Sexual and Reproductive Health Education with Latino Adolescents

Alexandra Dest

University of North Carolina at Chapel Hill

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Josh Hinson

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I have neither given nor received unauthorized aid on this paper.
Proposed Intervention for Sexual and Reproductive Health Education for Latino Adolescents in North Carolina

Over the last twenty years, the Latino population in North Carolina has increased exponentially. Greater availability of work, higher wages, and improved educational opportunities have pulled migrants to North Carolina, who in turn have established families here. With the Latino population in the state reaching nearly 9%, according to the U.S. Census Bureau, and teen pregnancy rates among Latinos significantly higher than their White and African American peers, it is necessary for social services to address their growing needs (NC State Center). This research paper will address the history and current situation of Latinos and the sexual reproductive health education available in North Carolina, service or research needs, a proposed intervention to meet these needs identified, and an organizational case study through which this intervention should be carried out.

Background

North Carolina has the eleventh highest Latino population in the nation, with 828,000 individuals consisting of nearly 9% of the state’s total population (Guadalupe; Pew). In 1990, Latinos made up only 1.2% of the state’s population, but by 2000 it had grown to 4.7%, and in 2010 it reached 8.4% (Fitzgerald). That makes the total population growth for NC Latinos 111% from 2000-2010, the sixth fastest growth rate in the country for that time period (Guadalupe). This increase in population, however is not due completely to the arrival of new immigrants, 47% of Latinos living in North Carolina were born here (NC State Center). While the median age of North Carolina Latinos is 24, it drops to the age of 11 for native born Latinos (Pew). Balancing cultures and traditions, this young Latino population presents their own unique challenges.
A study titled Youth Risk Behavior Surveillance by the Center for Disease Control found that in 2011, 48.6% of Latino high school students nationally had had sexual intercourse (26). While Latino students were less likely than their Black peers to have sex and more likely than their White peers, Latino males were less likely than both groups to have used a condom the last time they had sexual intercourse. Sixty-three percent of Latino males reported having done so compared to 75.4% of Black males and 66.3% of White males. The use of birth control pills was also significantly lower for Black and Latino youth, 10.1% and 10.6%, than for White students (24%) reported using them (27). Students who reported not having used any method to prevent pregnancy and STIs were highest for Latinos, 18.5%, compared to black and white students, 13.3% and 10%, respectively (28). Nationally, there is a grave need to improve the health statistics for Latino adolescents.

In North Carolina, these discrepancies can be seen in the high teen pregnancy rates of Latinos aged 15-19. In 2011, the teen pregnancy rate for Latinos was 71.1 per 1,000 girls. While still higher than African American, 61.6, and white girls, 30.8, this marked a substantial decrease in teen pregnancies for Latino youth. The rate for NC Latina girls in 2007 was 167.4, which was almost double the rate of African American teens (87.1) and over triple the rate for white teens (52.3) (APPNC). The prevalence of HIV diagnosis for Latino adults and adolescents in North Carolina has also decreased since 2007, when the rate was 48.6 compared to 27.7 in 2011 (NCPH). While the trends regarding the sexual and reproductive health of Latinos in North Carolina are optimistic, their comparable health continues to lag behind their peers.

The sexual and reproductive health education in North Carolina recently changed, replacing the abstinence only education that had been policy since 1995. In 2009, the Healthy Youth Act was implemented, which altered reproductive health and safety education for 7th-12th
grade students in North Carolina. Although the law continues to stress abstinence, the new curriculum teaches youth about different methods to prevent pregnancy and STIs as well as information regarding sexual assault and abuse (House Bill 88; Understanding). While parents still have the option to remove their child from the classes, schools cannot opt out of the Healthy Youth Act (APPNC). The program was first implemented across the state in the 2010-2011 school year. The policy is an improvement on the sexual and reproductive health education that North Carolina youth will receive, however, the continued expansion of educational programs that target Latino youth continue to be necessary to address the specific cultural and linguistic needs of the population.

