( $M = 5.79$ ,  $SE = 0.47$ ) although ratings were slightly higher in the case of massive information campaigns ( $M = 6.18$ ,  $SE = 0.42$ ) than in the case of complete absence of information ( $M = 5.12$ ,  $SE = 0.59$ ),  $\eta^2_p = .14$ .

Table 6 shows the correspondence between the two sets of clusters. In 68% of the cases, the participants who expressed a determined position for one of the substances expressed the same position for the other substance. However, (a) 25% of the participants who expressed the systematically unfavorable position to control in the case of tobacco expressed the regulationist position in the case of marijuana, and (b) 22% of the participants who expressed the regulationist position in the case of tobacco were indeterminate in the case of marijuana.

Table 6. Correspondence Between the Two Sets of Positions

	Marijuana				Total
	Globally Unfavorable	Depends on Regulation	Always Favorable	Undetermined	
Tobacco					

Globally Unfavorable	21(66)	8(25)	0(0)	3(9)	32
Depends on Regulation	3(11)	17(63)	1(4)	6(22)	27
Always Favorable	1(3)	1(3)	30(88)	2(6)	34
Undetermined	0(0)	6(11)	6(11)	42(78)	54
Total	25	32	37	53	147

An additional ANOVA was performed with a design of Substance x Information x Regulation x Sanction, 2 x 3 x 3 x 2. Ratings were slightly higher in the case of tobacco consumption control ( $M = 6.04$ ,  $SE = 0.84$ ) than in the case of marijuana consumption control ( $M = 5.62$ ,  $SE = 0.95$ ),  $\eta^2_p = .08$ . No interaction involving substance was significant.

### ***Discussion***

When it comes to tobacco and marijuana control policies, the most striking result is that a relative majority of participants expressed no particular position. These participants declared themselves to be neutral in a way (neither hostile nor favorable), indifferent to public health provisions that nevertheless affect the population as a whole (as well as, in the case of marijuana, international relations).

Two minority positions – *Always favorable* and *Generally unfavorable, irrespective of policy* – have the same structure. The only difference with the indifferent position just mentioned is that all acceptability ratings are either high or low. In all three cases, it's as if the participants were either refusing to take into account the characteristics of the control policies, or refusing to express their personal position. This result is quite similar to that reported in the López López et



al.' (2016) study of hard and soft drug control policies: 50% did not consider the nature of the drugs or the nature of the policy (ranging from laissez faire to complete prohibition) when making their judgement. In all three cases, as well as in the López López et al.'s (2016) study, the only factor with any impact on responses was the presence of information campaigns on the dangers of substance use.

So, it was only a minority of participants who expressed a personal position. This was not the expected moderate position, but, in both cases, a very strict one, similar to that called *Strong regulation in association with strong prevention* found in France (Castanié et al., 2020). Among the minority of participants who expressed a personal opinion, therefore, the control policy that seems most acceptable is one that combines massive information campaigns, the strictest possible regulation and possibly severe sanctions involving imprisonment. It is notable that these participants belong more frequently to the affluent social classes than to the modest ones. Finally, we note that current tobacco and/or marijuana users tend to express the *Generally unfavorable* position more often than non-users.

Variations in positions were found depending on whether the substance was tobacco or marijuana, but these variations were small. In more than two-thirds of cases, the positions were similar. When there was variation, it mainly concerned the shift from an indeterminate or unfavorable position in the Tobacco condition to the *Depends on regulation* position in the Marijuana condition. In a few rare cases, however, participants expressing a *Depends on regulation* position in the Tobacco condition stopped expressing this position in the Marijuana condition.

One wonders why around three-quarters of participants, when expressing their opinion, do not seem sensitive to the characteristics of control policies in terms of level of regulation or type of sanction. The material used could be blamed for this. However, the material was similar to that used in the Castanié and colleagues' (2020) study, where highly structured and varied personal positions were identified. The participants can be blamed. In the Del Rio et al.'s (2022) study, however, conducted with the same type of participants, very structured and diverse positions were also evidenced. Most probably, the participants considered that the definition of control policies was the responsibility of governments, and that the only way to deal with them was either unconditional acquiescence, systematic opposition or, better still, indifference.

### ***Limitations***

The main limitation is that the sample was a convenience sample of lay people living in three regions of Colombia, who agreed to complete a time-intensive inquiry. This pilot study was not epidemiological in nature. As stated above, its aim was to map, in an exploratory way, people's opinion about control policies, not to determine the exact percentages of people holding each of these opinions. No major differences were found between the data collected in Bogotá or in the two coastal cities.

## ***Conclusion***

Regarding the acceptability of national policies to control tobacco and marijuana consumption, several positions were observed among Colombian participants. The most frequent of these, however, seems to be indifference (or indeterminacy), and the other positions reflect little more than systematic opposition or blind acquiescence. It was only among participants of higher social status that structured personal positions were observed among a majority of participants.

It would therefore be useful to make citizens, whatever their social level, more aware of the idea that their opinion matters, that their relative indifference to these issues is in itself a problem, and that it is on the basis of taking their perspectives into account that public health policies understood and accepted by the majority can really be defined and made effective.



***COUNSELING ETHICS: THE CASE OF  
SEXUALITY INFORMATION***



## ***Introduction***

Suppose that parents who are uncomfortable with all matters related to sexuality ask their 14-year-old daughter's school counsellor to help answer her questions about these issues. Suppose that the same parents insist that the counsellor should limit themselves to the biological aspects of sexuality. What would be the most appropriate behavior for this professional? Should the counsellor comply with the parents' wishes and restrict themselves from informing young adolescents about the biological aspects of human reproduction? If the adolescent asks additional questions, can the counsellor go so far as to discuss the emotional aspects of sex? If the adolescent does not have any questions but seems mature, can the counsellor, on her own initiative, address aspects of sexually transmitted infection prevention and contraception? If the adolescent initiates the process on her own, behind the backs of parents who are reluctant to communicate on the subject, should the counsellor discuss all these topics with her? This study aimed to identify the positions of Colombian adults towards school counsellors, particularly regarding what they believe a counsellor can or cannot do in situations related to the sexuality of adolescents in their schools. Parents who felt uncomfortable with sexuality-related topics sought assistance from their school counsellor to address their questions in these areas.

Although the school counsellor has, in theory, been well trained to respond to this type of request, she or he may be torn between multiple tendencies. On the one hand, the counsellor has been taught during her or his time at university, and it is

well known, as an experienced professional, that comprehensive sexuality education is the best way to reduce the risk of adolescents engaging in hazardous relationships prematurely (WHO, 2018). Therefore, the counsellor would be inclined to respond positively to any request from the adolescent and even go beyond that if she or he perceived shyness in the adolescent. On the other hand, the counsellor has his/her own legitimate views on the appropriateness of sexuality information, which may lead to a lack of conviction when responding to this type of request. For example, as a parent, the counsellor may feel that sexuality is a hot-button issue and that the family setting is the only morally appropriate place to deal with these issues (Dent & Maloney, 2017). In addition, as an employee of the school, the counsellor may feel that going beyond what the parents have deemed appropriate may expose her or him to retaliation from the principal if the parents complain. As a citizen, the counsellor may consider that she or he owes loyalty to his political party of reference, which, for example, has always favored abstinence-based sex education programs in schools (e.g., Waller, 2020). As a believer, the counsellor may consider that only the deity has the right to intervene in such matters. Of course, a professional is obliged to perform her duty, regardless of her beliefs, but a balance must be struck when acting.

Educational counsellors in Colombia, from various fields such as Psychopedagogy, Psychology, Education, Pedagogy, Sociology, and other social and human sciences, play a crucial role in the holistic development of children and young people in the school environment, ensuring their fundamental rights. Although



not all are experts in human sexuality, they are expected to provide comprehensive support to students. The Colombian Ministry of Education has assigned these professionals the responsibility to address, advise, and monitor groups as well as individual and institutional processes that promote well-being within educational communities. However, the broad functions assigned by the ministry encompass a variety of phenomena, ranging from preventing psychoactive substance use and reducing suicide risk to participating in parent programs. The educational reality in Colombia poses ethical challenges for counsellors: on the one hand, they lack solid training to address sexuality-related issues based on evidence; on the other hand, they must adhere to the rules of each educational institution, some of which may be very traditional or have a religious focus, as in other countries like Philippines when sexual education is almost a taboo (Yamat, et al., 2023). Additionally, they must comply with Colombian laws and regulations on education and adapt coherently to the diverse cultural realities of the country (Ministerio de Educación Nacional de Colombia, 2021).

This is intertwined with the difficulties that the different interventions of sexual and reproductive health education programs have presented in evaluating and systematizing the effectiveness of the interventions. Following Evans et al. (2020), with the intention of enhancing sexual health interventions and recognizing cultural variables of Latino adolescents as well as their beliefs and practices, it is important to examine the effectiveness of the interventions and programs carried out. According to a meta-analysis study conducted, interventions focused on Latino

adolescents and/or their parents in schools and community settings have focused on increasing abstinence and/or promoting safe sex behaviors and knowledge, but have not resulted in reductions in adolescent pregnancy rates. However, it is important to note the lack of focus on school actual work of school counsellors in sexuality education. Often, sexual and reproductive health programs lack adequate integration with pedagogical guidelines for school counsellors, limiting their effectiveness.

Based on the demands and realities of counselors in schools, Anami et al. (2023) proposed peer counseling as an effective alternative to address sexual education in adolescents, given the gap between them and school counselors. Training students to be peer counselors encourages openness in discussions of sexuality and allows them to educate their peers effectively. Online training is presented as a practical and economical solution, easing the burden on counseling professionals. It is crucial that counseling experts prepare students for this role, anticipating that, in the future, this training will be coordinated by professional counselors for comprehensive support in adolescent development.

According to the experience of training counselors, expressed by the study by Savitri et al. (2023), the fundamental thing is that counselors have spaces for understanding the development of adolescent sexuality, particularly due to the changes and challenges that are currently being experienced, in order to be able to outline new ways to design, develop and evaluate the work of counseling itself. This will allow the training processes in healthy sexuality to be enhanced.

### ***People's Perceptions on Sex Education in Schools***

Sexual education for young people is closely linked to culture. Sexual education can be more or less open depending on the values of society. Currently, it seems that there are no parents or caregivers who do not consider sexual education during childhood and adolescence, as it can help prevent infections or lead to a healthy sexual life. However, the content of sexual education changes with the level of cultural openness of cultures (Zhou, 2023). Similarly, it has been observed that there are no correlations between the sociocultural level of young people and their level of sexual knowledge. (Ico, et al., 2023). Apparently, even though young people may have low or moderate knowledge about sexuality, their attitudes towards sexual education are quite favorable (Rathod, et al., 2023). It seems that parents, schools, and in general, members of society lack clarity on what should or should not be taught to young people (Santos, et al., 2023). In some cases, the issue with sexual education is not only that parents or caregivers are unwilling to talk to their children, or that the children do not want to listen. As observed, common adults - even if they are willing to discuss sex - do not have sufficient knowledge to comprehensively educate their children. Thus, their primary knowledge often comes from Internet searches. (Mulgeci & Cela, 2023).

In Western countries in the United States of America, most people tend to endorse the introduction of sex education into the classroom curriculum. Adolescence is a time when young people undergo both physiological and behavioral transformations as an opportune time to build intellectual and emotional

grounding before entering adulthood (Kantor & Levitz, 2017). However, unwanted pregnancies, sexual abuse, and sexually related infections have been reported in most of these states. Thus, it appears that the objectives of sex education have not been fully realized everywhere, although the incidence rate of these occurrences varies widely from country to country (WHO Statistics 2014).

In Latin American countries, in contrast, sex education does not appear to have been fully agreed upon by civil society or bodies such as the Catholic Church (Chappell et al., 2010; Eustance, 2016; Panchaud et al., 2019). Jerves et al. (2014) reported that Ecuadorian parents tend to express restricted views on sex education based on traditional religious values that present sex as a morally reprehensible and physically dangerous activity. Sevilla et al. (2016) reported that Colombian parents tend to limit themselves to providing young people with information on the initiation of sexual relations and the material precautions to be taken, rather than on the affective and relational settings in which these relations should take place.

Pineda et al. (2019) showed that (a) 36% of their sample of adults living in Bogotá thought that parents should provide comprehensive information and go so far as to recommend rather than discourage premarital sexual experience; (b) 6% thought it was never appropriate to talk about sexual topics in the family; (c) 4% preferred to delegate this responsibility to the school nurse; (d) 11% thought that parents should limit themselves to providing information about the biology of sexuality; and (e) 28% thought that parents should indeed provide comprehensive

information but with a recommendation of abstinence. These positions did not vary significantly according to the sex and age of the adolescents.

Accordingly, Calgarotto (2023) carried out a historical review of the literature on sexual education in Brazil, denoting the tendency to provide information on the biological parameters of sexuality. From there, he considers it vital that training commitments be generated from scientific bases, overcoming historical notions with tendencies towards cultural notions that make the transformation of training commitments difficult. With this, the counselor/teacher cannot focus on purely biological aspects, but invites sexuality to be understood in comprehensive training that also enriches the mental health of students.

### ***The Present Study***

This study was conducted as an extension of the study by Pineda Marin et al. (2019). Its objective was to map the positions of Colombian adults regarding the behavior that a school counsellor should or should not adopt when it is up to her or him, due to the parents' request or due to the request of an adolescent girl, to provide information of a sexual nature during a consultation or series of consultations. In Colombia, families reflect a wide demographic diversity and entrenched cultural beliefs, with a predominantly nuclear structure representing 56.7% of households and households without elderly adults being the most common, constituting 39.5%. This family diversity intertwines with the incidence of poverty, where a greater impact is noted in households headed by females than in those headed by males, especially

in nuclear and extensive family composition households, where the difference reaches up to 4 and 3 percentage points, respectively. Furthermore, income distribution reveals economic disparity, with over half of households situated in the first and third income quintiles, notably households without elderly adults in the first quintile, and intermediate-generation generational households in the fifth quintile. It is also observed that income inequalities are more pronounced in generational households solely with elderly adults, while multigenerational households show the least disparity between income quintiles. These data underscore the complexity of family and economic dynamics in Colombia, where family structure and income distribution play a crucial role in the quality of life and well-being of its inhabitants, in a context where differences in child-rearing persist, although a shift towards more egalitarian child-rearing is increasingly evident, promoting values of equity and empowerment for both genders (Observatorio de Familia, 2023).

In Colombia, sex education is, in theory, present in all schools (United Nation Population Fund, 2022). It is generally limited to the biological aspects of sexuality. Its general philosophy is that of the abstinence-based programs that used to exist in the United States (Walcott, Chenneville, & Tarquini, 2011). This is considered one of the reasons why the adolescent pregnancy rate (ages 15-19) is still very high in this country (about 9%) compared to countries where comprehensive sex education became the norm a decade ago (about 3% in the United States) or has been the norm for a long time, such as in the Netherlands (Avellaneda & Dávalos, 2017). This rate is close to that observed in neighboring countries, where similar programs are

implemented in schools (about 9% in Panama and about 7% in Peru). It has been projected that, given the provisions made at the ministerial level regarding sexual education, Colombia will make significantly less progress than its neighbors in reducing adolescent pregnancies. By 2030, Colombia will be the country with the highest rate of adolescent pregnancy in Latin America (Gianella et al., 2017).

Based on previous findings, four qualitatively different positions regarding the behavior that a school counsellor should adopt when it is up to her or him to provide information of a sexual nature during a consultation were expected. (a) First was the position according to which the counsellor must not go beyond what the official sex education program provides. In all cases, participants thought that the counsellor should adhere to the biological aspects of sex education. (b) The second position was that the counsellor must adapt her or his behavior to the adolescent's wishes. If an adolescent has specific requests, the counsellor should try to accommodate them as best as possible (e.g., by providing information about contraception and abortion). (c) The third position was that the counsellor should adapt their behavior to the parents' wishes. If the parents want only the biological aspects to be discussed, then there is no choice not to go beyond that. (d) Finally, it was expected that a certain percentage of participants would, owing to the controversial nature of the subject, decline to express a personal position or agree with any decision taken by the counsellor (Pineda Marin et al., 2019).

## Method

### Participants

The participants were a convenience sample of 180 adults (42% men) aged 18–84 years ( $M = 34.37$ ,  $SD = 14.28$ ) residing in Bogotá, Colombia. The demographic characteristics are presented in Table 7. Nineteen were school counselors from educational institutions in Bogotá. They were contacted via snowball sampling.

Table 7. Demographic Characteristics of the Sample. Composition of the Clusters

	Clusters					Total
	DAR	COI	BII	AED	UND	
Age						
18-23 years	4(7)	24(40) <sup>ab</sup>	12(20) <sup>a</sup>	8(13)	12(20)	60
24-39 years	2(3)	12(21) <sup>a</sup>	14(25) <sup>b</sup>	15(26) <sup>a</sup>	14(25)	57
40+	3(5)	11(17) <sup>b</sup>	30(48) <sup>ab</sup>	6(9) <sup>a</sup>	13(21)	63
Gender						
Male	5(6)	26(35) <sup>a</sup>	16(21) <sup>a</sup>	11(15)	17(23)	75
Female	4(4)	21(20) <sup>a</sup>	40(38) <sup>a</sup>	18(17)	22(21)	105
Children						
No	6(5)	37(29)	34(27)	23(18)	27(21)	127
Yes	3(6)	10(19)	22(41)	6(11)	12(23)	53
Socio-Economic Status						
Low	1(4)	6(25)	6(25)	2(8)	9(38)	24
Average	1(1) <sup>ab</sup>	34(36) <sup>a</sup>	25(27) <sup>a</sup>	14(15)	20(21)	94
High	5(10) <sup>a</sup>	5(10) <sup>a</sup>	22(45) <sup>a</sup>	8(16)	9(19)	49
Very High	2(15) <sup>b</sup>	2(16)	3(23)	5(38)	1(8)	13
Religious Involment						
Very Low	1(2)	19(45) <sup>abc</sup>	8(19) <sup>a</sup>	9(22)	5(12)	42
Low	5(7)	18(25) <sup>a</sup>	23(32)	11(16)	14(20)	71
Average	3(10)	5(17) <sup>b</sup>	10(33)	4(13)	8(27)	30
High	0(0)	5(14) <sup>c</sup>	15(41) <sup>a</sup>	5(13)	12(32)	37
Sex Education						



No	2(2) <sup>a</sup>	27(23)	47(39) <sup>a</sup>	21(18)	22(18)	119
Yes	7(11) <sup>a</sup>	20(33)	9(15) <sup>a</sup>	8(13)	17(28)	61
Condition						
Virtual	2(2)	26(30)	26(30)	15(17)	18(21)	87
Face to Face	7(7)	21(23)	30(32)	14(15)	21(23)	93
Professional						
No	9(5)	43(27)	51(32)	23(14) <sup>a</sup>	35(22)	161
Yes	0(0)	4(21)	5(26)	6(32) <sup>a</sup>	4(21)	19
Total	9(5)	47(26)	56(31)	29(16)	39	180

Values in parentheses are percentages calculated across each row. DAR = Depends on Adolescent's Request, COI = Completeness of Information, BII = Biological Information is Insufficient, AED = At Educator's Discretion, and UND = Undetermined. Values with the same superscript are statistically different,  $p < .05$ .

Some participants (N = 93) were approached from different districts of the city. They were requested to participate in the survey while walking on the main pedestrian sidewalks in their barrio, usually in nearby areas of public facilities, commercial centers, and churches. The participation rate was 59% for the virtual participants and 80% for the face-to-face respondents. The main explanation for not participating in the study was the time constraints. The remaining participants (N = 87) were surveyed online due to mobility restrictions during time of pandemics (COVID-19).

### ***Material***

The survey material consisted of 24 cards describing situations in which a school counsellor was asked to provide sexual information to a 14-year old female adolescent who approached them spontaneously or was sent by their parents. Each scenario contained three pieces of information: (a) the context of the request (the adolescent approaches the educator because they do not receive any information

from their parents, or the parents ask the educator to provide sexual information but limit it to purely biological aspects, or the parents give the educator a free hand), (b) whether or not the adolescents asked for additional information beyond the mere biological aspects, and (c) the kind of information provided by the educator (biological information only, additional information on the emotional aspects of sexuality, additional information on pregnancy and infection prevention, or comprehensive information including abortion).

The scenarios were obtained by orthogonally crossing these three factors. The design was Context x Request x Information, 3 x 2 x 4. An example scenario (translated from Spanish) is as follows: "Mrs. López is the psychologist and guidance counsellor at the Francisco de Paula secondary school of Barranquilla. Alejandra is an adolescent who studies at that school and is 14 years old. Alejandra has gone to see Mrs. López on their own initiative. The adolescent wants to have information about sexuality and sexual relations. They say that, at home, their parents refuse to answer their questions. Mrs. López explained to Alejandra the biological aspects of sexuality, specifically human reproduction, using books and images appropriate to their level of understanding. Alejandra listens actively and says they have questions. For example, they want to know some things related to the emotional aspects of sexuality; they want to know more about sexually transmitted infections, contraceptive methods, and what they should do in case of an unwanted pregnancy or infection. Mrs. López, therefore, decides to explain to Alejandra some things about the emotional aspects of sexuality (e.g., recognizing their feelings, the enjoyment of

sexuality, the ability to assert their decisions). Additionally, Mrs. López believes that she should also explain to Alejandra aspects related to the prevention of sexually transmitted infections (their causes and consequences) and how to use methods that also serve to avoid unwanted pregnancy (how to use male and female condoms and contraceptive pills). To what extent do you think Mrs. Lopez's behavior was appropriate"? Responses were provided on an 11-point scale, with values ranging from Not at all appropriate (0) to Completely appropriate (10).

