



ADVANCING THE REPRODUCTIVE HEALTH & JUSTICE OF YOUNG LATINAS THROUGH COMPREHENSIVE SEXUALITY EDUCATION

OVERVIEW

Comprehensive sexuality education is an essential component of advancing the reproductive and sexual health of Latina/o youth and the Latina/o community as a whole. Quality sexual health education programs are medically accurate, unbiased, culturally and linguistically appropriate and comprehensive, among other factors. This means that the curriculum or messages cover both abstinence *and* contraception in order to provide young people with the information they need to protect their health, including preventing unwanted pregnancies, sexually transmitted infections (STIs) and HIV/AIDS. This is especially important for low-income communities of color who experience inequitable access to health care, health disparities, systemic discrimination and poverty – all barriers to quality reproductive and sexual health information and services.

Quality sexual health education is not only critical to advance the health of our communities, it is also essential to empower young people to make well-informed decisions about their overall well-being and future opportunities. It is only by ensuring that *all* of California's young people – regardless of their race, ethnicity, gender/s, income, immigration status, disability or other characteristics – have equity in access to quality educational, health and social programs, will California's youth achieve social and reproductive justice. This Policy Brief explores the specific need for promoting quality sexual health programs in Latina/o communities, with a focus on furthering the reproductive health and justice of young Latinas.

THE IMPORTANCE OF REPRODUCTIVE/SEXUAL HEALTH INFORMATION & SERVICES FOR YOUNG PEOPLE

Access to quality reproductive and sexual health information and services is critical for adolescents and young adults. Nearly half (46%) of young people ages 15-19 in the United States have had sexual activity at least once.¹ A sexually active youth who does not use contraceptives has a 90% chance of becoming pregnant within one year.² Young people ages 15-24 represent only one quarter of the sexually active population, yet account for nearly half of all new sexually transmitted infections each year. Human papillomavirus (HPV) infections account for about half of STIs diagnosed among young people ages 15-24 each year.³

Latina/o youth ages 13-19 accounted for 14% of AIDS cases among adolescents compared to 16% of all U.S. adolescents in 2004.⁴ Young Latinas/os ages 20-24 represent 23% of new reported AIDS cases among young adults, although they represented 18% of U.S. young adults in 2004.⁵

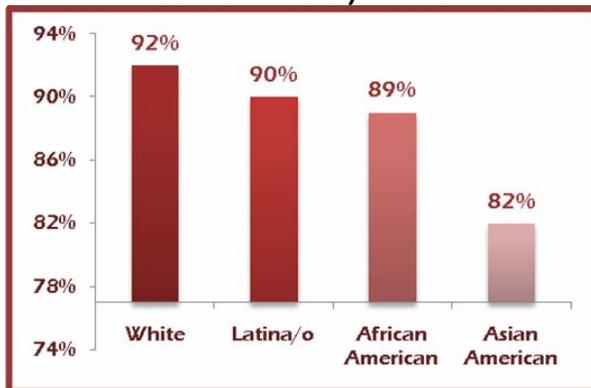
EXPERTS & RESEARCHERS AGREE: COMPREHENSIVE SEXUALITY EDUCATION IS EFFECTIVE

Medical, adolescent health and education experts – including the American Medical Association, the American Public Health Association, the American School Health Association, the Society of Adolescent Medicine and the National School Boards Association -- overwhelmingly support comprehensive sexuality education.⁶ Indeed, research has found comprehensive sexuality education to be effective in delaying teen sex, increasing condom use, and reducing unintended pregnancies and sexually transmitted diseases (STDs), including HIV/AIDS.⁷ Conversely, abstinence-only education programs have been found to be ineffective in changing young people's behavior about sexuality. For example, a recently-released evaluation of federally funded abstinence-until-marriage programs conducted on behalf of the U.S. Department of Education found that youth who participated in such programs were no more likely than youth not in the programs to have abstained from sex in the four to six years after they began participating in the study. Moreover, youth in both groups reported having similar numbers of sexual partners and starting sexual activity at the same average age.⁸ This is consistent with other research studies finding abstinence-only programs to contain medically inaccurate and biased information that is ineffective in protecting young people's sexual health.⁹

CALIFORNIA'S LATINA/O COMMUNITY SUPPORTS QUALITY SEXUAL HEALTH EDUCATION

Californians across regions, racial and ethnic groups and religious affiliations -- including Latina/o adults -- overwhelmingly support comprehensive sexuality education. A new survey of California parents conducted by the Public Health Institute found that 89% of California parents and 90% of Latina/o parents support comprehensive sex education. This compares to 92% White, 89% African American and 82% Asian American parents, respectively.