Service or Research Needs

One of the many strengths of Latino adolescents is their cultural value of familismo, or the importance of family. Family incorporates both the nuclear members and extended relatives who form a collective unit. With familismo, obligations to family are high, support is widespread, and decision making is a group issues (Smith-Morris 37). The family serves as a main form of social support for all involved and is seen as a positive influence for youth. However, the importance of family has also been as source of “surveillance and pressure, such as regarding reproductive decisions and sexual identity” (38). While familismo is a supportive institution, they can also be a source of conflict when members of the family have conflicting views. This is especially relevant across generations, when youth are acculturating at faster rates than their parents and acculturation gaps result (Smokowski 296). Despite these struggles that result for many Latino adolescents, the importance of family plays a key role in the sexual decision making of teens.
While family is important in the sexual health and decision making of teens, the communication between teens and their parents is not always constructive. The most reported type of conversations between Latina youth and their mothers, according to one study, was “statements of cultural values and use of negative examples regarding consequences of adolescent pregnancy” (Gilliam 55). These statements often include comparisons to religious icons and scare tactics to persuade daughters from having premarital sex (55-56). Daughters also reported that many mothers did not discuss sex or did not know accurate information to share with them. Fathers were largely left out of discussions of sex other than to serve as a protectorate of “traditional messages and cultural expectations” (57). In a different survey, it was found that Latino teens discussed sex with their parents less regularly than their African American peers. The study went on to find that adolescents that did talk about sex with their parents regularly were “more likely to initiate sex” though the study fails to note what pregnancy and STI prevention methods were utilized (Pearsons 82). While communication may not discourage teens from having sex, this study fails to address whether teens who do talk to their parents are engaging in safer sex than those who do not.

Given the information known about the importance of family for Latino adolescents, it is important for family to be involved in the sexual and reproductive health education of their teens. Additionally, studies report that many of the conversations that occur between teens and their parents regarding sex are riddled with misinformation and the assumption that talking about sex means teens are having sex. These conversations, that often shame the teens, do little to improve the sexual and reproductive health of teens (Gilliam 56). The proposed intervention addresses these shortcomings in parent/child communication by giving them the tools they need to have a
constructive and healthy conversation about sex. By doing so, the intervention utilizes the positive influence of familismo and improves on the quality of communication about sex.

**Proposed Intervention**

In order to address these gaps in the sexual and reproductive health education of Latino adolescents, I propose a two-part intervention. The first dimension would include the development and implementation of a comprehensive sexual and reproductive health education program that would be broken down into four categories. The modules would be designed to be carried out in 30 minutes so that they can be easily incorporated into programming that already serves the target population without taking too much time. The four target areas the lessons would cover include: a background in reproductive health, sexual decision making/negotiation and refusal skills, pregnancy prevention, and STI/HIV prevention. These four areas provide a holistic approach to sexual and reproductive health education by providing groundwork for reproductive health and building on that on multiple levels. The final component of this part of the intervention would be compiling a list of places that teens can go to receive services for their sexual and reproductive health needs. Organizations and health clinics included should be culturally and linguistically competent, provide affordable care, and should include services that are available for undocumented youth.

With a strong foundation in sexual and reproductive health established, the second component of the intervention incorporates the parents of the Latino adolescents. The aim of this section is to address the troubles in communication that parents report having but that are vital to the health and safety of their children. In order to accomplish this, trained peer educators from the Teen Prevention Education Program (Teen PEP) at El Pueblo, Inc. in Raleigh will conduct a workshop titled Talk to Me: A Family Night Workshop. Through the use of skits, small and large
group activities, and a student led panel, the workshop helps parents and teens become more comfortable talking about sex and sexuality and provides them with helpful tips and skill on how to have an effective conversation about sex. The workshop will serve as a catalyst for increased conversation between teens and their parents.

The peer educators from El Pueblo would be used specifically because they have altered their programming specifically for the Latino population, including using Spanish throughout the workshop. Additionally, the use of peer educators that are Latino, like the ones from El Pueblo, Inc., is important because they come from the same “self-identified group with whom they may share similar social backgrounds or life experiences,” making them more relatable to the teens and linguistically appropriate for many of the parents (Sriranganathan 62-63). When participants in the program have a positive regard for the peer educators, they were more likely to internalize and implement the information discussed (Ozer 307). The use of peer educators will aid in the transmission of important information because of their reliability and the proven success that they can have as educators.

In addition to the assistance of the El Pueblo, Inc. peer educators, the Health and Wellness chair of the Scholars’ Latino Initiative (SLI), the organization with whom the intervention will be carried out, will be involved in the development of the curriculum for the first portion of the intervention. Her committee will assist me in carrying out the first four sessions with the teens. The teens will be divided by grade level in order to create a more intimate environment and provide better attention. The space used for the intervention will be the Global Education Center on the UNC campus, where SLI holds all their events. The auditorium in the GEC accommodates the large group component and classrooms would be ideal for the small group activities.
Organizational Case Study

The Scholars’ Latino Initiative (SLI) is a mentoring program at the University of North Carolina at Chapel Hill. Each fall 25 high school students are partnered with a UNC sophomore who serves as their mentor for the next three years. Mentees come from six local North Carolina high schools and are highly motivated students who have demonstrated a strong desire to attend college. Through mentoring and additional programming, SLI aims to close the achievement gap for Latinos and is committed to equal access for all students.