### ***Procedure***

Data collection was conducted in 2020 and 2021. This procedure followed Anderson's (2008) guidelines for this type of study. For participants who were surveyed face-to-face, the data were collected in a quiet room. After an initial encounter on the street, they agreed to meet at home later with the participant. A virtual call was made to the participants to collect virtual data. In this call, the participants enabled the researchers to contact and explain the informed consent procedure as well as conduct the familiarization phase. This phase was done in a remote synchronous manner to ensure that the participant understood how to answer and was able to answer any questions, if they considered it pertinent. After the familiarization exercise, participants answered the entire instrument through the platform's link.

In both conditions, participants required between 35 and 40 minutes to provide answers. None of the participants commented on the number of statements or expressed doubts about the plausibility of the situations presented.

*Table 8. Means and Standard Deviations Observed for Each Scenario.*

Additional Information	Context of the Demand	Information Provided	<i>M</i>	<i>SD</i>
Do not Request	Adolescent's Initiative	Biological	4.94	3.16
Do not Request	Adolescent's Initiative	Emotional	7.80	2.16
Do not Request	Adolescent's Initiative	Prevention	8.31	2.35
Do not Request	Adolescent's Initiative	All Aspects	8.24	2.69
Do not Request	Biological Information	Biological	4.96	3.14
Do not Request	Biological Information	Emotional	7.28	2.39
Do not Request	Biological Information	Prevention	7.84	2.51
Do not Request	Biological Information	All Aspects	7.81	2.76
Do not Request	Carte Blanche	Biological	4.14	3.10
Do not Request	Carte Blanche	Emotional	6.93	2.52
Do not Request	Carte Blanche	Prevention	8.18	2.34
Do not Request	Carte Blanche	All Aspects	8.36	2.27
Request	Adolescent's Initiative	Biological	3.12	3.15
Request	Adolescent's Initiative	Emotional	6.46	2.88

Request	Adolescent's Initiative	Prevention	8.34	1.85
Request	Adolescent's Initiative	All Aspects	8.64	1.95
Request	Biological Information	Biological	3.57	3.16
Request	Biological Information	Emotional	6.38	2.77
Request	Biological Information	Prevention	8.12	1.95
Request	Biological Information	All Aspects	8.53	2.09
Request	Carte Blanche	Biological	3.21	3.20
Request	Carte Blanche	Emotional	5.86	2.97
Request	Carte Blanche	Prevention	8.05	2.06
Request	Carte Blanche	All Aspects	8.70	1.95

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Biological Information = the parents ask the educator to give sexual information but limit it to purely biological aspects. Biological = Biological information only is provided. Emotional = Additional information on the emotional aspects of sexuality is provided. Prevention = Additional information on the emotional aspects of sexuality and on pregnancy and infection prevention is provided. All Aspects = Comprehensive information including abortion is provided.

A demographic questionnaire was filled out at the end of the session. Some respondents spontaneously voiced their views on the topic; these views were registered. The study conformed to the ethical recommendations of the Colombian Society of Psychology. Total anonymity was preserved and informed consent was obtained from all participants. The study was approved by the Bioethics Committee of Konrad Lorenz University.

## Results

The means and standard deviations for each of the 24 scenarios are shown in Table 8. As very widely varying positions were expected, a cluster analysis, using the K-means procedure (Hofmans & Mullet, 2013), was performed in order to detect qualitatively different judgment patterns. As four positions were expected, a four-cluster solution was first applied. Subsequently, two-, three-, five-, six-, seven-, and eight-cluster solutions were examined. Figure 1 shows the decrease of the average distances to the centroid as a function of the number of clusters selected. The five-cluster solution seemed to be the most appropriate solution; it provided the most intelligible patterns (Hofmans & Mullet, 2013).

An overall ANOVA was performed on the observed ratings for each profile with a Cluster x Context x Request x Information, 5 x 3 x 2 x 4 design. Due to the large number of comparisons, the significance threshold was set at .001. The main results are shown in Table 9. Figure 8 shows the mean appropriateness scores of the five clusters.

Table 9. Main Results of the ANOVA.

Factor	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>	$\eta^2_p$
Cluster	4	1 400.54	90.61	.001	.67
Request	1	117.93	19.26	.001	.10
Cluster x Request	4	50.61	8.26	.001	.16
Context	2	13.02	5.19	.01	.03

Cluster x Context	8	7.34	2.93	.001	.06
Information	3	1 805.78	316.24	.001	.64
Cluster x Information	12	475.84	83.33	.001	.66
Request x Context	2	3.62	1.55	.21	.01
Cluster x Request x Context	8	5.04	2.16	.03	.05
Request x Information	3	589.69	129.31	.001	.42
Cluster x Request x Information	12	153.20	33.59	.001	.43
Context x Information	6	19.44	8.27	.001	.05
Cluster x Context x Information	24	4.99	2.12	.001	.05
Request x Context x Information	6	6.13	3.20	.001	.02
Cluster x Request x Context x Information	24	2.82	1.47	.07	.03

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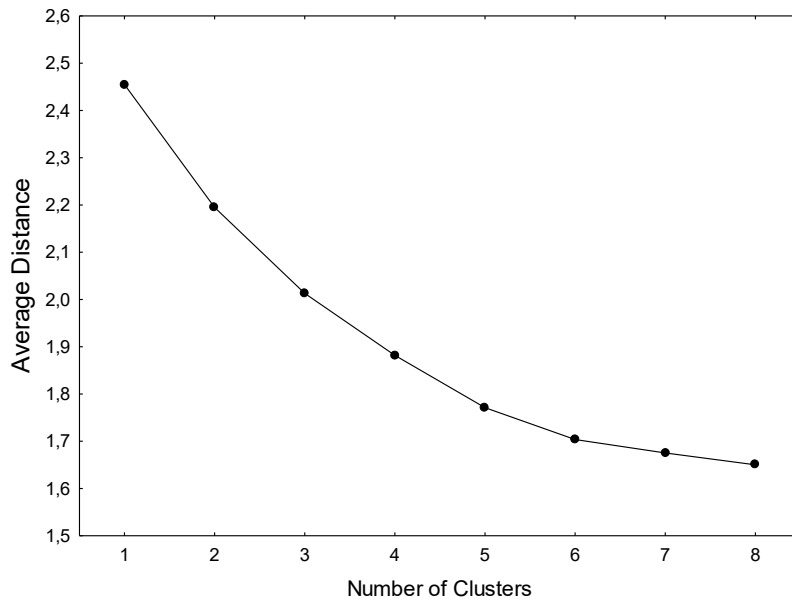


Figure 8. Decrease in the average distance to the centroid as a function of the number of clusters.

The first cluster ( $N = 9$ , 5% of the sample) was labelled *Depends on the adolescent's request*. This designation was given because, as can be seen in Figure 9 (top panels), when the adolescent has not formulated specific questions (left-hand panel), the most appropriate behavior is, for the educator, to stick to the biological aspects, whereas when the adolescent formulates additional questions (right-hand panel), the most appropriate behavior is to answer all of these questions. In the first case, the mean ratings were higher when the educator limited herself to informing about biological aspects ( $M = 7.52$ ,  $SE = 1.90$ ) than when the educator goes so far as to provide complete information ( $M = 1.63$ ,  $SE = 1.14$ ). In the second case, the mean ratings were lower when the educator informed about biological aspects only ( $M = 0.33$ ,  $SE = 0.25$ ) than when the educator provided complete information in



response to the request ( $M = 8.56$ ,  $SE = 1.94$ ),  $\eta^2_p = .83$ . The Context factor has just, in the first case, a moderating effect; when the parents have given the educator carte blanche, the latter's behavior is less of a determinant of appropriateness ( $6.44 - 2.89 = 3.55$ ) than when the parents have demanded that the educator limit herself to the biological aspects ( $8.06 - 1.00 = 7.06$ ),  $\eta^2_p = .26$ . As can be seen in Table 7, participants of a very high socioeconomic level and participants who benefited from sex education when they were young expressed this position more frequently than participants of lower levels or participants who did not benefit from sex education. This cluster comprised 4% female and 6% male participants. However, no other sociodemographic characteristics showed statistically significant differences.

The second cluster ( $N = 47$ , 26%) was called *Completeness of information*. It was given this designation because, as can be seen in Figure 9 (middle panels), the most appropriate behavior is, for the educator, to inform the adolescent as completely as possible, regardless of the level of her request. The adolescent's request factor has only a moderating effect; when the adolescent did not express additional requests, limiting oneself to biological or biological-emotional aspects was, for the educator, considered as slightly less inappropriate than when the adolescent had questions. That is, in the case of not requesting anything, the educator's behavior was less of a determinant of appropriateness ( $8.82 - 2.72 = 6.10$ ) than in the case of requesting something additional ( $9.10 - 1.25 = 7.85$ ),  $\eta^2_p = .39$ .

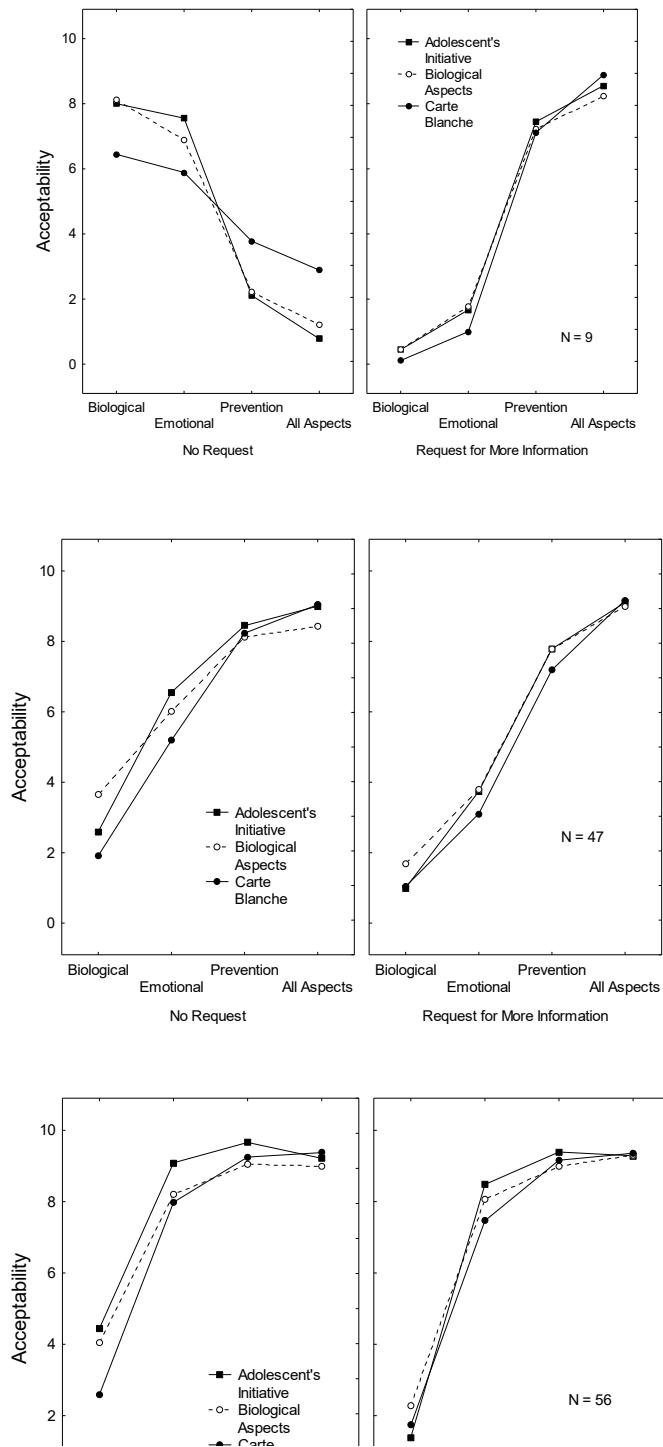


Figure 9. Mean rating observed for three of the five cluster: Depends on the adolescent request (top row), Completeness of information (middle row), and Biological information is insufficient (bottom row). Mean ratings are on the vertical axis. The educator's behaviors are on the horizontal axis. Each curve corresponds to a context. Each panel correspond to one level of the adolescent's request.

As can be seen in Table 7, younger participants, males, participants of lower socioeconomic status, and participants who were not very religious expressed this position more frequently than other participants. In this cluster, 35% of the men in the sample and 20% of the women in the sample were grouped together; 36% belonged to a medium socioeconomic level and 45% were people who described themselves as not very religious.

The third cluster ( $N = 56$ , 31%) was a variant of the preceding one. It was labeled *Biological information is insufficient*. It was given this designation because, as can be seen in Figure 9 (lower panels), all educator behaviors were considered adequate ( $M = 8.91$ ,  $SE = 0.34$ ), except for limiting oneself to biological information ( $M = 2.75$ ,  $SE = 0.48$ ),  $\eta^2_p = .89$ . As can be seen in Table 7, older participants, females, participants with high status, and participants who never benefited from sex education expressed this position more frequently than younger participants, males, participants with low status, or participants who benefited from education. 48% of people over 40 years of age were located in this cluster, and more women than men were grouped together (38% of the total sample). This cluster was dominated by people with a high socioeconomic level as well as by people with greater religious involvement.

The fourth cluster ( $N = 29$ , 16%, not shown) was labeled *At educator's discretion*. It was given this designation because all educator behaviors were considered appropriate ( $M = 8.81$ ,  $SE = 0.47$ ), regardless of other circumstances. As can be seen in Table 7, middle-aged participants, participants with very high

socioeconomic status, and school counsellors expressed this position more frequently than other participants. 15% of the total number of men in the sample and 17% of the total number of women in the sample are located in this cluster. 38% of people with the highest socioeconomic level were also located in this cluster.

The fifth cluster ( $N = 39$ , 18%, not shown) was labeled *Undetermined*. It was given this designation because all ratings were close to the middle of the response scale ( $M = 6.20$ ,  $SE = 0.45$ ), and the factors had no discernible effects. Participants with a high level of religious involvement ( $N = 67$ ) more frequently expressed this position than participants with a low level ( $N = 113$ ,  $p < .05$ ). 23% of the men were located in this cluster, 21% of the women in the total sample, and 38% of the people with a low socioeconomic status were also located in this cluster. Similarly, 32% of the respondents said that they were involved in religious activities.

### ***Discussion***

A majority of participants (57%) expressed the view that the most appropriate behavior on the part of the counsellor was to provide the most comprehensive information possible and certainly not to focus on the biological aspects of sex education alone during counseling. This view is largely independent of contextual elements, such as the limits to communication set by parents or even the limits to communication set by adolescents. This finding is consistent with results reported by Pineda et al. (2019), who showed that a large majority of their sample of Colombian adults favor sex education based on comprehensive information about it,

even if abstinence before marriage is preferable for a minority of them. Likewise, it aligns with the results of the review carried out by Calgarotto (2023) on the training frameworks in Brazil on sexuality. This reinforces the idea of commitments and policies aimed at comprehensive education processes in accordance with the frameworks of transformation of society, the needs of adolescents, and the means of access, focusing on providing information on the biological aspects of sexuality.

Therefore, if a counselor goes beyond what the family expects of him or her or even beyond what is asked of him or her by the interested party, such behavior is not considered problematic for the majority of the participants. This view is probably driven by the belief that an adolescent girl cannot reasonably embark on life and thus initiate sexual relationships without knowing the full range of aspects that characterize such relationships. This view is in any case the one adopted by official international bodies such as the United Nations Population Fund (2021).

A minority of participants (16%, mostly elite) did not dispute the idea that providing comprehensive information about sexuality is appropriate, but they did consider that the counselor may have his or her own beliefs about the subject (e.g., religious beliefs) and therefore may not feel comfortable with the request. In this case, if the counselor strictly adheres to biological aspects, his or her behavior is still considered appropriate. This position is understandably the most common (32%) among counselors. Another minority of participants (5%, mostly of high socioeconomic status) also did not dispute the fact that the information given by the counsellor could be complete, but took into account the attitude of the adolescent

making the request. Going beyond the request of the concerned person is not considered appropriate.

Thus, the way in which spaces of trust, relational dynamics, and group management, among others, can be generated between adolescents and the counselor is vital. Thus, it is necessary to weigh the alternatives in the training processes of both the counselors and students. This implies knowing the latent situations in the school regarding sexuality; the needs according to the ages of the students; and the physical, operational, methodological, and pedagogical resources available. Likewise, following Savitri et al. (2023), the way in which adolescent sexuality is being understood and the approach that counseling has to it are aspects that will allow the promotion of healthy sexuality.

A possible bet is that expressed by Anami et al. (2023), in which adolescents can be trained to be a reference of information for other students and advise them on different topics of sexuality. An aspect that also brings with it challenges for education itself, especially to demonstrate not only the satisfaction of these intervention programs in schools but also the impact on the systematization and monitoring frameworks.

Finally, a substantial minority of participants (18%, the most religious) did not express positions that could be characterized. Among these, it appears very likely that it is difficult to express a position on a subject considered taboo within certain segments of society or the community to which it belongs. This result is consistent with the results of Calgarotto (2023), in which traditional and biological notions of

sexuality are maintained in some sectors of society as sufficient elements for the training process. The findings reported by Pineda et al. (2019) show that a minority of their sample of Colombian adults express discomfort with sex education either because it is considered inappropriate or because the information should, in their view, be delegated to health personnel.

### ***Limitations and Future Studies***

The study had limitations. First, since a small-size convenience sample of adults who lived in one area of Colombia (the capital district) was studied, the present findings must, therefore, be generalized with care. Second, participants were presented with vignettes that depicted realistic situations; they were not facing real situations. Third, the character depicted in the story was always a young adolescent female. Future studies should examine whether a gender effect is detectable. Fourth, participants were not asked any questions likely to help understanding the reasons behind the appropriateness judgments. Future studies should try to relate participants' positions and their reasoning. Fifth, participants' psychological characteristics were not assessed. Future studies should relate participants' positions and participants' core values, personality dispositions, and political orientation.

### ***Implications***

The implications of this study suggest considerations in the political, sociocultural, and educational realms. These findings emphasize the importance of

having evidence-based data reflecting the judgments of the general population on sexual education, a historically taboo topic. The majority of participants advocated for comprehensive sexual education that goes beyond biological aspects, highlighting the need for educational programs addressing the physiological, emotional, social, and ethical dimensions of sexuality. Additionally, the importance of considering counselors' personal beliefs and values in the educational process is underscored, emphasizing the need for training in cultural competencies and promotion of an inclusive and respectful environment for the exchange of diverse perspectives.

This study also highlights the importance of fostering trust and positive dynamics between adolescents and counselors, necessitating the development of strategies to strengthen these relationships and address the specific needs of adolescents regarding sexual education. Furthermore, the need to address cultural and religious barriers hindering sexual education is evident, including the necessity of adopting culturally sensitive and respectful approaches in sexual education programs to meet the needs of all groups within the school community.





## ***DISCUSSION***



Within the framework of this doctoral thesis, three studies were conducted on two crucial phenomena in the recent history of Colombia: the phenomenon of drug trafficking, specifically regarding trials related to (a) the possession and (b) the consumption of psychoactive substances; and (c) trials related to sexual education strategies led by psycho-educators and/or advisors for children and youth in schools.

The three studies were conducted with common Colombian men and women, aged 17 and older, from urban areas of the country and across all social classes. The methodological basis used was the Functional Theory of Cognition by Anderson (1996, 2008, 2017) and the Cluster Analysis Technique by Hofmans and Mullet (2013), applied in a cross-sectional manner. In other words, each of the studies was developed on the same methodological basis, contributing once again to its impact on knowledge production, particularly for being more precise and accurate than opinion polls conducted in political sciences, for example.

Thus, the importance of identifying the factors influencing people's decision-making is emphasized, allowing for a detailed understanding of the contextual, historical, etc., factors involved in the selection process. The findings in these studies reflect realistic opinions of Colombian society regarding how possessors and consumers of psychoactive substances should be treated, as well as issues related to sexual education for Colombian youth.

The objective of this doctoral thesis was to characterize and study, in a precise manner, the different perspectives of ordinary Colombian citizens regarding social

phenomena and situations in the context of psychoactive substances and sexual education. Therefore, these three specific issues were within the framework of :

- a) Mapping the positions of Colombians regarding penalties for offenses related to psychoactive substances, aiming to accurately characterize citizens' various stances on the type of punishment that should be imposed on a person arrested by the police in possession of illicit substances.
- b) Studying the approval of policies to regulate the use of psychoactive substances, seeking to map Colombians' positions on policies restricting the consumption of such substances.
- c) Examining the ethics of school counseling in the context of sexual information, with the goal of identifying Colombians' views on what a school counselor or advisor can and cannot do in these situations.