PARENTS WHO SUPPORT COMPREHENSIVE SEXUALITY EDUCATION BY RACE/ETHNICITY



Source: Public Health Institute

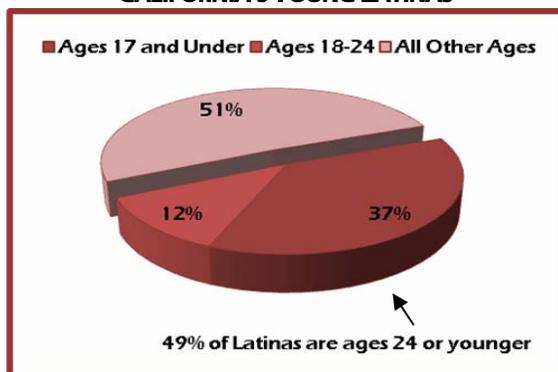
This support was consistent across five California regions, ranging between 87% and 89%, with 93% of Los Angeles County parents supporting comprehensive sexuality education.¹⁰ The Latina/o community is significantly represented among both urban and rural regions of California. Other recent studies consistently demonstrate the Latina/o community's support for comprehensive sexuality education. For example, the Public Policy Institute of California found that 83% of Latinos/as believe sexuality education is very important and 74% believe sexuality education programs should teach about abstinence, condoms, and contraceptives.¹¹

THE NEED FOR QUALITY SEXUAL HEALTH EDUCATION PROGRAMS IN LATINA/O COMMUNITIES

California's Latinas are a Young and Growing Force

California's Latinas/os are a critical and growing segment of the state's population and represent increasing leadership among the policy, professional, academic and community-based arenas. Latina women, in particular, are a young and growing force in the state. For example, Latinas represent forty-nine percent (49%) of California's Latina/o population at 5.3 million.¹² Latinas are relatively young, with a median age of 25.4. Almost half (49%) of Latinas are age 24 or younger. Latinas ages 17 and under account for 37% of the Latina/o population, with almost 2 million Latinas falling into this age category. Latinas ages 18-24 account for 12% of the population.¹³ Latinas represent 32% of all women in California.¹⁴

CALIFORNIA'S YOUNG LATINAS



Source: Census 2000

California's Latinas/os Are Significantly Less Likely to Have Access to Health Care

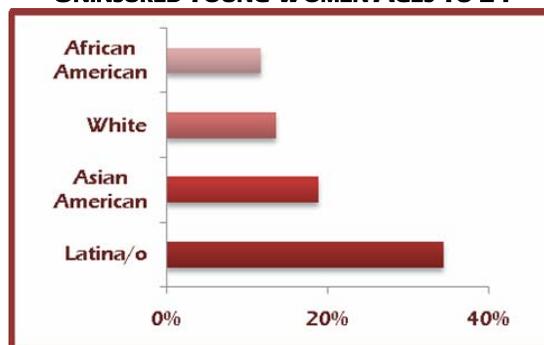
Despite their emergence within the California landscape, Latino/a communities continue to endure discrimination, poverty, substandard housing and education. Similarly, California's Latinas/os lack access to basic health care and experience disproportionate health disparities. For example, thirty-four percent (34%) of California's Latinas/os do not have health insurance, representing the highest rate of uninsured adults among the state's racial and ethnic groups. This compares to 8.8% White, 12.6% African American and 12.9% Asian adults without health insurance.¹⁵ Only 77.3% of Latinas/os have a "usual source" of ongoing medical care among major racial and ethnic groups, compared to 90.4% of White and African American and 88.3% of Asian adults.¹⁶

