



Family Life and Human Sexuality for the Puerto Rican Girl

Curriculum Unit 81.03.04

by Madeline Zelonis and Erena Mazou-Skorik

OBJECTIVES

For many of us Family Life and Human Sexuality is a topic surrounded by an aura of personal convictions, myths, and even old wives' tales; many parents distrust this kind of teaching and would rather see the schools stay clear of it. For all these reasons, Family Life Education and Human Sexuality must be discussed knowledgeably, with sensitivity and honesty. Introducing such a topic in the curriculum poses a problem of values, since our students come to our classes with a set of values which might or might not be shared by the teacher. The problem is compounded when, to different values one adds a different language and a different culture.

Our objective was to write a curriculum tailored to the needs of the Hispanic teen-ager. We chose to put a special emphasis on pregnancy because our school, Polly T. McCabe, works with teen-age mothers, and also because we felt that many teachers know very little about the pregnant teen-ager herself, as she usually leaves her school to come to us, returning only after her baby is born and everything is back to "normal."

Our unit will include a cultural background for the teacher as well as a step-by-step description of a mini-course on human sexuality with an approach geared to students from a Puerto Rican background.

We have "gleaned" our background information in various ways. We tried to diversify our sources so that we might get a more complete picture. We interviewed our Hispanic students as well as professional Hispanic women in the community. We also did some book research. We set out to find answers to such questions as:

- How the young girl feels about premarital sex.
- What they expect of marriage and married life.
- Sex roles in child education
- Conflict between parents and children faced with the issue of pregnancy.
- Nutritional habits during pregnancy.
- Feelings about contraception.

The first part of our unit is a summary of our findings. The second part contains our mini-course, detailed lesson plans and suggested activities. It was written with this sobering thought in mind: classes in family life education and human sexuality are not going to eliminate teen-age pregnancy, but can provide the healthy environment teen-agers need to obtain positive information regarding their own sexuality.

Background for the Teacher

Just as there is no typical American family, there is no typical Puerto Rican family; wide differences exist in the way they feel about the education of their children, religion, food, and even women's liberation! As you read the following, please consider that it is not meant to be a portrait of the "average Hispanic teen-ager" but rather that *some* elements of that portrait apply to every Hispanic teen-ager, and, allowing for variety and differences, that she will recognize a little bit of herself or a friend or cousin in it. Regardless of how she feels about her culture, whether she embraces it or rejects it and tries to become more americanized, it is part of her—especially in our country where, even after three or four generations, one can still proclaim "I'm Italian" (or Irish, or Russian), and people will tell with some pride what percentage of each ethnic group they embody, she will always be Puerto Rican.

As descendant of immigrants or recent immigrants ourselves, we all know that the most obvious index of americanization is the degree of fluency in English. It seems that Language is Culture and that with the language one absorbs (or gets absorbed by?) the values, the way of life of a nation. Former generations of immigrants tried their best to become Americans, adopt the American way of life and get on with it. But, judging by the size of the Hispanic language problem, it would seem that they are not as willing to become part of our "Melting Pot." The island is close by, when difficulty arises here they can always return "home" for a while, sometimes only to feel homesick for America . . .

Because of this situation, their culture is a colorful medley of the old and the new, the stringently conservative and the modern (i.e., the American). These differences are particularly obvious in child rearing and can produce many clashes within a family where the generation gap is not unlikely to be widened by the fact that the children become americanized much quicker than their parents, simply because they spend a good portion of their time in school.

Since we are most concerned with the teen-age Hispanic mother let us now look at some of her attitudes about her sexuality.

Dating: The majority of Puerto Rican girls are sheltered from the outside world. Traditionally a girl is brought up to become a wife and mother, a boy to become a "Macho," a male, the one who takes charge. This pattern is most apparent in the home of first and second generation American Puerto Ricans, among this group parents are usually more permissive with their male children, who are allowed to spend a lot of time in the street whereas little girls are expected to stay home and concentrate all their efforts on their duties. Very early a little girl is given responsibility for the care of younger siblings, she must also share the cooking and house cleaning with her mother and sisters. The double standard is even more obvious in the attitude of parents towards babies and young toddlers, a little boy is allowed to walk around naked from the waist down and everybody seems to be proud of his genitals, "What a ladies' man, what a little stud he already is!" are not unusual comments. A little girl on the contrary is always reminded to cover herself and be modest and chaste, as she grows older she is constantly reminded to protect herself against men, her male relatives watch very closely over her and make it their duty to guard her virginity which is equated with her honor and the honor of her family. Under these circumstances it is not surprising that she is rarely allowed to go out unescorted or have a boyfriend.

