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Using Pre-Texts for the Design of a Sexual and Reproductive Health Curriculum for Latin American Parents of Adolescents 10-14 years old

A Special Studies Project

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Abstract

Using Pre-Texts for the Design of a Sexual and Reproductive Health Curriculum for Latin American Parents of Adolescents 10-14 years old

By Danique Gigger

Background: Adolescence is a critical time period in which many individuals explore gender and sexual orientation, have their sexual debut and are susceptible to pregnancy and sexually transmitted infections (STIs). Latin America and the Caribbean (LAC) has the second highest adolescent fertility rate in the world, and one youth in 20 will acquire an STI each year. Late teens' (15-19 years old) sexual behaviors are formed during early adolescence (10-14 years old); thus, interventions targeting earlier age groups are essential to transform sexual behaviors in subsequent years. Adapting Pre-Texts—an arts-based training program—to a sexual health curriculum amongst Latin American parents/caregivers of youth 10-14 years old can help improve communication around sensitive sexual and reproductive health topics with their teens with the hopes of ultimately reducing pregnancy and STIs amongst adolescents in LAC.

Purpose: The purpose of this project was to design a sexual health curriculum rooted in the Pre-Texts method on puberty, menstruation, adolescent pregnancy, STIs, healthy relationships, gender norms, sexual orientation, and contraception specifically to be used amongst Latin American parents/caregivers of adolescents 10-14 years old.

Methods: The seven-module curriculum was developed with input from Dr. Karen Andes and Dr. Vialla Hartfield-Méndez at Emory University. The STI module was piloted amongst MPH students at the Rollins School of Public Health (RSPH).

Results: MPH students in the CBPAR class at RSPH felt the curriculum increased their engagement with the selected text and facilitated ease in discussing sensitive sexual and reproductive health topics. They gave feedback and input to include role-playing, resources, and discussions with parents in the final curriculum. The final curriculum consisted of seven modules with selected texts in Spanish that focused on the following topics: puberty, menstruation, adolescent pregnancy, STIs, healthy relationships, gender norms, sexual orientation, and contraception.

Discussion: Further efforts should be made to pilot the curriculum amongst Latin American parents/caregivers. Key stakeholders should develop texts that are culturally and geographically tailored to participants.

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Chapter 1. Introduction and Background

Rationale

This special studies project (SSP) seeks to develop a curriculum to instill confidence in Latin American parents of youth 10-14 years old to discuss sexual and reproductive health topics including puberty, menstruation, adolescent pregnancy, sexually transmitted infections, healthy relationships, gender norms, sexual orientation, and contraception with their teens. To date, there has been a lack of emphasis in programs on targeting parents to improve sexual health outcomes of teens, yet improved communication around sex between parents and their children has shown to have positive benefits on the sexual behaviors of adolescents (Akers, Holland, & Bost, 2011; Balaji et al., 2017; Markham et al., 2010; Miller et al., 2011; Teitelman, Ratcliffe, & Cederbaum, 2008). Utilizing Pre-Texts, a pedagogical approach underscoring active participation and in-depth understanding of texts that emerged from Latin American practices, represents a unique opportunity for parents to interact with their teens and discuss sexual and reproductive health (SRH) topics. Dr. Karen Andes—whose previous research in Paraguay has demonstrated a lack of communication on sexual and reproductive health topics between parents and teens—and Dr. Vialla Hartfield-Méndez—who is a trained facilitator of the Pre-Texts method—have informed and shaped the basis of this SSP.

Significance

The sexual and reproductive health of adolescents

Adolescents aged 10-19 years old comprise an estimated 20% of the world's population (Dehne, 2005). Yet, the distribution of this age group is not equal across all regions in the world; developing countries contain a disproportionate number of young populations as 85% of

adolescents live in developing countries (Dehne, 2005). Youth in developing countries have disparities in terms of sexual and reproductive health outcomes. For example, of all adolescent births, 95% are in developing countries. 18% of all adolescent births occur annually in Latin America alone (Chandra-Mouli et al., 2015).

Adolescence is a critical time period when youth explore gender and sexual orientation, experience their sexual debut, and subsequently become susceptible to pregnancy and sexually transmitted infections (STIs). The literature suggests that the majority of youth have experienced sexual debut during adolescence, with increasing rates in the later adolescent years (MacQuarrie, Mallick, & Allen, 2017). Thus, efforts to prevent pregnancy and STIs among adolescents must occur before they become sexually active. However, focusing on early adolescents—those between 10-14 years old—is often highly controversial since there remains a common fear that talking to and educating youth about SRH will lead to earlier sexual debut and negative SRH outcomes—despite research demonstrating otherwise (Kohler, Manhart, & Lafferty, 2008). As such, the majority of the current literature primarily focuses on older adolescents (15 to 19 years old).

In developing countries, the literature suggests that parents are the primary educators on sex to their children (Beckett et al., 2010; DiIorio, Pluhar, & Belcher, 2003; Manu, Mba, Asare, Odoi-Agyarko, & Asante, 2015; Turnbull, van Wersch, & van Schaik, 2008). Thus, working directly with parents presents a unique opportunity to improve SRH outcomes amongst adolescents and has the potential to reduce the controversy attached to SRH messaging from other parties such as educators in school settings.

Why focus on reducing teen pregnancy and STI rates in LAC?

This special studies project will focus on sexual and reproductive health amongst adolescents in Latin American and the Caribbean as LAC has the second highest adolescent fertility rate in the world—after Sub-Saharan Africa—estimated at 67 births per 1000 girls 15–19 years old between the years 2010–2015 (Caffe et al., 2017). The region has also experienced high rates of early sexual debut—below the age of 15 (MacQuarrie et al., 2017).

Key stakeholders including PAHO/WHO, UNFPA and UNICEF have identified several contributing factors to high teenage pregnancy and STI rates in LAC; many adolescents are unaware of their sexual and reproductive health and rights, do not have access to contraceptives due to restrictive laws and social norms, experience sexual violence due to unequal gender relations, and have limited education levels and income (Caffe et al., 2017). One specific component contributing to adverse sexual and reproductive health outcomes among adolescents in Latin America and the Caribbean is the reluctance of gatekeepers—such as parents, school teachers, and political, community and religious leaders—to acknowledge the sexual development of youth. The lack of involvement of parents in particular in their children’s sexual and reproductive health education has important implications on youth’s subsequent sexual, reproductive, educational and economic outcomes. It can prohibit adolescents from acquiring “the information, skills and tools needed to avoid sexual and reproductive health problems” and contributes to high rates of teen pregnancy and STIs throughout the LAC region (Caffe et al., 2017).

Combating teen pregnancy and STIs in adolescents

Researchers and educators have implemented several strategies aimed at reducing teen pregnancy and STIs in adolescents—primarily through school-based interventions. A recent Cochrane review by Mason-Jones et. al, however, concluded that little evidence suggests school-based educational programs alone are effective in preventing HIV, STIs and pregnancy in adolescents (2016). Targeting parents and/or caregivers of youth in the process may have additional benefits not only on adolescent pregnancy and STIs but also improved communication amongst parents and youth. There is another advantage to parent interventions in that parents are often hesitant to have other entities (such as schools) provide education on sex to their youth that may not align with their own values. However, there has been an overall lack of emphasis on working specifically with parents in sexual and reproductive interventions to date.

Adapting Pre-Texts for parents of adolescents 10-14 years old

This SSP focuses on the adaptation of Pre-Texts, an arts-based pedagogy that promotes literacy and critical thinking skills, to a sexual health curriculum for parents of youth 10-14 years old (Sommer, 2014). Pre-Texts gives participants opportunities to engage with complex texts to produce forms of art (theatre, poetry, posters, skits, etc), which ultimately augment their understanding of a text. Novel applications of the Pre-Texts design signify a new opportunity for sexual health curricula targeting parents of early adolescents as it promotes active, non-hierarchical engagement from all participants and fosters a greater understanding of themes introduced in the original text through arts-based activities.

Problem Statement

There is a need for increased pregnancy and STI prevention efforts for adolescents. While communication amongst parents and caregivers with adolescents on sexual and reproductive topics has demonstrated improved SRH outcomes amongst youth, there are currently few programs that directly target parents.

Purpose Statement

The purpose of this special studies project is to adapt the Pre-Texts approach to inform and develop a parent-targeted curriculum promoting communication with early adolescents around sexual and reproductive health topics. This will be achieved by:

- 1) Compiling a group of texts for parents of adolescents aged 10-14 on sexual and reproductive health topics including: puberty, menstruation, early pregnancy, sexual transmitted infections, healthy relationships, gender norms, sexual orientation, and contraception
- 2) Developing a training curriculum for facilitators to use the Pre-Texts method to engage with parents of early adolescents aged 10-14 years old

The curriculum for this SSP will be developed with several important objectives in mind:

Objective 1: Identify gaps in parent-youth communication surrounding SRH issues to inform selection of texts and curriculum development

Objective 2: Pilot the approach with MPH students during the Spring of 2018 for feedback on the curriculum and activities

Objective 3: Revise the final curriculum based on the pilot

Implications from this SSP include better communication amongst parents/caregivers and teens aged 10-14 years old on essential sexual health information as well as reductions in risky sexual behaviors amongst youth. Long-term goals of the project include implementation of the final curriculum amongst parents and caregivers of youth 10-14 years old in Latin America and the Caribbean.

Definition of Terms

Adolescents are defined as individuals between the ages of 10 and 19 years old

Comprehensive sexual education includes a “planned, sequential K-12 curriculum that is part of a comprehensive school health education approach which addresses age-appropriate physical, mental, emotional and social dimensions of human sexuality. The curriculum should be designed to motivate and assist students to maintain and improve their sexual health, prevent disease and reduce sexual health-related risk behaviors. It should allow students to develop and demonstrate developmentally appropriate sexual health-related knowledge, attitudes, skills, and practices. The comprehensive sexuality education curriculum should include a variety of topics including anatomy, physiology, families, personal safety, healthy relationships, pregnancy and birth, sexually transmitted diseases including HIV, contraceptives, sexual orientation, pregnancy options, media literacy and more. It should be medically accurate. Qualified, trained teachers should provide sexuality education” (Future of Sex Education, n.d., p. 1)

Connectedness (also referred to as bonding) is “the emotional attachment and commitment a child makes to social relationships in the family, peer group, school, community, or culture” (Markham et al., 2010, p. S23).

Curricula are “a set of courses constituting an area of specialization” for educators to use when teaching students (Merriam Webster Dictionary, 2012, p. 1).

Early adolescents are considered those from 10-14 years old

Intimate partner violence (IPV) is characterized by “physical, sexual or psychological harm by a current or former partner or spouse, which can occur among heterosexual or same-sex partners and does not require sexual intimacy” (Stewart, Aviles, Guedes, Riazantseva, & MacMillan, 2015, p. 2)

Machismo is a concept that expresses “male power over women, masculine strength and sexuality, and male violence or aggression” (Diekman, Eagly, Mladinic, & Ferreira, 2005, p. 210)

Marianismo is a concept that stresses “female piety, sacrifice and virtue” (Diekman et al., 2005, p. 210)

Sexual coercion refers to “being forced to have sex when or in a way that [an individual] did not want” (Wilson, 2014, p. 5)

Sexual violence is defined as “any act perpetrated against someone’s will, including a completed non-consensual sex act (rape), an attempted non-consensual sex act, abusive sexual contact (e.g. unwanted touching) or noncontact sexual abuse (e.g. exhibitionism, threats of sexual violence, sexual harassment)” (Stewart et al., 2015, p. 2)

Southern Cone (*Cono Sur*) refers to countries in South America including Argentina, Chile, Uruguay, Brazil and Paraguay

Young adults are individuals 20-24 years old

Young persons/youth are categorized as those from 10-24 years old

List of Acronyms and Abbreviations

IPV – Intimate Partner Violence

MPH – Masters in Public Health

SSP – Special Studies Project

SRH – Sexual and Reproductive Health

STD – Sexually Transmitted Disease

STI – Sexually Transmitted Infection

SV – Sexual Violence

LAC – Latin America and the Caribbean

LMIC – Low- and Middle-Income Countries

Chapter 2. Literature Review

Theoretical Framework

This special studies project is rooted in two theoretical frameworks: the Social Learning Theory and the Health Belief Model. The Social Learning Theory draws on the idea that personal and outside factors influence individuals' knowledge and behaviors (Bandura, 1977). In the Health Belief Model, health decisions are based on one's perceived susceptibility to and severity of a health outcome (Hochbaum, 1958). Applying these concepts to the sexual behavior of adolescents denotes that their decisions are guided by their perceived risks from engaging in sexual activities and by their surrounding environment. In turn, the prevalence of STIs and high rates of pregnancy amongst adolescents is a reflection of these behaviors.

Research in developing countries suggests that parents are the primary educators on sex to their children (Manu et al., 2015; Parkes, Henderson, Wight, & Nixon, 2011). Over the course of adolescence, however, the literature highlights a shift that occurs as teens' social networks (peers) exert an increasing impact on their behaviors as compared to parents (Grossman, Jenkins, & Richer, 2018; Saxbe, Del Piero, Immordino-Yang, Kaplan, & Margolin, 2015). Additionally, parent-child communication about sex is only effective at reducing adverse SRH outcomes when parental messages align with an adolescent's sexual experience and developmental level (Grossman et al., 2018). Poor parental relationships with young adolescents (13-15 years old), for example, have been associated with earlier sexual debut (Parkes et al., 2011; Price & Hyde, 2009). Thus, the Social Learning Theory supports the assertion that sexual and reproductive health programs targeting parents and caregivers when adolescents are young are crucial as parents have a greater influence on early adolescents' sexual behaviors. It is also important that parents and caregivers communicate their values around sex in a positive manner to their youth while they are

still most oriented and receptive to parental messages. Communication between parents and teens can subsequently frame how teens view sex and can influence their sexual risk perception (i.e. pregnancy and STIs).

State of adolescent sexual and reproductive health in the Americas

Limited information is available on the sexual and reproductive health of early adolescents (10-14 years old) since fertility and health studies generally do not survey individuals under the age of 15 (Darroch, Singh, Woog, Bankoleand, & Ashford, 2016). Nevertheless, there have been a number of studies on adolescent sexual and reproductive health—especially on older adolescents—in the Americas, including the National Longitudinal Study of Adolescent to Adult Health (Add Health), the Youth Risk Behavior Surveillance System (YRBBS), and the Global School-Based Student Health Survey (GSHS).

Two well-established studies focusing on adolescents in the United States are the National Longitudinal Study of Adolescent to Adult Health (Add Health), which followed adolescents in grades 7 through 12 during 1994-1995 into adulthood in 2008, and the Youth Risk Behavior Surveillance System (YRBBS), a nationally representative survey from the Centers for Disease Control and Prevention of students grades 9-12. Data from both longitudinal studies have been used in several secondary analyses examining the sexual and reproductive health of adolescents (Cavazos-Rehg et al., 2009; R. Crosby, Leichliter, & Brackbill, 2000; R. A. Crosby & St. Lawrence, 2000; Ford, Jaccard, Millstein, Bardsley, & Miller, 2004; Harling, Subramanian, Barnighausen, & Kawachi, 2014; Kahn & Halpern, 2018; Kao & Manczak, 2013; Upchurch, Mason, Kusunoki, & Kriechbaum, 2004).

