

Sex Education Justice: A Call for Comprehensive Sex Education and the Inclusion of Latino Early Adolescent Boys

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Abstract

Many sex education programs do not conceptualize adolescent sexuality as a normative process of development, thus sexuality is not part of a holistic picture of health education. The current project examines the multiple determinants of adolescent boys' sexual behaviors in the context of developing sex education. Limited research has examined the simultaneous influence of individual, peer, partner, and parent factors on adolescent's sexual behaviors. Results suggest that adolescents' substance use and self-efficacy were strong predictors of boys' sexual behaviors. Moreover, while parental and peer communication were not significant predictors, partner communication significantly influenced the number of sexual behaviors. Overall, the results of the study suggest that comprehensive sex education programming could benefit from having multiple outcome goals that address the dual influence of substance use and risky sex, while including partners in fostering positive adolescent sexual health.

Introduction

A sexual education revolution is needed in public schools that views adolescent sexuality as comprehensive and part of normative health development; this is particularly critical for Latino boys. A substantial proportion of sex education within public schools in the U.S. consists of abstinence-only education (Gresle-Favier, 2010), which presence is determined primarily by the political climate of each state. In recent years abstinence-only education has increased in several states. For example, Tennessee and Utah have recently introduced legislation to increase abstinence-only programs in schools (*The Huffington Post*, 2012), which may encourage other states to pursue such policies. In some states, schools have rejected abstinence only federal funds and have included some comprehensive sex education (Freking, 2008). Yet, current sex education continues to be insufficient, lacking cultural components or often being conducted after school or in community agencies¹. Many sex education programs do not conceptualize adolescent sexuality as a normative process of development, thus sexuality is not part of a holistic picture of health education. Health education has been consistently linked to academic success (Murray, Low, Hollis, Cross, & Davis, 2007), thus, a well-integrated sex-education program curriculum can lead to adolescents who have greater health and in turn greater school success.

Research suggests that abstinence-only education² renders adolescent sexual behavior as a deviant activity rather than a normative process, emphasizing moral values at the expense of health knowledge and skills (Bay-Cheng, 2003). An abstinence-only sex education agenda may deny adolescents the opportunity to foster sexual agency, and has been linked to higher teen pregnancy rates (Stanger-Hall & Hall, 2011). Alternatively, comprehensive sex education³ that is maturationally appropriate tends to emphasize sexual health as an age-appropriate developmental task. Only a handful of programs nationwide cater to the sexual needs of boys in a culturally appropriate manner (i.e., Tello, Cervantes, Cordova, & Santos, 2010), leaving Latino adolescents with limited health knowledge and at higher risk for negative sexual outcomes.

1. While providing sex education in a community setting is beneficial to both youth and agencies, it is also important to institutionalize sex curriculum into public schools.

2. Abstinence-only education promotes being chaste until marriage (Bay Cheng, 2003).

3. Comprehensive sex education includes knowledge, attitudes and skills about sexuality, and has been found to be effective in preventing teen pregnancy and sexually transmitted infections (Chin, Sipe, Elder, Mercer, Chattopadhyay, Jacob, et al. 2012)

Despite decreasing general teenage pregnancy rates in (i.e., California teen birth rate of 29 per 1,000) Latino teens aged 15-19 continue to have the highest birth rate in 2010 (45 per 1,000) when compared to other ethnic/racial groups. It has also been argued that these drops in teenage pregnancy rates are artificial because the state has continually eliminated funding for comprehensive sex education and it is expected that these rates will shortly continue an upward trend (Center for Research on Adolescent Health and Development, 2012). Given this information it continues to be important to understand why teenage pregnancy still exists, and what factors contribute to what states continually label as a public health concern. Many comprehensive sex education programs have targeted adolescent females and in recent years health experts have acknowledged that not enough programming has occurred with adolescent males (Ott, 2010). Therefore, it can be posited that in order to better understand teenage pregnancy their needs to be more comprehensive sex education programs that specifically target the needs of young men. To more fully understand this argument it is important to examine what determinants influence an adolescent boy to engage in sexual behaviors. It is especially important to examine this perspective with a group of school aged Latino males because most of the research that exists about male sexual development has an emphasis on sexual risk and deviance (Ott, 2010).