By the time she becomes an adolescent, the girl is faced with a great dilemma: at school, she sees the American girls who seem so free to flirt and interact with the boys, she knows they date, sometimes more than one boy at a time, at home she is subject to the strict rule of her parents. Were she to disobey them and see a boy, it is not unlikely that her mother will take her to the hospital to have a virginity test.

At this point she is equally frightened and intrigued by boys. Time and time again she has been warned that men will take advantage of her if she allows it, but she also knows that she is expected to get married and have a family. So at 14 or 15 a girl may very well be thinking of marriage and her parents usually do not discourage her, they might even feel somewhat relieved if they feel that their daughter's "honor" is getting more and more difficult to defend. The choice of husband is usually not as clear cut and may be the cause of much distress. Since the girl cannot date, her choice is limited. If her family is religious she might meet a suitable young man at church, he might then come to her house on an official visit (he makes his entry, "hace la entrada") and hopefully be accepted as the one and only suitor, even though he may very well be the first one, the young people are now "novios" (steadies) and the young girl can have no other male friend and is thereby considered to be engaged to be married.

In the old days in Puerto Rico, a girl had many occasions to meet suitable young men, there were chaperoned parties, and walks in the evening. These evening walks are still a tradition in small towns and villages and still follow the same scenario: one gets all dressed up (to be noticed), then one starts the walk with one's friends, arm in arm, and the young men do the same. The "Paseo" (the place where the walk is taken) may be a popular avenue, the public square, or any public place. The young people walk up and down a few times, each time the girls pass the boys, the boys throw "piropos," gallant compliments (these can be daring, poetic, sometimes quite inspired depending on the talent of the author), the girls feign indifference for a few days to show that they have "respeto" (dignity), then smile at the boy of their choice thereby allowing him to start his courtship.

Unfortunately this sort of thing has all but disappeared here in America, the streets are considered unsafe, no one knows anyone and a public place here does not provide the kind of supervision it did back on the island. The girl is therefore left without much of an alternative. She cannot be chaperoned efficiently so she has to be restrained in other ways: early curfews and frequent lectures and warnings that she should behave properly. Under these circumstances dating can only be furtive and clandestine, a situation all too conducive to sex.

When the girl gets involved with a boy, most of the time she does not have the sophistication that comes with dating frequently. During our interviews with our young mothers, I was surprised to notice that they never mentioned petting when they talked about their relationship with the boy. After probing, they always insisted that novios must "respect each other;" I suspect this is the only way they know to remain in control of the situation. Obviously *they* had not and felt that they should have known better. They also said almost unanimously that they had been carried away by passion, "an extreme attraction that could not be resisted" as one of my students put it. As most of them were now married to their boyfriend, the baby seemed to be a source of pride and joy, for them most of the distress was done with, being married assured them the respect of their family and they felt sure their husband would take care of them and the baby. This sense of safety had not always been there and dating days were always remembered as times of great anxiety. In some homes discipline is so stringent that girls have been known to run away with their boyfriends because they were late to go home and too afraid of the consequences.

When a girl runs away (the Spanish expression is "se fue," "she left," or "se la llevo," "he took her away") she goes and lives with her novio. This is usually helped by the fact that he is sometimes ten years older than she

is. Because of the clandestine character of her position, she is trapped. Her escapade has caused a scandal in her family, her parents are furious and they either ostracize her (for a while, until the fury dies down) or push her into an early marriage. One mother caused such a row after one such incident that the police were called. The young man, warned that he could not get away with taking away a girl of 14, promised marriage. All tempers quickly cooled down and the parents allowed the girl to stay with him.

Away from home, the overprotected girl is sometimes in dire straits, especially during the time of “cold war” with her family. This period is almost a necessity as all parties must prove that they have “respeto” (again; pride, dignity) and will not give in. During that time she is unable to get advice from Mami (her mom), sometimes she is unable to speak enough English, and becomes totally dependent on her husband—they are now consensually married—for guidance. Even if she knows about contraception, the chances that she will be able to get it are very small: her husband does not look upon contraception as his problem, neither does he like the idea of her having so much control if she uses it.

