



## Cultural Issues for Black and Hispanic Adolescents in Learning About Human Sexuality

Curriculum Unit 91.05.01

by Anne M. (Mickey) Kavanagh

Adolescents are getting into trouble in the area of sexuality. While rates of sexual activity among teenagers are similar throughout the world, US teens don't use contraception very often or very consistently (Fisher, 1990), and adolescent pregnancy rates are higher in the USA than in many other industrialized countries. Adolescent pregnancy leads to negative outcomes for both the parents and the children. Sexually transmitted diseases (STD's) are at epidemic proportions among teenagers, and AIDS is now a threat to adolescents. Many adolescents infected with an STD and a few who are HIV positive are being seen in the health care facilities in New Haven. There is a disproportionate percentage of blacks and Hispanics among the people who have AIDS. The majority of students in New Haven classrooms are black or Hispanic. It is of utmost importance that we learn to reach these students with effective education. Education to ameliorate these problems must focus on more than knowledge of facts. Adolescents have to learn complex skills in order to avoid putting themselves at risk. Learning these skills is affected by the cultural attitudes, beliefs and values about sexuality that surround everyone from a very young age (Abbey, 1990). (Although the purpose of my unit is to address cultural issues, I do not mean to minimize the influence and effects of the socio-economic environment in which children live. Middle class children from many different cultural backgrounds, for example, may be much more similar than children from the same cultural/ethnic heritage who have come from different socio-economic classes. In low socio-economic surroundings, families are more likely to be dysfunctional and to fail to exert limits on or apply structure to their or their childrens' behaviors. Children who grow up under conditions of constant overstimulation in such settings will be very different in terms of their experience and ability to learn than those who grow up in stable, limit-setting families.)

My objectives in this unit are to describe the variety of cultural messages that have been learned, internalized, and brought into the classroom by New Haven students, and to present some strategies for recognizing and reinforcing what is valuable in these cultures and that which conflicts with the need to learn about human sexuality in order to avoid the potentially disastrous outcomes of unpremeditated sexual intercourse.

**Culture** is the "body of learned beliefs, traditions, principles and guides for behavior that are shared among members of a particular group. . . . Culture is a strong determinant of behavior, beliefs, attitudes and values" (Abbey, 1990). The New Haven Public Schools have a student population made up of three major cultural/ethnic/racial groups: 60% Black, 17% White and 23% Latino. The cultural influences I will be looking at are Hispanic, especially Puerto Rican; and black, especially urban Afro-American. It is crucial to always remember, though, that an individual black student could be from Africa or South America or Tobago; an

individual Hispanic student could be from Cuba or Salvador or Columbia or Spain. The cultural heritage can be quite different for each of them. Do not make assumptions about ethnic origin based on physical appearance. Find out the specifics from each individual. "All information intended to reach people of a particular culture must pass through cultural filters before it is received and acted on. [In the process], the information is colored by social norms, values, traditions and history'. (NCADA 1990)

What I mean by " **issues** " is anything and everything that causes conflict for young people as they travel through puberty and become mature sexual beings. By "issues" I also mean the inability of adolescents to reconcile the beliefs and values which they hold because of their ties to their families with those they encounter as they separate from their families and move into the sphere of peers for emotional support and identity.

These conflicts can be barriers to learning information about human sexuality, and more importantly, they can prevent teenagers from acting responsibly when it comes to sexuality. They find themselves acting upon their new-found sexual feelings without thinking about what their goals are (or whether what they do now might interfere with their reaching those goals), what the consequences might be, or what kind of planning they need to undertake. This is, at least in part, because they cannot admit to themselves that they are going against the cultural values with which they were brought up. If, for instance, young people have been raised with the value that sex should be reserved for marriage, they cannot very well plan on having sex this weekend. When, on the weekend, they find themselves swept off their feet with passion, though, they may have sex on the spur of the moment because it fits into all sorts of romantic fantasies that relieve them of feeling responsible for their actions. Even after this happens, they are still unable to plan for the next time because they have been socialized in such a way that their self-image does not allow them to admit to having a sexual identity. These teens are at serious risk for adverse outcomes.

Another scenario has Hispanic students unable to listen to a teacher (unless he or she is from the same culture and/or initiates the lesson by addressing these issues) talking to a class about sexuality because in their cultural tradition, adults never talk to children about sex, and direct language is considered blunt and rude, and is almost never used when talking about anything.: Hispanic female students especially may use denial, and refuse to learn about sex-related subjects because their being expected to "remain sexually naive" (Scott, 1988) makes this area particularly laden with anxiety.

