

# SEXUAL HEALTH EDUCATION FOR LATINX PARENTS

Addressing Parent-Child Sexual Health  
Education Conversations

by Amanda E. Astorga Pinto

**DATE(S)**

January 2017 to present

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**LOCATION**

New York & Latin America

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## ABSTRACT

Parents are at the forefront of a person's sexual health education, which impacts our entire lives. Sexual health education is more than the prevention of a disease and unplanned pregnancies. It is also about gender roles, sexual curiosity, emotional intelligence, self esteem, consent, and respecting yours as well as and others sexuality. The lack of or poor communication about these issues between parents and their children has a lasting impact on a child's sexual development. This is especially acute in the Latinx community, which suffers from some of the highest rates of HIV, STDs, and unplanned teenage pregnancies. Through service design, I used empathetic strategy to ideate advocacy tools for sexual health education to foster conversations between Latinx parents and their young children, focusing on age groups 0 to 5 years old.

Disclaimer:

Latinx (plural Latinxs) is a gender neutral term often used in lieu of Latino or Latina (referencing Latin American cultural or racial identity).

### TOP, RIGHT

Workshop with craftswomen from Sundar Nagri Center, RUWAA SEWA Organization, New Delhi, India.

### BOTTOM, RIGHT

Workshop with young professional women, Gurgaon, New Delhi, India.

### BOTTOM, LEFT

Workshop with young professional women, Gurgaon, New Delhi, India.



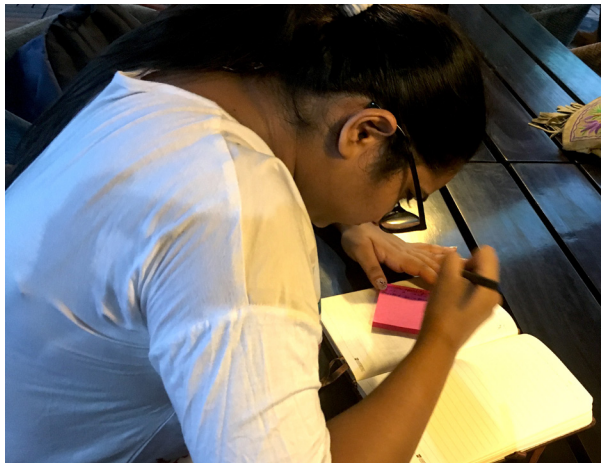
## THE BEGGINING

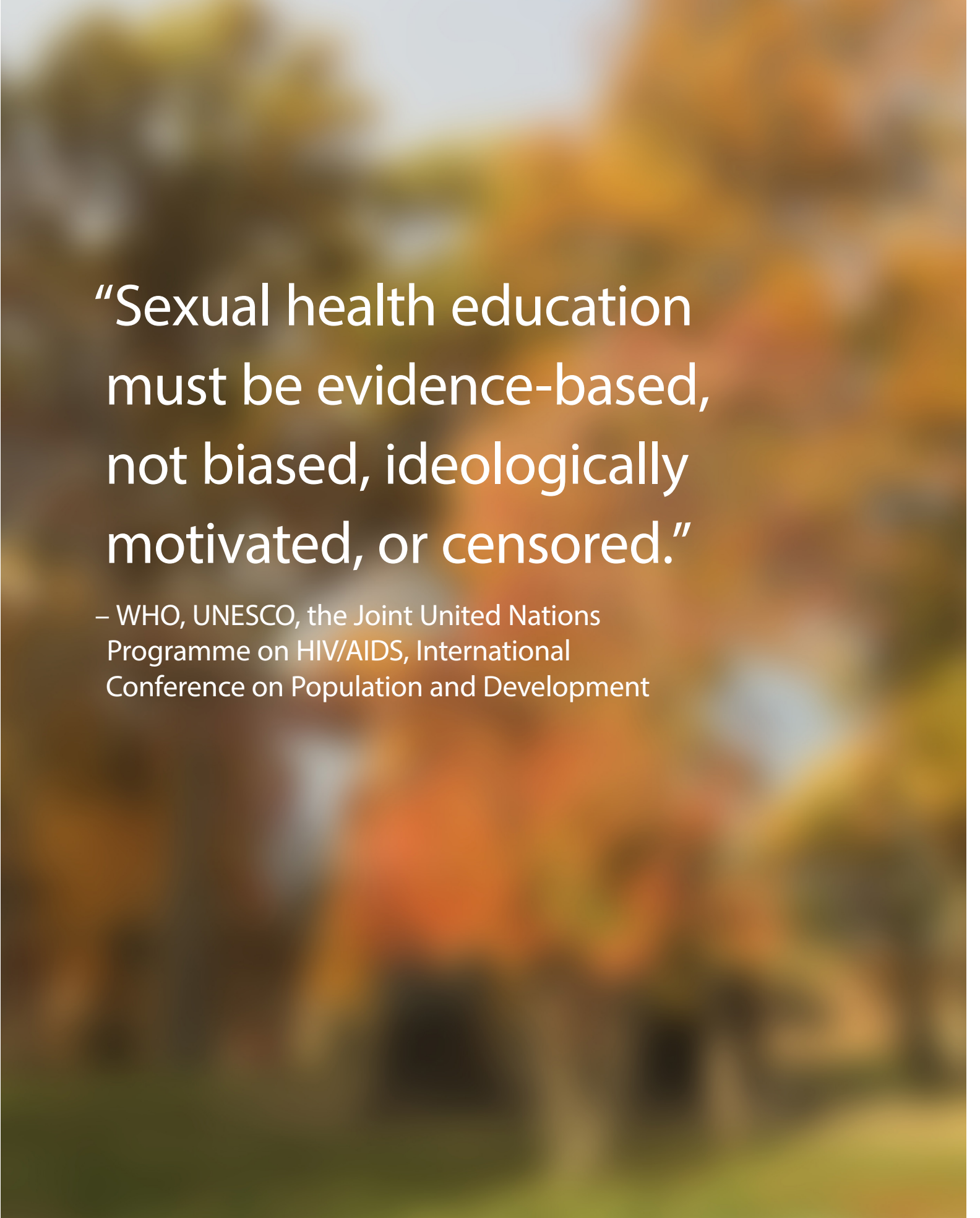
My project began over a year ago, during previous pilot research about the perception of gender inequality and its impact on women's health. This was inspired by the first pro-abortion march in which I participated in Chile during July of 2016. At that point, Chile was one of the six countries in the world where abortion of any kind was illegal. I wondered why I was not participating more in those spaces since I believed that those rights. From then I have been immersing myself in the reproductive justice movement and unpacking gender inequality in healthcare.