She herself is embarrassed to talk about such things, let alone go to a clinic (without Mami) and get help from a male doctor for again she only thinks of males as sexual beings, i. e., aggressors and feels very threatened, almost panicked, during a gynecological examination. She is convinced that she is in danger of being raped since getting undressed and exposing her body (legs wide apart!!) is bound to unleash this male lust she has been warned about. A feminine exam is for her not only scary, it is indecent. One of our students asked us once if the doctor “took a pill” before he examined women. The question puzzled us a bit so probed and asked what kind of pill. She then explained, “Well, you know! so he won’t get horny!” Nothing we said could really convince her that her fears were unjustified.

How the girls feel about premarital sex: An overwhelming majority feel that premarital sex is wrong. They believe very firmly that they should wait until after marriage to have sex. The loss of their virginity is felt by them as well as by their family to be a loss of honor and purity. “A girl who gets married dressed in white and is not a virgin, cheats herself and cheats God,” a student told us. Sex and marriage are inseparable for these idealistic young women, and as soon as they have relations with a man they consider themselves married and always refer to him as their husband. The fact that consensual marriages are common practice among the Puerto Rican only reinforces this conviction.

Our young mothers usually explained their “fall” as the result of an excess of passion for the young man. Casual sex is contemptible to them but love, described by them as an irresistible force, was a good excuse.

In his article “Courtship in Puerto Rico: an Institution in Transition” Reuben Hill gives an insight into this excess of romanticism:

The systematic postponement of involvement until one has played the field is discouraged in Puerto Rico . . . Relatively little time is lost in exploring persons as possible companions or friends before becoming identified as “novios” . . . The Puerto Rican system (of courtship) is not concerned with providing opportunities for testing the compatibility of temperament by offering unsupervised periods alone during which quarrels and heated discussions might occur. ¹

The novios usually idealize each other and it is therefore not surprising that the girls themselves feel that dating is synonymous to being engaged, for them there can be no such thing as being just friends with a boy, they cannot have a “let’s try this and see what happens” attitude. In fact their standards for themselves are so high that they expect to make the right choice the first time and once and for all. They might envy the freedom (apparent or real) of the American teen-agers but they often accuse them of being loose.

These feelings were the strongest among the girls in our study who were least fluent in English. As fluency increased (usually these girls were at least second generation Puerto Ricans) the intransigence of the feelings decreased also, premarital sex was acceptable in some cases and the loss of their virginity was not as tragic a thing.

Pregnancy: A first pregnancy and its outcome of delivering a healthy infant is an experience most women, regardless of age, find difficult to forget. So it is with adolescents. The reasons for teen-age pregnancy are numerous, prevention is difficult, consequences can be tragic. The statistics are staggering, but we are not going to do a theoretical study of the “epidemic,” we are going to share with you *what is* the girl we see every day, the pregnant adolescent.

To adequately discuss the myths, taboos, and cultural overtones of the pregnancy, labor and delivery of the Hispanic teen, we must take a brief look at her “American sister.”

Most of the young pregnant girls that we see at McCabe are frightened, anxious, and bewildered. A girl may wear many masks and can at times hide behind a false bravado. She is faced with an upheaval to her whole being, the body she has been becoming familiar with has suddenly betrayed her. The fear that some experience is debilitating. The fear has been caused by many things, her family and/or friends have still not accepted the fact of her pregnancy, tension runs high. She has an exaggerated fear of her labor and delivery, other delivered women have unloaded their “horror stories,” some with a “you’ll get yours” attitude, others with a natural feeling of wanting to make their labor and delivery experiences more interesting with a few embellishing details.

This fear is not a positive condition. It will not make her run from the delivery room to a birth control clinic begging for services to prevent another pregnancy, she will not “think twice” the next time. Adolescence has a fantastic quality about it: pregnancy will not happen if she thinks it won’t, even when this magical formula has failed her before, she will try it again!

The fear has to be diminished for her sake and the health of her growing fetus. The teacher’s personal feelings have to be *side-stepped* in order to help her through this experience.

The Hispanic pregnant teen also has fears but they are somewhat different. She is usually married, contractually or consensually, if not, she will be soon after she finds out she is pregnant. This fact takes the edge off the uncertainty, the isolation a pregnant teen usually experiences. Marriage, even when it has been expedited, has made her respectable again. Because of the marriage factor, pregnancy is a normal consequence, she has been expected to be homemaker ever since she could reach the kitchen stove, being a wife and mother is not such a great change. But this does not eliminate the fear of labor and delivery. She knows she must face this alone. Her mother probably has told her of her own experiences, which have not been positive. Until a few years ago medical care was not very available in rural Puerto Rico, a woman often gave birth at home with the help of the local self-taught midwife, the women were unprepared, almost totally ignorant of what was happening to their bodies and full of myths that have been passed down. The fear of dying in childbirth is therefore not only compelling it is also based on a sad reality. The young girls feel much more secure in a U. S. hospital, they believe the doctors are good, helpful and know what they are about, hospitals and medical care are close by and this also alleviates the anxiety.