Latina Women & Youth Disproportionately Lack Access to Health Care

Access to basic health services and health insurance plays a significant role in promoting women's reproductive and sexual health, as well as preventing and treating reproductive health conditions. This is especially critical for Latina women and adolescents who disproportionately lack access to health insurance. According to the most recent California Health Interview Survey (2005):

- *Twenty-two percent (22.1%) of Latina women of all ages are uninsured, totaling over 1 million women. This compares to 6.4% White, 9.1% African American and 12.2% Asian women, respectively, without health insurance.*¹⁷
- *Young Latinas (ages 18-24) represent the highest segment of uninsured Latinas at 34.4%, compared to 13.6% White, 11.7% African American and 18.9% Asian young women of the same age range, respectively, without health insurance.*¹⁸
- *Fourteen percent (14.2%) of Latina adolescents (ages 12-17) lack health insurance compared to 3.0% African American, 4.4% White and 9.1% Asian female adolescents without health insurance.*¹⁹

UNINSURED YOUNG WOMEN AGES 18-24



Source: California Health Interview Survey (CHIS)

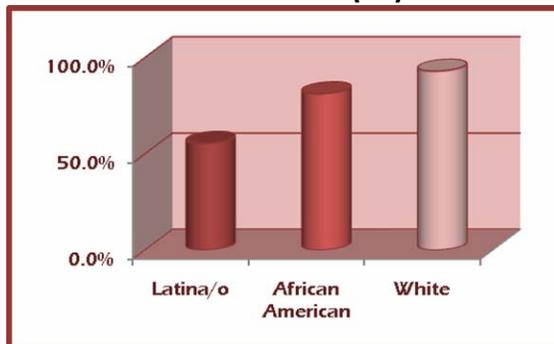
Latina women, young adults and adolescents also lack a usual place to go when they are sick or need health advice. Once again, young Latinas ages 18-24 represent those most lacking a usual source of care at 27.4%. Latina adolescents ages 12-17 follow at 22.9% and Latinas of all ages represent 13.8% of women without a usual source of care.²⁰

Latinas' Reproductive & Sexual Health Outcomes: Disparities Continue, But Gains Are on the Rise

Not surprisingly, Latinas' lack of access to health care is reflected in significant reproductive and sexual health disparities. For example:

- *The birth rate of Latina adolescents in California is three times higher than that of White teens.²¹ According to the most recent available data based on race and ethnicity, the birth rate for Latinas ages 15-19 is 79 (per 1,000), compared to 22 for White and 56 for African American young women of the same age range.²²*
- *Latinas accounted for 33.2% of new HIV/AIDS cases among California women in 2004.²³ Nationally, the AIDS case rate per 100,000 among Latinas (12.2) was nearly 6 times higher than the case rate among White women (2.1).²⁴*
- *While 80.5% of young women (ages 18-24) have heard of emergency contraception (EC), Latinas are significantly less likely to have heard of EC among major racial and ethnic groups of women at 55.4%, compared to White (92.9%) and African American women (81.2%), respectively.²⁵*
- *Only 9% of Latinas are aware that EC is available without a prescription (in pharmacies) compared to 13.4% of White women, 13.9% of African-American women, 11.1% of Asian women and 19.4% of women ages 18-24.²⁶*

EMERGENCY CONTRACEPTION (EC) AWARENESS



Source: California Health Interview Survey (CHIS)

Despite these disparities, the sexual health of Latina/o adolescents reflects gains in other areas. For example, 83% of sexually active Latino males ages 15-17 used a condom during the most recent intercourse. This is higher than the federal government's recommended "Healthy People 2010" objective that at least 79% of sexually active male adolescents in this age range will have used a condom at the last intercourse.²⁷ Sixty-three percent (63%) of Latina adolescents ages 15-17 used a condom at the last intercourse, thereby exceeding the Healthy People 2010 objective of 49%.²⁸ Targeted research is essential to assess the factors that contribute to these positive health outcomes among adolescent and young Latinas.