The main findings revealed that even when certain social issues (such as sexual education or policies regarding drug consumption or possession) are not consulted with civil society, it cannot be assumed that people do not have a viewpoint on the phenomenon. In line with this, the findings of Gómez and Muñoz (2021) demonstrated that Colombian youth hold clear opinions on sexual education and psychoactive substances, opinions that are influenced by their cultural and socioeconomic contexts. Although these perspectives are not always reflected in public policies, such underlying attitudes evidence a predisposition to act consistently with their judgments. This aligns with Mullet's (2021) information

integration theory, which suggests that individuals construct evaluations by integrating multiple contextual factors.

Thus, individuals not only form judgments, but there is also a high probability that they will behave consistently with their attitudes. For instance, according to López et al. (2016), Colombians adjust their behaviors based on how they perceive the justice, effectiveness, and morality of public policies, particularly in areas such as health and drug-related issues. This attitudinal-behavioral consistency presents challenges and opportunities for public policy design, which should take these citizen evaluations into account rather than imposing homogeneous narratives that overlook contextual differences.

As observed in the results, judgments vary on each issue, and principled positions are generally minority views, as evidenced by the findings of the three thesis studies. In this regard, studies such as those by Fruchart and Zarrouk (2021) argue that decisions based on absolute principles tend to be outweighed by pragmatic evaluations that consider the specifics of each case. In the Colombian context, this finding is particularly relevant since, as noted by Llorca Suárez and Clua-García (2021), the stigma associated with certain behaviors (such as drug consumption) is modulated by social and cultural factors rather than by universal moral principles.

Instead, individuals assess the factors involved in each case and position themselves accordingly on a given topic. This is directly related to the information

integration theory (Mullet, 2021), which explains how people weigh different elements of information before forming a judgment. For example, Berrocal et al. (2018) found that university students' opinions on psychoactive substance use are influenced by factors such as access to information, educational context, and risk perception. This integrative approach suggests that public policies could be more effective if designed with consideration of how individuals process and prioritize information.

This differs from the positions sometimes expressed by governments, political parties, or even the media, which attempt to homogenize perspectives on social, educational, and health-related issues. The tendency to impose unified narratives, as noted by Castanie et al. (2020), can be counterproductive, as it underestimates the diversity of perspectives and delegitimizes individual experiences. In Colombia, this disconnect is evident in issues such as drug policies, where the lack of inclusion of affected communities has led to perceptions of exclusion and distrust toward institutions (López et al., 2016). Moreover, the media, as agents of socialization, often simplify complex issues, reinforcing stereotypes and avoiding pluralistic representation (Llort Suárez & Clua-García, 2021).

The overall results of the first study in this thesis, dedicated to identifying people's positions on the possession of illicit substances, found that the results show that: (a) almost half of them support a control policy, considering drug consumption immoral, and (b) the other half supports proposals and visions of progressive international legislation. It is emphasized that conservative positions, representing

52%, believe that a person caught in possession of drugs should receive severe punishment, while 42% of the population believes that the punishment should be proportional to the severity of the offense. In other words, the results highlight the diversity and complexity of opinions among Colombians.

Similar perspectives were observed in the results presented by López, Pineda, Sorum, and Mullet (2016), who identified a marked diversity in Colombians' positions regarding state policies on psychoactive substances. In their study, 50% of individuals considered all policies unacceptable, reflecting widespread skepticism toward the measures proposed by the government. This perception reveals a disconnect between public policies and the population's expectations or values, which can generate distrust toward institutions and a lack of adherence to established regulations.

For their part, Castanié et al. (2020) demonstrated that people's perceptions of control policies vary significantly depending on the type and severity of the punishment applied. In their research with French participants, they identified at least eight qualitatively different positions that could not be easily arranged along a single prohibition-permissiveness axis. This finding suggests that implementing homogeneous policies may be ineffective, as it fails to consider the diversity of judgments arising from various contextual factors, such as religion, socioeconomic status, and personal experience with the phenomenon in question.



Both studies highlight a critical implication: the need to design more inclusive and contextually informed public policies. In Colombia, where structural and cultural violence has shaped perceptions of substance use and other social issues, imposing uniform policies may exacerbate feelings of exclusion and marginalization. The use of methodologies like Information Integration Theory and Functional Measurement (IIT/FM) captures these nuances and provides a more accurate representation of citizens' opinions, which is essential for formulating culturally sensitive and effective interventions.

Moreover, these findings suggest that information and awareness campaigns should be tailored to different population segments. For instance, while some groups may respond favorably to moderate regulation policies combined with educational campaigns, others may require stricter measures or approaches that directly address their ethical and religious concerns. Integrating these factors into policy design can not only enhance its effectiveness but also strengthen institutional legitimacy and promote greater equity and social justice.

Regarding the second study in this thesis, about people's positions on tobacco and marijuana consumption policies, no different perspectives were found between judgments based on the substances: tobacco or marijuana. It can be summarized that four positions were identified: two of them can be considered as radical viewpoints; one cluster of the sample with a tendency toward disfavoring

restrictions and another, on the contrary, with a tendency to promote prohibitionist drug policies.

It is noteworthy that this second study, in comparison to the first one in the thesis, reveals that the relative majority of participants did not express a particular stance. In other words, most participants declared themselves neutral, meaning indifferent to public health measures. This is evident as the scores did not deviate significantly from the center. In any case, it was identified that mass information campaigns are generally viewed favorably.

In the third study of this thesis, which focuses on judgments regarding the behavior of youth counselors in educational institutions, diversity of perspectives is also observed, similar to the study by Pineda-Marín et al. (2019), where seven viewpoints were identified. Three main aspects of the results of this study are highlighted: the first is that around 57% of Colombians are in favor of comprehensive sexual education, provided by school counselors. Meanwhile, a significant minority of participants (18%, mainly the more religious) did not express any clearly identifiable position. Among them, it seems highly likely that expressing a position on a topic considered taboo or generating some discomfort might be challenging.

The reality of Colombian educational institutions is that, despite 71% of schools updating their sexuality education curriculum in the last two years, only 67% have prevention measures against gender violence and sexual harassment, and 15% provide information on contraceptive access (Welbin & Lee, 2022). This underscores the need to build education policies consistent with the expectations

and capacities of communities. Such policies and educational strategies should not only aim to impact young people but also their educators and parents/caregivers.

In accordance with the above, it is considered that the three studies provide important aspects to bear in mind for the consolidation and management of knowledge and actions for the well-being of the population. In other words, these studies can be regarded as opening fields for analysis and future research at the national and international levels.

The above is based on the principle that the data from the three studies were collected in urban areas of Colombia. Thus, the current results could be linked with studies, for example, where the population belongs to other regions of the country, either in territories where they may have a possibly alternate perspective on drug situations or in rural areas. This could generate new insights considering the situations present throughout Colombian territory, its history and impact, and its effects that differ according to scales and locations of violations.

This aspect becomes quite necessary and interesting in terms of research and science, broadening the panorama of perspectives on how to approach phenomena.

Another consideration is the latent difference between the positions of individuals from spaced life cycles, linked to the influences and impact of religious notions. In other words, the positions of ordinary Colombian individuals are influenced by their life stories, worldviews, as well as by the discourses to which they have been exposed and that have been established in the social structure.

Most likely, if an additional criterion such as political stance and/or affiliation with political parties had been presented, congruences in decision types would have been found. As suggested by Gómez and Muñoz (2021), worldviews and individual experiences are deeply shaped by dominant discourses within the social structure, including religious notions and traditional values that hold a strong presence in Colombian culture. This influence not only affects attitudes toward social issues but also generates significant variability in responses depending on the stage of life individuals are in.

Additionally, these studies are part of the country's transition towards seeking the well-being of its people, a crucial aspect in the context of peace agreements, post-agreement, and processes of creating spaces for conflict resolution. According to Berrocal et al. (2018), social and cultural determinants play a crucial role in shaping attitudes toward public health issues. This is particularly relevant in a context where historical inequalities and internal conflicts have profoundly influenced social priorities and perceptions of collective well-being. Moreover, the post-agreement period has spurred efforts to create conflict resolution spaces aimed at integrating diverse voices, including those from the most affected communities. This participatory approach enables public health issues to be addressed from a more inclusive perspective, where the experiences and life stories of ordinary citizens become central elements in the formulation of more effective policies (Gómez & Muñoz, 2022). Therefore, the results presented here are conceived to broaden the

understanding of the public health situation in critical matters, particularly among populations outside the public health sector, and even among policymakers.

Furthermore, as crucial aspects of the three studies, it has been noted that they are investigations in which adolescents are the protagonists of conflict situations, meaning the situations for which the instruments were created. These studies are considered to provide a perspective on the positions of ordinary people in conflict situations related to adolescents.

In the same vein, the three studies are considered innovative for five main reasons:

1. Because it allows for empirical evidence on issues discussed at the social, familial, educational, and political levels, and on which decisions are made, but have been overlooked by scientific considerations. In other words, individuals who engage in and belong to political parties often act based on what can generate more votes and social recognition, for example, rather than acting in the interest of people based on the records and results of what ordinary individuals consider, feel, and think about certain topics.
2. The second reason is that these studies generate aspects not evident in public opinion lines but rather diverge from these lines of data collection and report generation. As mentioned earlier, these are studies that go beyond understanding people's opinions; they are focused on studying how people make decisions in the face of everyday situations.
3. The third aspect, linked to the previous one, is that it allows understanding

what ordinary people think about these topics. It is important to consider that there are various discourses in society promoted by different fields: political, legal, media, among others, but the beliefs of individuals about phenomena are not clearly known. This is crucial because it would enable aligning legal terms, for example, with people's judgments, that is, whether public policies or health promotion and prevention programs align with the majority of the population's positions.

4. The studies presented allow for the identification of how contextual factors influence the formation of judgments and attitudes on critical issues such as psychoactive substance use, sexual education, and conflict resolution among adolescents—issues that cannot be understood in isolation but rather as the result of an intricate web of social, economic, and cultural factors that have evolved over time. This multifactorial approach not only facilitates the analysis of citizens' positions but also provides tools for designing culturally sensitive and effective social interventions and public policies.
5. The studies contribute to strengthening an inclusive perspective in the formulation of policies and social strategies. In the context of peace agreements and the transition toward a more equitable society, these investigations emphasize the importance of involving diverse social actors, including adolescents, who often face situations of vulnerability. As highlighted by Berrocal et al. (2018) and López et al. (2016), recognizing the experiences and opinions of ordinary citizens is essential for designing public

policies that address the real needs of the population. In this regard, the findings not only enrich the academic debate but also provide a solid foundation for advancing a political and social agenda that promotes equity, justice, and well-being in Colombia.

### ***Considerations on the methodological background***

Thanks to Anderson's Information Integration Theory and Functional Measurement (IIT/FM) (2008, 2017) as a consistently applied methodological foundation across the three studies, it was possible to gain insights into what ordinary people in a specific context think about latent and controversial phenomena in Colombia. Additionally, it facilitated an understanding of how individuals judge the world they live in, taking into account their specificities, religious entities, educational aspects, political discourses, and media influences, among other factors.

IIT/FM is particularly sensitive to capturing the nuanced details that allow for the evaluation of everyday life issues. In other words, it represents a significant approach that enables the study of how multiple factors influence decision-making among individuals situated in specific contexts. Thus, IIT/FM becomes an essential tool for exercises of this nature, allowing for the identification of the factors that shape people's judgments.

The use of Information Integration Theory (IIT/FM) in the studies conducted provides unique tools for understanding phenomena such as psychoactive

substance use and sexual education—issues that have deeply permeated Colombian social life, often framed by structural and cultural violence. The capacity of this methodology to generate experimental scenarios allows for the abstraction of personal experiences, which is particularly useful in contexts where certain topics are heavily laden with social stigma. This aligns with López et al. (2016), who argue that the analysis of social perceptions regarding public policies requires methodological tools capable of integrating cultural, political, and religious factors. Through IIT/FM, it is possible to evaluate sensitive topics in a context where illicit and psychoactive substances, as well as sexuality, have infiltrated daily life, especially in settings of violence. The methodology provides everyday scenarios for individuals to assess hypothetical situations. In other words, individuals are not required to have direct experiences with such situations; instead, their positions on these issues are generated through scenario-based evaluations.

For example, in the context of Mozambique, studies conducted by Vera Cruz and Mullet (2013) on social judgments related to beauty and sexuality reveal interesting parallels with the Colombian situation. Although cultural phenomena differ, both contexts share a strong influence of structural factors, such as religion and state policies, in shaping social judgments. The ability of IIT/FM to analyze how individuals weigh contradictory information—such as religious teachings versus sexual education campaigns—underscores its relevance for cross-cultural studies.

Similarly, Fraux (2021) utilized IIT to evaluate the acceptability of medical biotechnologies, demonstrating the flexibility of this methodology in addressing



sensitive topics across various contexts. In Colombia, this flexibility is essential for analyzing issues burdened by stigma, such as psychoactive substance use, particularly in settings where personal experiences may constrain objectivity.

Through the use of the IIT methodology, analyses of variance and cluster analyses (Hofmans & Mullet, 2013) provided a broader understanding of social judgments. This aligns with the explicit purpose of Information Integration Theory, regarded as the most suitable and robust alternative for achieving such insights (Anderson, 1996, 2008, 2017). In Colombia, this approach is particularly valuable given the sociocultural diversity that characterizes the country. The findings of this study, which reveal the coexistence of radical, moderate, and neutral positions on public policies, align with the results of Castanie et al. (2020), who demonstrated how perceptions of punishments vary depending on specific contextual factors.

The ability of cluster analysis to segment participants based on their stances also opens new opportunities for designing more inclusive and targeted public policies. For instance, while one segment of the population might benefit from more comprehensive and progressive educational policies, another might require awareness campaigns that directly address their religious or ethical concerns, as suggested by Gómez and Muñoz (2022).

This scientific effort also presents a challenge to expand the focus toward understanding and analyzing phenomena related to the possession and consumption of psychoactive and illicit substances, as well as respectful sexual

education. In other words, it provides empirical evidence supporting the exercise of human rights among Colombian youth.

In this regard, it can be noted that the methodological approach used in this study not only enables a detailed analysis of social phenomena but also reinforces the exercise of human rights in Colombia. These topics are deeply linked to the rights of young people to live in contexts free from stigmatization and violence. The empirical evidence generated by IIT/FM, by capturing how Colombians integrate these factors into their judgments, provides a solid foundation for promoting public policies that respect and strengthen these rights.

In the French context, research such as that by Fruchart and Zarrouk (2021) has explored how the principles of IIT can illuminate ethical and social decision-making, highlighting the importance of creating experimental scenarios to better understand moral dilemmas. These findings are highly relevant to Colombia, where political and educational decisions continue to face significant challenges in integrating diverse social perspectives.

Thus, Information Integration Theory (IIT/FM) and cluster analysis represent essential methodological tools for the study of complex social phenomena in Colombia and other international contexts. Their ability to capture the nuances of social judgments and their flexibility to address culturally sensitive topics enable a deeper and more nuanced understanding of public perceptions. This approach not only strengthens academic research but also provides empirical foundations for

designing public policies that address the real needs of society, promoting greater equity and social justice.

### ***General Limitations***

The main limitations found in the three studies conducted are, firstly, that convenience samples consisting of ordinary citizens from urban areas with no professional background in the topics were used, and they agreed to respond to extensive surveys. Collecting data presented challenges due to the length of the surveys.

Second, participants were presented with vignettes in which the character depicted in the stories was always an adolescent female, an adolescent male, or an adult male. Third, the psychological characteristics of the participants were not assessed.

In the same vein, the fourth limitation was that the data were from major cities in Colombia, not from other areas of the country. Lastly, although no significant differences were evident between online and face-to-face data collection, the data were collected in the midst of the COVID-19 pandemic, which limited access to data. In other words, the number of applications and surveys conducted was reduced at times.

### ***New Lines of Research***

Considering the limitations identified across the three studies, it is initially contemplated that comparative studies could be generated involving the

perspectives expressed by individuals from other regions of the country, such as rural areas. Additionally, research could also be conducted with the positions of individuals from other countries, bearing in mind that the survey participants resided in urban areas.

Likewise, future studies could potentially create more concise versions of the questionnaire scenarios and analyze the considerations of representative samples of Colombian adults. Along the same lines, the results of the studies could be compared, taking into account the absence of the COVID-19 pandemic context, and identifying other associated factors resulting from it.

Furthermore, studies could be designed to explore the relationship between participants' stances and their core values, personality traits, and political orientation. Additionally, expanding the sample size is an option, for example, by including the perspectives of both ordinary individuals and professionals in fields related to the discussed topics.

Lastly, studies could be developed involving participants under the age of 17, with instruments adjusted according to their life stages, particularly considering that many of the characters in the study scenarios are adolescents. It would be important to capture their viewpoints, especially since they are the target audience for drug prevention programs and sexual education guidance in their schools. Alternatively, studies could include samples of parents, teachers/experts, ordinary adults, and teenagers.



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# ***ANEXOS***



## Étude 1

### Annexe 1. Desing - Sentencing Dealers

Diseño				
E1	Adolescente	dosis individual	marihuana	No indicios
E2	Adolescente	dosis individual	cocaina	No indicios
E3	Adolescente	dosis individual	heroína	No indicios
E4	Adolescente	dosis individual	marihuana	vendiendo dosis persona mediana edad
E5	Adolescente	dosis individual	cocaina	vendiendo dosis persona mediana edad
E6	Adolescente	dosis individual	heroína	vendiendo dosis persona mediana edad
E7	Adolescente	dosis individual	marihuana	vendiendo dosis adolescente
E8	Adolescente	dosis individual	cocaina	vendiendo dosis adolescente
E9	Adolescente	dosis individual	heroína	vendiendo dosis adolescente
E10	Adolescente	dosis individual	marihuana	ofreciendo fuera colegio
E11	Adolescente	dosis individual	cocaina	ofreciendo fuera colegio
E12	Adolescente	dosis individual	heroína	ofreciendo fuera colegio
E13	Adolescente	cantidad significativa	marihuana	No indicios
E14	Adolescente	cantidad significativa	cocaina	No indicios
E15	Adolescente	cantidad significativa	heroína	No indicios
E16	Adolescente	cantidad significativa	marihuana	vendiendo cantidad persona mediana edad
E17	Adolescente	cantidad significativa	cocaina	vendiendo cantidad persona mediana edad
E18	Adolescente	cantidad significativa	heroína	vendiendo cantidad persona mediana edad
E19	Adolescente	cantidad significativa	marihuana	vendiendo cantidad adolescente
E20	Adolescente	cantidad significativa	cocaina	vendiendo cantidad adolescente
E21	Adolescente	cantidad significativa	heroína	vendiendo cantidad adolescente
E22	Adolescente	cantidad significativa	marihuana	ofreciendo cantidad fuera colegio
E23	Adolescente	cantidad significativa	cocaina	ofreciendo cantidad fuera colegio
E24	Adolescente	cantidad significativa	heroína	ofreciendo cantidad fuera colegio
E25	Mediana edad	dosis individual	marihuana	No indicios
E26	Mediana edad	dosis individual	cocaina	No indicios
E27	Mediana edad	dosis individual	heroína	No indicios
E28	Mediana edad	dosis individual	marihuana	vendiendo dosis persona mediana edad
E29	Mediana edad	dosis individual	cocaina	vendiendo dosis persona mediana edad
E30	Mediana edad	dosis individual	heroína	vendiendo dosis persona mediana edad
E31	Mediana edad	dosis individual	marihuana	vendiendo dosis adolescente



E32	Mediana edad	dosis individual	cocaina	vendiendo dosis adolescente
E33	Mediana edad	dosis individual	heroína	vendiendo dosis adolescente
E34	Mediana edad	dosis individual	marihuana	ofreciendo dosis fuera colegio
E35	Mediana edad	dosis individual	cocaina	ofreciendo dosis fuera colegio
E36	Mediana edad	dosis individual	heroína	ofreciendo dosis fuera colegio
E37	Mediana edad	cantidad significativa	marihuana	No indicios
E38	Mediana edad	cantidad significativa	cocaina	No indicios
E39	Mediana edad	cantidad significativa	heroína	No indicios
E40	Mediana edad	cantidad significativa	marihuana	vendiendo cantidad persona mediana edad
E41	Mediana edad	cantidad significativa	cocaina	vendiendo cantidad persona mediana edad
E42	Mediana edad	cantidad significativa	heroína	vendiendo cantidad persona mediana edad
E43	Mediana edad	cantidad significativa	marihuana	vendiendo cantidad adolescente
E44	Mediana edad	cantidad significativa	cocaina	vendiendo cantidad adolescente
E45	Mediana edad	cantidad significativa	heroína	vendiendo cantidad adolescente
E46	Mediana edad	cantidad significativa	marihuana	ofreciendo cantidad fuera colegio
E47	Mediana edad	cantidad significativa	cocaina	ofreciendo cantidad fuera colegio
E48	Mediana edad	cantidad significativa	heroína	ofreciendo cantidad fuera colegio

Edad	2
Cantidad	2
Venta	4
Droga	3

## **Annexe 2. Familiarization instrument - Sentencing Dealers**

### Instrucciones y Fase de familiarización

Estimado participante, a continuación, usted encontrará una serie de historias basadas en la realidad.