However, some anxiety still exists and the abundance of myths surrounding her do nothing to ease her mind. We have compiled a small sample of the myths that we found most relevant to our topic, all of these should be taken into consideration when teaching to Hispanic students, and the teacher should be prepared to tackle

them.

Virginity : There is a snake, native to Puerto Rico, a big, short snake that attacks people but won't touch virgins. It will just turn away and go back to the fields when a virgin crosses its path.

This poetic myth, similar to the European myth of the Unicorn (who could only be tamed by a virgin), is characteristic of the Cult of the Virgin so common in Catholic cultures. The girls themselves are most often baptized with the names of the Virgin: Maria de los Milagros, Mary of the Miracles; Maria de los Dolores, Mary of the Pains; Maria del Rosario, Mary of the Rosary; Maria de las Mercedes, Mary of the Graces, etc . . .

Menses : A woman must not have sexual relations with a man during that time or she will infect him.

Every culture has a variant of this myth, one way or another the message is always the same: women are impure during their period.

Pregnancy : Eating urges must be indulged or the baby will be born with birth marks. If a woman craves white rice her baby will be born with a white head, if she craves coffee he will be born with a black head.

This strange myth is explained by the fact that many shades of skin can be found in the same family, and genetics can very well play tricks and produce a light-skinned baby from darker-skinned parents or vice-versa.

Angry thoughts should be avoided because they harm the baby.

A pregnant woman must never ridicule a deformed or handicapped person or her baby will be born the same way.

Birth : It is harder to give birth to boys.

This probably stems from the belief that it is *better* to have boys than girls, who, because they are to be watched so carefully, are more trouble. It is almost logical that something better should be harder to get!

"La Loca" : A woman has to be treated very well after her delivery or she will go crazy.

This is an exaggerated version of the post-partum blues, but may not be as outrageous as it first appears. These ladies had swarms of children and needed all the tender loving care they could get after the birth of yet another child.

During forty days after her delivery a woman should stay in bed and be fed chicken broth and malt beer (a non-alcoholic beverage).

Broth is believed to contain the best part of food, it is supposed to be the most nutritious, more nutritious than the meat itself.

Circumcision : Puerto Ricans are vehemently against it and equate it with the loss of the virginity for the girls.

Belly Bands : Although this practice is disappearing because belly bands are hard to find, you never know what an overzealous grandmother can think of: Belly bands were wrapped tightly around the navel area of a newborn "to prevent hernias" but they never did anything but prevent the navel from healing properly.

The Black Stone : Usually worn on a bracelet or a neckchain, the charm takes the form of a clenched fist made

of black stone. It is supposed to ward off evil spirits and counteracts the effects of the evil eye. A baby should always wear one of these charms as he is very fragile and so lovely that he will excite jealousy and attract the evil eye.

This myth is not to be taken lightly; we all have our little superstitions. Some would never drive without St. Christopher on their dashboard, others wear a cross to Chase the devil or vampires or what have you. These are small things and tolerance is the best approach.

Our list of myths is far from being exhaustive, the teacher should be aware of these because they are the most common but should also listen and learn from the students. Each family has its “favorite” beliefs, its special versions. Human imagination is boundless and will find an “answer” to every puzzling question.

This background is only an introduction to an ever-changing culture. Literature on this subject is available but tends to be out-dated and meager. Our best information came from direct contact with the Hispanic people, only by interacting with them were we able to internalize the information about their culture. In teaching the following lesson plans, the teacher should take all the background information into consideration and be ready to adapt his/her lessons to the climate of his/her class.

STRATEGIES

We divided our unit into eight separate sessions, each session is devised with class participation in mind. The format is one of informal lecture followed by a question/answer period. The teacher should always allow plenty of time for discussion and student inquiries even when they are not pertinent to the topic of the day, because sexuality is such a sensitive subject that it sometimes takes a student a long time to gather enough courage to ask a question; a rebuff under these circumstances could be traumatic.

It has been brought to our attention that in some of these classes or in all the classes, the male and female students should be separated. The reason for this was explained to us as follows: Puerto Ricans tend to be brought up to regard the other sex as sex object rather than friend or comrade, and, confronted with so much explicit sex information, they are likely to become so uncomfortable with each other that learning will not take place. We feel that this decision should be left to the discretion of the teacher.