Add Health data has shown that U.S. adolescents who feel more connected to their families report fewer STIs and higher use of birth control and condoms (Kao & Manczak, 2013). Conversely, increased poverty and inequality as well as multiple sexual partners has been associated with higher rates of STIs (Harling et al., 2014; Kahn & Halpern, 2018). YRBBS data has indicated varying ages of sexual initiation by sex and ethnicity in the U.S. (Table 1 and 2), though nearly 60% of adolescents overall have had their sexual debut by twelfth grade (Kann et al., 2016). Among those that had their sexual debut, more African American (48.5%) and Hispanic (42.5%) high school students have reported having had sexual intercourse than Caucasian students (42.5%) overall and at earlier ages (Table 2) (Cavazos-Rehg et al., 2009; Kann et al., 2016).

Table 1. Probability (%) of sexual debut in the U.S. by grade/age¹

| Grade/Age | Probability of sexual debut |
|---------------------------------------|------------------------------------|
| (at or before) 12 th grade | 57.2% (females); 59.0% (males) |
| (at or before) 11 th grade | 48.2% (females); 51.2% (males) |
| (at or before) 10 th grade | 33.5% (females); 37.9% (males) |
| (at or before) 9 th grade | 20.7% (females); 27.3% (males) |
| (at or before) 13 years old | 2.2% (females); 5.6% (males) |

1. (Kann et al., 2016)

Table 2. Proportion of youth experiencing sexual debut in the U.S. by age and ethnicity¹

| Age | Asian | African American | Caucasian | Hispanic |
|----------------------|---------------------------|----------------------------|---------------------------|----------------------------|
| (at or before) 12 | <10% | 15% males; <10% females | <10% | <10% |
| (at or before) 14 | ≤20% | 42% males; ≤20% females | ≤20% | 23% males; ≤20% females |
| (at or before) 16 | ≤20% | 72% males; 55% females | ≤40% | 53% males; 41% females |
| (at or before) 17 | 33% males; 28% females | 82% males; 74% females | 53% males; 58% females | 69% males; 59% females |

1. (Cavazos-Rehg et al., 2009)

In Latin America and the Caribbean, research also indicates that many individuals have their sexual debut during adolescence; USAID recently documented that about 30% of men have had their sexual debut by age 15 and over 85% by age 20; among women, about 15% have had sex by age 15 and about 75% by age 20 (MacQuarrie et al., 2017). Data from the GSHS, which was developed by the World Health Organization and collects data on students aged 13-17 years old, further indicates a significant number of adolescents across LAC who have had sexual intercourse have had their sexual debut before the age of 14; 57% of sexually-active adolescents have had their sexual debut before 14 years old in Chile, 82% in the Bahamas, 63% in Guatemala, and 55% in Costa Rica, for example ("Global School-based Student Health Survey: Bahamas 2013 Fact Sheet," 2013; "Global School-based Student Health Survey: Chile 2013 Fact Sheet," 2013; "Global School-based Student Health Survey: Costa Rica 2009 Fact Sheet," 2009; "Global School-based Student Health Survey: Guatemala 2015 Fact Sheet," 2015). After Sub-Saharan Africa, LAC is also the region with the second highest adolescent fertility rate in the world, estimated at 67 births per 1000 girls 15–19 years old between the years 2010–2015 (Caffe et al., 2017).

Although fertility rates in LAC overall have declined over the last two decades, research suggests high rates of sexual debut, pregnancy and first birth during adolescence, varying rates of contraception, and high rates of STIs, although rates vary across the region (Table 3) (Bozon, Gayet, & Barrientos, 2009; MacQuarrie et al., 2017; Moya, 2002; Rogers & Stephenson, 2017; Samandari & Speizer, 2010). In a study utilizing DHS data from eight LAC countries (Bolivia, Columbia, Haiti, Honduras, Nicaragua, Peru, Dominican Republic and Mexico), having a first child before age 15 was infrequent (ranging from 1.5% in Colombia to 5.5% in Nicaragua) but by age 20 was more common (ranging from 26.6% in Haiti to 48.6% in Honduras) (Bozon et al., 2009). Contraceptive use varies by age and country in Latin America; overall, under 10% of all young adolescents (10-14 years old) report using contraception, while older adolescents (15-19 years old) report contraceptive usage as low as 26% (Guatemala) and as high as 67% (Peru) (Table 3) (Chandra-Mouli, McCarraher, Phillips, Williamson, & Hainsworth, 2014; MacQuarrie et al., 2017). These varying rates of contraceptive use are largely explained by timing of sexual debut across the region, as there are more sexually active adolescents between 15-19 years old than between 10-14 years old (Table 3).

Table 3. Sexual debut and contraceptive usage among LAC adolescents in select countries

| Country | Sexual Debut | Contraceptive usage amongst adolescent women* |
|--|--|---|
| <i>Overall amongst 10-14 years old</i> | <i>30% of men and 15% of women by age 15¹</i> | <i><10%¹</i> |
| Peru | - | 23% ¹ |
| Colombia | 13.7% by age 15 ⁵ | 8% ¹ |
| Honduras | - | 6% ¹ |
| Guatemala | 14% (men) by age 15 ¹ | 10% ¹ |
| Dominican Republic | 12.8% by age 15 ¹ | - |
| Bolivia | 6.2% by age 15 ⁵ | - |
| <i>Overall amongst 15-19 years old</i> | <i>85% of men and 75% of women by age 20¹</i> | <i>26-66%¹</i> |
| Peru | - | 64-67% ^{1,2} |
| Colombia | 66.4% by age 19 ⁵ | 10-60% ^{1,3} |
| Honduras | - | 43-47% ^{1,4} |
| Guatemala | 53% by age 18; 73% by age 20 ¹ | 26%-39% ^{1,4} |
| Dominican Republic | 55% by age 19 ⁵ | 41-46% ^{2,4} |
| Haiti | - | 26-28% ² |
| Bolivia | 49.7% by age 19 ⁵ | 41-47% ⁴ |

* The proportion of women using contraception is amongst all female youth—not just those who have initiated sex.

1. (MacQuarrie et al., 2017)

2. (Chandra-Mouli et al., 2014)

3. (Blanc, Tsui, Croft, & Trevitt, 2009)

4. (Anderson, Panchaud, Singh, & Watson, 2014)

5. (Neal & Hosegood, 2015)

Adolescents in LAC also suffer a disproportionate burden of STI acquisition. It is estimated that one in every 20 adolescents will become infected with an STI each year in the Caribbean (Pan American Health Organization, 2008). In LAC, among adolescents reporting having had sex within the last year, 7-38% report having an STI or STI symptoms (Woog, Singh, Browne, & Philbin, 2015). However, many adolescents in LAC often do not seek care for an STI; rates vary significantly by country (47% in Brazil versus 84% in Peru) (Woog et al., 2015).

Researchers Caffè et al. (Caffè et al., 2017) recently identified seven key contributors to adolescent pregnancy in Latin America and the Caribbean:

1. Adolescents' lack of knowledge about sexual and reproductive health and rights
2. Poor access to and inadequate use of contraceptives resulting from restrictive laws and policies
3. Limited education and income
4. Social and cultural norms
5. Unequal gender relations
6. Sexual violence and abuse
7. Weak programs

To effectively reduce STIs and pregnancy in adolescent populations, investigators have emphasized the importance of familial influences and have identified the need to provide contraceptive choices and condoms to adolescents as well as include them in the design, implementation and evaluation of interventions to reduce STIs and pregnancy (Caffè et al., 2017; Kao & Manczak, 2013; Mason-Jones et al., 2016). Specifically in LAC, interventions should:

provide comprehensive sexuality education, inform and empower adolescents to make well-informed decisions about their sexual and reproductive health, increase access to LARCs and other modern contraceptives, build community understanding and support about pregnancy prevention in adolescents, prevent marriage before 18 years, prevent sexual violence and coercion, and provide economic and social empowerment programs for adolescent girls (Caffè et al., 2017, p. 5).

Evidence has also demonstrated that it is easier to facilitate low-risk behaviors than to change existing behaviors (Mwale & Muula, 2017). Since adolescents in many Latin American countries indicate sexual intercourse by the age of 15, targeting younger, not-yet sexually active teens in interventions is important in reducing subsequent STIs and unintended pregnancy.

Social and gender norms surrounding SRH in LAC

A significant factor contributing to high rates of adolescent pregnancy and other SRH outcomes in LAC includes social and gender norms surrounding SRH in the region. Social norms around SRH in LAC stem largely from widely-held beliefs around traditional gender roles and behaviors.

Across LAC, traditional gender norms include the concepts of machismo and marianismo. Machismo is a well-recognized concept of masculinity in Latin America—one that is characterized by “male power over women, masculine strength and sexuality, and male violence or aggression” (Diekman et al., 2005). Alternatively, the concept of marianismo, a view that stresses a woman’s adherence to “piety, sacrifice and virtue” can also have an effect on female’s SRH behaviors (Diekman et al., 2005). Although these conceptions of male and female roles are not universal across the LAC region, they do have implications on sexual and reproductive health in many Latin American countries.

In males, traditional gender roles have been linked with riskier sexual behaviors (Jaruseviciene et al., 2014). Expressing masculinity through power and dominance (inherent in machismo) encourages behaviors among men such as having multiple sex partners and unprotected sex with women and/or men (Herbst et al., 2007). Though these reflections of machismo dominate the literature, there is evidence that some adolescent men resist the traditional concept of machismo. In a qualitative study in Asunción, Paraguay, adolescent male participants exhibited behaviors that did not align with traditional gender norms—such as resisting the stereotype of disrespecting women and cheating on partners. Although these findings cannot be generalized to youth outside of the area, this and other research demonstrates that there may be divergence from the dominating machismo culture in certain male populations throughout LAC (Fleming, Andes,

& DiClemente, 2013). For example, in another paper by Fleming et. al examining men's lifetime intimate partner violence in eight low- and middle-income (LMIC) countries, the researchers found that younger men in Chile and Mexico compared to older men were less likely to have perpetrated violence against a partner; they note that these differences may be attributed to changes in gender norms and societal acceptance of violence against women (Fleming et al., 2015). Despite the potential for societal shifts, the presence of machismo continues to have an effect on sexual and reproductive health—affecting not only men but women as well.

Research has identified the complexity of improving women's sexual and reproductive health, in that women's relationships to their husbands, doctors, and place in society will influence their use and knowledge of pregnancy and STI prevention overall (Paulson & Bailey, 2003). Amongst females, unequal gender relations and a lack of female empowerment contribute to negative SRH outcomes such as inability to negotiate condoms and contraceptives with sexual partners (Jaruseviciene et al., 2014; Rodriguez-Vignoli, 2014). For Hispanic women, there is also a cultural emphasis on “smooth interpersonal relationships, or *simpatía*, and sexual silence, both of which can impede the discussion of sexual issues such as condom use” (Herbst et al., 2007). Young women face an additional disadvantage when it comes to pregnancy prevention in particular; there is a double standard in which women are responsible for fertility control; yet, if they are seen carrying condoms or using contraceptives, they may be stigmatized by society (Bankole & Malarcher, 2010). Furthermore, a woman's status is often linked to her fertility, and for this reason, many pregnancies that occur during adolescence are desired. (Cordova Pozo et al., 2015).

Sexual violence and abuse

Deeply-rooted social norms around gender and SRH in LAC contribute to gaps in gender equality and affect sexual and reproductive health outcomes. They can also put individuals—especially women—at a higher risk for domestic and intimate partner violence (IPV). Domestic violence is often a product of machismo and is seen as a way to exert a man’s power within the household. Domestic violence, including physical, sexual, and verbal aggression and abuse holds severe consequences for the physical and mental well-being of victims and contributes to adverse SRH outcomes. Women who experience domestic violence are at particularly high risk for unintended pregnancy (Pallitto et al., 2013).

Studies have demonstrated high rates of domestic violence, intimate partner violence and sexual violence across countries in Latin America and the Caribbean (Stewart et al., 2015). Research in Brazil has shown increased violence from men who follow macho gender norms toward their female partners (Pulerwitz, Michaelis, Verma, & Weiss, 2010). In Mexico, a study conducted by the Mexican government in 2003 found that nearly half (46.6%) of women had encountered at least one occurrence of domestic violence within the 12-month period prior, and 7.8% of participants had experienced sexual violence (Wilson, 2014). Another study in Peru found that 48.5% of female respondents had been sexually coerced by their partners (Wilson, 2014). In Nicaragua, researchers have found a strong association between women experiencing high levels of IPV and subsequent unintended pregnancy (Salazar & San Sebastian, 2014).

Young women are disproportionately at risk for domestic and sexual violence. Amnesty International cites adolescent girls between the ages of 10-14 years old as the population most at risk for sexual violence, particularly from rape and incest (Amnesty International, 2009). Young adolescents who are pregnant or mothers are also especially vulnerable to high rates of domestic

violence (Bankole & Malarcher, 2010). In a study among pregnant adolescents in Guyana, for instance, 22% reported past rapes and 80% cited a lack of power in sexual relationships (Rose, Rajasingam, Derkenne, Mitchell, & Ramlall, 2016).

Legal and social barriers to contraceptives amongst adolescents

Legal and social barriers that limit access to sexual and reproductive health services around the world pose a significant barrier to adolescents' use of contraception and affect their subsequent SRH outcomes. Many laws across Latin America “uphold highly restrictive norms, based in religious doctrine, which violate citizens' sexual and reproductive rights”, although there is country variability (Shepard, 2000). In Nicaragua, the Catholic Church has a strong influence on contraceptive use and subsequent fertility rates among adolescents as it restricts the use of family planning (Guiahi et al., 2017). Additionally, as the Catholic Church has propagandized emergency contraception as an abortifacient, many providers refuse to prescribe emergency contraception to adolescents under 18 without parental consent (Ehrle & Sarker, 2011). Women may also not seek contraception and other reproductive health services because they risk being judged or criticized by healthcare providers (Luffy, Evans, & Rochat, 2015). Chile and Uruguay, on the other hand, have passed rather progressive laws on contraception and family planning over the last decade, such as adolescent access to birth control—including emergency contraceptives (Goodwin & Whelan, 2015).

While contraceptive usage overall amongst adolescents is increasing worldwide, consistent and continued usage remains low (Blanc et al., 2009). In a survey conducted in 25 countries, only about 25% of women had used contraceptives by the age of 19 (Blanc et al., 2009). Outside of Guatemala and Haiti, the study found higher rates of contraceptive usage in LAC compared to

other regions, with 42-68% of married and unmarried but sexually active adolescent women (15-19 years old) reporting current use of a form of contraception (Blanc et al., 2009). Nevertheless, use of a contraceptive method amongst this population was accompanied by high levels of inconsistent usage, experimentation with various methods, and discontinuation of a method (Blanc et al., 2009). Additionally, in Nicaragua, where teenage pregnancy is the highest in Latin America, a study amongst 13-18 year olds found that only 43% of sexually active males and 54% of sexually active females reported recent contraceptive use (Decat et al., 2015). By age 18, 30% of female respondents also reported a previous or current pregnancy (Decat et al., 2015).

Several policy measures could be taken to encourage contraceptive usage amongst adolescents. Notably, researchers Rodriguez-Vignoli & Cavenaghi underscore the importance of governments in Latin America to address youth's lack of universal access to family planning (Rodriguez-Vignoli, 2014). They recognize that while public policies cannot directly control the onset of early sexual activity, they can tackle issues of comprehensive sexual education and contraceptive use (Rodriguez-Vignoli, 2014).