"Individuals with misinformation . . . may believe . . . that they hold correct information. Thus, if an adolescent holds beliefs which he or she accepts as true but which are different from the scientific data being taught by a health care professional, these beliefs may form a barrier to learning" (Scott, 1988). "People who are sensitive to the values and traditions of the Hispanic/Latino [or other ethnic minority] community are more likely to overcome any barriers to prevention that may exist" (NCADA, 1990).

It is important to distinguish between **early and middle adolescents** in terms of identifying meaningful ways of presenting information and conducting activities with them. Early adolescents (between 10 and 14) are concrete thinkers. In learning about reproductive anatomy, they do not easily understand an illustration that represents what's inside their bodies. Using an anatomic model or manipulative, concrete objects (such as a pear for the uterus, almonds for ovaries, figs for testicles, 18-20 feet of string for the tubules in the epididymis) makes the information much easier for them to understand (Roth, 1991). If early adolescents become sexually active, it is usually not with any thought about the possible consequences (pregnancy, diseases, emotional hurt) because they think only about the present. What seems to be important to them is what feels good now, either sexually or in terms of pleasing peers. They are, in fact, incapable of thinking in

terms of cause and effect or of the future. Successfully using birth control is a big hurdle since it involves planning for the future and realizing that what they do now might have an effect later.

Once teenagers reach age 15 or so, they gradually develop the ability to perceive the future implications and consequences of current acts, as well as the capacity for abstract thought. An illustration can be connected mentally to what is inside the body. Being able to think about the various possibilities that might happen as a result of a certain action might well result in changing one's plans for that action.

**Issues about sexuality** are present for any adolescent growing up in our society and come from sharply conflicting messages: on the one hand, sex is taboo for them until they are "older" or married; on the other hand, they are under constant pressure from many sides to have sex as often and as young as they can. Our society is not comfortable communicating honestly, openly and directly about sex, and yet our media seldom tell any story or sell any item without using sexual innuendoes, and depictions of sex are becoming more and more explicit. Part of the confusing message they receive from our culture is the pressure from parents, church, school and other authority figures not to act on their sexuality. Another part is the unending stream of sexual stimulation from the media (Strasburger, 1989). Adolescents are adrift in a sea of confusion about their own sexual identities and their own sexual lives. There has been a change in what is accepted as moral in the way adults behave sexually, yet there has not been a similar change in what they talk about as being moral for adolescents. This double standard is perceived as hypocrisy by adolescents.

In a certain sense, we adults seem to want adolescents not to be sexual—which is impossible. If our goal were, instead, for them not to cause unwanted pregnancies or to get infected with diseases or to inflict or suffer pain, we would have a much clearer set of strategies to try.

"A new morality developed in the adult world in the decades of the sixties and seventies, one that sanctions, if it does not encourage, a free sexuality among adolescents . . . . The changes in sexual behavior that have characterized the past three decades have been designated by some observers as a 'sexual revolution.' Assuming the existence of such a 'revolution,' we should expect adolescents, experimental in outlook and , caught up in the process of adaptation to their newly acquired sexual capacities, to be its shock troops and to be engaged in the energetic formulation of a new sexual morality" (Esman, 1990).

Historically, adolescents have occupied a middle ground between their strong, emerging "sexual urges and the constraints imposed by social norms, conventions, and moral judgments," most notably the Judeo-Christian tradition prohibiting all sexual activity outside of marriage and for the purpose of procreation. "In this context, all sexual avenues open to adolescents have been . . . burdened with guilt and/or shame . . . . The new sexuality appears to represent a significant . . . change in cultural patterns. Many of the values and attitudes characteristic of the older tradition seem to have crumbled along with the institutions that embodied and supported them" (Esman p. 66).

The impact of these changes can be seen in the change in attitudes among adolescents about when it's all right to have sex—"if you really dig a boy (or girl) it's all right to have sex with him (her) even if you've only known him (her) for a few hours." and "the new sexual relationship—serial monogamy without marriage, defined as a close sexual relationship of uncertain duration between two unmarried adolescents from which either party may depart when he or she desires, often to participate in another such relationship" (Sorensen quoted in Esman, 1990).

This shift in attitudes can be seen in behavior as well. "Sexual experimentation, intense sexual passion, endless sexual curiosity, and the longing and search for suitable sexual partners have always been a part of

the adolescent experience. What the new morality has done is reduce the strength of old constraints and inhibitions” (Esman, 1990). Percentages of girls and boys who have engaged in sexual intercourse by age 16 have greatly increased over the last decades. Threats of pregnancy, disease and now AIDS challenge us to convince teenagers to think realistically of cause and effect, to plan for their sexual activity and to communicate with their partners about protection and prevention.