One should also consider that so much separation between the sexes only perpetuates the lack of communication and does nothing to help young men and women overcome their bashfulness. It might be hard to have a co-ed hygiene class, but it would be beneficial to all to have a co-ed session #1: The positive and negative aspects of being male or female. #4 and #5: Intercourse and Decision-making and even #7 which includes a film on labor and delivery could be handled in a co-ed setting. In all these classes the sharing of feelings, the exchange of opinion and general interaction should give an excellent insight to both young men and women into the other's state of mind.

Some anxiety on the part of the teacher is to be expected, especially if he/she has not taught this before. Rules have to be discussed beforehand. If personal sexual questions are not to be asked, this must be stated at the beginning. Opinions usually do not cause stress. Both teacher and students can agree to give opinions. Although personal revelations should not be encouraged, when they occur they should be respected and go no further than the classroom.

Of the variety of feelings exhibited, embarrassment seems to be the hardest to deal with. If a teacher can generate a warm, caring, empathetic, non-judgmental, *trusting* environment, most of the embarrassment will be absorbed. A student might feel guilt and shame, the topic discussion may be in contradiction with everything he/she was taught at home, some particularly religious student might fear punishment from Heaven. In any case, the students have to be reassured that “it is OK” to talk about these things, it is normal to feel how they do. The teacher might very often find that a certain amount of sharing of his/her personal experience (“yes, my mother said that I would die if I bathed during my period,” etc.) is very helpful in establishing trust in the classroom. Another way to relieve some of the feeling of shame or embarrassment is to introduce a question box. Students need not sign their names and should understand that all questions will be dealt with. Again, we reiterate that honesty, sincerity and openness are some of the teacher’s best means of relating to the students.

Session #1 The positive and negative aspects of being male or female.

This first class is non-threatening and serves to establish a rapport between the teacher and the students. It also helps the students to start thinking in terms of their sexuality.

Our suggestion for the format of this class would be to ask the question: What are the positive aspects of being a male? A female? List all the answers on the board (in four columns: female+, female-, male+, male-) and start a comparison of the results. The changing roles of each sex can be brought out in the discussion.

Session #2 The reproductive systems of both sexes

A basic understanding of their own bodies, what they have and how it all works is necessary for any further discussion. Hand-outs should be given to the students, we suggest a chart and a list of all basic reproductive vocabulary.

The teacher then can begin to place words on the board, such as uterus, vagina, testicles, etc . . . and have students give the names that are familiar to them as every student should feel comfortable with and know exactly what the teacher is referring to.

The second part of the class can be devoted to labeling parts of the reproductive system either on the board or on the hand-outs.

Session #3 Fertilization, the menstrual cycle.

A good way to present the menstrual cycle is to have a chart of or to draw the uterus, fallopian tubes, and ovaries on the board. Show the students how the egg comes into the tube, goes through the tube into the uterus and out with the menstrual flow. Approximately 7 to 14 days later, the cycle begins again. Following through all this a circle is drawn to clarify the concept of cycle.

Fertilization can be drawn next to the menstrual cycle, or on the same chart. Show how the egg and sperm meet and follow the process through to the uterus.

Charts are very helpful and discussion should be opened.

Session #4 and #5 Intercourse and decision-making.

These sessions will consist of the examination of two case studies followed by discussion questions.

We feel that this should accomplish three things:

1. It will allow the students to relax and be able to pass a more objective judgement as they will be “safe” and only the character in the story will be in the spotlight.
2. Having criticized the case study character, and in some cases probably torn them to shreds as only adolescents can, they should be more willing to be directed by the teacher (see questionnaire after each case study) to think in wider terms about the causes of the incidents, to see whether or not they themselves might not be vulnerable to the same “miscalculation.”
3. Hopefully the students will then be able to look at themselves and their expectations in a more realistic manner.

CASE HISTORY #1

Carmen is the youngest of four children. Her mother and father have been married for 10 years. She and her family are non-churchgoing Christians. Carmen has two older brothers, 19 and 17 years old, and one older sister 16 years old. Carmen is 14 years old.

Carmen, like many Hispanic girls, cannot date openly. She met Carlos, a 21-year-old young man, in her home. He was a friend of Carmen’s oldest brother. Carlos had one child by another woman. Carmen knew this but it made no difference to her or her family.