Underdeveloped education and unequal income in LAC

Education status and income can also have a significant effect on pregnancy outcomes amongst adolescents. Although school enrollment across LAC has improved during the last few decades, quality of education has not followed the same trend, with better educational outcomes for those attending private rather than public schools (Marteleto, Gelber, Hubert, & Salinas, 2012). Additionally, researchers have identified key weaknesses in Latin American educational systems that can potentially influence adolescent fertility, which include the increasing need for advanced education in a competitive job market that leads to “unfulfilled expectations of adolescents that

have advanced or secondary schooling” and the absence or insufficiency of sex education in schools (Rodriguez-Vignoli, 2014).

Education is highly correlated with sexual health outcomes not only in Latin America but across the world; lower levels of education are associated with earlier sexual initiation as well as higher rates of pregnancy during adolescence (Raguz, 2001). This is complicated by the inverse association, where sexual health outcomes such as adolescent pregnancy can also be a predictor for lower levels of education attainment. In Peru, for example, 19% of adolescent girls discontinue education due to adolescent pregnancy, after which 42% do not study or work (Raguz, 2001). Adolescent pregnancy often affects women’s educational and economic incomes—often by limiting their future education opportunities and subsequent economic potential (Bankole & Malarcher, 2010). Research also demonstrates that adolescents of lower socioeconomic status in LAC are more likely to have engaged in sex, less likely to use modern contraceptives, and more likely to experience pregnancy (Samandari & Speizer, 2010).

Adolescents’ knowledge of sexual and reproductive health

Adolescents’ knowledge of sexual and reproductive health can have an effect on their subsequent SRH outcomes. Generally, adolescents can identify pregnancy and STI prevention methods such as oral contraceptives and condoms (Bankole & Malarcher, 2010). However, teens’ behaviors often do not reflect their contraceptive knowledge. In a study in Central America, for example, knowledge of at least one modern contraceptive method was high amongst adolescents 15-19 years old (ranging from 85% in Guatemala up to 98% in El Salvador, Honduras, and Nicaragua) (Bankole & Malarcher, 2010). Yet, nearly one in three ever pregnant youth in Central

America were unaware they could become pregnant during their first sexual experience (Bankole & Malarcher, 2010).

Even with substantive knowledge of how to control their sexual and reproductive health, adolescents are at a disadvantage for making healthy sexual decisions as the literature suggests that knowledge of STI and pregnancy prevention methods alone is insufficient at changing behaviors (Bridges & Hauser, 2014). Instead, focusing on behavior change by developing self-efficacy and communication skills along with increasing knowledge are more effective as self-efficacy is necessary for individuals to “develop confidence by practicing skills necessary to manage risk” (Future of Sex Education Initiative, 2012).

Overall, youth lack substantive information on their own sexual and reproductive health and rights as there is a dearth of adequate sexual education available that addresses the specific needs of adolescents (Forrest, Strange, & Oakley, 2004; Rodriguez-Vignoli, 2014). In countries such as Belize, Brazil, Chile, Jamaica, Mexico, and Peru, curriculum-based programs are also targeted to later adolescents and are of short duration and limited scope (International Women's Health Coalition, 2007).

Limited school-based programs addressing SRH in adolescents

Sexual and reproductive health programs for adolescents are an important factor in their knowledge and attitudes toward sex as well as sexual risk behaviors. School-based comprehensive sexuality education has shown to be more effective than abstinence-only programs in the United States (de Castro et al., 2018). In LAC, countries like Cuba and Argentina have trained teachers to deliver school-based comprehensive sexuality education; however, many countries lack strong comprehensive sexual education, and further research is needed on the effectiveness of programs

across the region (de Castro et al., 2018). Across LAC, adolescents receive no or often inadequate sex education concerning self-protection and pregnancy prevention in schools (Rodriguez-Vignoli, 2014). The bulk of current sexuality education also emphasizes risk-reduction and negative messaging (Cordova Pozo et al., 2015).

Poor content development and implementation also characterize SRH programming in the Americas. For example, even when programs are shown to be effective in improving adolescents' SRH knowledge, attitudes, and behaviors, they are not always implemented effectively; interventions are often adapted and exclude or limit information on reproduction, STIs, and contraception (Chandra-Mouli et al., 2015). Furthermore, teachers are often untrained and uncomfortable discussing SRH with youth and lack the necessary skills to teach about sexuality.

Finally, research demonstrates that adolescents acquire information about sex outside of school settings—often relying on information from peers, family members, social media, television, and pornography (Kinsler et al., 2018; Sun, Bridges, Johnson, & Ezzell, 2016). A recent systematic review of school-based programming in LMIC countries found that the most effective interventions often involved components beyond the classroom—including training healthcare providers, distributing condoms, and involving parents (Fonner, Armstrong, Kennedy, O'Reilly, & Sweat, 2014). Thus, school-based programming may be insufficient as a primary mode of sexual information for adolescents. Supplemental interventions that target families, for instance, may help affect adolescents' sexual behaviors.

Family-based programming

Though there are a number of family-oriented training programs for youth and parents in the Americas, most are based in the United States and include both parents and youth in the

process. Four well-known programs for Hispanic/Latino families include Families Talking Together, The Strengthening Families Program, Familias Unidas, and Community Embedded Reproductive Health Care for Adolescents (CERCA).

Families Talking Together is a 10-20 session program aimed at teaching African American and Hispanic parents various strategies for talking with their teen about sexual activity (Families Talking Together, n.d.). The program hopes to delay sexual initiation, encourage abstinence, and decrease the frequency of sexual activity of teens. In an evaluation by Guilamo-Ramos et. al, the researchers found that, while the program delayed sexual initiation amongst the African American and Latino youth (11-14 years old) included in the study population, it relied on self-reports and a relatively short follow up time of nine months (Guilamo-Ramos et al., 2011).

The Strengthening Families Program (SFP 10-14) out of Iowa State University is a seven-week program that has been implemented across the United States and in Latin America with parents/caregivers and youth aged 10-14 years old (SFP 10-14, n.d.). It has shown lower rates of substance abuse among teens and includes instructional videos, in-person and take-home activities for families. It does not contain sections, however, on sexual and reproductive health topics and has not been evaluated on its effectiveness at improving sexual health outcomes for youth.

Familias Unidas is designed as a three-month program with eight two-hour sessions and four one-hour family visits that aims to reduce HIV sexual risk behaviors among adolescents by strengthening the empowerment of Hispanic immigrant parents and building their parenting skills (Coatsworth, Pantin, & Szapocznik, 2002). The program targets Hispanic/Latino youth between the ages of 12-14 years old and their primary caregivers with activities fashioned to reduce risks often common in poor, urban environments. Combining Familias Unidas with elements from the PATH—a social and emotional learning program for 5-11 years olds—curricula has shown a

reduction in unprotected sex within the past 90 days and reduced youth self-report of having an STI (Sutton, Lasswell, Lanier, & Miller, 2014). Prado et. al also evaluated the program from 2009-2010 and found increased condom use during the past 90 days, reduced sexual partners, and increased parent-child communication; nevertheless, it relied on self-reported data and a short follow up time of six months (Prado et al., 2012).

Developed by the International Center of Reproductive Health of the Ghent University, the Community Embedded Reproductive Health Care for Adolescents (CERCA) program was implemented between 2010 to 2014 with various stakeholders including parents, youth, teachers, health personnel, and community members in Bolivia, Ecuador, and Nicaragua to reduce teen pregnancy through several mechanisms including contraceptive use, communication with parents, partners, and peers, and access to SRH information and services (Cordova-Pozo et al., 2018). However, the evaluation of CERCA did not monitor fidelity to the intervention, the quality of intervention delivery, nor the behavioral change and perceptions of SRH amongst community members in the 20-month timeframe. Furthermore, there were not high rates of parent participation in the program (Cordova-Pozo et al., 2018).

Communication surrounding SRH between parents and youth

Researchers have introduced various frameworks for characterizing communication between parents and youth; notably, researcher Jaccard identifies key facets of parent-youth communication: frequency and depth of discussions, method of communicating information, content of information, timing of communication, and the strength of the parent-youth relationship overall (Markham et al., 2010). When sexual behaviors are concerned, however, the reality of

“silence, implied expectations and gendered conflict” persists in characterizing parent-child sexual communication (Cordova Pozo et al., 2015).

Researchers have noted wide ranges of sexual health communication levels between parents and youth; studies in Africa have found rates of ever having a discussion between 37%-82.3% in Ethiopia to 40.7% in Unguja-Tanzania Zanzibar (Ayalew, Mengistie, & Semahegn, 2014; Seif, Kohi, & Moshiro, 2017). Overall, communication around SRH issues between parents and adolescents is complicated due to numerous factors which include cultural shame, taboo and lack of communication skills (Ayalew et al., 2014). In addition to low communication skills, parents identify feeling uncomfortable and embarrassed about speaking with their adolescents about sex and express an overall lack of sexual knowledge (Harris, 2016).

Several studies have been established with the aims of improving parental communication with children (Akers et al., 2011). In a recent systematic review, many of the interventions described subsequent positive effects “on the frequency, content and psychosocial mediators of parental communication with adolescents about sex” (Akers et al., 2011). However, the majority of the studies did not examine the strength of these effects throughout the teenage years. As sexual behaviors of adolescents change—especially from early adolescence (10-14 years old) to later adolescence (15-19 years old)—parental communication must change and adapt as well to remain effective.

Importance and impact of communication surrounding SRH between parents and youth on subsequent SRH outcomes

In developing countries, evidence demonstrates that adolescents do speak in some capacity with parents about sex as they acquire the majority of their information on sex from their parents

(Manu et al., 2015). As such, parents represent a unique entry point for interventions aimed at improving sexual health outcomes for adolescents. The literature underscores a reduction in adolescent sexual risk behaviors as a result of interventions which support and improve parent-adolescent communication (Harris, 2016).

When parents engage with their children on SRH topics, they convey their own values, beliefs, information and expectations around sex (Manu et al., 2015). Consequently, parent-child sexual communication illustrates a critical opportunity in the realm of programs to “delay sexual intercourse, reduce adolescent pregnancy and sexually transmitted infections amongst teens” (Ayalew et al., 2014). Several researchers have found a positive effect of parent communication on sex with their children, where adolescents who communicate with their parents exhibit greater communication with their sexual partners, increased rates of condom usage, and delayed sexual initiation (Akers et al., 2011; Balaji et al., 2017; Markham et al., 2010; Miller et al., 2011; Teitelman et al., 2008). Conversely, low rates of parental communication can contribute to adolescent sexual decision-making that puts them at a higher risk for pregnancy and STIs. For example, in a study among African American adolescents between the ages of 14 to 18 years old, researchers found that lower parent/youth communication around SRH topics was associated with lower self-efficacy to negotiate condoms and both less communication with partners and non-use of contraceptives during sexual encounters (DiClemente et al., 2001).

The positive effects of parental communication on subsequent adolescents’ sexual behaviors have been well documented (Guilamo-Ramos et al., 2012). Frequency and effectiveness of parental communication, however, may vary by sex of the parent. In Ayalew et. al’s study, having ever had a conversation around sex with mothers ranged from 1.9-69.5% and from 0.4-46% with fathers (Ayalew et al., 2014). Most of the literature to date has examined the positive

influence of mother-adolescent communication on sexual health outcomes, including higher abstinence rates, increased condom use, older age at first intercourse and fewer lifetime sexual partners (Beckett et al., 2010; Clawson & Reese-Weber, 2003; Guilamo-Ramos et al., 2012). Although there are less data on the significance of father-adolescent communication, findings from a structured literature review by researchers Guilamo-Ramos et al suggest “significant associations between father-adolescent communication and adolescent sexual behaviors such as increased condom use and abstinence from sex” (Guilamo-Ramos et al., 2012). Additionally, in a study amongst African American and Hispanic teens 15-19 years old, talking with fathers on resisting sexual pressure was associated with a five-fold increase in consistent STI/HIV prevention (Teitelman et al., 2008).

In determining the most effective parent-child sexual communication interventions for positive sex behaviors amongst Hispanic/Latino youth, a recent systematic review cited studies (including Familias Unidas and Families Talking Together) that explored targeting adolescents, targeting both parents and adolescents, and targeting parents themselves (Sutton et al., 2014). The researchers found that interventions focusing primarily on working with parents compared to those where parents were not the primary target of the intervention all had statistically significant outcomes including increases in condom use and decreases in sexual activity amongst adolescents (Sutton et al., 2014). These results emphasize the importance of targeting parents for interventions aimed at improving SRH outcomes for adolescents.

Pre-Texts directed at parents to increase parent-child sexual communication

Doris Sommer created Pre-Texts for students in grades K-12 as a literacy and civic engagement approach where participants “deconstruct a selected text through activities that require

active participation” (Sommer, 2014, p. 111). She states that the challenge to create new interpretations of a text cultivates better understanding of the text and a subsequent grasp of difficult vocabulary and grammar (Sommer, 2014). Pre-Texts also emphasizes a continual reflection on the process with a verbal discussion surrounding the question “What did we do?” after each activity (Sommer, 2018). Embedded in the Pre-Texts method is the influence of Latin American practices such as the theater of the oppressed from Augusto Boal; “the *cartoneras* movement, which works to foster literacy through the making of books; and Antanas Mockus’ use of art during his tenure as mayor of Bogotá” (Loudermilk & Hartfield-Méndez, 2018, p. 19).

The beginning of Pre-Texts workshops always incorporates the same six elements: warm ups, book-making, reading aloud, question the text, intertext, and literature on the clothesline (Sommer, 2014). Several of these six elements originate from Latin American practices, and a description of each is included below (Table 4). Subsequent activities may include role-playing, creating haikus with words from the texts, creating portraits from descriptions of characters from the text, among others.

Table 4. Overview of Pre-Texts Introductory Activities

| | |
|-------------------------------|---|
| Warm ups | Participants play a few games aimed at creating trust and cooperation among participants (Sommer, 2014) |
| Book-making | Using recycled materials, participants create book covers/booklets. Book-making comes from the <i>cartoneras</i> movement—a publishing initiative across Latin America to use recycled cardboard in the creation of book covers (Sommer, 2014). |
| Reading aloud | One volunteer reads the selected text aloud to participants as they create their books. Reading the text aloud stems from the 19 th and 20 th century practice across the Spanish Caribbean of hiring professionals to read aloud to workers in cigar-making factories (Sommer, 2014) |
| Question the text | Each participant poses a question to the text (that cannot be answered directly by reading the text) in written form. |
| Intertext | Participants share their questions aloud with one another then respond to either their question or someone else’s in a written paragraph. |
| Literature on the clothesline | Participants “publish” their question/responses on a clothesline and read the work of their colleagues. Literature on the clothesline comes from the practice in Latin America (predominately Brazil), of selling artists’ work from clotheslines made of ropes in public spaces—especially in areas where poverty prevents traditional publication (Sommer, 2014). |

Pre-Texts is an iterative process, and often participants have the opportunity to explore multiple texts through a series of workshops. When this is possible, facilitators gradually shift from the role of a teacher to the role of an observer as participants become more comfortable with one another and begin to take turns facilitating activities to the group (Sommer, 2014). Additionally, facilitators are encouraged to bring their own creativity to sessions by generating their own variations on established activities and by proposing their own activities.