An emphasis on negative outcomes coupled with abstinence-only education, sets a tone of deviance in defining Latino normative sexual experiences which includes kissing, touching, and intercourse. The current study contributes to the limited research on early adolescent Latino boys by examining what sexual behaviors they engage in and what factors determine their sexual behaviors. Therefore, the goal of the study was to examine how the following factors determine the number of sexual behaviors adolescent males engage in: (1) home language and maternal country of origin; (2) substance use and gang activity; (3) parent, peer, and partner sexual communication; and (4) sexual efficacy. The following sections provide a brief review of determinants that influence adolescent sexual behaviors.

Determinants of Sex

Self-efficacy theory proposed by Bandura (2001, p. 10) highlights how “competent and capable individuals feel as an important role in predicting behavior”. As part of a social learning perspective, self-efficacy is constructed in a cultural context where individuals learn gender-typed behaviors through reinforcement and observation (Bussey & Bandura, 1999). Consequently, in Latino and U.S. society young boys are socialized into constrained definitions of masculinity that are promoting early sexual activity, while living in a social context that deems their sexuality as deviant. In a home environment with conservative family norms, such as youth from immigrant Latino families, early sexual activity may be negatively sanctioned (Bordeau, Thomas, & Long, 2008). On the other hand, in a peer context that supports substance use and sexuality, adolescent early sexual activity may be promoted. Few studies have examined the competing information adolescent receive, simultaneously. Therefore it is important to examine multiple determinants that influence adolescents’ decision to engage in sexual behaviors.

Home language and maternal country of origin. Past research suggests that the more acculturated an adolescent male is the more likely he is to engage in early sexual behaviors (Marín & Gamba, 2003), yet recent research has found this protective effect to disappear in regards to sexual activity (Blake, Goodenow, & O'Donnell, 2001). Acculturation has been defined as the process by which one is influenced by the host culture and one's own culture of membership (Berry 2003), which has been examined through factors such as home language and parental country of origin.

Substance use. Substance use, such as alcohol and marijuana, have been found to be consistently associated with early adolescent sexual activity (Deardorff, Gonzales, Christopher, Roosa, & Millsap, 2005; Guzman & Dello Stritto, 2012). Specifically, 25% of sexually active youth report alcohol or drug use before last sex (CDC, 2004). Some studies have found that immigration status can play a protective role, with immigrant adolescent boys participating in less substance use in comparison to their U.S. born counterparts (Blake, Goodenow, & O'Donnell, 2001). Thus, substance use is a major determinant of risky sexual behavior that should

be understood in the context of acculturation.

Gang activity. Research consistently support the theory that boys in gangs are more likely to engage in substance use and delinquent behaviors compared to their non-involved peers (Curry & Spergel, 1992; Walker-Barnes & Mason, 2004). Additionally, young boys that engage in gang activity are also more likely to engage in risky sexual activity (Voisin, Salazar, Crosby, DiClemente, Yarber, & Staples-Horne, 2004). During adolescence, a peer context that supports substance use and risky sex, may increase the need to conform by engaging in excessive substance use that may impair young boys decision-making abilities.