SLI started at UNC in 2003 when Professor Peter Kaufman began mentoring a small group of students from Siler City. The organization slowly began to grow and in 2008 it became a program of the Center for Global Initiatives. That same year Chancellor James Moeser provided SLI with a $150,000 endowment which allowed the program to expand and improve its services. The program started at Jordan-Matthews High School in Siler City, but expanded to Southern Lee, Lee County, and Asheboro High Schools in 2008. In 2010, SLI began accepting mentees from Chapel Hill High School, and most recently in 2013 from Jordan High School in Durham.

Through the one-on-one partnership, mentors help their mentees plan their courses, choose and apply to colleges and seek out scholarships. In addition to the mentor-mentee relationship, SLI provides mentees with various skills workshops to better prepare them for college. These programs include a composition class for sophomores, a college prep seminar taught by a UNC professor as a college level course for juniors and seniors, and SAT/ACT prep workshops. Additionally, mentees have a service hour minimum which includes a service project that mentors and mentees work on together each semester. As extra support, site coordinators work as a liaison between the schools and SLI while the undocumented resource chair helps
mentors and mentees navigate the unique challenges that arise as a result of their status. Because the support of the mentees’ families is so important to their academic success, the parental involvement committee works with parents so that they better understand the college process and know how to best assist their child in the process. By taking such a holistic approach, SLI helps mentees gain the tools they will need to access higher education.

With the help of nearly 80 UNC students, SLI has been able to achieve great success. The high school completion rate of SLI mentees is 100% compared to the national average of 76% of all Hispanics in 2011. Additionally, SLI students enroll in college at a much higher rate (65%) than Latinos nationally (35%) (Fry). SLI mentees have gone on to enroll in universities including UNC-Chapel Hill, Meredith, Guilford College and more. SLI’s commitment to serving Latino adolescents makes it an ideal organization for the intervention.

While SLI mentees have been able to achieve greatness, teen pregnancy is still a major barrier for mentees continuing on to college. In the 2012-2013 academic school year, 3 female mentees became pregnant and one mentee became a father in the senior class. Teen pregnancy, unlike many other barriers that these mentees face, is a preventable obstacle. Though SLI’s focus is academics, addressing this gap in their programming is necessary to help mentees get to college. In addition to being a great need from the organization, SLI is ideal for this intervention because of the trusting relationship that they have cultivated with the parents of SLI mentees. Because most parents already attend the events and are involved with the program, including them in the family workshop would not be a challenge.

Moving forward, there are several steps necessary in order to make the intervention possible. First, I will need to present my proposal to the Executive Board which is made up of the chairs of all the committees in SLI. With the approval of the Executive Board, who has
expressed interest in a program similar to this, I will need to present to the Operation Board. The Operation Boards includes UNC faculty and local community members dedicated to helping Latino adolescents. Their approval would be necessary for the intervention, but given the types of programs that they have allowed in the past, I think they will be very open to the intervention.

With the program approved, I will need to coordinate efforts with Co-Directors to schedule where the trainings would best fit in the SLI events. I will also need to collaborate with the Health and Wellness chair and her committee to plan the lessons for the mentees and divide roles. The planning for the Family Night workshop with the El Pueblo peer educators will be more involved. Scheduling will be the most difficult aspect of this process, and will require me to account for both organizations’ schedules. Reimbursements for travel expenses for the peer educators will need to be approved by SLI but would come out of the operation budget that covers the expenses for putting on events. Because that workshop would take longer and include more people, parents, mentees and mentors would need to be aware of the date and time. Additionally, this would allow parents who typically do not come to events to attend.

**Conclusion**

This proposed intervention addresses the gap in sexual and reproductive health education for Latino youth. By incorporating the intervention with a program that is trusted by the teens and their families, the program will have higher participation and be more easily carried out. Most importantly, however, more Latino adolescents will learn important skills and information regarding their sexual decision making, protecting themselves from pregnancy and STIs and how to talk with their parents about these things.
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