For the pilot research, I conducted different workshops in Brooklyn and in New Delhi from

February to July of 2017 with women between 24 and 32 years old. The topics that consistently arose were about menstruation, harassment, and pregnancy. The topic that connected them all was the poor access to sexual health education – regardless of participants' race, nationality, or socioeconomic background. Their friends and the media are their main, sources of information, rarely their local school system or parents.

While unpacking this, I kept asking myself: What sources contribute to poor access to sexual health education? How can we improve experiences related to sexuality? Would that be a way to walk towards gender equality? How might we address taboos through design?





“Sexual health education  
must be evidence-based,  
not biased, ideologically  
motivated, or censored.”

– WHO, UNESCO, the Joint United Nations  
Programme on HIV/AIDS, International  
Conference on Population and Development



## ROLE OF SOCIAL & TRANSDISCIPLINARY DESIGN

Design has many perspectives and ways to understand a social problem. I approached this project by using social design as a framework. I care about the social responsibility designers have when aiming for doing social good, as Victor Papanek envisioned the competency of designers.<sup>1</sup> We can understand social design as a process that aims for a positive social change. At the same time, it practices critical thinking and universal design.

On the other hand, we have the approach of transdisciplinary design. It is not a singular concept, but a combination of different visions, opinions, agendas, expectations, and desires. It supports learning and comprehension of behavior, human and non-human, and how to unpack the diverse aspects of it.

Jamer Hunt, the founding director behind the Transdisciplinary Design program, explains that today's problems are "multidimensional and incredibly complex" –known also as wicked problems.<sup>3</sup> They require teams of people from different disciplines that understand the causes of the diverse systems. Knowing how to address these wicked problems demand from designers to "develop not only skills of making and of craft, but also skills of thinking and analysis—and being able to bring theory and practice together in a particular practice."<sup>4</sup>

Transdisciplinary design is not about solving big problems, but entering into these big spaces where design has not typically looked at, and it is not expected to do so. By doing so, it brings new nuances to approach it. Following this idea, Horst Rittel sees designers as the ones that get into the process of viewing problems from different angles and perspective, including the consequences they could have.<sup>5</sup> This is what transdisciplinary design stands for as well.

For my project I am using design to approach a topic that does not seem to be a design problem, to reframe how we look at a bigger complex problem. Through design, I am taking the intangible cultural values and tangible statistics to shape a new mindset in order to build a better experience. For this new mindset I need to design experiences to introduce and engage people in thinking differently and support that mindset over time.