The relationship began, no more than hand-holding was experienced. It soon became apparent to both Carmen and her family that Carlos and she wanted each other. A wedding was planned and it was to be a joyous family occasion. Although the parents desired the affair, funds were lacking. Carmen’s mom had family in Puerto Rico; she decided to leave with her older daughter to solicit their help. Carmen, her step-father and her two brothers were left at home.

As the wedding date approached, Carlos starting getting “cold feet,” a permanent marriage situation frightened him and he tried to convince Carmen to put off the wedding until a later date. He suggested that they just live together.

Carmen was confused. She loved Carlos passionately and trusted him, her mother was away and could not counsel her, she had always relied on her to make her decisions in the past. Going off with a young man without her mother’s blessing meant that she would have to sever all lines of communications with her family and even drop out of school.

Because she was not used to making decisions, Carmen gave in to the pressure and went off with Carlos with the understanding that they would marry at a later date.

Carmen was still a “senorita” and had no real knowledge of sex. In fact, she feared pregnancy and the responsibility of a baby. She thought of contraception, but without “Mami” how could she get help? She was ashamed to go to a clinic because she would have to see a male doctor; she could not discuss this with Carlos.

Eight months later, she found herself pregnant.

STUDY GUIDE FOR CASE HISTORY #1

The objective of this lesson is to help with decision-making. The case history will probably provoke many negative comments from the students ("She was *so* stupid," "How could she be so naive?") The purpose of the discussion is to go beyond the first emotional reaction and guide the students to think more introspectively about their own vulnerability to a hot-headed decision, while allowing them to vent their feelings.

The questions are of three kinds, and can be used in the order suggested or any order that seems relevant.

THE STORY:—Did Carmen make a mistake?

- If so, what was her first mistake?
- What else could she have done?
- Who could she have gone to for help with birth control?
- What could her parents have done to help her?
- Is 14 too young to be married or have a baby?
- What do you think her future will be?

DATING : —Is there an age to begin dating?

- What can a person find out by dating?
- Is dating a positive experience?
- If so, how do you make your parents understand that it is?

MARRIAGE : —How old should you be before you get married?

- Why?
- What does marriage mean to you?
- What kind of commitment do you expect to keep in marriage?
- For how long?
- Does marriage mean an exclusive relationship?
- Why?
- Should you be married before you get pregnant?
- Why?

CASE HISTORY #2

Maria is a 26-year-old woman. She has been married for 12 years and has 2 sons, one 12 years old, one 8 years old. She is a paraprofessional.

As a girl, Maria liked school very much but had to leave in the 8th grade because of her pregnancy. At 14 she had to become an adult. There were no more parties, no more dances, no more dreams of travel. She now had a baby and a husband to take care of. Not only could she not finish high school, but college would never be a reality for her. As far as employment was concerned, not many employers wanted a drop-out with a small child. When asking for a reason for not getting a specific job, she was usually told that young mothers are unreliable employees. “What will you do when the kid gets sick? Leave?” That question was hard to answer. So for 9 years she stayed home and struggled to make ends meet with her husband’s meager salary.

Finally, when her children were old enough to go to school, Maria decided to take matters in hand and use her newly acquired free time to complete her high school education. Little did she know how difficult this would be. She had not picked up a school book in 9 years and had lost her ability to discipline herself and concentrate on her studies. She constantly found herself distracted by menial things such as the dishes, the laundry, meals, and by more important but no less distracting things—cranky children.

However, Maria was luckier than most since her husband was not only helpful but extremely supportive. He encouraged her at exam time and was a very good listener. He supported her even though he was teased by his co-workers for having a “professor wife.”

Finally, Maria graduated and had her diploma, and she was able to begin a new way of life.

STUDY GUIDE FOR CASE HISTORY #2

Because this seems like such a success story, the objective of this lesson is one of values clarification.

QUESTION : What would you have done differently if you were Maria?

ACTIVITY : Have the students role-play the following two situations in Maria’s life.

Situation 1: A typical night in Maria’s life after she has gone back to school—the dishes are not done, baths have to be given to the children, and there is laundry to be done. Maria’s husband is doing overtime and cannot help. The children are fighting. Somehow, amongst all this commotion, Maria must find quiet and time to herself to do her homework.

Situation 2: It is Sunday—a perfect Spring day. The whole family is home. Everyone wants to go on a picnic but Maria has to study for an exam.

This role-playing can be done “straight” or with boys playing girls’ parts and vice versa.

Session #6 Fetal growth and development, and the important role played by pre-natal nutrition.