Lo que usted debe hacer es leer atentamente cada una de las historias (pues todas son diferentes siempre varían en algunos detalles).

Luego de leer y haber comprendido usted debe rellenar uno de los círculos de la escala que se encuentra al final de cada historia. Usted rellenará la que exprese mejor su nivel de desacuerdo o acuerdo con la pregunta.

No hay respuestas correctas ni incorrectas, pues este instrumento pretende evidenciar las diversas formas de pensar de la gente, así que siéntase tranquilo de responder lo que usted desee. En la medida en que vaya contestando usted puede cambiar de opinión y cambiar su respuesta, sólo tache la que no desea y vuelva a seleccionar la que usted quiera. No hay problema si borra o tacha, lo importante es que se entienda su respuesta final.

E1

Camilo de 17 años, fue detenido por la policía en posesión de una **dosis individual de marihuana**.

Esta es la primera vez que Camilo es detenido.

**No hay indicios de que Camilo estuviera buscando vender o revender esta dosis a alguien.**

¿Qué nivel de castigo crees que merece Camilo?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E4

Luis de 17 años, fue detenido por la policía en posesión de una **dosis individual de marihuana**.

Esta es la primera vez que Luis es detenido.

En el momento de la detención, Luis **estaba vendiendo esta dosis a una persona de 45 años aproximadamente que parecía ser uno de sus clientes habituales**.

¿Qué nivel de castigo crees que merece Luis?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 Castigo severo

E7

Marcos de 16 años, fue detenido por la policía en posesión de una **dosis individual de marihuana.**

Esta es la primera vez que Marcos es detenido.

En el momento de la detención, **Marta estaba vendiendo esta dosis a un adolescente como él, que parecía ser uno de sus clientes habituales.**

¿Qué nivel de castigo crees que merece Marcos?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E13

Nicolás de 15 años y medio, fue detenido por la policía en posesión de una **cantidad significativa de marihuana (suficiente para hacer 20 dosis).**

Esta es la primera vez que Nicolás es detenido.

**No hay indicios de que Nicolás estuviera buscando vender o revender esta cantidad (o parte de ella) a alguien.**

¿Qué nivel de castigo crees que merece Nicolás?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

### Annexe 3. Instrument vignettes Sentencing Dealers

E1

Camilo de 17 años, fue detenido por la policía en posesión de una **dosis individual de marihuana.**

Esta es la primera vez que Camilo es detenido.

**No hay indicios de que Camilo estuviera buscando vender o revender esta dosis a alguien.**

¿Qué nivel de castigo crees que merece Camilo?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E2

Fernando de 16 años, fue detenido por la policía en posesión de una **dosis individual de cocaína.**

Esta es la primera vez que Fernando es detenido.

**No hay indicios de que Fernando estuviera buscando vender o revender esta dosis a alguien.**

¿Qué nivel de castigo crees que merece Fernando?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E3

Esteban de 15 años, fue detenido por la policía en posesión de una **dosis individual de heroína.**

Esta es la primera vez que Esteban es detenido.

**No hay indicios de que Esteban estuviera buscando vender o revender esta dosis a alguien.**

¿Qué nivel de castigo crees que merece Esteban?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E4

Luis de 17 años, fue detenido por la policía en posesión de una **dosis individual de marihuana.**

Esta es la primera vez que Luis es detenido.

En el momento de la detención, Luis **estaba vendiendo esta dosis a una persona de 45 años aproximadamente que parecía ser uno de sus clientes habituales.**

¿Qué nivel de castigo crees que merece Luis?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E5

Jeisson de 16 años, fue detenido por la policía en posesión de una **dosis individual de cocaína.**

Esta es la primera vez que Jeisson es detenido.

En el momento de la detención, Jeisson **estaba vendiendo esta dosis a una persona de 45 años aproximadamente que parecía ser uno de sus clientes habituales.**

¿Qué nivel de castigo crees que se merece Jeisson?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E6

Jorge de 15 años y medio, fue detenido por la policía en posesión de una **dosis individual de heroína.**

Esta es la primera vez que Jorge es detenido.

En el momento de la detención, Jorge **estaba vendiendo esta dosis a una persona de 45 años aproximadamente que parecía ser uno de sus clientes habituales.**

¿Qué nivel de castigo crees que se merece Jorge?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E7

Marcos de 16 años, fue detenido por la policía en posesión de una **dosis individual de marihuana.**

Esta es la primera vez que Marcos es detenido.

En el momento de la detención, **Marta estaba vendiendo esta dosis a un adolescente como él, que parecía ser uno de sus clientes habituales.**

¿Qué nivel de castigo crees que merece Marcos?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E8

Francisco de 15 años, fue detenido por la policía en posesión de una **dosis individual de cocaína.**

Esta es la primera vez que Francisco es detenido.

En el momento de la detención, **Francisco estaba vendiendo esta dosis a un adolescente como él, que parecía ser uno de sus clientes habituales.**

¿Qué nivel de castigo crees que merece Francisco?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E9

Hugo de 17 años, fue detenido por la policía en posesión de una **dosis individual de heroína.**

Esta es la primera vez que Hugo es detenido.

En el momento de la detención, **Hugo estaba vendiendo esta dosis a un adolescente como él, que parecía ser uno de sus clientes habituales.**

¿Qué nivel de castigo crees que merece Hugo?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E10

Julián de 17 años y medio, fue detenido por la policía en posesión de una **dosis individual de marihuana.**

Esta es la primera vez que Julián es detenido.

En el momento de la detención, Julián **claramente estaba vendiendo esta dosis alrededor de un colegio.**

¿Qué nivel de castigo crees que merece Julián?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E11

Steven de 16 años, fue detenido por la policía en posesión de una **dosis individual de cocaína.**

Esta es la primera vez que Steven es detenido.

En el momento de la detención, Steven **claramente estaba vendiendo esta dosis alrededor de un colegio.**

¿Qué nivel de castigo crees que merece Steven?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E12

Michael de 17 años, fue detenido por la policía en posesión de una **dosis individual de heroína.**

Esta es la primera vez que Michael es detenido.

En el momento de la detención, Michael **claramente estaba vendiendo esta dosis alrededor de un colegio.**

¿Qué nivel de castigo crees que merece Michael?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E13

Nicolás de 15 años y medio, fue detenido por la policía en posesión de una **cantidad significativa de marihuana (suficiente para hacer 20 dosis).**

Esta es la primera vez que Nicolás es detenido.

**No hay indicios de que Nicolas estuviera buscando vender o revender esta cantidad (o parte de ella) a alguien.**

¿Qué nivel de castigo crees que merece Nicolás?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E14

Cesar de 17 años, fue detenido por la policía en posesión de una **cantidad significativa de cocaína (suficiente para hacer 20 dosis).**

Esta es la primera vez que Cesar es detenido.

**No hay indicios de que Cesar estuviera buscando vender o revender esta cantidad (o parte de ella) a alguien.**

¿Qué nivel de castigo crees que merece Cesar?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E15

Damian de 15 años y medio, fue detenido por la policía en posesión de una **cantidad significativa de heroína (suficiente para hacer 20 dosis).**

Esta es la primera vez que Damian es detenido.

**No hay indicios de que Damian estuviera buscando vender o revender esta cantidad (o parte de ella) a alguien.**

¿Qué nivel de castigo crees que merece Damian?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E16

Sebastián de 17 años y medio, fue detenido por la policía en posesión de una **cantidad significativa de marihuana (suficiente para hacer 20 dosis).**

Esta es la primera vez que Sebastián es detenido.

En el momento de la detención, Sebastián **estaba vendiendo esta cantidad (o parte de ella) a una persona de 45 años aproximadamente que parecía ser uno de sus clientes habituales.**

¿Qué nivel de castigo crees que se merece Sebastián?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E17

Mauricio de 16 años, fue detenido por la policía en posesión de una **cantidad significativa de cocaína (suficiente para hacer 20 dosis).**

Esta es la primera vez que Mauricio es detenido.

En el momento de la detención, Mauricio **estaba vendiendo esta cantidad (o parte de ella) a una persona de 45 años aproximadamente que parecía ser uno de sus clientes habituales.**

¿Qué nivel de castigo crees que merece Mauricio?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E18

Jaime de 17 años, fue detenido por la policía en posesión de una **cantidad significativa de heroína (suficiente para hacer 20 dosis).**

Esta es la primera vez que Jaime es detenido.

En el momento de la detención, Jaime **estaba vendiendo esta cantidad (o parte de ella) a una persona de 45 años aproximadamente que parecía ser uno de sus clientes habituales.**

¿Qué nivel de castigo crees que merece Jaime?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E19

Cristian de 16 años fue detenido por la policía en posesión de **una cantidad significativa de marihuana (suficiente para hacer 20 dosis).**

Esta es la primera vez que Cristian es detenido.

En el momento de la detención, Cristian **estaba vendiendo esta cantidad (o parte de ella) a un adolescente como él que parecía ser uno de sus clientes habituales.**

¿Qué nivel de castigo crees que merece Cristian?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E20

Diego de 17 años, fue detenido por la policía en posesión de **una cantidad significativa de cocaína (suficiente para hacer 20 dosis).**

Esta es la primera vez que Diego es detenido.

En el momento de la detención, Diego **estaba vendiendo esta cantidad (o parte de ella) a un adolescente como él que parecía ser uno de sus clientes habituales.**

¿Qué nivel de castigo crees que merece Diego?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E21

David de 17 años y medio, fue detenido por la policía en posesión de una **cantidad significativa de heroína (suficiente para hacer 20 dosis).**

Esta es la primera vez que David es detenido.

En el momento de la detención, David **estaba vendiendo esta cantidad (o parte de ella) a un adolescente como él que parecía ser uno de sus clientes habituales.**

¿Qué nivel de castigo crees que se merece David?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E22

Carlos de 15 años y medio de edad, fue detenido por la policía en **posesión de una cantidad significativa de marihuana (suficiente para hacer 20 dosis).**

Esta es la primera vez que Carlos es detenido.

En el momento de la detención, Carlos **claramente estaba vendiendo esta dosis alrededor de un colegio.**

¿Qué nivel de castigo crees que merece Carlos?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E23



José de 17 años, fue detenido por la policía en posesión de una **cantidad significativa de cocaína (suficiente para hacer 20 dosis)**.

Esta es la primera vez que José es detenido.

En el momento de la detención, José **claramente estaba vendiendo esta dosis alrededor de un colegio**.

¿Qué nivel de castigo crees que merece José?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E24

Alejandro de 17 años, fue detenido por la policía en posesión de una **cantidad significativa de heroína (suficiente para hacer 20 dosis)**.

Esta es la primera vez que Alejandro es detenido.

En el momento de la detención, Alejandro **claramente estaba vendiendo esta dosis alrededor de un colegio**.

¿Qué nivel de castigo crees que merece Alejandro?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E25

Fabian de 48 años, fue detenido por la policía en posesión de una **dosis individual de marihuana**.

Esta es la primera vez que Fabian es detenido.

**No hay indicios de que Fabian estuviera buscando vender o revender esta dosis a alguien.**

¿Qué nivel de castigo crees que merece Fabian?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E26

Iván de 49 años, fue detenido por la policía en posesión de una **dosis individual de cocaína**.

Esta es la primera vez que Iván es detenido.

**No hay indicios de que Iván estuviera buscando vender o revender esta dosis a alguien.**

¿Qué nivel de castigo crees que es un Iván?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E27

Enrique de 47 años, fue detenido por la policía en posesión de una **dosis individual de heroína**.

Esta es la primera vez que Enrique es detenido.

**No hay indicios de que Enrique estuviera buscando vender o revender esta dosis a alguien.**

¿Qué nivel de castigo crees que merece Enrique?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E28

Germán de 48 años y medio, fue detenido por la policía en posesión de una **dosis individual de marihuana.**

Esta es la primera vez que Germán es detenido.

En el momento de la detención, Germán **estaba vendiendo esta dosis a una persona de 45 años aproximadamente que parecía ser uno de sus clientes habituales.**

¿Qué nivel de castigo crees que merece Germán?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E29

Hernán de 49 años, es detenido por la policía en posesión de una **dosis individual de cocaína.**

Esta es la primera vez que Hernán es detenido.

En el momento de la detención, Hernán **estaba vendiendo esta dosis a una persona de 45 años aproximadamente que parecía ser uno de sus clientes habituales.**

¿Qué nivel de castigo crees que merece Hernán?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E30

Héctor de 46 años, es detenido por la policía en posesión de una **dosis individual de heroína.**

Esta es la primera vez que Héctor es detenido.

En el momento de la detención, Héctor **estaba vendiendo esta dosis a una persona de 45 años aproximadamente que parecía ser uno de sus clientes habituales.**

¿Qué nivel de castigo crees que merece Héctor?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E31

Wilmer de 49 años y medio, es detenido por la policía en posesión de una **dosis individual de marihuana.**

Esta es la primera vez que Wilmer es detenido.

En el momento de la detención, Wilmer **estaba vendiendo esta dosis a un adolescente que parecía ser uno de sus clientes habituales.**

¿Qué nivel de castigo crees que merece Wilmer?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E32

Nelson de 45 años, es detenido por la policía en posesión de una **dosis individual de cocaína.**

Esta es la primera vez que Nelson es detenido.

En el momento de la detención, Nelson **estaba vendiendo esta dosis a un adolescente que parecía ser uno de sus clientes habituales.**

¿Qué nivel de castigo crees que merece Nelson?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E33

Miguel Ángel de 48 años, es detenido por la policía en posesión de una **dosis individual de heroína.**

Esta es la primera vez que Miguel Ángel es detenido.

En el momento de la detención, Miguel Ángel **estaba vendiendo esta dosis a un adolescente que parecía ser uno de sus clientes habituales.**

¿Qué nivel de castigo crees que merece Miguel Ángel?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E34

Erik de 50 años, es detenido por la policía en posesión de una **dosis individual de marihuana.**

Esta es la primera vez que Erik es detenido.

En el momento de la detención, Erik **claramente estaba vendiendo esta dosis alrededor de un colegio.**

¿Qué nivel de castigo crees que merece Erik?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E35

Humberto de 48 años y medio, es detenido por la policía en posesión de una **dosis individual de cocaína.**

Esta es la primera vez que Humberto es detenido.

En el momento de la detención, Humberto **claramente estaba vendiendo esta dosis alrededor de un colegio.**

¿Qué nivel de castigo crees que se merece Humberto?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E36

Rodrigo de 42 años, es detenido por la policía en posesión de una **dosis individual de heroína.**

Esta es la primera vez que Rodrigo es detenido.

En el momento de la detención, Rodrigo **claramente estaba vendiendo esta dosis alrededor de un colegio.**

¿Qué nivel de castigo crees que merece Rodrigo?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E37

Omar 47 años y medio, es detenido por la policía en posesión de una **cantidad significativa de marihuana (suficiente para hacer 20 dosis).**

Esta es la primera vez que Omar es detenido.

**No hay indicios de que Omar estuviera buscando vender o revender esta cantidad (o parte de ella) a alguien.**

¿Qué nivel de oración crees que merece Omar?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E38

Mario de 49 años y medio, es detenido por la policía en posesión de una **cantidad significativa de cocaína (suficiente para hacer 20 dosis).**

Esta es la primera vez que Mario es detenido.

**No hay indicios de que Mario estuviera buscando vender o revender esta cantidad (o parte de ella) a alguien.**

¿Qué nivel de castigo crees que merece Mario?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E39

Roberto de 48 años, es detenido por la policía en posesión de una **cantidad significativa de heroína (suficiente para hacer 20 dosis).**

Esta es la primera vez que Roberto es detenido.

**No hay indicios de que Roberto estuviera buscando vender o revender esta cantidad (o parte de ella) a alguien.**

¿Qué nivel de castigo crees que merece Roberto?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E40

Federico de 50 años, es detenido por la policía en posesión de una **cantidad significativa de marihuana (suficiente para hacer 20 dosis).**

Esta es la primera vez que Federico es detenido.

En el momento de la detención, Federico **estaba vendiendo esta cantidad (o parte de ella) a una persona de 45 años aproximadamente que parecía ser uno de sus clientes habituales.**

¿Qué nivel de castigo crees que se merece Federico?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E41

Gustavo de 48 años, es detenido por la policía en posesión de una **cantidad significativa de cocaína (suficiente para hacer 20 dosis).**

Esta es la primera vez que Gustavo es detenido.

En el momento de la detención, Gustavo **estaba vendiendo esta cantidad (o parte de ella) a una persona de 45 años aproximadamente que parecía ser uno de sus clientes habituales.**

¿Qué nivel de castigo crees que merece Gustavo?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E42

Alexander de 48 años y medio, es detenido por la policía en posesión de una **cantidad significativa de heroína (suficiente para hacer 20 dosis).**

Esta es la primera vez que Alexander es detenido.

En el momento de la detención, Alexander **estaba vendiendo esta cantidad (o parte de ella) a una persona de 45 años aproximadamente que parecía ser uno de sus clientes habituales.**

¿Qué nivel de castigo crees que merece Alexander?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E43

Danilo de 47 años es detenido por la policía en posesión de una **cantidad significativa de marihuana (suficiente para hacer 20 dosis).**

Esta es la primera vez que Danilo es detenido.

En el momento de la detención, Danilo **estaba vendiendo esta cantidad (o parte de ella) a un adolescente que parecía ser uno de sus clientes habituales.**

¿Qué nivel de castigo crees que se merece Danilo?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E44

Alberto de 49 años y medio, es detenido por la policía en posesión de una **cantidad significativa de cocaína (suficiente para hacer 20 dosis).**

Esta es la primera vez que Alberto es detenido.

En el momento de la detención, Alberto **estaba vendiendo esta cantidad (o parte de ella) a un adolescente que parecía ser uno de sus clientes habituales.**

¿Qué nivel de castigo crees que merece Alberto?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E45

Oscar de 48 años, es detenido por la policía en posesión de una **cantidad significativa de heroína (suficiente para hacer 20 dosis).**

Esta es la primera vez que Oscar es detenido.

En el momento de la detención, Oscar **estaba vendiendo esta cantidad (o parte de ella) a un adolescente que parecía ser uno de sus clientes habituales.**

¿Qué nivel de castigo crees que merece Oscar?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E46

Álvaro de 46 años y medio, es detenido por la policía en posesión de una **cantidad significativa de marihuana (suficiente para hacer 20 dosis).**

Esta es la primera vez que Álvaro es detenido.

En el momento de la detención, Álvaro **claramente estaba vendiendo esta dosis alrededor de un colegio.**

¿Qué nivel de castigo crees que se merece Álvaro?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E47

Yesid de 49 años, es detenido por la policía en posesión de una **cantidad significativa de cocaína (suficiente para hacer 20 dosis).**

Esta es la primera vez que Yesid es detenido.

En el momento la detención, Yesid **claramente estaba vendiendo esta dosis alrededor de un colegio.**

¿Qué nivel de castigo crees que merece Yesid?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

E48

William de 49 años, es detenido por la policía en posesión de una **cantidad significativa de heroína (suficiente para hacer 20 dosis).**

Esta es la primera vez que William es detenido.

En el momento la detención, Flor **claramente estaba vendiendo esta dosis alrededor de un colegio.**

¿Qué nivel de castigo crees que merece William?