Few words are needed here about the importance of adolescents learning about sexuality and the many complex steps they must follow in order to prevent themselves from getting pregnant or catching a disease. I do not advocate that teens engage in sexual intercourse but I know that they are sexual, have strong sexual drives and that they must acknowledge their sexuality and learn about their options (one of which is to postpone having sexual intercourse), if they are to be able to exercise control over the sexual aspects of their lives.

All the confusing messages and cultural barriers get in the way both of learning scientific knowledge about the body and of being able to acknowledge one’s sexuality in order to plan either not to have sex or to have sex. In the latter case, planning and decision-making has to continue to the next step: whether and how to prevent pregnancy and disease. “Adolescents must perform a series of objectively difficult acts in order to avoid pregnancy and STD/HIV infection. Scripts for behaviors that might help teenagers avoid pregnancy and STD/HIV infection are rarely, if ever, taught, rehearsed, or reinforced. Moreover, the behavioral acts involved in pregnancy and STD/HIV prevention are often emotionally and socially difficult for teens to enact, and pregnancy and STD/HIV preventive behaviors have immediate costs and only distant and uncertain payoffs. Given [the above], it becomes easier to understand why teenagers at present do not consistently practice pregnancy and STD/HIV prevention” (Fisher, 1990).

Some people continue to object to sex education because they believe that learning about sex makes teens “do it.” There is no evidence that this is so. In fact there is evidence that teenagers who have had sex education are more likely to delay the onset of intercourse and are more likely to use precautions when they do have sex. There is also evidence that teens who are talking with their parents’ especially their mothers, about sex are less likely to engage in sex early and more likely to use birth control when they do have sex (Brooks-Gunn, 1989).

It is important to find out the scientific knowledge base, the misinformation and misconceptions, and the cultural values that are held by the students in any class to which you are about to teach human sexuality. One way to begin a series of lessons is with a questionnaire to determine the specific attitudes, beliefs and knowledge among the students. This exercise will help the teacher identify the variety of cultural issues s/he must take into account before and during the lessons.

Accepting differences is a universal goal of understanding one’s multicultural environment. A warm up/ice breaking activity should be designed to desensitize various sub-groups in the class. This kind of activity can help to build one unified group which accepts the differences among them and works together to learn about the subject and to learn from each other. Later in the unit are suggestions for getting beyond cultural barriers to foster better acquisition of knowledge and more effective application of the information to behavioral choices.

**Some issues can be different for each subgroup of the population.** The issues are also different for males and females. One study (Scott, 1988) looked at beliefs and the level of scientific knowledge about sexuality and contraception among black and Hispanic teenagers. It was found that Hispanic teenage males had the most knowledge, Hispanic females had the least, and black teens were in the middle.

Most **black families in New Haven** are from the rural southern USA (ancestors brought there as slaves), identified as Afro-American rather than West Indian in their ethnic heritage. “Four major values of black American families concern the importance of religion and the church, the importance of the extended family and kinship networks, the importance of flexible family roles, and the importance of education” (Taylor-Gibbs, 1989).

The *church* is the central focus of social and civic activity. Denominations include Protestants, Fundamentalists, and Black Muslims. Even if an individual is not an active churchgoer, the religious heritage will shape beliefs and values.

The *role of the extended rather than nuclear family* is important for this group. The large extended family network has been an important survival resource. This has been especially functional for low income people who exchange resources, services and emotional support. It is not uncommon for parents to send adolescents to live with other relatives to change their environment or to defuse conflict within the family.

There is a *flexibility about sex roles* for black males and females. Women have always worked to maintain an adequate living for the family. Parents have divided responsibility more by task than by traditional gender role. Child-rearing practices foster early independence in both male and female children. Females are encouraged to be aggressive and assertive, males are encouraged to express emotions and be nurturing.

*Education, hard work and social mobility*, all highly valued, prompted the mass migrations from the rural agricultural South to the urban industrial North where there were greater educational and economic opportunities. Despite discrimination and poverty, black families sent their children to college. In recent years, however, there has been a widening gap between middle-class blacks who take advantage of educational opportunities and inner-city blacks who, because of the isolation of poverty, don't even know that these opportunities exist (Allen, 1989).