The teacher must do some reading. The detailed reading list at the conclusion of the unit will be helpful in

providing material.

The most important point to be made is that whatever a pregnant woman ingests can be beneficial or harmful to the fetus. There are excellent pictures of the fetus available at different stages of its development. These pictures can be passed around or duplicated. There are also slides available. Again, refer to our list of resource material.

Session #7 Labor and delivery.

This presentation may take the form of a film. It is most important that time be allowed for discussion after the film. Please see our list of references.

Session #8 Male and female hygiene.

This class may be taught with or by the school nurse, if the nurse is willing and the teacher is uncomfortable with this topic.

Male hygiene : This class is an excellent opportunity to try to dispel the myth that penis size is correlated with potency and/or the woman's enjoyment.

Circumcision should be discussed, offering both sides of this issue. It might be helpful to give a brief history of the practice to bring out its cultural aspects.

The care and hygiene of the male genitals should be reviewed. Smegma build-up should be explained and its causes given. This is particularly important as most Puerto Rican boys are not circumcised.

Bathing, skin and hair care, use of deodorants; all these should be part of the class.

Female hygiene : Topics for this class are plentiful.

Douching: Even though douching is not a common practice among Hispanic women, we feel that with the strong pressure of advertising and their desire to become americanized, some women may be beginning to douche or to think of initiating the practice. Many adolescent females find their developing bodies "unclean." The odor of the menstrual flow convinces many that douching is necessary to their hygiene, yet many will not bathe or wash their hair during this period, some won't even put their hands in water, convinced that they would develop severe they did.

Tampons: Usually tampons are a no-no for the Hispanic girl because of the importance of her virginity. However, some girls might be using them and the latest research should be reviewed in class.

The dangers of feminine hygiene sprays, all-nylon hose and panties, strong and frequent bubble baths should all be discussed.

Contraception for both sexes should also be part of this lesson. The uses, misuses and myths surrounding birth control, the side effects of all methods should be honestly examined.

CONCLUSION

As we stated at the very beginning, for most students and teachers this area of study touches on the very private and unique part of a person. But if the teacher is committed and truly believes in the positiveness of what he/she is doing it will be a beneficial endeavor.

Another problem the teacher will have to face is the lack of homogeneity even in a bilingual class. Some students might be almost unable to speak English and have very Hispanic values while others will be well on their way to being americanized and might consider themselves more “modern” (“with it”) than their more conservative peers. The teacher will have to act as mediator in the possible conflicts that may arise out of these differences.

Finally, the teacher must be aware that he/she will most probably need a peer support system for him/herself. In times of self-doubt, such as direct attacks on sex educators in the media or a student relating an explosive sexual experience such as incest, support from a respected peer can be invaluable.

All things considered, we feel that an examination of Family Life and Human Sexuality is essential to normal growth and development.

Notes

1. Reuben Hill. Courtship in Puerto Rico: An Institution in Transition. p 96-109 of Cordasco. *Puerto Rican Children in Mainland Schools* , Metuchen N.J. Scarecrow Press Inc. 1968.

THE MENSTRUAL CYCLE

1. An egg is released from an ovary

(figure available in print form)

2. Egg in egg tube.

(figure available in print form)

The most important part of a young woman’s body changes in the beginning of the Menstrual Cycle. This is the process in which the woman’s body releases an egg, from the ovaries, which travels through the fallopian tube, or egg tube, and down to the walls of the uterus. The lining of the uterus is now thickened with blood and is ready to shed. The menstruation, or period, comes from the uterus and out the vagina. Between one to three years from its start, your period should be coming regularly. Menstruation is a sign that you can now have a baby. At the age of 16 you are well on your way to becoming a beautiful young lady.

(figure available in print form)

3. The egg dies, breaks up and passes out of the womb.

(figure available in print form)

4. The extra womb lining then breaks up and flows out of the vagina.

READING AND MATERIAL LIST

Annotated Reading List

Boutledge, Juliet Cheetham, and Kegan Paul. *Unwanted Pregnancy and Counseling* . London: Henley Co., 1977.

Has some interesting ideas about counseling a woman facing an unwanted pregnancy.

Cordasco, Francesco. *Puerto Rican Children in Mainland Schools* . Metuchen, New Jersey: Scarecrow Press, 1968.

A series of articles particularly interesting to teachers.

Landy, David. *Tropical Childhood* . Chapel Hill: University of North Carolina Press, 1959.

Cultural transmission and learning in a rural Puerto Rican village.