I see design's role in this project as a tool to address the communication and sensitivity around sexual health education of children. At the same time, design can aid in exploring an aspect of sexual health education that is under explored; thereby, providing an immense benefit to the community.

The challenges design tackles here is to show parents that sexual health is more than sexual intercourse or genitalia, that the hard data are experiences and stories of people. It can make conversations between parents and their children more comfortable so that they can be honest. How might we align people's healthy sexual life needs with the constraints of cultural values?

"Designers can (...) be the triggers that start new social conversations (...) but they can also behave as design activists, proactively launching socially meaningful design initiatives."<sup>2</sup>

— Ezio Manzini

## CONTEXT

### Worldwide

From a global perspective, sexual health education has been an issue that has become more relevant through the years. Historically, it has been triggered by different events, like the increase in teenage pregnancies during the 60's, or the outbreak of AIDS during the 80's. National and international organizations have promoted sexual health education through the approach of comprehensive sexuality education (CSE), recognizing sexual health as a human right. The World Health Organization, UNESCO, the Joint United Nations Programme on HIV/AIDS, and the International Conference on Population and Development state that sexual health education must be evidence-based, not biased, ideologically motivated, or censored.<sup>6,7</sup>

Sexual health is a concern of the healthcare system as well. Teen pregnancies and STD rates are the two most common metrics used to measure the effectiveness of sexuality education. However, it is important to understand that sexual health education is not only about preventing a disease or an unplanned pregnancy, but also about learning about self esteem, consent, respecting yours as well as others sexuality.

In 2008, the United Nations published the International Technical Guidance on Sexuality Education. In it they advocate that effective sexuality education can equip youth with age-appropriate, culturally pertinent, and scientifically

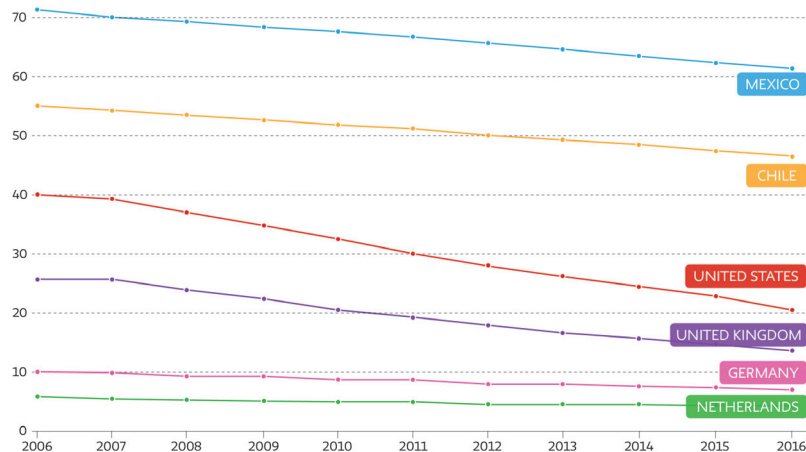
accurate information. Further, this can help them “explore their attitudes and values, and to practise the decision-making and other life skills they will need to be able to make informed choices about their sexual lives”.<sup>8</sup>

Some Western European countries – like Italy, Germany, and the Netherlands – have the lowest number of teen pregnancies, from 4 to 6 teen births per thousand women between 15 to 19 years old [bottom image].<sup>9</sup> These countries' curricula are shown to be more progressive on average. Example of this progressiveness is the Netherlands, where comprehensive sexuality education is taught to children starting as early as 4 years old. Their principle belief is that sexual development begins at birth and constitutes something that is part of our lives and that everyone deserves to have honest, open, and accurate conversations about love and relationships.

From international organizations to governments, the effort of progressiveness focuses on changing the policies and the curricula, while also acknowledging the importance of including parents and the larger community. It is a systemic approach to a topic that is perceived as sensitive but has an enormous impact in everyone's life.

### In the U.S.

In the United States, support of sexuality education began in the 1800s.<sup>10</sup> In 1899, the PTA (Congress of Parents and Teachers) promoted sexuality education before puberty. In 1913, the 4th International Congress on School Hygiene