The Pre-Texts method has been implemented in several educational settings in Latin America—including amongst teachers in Quibdó and Bogotá, Colombia and amongst high school and with college students in Coahuila, Mexico. Teachers who participated in the Pre-texts workshop in Quibdó commented that the method was useful in that it provided strategies to improve students’ learning processes and cultivated critical thinking amongst teachers, (*Ya no hacen bulla: Pre-Texts en Quibdó (Chocó)*, 2017). In the evaluation of the method’s use in Coahuila, Mexico, the report noted that students valued, approved of, and accepted the Pre-Texts

method; additionally, those that had experienced the Pre-Texts method had higher final grades than those that did not (Dávila & Muñoz López, 2015).

Although originally designed for K-12 grades, Pre-Texts can easily be adapted for sexual and reproductive health topics since the method is flexible; the method can be implemented with virtually any text. Traditionally, the Pre-Texts approach encourages civic engagement through participation in creating new meanings of challenging literary texts. However, more informational texts—especially ones centered around taboo topics surrounding sexual and reproductive health—can challenge readers to shift their perspectives toward difficult topics and create art from even the most unembellished texts. Most activities can also be shortened—or lengthened—and altered to fit specific settings and target populations.

To increase communication between parents and adolescents in Latin America and the Caribbean on sexual and reproductive health topics, this SSP will adapt Doris Sommer's Pre-Texts method to an intervention with Latin American parents of adolescents 10-14 years old. Some of the goals for using the Pre-Texts methodology with parents to encourage communication around SRH include familiarizing parents with key concepts and terminology, improving their comfort in discussing these topics through creative exploration in a safe environment, and facilitating creative thinking and spontaneous discussion through arts-based approaches.

Chapter 3. Methods

The curriculum in this SSP draws upon some of the mechanisms that Caffè et. al, Andes and other researchers have identified to be effective components of pregnancy and STI prevention interventions (Caffè et al., 2017). The curriculum focuses on building confidence and self-efficacy amongst Latin American parents to improve subsequent communication between parents and youth on sexual and reproductive health topics.

Curriculum Development

I began compiling potential texts to be included in the curriculum during September and October of 2017 after discussions with Dr. Karen Andes, a professor in the Global Health Department at the Rollins School of Public Health, Emory University. Subsequent meetings with Dr. Vialla Hartfield-Méndez, Professor of Pedagogy in the Department of Spanish and Portuguese at Emory University, in October of 2017 informed my grasp of the Pre-Texts teaching method. I then participated in a series of two-hour Pre-Texts workshops held at the Candler School of Theology on October 24th, November 2nd, and November 8th of 2017 that were open to Emory faculty, staff, and students. These workshops focused on selected texts from Mary Shelley's *Frankenstein* and allowed me the opportunity to develop a greater understanding of the Pre-Texts method and to practice facilitating various activities amongst participants.

During November and December of 2017, I selected appropriate texts to include in the curriculum focusing on:

- Anatomy/Puberty
- Menstruation
- Teen pregnancy
- Contraception
- Sexually transmitted infections
- Healthy relationships

- Gender norms and sexual orientation

The order of modules and choice of activities in each module was kept flexible, which aligns with the flexibility of the Pre-Texts Method. The original target audience for the curriculum consisted of both Spanish-speaking and English-speaking parents in Latin America and the Caribbean as well as Latino/a parents in the United States. Selecting texts for modules and developing the modules each took about three hours to complete. The curriculum consisted of seven modules 90 minutes in length. A pre- and post-evaluation was included to assess parents' communication on and comfort in discussing the sexual and reproductive health topics included in the modules with their adolescents.

Pilot Study

The curriculum for parents and caregivers was originally intended to be implemented with parents and caregivers at Cross Keys High School in Atlanta, GA in early February 2018. However, due to unforeseen circumstances, we were not able to pilot the curriculum at Cross Keys High School. As an alternative, I piloted an STI text during the Community-Based Participatory Action Research (CBPAR) course on February 28, 2018 at the Rollins School of Public Health, Emory University with public health master's students. Students participated in a two-hour session of warm-up and subsequent Pre-Texts activities followed by a 20-minute de-brief discussion on how the Pre-Texts method could be utilized with parents, youth, health educators, etc.

Curriculum Revisions

Revisions to the selected texts and curriculum were made based on feedback from Dr. Andes and from the students who participated in the pilot study. Revisions consisted of adding a

role play activity to each module based on student feedback and changing some of the selected texts for the modules.

Originally, both texts in Spanish and English were selected to be included in the curriculum modules. The Pre-Texts method has been used with Latino populations in the United States—particularly in communities along the U.S.-Mexican border—so examples of texts in both languages were originally included to expand the potential reach of the modules to populations not limited to Latin America. However, parents and caregivers of adolescents 10-14 years old in Latin America were chosen as the final target population for the curriculum. Thus, English texts were moved to the appendix as examples of further resources for English-speaking populations in LAC and in the U.S. The final, revised curriculum is included in the appendix.

Chapter 4. Results

Curriculum

The final curriculum included seven modules designed for weekly classes over the course of three to seven weeks. To honor and recognize parents' limited time and other obligations, modules were designed for a 90-minute time period. A complete description of the seven modules is included in Appendix 1. An overview of each module and corresponding selected text for the modules are below. Selected texts for these modules are primarily informational, rather than narrative in style, as one goal of the curriculum was to increase parents' confidence in their own knowledge on the included topics.

| Module 1. Puberty |
|--|
| <p>Module Summary:</p> <p>Participants begin to get to know one another through warm up activities. They are introduced to a text concerning puberty and practice interacting with the text through different activities, such as taking turns speaking and listening to one another discuss what they have learned and how comfortable they would feel beginning to discuss the topic with their child. Participants conclude with a discussion of the session, and the facilitator provides participants with additional resources.</p> |
| <p>Selected Text:</p> <ul style="list-style-type: none">• Pubertad <p>This text gives an overview of what occurs in boys and girls during puberty. It discusses both the primary physical changes as well as emotional characteristics associated with puberty.</p> |
| <p>Objectives:</p> <p>After completing this module, participants should:</p> <ul style="list-style-type: none">• be able to identify both physical and emotional changes that occur during puberty• feel more comfortable talking with other workshop participants |

Module 2. Menstruation

Module Summary:

Participants debrief the previous session and subsequent conversations they had with others about the topic. They are introduced to a new text concerning menstruation and practice interacting with the text through different activities, such as creating a fashion show of nouns from the text using toilet paper as accessories. Participants conclude with a discussion of the session, and the facilitator provides participants with additional resources.

Selected Text:

- [Nueve curiosidades sobre tu menstruación](#)

This blog post from mihijafeliz.com describes nine components of menstruation. It gives a brief description of the menstrual cycle and common menstrual symptoms including cramping, odors associated with menstruation, weight gain, and feelings of fatigue. It briefly describes the body's temperature during menstruation, monthly timing of menstruation, and comments on becoming pregnant during menstruation and missing a period.

Objectives:

After completing this module, participants should:

- be able to identify common menstrual symptoms and pregnancy risk during menstruation
- develop an awareness of how a young adolescent girl may feel both physically and emotionally getting her menses

Module 3. Teen Pregnancy

Module Summary:

Participants debrief the previous session and subsequent conversations they had with others about the topic. They are introduced to a new text concerning teen pregnancy and practice interacting with the text through different activities, such as creating a haiku that tells a story of teen pregnancy. Participants conclude with a discussion of the session, and the facilitator provides participants with additional resources.

Selected Text:

- [El embarazo en la adolescencia](#)

This text from the World Health Organization (WHO) describes some key facts related to adolescent pregnancy before going into the scope of the issue, contextual issues relating to teen pregnancy, as well as health, economic and social consequences of teen pregnancy. The fact sheet concludes with the WHO's response to the issue of adolescent pregnancy.

Objectives:

After completing this module, participants should:

- be able to identify health, economic and social consequences of teen pregnancy
- feel more confident discussing their role as a parent/caregiver in (preventing) their adolescent's experience with teen pregnancy

Module 4. Contraception

Module Summary:

Participants debrief the previous session and subsequent conversations they had with others about the topic. They are introduced to a new text concerning contraception and practice interacting with the text through different activities, such as creating a human sculpture of a contraceptive method. Participants conclude with a discussion of the session, and the facilitator provides participants with additional resources.

Selected Text:

- [Métodos anticonceptivos eficaces para los adolescentes sexualmente activos](#)

This text from healthychildren.org discusses a variety of contraception options for sexually active adolescents including the implant, IUD, birth control pill and condoms.

Objectives:

After completing this module, participants should:

- be able to identify different contraceptive methods and describe their effectiveness at preventing pregnancy and/or STIs
- clarify their feelings toward various contraceptive methods for their adolescents (or even themselves)

Module 5. Sexually Transmitted Infections

Module Summary:

Participants debrief the previous session and subsequent conversations they had with others about the topic. They are introduced to a new text concerning sexually transmitted infections and practice interacting with the text through different activities, such as creating a skit where an adolescent acquires an STI. Participants conclude with a discussion of the session, and the facilitator provides participants with additional resources.

Selected Text:

- [Prevención de las enfermedades transmitidas sexualmente](#)

This text from healthychildren.org describes methods to prevent STIs, how to use male condoms, and risk factors for STIs.

Objectives:

After completing this module, participants should:

- be able to identify ways to prevent STIs and risks associated with unprotected sex
- recognize situations that their adolescents may experience that put them at risk for an STI

Module 6. Healthy Relationships

Module Summary:

Participants debrief the previous session and subsequent conversations they had with others about the topic. They are introduced to a new text concerning healthy relationships and practice interacting with the text through different activities, such as drawing portraits of characters experiencing healthy, unhealthy and/or abusive relationships. Participants conclude with a discussion of the session, and the facilitator provides participants with additional resources.

Selected Text:

- [Hablemos sobre las Relaciones Sanas](#)

This text from The National Domestic Violence Hotline discusses the importance of communication in healthy relationships and setting limits. It offers ideas to improve a relationship and gives warning signs of an unhealthy/abusive relationship.

Objectives:

After completing this module, participants should:

- be able to identify components of what makes a relationship healthy or unhealthy/abusive
- recognize their role in helping their adolescent cultivate healthy relationships

Module 7. Gender Norms and Sexual Orientation

Module Summary:

Participants debrief the previous session and subsequent conversations they had with others about the topic. They are introduced to a new text concerning gender norms and sexual orientation and practice interacting with the text through different activities, such as role playing having a discussion about gender norms and sexual orientation with their adolescent child(ren). Participants conclude with a discussion of the session, and the facilitator provides participants with additional resources.

Selected Text(s):

- [Sexo, Género, Identidad, y Orientación Sexual](#)

This text gives a brief overview of the differences between biological sex, gender, gender identities including transsexual, transgender, and transvestite, and sexual orientation.

- [Orientación Sexual, Adolescencia, y Familia](#)

This text from primerahora.com describes a young girl being brought to the psychologist with her parents for acting differently. It goes into the process of adolescence at discovering one's sexual identity and how they might feel coming out to their parents.

Objectives:

After completing this module, participants should:

- be able to identify the differences between biological sex, gender, gender identities including transsexual, transgender, and transvestite, and sexual orientation
- understand how their adolescent may feel exploring sexual identities

Module 1 is designed to be taught first, but the remaining modules in this SSP have the flexibility of being implemented in any particular order. If only a three-week period is feasible, I recommend the inclusion of texts from Modules 1, 3, and 6.

Pilot Study

Students in the CBPAR class first engaged in the six elements common to the beginning of each Pre-Texts Workshop: warm ups, book-making, reading aloud, question the text, intertext, and literature on the clothesline. During the warm-up, students stood in a circle and, in pairs, alternated counting aloud 1 to 3 and progressively replacing each number for a new sound and gesture. Afterward each pair performed to the group. Students proceeded to make the “cartonera” books, while one volunteer began reading a text about STIs. The link to the selected STI text is included [here](#). The text also appears in the English texts for Module 3 included in Appendix 5. Students proceeded to pose a written question to the text, share their questions aloud, and write a response to their own or a colleague’s question before “publishing” on the clothesline.

Students then engaged in three group activities: Writing a Haiku, Fashion Show, and Back-to-Back Portraits. A complete description of these activities is included in Appendix 2. After each activity (including the Warm-Up and Literature on the Clothesline), students took a moment to respond to the question “What did we just do?” aloud to the group.

For the final 20 minutes of the class, students and facilitators verbally de-briefed the session by discussing the Pre-Texts method, asking questions, and giving suggestions. After the session, 81% (17/21) of MPH students in the CBPAR class completed the online evaluation, which included the following quantitative and qualitative questions:

1. How engaged do you feel with the selected text after this set of activities?
2. Compared to ONLY reading the text itself, how well do you feel these activities facilitated your understanding of the text?
3. How effective would you rate this method at increasing your subsequent communication around STIs with others?
4. How effective would you rate this method at increasing parents' communication with their children around STIs?
5. Please describe your experience with today's session.

These questions overall aimed to quantify students' level of engagement with the selected text and both their subsequent communication as well as their perceived communication that parents and youth would have after completing the workshop.

Level of Engagement

82.4% (14/17) of students indicated feeling very engaged (4 out of 5 or 5 out of 5 on a 5-point scale) with the STI text after the Pre-Text activities, while 17.6% (3/17) students indicated a neutral level of engagement (3 out of 5 on a 5-point scale) with the STI text after the session. When asked how well students felt the activities facilitated their understanding of the text compared to just reading the text alone, 88.2% (15/17) of respondents indicated that the activities increased their understanding of the text. One (5.9%) student stated that the activities neither increased nor decreased his/her understanding of the text, and one student (5.9%) commented that "the activities helped me to engage with the text in a different, deeper way. I knew the knowledge conveyed in

the text, so the activities didn't increase my understanding—just made it more nuanced and applicable to lived experiences.”

Communication around STIs

Students held mixed responses when asked how effective they would rate the Pre-Texts method at increasing their subsequent communication around STIs with others and increasing parents’ communication with their children around STIs (Table 1). However, the majority of students rated the method highly at increasing their subsequent communication around STIs (76.5% of respondents gave a 4 or 5 rating) and at increasing parents’ communication with their children (76.5% of respondents gave a 4 or 5 rating).

Table 1. Evaluation of the Pre-Texts Method on subsequent communication around STIs

| Increasing Students’ Communication (n, %) | Increasing Parents’ Communication with their children (n, %) | Rating (1-not effective to 5-very effective) |
|--|---|---|
| - | 1 (5.9) | 1 |
| 1 (5.9) | - | 2 |
| 3 (17.6) | 3 (17.6) | 3 |
| 11 (64.7) | 8 (47.1) | 4 |
| 2 (11.8) | 5 (29.4) | 5 |

The majority of students felt the Pre-Texts method would be beneficial to use amongst parents to improve communication with their adolescents on sexual and reproductive health topics; one student commented that the method “was a good way to approach a sensitive topic, especially talking to teens. It seems much less invasive to talk about the material in a creative form.” Nevertheless, students made suggestions for additional inclusions in the Pre-Texts Method when

used with parents—such as additional tools/materials and role playing. For example, one student stated:

For parents to be able to communicate better with their children about STIs, for example, I think many people would need actual tools, different approaches they could use with their unique children, maybe some talking points or role playing..... I think I see the activities we did as more of a critique of a text and a way to pick it apart & analyze its nuances, rather than a way to help people learn about and approach a difficult topic.