Parent, peer and partner communication. A factor contributing to adolescent's sense of competence and decision-making is verbal persuasion, or listening to the encouraging words of trusted individuals. As such, parents, peers, and partners play a role in influencing adolescent's confidence in their sexual efficacy and the extent to which they engage in sexual activity. Research suggests that Latino adolescents talk less with their parents about sex compared to other ethnic groups (Hutchinson, 2002). When communication occurs it tends to focus on the consequences of sexual activity, such as teen pregnancy (Guilamo-Ramos, Dittus, Jaccard, Goldberg, Casillas, & Bouris, 2006; Guzman et al., 2003). Research suggests that boys may be receiving more communication from other sources, such as peers, that entail positive messages about sexual activity (Epstein & Ward, 2006). Moreover, studies that have examined boys sexual communication with partners, suggests that partner communication (Giordano, Longmore, & Manning, 2006), and a partner with a positive attitude about condoms are linked to consistent condom usage (Small, Winman, Buzi, & Smith, 2010). Few studies have examined the influence of parents, peers, and partner communication about sex simultaneously.

Sexual self-efficacy. There is a growing body of research that suggests that it is a teen's perception of how much control they have about their sexual behavior that impacts their decision to engage in sexual acts (Ryan, Franzetta, & Manlove, 2007). For the purposes of the current study, sexual self-efficacy is defined as the confidence, perceived capacity/control and perceived ability to choose to engage in sexual behaviors (Bandura, 2001; Pearson, 2006). Research suggests that sexual self-efficacy plays a positive role in birth control use, primarily condom use in Latinos who are in a heterosexual relationship (Pearson, 2006; Ryan, Franzetta & Manlove, 2007; Villaruel, Jemmott, Jemmott, & Ronis, 2004). Moreover, sexually active adolescents who have self-efficacy to communicate about sex with peers and parents are more likely to engage in safer sex practices (Halpern-Felsher, Kropp, Boyer, Tschann, & Ellen, 2004). For example, in an ethnically diverse sample of adolescents and young adults, feelings of self-efficacy were linked to contraceptive use, particularly for boys (Black, Sun, Rohrbach, & Sussman, 2011). Further research is needed to better understand how self-efficacy impacts various aspects of sexuality for early adolescent boys.

To better understand how comprehensive sex education can meet the needs of Latino early adolescent boys the goal of the current study was to examine how diverse factors simultaneously impact sexual behaviors. We believe that home language and maternal country of origin will play a protective role, being linked to lower levels of sexual behaviors. Substance use and gang activity will increase the number of sexual behaviors. Maternal and paternal communication will be linked to lower levels of sex, while peer and partner communication will be linked to greater numbers of sexual activity. Lastly, sexual efficacy will be associated with lower levels of sexual behaviors.

Method

Sample and Procedure

The data used for the current study are derived from a large scale intervention study called the Community Awareness and Motivation Partnership (CAMP), which is a theater-based project aimed at decreasing teenage pregnancy rates and increasing the safer sex behavior of adolescent males and females through safer sex comprehensive education. The CAMP Theater project is a humorous bilingual, bicultural performance that is

tailored primarily for Latino audiences, through a mix of culturally relevant music and dramatization skits. The use of culturally responsive, age-appropriate actors has allowed the theater presentation to be poignantly realistic to the participating adolescents. The content of the skits is comprehensive, focusing on sexual pressure, HIV/AIDS, sexually transmitted infections, unplanned pregnancy, drug/alcohol use, LGBTQ community and relationship violence (for an additional discussion of the CAMP project see Guzmán et al., 2003). The current study focuses on the 9th grade class from one high school campus in a low-income community. A total of 338 adolescents who returned signed consent and assent forms participated in the intervention. The data from the current study is from the pre-test questionnaire before adolescents had participated in the intervention.

The sample for the current study consisted of 167 males who self-identified as being Latino and whose mean age was 14.4 years. Nearly half (49%) of the boys lived in homes in which Spanish was spoken the majority of the time by the adults in the household, 23% spoke primarily English, and 28% spoke both English and Spanish. Moreover, 95% of adolescents reported being heterosexual and 27.5% reported currently having a girlfriend. Table 1 displays the demographic characteristics of the subsample.