Black adolescents, as a group, start having sex at the youngest age and have the highest teen pregnancy rates. They initiate sexual activity about one year earlier than whites, are less well informed about contraception, less positive about its use, and less effective about using it (Taylor-Gibbs, 1989; Grant, 1988; Brooks-Gunn, 1989; Mays, 1988). Teenage pregnancy and parenthood is a major psychosocial problem for black teens. In 1983, black teenaged women aged 15-19 had a birth rate of 86 per 1000 as opposed to 18 per 1000 in white women. Ten per cent of black teens aged 10 to 19 as opposed to 2 per cent of white teens became pregnant (Taylor-Gibbs, 1989). Some reasons for this are “the opportunity costs associated with a school-age pregnancy or birth are . . . not as high for those raised in a disadvantaged economic background as they would be for individuals from a more affluent environment”; “the black community is thought to hold less traditional views about adolescent sexual activity, marriage, and early childbearing than do whites. These views may be the strongest in urban ghetto areas since young black males (and females) residing here encounter considerable peer pressure to engage in early sexual activity. Black youth also report a desired age for childbearing that is younger than their desired age for marriage and a greater willingness to consider nonmarital childbearing” (Stiffman, 1990).

The majority of **Hispanics in New Haven** are from Puerto Rico and maintain active relationships with family members there. The cultural messages about sexuality are enormously different for males and females. Females are to be innocent, naive, inexperienced, passive and learn about sex from males when they get married; males are to be knowledgeable, possibly even experienced, and take an active role in teaching their wives about sex.

Several **Hispanic cultural values** are worth investigating in more detail for an understanding of how they affect a Puerto Rican child's ability to learn about sexuality in a classroom lesson. "Despite subcultural differences among diverse Hispanic nationality groups, researchers and historians have described a common core of beliefs and values surrounding male and female sexuality in Spanish-speaking countries. These are attributed to the strength of two core values: *machismo* (values relating to virility) and *marianismo* (values relating to virginity)" (Scott, 1988).

*Machismo*, a virtue that encompasses courage and romanticism, literally translates to mean "male pride", and refers to the cultural reinforcement of the exaggerated importance of being a man. The male is the initiator who deals with the outside world and provides for his family. The male has to be dominant in relations with women and has to teach his wife everything about sex.

*Marianismo* embodies the characteristics of the ideal Latina woman: self-sacrifice, spiritual strength, and submission to the males in her life, which include her father, brother, husband, son. A good woman centers her life around her husband and children. Her primary role is to hold the family together. She is expected to avoid self-indulgence and sensuality. Good qualities refer to aspects of sexual behavior: chastity, purity, virginity, and being virtuous. Hispanic females have been socialized to adhere to traditional sex roles: docile, submissive and obedient. Motherhood is extremely highly regarded. For the poor, children are seen as the only source of wealth.

*Verguenza* is the shame and embarrassment relating to female body parts and is associated with the belief that good girls should not know anything about sex. The only women who can be knowledgeable about sex are prostitutes. Women's sexuality is seen as both extremely precious (because of its childbearing quality) and extremely dangerous "because, if unleashed, it can enslave men.)" (de la Vega, 1990).

Direct sexual talk is basically unacceptable. Latin society does communicate about sexuality but it does so in indirect and nonverbal ways. "We learn by doing, not by talking" is a common saying. The use of "dichos", which are proverbs or sayings, and "cuentos", which are stories or fables, is a traditional strategy for conveying information and values without talking directly. "The Latino Family Life Education Series" listed in the Resources illustrates these strategies.

*Familism*, adherence to the value of the family, ordains many behavioral rules: deference and respect for parents; hierarchical sibling relationships structured by birth order and gender roles; encouragement of family solidarity at the expense of individual achievement. The family is very important. The family includes a wide array of relatives, neighbors, community members, all of whom are involved in the raising of children. Respect must always be shown to the father of the family if one hopes to have an impact on a member of the family.

*Formalidad* refers to using a certain degree of formality when dealing with outsiders, professionals and community leaders. One must show politeness and respect (*respeto*) for those considered to be authorities and experts. Children are taught the importance of respect and the proper way to relate to others on the basis of age, sex and social class. Direct questioning of authority is discouraged and would create discomfort. If feelings of trust, acceptance and *confianza* can be gained for the outsider by the family, Latinos will become less formal and more open.

The practice of religion is deeply embedded in Latino culture. Catholicism is the predominant religion, with Fundamentalism a second important one. An individual experiences a personal relationship with God. Many also adhere to *spiritism*, the belief in good and evil spirits that can affect one's life.

