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# Sex Education Among Latino Adolescents

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Sex Education for Adolescents

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## Introduction

Adolescents often have little knowledge of the risks of sexual activity and lack sufficient sexual education to understand the consequences of engaging in these activities. To aide with the lack of sexual education, I will be developing a cultural component to the established sexual education curriculum for the students in health education at Everett Alvarez High school.

## Needs Statement

Salinas is known for its agriculturally rich land, and much of the workers are of Hispanic and Latino descent. Many of these workers have children which attend the local schools. At Everett Alvarez high school the majority of the students are Latino or Hispanic. Like many other schools, Everett Alvarez requires students to take health education in order to graduate high school. Students typically take this course in their freshman year, so attempting to teach adolescents earlier into their high school career can help the adolescent learn about prevention.

As mentioned above much of the school population is Hispanic or Latino descent, and this culture has different practices that may influence children to fall into routines that are similar to their parents or their grandparents. For example, as starting families at a young age, birth control practices, or even the amount of sexual partners they may have. In the study conducted by Villarruel et. al (2007), they found that Latinos are often influenced by familialism, gender roles, and religiosity in the likelihood of them using a condom for those who are experienced Latino adolescents. Therefore, teaching the students the importance of condom usage should influence their decision to practice safe sex rather than just letting cultural views influence them. The current set curricula that is taught does not take into consideration how race may influence much of what these adolescents know due to what they may have learned from others. “ Earlier

efforts to reduce these risky behaviors among Latino youth emphasized the need for culturally relevant prevention programming” (Kapadia et. al, (2012). There are studies like the previously quoted study that found that the curricula often is not made to suitable to the students and should incorporate some cultural aspects that will help students with sex ed.

Birth control is something that may be influenced by religion. Much of the Hispanic community is Catholic. Much of the Catholic community follows the rule that birth control should not be used due to the church being against the use of birth control may interfere with “God’s intended plan and creation”. Students may not have the resources to birth control nor know much about birth control types at all if their parents are not teaching them about sex let alone birth control. Therefore, it is important to teach the adolescents the types of birth controls that they can use when becoming sexually active.

The final need is that adolescents need to know the difference between myths and facts about sex education to have proper understanding about what risks may arise. Many students know little to no facts about sex education prior to health education. If they do know something it may have come from peers, the media or perhaps even parents. Without proper sex education, students are at risk to contract any form of STI/STD, or even HIV. Therefore, there is a need for students to learn proper sex education especially if they will be engaging in these activities. This will help lower the percent of young adolescents who get pregnant, contract a STD/STI’s.

### **Developmentally Appropriate Practice**

The beginning of adolescence as mentioned by Berk (2012), is marked by puberty. Berk continues to state that this milestone will lead to a number of biological occurrences which will then cause the young adolescent’s body to transition into an adult body, and start sexually maturing. (p.530) Biologically, this is the stage where adolescents begin to find intimate

partners, and their sexual impulses begin to reawaken as Sigmund Freud found in his *genital stage*. (Berk,p.530.2012) This is also an age where girls begin to sexually mature having started their menstrual cycle, as well as having sexual characteristics that are visible on their exterior. This leads to the curiosity, and the exploring of the teens to engage in sexual activities. Erik Erikson found in his theory of Identity vs Role Confusion, that adolescents are searching for a sense of self and personally identifying who they truly are. During this stage, adolescents are trying to become like one another and fit in to their environment. The adolescent is going to experiment different activities they believe will be age appropriate and often this is influenced by peers.

### **Consideration of Diversity**

Although students may be learning about sex from their instructors, there are also other influences as mentioned before and they are cultural and racial beliefs. According to the Centers for Disease Control and Prevention (CDC), some ethnic minorities have a higher rate of STI transmission compared to Caucasians. For instance, Hispanic and Latinos and African Americans have a higher rate for reporting STI transmissions compared to the Caucasian community. Although they are comparing both African American statistics and the statistics of the Hispanic Community, Hispanic and Latinos have the lowest of the other races statistics for STI transmission. In the study by Zukoski, Harvey, and Branch (2008), they found that communication played a role on the use of condoms, and that gender played a role as well. Roles are gender variant, meaning that depending on their gender then certain decisions needed to be made, like girls need to be on birth control and boys need to purchase their condoms and know how to put them on. This also includes who introduces the need to use a condom during sexual activity, and how does the couple communicate based on their need for contraception.