This feedback identified areas that, when included with the Pre-Texts approach, could be more effective at ultimately improving communication on sexual and reproductive health topics between parents and their children.

Chapter 5. Discussion

Discussion

Objectives of the Curriculum

Parents play an important role in their adolescents' attitudes about sex and sexual behaviors. Yet, when parental communication strategies do not align with an adolescent's sexual experience or if parental messaging is communicated poorly, parental communication can be ineffective at shaping positive sexual behaviors amongst their teens (Grossman et al., 2018; Parkes et al., 2011). In this SSP, I aim to address one of the components necessary in shaping adolescents' sexual behaviors: positive and informed communication with parents and caregivers. By empowering parents to feel more comfortable addressing these often sensitive sexual and reproductive health issues, we hope that parents will take the initiative to communicate with their adolescents on SRH topics with greater confidence and greater frequency. We hope that the Pre-Texts method and subsequent increased parent-child communication on sex will affect adolescents' sexual risk behaviors and ultimately reduce STIs and unintended pregnancy amongst teens.

Next Steps

Although this SSP targets parents and caregivers of youth 10-14 years old in Latin America and the Caribbean, it could be adapted and implemented among other populations including:

- Young adolescents themselves in Latin America and the Caribbean
- Parents and youth together in Latin America and the Caribbean
- Young Hispanic adolescents in the United States

- Hispanic parents and caregivers in the United States
- Hispanic parents and youth together in the United States

Using the Pre-Texts Method for sexual and reproductive health could be used in different contexts and settings as well. As Pre-Texts has been used effectively in the classroom both with teachers and students, the method could be implemented specifically with sexual health educators to use in the classroom with their students or could be used to train sexual health educators themselves.

Additionally, texts selected for the modules included in this curriculum were largely informational rather than literary in form with the goal of increasing parents' confidence in their own knowledge of key concepts and terminology in the modules. However, future iterations of the curriculum could focus on narratives that describe the experiences that adolescents have with the themes highlighted in each module. For example, in different parts of Latin America some girls do not know about menstruation before it happens to them or they receive mixed, often negative messages that do not adequately prepare them for menstruation (Marvan & Molina-Abolnik, 2012). Thus, a future text on menstruation could focus on a girl who is confused and surprised at receiving her first menses and then discusses her experience with a friend, sibling, or family member.

Finally, this SSP uses blogs and other online resources that have been created by others and are readily available to serve as selected texts. However, having texts that are specifically tailored to a target audience and geographical setting may resonate better with participants and thus be more effective at improving their confidence and subsequent communication skills. Professors in sexual and reproductive health and sexual health educators could strategize together to create texts that would be suited to specific populations. Additionally, through focus groups and/or writing

workshops, parents and teens themselves could inform and contribute to the construction of age- and audience-appropriate texts to be used during Pre-Texts workshops.

Strengths and Limitations

This special studies project comes with several limitations. As the Pre-Texts method has not been implemented before to parents of youth 10-14 years old in the context of sexual and reproductive health to our knowledge, we cannot know whether parent/caregiver participation in the program would improve communication around sensitive sexual health topics between parents and their children nor can we be confident that it would affect the sexual and reproductive health outcomes of adolescents. Additionally, selected texts for the curriculum modules were not specifically created or tailored to the target population; as such, there may be other messages or inclusions in certain modules that would resonate better with parents and caregivers in Latin America. Some populations may also encounter literacy challenges, and facilitators may need to amend selected texts to make them effective. Furthermore, Latin America and the Spanish-speaking Caribbean is not a homogenous region. Thus, Spanish terms and phrases in the selected texts may not communicate well in all geographic areas. Spanish texts were also selected by a non-native speaker; ideally, texts should be chosen by native populations. Finally, although the target population for this curriculum is parents and caregivers of youth 10-14 years old, the pilot study was limited to Masters of Public Health students, who likely do not have children between the ages of 10 and 14 years old. The pilot also was implemented amongst a small, non-representative population and the findings from the evaluation are thus not generalizable to other populations.

Despite these limitations, this special studies project has several strengths. The Pre-Texts method has not, to our knowledge, previously been used in the realm of sexual and reproductive

health so this SSP represents a new opportunity for parent and youth communication around sexual and reproductive health topics. Working with Dr. Karen Andes and Dr. Vialla Hartfield-Méndez allowed for both Pre-Texts and LAC-specific knowledge and feedback. It was also an advantage piloting the STI text amongst MPH students at the Rollins School of Public Health as it allowed for useful comments on Pre-Texts activities and other inclusions to the curriculum for parents.

Recommendations and Implications

The final curriculum included in this SSP does not have to be limited to Latin American populations; the included modules could easily be adapted for use with Latino/a parents and caregivers in the United States as well as teachers, sexual health educators, adolescents themselves, etc. This curriculum should be pilot tested amongst parents of youth 10-14 years old in Latin American countries to establish the effectiveness of the selected texts and modules themselves. Implications of using this curriculum with parents and caregivers include better communication on sexual and reproductive health topics between parents and youth, positive sexual behaviors amongst youth, and improved sexual and reproductive health outcomes amongst youth.

Conclusions

Selection of texts to be used in the curriculum modules is a lengthy process, although worthwhile. Additionally, the background research for the SSP was at times challenging since Latin America and the Caribbean is not a homogenous region. Thus, finding data that communicated an overall picture of the region was not always straightforward.

Sexual health educators can use content from this SSP to inform them on key components of adolescent sexual and reproductive health in Latin America including the current state of sexual and reproductive health in the region, factors influencing high STI and pregnancy rates among

adolescents in LAC, and current strategies to combat these high rates—including the importance of fostering parent and child communication about sex. Finally, sexual health educators should utilize the curriculum included in this SSP with parents in Latin America to facilitate their knowledge of, views toward and discussions on puberty, menstruation, adolescent pregnancy, contraception, sexually transmitted infections, healthy relationships, gender norms and sexual orientation.

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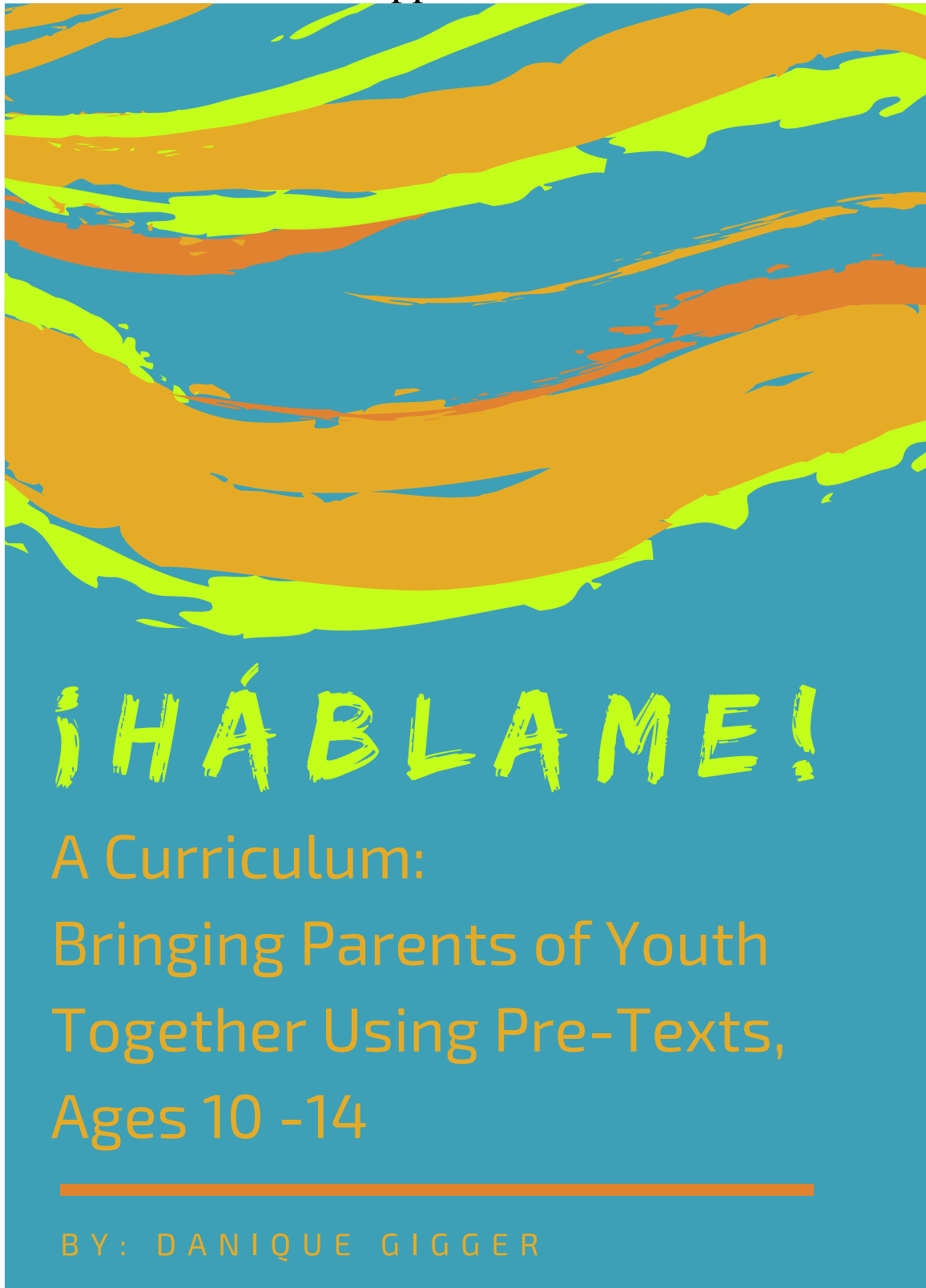
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Appendix 1:



**¡Háblame!: A Curriculum Bringing Parents of Youth Together Using Pre-
Texts, ages 10-14
Developed by Danique Gigger, MPH Candidate, 2018**

| | |
|---------------------------------|--|
| Introduction and Purpose | This curriculum aims to facilitate discussion among parents and caregivers of youth aged 10-14 years old on various sexual and reproductive health topics through interactions with written text, group reflection/discussion, and group activities. It intends to help parents and caregivers clarify their own feelings toward discussing SRH issues with their child(ren). We hope to improve communication between parents/caregivers and youth and, ultimately, reduce high rates of pregnancy and STIs among adolescents. |
| Modules | This curriculum consists of the following seven modules: Module 1. Puberty Module 2. Menstruation Module 3. Teen Pregnancy Module 4. Contraception Module 5. Sexually Transmitted Infections Module 6. Healthy Relationships Module 7. Gender Norms and Sexual Orientation Sample texts to be used for each session are included in each module though other texts may be used if deemed more appropriate for the geographical setting and workshop participants. A list of activities follows Module 7. |
| Target Audience | This curriculum aims to target parents and caregivers of youth 10-14 years old in Latin America and the Caribbean. The intended class size is 10-15 participants. Larger groups may be feasible with additional facilitators to monitor small activities. |
| Location | This curriculum can be adapted to a variety of settings. Ideally, participants would be in a room where there is a large table, in which participants are seated in a circle around the table. There should be enough space in the room to accommodate hanging of a “clothesline” and for group activities. |
| Timeframe | Modules are designed for 90-minute sessions. Module 1 should be allotted at least a full 90 minutes. Additional activities can be added, or some activities may be omitted to increase or decrease the time of subsequent sessions. |
| Objectives | After completing these modules, participants should: <ul style="list-style-type: none"> • Develop a deeper understanding and knowledge of key concepts in the selected texts • Feel more confident beginning to discuss sensitive topics with others, including their adolescent child(ren) • Develop attentiveness and the ability to listen with care to their young teens, even while occupied with another activity |

| Module 1: Puberty | |
|--------------------------|--|
| Length | 90 minutes |
| Materials | Copies of the selected text for all participants, clothesline from yarn or rope, clothespins, recycled paper, scissors, glue, markers, crayons, yarn, pencils, etc. (crafting materials). See supplemental list of activities to determine if additional resources are needed for specific activities. |
| Module Summary | Participants begin to get to know one another through warm up activities. They are introduced to a text concerning puberty and practice interacting with the text through different activities—including role playing having a discussion about puberty with their adolescent child(ren). Participants conclude with a discussion of the session, and the facilitator provides participants with additional resources. |
| Goal | Engage parents and caregivers in activities and discussions about puberty to facilitate their subsequent discussions about puberty with their adolescent child(ren) |
| Objectives | After completing this module, participants should: <ul style="list-style-type: none"> • be able to identify both physical and emotional changes that occur during puberty • feel more comfortable talking with other workshop participants |
| Selected Text | This text gives an overview of what occurs in boys and girls during puberty. It discusses both the primary physical changes as well as emotional characteristics associated with puberty. <ul style="list-style-type: none"> • Pubertad |

Part 1a. Introduction: Nametags

Time: 5 minutes

Materials:

- recycled paper
- scissors
- glue
- markers
- crayons
- yarn
- pencils, etc

Facilitator Notes and Instructions:

- Instruct all participants to create nametags to wear using any of the available materials

Part 1b. Introduction: Game

Time: 10 minutes

Materials:

- crumpled balls made of paper (optional)

Facilitator Notes and Instructions:

Option 1

- Ask all participants to form a circle standing in the room
- Explain to participants that they will form partners with the person next to them and alternate counting aloud 1 to 3 and progressively replacing each number for a new sound and gesture. After, each pair will perform to the group.
- Once the game is completed, invite participants to take a moment to respond to the question “**What did we just do?**” aloud to the group
- Inform participants that they should not speak more than once until everyone has had an opportunity to speak
- Inform participants that they should be conscientious of whether the person to their left and right have spoken

Option 2

- Toss a crumpled ball of paper to one participant.
- Explain to him/her that he/she will state his/her name and perform a gesture then throw the crumpled ball of paper to another member in the group. The new member repeats the first participant’s name and gesture then states his/her own name and performs his/her own gesture. The game continues until all participants have stated their name and gesture.
- Once the game is completed, invite participants to take a moment to respond to the question “**What did we just do?**” aloud to the group

- Inform participants that they should not speak more than once until everyone has had an opportunity to speak
- Inform participants that they should be conscientious of whether the person to their left and right have spoken

Part 2. Create a “cartonera” book

Time: 10 minutes

Materials:

- recycled paper
- scissors
- glue
- markers
- crayons
- yarn
- pencils, etc

Facilitator Notes and Instructions:

- Select one volunteer to be the “reader” of the selected text
- Explain to participants that they will utilize crafting materials to form book covers with blank pages inside. They can decorate book covers using stickers, markers, colored paper, etc.
- Inform participants that they may use the booklet to take notes, doodle and/or sketch during activities and during subsequent modules. Participants may also choose to store the text each week in the booklet (by gluing it to a page or inserted in a pocket).

Part 3. Listening to the Text Aloud

Time: 15 minutes

Materials:

- copies of text

Facilitator Notes and Instructions:

- Once participants have settled into crafting, distribute copies of the text to everyone
- Inform the volunteer that s/he can begin reading the selected text aloud to everyone. Alternatively, invite all participants to read aloud as a group or have participants take turns reading a few sentences of the text at a time aloud to the group until the selected text has been read in full.
- Once the text has been read aloud, ask participants to pose a question to the text and write it down
- Invite participants to read their questions aloud to the group

- Ask participants to then speculate an answer to their own or another person's question and write it down.