Identity conflict is a reality for many adolescents who have come from Puerto Rico and are in various **stages of acculturation**. There is frequently a clash between “old world” and “new world,” between the traditions handed down for generations in Puerto Rico and the realities of life in mainland USA and in New Haven (Inclan, 1989). Although it is traditional that parents not talk with their children about sex, parents in New Haven have said that they must change, even break with, that tradition because their children are being exposed to the culture here, learning about sex and becoming involved in sexual activities because of and with their peers.

The length of time that a family has been in New Haven can have an effect on assimilation or acculturation. Second generation immigrants are generally much more assimilated than first generation. Children become acculturated more quickly than their parents because they are more immersed in the culture. This causes conflicts between parents and children and, for the children, between clashing values about sexual morality (Inclan, 1989). “One result may be that the discrepant levels of acculturation between parents and children yield a sense of marginality, depression and despair in youth. . . . Another result may be the loss or blurring of boundaries and roles in the structure of Hispanic families in which traditional cultural values are not upheld, parental child-rearing practices are weakened, and maladaptive patterns of behavior are tolerated or encouraged” (Stiffman, 1990).

**Controversial issues** are valued very differently by each ethnic culture. One such issue is contraception. For some black youth, fertility is seen as proof of masculinity. When efforts are undertaken to contracept it is seen as the female’s responsibility. Contraception is basically unpopular with everyone in Latino communities. It may sometimes be used with a prostitute who is possibly the only woman with whom a man may avoid having children. A woman prepared for sex (by carrying condoms, for instance) is perceived to be experienced, loose and therefore unattractive. Men may not want to be seen as proposing protected sex, which carries the connotation for women of not being serious—desiring sex which does not lead to pregnancy and marriage (Worth, 1987).

An additional topic which is surrounded by cultural messages, usually taboos, is homosexuality. It is not accepted in Hispanic cultures, although there is a range of acceptability based on whether a man is an active or passive participant. Black homosexual individuals are silently accepted by their communities but nobody talks about it. Homophobia damages all teenagers, causing young men to be stifled emotionally and oftentimes to have sexual intercourse or even to impregnate girls in order to “prove that they’re not gay.” The search for one’s own identity involves exploring an attraction to the same sex for many adolescents. “Homosexual behavior is common during adolescence, particularly during early adolescence” (Grant, 1988). It is important to establish the normalcy of such feelings and actions, to diffuse the guilt about them. Not mentioning it confirms that it is deviant and abnormal. Young people engage in behavior despite cultural taboos. Whatever cultural messages students have received about homosexuality, it is very important to communicate that discrimination is never okay.

## **CLASSROOM ACTIVITIES**

---

When beginning a unit on human sexuality, before touching on any direct instruction about the topic, it is crucial to ascertain the makeup of the students and the extent and character of the cultural messages they have received about sex from their families. I propose doing that by means of three classroom activities.

- Realizing that each child's family has a history beyond their living in New Haven, I will find some indication of the variety of their background by painting a picture of its scope. The rainbow activity is adapted from
1. the American Red Cross' elementary AIDS curriculum, "Building Blocks", and from the Anti-Defamation League's "World of Difference" newspaper of classroom activities.

2. Having students complete a questionnaire about their family members, and which of them is personally important, will provide some clues about the extent and the influence of extended families, and cultural traditions surrounding sexual events such as puberty and marriage.
3. Playing a game to identify differences in terminology and misinformation regarding human sexuality and reproduction will help determine the exact content of the teacher's lessons.

## **ACTIVITY # 1: MAKING A CLASS RAINBOW**

---

***Goal To recognize and appreciate the diversity of ethnic backgrounds among the students in the class.***

***Materials needed Large sheet of newsprint or oaktag and many colored markers. Draw a five-rowed rainbow with black marker across the entire sheet of paper.***

***Procedure Introduce the activity by explaining that we are all different and, for that reason, we as a group are uniquely interesting. We are going to begin to find out about our differences by filling in the rainbow.***

Use a different colored marker for each different answer as you write in the responses of the students in the class. It is good to follow the two question rule, eliciting details from students whenever possible so that as the



class hears the variety of descriptions they begin to see a picture of their differences and similarities.

*First row* : Race and/or ethnic group(s) making up the families of the students. Include in-laws, step-parents, etc. and go back a few generations. Aim for including all students and for finding differences. *Second row* : Languages spoken by all members of their families, living or dead.