Though their study found that both genders perhaps made their decision prior to intercourse, then the couple uses a different form of communication during the time they are intimate. The Hispanic and Latino community showed to be in the lower end for STI transmissions, the Hispanic and Latino community has one of the highest rates for pregnancy statistics compared to other races. In the study by Villaruel et. Al (2007), they found a more influences in the Hispanic community that weren't limited to, "Familialism", gender roles, and religion (Catholicism in particular). They found that the Hispanic males are very influenced by their expected role and in particular to sexual behavior. Thus, also impacts their decisions to wear condoms and using contraception, leading them to the reason as to why this particular community has a higher pregnancy rates.

### **Learning Outcomes**

Through the course of this project, the intended learning outcomes are for the students to be able to identify three forms of contraception. Many students do not learn about proper education on sex at home and much is learned through word of mouth by peers who have or are sexually active. At the end of the project students should be able to distinguish myth versus true facts about sex education. Many students know bits and pieces about sex education and some may be derived from cultural beliefs and family beliefs. The third and final learning outcome is the importance of learning to increase condom usage to prevent and lower any STI transmissions, HIV, and pregnancies. This will be measured by doing opinion poles in class that will have questions that will test the knowledge they learned form the classes taught throughout the project.

Zukoski, Harvey, and Branch (2008), and Villaruel et. Al (2007 had a common goal of observing how peer led education compares to teacher led education, while the others were

focused on the Hispanic and Latino communities sex education understanding. In all the studies regarding teaching in the classroom they found that there was a significant increase of understanding, but they also found that the teaching in general was what helped increase the awareness of sexual education. There was not a significant change in understanding as we saw compared to the teachers teaching it, or if it was peer educated. Although in the diversity section, the studies used showed that there are other influences that may be affecting the sexually active adolescents, and this is shown with the STI and pregnancy statistics. These influences not only affect specific minorities but others around them, because as learned in the studies that talk about adolescents in school students are sometimes influenced by peers and what trends are occurring around them. Communicating and investing time to teach proper sexual education as well as making sure that if specific minorities are present, covering information that pertains to them in particular since the student may learn about sex one way in the classroom, but different at home due to their beliefs.

### **Method**

This project will be held over a three-day span for a total of 60 minutes each session. I will be teaching a freshman health class at Everett Alvarez High School in Salinas about family planning and contraception. The presentation presented is a mixture of my research findings as well as the set curriculum needed to be presented as set by the school board. Some of the activities are coming out of a handbook that every student has been given by their professor.

**Day 1**

On the first day of my presentation, I will be introducing myself and explaining to the students as to why I am there and for how long I expect to be a part of their class performing my project. On this day, I will be doing a survey (Appendix A) to see how many Hispanic and Latino students make up the class. Using this information, I will be able to conduct a PowerPoint presentation suited to fit the Hispanic and Latinos in the classroom. This allows for the curriculum to be a little more suited towards the student's needs culturally. I will be assessing the students on their knowledge of the content related to the learning outcomes. After I will be doing an activity out of the sex education handbook (Appendix C) that will introduce the family planning and contraception use topic they will be covering with me over the next two days.

**Day 2**

On the second day I will be presenting a Prezi presentation that will cover family planning and contraception. I have created this presentation using some of the based curriculum PowerPoint slides alongside with findings that have come from some research done to be able to present the cultural aspect. The survey conducted the previous session will be referenced to make sure the slides are being made to suit the audience appropriately. The slides have information derived articles used in the literature review. Information include statistics about contraception usage among the Hispanic and Latino community (Zukoski, A., Harvey, S., & Branch, M. (2009), how culture influences also affects getting at sex information at home from parents or family members as found by Villarruel, A. M., Jemmott, J. B., Jemmott, L. S., & Ronis, D. L. (2007). After the presentation students will be doing an emergency contraception activity that is in their handbook.

### Day 3

On the last day of the sessions, students will be learning about resources that are at their disposal. To present this information another PowerPoint will be presented with information that gives them addresses, phone numbers, and URL links for them to go to. (Appendix D). The students will also be doing a contraception group activity. In this activity each group will select a type of contraception to present as a group. The group will be gathering data using their resources to give a presentation to show their new gained knowledge. Students have the PowerPoint I presented, their handbook, as well as the internet to do some research as needed. After presentations, they will be taking a post-assessment to see what they have learned through the span of my presentation.