Part 4: Literature on the Clothesline

Time: 15 minutes

Materials:

- clothesline from yarn or rope
- clothespins
- paper

Facilitator Notes and Instructions:

- Have participants “publish” their questions/responses on the clothesline by attaching their written responses with clothespins
- Ask participants to remain at the clothesline and examine questions/responses of their peers.
- Select a “curator” who will help the group select an initial participant’s question/response. That student shares his/her question/response. The curator asks the group if there are any questions. The first student selects another student’s question/response, and the process repeats for 3-4 students’ work.
- Once the activity is completed, invite participants to take a moment to respond to the question “**What did we just do?**” aloud to the group
- Remind participants that they should not speak more than once until everyone has had an opportunity to speak
- Remind participants that they should be conscientious of whether the person to their left and right have spoken

Part 5: Values Clarification: Listen First

Time: 25 minutes

Materials:

- printed text

Facilitator Notes and Instructions:

- Have participants form pairs to practice discussing the themes of the text with each other.
- Inform the group that one participant will speak first to his/her partner for 2 min (without interruption) about what he/she is learning through the activities. If the participant finishes speaking before the 2 minutes are over, the pair can sit quietly until the end of the 2 minutes.
- After 2 minutes, have partners summarize what they heard their partner say for 1 min then switch roles and repeat.
- Next, have participants find a new partner in the room.

- Inform the group that one participant will speak first to his/her partner for 2 min (without interruption) about how he/she feels about potentially communicating with his/her child about puberty. If the participant finishes speaking before the 2 minutes are over, the pair can sit quietly until the end of the 2 minutes.
- After 2 minutes, have partners summarize what they heard their partner say for 1 min then switch roles and repeat.
- Afterward, have 4-5 groups discuss their experience with the activity with everyone.
- Once the activity is completed, invite participants to take a moment to respond to the question “**What did we just do?**” aloud to the group
- Remind participants that they should not speak more than once until everyone has had an opportunity to speak
- Remind participants that they should be conscientious of whether the person to their left and right have spoken

Part 6: Wrap Up

Time: 10 minutes

Facilitator Notes and Instructions:

- Invite participants to discuss their experiences with the session, ask any lingering questions, and give the facilitator feedback for the next session.
- Distribute additional resources on puberty to participants that are tailored to the audience and geographical area
- Inform participants that they should discuss their experience with the topic with someone (a friend, co-parent, family member, etc) before the next session.

Notes for Facilitator on the Selected Text:

- Emphasize the emotional aspects of puberty to parents and what their role can be throughout the process
- During the Values Clarification exercise, encourage parents to focus on how they feel discussing the emotional aspects of puberty and physical changes that occur during puberty

| Module 2: Menstruation | |
|-------------------------------|--|
| Length | 90 minutes |
| Materials | Copies of the selected text for all participants, clothesline from yarn or rope, clothespins, recycled paper, scissors, glue, markers, crayons, yarn, pencils, etc (crafting materials). See supplemental list of activities to determine if additional resources are needed for specific activities. |
| Module Summary | Participants debrief the previous session and subsequent conversations with their adolescent(s). They are introduced to new text concerning menstruation and practice interacting with the text through different activities—including role playing having a discussion about menstruation with their adolescent child(ren). Participants conclude with a discussion of the session, and the facilitator provides participants with additional resources. |
| Goal | Engage parents and caregivers in activities and discussions about menstruation to facilitate their subsequent discussions about menstruation with their adolescent child(ren) and make parents aware of the challenges in managing menstruation |
| Objectives | After completing this module, participants should: <ul style="list-style-type: none"> • be able to identify common menstrual symptoms and pregnancy risk during menstruation • develop an awareness of how a young adolescent girl may feel both physically and emotionally getting her menses |
| Selected Text | This blog post from mihijafeliz.com describes nine components of menstruation. It gives a brief description of the menstrual cycle and common menstrual symptoms including cramping, odors associated with menstruation, weight gain, and feelings of fatigue. It briefly describes the body’s temperature during menstruation, monthly timing of menstruation, and comments on becoming pregnant during menstruation and missing a period: <ul style="list-style-type: none"> • Nueve curiosidades sobre tu menstruación |

Part 1. Debrief

Time: 10 minutes

Facilitator Notes and Instructions:

- Engage participants to debrief the previous session
- Discuss with participants how conversations unfolded with a friend, co-parent, family member, etc on the topic of puberty since the last session

Suggested Facilitator Questions:

- Would anyone like to share any thoughts on last week's session?
- Would anyone like to share a conversation they had about puberty since last week?

Part 2. Listening to the Text Aloud

Time: 15 minutes

Materials:

- copies of text

Facilitator Notes and Instructions:

- Once participants have settled into crafting, distribute copies of the text to everyone
- Inform the volunteer that s/he can begin reading the selected text aloud to everyone. Alternatively, invite all participants to read aloud as a group or have participants take turns reading a few sentences of the text at a time aloud to the group.
- Once the text has been read aloud, ask participants to pose a question to the text and write it down
- Invite participants to read their questions aloud to the group
- Ask participants to then speculate an answer to their own or another person's question and write it down.

Part 3: Literature on the Clothesline

Time: 15 minutes

Materials:

- clothesline from yarn or rope
- clothespins
- paper

Facilitator Notes and Instructions:

- Have participants "publish" their questions/responses on the clothesline by attaching their written responses with clothespins
- Ask participants to remain at the clothesline and examine questions/responses of their peers.
- Select a "curator" who will help the group select an initial participant's question/response. That student shares his/her question/response. The curator asks the

group if there are any questions. The first student selects another student's question/response, and the process repeats for 3-4 students' work.

- Once the activity is completed, invite participants to take a moment to respond to the question **“What did we just do?”** aloud to the group
- Remind participants that they should not speak more than once until everyone has had an opportunity to speak
- Remind participants that they should be conscientious of whether the person to their left and right have spoken

Facilitator Notes:

- There will be time during this module for two additional activities (either from the list in Appendix 2 or others)
- **Suggested first activity: Toilet Paper Fashion Show.** For this variation on the “Fashion Show” listed in Appendix 2, use only toilet paper to create accessories for the “runway”. Encourage participants to create a story surrounding a girl's experience with her first menses using literary elements from the text.
- For the second activity, suggest a few other activities and invite participants to vote on which they would like to do

Part 4: Group Activity from list (or others)

Time: 25 minutes

Materials:

- See Appendix 2

Facilitator Notes and Instructions:

- See Appendix 2

Part 5: Group Activity from list (or others)

Time: 20 minutes

Materials:

- See Appendix 2

Facilitator Notes and Instructions:

- See Appendix 2

Part 6: Wrap Up

Time: 5 minutes

Facilitator Notes and Instructions:

- Invite participants to discuss their experiences with the session, ask any lingering questions, and give the facilitator feedback for the next session.
- Distribute additional resources on menstruation to participants that are tailored to the audience and geographical area
- Inform participants that they should discuss their experience with the topic with someone (a friend, co-parent, family member, their adolescent, etc) before the next session.

Notes for Facilitator on the Selected Text:

- Emphasize to participants that not all young girls will experience the menstrual symptoms listed in the text and that they may have other experiences during menstruation that are not covered in the text

| Module 3: Teen Pregnancy | |
|---------------------------------|--|
| Length | 90 minutes |
| Materials | Copies of the selected text for all participants, clothesline from yarn or rope, clothespins, recycled paper, scissors, glue, markers, crayons, yarn, pencils, etc (crafting materials). See supplemental list of activities to determine if additional resources are needed for specific activities. |
| Module Summary | Participants debrief the previous session and subsequent conversations with their adolescent(s). They are introduced to new text concerning teen pregnancy and practice interacting with the text through different activities—including role playing having a discussion about teen pregnancy with their adolescent child(ren). Participants conclude with a discussion of the session, and the facilitator provides participants with additional resources. |
| Goal | Engage parents and caregivers in activities and discussions about teen pregnancy to facilitate their subsequent discussions about teen pregnancy with their adolescent child(ren) |
| Objectives | After completing this module, participants should: <ul style="list-style-type: none"> • be able to identify health, economic and social consequences of teen pregnancy • feel more confident discussing their role as a parent/caregiver in (preventing) their adolescent’s experience with teen pregnancy |
| Selected Text | This text from the World Health Organization (WHO) describes some key facts related to adolescent pregnancy before going into the scope of the issue, contextual issues relating to teen pregnancy, as well as health, economic and social consequences of teen pregnancy. The fact sheet concludes with the WHO’s response to the issue of adolescent pregnancy. <ul style="list-style-type: none"> • El embarazo en la adolescencia |

Part 1. Debrief

Time: 10 minutes

Facilitator Notes and Instructions:

- Engage participants to debrief the previous session
- Discuss with participants how conversations unfolded with a friend, co-parent, family member, their adolescent, etc on the topic of menstruation since the last session

Suggested Facilitator Questions:

- Would anyone like to share any thoughts on last week's session?
- Would anyone like to share a conversation they had about menstruation since last week?

Part 2. Listening to the Text Aloud

Time: 15 minutes

Materials:

- copies of text

Facilitator Notes and Instructions:

- Once participants have settled into crafting, distribute copies of the text to everyone
- Inform the volunteer that s/he can begin reading the selected text aloud to everyone. Alternatively, invite all participants to read aloud as a group or have participants take turns reading a few sentences of the text at a time aloud to the group.
- Once the text has been read aloud, ask participants to pose a question to the text and write it down
- Invite participants to read their questions aloud to the group
- Ask participants to then speculate an answer to their own or another person's question and write it down.
- This week, invite a volunteer to lead the "Literature on the Clothesline" activity as the facilitator. Step in only when necessary

Part 3: Literature on the Clothesline

Time: 15 minutes

Materials:

- clothesline from yarn or rope
- clothespins
- paper

Facilitator Notes and Instructions:

- Have participants "publish" their questions/responses on the clothesline by attaching their written responses with clothespins

- Ask participants to remain at the clothesline and examine questions/responses of their peers.
- Select a “curator” who will help the group select an initial participant’s question/response. That student shares his/her question/response. The curator asks the group if there are any questions. The first student selects another student’s question/response, and the process repeats for 3-4 students’ work.
- Once the activity is completed, invite participants to take a moment to respond to the question “**What did we just do?**” aloud to the group
- Remind participants that they should not speak more than once until everyone has had an opportunity to speak
- Remind participants that they should be conscientious of whether the person to their left and right have spoken

Facilitator Notes:

- There will be time during this module for two additional activities (either from the list in Appendix 2 or others)
- **Suggested first activity: Writing a Haiku.** For this variation on “Writing a Haiku” listed in Appendix 2, encourage participants to create a poem surrounding a story they know or can remember of teen pregnancy using words from the text.
- For the second activity, suggest a few other activities and invite participants to vote on which they would like to do.

Part 4: Group Activity from list (or others)

Time: 25 minutes

Materials:

- See Appendix 2

Facilitator Notes and Instructions:

- See Appendix 2

Part 5: Group Activity from list (or others)

Time: 20 minutes

Materials:

- See Appendix 2

Facilitator Notes and Instructions:

- See Appendix 2

Part 6: Wrap Up

Time: 5 minutes

Facilitator Notes and Instructions:

- Invite participants to discuss their experiences with the session, ask any lingering questions, and give the facilitator feedback for the next session.
- Distribute additional resources on teen pregnancy to participants that are tailored to the audience and geographical area
- Inform participants that they should discuss their experience with the topic with someone (a friend, co-parent, family member, their adolescent, etc) before the next session.

Notes for Facilitator on the Selected Text:

- The final paragraph on the WHO'S response can be omitted
- Emphasize the contextual components of adolescent pregnancy and the health, economic and social consequences to participants and discuss what role parents can play at each intersection point

| Module 4: Contraception | |
|--------------------------------|---|
| Length | 90 minutes |
| Materials | Copies of the selected text for all participants, clothesline from yarn or rope, clothespins, recycled paper, scissors, glue, markers, crayons, yarn, pencils, etc (crafting materials). See supplemental list of activities to determine if additional resources are needed for specific activities. |
| Module Summary | Participants debrief the previous session and subsequent conversations with their adolescent(s). They are introduced to new text concerning contraception and practice interacting with the text through different activities—including role playing having a discussion about contraception with their adolescent child(ren). Participants conclude with a discussion of the session, and the facilitator provides participants with additional resources. |
| Goal | Engage parents and caregivers in activities and discussions about contraception to facilitate their subsequent discussions about contraception with their adolescent child(ren) |
| Objectives | <p>After completing this module, participants should:</p> <ul style="list-style-type: none"> • be able to identify different contraceptive methods and describe their effectiveness at preventing pregnancy and/or STIs • clarify their feelings toward various contraceptive methods for their adolescents (or even themselves) |
| Selected Text | <p>This text from healthychildren.org discusses a variety of contraception options for sexually active adolescents including the implant, IUD, birth control pill and condoms.</p> <ul style="list-style-type: none"> • Métodos anticonceptivos eficaces para los adolescentes sexualmente activos |

Part 1. Debrief

Time: 10 minutes

Facilitator Notes and Instructions:

- Engage participants to debrief the previous session
- Discuss with participants how conversations unfolded with a friend, co-parent, family member, their adolescent etc on the topic of teen pregnancy since the last session
- This week, invite a volunteer to lead the following “Listening to the Text Aloud” activity as the facilitator. Step in only when necessary

Suggested Facilitator Questions:

- Would anyone like to share any thoughts on last week’s session?
- Would anyone like to share a conversation they had about teen pregnancy since last week?

Part 2. Listening to the Text Aloud

Time: 15 minutes

Materials:

- copies of text

Facilitator Notes and Instructions:

- Once participants have settled into crafting, distribute copies of the text to everyone
- Inform the volunteer that s/he can begin reading the selected text aloud to everyone. Alternatively, invite all participants to read aloud as a group or have participants take turns reading a few sentences of the text at a time aloud to the group.
- Once the text has been read aloud, ask participants to pose a question to the text and write it down
- Invite participants to read their questions aloud to the group
- Ask participants to then speculate an answer to their own or another person’s question and write it down.
- This week, invite a volunteer to lead the following “Literature on the Clothesline” activity as the facilitator. Step in only when necessary

Part 3: Literature on the Clothesline

Time: 15 minutes

Materials:

- clothesline from yarn or rope
- clothespins
- paper

Facilitator Notes and Instructions:

- Have participants “publish” their questions/responses on the clothesline by attaching their written responses with clothespins
- Ask participants to remain at the clothesline and examine questions/responses of their peers.
- Select a “curator” who will help the group select an initial participant’s question/response. That student shares his/her question/response. The curator asks the group if there are any questions. The first student selects another student’s question/response, and the process repeats for 3-4 students’ work.
- Once the activity is completed, invite participants to take a moment to respond to the question “**What did we just do?**” aloud to the group
- Remind participants that they should not speak more than once until everyone has had an opportunity to speak
- Remind participants that they should be conscientious of whether the person to their left and right have spoken

Facilitator Notes:

- There will be time during this module for two additional activities (either from the list in Appendix 2 or others)
- **Suggested first activity: Living Literary Figures.** For this variation on “Living Literary Figures” listed in Appendix 2, encourage participants to create a human sculpture depicting a form of contraception listed in the text and have the audience guess which contraceptive method each group formed.
- For the second activity, suggest a few other activities and invite participants to vote on which they would like to do. This week, if an activity that has previously been done is suggested, invite a volunteer to lead the activity as “facilitator”. Step in only when necessary.