Ningún castigo  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  ---  
 ---  Castigo severo

## Étude 2

### Annexe 4. Desing - Sentencing Dealers

	Tipo de sustancia	Regulación	Prevención	Sanción
T1	Lucha contra el tabaco	completamente prohibido en espacios públicos	Sin campañas	Varios tipos y multa
T2	Lucha contra el tabaco	completamente prohibido en espacios públicos	Sin campañas	Multa
T3	Lucha contra el tabaco	moderado prohibido	Sin campañas	Varios tipos y multa
T4	Lucha contra el tabaco	moderado prohibición	Sin campañas	Multa
T5	Lucha contra el tabaco	laxa prohibición	Sin campañas	Varios tipos y multa
T6	Lucha contra el tabaco	laxa prohibido	Sin campañas	Multa
T7	Lucha contra el tabaco	completamente prohibido en espacios públicos	Campañas dirigidas a una población en riesgo	Varios tipos y multa
T8	Lucha contra el tabaco	completamente prohibido en espacios públicos	Campañas dirigidas a una población en riesgo	Multa
T9	Lucha contra el tabaco	moderado prohibido	Campañas dirigidas a una población en riesgo	Varios tipos y multa
T10	Lucha contra el tabaco	moderado prohibido	Campañas dirigidas a una población en riesgo	Multa
T11	Lucha contra el tabaco	laxa prohibición	Campañas dirigidas a una población en riesgo	Varios tipos y multa
T12	Lucha contra el tabaco	laxa prohibición	Campañas dirigidas a una población en riesgo	Multa
T13	Lucha contra el tabaco	completamente prohibido en espacios públicos	Campañas masivas	Varios tipos y multa
T14	Lucha contra el tabaco	completamente prohibido en espacios públicos	Campañas masivas	Multa
T15	Lucha contra el tabaco	moderado prohibido	Campañas masivas	Varios tipos y multa
T16	Lucha contra el tabaco	moderado prohibido	Campañas masivas	Multa
T17	Lucha contra el tabaco	laxa prohibición	Campañas masivas	Varios tipos y multa
T18	Lucha contra el tabaco	laxa prohibición	Campañas masivas	Multa

			Prohibido			
M1	Contra la marihuana	completamente	Prohibido en espacios públicos	Sin campañas	Varios tipos y multa	
M2	Contra la marihuana	completamente	Prohibido en espacios públicos	Sin campañas	Multa	
M3	Contra la marihuana	moderado	Prohibido	Sin campañas	Varios tipos y multa	
M4	Contra la marihuana	moderado	Prohibido	Sin campañas	Multa	
M5	Contra la marihuana	laxa	Prohibición	Sin campañas	Varios tipos y multa	
M6	Contra la marihuana	laxa	Prohibición	Sin campañas	Multa	
			Prohibido			
M7	Contr a la marihuana	completamente	Prohibido en espacios públicos	Campañas dirigidas a una población en riesgo	Varios tipos y multa	
M8	Contr a la marihuana	completamente	Prohibido en espacios públicos	Campañas dirigidas a una población en riesgo	Multa	
M9	Contr a la marihuana	moderado	Prohibido	Campañas dirigidas a una población en riesgo	Varios tipos y multa	
0	M1	Contr a la marihuana	moderado	Prohibido	Campañas dirigidas a una población en riesgo	Multa
1	M1	Contr a la marihuana	Prohibición laxa	Campañas dirigidas a una población en riesgo	Varios tipos y multa	
2	M1	Contr a la marihuana	Prohibición laxa	Campañas dirigidas a una población en riesgo	Multa	
			Prohibido			
3	M1	Contr a la marihuana	completamente	Prohibido en espacios públicos	Campañas masivas	Varios tipos y multa
4	M1	Contr a la marihuana	completamente	Prohibido en espacios públicos	Campañas masivas	Multa
5	M1	Contr a la marihuana	moderado	Prohibido	Campañas masivas	Varios tipos y multa
6	M1	Contr a la marihuana	moderado	Prohibido	Campañas masivas	Multa
7	M1	Contr a la marihuana	Prohibición laxa	Campañas masivas	Varios tipos y multa	
8	M1	Contr a la marihuana	Prohibición laxa	Campañas masivas	Multa	



## **Annexe 5. Familiarization instrument – Consummation SPA**

### Instrucciones y Fase de familiarización

Estimado participante, a continuación, usted encontrará una serie de historias basadas en la realidad.

Lo que usted debe hacer es leer atentamente cada una de las historias (pues todas son diferentes siempre varían en algunos detalles).

Luego de leer y haber comprendido usted debe rellenar uno de los círculos de la escala que se encuentra al final de cada historia. Usted rellenará la que exprese mejor su nivel de desacuerdo o acuerdo con la pregunta.

No hay respuestas correctas ni incorrectas, pues este instrumento pretende evidenciar las diversas formas de pensar de la gente, así que siéntase tranquilo de responder lo que usted desee. En la medida en que vaya contestando usted puede cambiar de opinión y cambiar su respuesta, sólo tache la que no desea y vuelva a seleccionar la que usted quiera. No hay problema si borra o tacha, lo importante es que se entienda su respuesta final.

T1

La República de Abrissi es un estado comprometido con la lucha contra el tabaquismo.

**Allí está completamente prohibido fumar en espacios públicos**, incluidos restaurantes, bares y discotecas. **En estos lugares no se permiten zonas para fumadores.**

En este país, los cigarrillos tienen precios altos (**30 mil pesos por paquete**).  
**La venta está prohibida a menores de 21 años.**

**En este país no se hace ninguna campaña de prevención del consumo de cigarrillo.**

En caso de incumplimiento de la norma, **se aplican varias sanciones que van desde una multa económica hasta la cárcel.**

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0  
Lo aprobaría completamente

T.16

La República de Portinigue es un estado democrático comprometido con la lucha contra el tabaquismo.

**Allí está prohibido fumar en espacios públicos**, incluidos restaurantes, bares y discotecas. Sin embargo, **en estos lugares se permiten zonas para fumadores.**

En este país, los cigarrillos tienen precios moderados (**15 mil pesos por paquete**).  
**La venta está prohibida a menores de 18 años.**

Este país regularmente hace **campañas masivas de información en los medios y en las escuelas.**

En caso de incumplimiento de la norma, **se aplican multas económicas.**

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 Lo  
aprobaría completamente

M.1

La República de Creanti es un estado comprometido con la lucha contra las drogas.

**Allí está completamente prohibido el consumo de marihuana en espacios públicos,** incluidos restaurantes, bares y discotecas. **El consumo está prohibido al aire libre.**

En este país, **un cigarrillo de marihuana** tienen un precio alto (**20 mil pesos**).  
**La venta está prohibida a menores de 21 años.**

**En este país no se hace ninguna campaña de prevención del consumo de marihuana.**

En caso de incumplimiento de la norma, **se aplican varias sanciones que van desde una multa económica hasta la cárcel.**

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 Lo  
aprobaría completamente

M.10

La República de Darist es un estado democrático comprometido con la lucha contra las drogas.

**Allí está prohibido el consumo de marihuana en espacios públicos,** incluidos restaurantes, bares y discotecas. Sin embargo, **se han habilitado zonas específicas para fumar marihuana.**

En este país, **un cigarrillo de marihuana** tienen un precio moderado (**10 mil pesos**).  
**La venta está prohibida a menores de 18 años.**

Este país regularmente hace **campañas de información a las poblaciones en riesgo.**

En caso de incumplimiento de la norma, **se aplican multas económicas.**

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 Lo  
aprobaría completamente

## Annexe 6. Instrument vignettes Consummation SPA

T1

La República de Abrissi es un estado comprometido con la lucha contra el tabaquismo.

**Allí está completamente prohibido fumar en espacios públicos**, incluidos restaurantes, bares y discotecas. **En estos lugares no se permiten zonas para fumadores.**

En este país, los cigarrillos tienen precios altos (**30 mil pesos por paquete**).  
**La venta está prohibida a menores de 21 años.**

**En este país no se hace ninguna campaña de prevención del consumo de cigarrillo.**

En caso de incumplimiento de la norma, **se aplican varias sanciones que van desde una multa económica hasta la cárcel.**

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0  
Lo aprobaría completamente

T.2

La República de Baulinia es un estado democrático comprometido con la lucha contra el tabaquismo.

**Allí está completamente prohibido fumar en espacios públicos**, incluidos restaurantes, bares y discotecas. **En estos lugares no se permiten zonas para fumadores.**

En este país, los cigarrillos tienen precios altos (**30 mil pesos por paquete**).  
**La venta está prohibida a menores de 21 años.**

**En este país no se hace ninguna campaña de prevención del consumo de cigarrillo.**

En caso de incumplimiento de la norma, **se aplican multas económicas.**

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0  
Lo aprobaría completamente

T.3

La República de Cassidi es un estado democrático comprometido con la lucha contra el tabaquismo.

**Allí está prohibido fumar en espacios públicos**, incluidos restaurantes, bares y discotecas. Sin embargo, **en estos lugares se permiten zonas para fumadores.**

En este país, los cigarrillos tienen precios moderados (**15 mil pesos por paquete**).

**La venta está prohibida a menores de 18 años.**

**En este país no se hace ninguna campaña de prevención del consumo de cigarrillo.**

En caso de incumplimiento de la norma, **se aplican varias sanciones que van desde una multa económica hasta la cárcel.**

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0  
Lo aprobaría completamente

T.4

La República de Danistarki es un estado democrático comprometido con la lucha contra el tabaquismo.

**Allí está prohibido fumar en espacios públicos**, incluidos restaurantes, bares y discotecas. Sin embargo, **en estos lugares se permiten zonas para fumadores.**

En este país, los cigarrillos tienen precios moderados (**15 mil pesos por paquete**).  
**La venta está prohibida a menores de 18 años.**

**En este país no se hace ninguna campaña de prevención del consumo de cigarrillo.**

En caso de incumplimiento de la norma, **se aplican multas económicas.**

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0  
Lo aprobaría completamente

T.5

La República de Esfondi es un estado democrático comprometido con la lucha contra el tabaquismo.

**Allí está prohibido fumar en espacios públicos**, incluidos restaurantes, bares y discotecas. Sin embargo, se **permite fumar solo en ciertas áreas abiertas al público.**

En este país, los cigarrillos tienen precios bajos (**8 mil pesos por paquete**).  
**La venta está prohibida a menores de 16 años.**

**En este país no se hace ninguna campaña de prevención del consumo de cigarrillo.**

En caso de incumplimiento de la norma, **se aplican varias sanciones que van desde una multa económica hasta la cárcel.**

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0  
Lo aprobaría completamente

T.6

La República de Flavini es un estado democrático comprometido con la lucha contra el tabaquismo.

**Allí está prohibido fumar en espacios públicos**, incluidos restaurantes, bares y discotecas. Sin embargo, se **permite fumar solo en ciertas áreas abiertas al público**.

En este país, los cigarrillos tienen precios bajos (**8 mil pesos por paquete**).  
**La venta está prohibida a menores de 16 años.**

**En este país no se hace ninguna campaña de prevención del consumo de cigarrillo.**

En caso de incumplimiento de la norma, **se aplican multas económicas.**

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0  
Lo aprobaría completamente

T.7

La República de Galicion es un estado democrático comprometido con la lucha contra el tabaquismo.

**Allí está completamente prohibido fumar en espacios públicos**, incluidos restaurantes, bares y discotecas. **En estos lugares no se permiten zonas para fumadores.**

En este país, los cigarrillos tienen precios altos (**30 mil pesos por paquete**).  
**La venta está prohibida a menores de 21 años.**

Este país regularmente hace **campañas de información a las poblaciones en riesgo.**

En caso de incumplimiento de la norma, **se aplican varias sanciones que van desde una multa económica hasta la cárcel.**

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0  
Lo aprobaría completamente

T.8

La República de Hifrisued es un estado democrático comprometido con la lucha contra el tabaquismo.

**Allí está completamente prohibido fumar en espacios públicos**, incluidos restaurantes, bares y discotecas. **En estos lugares no se permiten zonas para fumadores.**

En este país, los cigarrillos tienen precios altos (**30 mil pesos por paquete**).  
**La venta está prohibida a menores de 21 años.**

Este país regularmente hace **campañas de información a las poblaciones en riesgo**.

En caso de incumplimiento de la norma, **se aplican multas económicas**.

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0  
Lo aprobaría completamente

T.9

La República de Isidoria es un estado democrático comprometido con la lucha contra el tabaquismo.

**Allí está prohibido fumar en espacios públicos**, incluidos restaurantes, bares y discotecas. Sin embargo, **en estos lugares se permiten zonas para fumadores**.

En este país, los cigarrillos tienen precios moderados (**15 mil pesos por paquete**).  
**La venta está prohibida a menores de 18 años.**

Este país regularmente hace **campañas de información a las poblaciones en riesgo**.

En caso de incumplimiento de la norma, **se aplican varias sanciones que van desde una multa económica hasta la cárcel**.

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0  
Lo aprobaría completamente

T.10

La República de Jadinostog es un estado democrático comprometido con la lucha contra el tabaquismo.

**Allí está prohibido fumar en espacios públicos**, incluidos restaurantes, bares y discotecas. Sin embargo, **en estos lugares se permiten zonas para fumadores**.

En este país, los cigarrillos tienen precios moderados (**15 mil pesos por paquete**).  
**La venta está prohibida a menores de 18 años.**

Este país regularmente hace **campañas de información a las poblaciones en riesgo**.

En caso de incumplimiento de la norma, **se aplican multas económicas**.

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0  
Lo aprobaría completamente

T.11

La República de Kalinstid es un estado democrático comprometido con la lucha contra el tabaquismo.

**Allí está prohibido fumar en espacios públicos**, incluidos restaurantes, bares y discotecas. Sin embargo, se **permite fumar solo en ciertas áreas abiertas al público**.

En este país, los cigarrillos tienen precios bajos (**8 mil pesos por paquete**).  
**La venta está prohibida a menores de 16 años.**

Este país regularmente hace **campañas de información a las poblaciones en riesgo**.

En caso de incumplimiento de la norma, **se aplican varias sanciones que van desde una multa económica hasta la cárcel**.

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0  
Lo aprobaría completamente

T.12

La República de Legnonstrad es un estado democrático comprometido con la lucha contra el tabaquismo.

**Allí está prohibido fumar en espacios públicos**, incluidos restaurantes, bares y discotecas. Sin embargo, se **permite fumar solo en ciertas áreas abiertas al público**.

En este país, los cigarrillos tienen precios bajos (**8 mil pesos por paquete**).  
**La venta está prohibida a menores de 16 años.**

Este país regularmente hace **campañas de información a las poblaciones en riesgo**.

En caso de incumplimiento de la norma, **se aplican multas económicas**.

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0  
Lo aprobaría completamente

T.13

La República de Mataxine es un estado democrático comprometido con la lucha contra el tabaquismo.

**Allí está completamente prohibido fumar en espacios públicos**, incluidos restaurantes, bares y discotecas. **En estos lugares no se permiten zonas para fumadores**.

En este país, los cigarrillos tienen precios altos (**30 mil pesos por paquete**).  
**La venta está prohibida a menores de 21 años.**

Este país regularmente hace **campañas masivas de información en los medios y en las escuelas.**

En caso de incumplimiento de la norma, **se aplican varias sanciones que van desde una multa económica hasta la cárcel.**

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0  
Lo aprobaría completamente

T.14

La República de Nexigli es un estado democrático comprometido con la lucha contra el tabaquismo.

**Allí está prohibido fumar en espacios públicos**, incluidos restaurantes, bares y discotecas. **En estos lugares no se permiten zonas para fumadores.**

En este país, los cigarrillos tienen precios altos (**30 mil pesos por paquete**).  
**La venta está prohibida a menores de 21 años.**

Este país regularmente hace **campañas masivas de información en los medios y en las escuelas.**

En caso de incumplimiento de la norma, **se aplican multas económicas.**

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0  
Lo aprobaría completamente

T.15

La República de Ovalistag es un estado democrático comprometido con la lucha contra el tabaquismo.

**Allí está prohibido fumar en espacios públicos**, incluidos restaurantes, bares y discotecas. Sin embargo, **en estos lugares se permiten zonas para fumadores.**

En este país, los cigarrillos tienen precios moderados (**15 mil pesos por paquete**).  
**La venta está prohibida a menores de 18 años.**

Este país regularmente hace **campañas masivas de información en los medios y en las escuelas.**

En caso de incumplimiento de la norma, **se aplican varias sanciones que van desde una multa económica hasta la cárcel.**

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*



No lo aprobaría para nada 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0  
Lo aprobaría completamente

T.16

La República de Portinigue es un estado democrático comprometido con la lucha contra el tabaquismo.

**Allí está prohibido fumar en espacios públicos**, incluidos restaurantes, bares y discotecas. Sin embargo, **en estos lugares se permiten zonas para fumadores**.

En este país, los cigarrillos tienen precios moderados (**15 mil pesos por paquete**).  
**La venta está prohibida a menores de 18 años.**

Este país regularmente hace **campañas masivas de información en los medios y en las escuelas**.

En caso de incumplimiento de la norma, **se aplican multas económicas**.

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0  
Lo aprobaría completamente

T.17

La República de Quotidiani es un estado democrático comprometido con la lucha contra el tabaquismo.

**Allí está prohibido fumar en espacios públicos**, incluidos restaurantes, bares y discotecas. Sin embargo, se **permite fumar solo en ciertas áreas abiertas al público**.

En este país, los cigarrillos tienen precios bajos (**8 mil pesos por paquete**).  
**La venta está prohibida a menores de 16 años.**

Este país regularmente hace **campañas masivas de información en los medios y en las escuelas**.

En caso de incumplimiento de la norma, **se aplican varias sanciones que van desde una multa económica hasta la cárcel**.

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0  
Lo aprobaría completamente

T.18

La República de Ravastan es un estado democrático comprometido con la lucha contra el tabaquismo.

**Allí está prohibido fumar en espacios públicos**, incluidos restaurantes, bares y discotecas. Sin embargo, se **permite fumar solo en ciertas áreas abiertas al público**.

En este país, los cigarrillos tienen precios bajos (**8 mil pesos por paquete**).  
**La venta está prohibida a menores de 16 años.**

Este país regularmente hace **campañas masivas de información en los medios y en las escuelas**.

En caso de incumplimiento de la norma, **se aplican multas económicas**.

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0  
Lo aprobaría completamente

M.1

La República de Creanti es un estado comprometido con la lucha contra las drogas.

**Allí está completamente prohibido el consumo de marihuana en espacios públicos**, incluidos restaurantes, bares y discotecas. **El consumo está prohibido al aire libre**.

En este país, **un cigarrillo de marihuana** tienen un precio alto (**20 mil pesos**).  
**La venta está prohibida a menores de 21 años.**

**En este país no se hace ninguna campaña de prevención del consumo de marihuana.**

En caso de incumplimiento de la norma, **se aplican varias sanciones que van desde una multa económica hasta la cárcel**.

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0  
Lo aprobaría completamente

M.2

La República de Bonson es un estado democrático comprometido con la lucha contra las drogas.

**Allí está completamente prohibido el consumo de marihuana en espacios públicos**, incluidos restaurantes, bares y discotecas. **El consumo está prohibido al aire libre**.

En este país, **un cigarrillo de marihuana** tienen un precio alto (**20 mil pesos**).  
**La venta está prohibida a menores de 21 años.**

**En este país no se hace ninguna campaña de prevención del consumo de marihuana.**

En caso de incumplimiento de la norma, **se aplican multas económicas**.

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0  
Lo aprobaría completamente

M.3

La República de Esfondi es un estado democrático comprometido con la lucha contra el consumo de marihuana.

**Allí está prohibido el consumo de marihuana en espacios públicos**, incluidos restaurantes, bares y discotecas. Sin embargo, **se han habilitado zonas específicas para fumar marihuana.**

En este país, **un cigarrillo de marihuana** tienen un precio moderado (**10 mil pesos**).  
**La venta está prohibida a menores de 18 años.**

**En este país no se hace ninguna campaña de prevención del consumo de marihuana.**

En caso de incumplimiento de la norma, **se aplican varias sanciones que van desde una multa económica hasta la cárcel.**

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0  
Lo aprobaría completamente

M.4

La República de Restaur es un estado democrático comprometido con la lucha contra las drogas.

**Allí está completamente prohibido el consumo de marihuana en espacios públicos**, incluidos restaurantes, bares y discotecas. Sin embargo, **se han habilitado zonas específicas para fumar marihuana.**

En este país, **un cigarrillo de marihuana** tienen un precio moderado (**10 mil pesos**).  
**La venta está prohibida a menores de 18 años.**

**En este país no se hace ninguna campaña de prevención del consumo de marihuana.**

En caso de incumplimiento de la norma, **se aplican multas económicas.**

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0  
Lo aprobaría completamente

M.5

La República de Banlisco es un estado democrático comprometido con la lucha contra las drogas.

**Allí está prohibido el consumo de marihuana en espacios públicos**, incluidos restaurantes, bares y discotecas. Sin embargo, **se han habilitado zonas específicas para fumar marihuana.**

En este país, **un cigarrillo de marihuana** tienen un precio bajo **(5 mil pesos)**.  
**La venta está prohibida a menores de 16 años.**

**En este país no se hace ninguna campaña de prevención del consumo de marihuana.**

En caso de incumplimiento de la norma, **se aplican varias sanciones que van desde una multa económica hasta la cárcel.**

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0  
Lo aprobaría completamente

M.6

La República de Bansen es un estado democrático comprometido con la lucha contra las drogas.

**Allí está prohibido el consumo de marihuana en espacios públicos**, incluidos restaurantes, bares y discotecas. Sin embargo, **se han habilitado zonas específicas para fumar marihuana.**

En este país, **un cigarrillo de marihuana** tienen un precio bajo **(5 mil pesos)**.  
**La venta está prohibida a menores de 16 años.**

**En este país no se hace ninguna campaña de prevención del consumo de marihuana.**

En caso de incumplimiento de la norma, **se aplican multas económicas.**

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0  
Lo aprobaría completamente

M.7

La República de Fortes es un estado democrático comprometido con la lucha contra las drogas.

**Allí está completamente prohibido el consumo de marihuana en espacios públicos**, incluidos restaurantes, bares y discotecas. **El consumo está prohibido al aire libre.**

En este país, **un cigarrillo de marihuana** tienen un precio alto **(20 mil pesos)**.  
**La venta está prohibida a menores de 21 años.**

Este país regularmente hace **campañas de información a las poblaciones en riesgo.**

En caso de incumplimiento de la norma, **se aplican varias sanciones que van desde una multa económica hasta la cárcel.**

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0  
Lo aprobaría completamente

M.8

La República de Jostik es un estado democrático comprometido con la lucha contra las drogas.