*Third row* : Relationship to them of all the people living in their house, including aunts, uncles, family friends, grandparents, parent's girl or boyfriend. You can include summer families if they are different.

*Fourth row* : Celebrations and rituals shared by family members, e.g., birthdays, name days, Hanukah, Christmas, Kwanzaa, Three Kings' Day.

*Fifth row* : Foods (perhaps one's favorites) or ones that we've eaten or heard about that come from these various cultural, ethnic heritages.

***Debrief the activity by asking students for their reactions to the process or to the finished rainbow. Use questions like the following:***

How did you feel while we were doing the activity? Did you find much that was similar or different from your own responses? How does that feel?

Were you surprised by how much (or how little) variety there is among us? What had you expected?

Why did we do this activity before starting a unit on human sexuality? Use this last question as a lead-in to your closing comments. One of the ways in which we are all very different is in how we have been brought up to think about sex and learning about sex. Our next activity is going to be filling out a questionnaire about our family traditions in this (sometimes) sensitive area. The homework assignment for today is to fill out the questionnaire, talking with your family members about each of the questions so you will have the most complete information about your family's traditions. Use this assignment to begin a conversation with them. There will be additional homework assignments throughout the unit on human sexuality.

## **ACTIVITY # 2: QUESTIONNAIRE**

---

***Goals To expand the students appreciation for the variety of their backgrounds and to help them appreciate that these backgrounds have an influence on one's values and attitudes towards human sexuality. Another goal is for the teacher to gather information about the ways that the students' families handle issues related to sexuality, and whether there are cultural taboos or barriers which must be taken into account.***

***Materials Needed Map of the world on which to show where all the students' families' came from before they were in New Haven. The students need to use their completed questionnaires in the dyad.***

***Procedure Have students form pairs. Students are to get to know each other by going over the answers to the questionnaire. They will then introduce their partners to the class as a whole, using the information in two or three of the questions which seem most interesting, either***

**because it is so similar or so different from their own responses. Mark the places on the world map where students' ancestors and families come from and/or have lived.**

**Debrief by asking students the following questions:**

What effect might these cultural/family beliefs have on an adolescent growing up in New Haven? (Try to elicit a discussion about the potential clash between traditional parental values and peer pressure to behave differently). What was it like to talk to your parents about these questions? (be sure to allow for those students who are truly unable to talk to their parents).

How did you feel finding out about your partner's family traditions?

How did you like introducing your partner to the class?

Did you learn about any new traditions? Which ones?

Why is it important to talk to one's family about traditions and customs especially surrounding puberty, sex, and marriage? Finish by explaining that you respect all these various family and cultural traditions. In New Haven now, it is very important for adolescents to have accurate information about human sexuality and to understand that they are in control of their future. Some of the decisions they make will have a direct effect on that future. It is helpful (if not essential) to explain to classes where there are Hispanic/Latino students that you are aware that in their culture, sex is not often talked about and even when it is it is not talked about directly. If it is possible, invite an Hispanic bilingual/bicultural guest speaker into the class when you begin the lessons about human sexuality because this can help the students to reconcile two conflicting pressures: not to talk about sex, yet needing to learn about it. If they feel respect for a figure of authority who shares their culture, it can allow them to participate in the classes and learn the information.

**Questionnaire About Family Traditions**

Please answer these questions, using as much detail as you can, and talking to your parents whenever needed.

1. What is your ethnic background? Do you identify yourself with a cultural group? If not, what other groups do you identify with?

---

---

---

2. How long has your family lived in New Haven? Where else has your family lived?

---

---

---

3. List the members of you family here, their relationship to you and whether they live with you, live nearby or live far away.

Name Relationship Where they live

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

4. To whom among these family members are you closest, who has the most influence on you, to whom could you talk about something really important?

---

---

---

---

5. What are the traditions about puberty in your culture or your family?

---

---

---

---

6. How old should a person be (or what other requirements are there) before they

- a. get married? \_\_\_\_\_
- b. have children? \_\_\_\_\_
- c. have sex? \_\_\_\_\_

7. What are the expectations of your family and your cultural tradition about sex and marriage? Did your parents' parents talk to them about such things? If not, did they know how their parents felt? If so, how?

---

---

---

---

8. Something I like about myself that is part of my culture is

---

---

---

### ACTIVITY # 3: GAME

---

**Goals To identify differences in terminology, misconceptions and misinformation regarding human sexuality and reproduction, and to immediately correct them; to increase class comfort with talking about sexuality topics; to increase awareness of differences and similarities among class members. (This game is adapted from Shifman, et al. 1986.)**

## **Materials Needed**

Transparencies (and overhead projector) or newsprint sheets with answers to game questions written on them.