Part 4: Group Activity from list (or others)

Time: 25 minutes

Materials:

- See Appendix 2

Facilitator Notes and Instructions:

- See Appendix 2

Part 5: Group Activity from list (or others)

Time: 20 minutes

Materials:

- See Appendix 2

Facilitator Notes and Instructions:

- See Appendix 2

Part 6: Wrap Up

Time: 5 minutes

Facilitator Notes and Instructions:

- Invite participants to discuss their experiences with the session, ask any lingering questions, and give the facilitator feedback on the curriculum.
- Distribute additional resources on contraception to participants that are tailored to the audience and geographical area.
- Inform participants that they should discuss their experience with the topic with someone (a friend, co-parent, family member, their adolescent, etc) before the next session.

Notes for Facilitator on the Selected Text:

- Although the text describes an array of options, contraceptive methods included in the selected text can be eliminated based on the availability of options and the audience's acceptability of methods.
- Emphasize the differences in effectiveness of the different options
- If the group does a role play, have participants practice asking about contraceptive options and have the other participants practice describing the pros and cons of various methods

| Module 5: Sexually Transmitted Infections | |
|--|---|
| Length | 90 minutes |
| Materials | Copies of the selected text for all participants, clothesline from yarn or rope, clothespins, recycled paper, scissors, glue, markers, crayons, yarn, pencils, etc (crafting materials). See supplemental list of activities to determine if additional resources are needed for specific activities. |
| Module Summary | Participants debrief the previous session and subsequent conversations with their adolescent(s). They are introduced to new text concerning sexually transmitted infections and practice interacting with the text through different activities—including role playing having a discussion about sexually transmitted infections with their adolescent child(ren). Participants conclude with a discussion of the session, and the facilitator provides participants with additional resources. |
| Goal | Engage parents and caregivers in activities and discussions about sexually transmitted infections to facilitate their subsequent discussions about sexually transmitted infections with their adolescent child(ren) |
| Objectives | After completing this module, participants should: <ul style="list-style-type: none"> • be able to identify ways to prevent STIs and risks associated with unprotected sex • recognize situations that their adolescents may experience that put them at risk for an STI |
| Selected Text | This text from healthychildren.org describes methods to prevent STIs, how to use male condoms, and risk factors for STIs: <ul style="list-style-type: none"> • <u>Prevención de las enfermedades transmitidas sexualmente</u> |

Part 1. Debrief

Time: 10 minutes

Facilitator Notes and Instructions:

- Engage participants to debrief the previous session
- Discuss with participants how conversations unfolded with a friend, co-parent, family member, their adolescent etc on the topic of contraception since the last session
- This week, invite a volunteer to lead the following “Listening to the Text Aloud” activity as the facilitator. Step in only when necessary

Suggested Facilitator Questions:

- Would anyone like to share any thoughts on last week’s session?
- Would anyone like to share a conversation they had about contraception since last week?

Part 2. Listening to the Text Aloud

Time: 15 minutes

Materials:

- copies of text

Facilitator Notes and Instructions:

- Once participants have settled into crafting, distribute copies of the text to everyone
- Inform the volunteer that s/he can begin reading the selected text aloud to everyone. Alternatively, invite all participants to read aloud as a group or have participants take turns reading a few sentences of the text at a time aloud to the group.
- Once the text has been read aloud, ask participants to pose a question to the text and write it down
- Invite participants to read their questions aloud to the group
- Ask participants to then speculate an answer to their own or another person’s question and write it down.
- This week, invite a volunteer to lead the following “Literature on the Clothesline” activity as the facilitator. Step in only when necessary

Part 3: Literature on the Clothesline

Time: 15 minutes

Materials:

- clothesline from yarn or rope
- clothespins
- paper

Facilitator Notes and Instructions:

- Have participants “publish” their questions/responses on the clothesline by attaching their written responses with clothespins
- Ask participants to remain at the clothesline and examine questions/responses of their peers.
- Select a “curator” who will help the group select an initial participant’s question/response. That student shares his/her question/response. The curator asks the group if there are any questions. The first student selects another student’s question/response, and the process repeats for 3-4 students’ work.
- Once the activity is completed, invite participants to take a moment to respond to the question “**What did we just do?**” aloud to the group
- Remind participants that they should not speak more than once until everyone has had an opportunity to speak
- Remind participants that they should be conscientious of whether the person to their left and right have spoken

Facilitator Notes:

- There will be time during this module for two additional activities (either from the list in Appendix 2 or others)
- **Suggested first activity: Unsolvable Problem.** For this variation on the “Unsolvable Problem” listed in Appendix 2, encourage participants to create a skit around acquiring an STI as an adolescent
- For the second activity, suggest a few other activities and invite participants to vote on which they would like to do. This week, if an activity that has previously been done is suggested, invite a volunteer to lead the activity as “facilitator”. Step in only when necessary.

Part 4: Group Activity from list (or others)

Time: 25 minutes

Materials:

- See Appendix 2

Facilitator Notes and Instructions:

- See Appendix 2

Part 5: Group Activity from list (or others)

Time: 20 minutes

Materials:

- See Appendix 2

Facilitator Notes and Instructions:

- See Appendix 2

Part 6: Wrap Up

Time: 5 minutes

Facilitator Notes and Instructions:

- Invite participants to discuss their experiences with the session, ask any lingering questions, and give the facilitator feedback for the next session.
- Distribute additional resources on sexually transmitted infections to participants that are tailored to the audience and geographical area
- Inform participants that they should discuss their experience with the topic with someone (a friend, co-parent, family member, their adolescent, etc) before the next session.

Notes for Facilitator on the Selected Text:

- The first paragraph of the selected text can be omitted and/or substituted with some statistics on STIs particular to the geographical area
- If the group does a role play, encourage participants to use words from the text—such as some of the teen messages in the text for saying “no” to sex—but encourage participants to come up with other ideas such as negotiating condom use
- Acknowledge the abstinence focus of the text to participants and ask participants their thoughts about it

| Module 6: Healthy Relationships | |
|--|---|
| Length | 90 minutes |
| Materials | Copies of the selected text for all participants, clothesline from yarn or rope, clothespins, recycled paper, scissors, glue, markers, crayons, yarn, pencils, etc (crafting materials). See supplemental list of activities to determine if additional resources are needed for specific activities. |
| Module Summary | Participants debrief the previous session and subsequent conversations with their adolescent(s). They are introduced to new text concerning healthy relationships and practice interacting with the text through different activities—including role playing having a discussion about healthy relationships with their adolescent child(ren). Participants conclude with a discussion of the session, and the facilitator provides participants with additional resources. |
| Goal | Engage parents and caregivers in activities and discussions about healthy relationships to facilitate their subsequent discussions about healthy relationships with their adolescent child(ren) |
| Objectives | <p>After completing this module, participants should:</p> <ul style="list-style-type: none"> • be able to identify components of what makes a relationship healthy or unhealthy/abusive • recognize their role in helping their adolescent cultivate healthy relationships |
| Selected Text | <p>This text from The National Domestic Violence Hotline discusses the importance of communication in a healthy relationship and setting limits. It offers ideas to improve a relationship and gives warning signs of an unhealthy/abusive relationship:</p> <ul style="list-style-type: none"> • Hablemos sobre las Relaciones Sanas |

Part 1. Debrief

Time: 10 minutes

Facilitator Notes and Instructions:

- Engage participants to debrief the previous session
- Discuss with participants how conversations unfolded with a friend, co-parent, family member, their adolescent etc on the topic of sexually transmitted infections since the last session
- This week, invite a volunteer to lead the following “Listening to the Text Aloud” activity as the facilitator. Step in only when necessary

Suggested Facilitator Questions:

- Would anyone like to share any thoughts on last week’s session?
- Would anyone like to share a conversation they had about sexually transmitted infections since last week?

Part 2. Listening to the Text Aloud

Time: 15 minutes

Materials:

- copies of text

Facilitator Notes and Instructions:

- Once participants have settled into crafting, distribute copies of the text to everyone
- Inform the volunteer that s/he can begin reading the selected text aloud to everyone. Alternatively, invite all participants to read aloud as a group or have participants take turns reading a few sentences of the text at a time aloud to the group.
- Once the text has been read aloud, ask participants to pose a question to the text and write it down
- Invite participants to read their questions aloud to the group
- Ask participants to then speculate an answer to their own or another person’s question and write it down.
- This week, invite a volunteer to lead the following “Literature on the Clothesline” activity as the facilitator. Step in only when necessary

Part 3: Literature on the Clothesline

Time: 15 minutes

Materials:

- clothesline from yarn or rope
- clothespins
- paper

Facilitator Notes and Instructions:

- Have participants “publish” their questions/responses on the clothesline by attaching their written responses with clothespins
- Ask participants to remain at the clothesline and examine questions/responses of their peers.
- Select a “curator” who will help the group select an initial participant’s question/response. That student shares his/her question/response. The curator asks the group if there are any questions. The first student selects another student’s question/response, and the process repeats for 3-4 students’ work.
- Once the activity is completed, invite participants to take a moment to respond to the question “**What did we just do?**” aloud to the group
- Remind participants that they should not speak more than once until everyone has had an opportunity to speak
- Remind participants that they should be conscientious of whether the person to their left and right have spoken

Facilitator Notes:

- There will be time during this module for two additional activities (either from the list in Appendix 2 or others)
- **Suggested first activity: Back-to-Back Portraits.** For this variation on “Back-to-Back Portraits” listed in Appendix 2, encourage participants to create characters that represent either healthy or unhealthy relationships.
- For the second activity, suggest a few other activities and invite participants to vote on which they would like to do. This week, if an activity that has previously been done is suggested, invite a volunteer to lead the activity as “facilitator”. Step in only when necessary.

Part 4: Group Activity from list (or others)

Time: 25 minutes

Materials:

- See Appendix 2

Facilitator Notes and Instructions:

- See Appendix 2

Part 5: Group Activity from list (or others)

Time: 20 minutes

Materials:

- See Appendix 2

Facilitator Notes and Instructions:

- See Appendix 2

Part 6: Wrap Up

Time: 5 minutes

Facilitator Notes and Instructions:

- Invite participants to discuss their experiences with the session, ask any lingering questions, and give the facilitator feedback for the next session.
- Distribute additional resources on healthy relationships to participants that are tailored to the audience and geographical area
- Inform participants that they should discuss their experience with the topic with someone (a friend, co-parent, family member, their adolescent, etc) before the next session.

Notes for Facilitator on the Selected Text:

- The final paragraph could be omitted and/or substituted with resources available to the particular geographic setting.
- Activities could focus on the text as a whole. Alternatively, each activity could center around sections from the text on communication, setting limits, improving relationships, and unhealthy relationships.
- If the group does a role play, encourage participants to act out the advice given in the text on creating and maintaining a healthy relationship including: not remaining in silence, respecting your partner, acquiescing, and giving support

| Module 7: Gender Norms and Sexual Orientation | |
|--|--|
| Length | 90 minutes |
| Materials | Copies of the selected text for all participants, clothesline from yarn or rope, clothespins, recycled paper, scissors, glue, markers, crayons, yarn, pencils, etc (crafting materials). See supplemental list of activities to determine if additional resources are needed for specific activities. |
| Module Summary | Participants debrief the previous session and subsequent conversations with their adolescent(s). They are introduced to new text concerning gender norms and sexual orientation and practice interacting with the text through different activities—including role playing having a discussion about gender norms and sexual orientation with their adolescent child(ren). Participants conclude with a discussion of the session, and the facilitator provides participants with additional resources. |
| Goal | Engage parents and caregivers in activities and discussions about gender norms and sexual orientation to facilitate their subsequent discussions about gender norms and sexual orientation with their adolescent child(ren) |
| Objectives | After completing this module, participants should: <ul style="list-style-type: none"> • be able to identify the differences between biological sex, gender, gender identities including transsexual, transgender, and transvestite, and sexual orientation • understand how their adolescent may feel exploring sexual identities |
| Selected Text(s) | <p>This text gives a brief overview of the differences between biological sex, gender, gender identities including transsexual, transgender, and transvestite, and sexual orientation.</p> <ul style="list-style-type: none"> • Sexo, Género, Identidad, y Orientación Sexual <p>This text from primerahora.com describes a young girl being brought to the psychologist with her parents for acting differently. It goes into the process of adolescence at discovering one’s sexual identity and how they might feel coming out to their parents.</p> <ul style="list-style-type: none"> • Orientación Sexual, Adolescencia, y Familia (Spanish) |

Part 1. Debrief

Time: 10 minutes

Facilitator Notes and Instructions:

- Engage participants to debrief the previous session
- Discuss with participants how conversations unfolded with a friend, co-parent, family member, their adolescent etc on the topic of healthy relationships since the last session
- This week, invite a volunteer to lead the following “Listening to the Text Aloud” activity as the facilitator. Step in only when necessary

Suggested Facilitator Questions:

- Would anyone like to share any thoughts on last week’s session?
- Would anyone like to share a conversation they had about healthy relationships since last week?

Part 2. Listening to the Text Aloud

Time: 15 minutes

Materials:

- copies of text

Facilitator Notes and Instructions:

- Once participants have settled into crafting, distribute copies of the text to everyone
- Inform the volunteer that s/he can begin reading the selected text aloud to everyone. Alternatively, invite all participants to read aloud as a group or have participants take turns reading a few sentences of the text at a time aloud to the group.
- Once the text has been read aloud, ask participants to pose a question to the text and write it down
- Invite participants to read their questions aloud to the group
- Ask participants to then speculate an answer to their own or another person’s question and write it down.
- This week, invite a volunteer to lead the following “Literature on the Clothesline” activity as the facilitator. Step in only when necessary

Part 3: Literature on the Clothesline

Time: 15 minutes

Materials:

- clothesline from yarn or rope
- clothespins
- paper

Facilitator Notes and Instructions:

- Have participants “publish” their questions/responses on the clothesline by attaching their written responses with clothespins
- Ask participants to remain at the clothesline and examine questions/responses of their peers.
- Select a “curator” who will help the group select an initial participant’s question/response. That student shares his/her question/response. The curator asks the group if there are any questions. The first student selects another student’s question/response, and the process repeats for 3-4 students’ work.
- Once the activity is completed, invite participants to take a moment to respond to the question “**What did we just do?**” aloud to the group
- Remind participants that they should not speak more than once until everyone has had an opportunity to speak
- Remind participants that they should be conscientious of whether the person to their left and right have spoken

Facilitator Notes:

- There will be time during this module for two additional activities (either from the list in Appendix 2 or others)
- **Suggested first activity: Role Play.** For this variation on the “Role Play” listed in Appendix 2, encourage participants to act as “parent” and “adolescent” as outlined in Option 3. Encourage participants to take on the role of a different gender identity from their own when acting as the child.
- For the second activity, suggest a few other activities and invite participants to vote on which they would like to do. This week, if an activity that has previously been done is suggested, invite a volunteer to lead the activity as “facilitator”. Step in only when necessary.