**Allí está completamente prohibido el consumo de marihuana en espacios públicos,** incluidos restaurantes, bares y discotecas. **El consumo está prohibido al aire libre.**

En este país, **un cigarrillo de marihuana** tienen un precio alto **(20 mil pesos).**  
**La venta está prohibida a menores de 21 años.**

Este país regularmente hace **campañas de información a las poblaciones en riesgo.**

En caso de incumplimiento de la norma, **se aplican multas económicas.**

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0  
Lo aprobaría completamente

M.9

La República de Contes es un estado democrático comprometido con la lucha contra las drogas.

**Allí está prohibido el consumo de marihuana en espacios públicos,** incluidos restaurantes, bares y discotecas. Sin embargo, **se han habilitado zonas específicas para fumar marihuana.**

En este país, **un cigarrillo de marihuana** tienen un precio moderado **(10 mil pesos).**  
**La venta está prohibida a menores de 18 años.**

Este país regularmente hace **campañas de información a las poblaciones en riesgo.**

En caso de incumplimiento de la norma, **se aplican varias sanciones que van desde una multa económica hasta la cárcel.**

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0  
Lo aprobaría completamente

M.10

La República de Darist es un estado democrático comprometido con la lucha contra las drogas.

**Allí está prohibido el consumo de marihuana en espacios públicos**, incluidos restaurantes, bares y discotecas. Sin embargo, **se han habilitado zonas específicas para fumar marihuana.**

En este país, **un cigarrillo de marihuana** tienen un precio moderado (**10 mil pesos**).  
**La venta está prohibida a menores de 18 años.**

Este país regularmente hace **campañas de información a las poblaciones en riesgo.**

En caso de incumplimiento de la norma, **se aplican multas económicas.**

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0  
Lo aprobaría completamente

M. 11

La República de Casantis es un estado democrático comprometido con la lucha contra las drogas.

**Allí está prohibido el consumo de marihuana en espacios públicos**, incluidos restaurantes, bares y discotecas. Sin embargo, **se han habilitado zonas específicas para fumar marihuana.**

En este país, **un cigarrillo de marihuana** tienen un precio bajo (**5 mil pesos**).  
**La venta está prohibida a menores de 16 años.**

Este país regularmente hace **campañas de información a las poblaciones en riesgo.**

En caso de incumplimiento de la norma, **se aplican varias sanciones que van desde una multa económica hasta la cárcel.**

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0  
Lo aprobaría completamente

M.12

La República de Dainer es un estado democrático comprometido con la lucha contra las drogas.

**Allí está prohibido el consumo de marihuana en espacios públicos**, incluidos restaurantes, bares y discotecas. Sin embargo, **se han habilitado zonas específicas para fumar marihuana.**

En este país, **un cigarrillo de marihuana** tienen un precio bajo (**5 mil pesos**).  
**La venta está prohibida a menores de 16 años.**

Este país regularmente hace **campañas de información a las poblaciones en riesgo.**

En caso de incumplimiento de la norma, **se aplican multas económicas.**

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0  
Lo aprobaría completamente

M.13

La República de Cafus es un estado democrático comprometido con la lucha contra las drogas.

**Allí está completamente prohibido el consumo de marihuana en espacios públicos**, incluidos restaurantes, bares y discotecas. **El consumo está prohibido al aire libre.**

En este país, **un cigarrillo de marihuana** tienen un precio alto (**20 mil pesos**).  
**La venta está prohibida a menores de 21 años.**

Este país regularmente hace **campañas masivas de información en los medios y en las escuelas.**

En caso de incumplimiento de la norma, **se aplican varias sanciones que van desde una multa económica hasta la cárcel.**

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0  
Lo aprobaría completamente

M.14

La República de Jostik es un estado democrático comprometido con la lucha contra las drogas.

**Allí está completamente prohibido el consumo de marihuana en espacios públicos**, incluidos restaurantes, bares y discotecas. **El consumo está prohibido al aire libre.**

En este país, **un cigarrillo de marihuana** tienen un precio alto (**20 mil pesos**).  
**La venta está prohibida a menores de 21 años.**

Este país regularmente hace **campañas masivas de información en los medios y en las escuelas.**

En caso de incumplimiento de la norma, **se aplican multas económicas.**

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0  
Lo aprobaría completamente

M.15

La República de Iskar es un estado democrático comprometido con la lucha contra las drogas.

**Allí está prohibido el consumo de marihuana en espacios públicos**, incluidos restaurantes, bares y discotecas. Sin embargo, **se han habilitado zonas específicas para fumar marihuana.**

En este país, **un cigarrillo de marihuana** tienen un precio moderado (**10 mil pesos**).  
**La venta está prohibida a menores de 18 años.**

Este país regularmente hace **campañas masivas de información en los medios y en las escuelas.**

En caso de incumplimiento de la norma, **se aplican varias sanciones que van desde una multa económica hasta la cárcel.**

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0  
Lo aprobaría completamente

M.16

**Allí está prohibido el consumo de marihuana en espacios públicos**, incluidos restaurantes, bares y discotecas. Sin embargo, **se han habilitado zonas específicas para fumar marihuana.**

En este país, **un cigarrillo de marihuana** tienen un precio moderado (**10 mil pesos**).  
**La venta está prohibida a menores de 18 años.**

Este país regularmente hace **campañas masivas de información en los medios y en las escuelas.**

En caso de incumplimiento de la norma, **se aplican multas económicas.**

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0 ----- 0  
Lo aprobaría completamente



M. 17

La República de Geltin es un estado democrático comprometido con la lucha contra las drogas.

**Allí está prohibido el consumo de marihuana en espacios públicos**, incluidos restaurantes, bares y discotecas Sin embargo, **se han habilitado zonas específicas para fumar marihuana.**

En este país, **un cigarrillo de marihuana** tienen un precio bajo **(5 mil pesos).**  
**La venta está prohibida a menores de 16 años.**

Este país regularmente hace **campañas masivas de información en los medios y en las escuelas.**

En caso de incumplimiento de la norma, **se aplican varias sanciones que van desde una multa económica hasta la cárcel.**

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0  
Lo aprobaría completamente

M.18

La República de Dainer es un estado democrático comprometido con la lucha contra las drogas.

**Allí está prohibido el consumo de marihuana en espacios públicos**, incluidos restaurantes, bares y discotecas. Sin embargo, **se han habilitado zonas específicas para fumar marihuana.**

En este país, **un cigarrillo de marihuana** tienen un precio bajo **(5 mil pesos).**  
**La venta está prohibida a menores de 16 años.**

Este país regularmente hace **campañas masivas de información en los medios y en las escuelas.**

En caso de incumplimiento de la norma, **se aplican multas económicas.**

*Si esto se aplicara en Colombia ¿en qué medida usted lo aprobaría?*

No lo aprobaría para nada 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0 ---- 0  
Lo aprobaría completamente

### Étude 3

#### Annexe 7. Desing – Éthique Conseiller scolaire

Información orientadora I	Preguntas P	Quien pide ayuda A
1 Bio	No	Iniciativa adolescente, nadie responde sus preguntas
2 Bio+Emo	No	Iniciativa adolescente, nadie responde sus preguntas
3 Bio+Emo+ITS+Anti	No	Iniciativa adolescente, nadie responde sus preguntas
4 Bio+Emo+ITS+Anti+Aborto+Disex	No	Iniciativa adolescente, nadie responde sus preguntas
5 Bio	No	Iniciativa padres, incomodos, sólo aspectos biológicos
6 Bio+Emo	No	Iniciativa padres, incomodos, sólo aspectos biológicos
7 Bio+Emo+ITS+Anti	No	Iniciativa padres, incomodos, sólo aspectos biológicos
8 Bio+Emo+ITS+Anti+Aborto+Disex	No	Iniciativa padres, incomodos, sólo aspectos biológicos
9 Bio	No	Iniciativa padres, incómodos, carta blanca
10 Bio+Emo	No	Iniciativa padres, incómodos, carta blanca
11 Bio+Emo+ITS+Anti	No	Iniciativa padres, incómodos, carta blanca
12 Bio+Emo+ITS+Anti+Aborto+Disex	No	Iniciativa padres, incómodos, carta blanca
13 Bio	Sí	Iniciativa adolescente, nadie responde sus preguntas
14 Bio+Emo	Sí	Iniciativa adolescente, nadie responde sus preguntas
15 Bio+Emo+ITS+Anti	Sí	Iniciativa adolescente, nadie responde sus preguntas
16 Bio+Emo+ITS+Anti+Aborto+Disex	Sí	Iniciativa adolescente, nadie responde sus preguntas
17 Bio	Sí	Iniciativa padres, incomodos, sólo aspectos biológicos
18 Bio+Emo	Sí	Iniciativa padres, incomodos, sólo aspectos biológicos
19 Bio+Emo+ITS+Anti	Sí	Iniciativa padres, incomodos, sólo aspectos biológicos
20 Bio+Emo+ITS+Anti+Aborto+Disex	Sí	Iniciativa padres, incomodos, sólo aspectos biológicos
21 Bio	Sí	Iniciativa padres, incómodos, carta blanca
22 Bio+Emo	Sí	Iniciativa padres, incómodos, carta blanca
23 Bio+Emo+ITS+Anti	Sí	Iniciativa padres, incómodos, carta blanca
24 Bio+Emo+ITS+Anti+Aborto+Disex	Sí	Iniciativa padres, incómodos, carta blanca

## **Annexe 8. Familiarization instrument – Éthique Conseiller scolaire**

### Instrucciones y Fase de familiarización

Estimado participante, a continuación, usted encontrará una serie de historias basadas en la realidad.

Lo que usted debe hacer es leer atentamente cada una de las historias (pues todas son diferentes siempre varían en algunos detalles).

Luego de leer y haber comprendido usted debe rellenar uno de los círculos de la escala que se encuentra al final de cada historia. Usted rellenará la que exprese mejor su nivel de desacuerdo o acuerdo con la pregunta.

No hay respuestas correctas ni incorrectas, pues este instrumento pretende evidenciar las diversas formas de pensar de la gente, así que siéntase tranquilo de responder lo que usted desee. En la medida en que vaya contestando usted puede cambiar de opinión y cambiar su respuesta, sólo tache la que no desea y vuelva a seleccionar la que usted quiera. No hay problema si borra o tacha, lo importante es que se entienda su respuesta final.

E

La señora Jiménez es la orientadora del colegio ISEP de Medellín.

Luna es una adolescente que estudia en ese colegio y tiene 15 años.

**Luna ha ido por su propia iniciativa a consultar a la orientadora.** La adolescente desea tener información sobre la sexualidad y sobre qué son las relaciones sexuales. **Ella dice que en su casa sus padres se niegan a responderle sus preguntas.**

La orientadora **le explica a Luna los aspectos biológicos de la sexualidad**, específicamente de la reproducción humana utilizando libros e imágenes apropiados a su nivel de comprensión.

Luna escucha activamente pero **no tiene más preguntas adicionales**, bien sea porque ella no se siente en confianza o porque ella cree que ya sabe suficiente.

La orientadora entonces **se limita a explicar los aspectos biológicos de la sexualidad**

*¿En qué medida piensa usted que el comportamiento de la señora Jiménez fue aceptable?*

Completamente inaceptable O----O----O----O----O----O----O----O----O----O  
Completamente aceptable

E

La señora García es la orientadora del colegio Laureles del Quindío. Luciana es una adolescente que estudia en ese colegio y tiene 15 años.

**Luciana ha ido por su propia iniciativa a consultar a la orientadora.** La adolescente desea tener información sobre la sexualidad y sobre qué son las relaciones sexuales. Ella **dice que en su casa sus padres se niegan a responderle sus preguntas.**

La orientadora **le explica a Luciana los aspectos biológicos de la sexualidad**, específicamente de la reproducción humana utilizando libros e imágenes apropiados a su nivel de comprensión.

Luciana escucha activamente pero **no tiene más preguntas adicionales**, bien sea porque ella no se siente en confianza o porque ella cree que ya sabe suficiente.

La orientadora, **por su cuenta decide además explicarle a Luciana algunas cosas sobre los aspectos emocionales de la sexualidad** (por ejemplo reconocer sus sentimientos, el disfrute de la sexualidad, la capacidad para hacer valer sus decisiones, etc.). **Adicionalmente la orientadora considera que le debe explicar a Luciana aspectos relacionados con la prevención de Infecciones de Transmisión Sexual** (sus causas y consecuencias) **y cómo usar algunos métodos que también sirven para evitar un embarazo indeseado** (sobre cómo usar el condón masculino y femenino, las píldoras anticonceptivas, etc.). Finalmente la orientadora le da información a Luciana **sobre los lugares a los que puede ir en caso de detectar una Infección de Transmisión Sexual o un embarazo indeseado.**

***¿En qué medida piensa usted que el comportamiento de la señora García fue aceptable?***

Completamente inaceptable O---O---O---O---O---O---O---O---O---O---  
-O Completamente Aceptable

E

La señora Sánchez es la orientadora del colegio ITTA de Medellín. Raquel es una adolescente que estudia en ese colegio y tiene 15 años.

**Los papás de Raquel le han pedido a la orientadora que le explique a la chica qué son las relaciones sexuales.** La razón es que los padres dicen que se sienten incómodos charlando de esos asuntos con sus hijos y respondiendo a sus preguntas.

Los padres de la chica le han pedido a la orientadora **que le explique todo lo que ella considere que los jóvenes de hoy necesitan saber.**

La orientadora **le explica a Raquel los aspectos biológicos de la sexualidad**, específicamente de la reproducción humana utilizando libros e imágenes apropiados a su nivel de comprensión.

Raquel escucha activamente y **dice que tiene preguntas**. Por ejemplo ella **quiere saber algunas cosas relacionadas con los aspectos emocionales** de la sexualidad, **quiere conocer más sobre las Infecciones de Transmisión Sexual, sobre los métodos anticonceptivos** y también sobre **qué debería hacer en caso de que un embarazo indeseado o una infección**.

La orientadora, **por su cuenta decide además explicarle a Raquel algunas cosas sobre los aspectos emocionales de la sexualidad** (por ejemplo reconocer sus sentimientos, el disfrute de la sexualidad, la capacidad para hacer valer sus decisiones, etc.).

*¿En qué medida piensa usted que el comportamiento de la señora Sánchez fue aceptable?*

Completamente inaceptable O---O---O---O---O---O---O---O---O---O---O  
Completamente aceptable

## E

La señora Marín es la orientadora del colegio Andes de Cundinamarca. Alicia es una adolescente que estudia en ese colegio y tiene 15 años.

**Los papás de Alicia le han pedido a la orientadora que le explique a la chica qué son las relaciones sexuales**. La razón es que los padres dicen que se sienten incómodos charlando de esos asuntos con sus hijos y respondiendo a sus preguntas.

Los padres de la chica le han pedido a la orientadora **que le explique todo lo que ella considere que los jóvenes de hoy necesitan saber**.

La orientadora **le explica a Alicia los aspectos biológicos de la sexualidad**, específicamente de la reproducción humana utilizando libros e imágenes apropiados a su nivel de comprensión.

Alicia escucha activamente pero **no tiene más preguntas adicionales**, bien sea porque ella no se siente en confianza o porque ella cree que ya sabe suficiente.

La orientadora, **por su cuenta decide además explicarle a Alicia algunas cosas sobre los aspectos emocionales de la sexualidad** (por ejemplo reconocer sus sentimientos, el disfrute de la sexualidad, la capacidad para hacer valer sus decisiones, etc.). Adicionalmente **la orientadora considera que le debe explicar a Alicia aspectos relacionados con la prevención de Infecciones de Transmisión Sexual** (sus causas y consecuencias) y **cómo usar algunos métodos que también sirven para evitar un embarazo indeseado** (cómo usar el condón masculino y femenino, las píldoras anticonceptivas).

*¿En qué medida piensa usted que el comportamiento de la señora Marín fue aceptable?*

Completamente inaceptable O----O----O----O----O----O----O----O----O----O  
Completamente aceptable

## Annexe 9. Instrument vignettes Éthique Conseiller scolaire

E1

La señora Jiménez es la orientadora del colegio ISEP de Medellín.

Luna es una adolescente que estudia en ese colegio y tiene 15 años.

**Luna ha ido por su propia iniciativa a consultar a la orientadora.** La adolescente desea tener información sobre la sexualidad y sobre qué son las relaciones sexuales. **Ella dice que en su casa sus padres se niegan a responderle sus preguntas.**

La orientadora **le explica a Luna los aspectos biológicos de la sexualidad**, específicamente de la reproducción humana utilizando libros e imágenes apropiados a su nivel de comprensión.

Luna escucha activamente pero **no tiene más preguntas adicionales**, bien sea porque ella no se siente en confianza o porque ella cree que ya sabe suficiente.

La orientadora entonces **se limita a explicar los aspectos biológicos de la sexualidad**

*¿En qué medida piensa usted que el comportamiento de la señora Jiménez fue aceptable?*

Completamente inaceptable O---O---O---O---O---O---O---O---O---O---O  
Completamente aceptable

E2

La señora Castillo es la orientadora del colegio Granada de Popayán.

Angie es una adolescente que estudia en ese colegio y tiene 16 años.

**Angie ha ido por su propia iniciativa a consultar a la orientadora.** La adolescente desea tener información sobre la sexualidad y sobre qué son las relaciones sexuales. **Ella dice que en su casa sus padres se niegan a responderle sus preguntas.**

La orientadora **le explica a Angie los aspectos biológicos de la sexualidad**, específicamente de la reproducción humana utilizando libros e imágenes apropiados a su nivel de comprensión.

Angie escucha activamente pero **no tiene más preguntas adicionales**, bien sea porque ella no se siente en confianza o porque ella cree que ya sabe suficiente.

La orientadora, **por su cuenta decide además explicarle a Angie algunas cosas sobre los aspectos emocionales de la sexualidad** (por ejemplo, reconocer sus sentimientos, el disfrute de la sexualidad, la capacidad para hacer valer sus decisiones, etc.).

*¿En qué medida piensa usted que el comportamiento de la señora Castillo fue aceptable?*

Completamente inaceptable O---O---O---O---O---O---O---O---O---O---O  
Completamente aceptable

E3

La señora Olaya es la orientadora del colegio Pescaderito de Santander.

Martina es una adolescente que estudia en ese colegio y tiene 14 años.

**Martina ha ido por su propia iniciativa a consultar a la orientadora.** La adolescente desea tener información sobre la sexualidad y sobre qué son las relaciones sexuales. **Ella dice que en su casa sus padres se niegan a responderle sus preguntas.**

La orientadora **le explica a Martina los aspectos biológicos de la sexualidad**, específicamente de la reproducción humana utilizando libros e imágenes apropiados a su nivel de comprensión.

Martina escucha activamente pero **no tiene más preguntas adicionales**, bien sea porque ella no se siente en confianza o porque ella cree que ya sabe suficiente.

La orientadora, **por su cuenta decide además explicarle a Martina algunas cosas sobre los aspectos emocionales de la sexualidad** (por ejemplo reconocer sus sentimientos, el disfrute de la sexualidad, la capacidad para hacer valer sus decisiones, etc.). Adicionalmente **la orientadora considera que le debe explicar a Martina aspectos relacionados con la prevención de Infecciones de Transmisión Sexual** (sus causas y consecuencias) y **cómo usar algunos métodos que también sirven para evitar un embarazo indeseado** (cómo usar el condón masculino y femenino, las píldoras anticonceptivas).

*¿En qué medida piensa usted que el comportamiento de la señora Olaya fue aceptable?*

Completamente inaceptable O---O---O---O---O---O---O---O---O---O  
Completamente aceptable

E4

La señora García es la orientadora del colegio Laureles del Quindío.  
Luciana es una adolescente que estudia en ese colegio y tiene 15 años.

**Luciana ha ido por su propia iniciativa a consultar a la orientadora.** La adolescente desea tener información sobre la sexualidad y sobre qué son las relaciones sexuales. **Ella dice que en su casa sus padres se niegan a responderle sus preguntas.**

La orientadora **le explica a Luciana los aspectos biológicos de la sexualidad**, específicamente de la reproducción humana utilizando libros e imágenes apropiados a su nivel de comprensión.

Luciana escucha activamente pero **no tiene más preguntas adicionales**, bien sea porque ella no se siente en confianza o porque ella cree que ya sabe suficiente.

La orientadora, **por su cuenta decide además explicarle a Luciana algunas cosas sobre los aspectos emocionales de la sexualidad** (por ejemplo reconocer sus sentimientos, el disfrute de la sexualidad, la capacidad para hacer valer sus decisiones, etc.). **Adicionalmente la orientadora considera que le debe explicar a Luciana aspectos relacionados con la prevención de Infecciones de Transmisión Sexual** (sus causas y consecuencias) y **cómo usar algunos métodos que también sirven para evitar un embarazo indeseado** (sobre cómo usar el condón masculino y femenino, las píldoras anticonceptivas, etc.). Finalmente la orientadora le da información a Luciana **sobre los lugares a los que puede ir en caso de detectar una Infección de Transmisión Sexual o un embarazo indeseado.**



**¿En qué medida piensa usted que el comportamiento de la señora García fue aceptable?**

Completamente inaceptable O---O---O---O---O---O---O---O---O---O---O  
Completamente aceptable

E5

La señora Vallejo es la orientadora del colegio COLEDU de Popayán.