Table 1. Participant Demographics

Characteristics	Frequency	Percentage (%)
Language Spoken at Home		
English	38	23
Spanish	82	49
English and Spanish	47	28
Maternal Country of Origin		
US Born	32	19.2
Foreign Born	117	70.1
I Don't Know	18	10.8
Grades on most recent report card		
Mostly A's	36	21.2
Mostly B's	64	37.6
Mostly C's	43	25.3
Mostly D's and F's	19	11.2
Participation in gang activity		
Never	131	78.4

Measures

Sexual behavior. Sexual behavior was derived by summing the nine possible sexual behaviors measured as listed in Table 2. The sexual behavior total score was created by adding the number of sexual behaviors adolescents reported. Scores ranged from 0 = never engaged in any sexual behavior to 9 = engaged in all sexual behaviors listed, with boys reporting a mean of 3.36 behaviors.

Table 2. Type of Sexual Activity

Characteristics	Frequency (%)
Have you ever engaged in any of the following activities?	
Kissing	139 (83.7 %)
Masturbation	75 (46%)
Making out with clothes off	44 (27%)
Anal Sex	18 (11.1%)
Making out with clothes on	117 (70.9%)
Oral sex	41 (25.5%)
Hand Job	42 (25.9%)
Vaginal Sex	36 (22.4%)
Digital stimulation	43 (26.7%)

*This data does not account for individuals who may have participated in more than one sexual behavior, and therefore percentages will not add to 100%.

Home language and maternal country of origin. Participants were asked what language the adults in their home spoke most of the time, and were provided three response choices: “1= English”, “2= Spanish”, and “3= Both English and Spanish”. Moreover, participants reported the country of origin of their mothers (i.e. 1 = U.S.-born, 2 = Foreign-born).

Substance use. Substance use was measured by eight items that asked how many times in the last month they had used a particular substance, as listed in Table 3. The response choices included 1= “never”, 2= “1 time”, 3= “2 to 4 times”, 4= “5 or more times.” A total substance use score was calculated using the following method. For each substance category, response choices 2 through 4 were collapsed, (combining usage anytime in the past month or earlier). The resulting scores for each substance category were summed to calculate the total substance use score. Scores ranged from 0 to 8, with adolescent boys reporting a mean of 1.68 substances used.

Table 3. Risky Behavior

Characteristics	Frequency (%)
Have you ever engaged in any of the following activities?	
Drank Alcohol	91 (55.2%)
Marijuana	56 (32.9%)
Inhalants	36 (21.4%)
Participated in gang activity	36 (21.2%)
Smoked cigarettes	33 (19.6%)
Prescription Drugs	23 (13.8%)
Ecstasy	21 (12.7%)
Cocaine	12 (7.1%)
LSD	9 (5.4%)

Gang activity. Participants were asked how often they had participated in gang activities in the last month and were provided with the following response choices: 1= “never”, 2= “1 time”, 3= “2 to 4 times”, 4= “5 or more times.”

Parent, peer and partner communication. A 3-item sub-scale was used that measured how frequently in the last 6 months (5 = 5 or more times to 1= never) teens engaged in the following conversations: 1) your questions about sex, 2) ways to prevent a pregnancy, 3) ways to protect yourself from sexually transmitted infections/diseases (STIs/STDs). The same three questions were used to examine maternal communication, paternal communication, peer communication, and partner communication by developing a mean score for each communicative partner. The reliability for these scales were $\alpha = .89$, $\alpha = .93$, $\alpha = .85$ and $\alpha = .92$, respectively. Higher scores on each sub-scale indicated more communication.

Sexual self-efficacy. This three-item measure asked about the participant’s self-efficacy to abstain from sex based on three vignettes. Students responded to, “how sure are you that you could keep from having sex?” with three responses to choose from: “1= not sure at all”, “2= kind of sure”, “3= I’m sure I will.” The three items were scaled and the reliability is $\alpha = .69$ level. The three scores were averaged and a mean score was calculated.

