Sexuality Education in a Multicultural Society

Educators can provide useful sexuality education to students from minority and foreign cultures—but they must first learn from those students how different cultures view sexuality.

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As we begin to acculturate new immigrants into the United States, we, as educators, encounter strong, often conflicting values and beliefs, intergenerational and gender role conflicts, racism, sexism, and economic disadvantage. All of these factors have important implications for the development of culturally sensitive sexuality education. Our efforts in two Massachusetts communities—Cambridge and Somerville—to create culturally and linguistically appropriate programs to address the needs of new immigrants as well as those of African-American and Hispanic teens born in this country, have highlighted the shortcomings of existing sex education programs.

The programs currently in place in most schools are ethnocentric and culturally biased, and they almost always assume a heterosexual audience. The lack of attention to differences has served to silence, dismiss, or denigrate the concerns and life experiences of large groups of minority adolescents. Furthermore, differences within minority populations have been largely ignored; for example, there is a false assumption that Hispanic people, no matter which country they come from, are all alike, sharing the same customs, values, and beliefs.

Recognizing Differences

Although different groups have their own cultural constraints regarding acceptable sex-role behavior, the existing curriculums reflect and support white middle class double standards toward sexuality. Educators should recognize cultural variations in the range of behavior considered permissible, particularly for girls. For example, encouraging girls to carry condoms and negotiate their use may make sense from a liberal preventive approach, yet this may offend and run counter to culturally transmitted sex role expectations.

Most sexuality education programs emphasize reproductive biology, thus isolating human sexuality from the rest of human relationships. Describing this curious dislocation, one black girl told us, “When you’re in sex education class, they just tell you what goes on inside your body. They don’t tell you what goes on.” Feelings, expectations, fears, passions, cultural values, and beliefs all affect sexual decision making. One white teen mother complained, “I had sex education. It taught a lot, but it doesn’t make you change your feelings.”

Finally, most sexuality education is based on theories of adolescent development that have emerged from studies of white middle-class male experience. This view sees identity formation as the central task of adolescence, achieved through separation, individualization, and independence. But an alternative view of development has evolved from recent studies of girls’ and women’s experiences, which point to the centrality of relationships in their lives and the desire to maintain and strengthen connection and interdependence between people (Gilligan et al. 1988). Traditional programs, which stress autonomous sexual decision making (determining and asserting one’s own sexuality) as a marker of maturity, disregard the fact that females equate maturity with a recognition of and response to others’ needs as well as their own. In addition, research on differences in cultural worldviews suggests that the focus on individualization and autonomy is a uniquely middle-class Euro-American phenomenon; other cultures tend to value collectivism (Mbiti 1969), family loyalty, and interdependence (Cómez-Diaz and Duncan 1985, Sue and Morishima 1982). Thus, gender and cultural differences in adolescent development must become a fundamental consideration of curriculum development efforts.

Asking the Teens Themselves

Together, Cambridge and Somerville High Schools enroll approximately 4,000 students each year, grades 9-12. Designated “Gateway Cities,” with more than 50 linguistic and cultural minorities, both are ranked among the 20 Massachusetts cities with the highest teen pregnancy rates. A total of 152 school-age teens gave birth in 1986, and a disproportionate percentage of these births were to linguistic and ethnic minority teens. An increasing number of pregnancies among Southeast Asian girls was noted by Somerville school health providers, who also became aware of the lack of access to the school health care system for some minority adolescents. For example, legal barriers involving documentation or cultural
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Making Sexuality Education Work

After analyzing these transcripts with community representatives to review similarities and differences in themes, we presented specific recommendations to community groups, teachers, health care practitioners, social workers, therapists, and other service providers:

- **Make sexuality education available to bilingual students in their own language, with instructors from their cultural groups.** Minority adolescents tend to tune out advice given by adults who don’t share their particular perspectives—as one black girl succinctly put it, “We don’t want to hear sex education from white people.” The instructional materials and information should be presented in language and terms accessible to the targeted audience.

- **Deemphasize reproductive mechanics, and focus instead on what teens wish to know more about—how to negotiate relationships.** “It doesn’t teach you the things you want to know,” complained one black male. “It’s hard to explain. You got your own questions, and they don’t show it in the movies or books.”

- **Make condoms inexpensive and available to adolescents.** This plea was a recurring theme in the male adolescent focus groups, as was the need for teaching about birth control in the context of relationships.

- **Establish a peer education network to provide teenagers with accurate information on a variety of topics.** Adolescents from several focus groups suggested they would feel more comfortable asking questions and sharing information about sexuality with instructors who were in their same age group or slightly older (one to five years)—they thought these individuals would be more understanding of the issues and concerns immigrant and minority teens face today.

- **Establish adult workshops in which parents can discuss their hopes and fears for their teenagers.** Immigrant parents often express frustration that their parental authority is compromised by their children’s increased adoption of mainstream cultural values and behaviors. “Back home, an 18-year-old is still under the control of the parents,” stated a Haitian father, “but when he comes here, it takes only six months for him to change completely.” In these workshops parents can obtain advice on how to help their adolescents balance traditional family and cultural values with mainstream norms, while recognizing the influence of the culture of adolescence.

- **Carry out curriculum development and program planning in collaboration with concerned bicultural and bilingual individuals from community-based cultural organizations.** In this way, the concerns of minorities and recently arrived immigrants will be represented and respected, and the adopted curriculum will reflect their cultural values and beliefs.

Breaking the Silence

In the focus groups, the adolescent participants began to interrupt the silence around sexuality and race. They gave clear messages about who they thought should teach sexuality education and what should be included. Students at the Cambridge high school, for example,
took action to make condoms available for sale at the school-based health clinic.

We, as educators, began to see that we can provide a context for sexuality education that allows different racial and ethnic beliefs and values, as well as inviting discussion of topics that have traditionally been taboo. We believe that students can get the sexuality education they want and deserve: if we bring them into the process, they will help us provide it for them.

References


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