### Results

Learning outcome, one was that students would be able to correctly identify three types of contraception. This was met by the activity that was done on the third and final day of the presentation. The students also showed their knowledge by presenting their PowerPoints on their specific contraception chosen on the final day. As seen on (Appendix B), the first question asked was for the students to list three types of contraceptives. This was also evident in the scores in the post-assessment. 22 out of 22 students answered this question correctly on the post-assessment.

The second learning outcome was that students would be able to distinguish myths and facts about sex education. This was met by providing different types of myths and facts about sex on the Prezi presentation. This was measured by asking questions on the both pre and post assessment. Students showed that they were able to distinguish myths from facts on the post-

assessment. Although it should be noted that since the students reflected among each other with the Plan B activity, only 18 out of 22 students answered the myth questions correctly. For example, on the Prezi they were asked to think to themselves and deliberate if they thought that by taking Plan B they would not become pregnant. Also, on the PowerPoint presentation students were told that the emergency contraception pill is not a form of everyday contraception and should be used if needed rather than daily. On the handbook they were told that the pill is similar to birth control and can prevent pregnancy. I think they may have confused the students causing for only 18 to answer correctly.

The third learning outcome was that students would develop a further understanding about the importance of them using contraception when being sexually active. This is measured by presenting the PowerPoint on family planning and doing the contraception activity. The students stated efficiency against STI transmission and how efficient it was in protecting them from getting pregnant. Based on observation of the group discussion held by the students to their peers, they were able to talk about the consequences of not using contraception. Overall, all the learning outcomes were met throughout the three days not only by the presentation but by the activities they did as well. This helped them gain a further understanding about family planning and contraception use.

### Discussion

Overall, I believe my project was successful. I not only taught the students about different contraception types, but I also got them to reflect and think out loud by reflecting on some topics. I was able to have the students actively participate during the activities and discussions. The participation on behalf of the students is typically difficult to attain especially when discussing sex. Students were also more comfortable talking about sex by the third day, which I

was hoping would not interfere with me conducting this project. Comparing this project research conducted in similar environments, I was able to see how Erikson's theory about Identity vs. Role Confusion is evident in adolescents. For instance, I overheard students talking to one another about a myth spoken during the presentation. Another student in the same group had something similar to comment. Erikson states how during this stage, adolescents are trying to fit in, and from the sounds of the conversation the students were trying to fit in and converse about this topic with one another so each one had a relevant topic. When having discussions, I was able to see how peers influence one another's responses during group activities and how many students had incorrect facts about sex due to learning from media or peers. In one instance, I had them talk in groups and I overheard a conversation where a student talked about having learned from a friend about a topic of sex. Upon hearing this, I reflected back to Erikson and his theory of age appropriate theme.

Adolescents are developmentally ready to learn about sex. Teaching adolescents during their freshman year is a prime time to teach them about sex education and in specific how contraception is important while being sexually active. Biologically, this is the stage where adolescents begin to find intimate partners, and their sexual impulses begin to reawaken as Sigmund Freud found in his genital stage. (Berk.p.530.2012). This leads to the curiosity, and the exploring of the teens to engage in sexual activities. Biology is also a factor in the impulsiveness of the adolescent. As learned throughout psychology, adolescents often do not process thoughts prior to acting or saying their opinions. Adolescents are unable to foresee any type of consequences if they were to become teen parents, or if they were to contract an STI, or even AIDS. This age group will begin to understand why they need to have an awareness of what is to

come with this transition and possible pressure to engage in acts that they are not yet ready to engage in if they do not understand sex.

If I had to redo this project, I would conduct this project at a different hour of the day. My project took place during the first class of the day (block 1). Since I did the first class of the day and the week students were still waking up during the first day of my presentation. Also, it took a little longer to start my presentation because many were walking in late. I would also do it at a different school. Although it was a great class, having access to the students was difficult because they only meet with their teacher three times a week. Also, the class periods are 109 minutes long on Tuesdays and Thursdays and only 60 minutes on Mondays. The time change per class session in a way affected my presentation on the last day since it had to be done in a little more faster pace than they are accustomed to. The students had to do some research and present their PowerPoints in a short amount of time before class was let out.