Results

A correlational analysis was conducted, between the control variables (i.e. language, maternal country of origin) independent variables (i.e. substance use, gang activity, maternal communication, paternal communication, peer communication, partner communication, and self-efficacy) and the dependent variable (sexual behaviors) in order to examine the strength of the relationships among variables. As shown in Table 4, the results indicate that there was a significant positive correlation between substance use and sexual behaviors. Gang activity was also positively correlated with sexual behaviors. Maternal country of origin was negatively associated with sexual behaviors, while home language was not associated with sexual behaviors. There was also a positive correlation between all four types of communication and sexual behaviors. There was a negative correlation between sexual efficacy and sexual behaviors. In order to further test our predictions and explore home language, maternal country of origin, substance use, gang activity, maternal communication, paternal communication, peer

communication, partner communication, and self-efficacy had a significant impact on boys' sexual behaviors, a multiple regression analysis was conducted.

Table 4. Zero-order correlations between sexual behaviors and predictor variables

	1	2	3	4	5	6	7	8	9	10
Sexual Behavior	----									
Language	-.07	----								
Maternal Country of Origin	-.15*	.11	----							
Substance Use	.64**	.07	-.03	---						
Participated in Gang Activity	.33**	.10	.03	.46**	---					
Maternal Communication	.16*	.16*	-.03	-.06	.21**	----				
Paternal Communication	.15*	.29**	.05	-.19**	.25**	.50**	---			
Peer Communication	.26**	.12	-.09	-.03	.18*	.40**	.18*	---		
Partner Communication	.31**	-.14*	.02*	.01	.18*	.45**	.30**	.45**	---	
Sexual Self-efficacy	-.36**	-.13*	-.01	-.24**	-.25**	.01	-.13*	.02	-.05	---

* $p < .05$, ** $p < .01$

Multiple Regression

A multiple regression analysis was used to test the predictive value of the multiple determinants of sexual behaviors. In step 1, the control variables, language was entered first into the equation followed by maternal country of origin. In step 2, substance use and gang activity were entered into the model. In step 3, maternal, paternal, peer and partner communication were entered. In step 4, adolescent sexual efficacy was entered. The data was entered in this order given previous evidence of an emerging theory of how sexual behaviors work in adolescent Latino populations (Guzmán & Dello Stritto, 2012). The results are shown in Table 5. In step 1, the control variables accounted for less than 1% of the variance and were not significant predictors of sexual behavior. In step 2, substance use and gang activity were entered into the model, which explained 42% of the variance. In step 2, substance use was a significant predictor of sexual behavior, as well as language spoken at home. In step 3, we entered maternal, paternal, peer and partner communication, which explained 45% of the variance in the model. In step 3, substance use and home language remained significant predictors of sexual behavior; in addition, partner communication significantly predicted sexual behaviors. In step 4, we entered self-efficacy, which explained 49% of the variance in the model. In step 4, substance use, home language, partner communication remained significant predictors of sexual behaviors, in addition, adolescent sexual self-efficacy significantly predicted sexual behaviors. The results of the combined model proved significant in that $R^2 = .49$, $F(9, 125) = 15.06$, $p < .001$, as Spanish home language, substance use, and more partner communication increased, sexual behaviors also increased. Additionally, as adolescents reported higher levels of sexual self-efficacy, adolescents engaged in less sexual behaviors.

Table 5. Regression results of the predictors of Latino early adolescents' sexual behavior

Model I	Variables	F (df)	R ²	ΔR ²	B
Step 1	Language	1.33 (2,132)	.005	--	-.33
	Maternal Country of Origin				-.49
Step 2	Language	25.08 (4,130)	.42	.42	-.55*
	Maternal Country of Origin				-.14
	Substance Use				.83*
	Gang Activity				.15
Step 3	Language	14.41 (8,126)	.45	.03	-.56*
	Maternal Country of Origin				-.17
	Substance Use				.75*
	Gang Activity				.24
	Maternal Communication				-.30
	Paternal Communication				.05
	Peer Communication				.26
	Partner Communication				.52**
Step 4	Language	15.06 (9,125)	.49	.04	-.67*
	Maternal Country of Origin				-.17
	Substance Use				.71*
	Gang Activity				.12
	Maternal Communication				-.23
	Paternal Communication				-.02
	Peer Communication				.23
	Partner Communication				.46**
	Sexual Self-Efficacy				-.98*