Virginia es una adolescente que estudia en ese colegio y tiene 15 años.

**Los papás de Virginia le han pedido a la orientadora que le explique a la chica qué son las relaciones sexuales.** La razón es que los padres dicen que se sienten incómodos charlando de esos asuntos con sus hijos y respondiendo a sus preguntas.

Los padres de la chica le han pedido a la orientadora **que se limite a explicarle únicamente los aspectos biológicos de la reproducción humana.**

La orientadora **le explica a Virginia los aspectos biológicos de la sexualidad,** específicamente de la reproducción humana utilizando libros e imágenes apropiados a su nivel de comprensión.

Virginia escucha activamente pero **no tiene más preguntas adicionales,** bien sea porque ella no se siente en confianza o porque ella cree que ya sabe suficiente.

La orientadora entonces **se limita a explicar los aspectos biológicos de la sexualidad.**

**¿En qué medida piensa usted que el comportamiento de la señora Jiménez fue aceptable?**

Completamente inaceptable O---O---O---O---O---O---O---O---O---O---O  
Completamente aceptable

E6

La señora Medina es la orientadora del colegio La Alpujarra de Armenia.

Carolina es una adolescente que estudia en ese colegio y tiene 15 años.

**Los papás de Carolina le han pedido a la orientadora que le explique a la chica qué son las relaciones sexuales.** La razón es que los padres dicen que se sienten incómodos charlando de esos asuntos con sus hijos y respondiendo a sus preguntas.

Los padres de la chica le han pedido a la orientadora **que se limite a explicarle únicamente los aspectos biológicos de la reproducción humana.**

La orientadora **le explica a Carolina los aspectos biológicos de la sexualidad,** específicamente de la reproducción humana utilizando libros e imágenes apropiados a su nivel de comprensión.

Carolina escucha activamente pero **no tiene más preguntas adicionales,** bien sea porque ella no se siente en confianza o porque ella cree que ya sabe suficiente.

La orientadora, **por su cuenta decide además explicarle a Carolina algunas cosas sobre los aspectos emocionales de la sexualidad** (por ejemplo reconocer sus sentimientos, el disfrute de la sexualidad, la capacidad para hacer valer sus decisiones, etc.).

*¿En qué medida piensa usted que el comportamiento de la señora Medina fue aceptable?*

Completamente inaceptable O---O---O---O---O---O---O---O---O---O  
Completamente aceptable

E7

La señora Cruz es la orientadora del colegio Sevilla de Córdoba.

Lisa es una adolescente que estudia en ese colegio y tiene 15 años.

**Los papás de Lisa le han pedido a la orientadora que le explique a la chica qué son las relaciones sexuales.** La razón es que los padres dicen que se sienten incómodos charlando de esos asuntos con sus hijos y respondiendo a sus preguntas.

Los padres de la chica le han pedido a la orientadora **que se limite a explicarle únicamente los aspectos biológicos de la reproducción humana.**

La orientadora **le explica a Lisa los aspectos biológicos de la sexualidad,** específicamente de la reproducción humana utilizando libros e imágenes apropiados a su nivel de comprensión.

Lisa escucha activamente pero **no tiene más preguntas adicionales,** bien sea porque ella no se siente en confianza o porque ella cree que ya sabe suficiente.

La orientadora, **por su cuenta decide además explicarle a Lisa algunas cosas sobre los aspectos emocionales de la sexualidad** (por ejemplo reconocer sus sentimientos, el disfrute de la sexualidad, la capacidad para hacer valer sus decisiones, etc.). Adicionalmente **la orientadora considera que le debe explicar a Lisa aspectos relacionados con la prevención de Infecciones de Transmisión Sexual** (sus causas y consecuencias) y **cómo usar algunos métodos que también sirven para evitar un embarazo indeseado** (cómo usar el condón masculino y femenino, las píldoras anticonceptivas).

*¿En qué medida piensa usted que el comportamiento de la señora Cruz fue aceptable?*

Completamente inaceptable O---O---O---O---O---O---O---O---O---O  
Completamente aceptable

E8

La señora Guillén es la orientadora del colegio Los Olivares de Neiva.

Ester es una adolescente que estudia en ese colegio y tiene 15 años.

**Los papás de Ester le han pedido a la orientadora que le explique a la chica qué son las relaciones sexuales.** La razón es que los padres dicen que se sienten incómodos charlando de esos asuntos con sus hijos y respondiendo a sus preguntas.

Los padres de la chica le han pedido a la orientadora **que se limite a explicarle únicamente los aspectos biológicos de la reproducción humana.**

La orientadora **le explica a Ester los aspectos biológicos de la sexualidad,** específicamente de la reproducción humana utilizando libros e imágenes apropiados a su nivel de comprensión.

Ester escucha activamente pero **no tiene más preguntas adicionales,** bien sea porque ella no se siente en confianza o porque ella cree que ya sabe suficiente.

La orientadora, **por su cuenta decide además explicarle a Ester algunas cosas sobre los aspectos emocionales de la sexualidad** (por ejemplo reconocer sus sentimientos, el disfrute de la sexualidad, la capacidad para hacer valer sus decisiones, etc.). **Adicionalmente la orientadora considera que le debe explicar a Ester aspectos relacionados con la prevención de Infecciones de Transmisión Sexual** (sus causas y consecuencias) **y cómo usar algunos métodos que también sirven para evitar un embarazo indeseado** (sobre cómo usar el condón masculino y femenino, las píldoras anticonceptivas, etc.). Finalmente la orientadora le da información a Ester **sobre los lugares a los que puede ir en caso de detectar una Infección de Transmisión Sexual o un embarazo indeseado.**

*¿En qué medida piensa usted que el comportamiento de la señora Guillén fue aceptable?*

Completamente inaceptable O---O---O---O---O---O---O---O---O---O  
Completamente aceptable

E9

La señora Gutiérrez es la orientadora del colegio Michigan de Bogotá.  
Ángela es una adolescente que estudia en ese colegio y tiene 15 años.  
**Los papás de Ángela le han pedido a la orientadora que le explique a la chica qué son las relaciones sexuales.** La razón es que los padres dicen que se sienten incómodos charlando de esos asuntos con sus hijos y respondiendo a sus preguntas.

Los padres de la chica le han pedido a la orientadora **que le explique todo lo que ella considere que los jóvenes de hoy necesitan saber.**

La orientadora **le explica a Ángela los aspectos biológicos de la sexualidad,** específicamente de la reproducción humana utilizando libros e imágenes apropiados a su nivel de comprensión.

Ángela escucha activamente pero **no tiene más preguntas adicionales,** bien sea porque ella no se siente en confianza o porque ella cree que ya sabe suficiente.

La orientadora entonces **se limita a explicar los aspectos biológicos de la sexualidad.**

*¿En qué medida piensa usted que el comportamiento de la señora Gutiérrez fue aceptable?*

Completamente inaceptable O---O---O---O---O---O---O---O---O---O  
Completamente aceptable

E10

La señora Murcia es la orientadora del colegio CIIS de Bucaramanga.  
Camila es una adolescente que estudia en ese colegio y tiene 15 años.  
**Los papás de Camila le han pedido a la orientadora que le explique a la chica qué son las relaciones sexuales.** La razón es que los padres dicen que se sienten incómodos charlando de esos asuntos con sus hijos y respondiendo a sus preguntas.

Los padres de la chica le han pedido a la orientadora **que le explique todo lo que ella considere que los jóvenes de hoy necesitan saber.**

La orientadora **le explica a Camila los aspectos biológicos de la sexualidad,** específicamente de la reproducción humana utilizando libros e imágenes apropiados a su nivel de comprensión.

Camila escucha activamente pero **no tiene más preguntas adicionales**, bien sea porque ella no se siente en confianza o porque ella cree que ya sabe suficiente.

La orientadora, **por su cuenta decide además explicarle a Camila algunas cosas sobre los aspectos emocionales de la sexualidad** (por ejemplo reconocer sus sentimientos, el disfrute de la sexualidad, la capacidad para hacer valer sus decisiones, etc.).

*¿En qué medida piensa usted que el comportamiento de la señora Murcia fue aceptable?*

Completamente inaceptable O---O---O---O---O---O---O---O---O---O---O  
Completamente aceptable

E11

La señora Marín es la orientadora del colegio Andes de Cundinamarca.

Alicia es una adolescente que estudia en ese colegio y tiene 15 años.

**Los papás de Alicia le han pedido a la orientadora que le explique a la chica qué son las relaciones sexuales.** La razón es que los padres dicen que se sienten incómodos charlando de esos asuntos con sus hijos y respondiendo a sus preguntas.

Los padres de la chica le han pedido a la orientadora **que le explique todo lo que ella considere que los jóvenes de hoy necesitan saber.**

La orientadora **le explica a Alicia los aspectos biológicos de la sexualidad**, específicamente de la reproducción humana utilizando libros e imágenes apropiados a su nivel de comprensión.

Alicia escucha activamente pero **no tiene más preguntas adicionales**, bien sea porque ella no se siente en confianza o porque ella cree que ya sabe suficiente.

La orientadora, **por su cuenta decide además explicarle a Alicia algunas cosas sobre los aspectos emocionales de la sexualidad** (por ejemplo reconocer sus sentimientos, el disfrute de la sexualidad, la capacidad para hacer valer sus decisiones, etc.). Adicionalmente **la orientadora considera que le debe explicar a Alicia aspectos relacionados con la prevención de Infecciones de Transmisión Sexual** (sus causas y consecuencias) y **cómo usar algunos métodos que también sirven para evitar un embarazo indeseado** (cómo usar el condón masculino y femenino, las píldoras anticonceptivas).

*¿En qué medida piensa usted que el comportamiento de la señora Marín fue aceptable?*

Completamente inaceptable O---O---O---O---O---O---O---O---O---O---O  
Completamente aceptable

E12

La señora Hernández es la orientadora del colegio Salento de Pasto.

Jenny es una adolescente que estudia en ese colegio y tiene 15 años.

**Los papás de Jenny le han pedido a la orientadora que le explique a la chica qué son las relaciones sexuales.** La razón es que los padres dicen que se sienten incómodos charlando de esos asuntos con sus hijos y respondiendo a sus preguntas.

Los padres de la chica le han pedido a la orientadora **que le explique todo lo que ella considere que los jóvenes de hoy necesitan saber.**

La orientadora **le explica a Jenny los aspectos biológicos de la sexualidad**, específicamente de la reproducción humana utilizando libros e imágenes apropiados a su nivel de comprensión.

Ester escucha activamente pero **no tiene más preguntas adicionales**, bien sea porque ella no se siente en confianza o porque ella cree que ya sabe suficiente.

La orientadora, **por su cuenta decide además explicarle a Jenny algunas cosas sobre los aspectos emocionales de la sexualidad** (por ejemplo, reconocer sus sentimientos, el disfrute de la sexualidad, la capacidad para hacer valer sus decisiones, etc.). **Adicionalmente la orientadora considera que le debe explicar a Jenny aspectos relacionados con la prevención de Infecciones de Transmisión Sexual** (sus causas y consecuencias) **y cómo usar algunos métodos que también sirven para evitar un embarazo indeseado** (sobre cómo usar el condón masculino y femenino, las píldoras anticonceptivas, etc.). Finalmente la orientadora le da información a Jenny **sobre los lugares a los que puede ir en caso de detectar una Infección de Transmisión Sexual o un embarazo indeseado.**

*¿En qué medida piensa usted que el comportamiento de la señora Hernández fue aceptable?*

Completamente inaceptable O----O----O----O----O----O----O----O----O----O  
Completamente aceptable

E13

La señora Santana es la orientadora del colegio EDUROAM de Medellín.

Sara es una adolescente que estudia en ese colegio y tiene 15 años.

**Sara ha ido por su propia iniciativa a consultar a la orientadora.** La adolescente desea tener información sobre la sexualidad y sobre qué son las relaciones sexuales. **Ella dice que en su casa sus padres se niegan a responderle sus preguntas.**

La orientadora **le explica a Sara los aspectos biológicos de la sexualidad**, específicamente de la reproducción humana utilizando libros e imágenes apropiados a su nivel de comprensión.

Sara escucha activamente y **dice que tiene preguntas.** Por ejemplo ella **quiere saber algunas cosas relacionadas con los aspectos emocionales de la sexualidad, quiere conocer más sobre las Infecciones de Transmisión Sexual, sobre los métodos anticonceptivos y también sobre qué debería hacer en caso de que un embarazo indeseado o una infección.**

La orientadora entonces **se limita a explicar los aspectos biológicos de la sexualidad.**

*¿En qué medida piensa usted que el comportamiento de la señora Santana fue aceptable?*

Completamente inaceptable O----O----O----O----O----O----O----O----O----O  
Completamente aceptable

E14

La señora Henao es la orientadora del colegio Gonzales Valencia de Barranquilla.

Juana es una adolescente que estudia en ese colegio y tiene 16 años.

**Juana ha ido por su propia iniciativa a consultar a la orientadora.** La adolescente desea tener información sobre la sexualidad y sobre qué son las relaciones sexuales. **Ella dice que en su casa sus padres se niegan a responderle sus preguntas.**

La orientadora **le explica a Juana los aspectos biológicos de la sexualidad**, específicamente de la reproducción humana utilizando libros e imágenes apropiados a su nivel de comprensión.

Juana escucha activamente y **dice que tiene preguntas**. Por ejemplo ella **quiere saber algunas cosas relacionadas con los aspectos emocionales de la sexualidad, quiere conocer más sobre las Infecciones de Transmisión Sexual, sobre los métodos anticonceptivos y también sobre qué debería hacer en caso de que un embarazo indeseado o una infección.**

La orientadora, **por su cuenta decide además explicarle a Juana algunas cosas sobre los aspectos emocionales de la sexualidad** (por ejemplo reconocer sus sentimientos, el disfrute de la sexualidad, la capacidad para hacer valer sus decisiones, etc.).

*¿En qué medida piensa usted que el comportamiento de la señora Henao fue aceptable?*

Completamente inaceptable O---O---O---O---O---O---O---O---O---O  
Completamente aceptable

E15

La señora López es la orientadora del colegio Francisco de Paula del Meta.

Alejandra es una adolescente que estudia en ese colegio y tiene 14 años. **Alejandra ha ido por su propia iniciativa a consultar a la orientadora**. La adolescente desea tener información sobre la sexualidad y sobre qué son las relaciones sexuales. **Ella dice que en su casa sus padres se niegan a responderle sus preguntas.**

La orientadora **le explica a Alejandra los aspectos biológicos de la sexualidad**, específicamente de la reproducción humana utilizando libros e imágenes apropiados a su nivel de comprensión.

Alejandra escucha activamente y **dice que tiene preguntas**. Por ejemplo ella **quiere saber algunas cosas relacionadas con los aspectos emocionales de la sexualidad, quiere conocer más sobre las Infecciones de Transmisión Sexual, sobre los métodos anticonceptivos y también sobre qué debería hacer en caso de que un embarazo indeseado o una infección.**

La orientadora, **por su cuenta decide además explicarle a Alejandra algunas cosas sobre los aspectos emocionales de la sexualidad** (por ejemplo reconocer sus sentimientos, el disfrute de la sexualidad, la capacidad para hacer valer sus decisiones, etc.). Adicionalmente **la orientadora considera que le debe explicar a Alejandra aspectos relacionados con la prevención de Infecciones de Transmisión Sexual** (sus causas y consecuencias) y **cómo usar algunos métodos que también sirven para evitar un embarazo indeseado** (cómo usar el condón masculino y femenino, las píldoras anticonceptivas).

*¿En qué medida piensa usted que el comportamiento de la señora López fue aceptable?*

Completamente inaceptable O---O---O---O---O---O---O---O---O---O  
Completamente aceptable

E16

La señora Aguilar es la orientadora del colegio Tomás Carrasquilla del Quibdó.

Constanza es una adolescente que estudia en ese colegio y tiene 15 años.

**Constanza ha ido por su propia iniciativa a consultar a la orientadora.** La adolescente desea tener información sobre la sexualidad y sobre qué son las relaciones sexuales. Ella **dice que en su casa sus padres se niegan a responderle sus preguntas.**

La orientadora **le explica a Constanza los aspectos biológicos de la sexualidad,** específicamente de la reproducción humana utilizando libros e imágenes apropiados a su nivel de comprensión.

Constanza escucha activamente y **dice que tiene preguntas.** Por ejemplo ella **quiere saber algunas cosas relacionadas con los aspectos emocionales** de la sexualidad, **quiere conocer más sobre las Infecciones de Transmisión Sexual, sobre los métodos anticonceptivos** y también sobre **qué debería hacer en caso de que un embarazo indeseado o una infección.**

La orientadora, **por su cuenta decide además explicarle a Constanza algunas cosas sobre los aspectos emocionales de la sexualidad** (por ejemplo reconocer sus sentimientos, el disfrute de la sexualidad, la capacidad para hacer valer sus decisiones, etc.). **Adicionalmente la orientadora considera que le debe explicar a Constanza aspectos relacionados con la prevención de Infecciones de Transmisión Sexual** (sus causas y consecuencias) **y cómo usar algunos métodos que también sirven para evitar un embarazo indeseado** (sobre cómo usar el condón masculino y femenino, las píldoras anticonceptivas, etc.). Finalmente la orientadora le da información a Constanza **sobre los lugares a los que puede ir en caso de detectar una Infección de Transmisión Sexual o un embarazo indeseado.**

*¿En qué medida piensa usted que el comportamiento de la señora Aguilar fue aceptable?*

Completamente inaceptable O----O----O----O----O----O----O----O----O----O  
Completamente aceptable

E17

La señora Caycedo es la orientadora del colegio Lorenz de Bogotá.

Claudia es una adolescente que estudia en ese colegio y tiene 15 años.

**Los papás de Claudia le han pedido a la orientadora que le explique a la chica qué son las relaciones sexuales.** La razón es que los padres dicen que se sienten incómodos charlando de esos asuntos con sus hijos y respondiendo a sus preguntas.

Los padres de la chica le han pedido a la orientadora **que se limite a explicarle únicamente los aspectos biológicos de la reproducción humana.**

La orientadora **le explica a Claudia los aspectos biológicos de la sexualidad,** específicamente de la reproducción humana utilizando libros e imágenes apropiados a su nivel de comprensión.

Claudia escucha activamente y **dice que tiene preguntas.** Por ejemplo ella **quiere saber algunas cosas relacionadas con los aspectos emocionales** de la sexualidad, **quiere conocer más sobre las Infecciones de Transmisión Sexual, sobre los métodos anticonceptivos** y también sobre **qué debería hacer en caso de que un embarazo indeseado o una infección.**

La orientadora entonces **se limita a explicar los aspectos biológicos de la sexualidad.**

*¿En qué medida piensa usted que el comportamiento de la señora Caycedo fue aceptable?*

Completamente inaceptable O---O---O---O---O---O---O---O---O---O---O  
Completamente aceptable

E18

La señora Sandoval es la orientadora del colegio La Alhambra de Norte de Santander.

Lucía es una adolescente que estudia en ese colegio y tiene 15 años.

**Los papás de Lucía le han pedido a la orientadora que le explique a la chica qué son las relaciones sexuales.** La razón es que los padres dicen que se sienten incómodos charlando de esos asuntos con sus hijos y respondiendo a sus preguntas.

Los padres de la chica le han pedido a la orientadora **que se limite a explicarle únicamente los aspectos biológicos de la reproducción humana.**

La orientadora **le explica a Lucía los aspectos biológicos de la sexualidad,** específicamente de la reproducción humana utilizando libros e imágenes apropiados a su nivel de comprensión.

Lucía escucha activamente y **dice que tiene preguntas.** Por ejemplo ella **quiere saber algunas cosas relacionadas con los aspectos emocionales** de la sexualidad, **quiere conocer más sobre las Infecciones de Transmisión Sexual, sobre los métodos anticonceptivos** y también sobre **qué debería hacer en caso de que un embarazo indeseado o una infección.**

La orientadora, **por su cuenta decide además explicarle a Lucía algunas cosas sobre los aspectos emocionales de la sexualidad** (por ejemplo reconocer sus sentimientos, el disfrute de la sexualidad, la capacidad para hacer valer sus decisiones, etc.).

*¿En qué medida piensa usted que el comportamiento de la señora Sandoval fue aceptable?*

Completamente inaceptable O---O---O---O---O---O---O---O---O---O---O  
Completamente aceptable

E19

La señora Charry es la orientadora del colegio Gran Alacant de Cúcuta.

Andrea es una adolescente que estudia en ese colegio y tiene 15 años.

**Los papás de Andrea le han pedido a la orientadora que le explique a la chica qué son las relaciones sexuales.** La razón es que los padres dicen que se sienten incómodos charlando de esos asuntos con sus hijos y respondiendo a sus preguntas.

Los padres de la chica le han pedido a la orientadora **que se limite a explicarle únicamente los aspectos biológicos de la reproducción humana.**

La orientadora **le explica a Andrea los aspectos biológicos de la sexualidad,** específicamente de la reproducción humana utilizando libros e imágenes apropiados a su nivel de comprensión.