## Resources

- 2016 Sexually Transmitted Diseases Surveillance. (2017, September 26). Retrieved from <https://www.cdc.gov/std/stats16/minorities.htm>
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- Zukoski, A., Harvey, S., & Branch, M. (2009). Condom use: exploring verbal and non-verbal communication strategies among Latino and African American men and women. *AIDS Care*, 21(8), 1042-1049. doi:10.1080/09540120802612808

## Appendix A

Q1: What grade are you in?	 20 sec
 Freshman	✓
 Sophomore	✓
 Junior	✓
 Senior	✓
Q2: What is your ethnicity	 20 sec
 Hispanic/Latino	✓
 Caucasian	✓
 Asian	✓
 African American	✓
Q3: Sexual orientation	 20 sec
 heterosexual	✓
 homosexual	✓
 prefer not to answer	✓

Q4: Have you had Sex education prior to this class?



20 sec

 Yes



 No



Q5: Do you know about types of birth control?



20 sec

 yes



 no



Q6: Do you know about condoms?



20 sec

 Yes



 No



Q7: Do you know where to get birth control, condoms?



20 sec

 Yes



 No





7. If the female is on birth control, there is no way she can get pregnant.

True

False

8. If the girl is on her period, there is no way she can get pregnant.

True

False

9. What is the best way to prevent pregnancy?

A. Pull out method

B. Taking the Plan A pill

C. Taking birth control inconsistently

D. None of the above

10. Latino mothers are **more likely** to speak about sex to their children compared to other ethnic parents.

True

False

11. Latino parenting styles has a lot to do with the likelihood of them talking about sex with their child.

True

False

12. The “Morning After Pill” must be taken how long after sex for it to be **most** effective?

A. 1-5 days since unprotected sex

B. 6- 7 days since unprotected sex

C. Up to 2 weeks since unprotected sex

D. None of the above

13. Define Contraception.

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Appendix C



LESSON 4 PREVIEW

# Family Planning and Contraception

**DIRECTIONS** Read the following story, and write your answers to each question before coming to class.

Ms. Rodriguez was visiting the local clinic with her twin 12-year old children, Marcus and Renee. It was time for their annual checkup. The doctor, Elena Patel, had completed a routine physical examination on each child and had sent them back to the waiting room. Dr. Patel asked Ms. Rodriguez to stay in the examination room, so she could speak with her alone.

Dr. Patel began, "You have healthy and intelligent children. But they are getting to an age when there is going to be a great deal of pressure from their friends to have sex. Have you spoken to them about your family's values and attitudes toward sexual activity?" Ms. Rodriguez just sat quietly and shook her head "no." She was very uncomfortable with this discussion.

Dr. Patel continued, "In the next few years, it may be necessary to discuss birth control methods with each of them." Ms. Rodriguez continued to sit quietly. After a moment, she replied, "Yes, I know it is time to talk about such things with my children." But silently Ms. Rodriguez wondered what she would tell her husband about her conversation with Dr. Patel.

**Question 1.** Briefly summarize the facts in this story.

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**Question 2.** Do you think Marcus and Renee are ready for a discussion about birth control? Why or why not?

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**Question 3.** Why might Mrs. Rodriguez be hesitant to have this conversation with her children, or with her husband?

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**Question 4.** How could Marcus and Renee make it easier for their parents to talk to them about sex?

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Appendix D

4/23/18

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# Resources

By: Roxana Tapia

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## Planned Parenthood

Offers:

- ❖ STD testing
- ❖ Birth controls
- ❖ Abortions
- ❖ Plan B Pill

Contact Info: (831)758-3475

316 N. Main St

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4/23/18

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## Primary Care Provider

- Talk to your doctor
  - Ask questions
    - Ways to start the conversation:
      - *"I just saw an article about high rates of sexually transmitted infections. What can I do to protect myself?"*
      - *"I know I'm here to get a check-up, but can we talk about my sexual health for a few minutes? I have some questions."*
      - *"I'm in a new relationship, and I'm not sure about the best ways to protect myself from infections and getting pregnant."*
- 

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## Centers for Disease Control and Prevention

<https://www.cdc.gov/std/prevention/screeningReccs.htm>

- Different recommended tests
  - Locations near you to get tested
  - Credible source of information
-