

4 Promoting Comprehensive Sexuality Education

In 2001, 44% of Latinas in grades nine through 12 reported ever having had sexual intercourse.ⁱ The percentage of Latina teens using any method of contraception at first sexual intercourse was the lowest of most ethnic groups at 57%.ⁱⁱ In comparison, non-Hispanic whites using contraception at first sexual intercourse was 81% and 68% for African Americans.ⁱⁱⁱ Just as alarmingly, Latinas are twice as likely as white women to develop cervical cancer which is linked to the human papillomavirus (HPV), a sexually transmitted infection. In 2004, Latinas accounted for 15% of estimated AIDS cases and only 14% of the female population. In comparison, white women comprised 17% of new cases but make up 67% of the female population.^{iv} Therefore, it is critically important to provide comprehensive sexuality education in the schools to prevent teen pregnancy and improve teen reproductive health.

A study conducted by the National Campaign to Prevent Teen Pregnancy on sexuality and HIV education programs revealed that skills-based sexuality education – those programs that teach contraceptive use and communications skills – are effective in helping youth delay the onset and/or frequency of sexual intercourse and the number of sexual partners while increasing the use of contraception.^v Yet, as of 2006, only 19 states and the District of Columbia require schools to provide sexuality education, with 14 of those states requiring schools that teach abstinence to also cover contraception.^{vi} Abstinence-only programs that do not stress contraception but emphasize virginity pledges and fear tactics are detrimental to preventing unintended pregnancies and HIV/STI contraction. New research published by the Economic and Social Research Council (ESRC) concluded that fear-based health messages are ineffective^{vii} and a 2007 government-funded study by Mathematica Policy Research concludes that abstinence-only programs do not delay onset of sexual activity nor reduce number of sexual partners amongst teens.^{viii}

The lack of comprehensive sexuality education in schools is especially adverse to Latinas when one considers the many societal, cultural and familial barriers that many Latinas face. Namely, the general lack of access to a healthcare system hostile to cultural and linguistic differences serves as a huge barrier to needed teen sexuality education resources. In addition, many recent teen immigrants, as well as first generation Latino teenagers, must navigate the acculturation process alone, balancing Latino cultural values and perceptions of family, motherhood and gender roles within the U.S. cultural context and lifestyle.^{ix} Thus, the lack of comprehensive sexuality education in the schools is particularly detrimental to Latinos given the lower rates of contraception use and higher rates of HIV/AIDS, STIs, teen pregnancy and teen birth rates among Latino teens.

To address the need for comprehensive sexuality education among Latino teens, the following recommendations are offered:

Policy Recommendations

- ☑ Re-direct federal and state level funding from abstinence-only programs to comprehensive sexuality education
- ☑ Fund Spanish Language Sexuality Education Training for Latino Parents
 - Allocate funding for Spanish language parent training on teen sexuality and health in order to facilitate parent-child communication and healthy sexual development.
- ☑ Increase funding for Latina/o Peer Sexuality Education Programs
 - Increase funding for Latina/o peer programs on health and sexuality, including outreach and education on HIV/AIDS, STIs, teen pregnancy, sexual assault and intimate partner violence.

ⁱ Advocates for Youth, Latina Adolescent Health, *available at* <http://advocatesforyouth.org/publications/iag/latina.htm#references>

ⁱⁱ Id.

ⁱⁱⁱ Id.

^{iv} The Henry J. Kaiser Family Foundation, HIV/AIDS Policy Fact Sheet, (February 2006) *available at* <http://www.kff.org/hivaids/upload/6092-03.pdf>,

^v In 2003, Pennsylvania's evaluation found that 'this initiative was largely ineffective in reducing sexual onset and promoting attitudes and skills consistent with sexual abstinence.' SIECUS Fact Sheet, "Abstinence-Only-Until-Marriage Programs Negatively Impact Young People's Sexual Health" *available at* <http://www.aids.md/files/library/2005/148/siecus-factsheet-abstinence.pdf>

^{vi} Guttmacher Institute, State Policies in Brief, Sex and HIV/STD Education, (November 2006) *available at* http://www.guttmacher.org/statecenter/spibs/spib_SE.pdf,

^{vii} "How Medical Inaccuracies, Fear and Shame in Federally Funded Abstinence-Only-Until-Marriage Programs Put Our Youth at Risk," SIECUS press release, (October 2006) *available at* <http://www.siecus.org/media/press/press0133.html>,

^{viii} "Mathematica Policy Research Incorporated's Evaluation of Title V Section 510 Abstinence-Only-Until-Marriage Programs", SIECUS (April 2007)

^{ix} Erika Johanna Vexler and Katherine Suellentrop, Turner Foundation and the National Campaign to Prevent Teen Pregnancy, *Bridging Two Worlds: How Teen Pregnancy Prevention Programs Can Better Serve Latino Youth*, (January 2006) at 22-23