Sheets of newsprint for each team to write their answers on.

Bold markers. Small cards with “one point” written on them.

Prize(s) for the winning team.

**Procedure Divide the class into teams of 4-5 players. Give each team a few sheets of newsprint. Each team is to select a spokesperson who will give the answers decided on by the team and a recorder who will write the answers on newsprint when needed.**

The teacher will ask a question and the teams will have three minutes to write as many answers as possible on their paper. When time is up, the spokesperson will read the answers. The teacher’s prepared answer sheet will then be shown. One point is given for each answer that corresponds to the correct answer. The teacher can give a card with a number one on it for each correct answer. Teams will rotate who reads their answers to a particular question first, but all teams who have a correct answer on their newsprint sheet will get a point. Ask for any additions to the lists after all have reported out.

Discussion can follow each question/answer and at the end of the game. When all questions have been asked, the team with the most points wins and is given a small prize.

**Debrief by pointing out how much the students knew, asking them how they liked the game, what things they found out, what things they discovered were not true. Discussion should focus on misconceptions, making sure that students understand what is factual and what is not.**

## **Game Questions and Suggested Answers**

1. What do you, your grandparents, parents, brothers, sisters, friends, relatives and other people you know call menstruation?

(Answer can include but is not limited to the following: period, falling off the roof, on the rag, monthlies, having her friend, etc. Accept all answers that seem feasible.)

2. I’ve heard that when a female is having her period, she cannot. . . .

(The answer should say: there isn’t anything she cannot do simply because she’s having her period. Correct myths about washing hair, swimming, cooking, etc.)

3. I believe that when a female is having her period she can . . .

(The answer will read: She can do anything she wants to do while she is having her period, except get pregnant.)

4. What things can a male teenager do in order not to get a female pregnant?

(The answer will include: not have sexual intercourse, use birth control, [perhaps listing each method], go to a clinic for information with his girlfriend, talk to his girlfriend, use condoms, fool around without having intercourse, etc.)

Joyce and Ted are having sex without using any method of birth control.

5. Joyce hasn't had a period for two months. What should she do? What should Ted do?

(The answer should include: talk to an adult, get a pregnancy test, go to the doctor, not use alcohol, cigarettes, or drugs, call Info-Line, etc. Facilitate the discussion toward a focus on the fact that the male does have a role to play. Accept all answers as long as they make sense.)

Mary is a teenager who is pregnant.

- 6-A. What are the negative things that might happen to her or her baby? (or the baby's father?)

(The answers can include such things as: For the baby-low birth weight, prematurity, slower development, greater risk of death; for the teenage mother greater risk of pregnancy complications, chance of not finishing school, lower paying jobs, risk of being on welfare; for the father financial responsibility, risk of not knowing his child as it grows up . . .)

- 6-B. What are the positive things that might happen to a teenage boy or girl who has a baby?

(The answers include: peer approval, getting away from home, proof of fertility, proof of not being gay, feeling grown up, etc. The point is to acknowledge that some teens get pregnant because they want to and they do feel like their life has improved as a result.)

7. You've probably heard about ways to keep from getting pregnant besides the ways we've already talked about. They may be myths or silly things or old wives' tales. List as many as you can think of.

(The point is to highlight the fact that they don't work.)

8. There are some laws and state statutes regarding teenagers and their being able to get health care services (going to the doctor) without their parents knowing about it. What are they about?

(The answer includes: health care for sexually transmitted diseases and for issues of reproduction, substance abuse, and mental health. Also, "mature" or "emancipated" minors are those who are living on their own or who have children. They are able to sign for all health care needs on their own.)

9. I believe the best method of preventing pregnancy is . . .

(The answer is not to have intercourse or whatever a couple will use everytime they have sex. It is important to elicit misinformation about certain methods and to talk about how hard it can be to do something to prevent pregnancy every time a couple has sex.)

10. When a teenager is thinking about having sex, she or he should . . .

(Answer should include, finding out information, talking to partner, talking to parent, going to clinic for birth control, preventing disease transmission, etc.)

## References/Endnotes

---

Abbey, N., Brindis, C., & Casas, M. (1990). *Family Life Education in Multicultural Classrooms*. Santa Cruz: Network Publications/ETR Associates.