CALIFORNIA POLICIES SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

California's legal and policy landscape reflects strong support toward promoting access to comprehensive sexuality education. The most recent development took place on October 13, 2007, when California enacted the *Sexual Health Education Accountability Act* (AB 629-Brownley) (effective January 1, 2008).²⁹ AB 629 requires that state funds for community-based sexuality education are spent on programs that are medically accurate, unbiased, culturally and linguistically appropriate, and include information about at least one Federal Drug Administration-approved method for preventing pregnancy or STIs. State funds for community-based sexual health education programs are directed to communities with high rates of unintended pregnancy and STIs, which often have limited access to health services. AB 629's passage follows the *California Comprehensive Sexual Health and HIV/AIDS Prevention Act* (SB 71-Kuehl), enacted in 2003.³⁰ This law requires public school districts that provide sexuality education to utilize comprehensive, medically accurate, objective and age appropriate curricula. The curricula must be bias-free, and provide equal access to English learners and students with disabilities. California was the first – and until recently, the only – state to refuse to accept federal abstinence-until-marriage federal funding through the 1996 welfare legislation (Title V, Social Security Act). Ten states have now followed California's lead, finding the federal abstinence-only rules to be overly restrictive.³¹

POLICY & COMMUNITY-BASED RECOMMENDATIONS TO PROMOTE THE REPRODUCTIVE JUSTICE OF YOUNG LATINAS

In light of the reproductive health disparities and lack of access to health care experienced by young Latinas, it is clear that promoting quality, medically-accurate, unbiased, culturally and linguistically appropriate reproductive and sexual health information is an important component of advancing young Latinas' reproductive health and justice. Accordingly, CLRJ supports public policies that further the availability of quality reproductive and sexual health information and services to Latina/o adolescents and young women, their families and their communities. CLRJ has identified the following recommendations to further its core policy priority of *ensuring that Latina/o youth have access to comprehensive and confidential reproductive health information and services and educational and social supports to promote healthy and economically secure futures*:

- *Support implementation of the Sexual Health Education Accountability Act (AB 629) to ensure that community-based, state funded or administered sexual health education programs -- including those that address the prevention of unintended pregnancies, sexually transmitted diseases (STDs) and HIV/AIDS -- are medically accurate, culturally and linguistically appropriate, comprehensive, age appropriate, and provide information to empower youth to make well-informed decisions about their sexual health.*

- Promote state and district-level policies to further the monitoring, implementation and enforcement of SB 71 in California public schools in order to ensure that school-based sexuality education curricula are medically accurate, bias-free, comprehensive and equitable for all students.
- Promote policies and community-based programs that provide culturally and linguistically appropriate information and training about SB 71's requirements to educators, parents, students and community members.
- Continue to decline participation in federal abstinence-only programs and/or funding administered through such programs to State agencies or community-based organizations.
- Support policies and community-based programs developed to promote voluntary family communication about sexuality by providing parents and parenting adults with the knowledge, understanding, and communication skills necessary to talk with youth about sex and sexual health in order to promote well-informed decision making.
- Support state and local policies and programs promoting targeted, culturally and linguistically appropriate information about young Latinas' access to confidential reproductive health services, including Emergency Contraception (EC).
- Support policies to further the availability of Promotora and community-based peer educator models targeting youth and young adults within Latina/o communities with the greatest need according to health, social and economic indicators.
- Work in collaboration with policymakers and community leaders to hold a series of bilingual public hearings to discuss reproductive health issues affecting Latina/o youth. Collectively develop proposed solutions and provide recommendations to State and local policy committees.
- Support the expansion of California-based quantitative, qualitative and community-based research to assess the factors, attitudes and outcomes concerning Latinas' reproductive and sexual health in greater breadth and depth.
- Promote policies to implement and enforce existing laws addressing the civil rights, health, educational and economic needs of pregnant and parenting youth, including community-based models to conduct training and education addressing pregnant and parenting students' rights to equal educational opportunities.
- Promote policies to further positive outreach, educational, recreational and community activities for Latina/o youth, including advancing equal educational opportunities and college access; gender equity in community and school-based sports programs; freedom from sexual harassment or violence in schools; among other activities that promote young women's health, education and future opportunities.

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(ENDNOTES)

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