*p<.05, **p<.01

Discussion

The current study is one of the few studies to address multiple influences on Latino young boys' sexual behaviors to aid in developing age-appropriate and culturally competent comprehensive sex education programs in schools. A comprehensive literature review of male adolescent sexuality suggests there is limited research on Latino early adolescent boys (see Smith, Guthrie & Oakley, 2005). Previous research tends to focus on individual level determinants such as personality and risky behaviors to assess sexual activity in ethnic teens (Lescano et al., 2009), and has not examined simultaneously the effects of parent, peer and partner communication on adolescent sexual behaviors. This study also used a normal distribution of boys attending high school, which may assist in generalizing results to a broader population. The results of our study are unique in that we have considered a variety of determinants that can impact the sexual health of Latino early adolescent boys.

First, the results suggest that maternal immigration status did not significantly predict sexual behaviors;

however, adolescents who came from homes where Spanish was spoken were less likely to engage in sexual behaviors. Future research needs to examine the protective factors that immigrant families contribute to adolescent behaviors. Second, results suggest that substance use is a strong predictor of adolescent sexual activity. This finding is consistent with the general literature on adolescent sexual activity (Donenberg et al., 2006) and suggests that programming that targets sexuality should also target other risky behaviors like alcohol consumption and marijuana use. Third, similar to recent research on young girls' sexual behavior (Guzmán & Dello Stritto, 2012), maternal, paternal, and peer communication were not significant predictors of sexual behaviors. Future research needs to consider alternative measures of parent and peer influence, as communication about sexuality may not be a salient topic among Latino youth given the way we currently measure it. It may be that parent-child relationship quality in general may be playing a protective role in Latino adolescent sexual behaviors. Consistent with the literature was that partner communication about sexuality was predictive of adolescent sexual behaviors. Lastly, sexual self-efficacy negatively predicted adolescent sexual behaviors, that is, adolescents with higher self-efficacy engaged in fewer sexual behaviors. Such finding suggests that young boys may be more similar to girls in their sexual behavioral trends (Guzman & Dello Stritto, 2012) than previously argued.

Overall, the results of the study suggest that comprehensive sex education programming could benefit from having multiple outcome goals that address the dual influence of substance use and risky sex, while including partners in fostering positive adolescent sexual health. While comprehensive sex education is not a new phenomenon, adolescents continue to be unjustly treated by policies that remove their access to quality sex information (The Huffington Post, 2012). This is particularly true for Latinos, as they are less likely to support sex education in public schools compared to other ethnic groups (Chappell, Maggard, & Gibson, 2010). Thus, providing adolescents with comprehensive sex education in schools that allows for a space where youth can develop health-promoting sexual attitudes, knowledge, and skills, requires a culturally appropriate movement for change. Adolescents need to feel competent and capable to make sexual decisions, as it is a critical component of sexual health, and thus an integral component of programming. On the other hand, families and schools need to define the sexuality of Latino early adolescents as normative, rather than deviant, by embracing a holistic approach that emphasizes health across the lifespan. Accordingly, sex education should be embedded into a health curriculum that is taught within the classroom, year round, and begins in early childhood. Despite the surgeon general's call for comprehensive sex education, and consistent research that links it to positive health outcomes, policies that silence opportunities to consider adolescent sexuality as normative continue to appear (The Huffington Post, 2012). Subsequently, leaving adolescents with limited health knowledge, and placing them at a higher risk for negative outcomes and unprepared for adult sexual relations.

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