Lewis, Oscar. *La Vida* . New York: Random House, 1966.

A Puerto Rican family and the Culture of Poverty in San Juan and New York. The book is controversial but very interesting.

McCary's Human Sexuality, Third Edition . New York: D. Van Nostrand, 1978.

A must for any teacher of human sexuality. It touches on every relevant subject. Illustrated, with anatomical charts.

Padilla, Elena. *Up from Puerto Rico* . New York: D. Van Nostrand, 1978.

Very informative chapter on "growing up."

Roberts, Lydia J., and Rosa Luisa Stefani. *Patterns of Living in Puerto Rican Families* . Rio Piedras: University of Puerto Rico, 1949.

A fascinating look at everyday family life in Puerto Rico.

Shapiro, Howard J., M.D. *The Birth Control Book, A complete guide for men and women*. New York: Avon Books, 1977.

Written in question and answer form, this book answers most questions regarding *all* methods of contraception. Dr. Shapiro does not hesitate to mention the adverse side-effects of any method. A good handbook to have.

Additional Related Readings

Demarest, Robert J., and John J. Sciarra. *Conception, Birth and Contraception: A Visual Presentation* . McGraw-Hill Book Company, 1976.

Gordon, Sol. *Facts About Sex for Today's Youth* . Ed-U Press, 1978.

Gordon, Sol. *You Would If You Loved Me* . Bantam Books, Inc., 1978.

Gordon, Sol, and Roger Conant. *You—A Survival Guide for Young People* . Quadrangle/The New York Times Book Co., Inc., 1975.

Gordon, Sol, and Mina Wollin. *Parenting: A Guide for Young People* . William H. Sadlier, Inc., 1975.

Hamilton, Eleanor. *Sex, With Love: A Guide for Young People* . Beacon Press, 1978.

Hettlinger, Richard F. *Growing Up With Sex* . The Seabury Press, Inc., 1971.

Johnson, Eric W. *Love and Sex in Plain Language* . Bantam Books, Inc., 1974.

Johnson, Eric W. *Sex: Telling It Straight* . Bantam Books, Inc., 1971.

Johnson, Eric W., and Connie B. Johnson. *Love and Sex and Growing Up* . J.B. Lippincott Co., 1970.

Kelly, Gary F. *Learning About Sex: A Contemporary Guide for Young Adults* . Barron's Educational Services, 1977.

Lieberman, E. James and Ellen Peck. *Sex and Birth Control: A Guide for the Young* . Schocken Books, Inc., 1975.

Lyman, Marilyn. *Growing Up—Specially For Pre-teens and Young Teens* . Planned Parenthood Center of Syracuse, Inc., 1973.

Lyman, Marilyn. *Teen Questions About Sex—And Answers* . Planned Parenthood Center of Syracuse, Inc., 1973.

MacIntyre, Sally. *Single and Pregnant* . Croom Helm, 1977.

Mayle, Peter. *“What's Happening to Me?”* . Lyle Stuart, Inc., 1975.

Mazur, Ronald M. *Commonsense Sex* . Beacon Press, 1973.

Pomeroy, Wardell B. *Boys And Sex* . Dell Publishing Co., Inc., 1971.

Pomeroy, Wardell B. *Girls and Sex* . Dell Publishing Co., Inc., 1973.

Rugh, Robert, and Landrum B. Shettles, M.D. *From Conception To Birth* . Harper and Row, 1971.

Southard, Helen F. *Sex Before Twenty: New Answers for Young People* . E.P. Dutton and Co., Inc., 1971.

Whelan, Elizabeth. *Sex and Sensibility: A New Look at Being a Woman* . McGraw-Hill Book Company, 1974.

Whelan, Stephen, and Elizabeth Whelan. *Making Sense Out of Sex: A New Look at Being a Man* . McGraw-Hill Book Company, 1975.

Winship, Elizabeth, and Frank Caparulo. *Masculinity and Femininity* . Houghton Mifflin Company, 1978.

Childbirth Films

These films are available at Planned Parenthood in New Haven.

A Baby Is Born (approx. 30 min. Long)—film depicts a young, married, white couple.

* *Maternidad* (approx. 15 min. Long)—film depicts a young Mexican couple, the film is in Spanish.

Tamika's Birth (approx. 15 min. Long)—film depicts a young Black couple.

<https://teachersinstitute.yale.edu>

©2019 by the Yale-New Haven Teachers Institute, Yale University

For terms of use visit <https://teachersinstitute.yale.edu/terms>