Part 4: Group Activity from list (or others)

Time: 25 minutes

Materials:

- See Appendix 2

Facilitator Notes and Instructions:

- See Appendix 2

Part 5: Group Activity from list (or others)

Time: 20 minutes

Materials:

- See Appendix 2

Facilitator Notes and Instructions:

- See Appendix 2

Part 6: Wrap Up

Time: 5 minutes

Facilitator Notes and Instructions:

- Invite participants to discuss their experiences with the session, ask any lingering questions, and give the facilitator feedback on all sessions.
- Distribute additional resources on gender norms and sexual orientation to participants that are tailored to the audience and geographical area
- Inform participants that they should continue discussing their experience with each of the topics included in the curriculum.
- Finally, encourage participants to talk with their adolescents on each of the included topics when natural opportunities arise.

Notes for Facilitator on the Selected Text:

- Encourage participants to focus on the differences presented in the text on gender identities.
- Invite participants to express their views on and reactions to the first two paragraphs

Appendix 2. Optional Activities for Curriculum Modules

Fashion Show

Time: 25 minutes

Materials:

- recycled paper
- scissors
- glue
- markers
- crayons
- pipe cleaners
- yarn
- pencils

Facilitator Notes and Instructions:

- Have participants form groups of ~5
- In groups, have participants select ~4 nouns (or other parts of speech or literary elements) from the text and design “fashion clothing/accessories” to represent each noun.
- After 10-15 min of collaboration, have groups perform their fashion show while one participant from each group serves as the narrator. The narrator describes each noun as each group member walks down the “runway”.
- Once the activity is completed, invite participants to take a moment to respond to the question “**What did we just do?**” aloud to the group
- Remind participants that they should not speak more than once until everyone has had an opportunity to speak
- Remind participants that they should be conscientious of whether the person to their left and right have spoken

Role Play

Time: 20 minutes

Materials:

- printed text

Facilitator Notes and Instructions:

Option 1

- Have participants form small groups of 4-5
- Have participants create a skit together discussing the themes of the text, taking on different roles (e.g. adolescent and boyfriend or girlfriend, siblings, mother and father, etc)
- After 10-15 of collaboration, have 3-4 groups perform their skit for everyone.
- Once the activity is completed, invite participants to take a moment to respond to the question “**What did we just do?**” aloud to the group
- Remind participants that they should not speak more than once until everyone has had an opportunity to speak
- Remind participants that they should be conscientious of whether the person to their left and right have spoken

Option 2

- Have participants form groups of 3 and practice discussing the themes of the text.
- One participant acts as the parent while another participant acts as the child. A third participant acts as an observer
- After 4 minutes, have the observer give the actors feedback and comments for 1 minute
- Then, have participants rotate roles and repeat until each person has the chance to act as the observer, the parent, and the child
- Afterward, have 3-4 groups perform for everyone.
- Once the activity is completed, invite participants to take a moment to respond to the question “**What did we just do?**” aloud to the group
- Remind participants that they should not speak more than once until everyone has had an opportunity to speak
- Remind participants that they should be conscientious of whether the person to their left and right have spoken

Option 3

- Have participants form pairs and practice discussing the themes of the text with each other. One participant acts as the parent while the other participant acts as the child.
- After 5 minutes, have pairs switch roles.
- Afterward, have 4-5 groups perform for everyone.
- Once the activity is completed, invite participants to take a moment to respond to the question “**What did we just do?**” aloud to the group

- Remind participants that they should not speak more than once until everyone has had an opportunity to speak
- Remind participants that they should be conscientious of whether the person to their left and right have spoken

Living Literary Figures

Time: 25 minutes

Materials:

- recycled paper
- pencils
- pens
- markers

Facilitator Notes and Instructions:

- Have participants form groups of ~3
- Have participants select a “surprising description” from the text (these are literary figures such as metaphors, similes, metonymies, etc) and, together, form a human sculpture of the description.
- After 10-15 of collaboration, have 3-4 groups display their human sculpture for everyone.
- Have audience members then try to guess which literary figure was selected from the text.
- Once the activity is completed, invite participants to take a moment to respond to the question **“What did we just do?”** aloud to the group
- Remind participants that they should not speak more than once until everyone has had an opportunity to speak
- Remind participants that they should be conscientious of whether the person to their left and right have spoken

Unsolvable Problem

Time: 25 minutes

Materials:

- recycled paper
- pencils
- pens
- markers

Facilitator Notes and Instructions:

- Have participants form groups of ~5
- Tell participants that they should select an unsolvable problem from the text and, together, create a skit around the selected problem.
- After 10-15 of collaboration, have groups perform their skit for everyone.
- After each skit, discuss with audience members how each problem could have been approached differently.
- Once the activity is completed, invite participants to take a moment to respond to the question “**What did we just do?**” aloud to the group
- Remind participants that they should not speak more than once until everyone has had an opportunity to speak
- Remind participants that they should be conscientious of whether the person to their left and right have spoken

Writing a Haiku

Time: 25 minutes

Materials:

- recycled paper
- pencils
- pens
- markers

Facilitator Notes and Instructions:

- Invite participants to create haikus (5-7-5 syllables) using only words from the text.
- After ~8 minutes, have participants publish haikus on the clothesline.
- Select a “curator” to help the group select an initial haiku. That participant shares his/her haiku. The curator asks the group if there are any questions. The first participant selects another haiku, and the process repeats for 5-6 peoples’ work.
- Once the activity is completed, invite participants to take a moment to respond to the question “**What did we just do?**” aloud to the group
- Remind participants that they should not speak more than once until everyone has had an opportunity to speak
- Remind participants that they should be conscientious of whether the person to their left and right have spoken

Back-to-Back Portraits

Time: 25 minutes

Materials:

- recycled paper
- pencils
- pens
- markers

Facilitator Notes and Instructions:

- Have participants form pairs
- Instruct participants that one participant will describe a character from the text while the other participant draws the character from the description. After 3-4 minutes, partners alternate.
- Have the first pair that finishes become curators and sorts portraits into groups by character depicted. Curators pick the first portrait to be presented and the pair who drew the portrait discuss their work then pick the next portrait. The process continues for 3-4 portraits.
- Once the activity is completed, invite participants to take a moment to respond to the question “**What did we just do?**” aloud to the group
- Remind participants that they should not speak more than once until everyone has had an opportunity to speak
- Remind participants that they should be conscientious of whether the person to their left and right have spoken

Movie Music Score

Time: 25 minutes

Materials:

- printed texts
- pens
- markers
- music selections

Facilitator Notes and Instructions:

- Play 5-6 one-minute clips from songs.
- While each clip plays, instruct participants to assign the corresponding song number to a section of text that they feel goes along well with that part of the text.
- After all song clips have been played, have 5-6 participants share their choices of and reasoning behind text/song combinations.
- Once the activity is completed, invite participants to take a moment to respond to the question **“What did we just do?”** aloud to the group
- Remind participants that they should not speak more than once until everyone has had an opportunity to speak
- Remind participants that they should be conscientious of whether the person to their left and right have spoken

Off on a Tangent

Time: 25 minutes

Materials:

- Printed materials from participants such as excerpts from books, blogs, newspaper or journal articles, etc

Facilitator Notes and Instructions:

- Instruct participants the session beforehand to find materials that are related to the following week's theme and bring a copy with them to the next session
- Then, during the following week's session, have participants share a brief 1-2-minute overview of their selected texts
- Once everyone has shared their materials, engage everyone in a discussion about the materials

Suggested Facilitator Questions:

- Would anyone like to share an issue they had with their text or bring up a section of the text that they disagreed with?
- What major themes do you notice that your text and a text that another participant shared have in common?
- What differences do you notice between your text and a text that another participant?

Appendix 3. Additional Resources for Activities

1. Boal, Augusto (2002). *Games for actors and non-actors*. New York, New York: Routledge.
2. Sommer, Doris (2016). *Pre-Texts: Manual for facilitators*. Art Life Lab

Appendix 4. Pre-Evaluation

Pre-Evaluation

1. How old are you?
 - a. Under 25
 - b. 25-29
 - c. 30-34
 - d. 35-39
 - e. 40-44
 - f. 45-49
 - g. 50-54
 - h. Over 55

2. How old is/are your child/ren?
 - a. 10 years old
 - b. 11 years old
 - c. 12 years old
 - d. 13 years old
 - e. 14 years old

3. Over the last 30 days, have you talked with your child about...
 - i. Puberty?
 - a. Yes
 - b. No
 - ii. Menstruation?
 - a. Yes
 - b. No
 - iii. Teenage Pregnancy?
 - a. Yes
 - b. No
 - iv. Contraception?
 - a. Yes
 - b. No
 - v. Sexually transmitted infections?
 - a. Yes
 - b. No
 - vi. Sexual Relationships?
 - a. Yes
 - b. No
 - vii. Sexual orientation?
 - a. Yes
 - b. No

4. Do you feel confident discussing the following topics with your child?

- i. Puberty?
 - a. Yes
 - b. No
- ii. Menstruation?
 - a. Yes
 - b. No
- iii. Teenage Pregnancy?
 - a. Yes
 - b. No
- iv. Contraception?
 - a. Yes
 - b. No
- v. Sexually transmitted infections?
 - a. Yes
 - b. No
- vi. Sexual Relationships?
 - a. Yes
 - b. No
- vii. Sexual orientation?
 - a. Yes
 - b. No

5. What do you hope to gain from this (these) workshops?

Appendix 5. Post-Evaluation

Post-Evaluation

1. How old are you?
 - a. Under 25
 - b. 25-29
 - c. 30-34
 - d. 35-39
 - e. 40-44
 - f. 45-49
 - g. 50-54
 - h. Over 55

2. How old is/are your child/ren?
 - a. 10 years old
 - b. 11 years old
 - c. 12 years old
 - d. 13 years old
 - e. 14 years old

3. Over the last 30 days, have you talked with your child about...
 - i. Puberty?
 - a. Yes
 - b. No
 - ii. Menstruation?
 - a. Yes
 - b. No
 - iii. Teenage Pregnancy?
 - a. Yes
 - b. No
 - iv. Contraception?
 - a. Yes
 - b. No
 - v. Sexually transmitted infections?
 - a. Yes
 - b. No
 - vi. Sexual Relationships?
 - a. Yes
 - b. No
 - vii. Sexual orientation?
 - a. Yes
 - b. No

4. Do you feel confident discussing the following topics with your child?

- i. Puberty?
 - a. Yes
 - b. No
- ii. Menstruation?
 - a. Yes
 - b. No
- iii. Teenage Pregnancy?
 - a. Yes
 - b. No
- iv. Contraception?
 - a. Yes
 - b. No
- v. Sexually transmitted infections?
 - a. Yes
 - b. No
- vi. Sexual Relationships?
 - a. Yes
 - b. No
- vii. Sexual orientation?
 - a. Yes
 - b. No

5. How confident do you feel discussing the following topics with your child after this(these) workshop(s)...

- i. Puberty
 - a. More confident discussing puberty with my child
 - b. Neither more nor less confident discussing puberty with my child
 - c. Less confident discussing puberty with my child
- ii. Menstruation
 - a. More confident discussing menstruation with my child
 - b. Neither more nor less confident discussing menstruation with my child
 - c. Less confident discussing menstruation with my child
- iii. Teenage Pregnancy
 - a. More confident discussing teenage pregnancy with my child
 - b. Neither more nor less confident discussing teenage pregnancy with my child
 - c. Less confident discussing teenage pregnancy with my child
- iv. Contraception
 - a. More confident discussing contraception with my child
 - b. Neither more nor less confident discussing contraception with my child
 - c. Less confident discussing contraception with my child
- v. Sexually transmitted infections
 - a. More confident discussing sexually transmitted infections with my child
 - b. Neither more nor less confident discussing sexually transmitted infections with my child
 - c. Less confident discussing sexually transmitted infections with my child

vi. Sexual Relationships

- a. More confident discussing sexual relationships with my child
- b. Neither more nor less confident discussing sexual relationships with my child
- c. Less confident discussing sexual relationships with my child

vii. Sexual orientation

- a. More confident discussing sexual orientation with my child
- b. Neither more nor less confident discussing sexual orientation with my child
- c. Less confident discussing sexual orientation with my child

6. Please provide any additional feedback you have on this(these) workshops.

Appendix 6. Optional Texts

Additional English Texts

Module 1. Puberty

The following two texts from Sutter Health: Palo Alto Medical Foundation focus on changes that occur during pregnancy for males and females. It includes information on timing of puberty and physical changes that occur during puberty such breast development, public hair, growth development and acne in girls and growth development, voice changes, body hair, and acnes in boys. Facilitators can explore selecting excerpts from the two texts or using only one text.

- [Puberty: Changes for Females \(English\)](#)
- [Puberty: Changes for Males \(English\)](#)

Module 2. Menstruation

This is a “diary” excerpt from girlshealth.gov that describes a young girl’s experience with her first menstruation. Facilitators can use this narrative as a way to open parents’ minds to the perspective of their young teen girls.

- [Diary of First Menstruation \(English\)](#)

This text from girlshealth.gov briefly describes what menstruation is, when girls usually have their first menstruation, what menstruation is, and the timing of menstruation. Facilitators can use this text to give parents some facts about menstruation that they can communicate to their young teens.

- [Getting your Period \(English\)](#)

Module 3. Teen Pregnancy

This text from the University of California Press describes findings from semi-structured interviews with teenage girls who have experienced motherhood. This article provides facilitators an opportunity to select excerpts from the article on adolescent girls’ (16-21 years old) experiences being a teen mother and analyses of those narratives.

- [Reproducing Stories: Strategic Narratives of Teen Pregnancy and Motherhood \(English\)](#)

Module 4. Contraception

This text from the Centers for Disease Control and Prevention briefly describes birth control method, with a focus on male condoms. It gives instructions on correct condom usage and summarizes some common “dos” and “don’ts” regarding condoms. Facilitators can use this text to give parents information on correct condom usage as well as initiate a discussion on birth control methods.

- [Teen Condom Fact Sheet \(English\)](#)

Module 5. Sexually Transmitted Infections

This text from healthychildren.org describes methods to prevent STIs, how to use male condoms, and risk factors for STIs. It has an abstinence focus and utilizes the pronoun “she” in its messages. Facilitators can use this text to give parents information on STIs as well as have a discussion on the framing of how STI prevention is taught.

- [Sexually Transmitted Infections Prevention \(English\)](#)

Module 6. Healthy Relationships

This text from MTV: It’s Your Sex Life explores vignettes from youth on unhealthy and abusive relationships. Facilitators can use these narratives to communicate with parents the perspectives of teens and open up a dialogue of understanding.

- [Dating Abuse Stories \(English\)](#)

This text from loveisrespect.org discusses healthy relationships in the context of having sex. It talks about the complicated nature of sexual relationships, how to communicate with a partner, and what sexual abuse is. Facilitators can use this text to help parents explore how teens may feel in these situations.

- [Healthy Relationships \(English\)](#)

Module 7. Gender Norms and Sexual Orientation

This text from NPR discusses some common gender norms around the world and how they affect developing boys and girls. The text explores how some organizations are working with youth to question gender stereotypes. Facilitators can use this text to discuss gender norms, sexual attraction, and what is currently available to youth when learning about constructions of gender.

- [Macho Man, Little Princess: How Gender Norms Can Harm Kids Everywhere \(English\)](#)