Allen, L. & Majidi-Ahi, M. (1989). "Black American Children." In *Children of Color: Psychological Interventions with Minority Youth*, edited by J.Gibbs, L.N.Huang, & associates, 148-178. San Francisco: Jossey-Bass.

Brooks-Gunn, J. & Furstenberg, F. (1989). Adolescent sexual behavior. *American Psychologist*, 44 (2), 249-257.

De La Vega, E. (1990). Considerations for reaching the Latino population with sexuality and HIV/AIDS information and education. *SIECUS Report*, 18 (3),1-8.

Esman, A. H. (1990). *Adolescence and Culture*. New York: Columbia University Press.

Fisher, W. (1990). All Together Now: an integrated approach to preventing adolescent pregnancy and STD/HIV infection. *SIECUS Report*, 18 (4),1-11.

Grant, L. M., & Demetriou, E. Adolescent Sexuality. (1988). *The Pediatric Clinics of North America*, 35 (6), 1271-1289.

Inclan, Jaime E., & Herron, D. Gloria (1989). "Puerto Rican Adolescents." In *Children of Color: Psychological Interventions with Minority Youth*, edited by Gibbs, et al, 251-277. San Francisco: Jossey Bass.

Matiella, Ana Consuelo (1988). *Cultural Pride Curriculum Unit*. Santa Cruz, Cal: ETR Associates.

Mays, V. M. & Cochran, S. D. (1988). Issues in the perception of AIDS risk and risk reduction activities by black and Hispanic/Latina women. *American Psychologist*, 43 (11), 949-957.

NCADA (1990). Reaching Hispanic/Latino audiences requires cultural sensitivity. *The Fact Is . . .* Rockville, Md.: National Clearinghouse for Alcohol and Drug Information.

Roth, Beth, CNM. Personal communication.

Scott, C. S., Shifman, L., Orr, L., Owen, R. G., & Fawcett, N. (1988). Hispanic and black American adolescents' beliefs relating to sexuality and contraception. *Adolescence*, 23 (91), 667-688.

Shifman, L., Scott, C.S., Fawcett, N., & Orr, L. (1986). Utilizing a game for both needs assessment and learning in adolescent sexuality education. *Social Work in Groups*, 9 (2), 41-56.

Stiffman, A. R. & Davis, L. E. (1990). *Ethnic Issues in Adolescent Mental Health*. London: Sage.

Strasburger, V. C. (1989). Adolescent sexuality and the media. *Pediatric Clinics of North America*, 36 (3), 747-773.

Taylor-Gibbs, J. (1989). "Black American Adolescents." In *Children of Color: Psychological Intervention with Minority Youth*, edited by Gibbs et al, 179-223. San Francisco: Jossey-Bass.

Worth, D. & Rodriguez, R. (1987). Latina Women and AIDS. *SIECUS Report*. 15 (2), 5-7.

## RESOURCES FOR TEACHERS

---

Abbey N., et al. *Family Life Education in Multicultural Classrooms*. Santa Cruz: Network Publications/ETR Associates, 1990. This is a very good and short book discussing the issues to be aware of and giving a few sample lessons.

Consortium for Research on Black Adolescence. *Black Adolescence, Current Issues and Annotated Bibliography*. Boston, Ma.: G.K. Hall & Co., 1990. An excellent annotated bibliography divided into twelve chapters.

Esman, A.H. *Adolescence and Culture*. New York: Columbia University Press, 1990. A very well written and understandable book about the subject. See especially chapter 4: "Adolescence and the New Sexuality".

Fisher, W. "All Together Now: An Integrated Approach to Preventing Adolescent Pregnancy and STD/HIV Infection." In *SIECUS Report*. 18 (4), 1-11. An excellent article about the complexity of the task we are asking adolescents to perform.

Foster, L. & Gitchele, S. *Hablemos Acerca Del . . . S-E-X-O, un libro para toda la familia acerca de la pubertad*. Fresno, Cal: Planned Parenthood of Central California Education Dept., 1985. A very good book for young adolescents and their parents. It is in Spanish and English.

Matiella, A. C. *Cultural Pride and La Familiar: Latino Family Life Education Series*. Santa Cruz: ETR Associates, 1988. Two teachers' guides and two student workbooks with excellent lesson plans addressing Hispanic/Latino culture and adaptable to other cultures.

Wolf, T. *I'll Be Home Before Midnight and I Won't Get Pregnant: Stories of Adolescence*. New York: Vintage Books, 1988. Clever book using text and cartoons to illustrate many of the troubles of adolescence.

---

<https://teachersinstitute.yale.edu>

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

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