Andrea escucha activamente y **dice que tiene preguntas**. Por ejemplo ella **quiere saber algunas cosas relacionadas con los aspectos emocionales** de la sexualidad, **quiere conocer más sobre las Infecciones de Transmisión Sexual, sobre los métodos anticonceptivos** y también sobre **qué debería hacer en caso de que un embarazo indeseado o una infección**.

La orientadora, **por su cuenta decide además explicarle a Andrea algunas cosas sobre los aspectos emocionales de la sexualidad** (por ejemplo reconocer sus sentimientos, el disfrute de la sexualidad, la capacidad para hacer valer sus decisiones, etc.). Adicionalmente **la orientadora considera que le debe explicar a Andrea aspectos relacionados con la prevención de Infecciones de Transmisión Sexual** (sus causas y consecuencias) y **cómo usar algunos métodos que también sirven para evitar un embarazo indeseado** (cómo usar el condón masculino y femenino, las píldoras anticonceptivas).

*¿En qué medida piensa usted que el comportamiento de la señora Charry fue aceptable?*

Completamente inaceptable O----O----O----O----O----O----O----O----O----O  
Completamente aceptable

E20

La señora Fuentes es la orientadora del colegio Recaredo de los Ríos de Santa Marta.

María es una adolescente que estudia en ese colegio y tiene 15 años.

**Los papás de María le han pedido a la orientadora que le explique a la chica qué son las relaciones sexuales**. La razón es que los padres dicen que se sienten incómodos charlando de esos asuntos con sus hijos y respondiendo a sus preguntas.

Los padres de la chica le han pedido a la orientadora **que se limite a explicarle únicamente los aspectos biológicos de la reproducción humana**.

La orientadora **le explica a María los aspectos biológicos de la sexualidad**, específicamente de la reproducción humana utilizando libros e imágenes apropiados a su nivel de comprensión.

María escucha activamente y **dice que tiene preguntas**. Por ejemplo ella **quiere saber algunas cosas relacionadas con los aspectos emocionales** de la sexualidad, **quiere conocer más sobre las Infecciones de Transmisión Sexual, sobre los métodos anticonceptivos** y también sobre **qué debería hacer en caso de que un embarazo indeseado o una infección**.

La orientadora, **por su cuenta decide además explicarle a María algunas cosas sobre los aspectos emocionales de la sexualidad** (por ejemplo reconocer sus sentimientos, el disfrute de la sexualidad, la capacidad para hacer valer sus decisiones, etc.). **Adicionalmente la orientadora considera que le debe explicar a María aspectos relacionados con la prevención de Infecciones de Transmisión Sexual** (sus causas y consecuencias) y **cómo usar algunos métodos que también sirven para evitar un embarazo indeseado** (sobre cómo usar el condón masculino y femenino, las píldoras anticonceptivas, etc.). Finalmente la orientadora le da información a María **sobre los lugares a los que puede ir en caso de detectar una Infección de Transmisión Sexual o un embarazo indeseado**.

*¿En qué medida piensa usted que el comportamiento de la señora Fuentes fue aceptable?*

Completamente inaceptable O---O---O---O---O---O---O---O---O---O  
Completamente aceptable

E21

La señora Perilla es la orientadora del colegio Weinsten de Cartagena.

Diana es una adolescente que estudia en ese colegio y tiene 15 años.

**Los papás de Diana le han pedido a la orientadora que le explique a la chica qué son las relaciones sexuales.** La razón es que los padres dicen que se sienten incómodos charlando de esos asuntos con sus hijos y respondiendo a sus preguntas.

Los padres de la chica le han pedido a la orientadora **que le explique todo lo que ella considere que los jóvenes de hoy necesitan saber.**

La orientadora **le explica a Diana los aspectos biológicos de la sexualidad,** específicamente de la reproducción humana utilizando libros e imágenes apropiados a su nivel de comprensión.

Diana escucha activamente y **dice que tiene preguntas.** Por ejemplo ella **quiere saber algunas cosas relacionadas con los aspectos emocionales** de la sexualidad, **quiere conocer más sobre las Infecciones de Transmisión Sexual, sobre los métodos anticonceptivos** y también sobre **qué debería hacer en caso de que un embarazo indeseado o una infección.**

La orientadora entonces **se limita a explicar los aspectos biológicos de la sexualidad.**

*¿En qué medida piensa usted que el comportamiento de la señora Perilla fue aceptable?*

Completamente inaceptable O---O---O---O---O---O---O---O---O---O  
Completamente aceptable

E22

La señora Sánchez es la orientadora del colegio ITTA de Medellín.

Raquel es una adolescente que estudia en ese colegio y tiene 15 años.

**Los papás de Raquel le han pedido a la orientadora que le explique a la chica qué son las relaciones sexuales.** La razón es que los padres dicen que se sienten incómodos charlando de esos asuntos con sus hijos y respondiendo a sus preguntas.

Los padres de la chica le han pedido a la orientadora **que le explique todo lo que ella considere que los jóvenes de hoy necesitan saber.**

La orientadora **le explica a Raquel los aspectos biológicos de la sexualidad,** específicamente de la reproducción humana utilizando libros e imágenes apropiados a su nivel de comprensión.

Raquel escucha activamente y **dice que tiene preguntas.** Por ejemplo ella **quiere saber algunas cosas relacionadas con los aspectos emocionales** de la sexualidad, **quiere conocer más sobre las Infecciones de Transmisión Sexual, sobre los métodos anticonceptivos** y también sobre **qué debería hacer en caso de que un embarazo indeseado o una infección.**

La orientadora, **por su cuenta decide además explicarle a Raquel algunas cosas sobre los aspectos emocionales de la sexualidad** (por ejemplo reconocer sus sentimientos, el disfrute de la sexualidad, la capacidad para hacer valer sus decisiones, etc.).

*¿En qué medida piensa usted que el comportamiento de la señora Sánchez fue aceptable?*

Completamente inaceptable O---O---O---O---O---O---O---O---O---O  
Completamente aceptable

E23

La señora Velandia es la orientadora del colegio Villaroma de Cundinamarca.

Yamile es una adolescente que estudia en ese colegio y tiene 15 años.

**Los papás de Yamile le han pedido a la orientadora que le explique a la chica qué son las relaciones sexuales.** La razón es que los padres dicen que se sienten incómodos charlando de esos asuntos con sus hijos y respondiendo a sus preguntas.

Los padres de la chica le han pedido a la orientadora **que le explique todo lo que ella considere que los jóvenes de hoy necesitan saber.**

La orientadora **le explica a Yamile los aspectos biológicos de la sexualidad**, específicamente de la reproducción humana utilizando libros e imágenes apropiados a su nivel de comprensión.

Yamile escucha activamente y **dice que tiene preguntas.** Por ejemplo ella **quiere saber algunas cosas relacionadas con los aspectos emocionales** de la sexualidad, **quiere conocer más sobre las Infecciones de Transmisión Sexual, sobre los métodos anticonceptivos** y también sobre **qué debería hacer en caso de que un embarazo indeseado o una infección.**

La orientadora, **por su cuenta decide además explicarle a Yamile algunas cosas sobre los aspectos emocionales de la sexualidad** (por ejemplo reconocer sus sentimientos, el disfrute de la sexualidad, la capacidad para hacer valer sus decisiones, etc.). Adicionalmente **la orientadora considera que le debe explicar a Yamile aspectos relacionados con la prevención de Infecciones de Transmisión Sexual** (sus causas y consecuencias) y **cómo usar algunos métodos que también sirven para evitar un embarazo indeseado** (cómo usar el condón masculino y femenino, las píldoras anticonceptivas).

*¿En qué medida piensa usted que el comportamiento de la señora Velandia fue aceptable?*

Completamente inaceptable O---O---O---O---O---O---O---O---O---O  
Completamente aceptable

E24

La señora Martínez es la orientadora del colegio Balboa de Cali.

Sofía es una adolescente que estudia en ese colegio y tiene 15 años.

**Los papás de Sofía le han pedido a la orientadora que le explique a la chica qué son las relaciones sexuales.** La razón es que los padres dicen que se sienten incómodos charlando de esos asuntos con sus hijos y respondiendo a sus preguntas.

Los padres de la chica le han pedido a la orientadora **que le explique todo lo que ella considere que los jóvenes de hoy necesitan saber.**

La orientadora **le explica a Sofía los aspectos biológicos de la sexualidad**, específicamente de la reproducción humana utilizando libros e imágenes apropiados a su nivel de comprensión.

Sofía escucha activamente y **dice que tiene preguntas**. Por ejemplo ella **quiere saber algunas cosas relacionadas con los aspectos emocionales** de la sexualidad, **quiere conocer más sobre las Infecciones de Transmisión Sexual, sobre los métodos anticonceptivos** y también sobre **qué debería hacer en caso de que un embarazo indeseado o una infección**.

La orientadora, **por su cuenta decide además explicarle a Sofía algunas cosas sobre los aspectos emocionales de la sexualidad** (por ejemplo reconocer sus sentimientos, el disfrute de la sexualidad, la capacidad para hacer valer sus decisiones, etc.). **Adicionalmente la orientadora considera que le debe explicar a Sofía aspectos relacionados con la prevención de Infecciones de Transmisión Sexual** (sus causas y consecuencias) **y cómo usar algunos métodos que también sirven para evitar un embarazo indeseado** (sobre cómo usar el condón masculino y femenino, las píldoras anticonceptivas, etc.). Finalmente la orientadora le da información a Sofía **sobre los lugares a los que puede ir en caso de detectar una Infección de Transmisión Sexual o un embarazo indeseado**.

*¿En qué medida piensa usted que el comportamiento de la señora Martínez fue aceptable?*

Completamente inaceptable --  
Completamente aceptable

**Annexe 10. Sociodemographic**

Número de cuestionario	
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1. Fecha de aplicación	D	D	MM	AA
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2. Edad en años	
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3. Sexo	1	Hombre
	2	Mujer

4, Orientación sexual:	1	Heterosexual
	2	Homosexual
	3	Bisexual
	4	Asexual
	5	Transgénero
	6	Otro/Cuál

5. ¿A qué estrato socioeconómico pertenece?	1
	2
	3
	4
	5
	6

6. Estado civil	1	Soltero
	2	Casado
	3	Divorciado
	4	Viudo
	5	Unión Libre
	6	Otro ¿Cuál?

10. ¿Usted tiene hijos o menores a su cargo?	0	NO	
	1	SI	¿Cuántos?: ____

11. ¿Tuvo usted espacios de prevención de consumos de drogas por parte de sus padres o cuidadores?	0	NO	
	1	SI	

7. ¿Cuál es su nivel de formación académica completado?	1	Ninguno
	2	Primaria
	3	Secundaria

	4	Técnico/Tecnólogo
	5	Universitaria
	6	Posgrados
	7	Otro ¿Cuál?

8. ¿Con qué frecuencia participa usted de eventos religiosos?	1	Nunca
	2	Una o dos veces al año
	3	Una vez por semana
	4	Todos los días

9. Credo religioso que practica	1	Católico
	2	Evangélico
	3	Protestante
	4	Cristina
	5	Ninguna
	6	Otro ¿Cuál?

12. ¿En qué lugares o con qué personas recibió usted información sobre drogas?	1	Amigos
	2	Padres o cuidadores
	3	Internet (páginas educativas)
	4	Libros (educativos)
	5	Psicólogos/orientadores
	6	Peliculas
	7	Profesores
	8	Otros

## Annexe 11. Informed consent

### Consentimiento Informado para participantes

Yo \_\_\_\_\_ he sido invitado (a) a participar del proyecto doctoral "*Juicios de los colombianos frente a las estrategias para la prevención de la salud*" desarrollado por el investigador Daniel Orlando del Rio Forero, y dirigida por la PhD María Teresa Muñoz Sastre profesora e investigadora de la Universidad de Toulouse – Jean Jaurès (Francia) y codirigida por la PhD Claudia Patricia Pineda Marín de la Fundación Universitaria Konrad Lorenz (Bogotá, Colombia).

Antes de tomar la decisión de participar en el estudio, le sugerimos leer detenidamente el presente documento. Este proceso se conoce como Consentimiento Informado. Puede hacer las preguntas que considere necesarias antes de firmar. Los investigadores están en la obligación de responderlas y de aclarar cualquier inquietud. Usted puede encontrar palabras o términos con los cuales no está familiarizado o que sean de difícil comprensión, por lo que también puede solicitar que le sean explicados.

Su participación en el estudio está protegida por la legislación internacional, nacional e institucional en la que se protege la dignidad, autonomía, derechos y se procura su bienestar.

#### Propósito del estudio

Los propósitos de este estudio son evaluar los juicios de las personas colombianas frente a las estrategias que emplean orientadores y/o psicopedagogos en colegios para abordar nociones de educación sexual. La información que pueda ser obtenida por su participación será usada con fines de investigación y académicos en el ámbito universitario. Siempre será mantenida la confidencialidad de sus datos personales.

#### Retribución y beneficios por la participación

Usted NO recibirá dinero por participar en este estudio. NO recibirá otra contraprestación por su participación en este estudio más que el beneficio y conocimiento derivado de la participación en el programa.

### Riesgos e Incomodidades

No se conoce o espera que corra algún riesgo por participar en este estudio. De acuerdo con el Artículo 11 de la Resolución 8430 de 1993 del Ministerio de Salud, esta investigación es categorizada como INVESTIGACIÓN CON RIESGOS MÍNIMOS.

### Confidencialidad

Entiendo que cualquier información personal que haga parte de los resultados de la investigación será mantenida de manera confidencial. En ninguna publicación en la que se usen los resultados del proyecto doctoral se mencionará su nombre.

### Importante

Entiendo que, aunque se guardará un registro de su participación en la investigación, todos los datos recogidos estarán identificados por un código.

He sido informado acerca de:

1. La participación no implica ningún riesgo conocido o esperado.
2. La investigación se realizará con fines académicos e investigativos
3. La participación es voluntaria y es libre de retirarse de la investigación en cualquier momento sin penalización de ningún tipo.
4. La participación se realizará a través de responder un cuestionario que presentará situaciones cotidianas de la sociedad en general.
5. El investigador responderá a cualquier pregunta respecto a los procedimientos de este estudio.

### CONSENTIMIENTO INFORMADO PARTICIPANTE

Yo \_\_\_\_\_ identificado con el número de identificación \_\_\_\_\_ de \_\_\_\_\_ informo que se me han comunicado los objetivos de la investigación y voluntariamente doy el consentimiento para participar en este estudio.

Firma: \_\_\_\_\_

Fecha: \_\_\_\_\_





**Titre :** Mesure fonctionnelle appliquée à trois problèmes de la société colombienne : Vente de Drogues, Consommation de Substances Psychoactives et Education Sexuelle des Adolescents

**Mots clés :** Mesure fonctionnelle, Le jugement moral, Drogues, Consommation de Substances Psychoactives, Education Sexuelle, Adolescents

**Résumé :** La Colombie est actuellement un pays en transition vers la paix après près de 60 ans de conflit armé interne, et elle a été accompagnée d'intérêts qui ne se sont pas seulement concentrés sur la guerre, mais également sur le bien-être des jeunes, la santé et l'éducation. Ce projet consiste à cartographier les positions des citoyens ordinaires sur trois thèmes sensibles dans le pays : la vente de drogues, la consommation de tabac et de marijuana chez les adolescents, et ce que les conseillers scolaires devraient ou non enseigner aux jeunes en matière de sexualité. La base méthodologique est transversale aux 3 études. La théorie fonctionnelle de la cognition d'Anderson (1991, 1996, 2008) a été utilisée, car elle permet de mieux comprendre comment les individus prennent certaines décisions en fonction du contexte dans lequel ils sont immergés, ainsi que la technique d'analyse de regroupement de Hofmans & Mullet (2013).

La première étude, (échantillon 302 adultes) a présenté 48 vignettes créées par variation orthogonale de quatre facteurs : type de substance, quantité de substance, type d'accusation contre l'individu et âge de l'individu, a identifié des positions associées à trois philosophies classiques différentes : (a) une philosophie libertaire, de libre marché : la sanction ne doit jamais être extrêmement sévère car le commerce de drogues est un commerce comme un autre (6%) ; (b) une philosophie moraliste, conservatrice : la sanction doit toujours être extrêmement sévère, sauf peut-être dans certains cas (52%) ; et (c) une philosophie progressiste, inspirée des droits de l'homme: la sanction doit toujours être proportionnelle à la gravité des faits (42%). La deuxième étude, (échantillon 147 adultes) avec 32 vignettes illustrant une politique de contrôle, comportait quatre éléments : le type de comportement addictif ciblé (fumer du tabac ou consommer de la marijuana), la nature des mesures préventives (par exemple, campagnes d'information), le degré de mesures réglementaires (par exemple, interdiction d'utilisation par les mineurs) et la sévérité des sanctions (par exemple, prison). Trois positions qualitativement différentes ont été identifiées : généralement défavorable, indépendamment de la politique (22% et 17%); dépend de la réglementation (18% et 22%); toujours favorable, indépendamment de la politique (23% et 25%). Une minorité substantielle de participants (37% et 36%) n'a exprimé aucune opinion. La troisième étude, (180 adultes dont 19 conseillers), a utilisé un ensemble de 24 vignettes créées en croisant de manière orthogonale trois facteurs: contexte de la demande (p.ex., les parents demandent au conseiller de limiter l'information sexuelle aux aspects purement biologiques); si l'adolescente demande des informations supplémentaires; et le type d'informations fournies par le conseiller (p.ex., informations complètes, y compris sur l'avortement). Résultats : 4 positions qualitativement différentes ont été identifiées : Dépendant de la demande de l'adolescente (5%); Exhaustivité de l'information (26%); Information biologique insuffisante (31%); et À la discrétion du conseiller (16%). 18% (les plus religieux) n'ont pas exprimé de position discernable. La majorité (57%) a plaidé pour que les conseillers fournissent des informations complètes, indépendamment des restrictions contextuelles imposées par les parents ou les adolescents.

En résumé, ces trois études permettent de cartographier les opinions des citoyens concernant l'évaluation de la sévérité des peines liées aux drogues, la nécessité d'une information claire sur les risques pour la santé et les implications sociales de la consommation de substances, ainsi que l'existence de tabous potentiels, tels que la sexualité, susceptibles d'influencer les opinions individuelles. Il est donc essentiel de poursuivre ces recherches, d'augmenter la taille des échantillons et d'étendre leur application à différents contextes urbains et ruraux en Colombie

**Title:** Functional measurement applied to three Colombian societal problems: Drug Sales, Psychoactive Substance Consumption, and Adolescent Sexual Education.

**Key words:** Functional measurement, Moral judgment, Drug, Psychoactive Substance Consumption, Sexual Education, Adolescent

**Abstract:** Colombia is currently in transition to peace after nearly 60 years of internal armed conflict. This transition has been accompanied by interests that have focused not only on war but also on the well-being of young people, their health, and education. This project aims to map the positions of ordinary people on three sensitive issues in the country: drug sales, tobacco and marijuana consumption among adolescents, and what school counselors should or should not teach young people about sexuality. The basic methodology is common to the three studies. We used Anderson's functional theory of cognition (2008), considered a theory that better understands how people make certain decisions based on the context in which they are located, as well as Hofmans & Mullet's cluster analysis technique (2013).

The first study, with a sample of 302 adults and 48 vignettes created by orthogonal variation of four factors: type of substance, quantity of substance, type of charge against the individual, and age of the individual, identified positions associated with three different classic philosophies: a libertarian philosophy: the penalty should never be extremely severe because the drug trade is like any other trade (6%); a moralistic philosophy: the penalty should always be extremely severe, except perhaps in some cases (52%); and a progressive philosophy: the penalty should always be proportionate to the severity of the facts (42%). The second study, with a sample of 147 adults and 32 vignettes illustrating a control policy, included four elements of information: the type of targeted addictive behavior (smoking tobacco or using marijuana), the nature of preventive measures (e.g., information campaigns), the degree of regulatory measures (e.g., prohibition of use by minors), and the severity of penalties (e.g., imprisonment). Three qualitatively different positions were identified: generally unfavorable, regardless of policy (22% and 17%); depends on regulation (18% and 22%); always favorable, regardless of policy (23% and 25%). A substantial minority of participants (37% and 36%) expressed no opinion. The third study, with a sample of 180 adults, including 19 school counselors, used a set of 24 vignettes created by orthogonal crossing of three factors: request context (e.g., parents ask the counselor to limit sexual information to purely biological aspects); if the adolescent requests additional information; and the type of information provided by the counselor (e.g., complete information, including abortion). Results: 4 qualitatively different positions were identified: Dependent on the adolescent's request (5%); Completeness of information (26%); Insufficient biological information (31%); and At the discretion of the counselor (16%). 18% (the most religious) did not express a discernible position. The majority (57%) argued that counselors should provide complete information, regardless of contextual restrictions imposed by parents or adolescents.

In summary, these three studies allow mapping the opinions of citizens regarding the evaluation of the severity of drug-related penalties, the need for clear information on health risks and social implications of substance consumption, as well as the existence of potential taboos, such as sexuality, that may influence individual opinions. It is therefore essential to continue this research, increase sample sizes, and extend their application to different urban and rural contexts in Colombia.