Culture, Stereotypes & Sexual and Reproductive Health

May 21, 2013

Presented by Vivian Cortés, MPH, MCHES

The Third Annual Teen Pregnancy Prevention Conference

Ready, Set, Sustain: Continuing Our Success
May 20-22, 2013, National Harbor, MD.
Disclaimer

Educational or instructional materials referenced during presentations at the Third Annual Teen Pregnancy Prevention Grantee Conference: Ready, Set, Sustain: Continuing Our Success are for informational purposes only. Presenters' references to these materials do not constitute endorsement by OAH, ACYF, CDC or the U.S. Department of Health and Human Services. Any statements expressed are those of the presenters and do not necessarily reflect the views of the Department.
About the Presenter

- Almost 10 years of experience in the field of sexuality and reproductive health education.

- Worked throughout New York City with and for many diverse populations including adolescents, college students, parents, senior citizens, newly prison released, recovering drug addicts, and immigrants.

- Strength in working with Latino communities alongside agencies, such as Aspira of NY, Inc. and Latinas Promoviendo Comunidad.

- Has consulted internationally with The Institute of Human Sexuality (ISH, by its acronym in Spanish) and The Ministry of Higher Learning, Science and Technology (MESCyT, by its acronym in Spanish) in the Dominican Republic on the development of a sex-positive curriculum which will be implemented to all first year college students throughout the country.

- Currently providing consulting services and pursuing doctoral studies.
Objectives

By the end of this workshop, participants will be able to:

• Explore the significance of culture and the importance of acknowledging it within sexual health education opportunities.

• Identify activities that incorporate cultural awareness and/or cultural empowerment.

• Explore a few of their own biases as sexual health education agents.
Agenda

- Overview of Culture
- Exploration of Bias and Stereotypes
- Examine the Intersection of Culture and Bias within the Sexual and Reproductive Health Field
  - Ex. Anti-choice Campaign
Culture:

The shared values, traditions, norms, customs, arts, folklore, and institutions of a group of people that are unified by race, ethnicity, language, nationality, religion, sexual orientation or gender identity, disability, generation, or some other common life experience.

Reference: Cross Cultural Health Care Program
Cultural Competence:

a set of academic and interpersonal skills that allow individuals to increase their understanding and appreciation of cultural differences and similarities within, among, and between groups. This requires a willingness and ability to draw on community-based values, traditions and customs and to work with knowledgeable persons of and from the community in developing targeted interventions, communications and other support.

Reference: Cross Cultural Health Care Program
How are we acknowledging culture in the sexual health work that we do?

- Cultural Sensitivity
- Cultural Competency
- Cultural Literacy
- Cultural Relatability/Cultural Concordance
Activity 1

Cultural Toss-Up
Activity 1

Cultural Toss-Up

• Can be used as an Icebreaker or can be a whole lesson unto itself.

• Question Samples:
  - “What are you?”
  - Describe a favorite cultural tradition your family upholds.
  - What is a saying that has been passed down within your family? What does it mean? Where does it come from?
  - Describe a traditional health remedy that has been used in your family, whether or not you think it works.
  - How far back can you trace your national/ethnic heritage?
Exploring Stereotypes

Activity 2

• For how many of you did your image turn out to be different from the original image after each new detail?

• What do you think about this?

• What does this say to us about stereotypes/biases?
Resources for Undoing Racism

http://www.pisab.org/

http://www.antiracistalliance.com/ARA-training.html
Activity 3

• *If you could point out a few reasons, why are people poor?*

• *What might the couple be saying/thinking about the woman?*
What is the difference/connection between the two questions?

What side do programs focus on when they are creating their programs, missions, or policies?

What side do programs focus on in the daily provision of services?
Activity 3

Your Own Experience with Bias as a SRH Provider

Take a moment to identify one time when you experienced/noticed your own bias as a provider in your field, whether you verbalized it or not.
Need

vs.

Power
How do these constructs intersect within the sexual and reproductive health field?
THE MOST DANGEROUS PLACE FOR AN AFRICAN AMERICAN IS IN THE WOMB.

THATSABORTION.COM
El lugar más peligroso para un latino es el vientre de su madre.
The most dangerous place for a latino is in the womb.

www.unidosporlavida.org.mx
Socio-cultural Impact Within the Sexual and Reproductive Health

- By early 1930s, 30 states had compulsory sterilization laws to prevent the breeding of those deemed “unfit”.
- 1932, Tuskegee Study of syphilis in black men which used deceptive measures to keep them
- 1937, US Sterilization Program in Puerto Rico that left 1/3 of the island’s women of reproductive age sterile by 1965
- 1956, Deceptive experimentation of earliest forms of birth control was done on Puerto Rican women who were living in government housing.
- The complexities of Margaret Sanger’s Birth Control movement and her dealings with the Eugenics movement.
Why is it important to acknowledge culture and check biases in the sexual health education we provide?

- To eliminate healthcare disparities among diverse populations
- The populations we serve represent various racial, ethnic and other cultural backgrounds
- These represent cultural norms that exist, which often influence decisions being made that affect sexual health
- To improve the quality of services delivered and health outcomes rendered
- To enhance the workplace environment
- For relatability in order to be able to get our message across
In Summary

• Culture is at the root of our identities, our values, our pride and our behaviors. It needs to be respected and actively acknowledged throughout the work we do.

• We are all guilty of biases. It is up to us to challenge ourselves as individuals and institutions in remedying these injustices, especially because we work with diverse populations.

• Culture and stereotypes intersect constantly within SRH work and education. We are committing a disservice if we choose to ignore these exchanges.
Thank You!

**Contact:**

Vivian Cortés, MPH, MCHES
Vivian.Cortes@gmail.com
(347) 469-0412