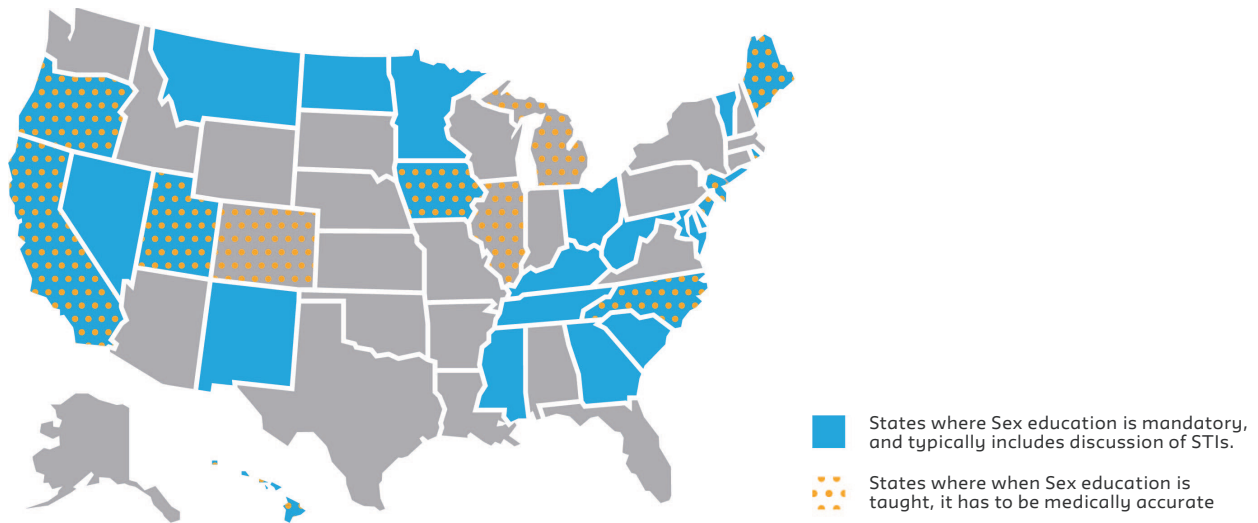


#### TOP, RIGHT

States where Sex education is mandatory, and typically includes discussion of STIs.

#### BOTTOM

Adolescent fertility rate (births per 1,000 women ages 15-19).



promoted publicly funded sexuality instruction for parents, aiming to gain support from school sexuality education. Then, in 1976, Congress expanded Title X <sup>11</sup>, to include community-based sexuality education and other preventive services for teenagers. Advocates for Your claim that “sex and birth control education programs in communities around the country gathered pace, with increased attention to hard-to-reach populations, such as the handicapped, and to helping parents become the sex educators of their children.”<sup>12</sup>

Nowadays, sexual health education is universal, but how it is delivered and the type of content varies substantially. This is because each state has their own policies of how to approach sexual health education. For example, it has been shown that curriculums in the Northeast are less likely to give abstinence-only sex education as a method of pregnancy and STD prevention than in the South.<sup>13</sup>

By July 1st 2016, 24 states mandated that sex education must be provided [image above], of which 22 states and the District of Columbia mandated both sex education and HIV education, and just 2 states mandate only sex education. Furthermore, parental involvement is paltry, as their only involvement is related to the notification, consent, or the option to remove their children from these classes. This is a widespread standard, occurring in 38 states and the District of Columbia.<sup>14</sup>

Health education is taught In New York State, but sexual health education is not mandatory by law.<sup>15</sup> On the other hand, the New York City Department of Education announced in August 2011 that it will be mandatory for middle and high schools to include sexual health education as part of comprehensive health education.<sup>16</sup> As the report shows, “comprehensive health education includes lessons on violence and injury prevention, emotional and mental health, physical activity and nutrition, alcohol, tobacco and other drug prevention, HIV/AIDS, and sexual health.”

This gives a glimpse of how sexual health education is covered in different systems and levels, and how it influences communities’ approach and understanding of it in their daily lives. Even though the major part of sexual health education is directed principally for school curriculums, there are still other sources of information from which children learn about sexuality and gender; their parents being one of them.



### Latinx Community in New York City

The starting group for this project will be the Latinx community. It is one of the largest immigrant group in the country and almost one-third of residents in New York City (29.4%). From 2000 to 2015, the Latinx population grew by more than 14% to 2,485,125.<sup>17 18</sup>

As mentioned before, STDs, HIV, and unplanned teen pregnancies are the most common metrics to prove effectiveness of comprehensive sexuality education programs. For the Latinx community these are especially relevant because they worse in comparison with Non Hispanic White or Asian. 34% of people living with diagnosed HIV in 2015 (108,648 total) were Hispanic/Latino in New York City.<sup>19</sup> The City's teenage pregnancy for ages 15 to 17, is the second highest amongst Latinas at 38.1 per thousand. Black are 43.1, then White with 7.1, and Asian/Pacific Islander with 1.7.<sup>20</sup> From these statistics we can presume that the Latinx community is not receiving the necessary education to prevent STDs and unplanned pregnancies, and we can assume they likely lack other aspects of sexuality education as well.

This community is relevant for my study not only because its growth and prevalence of diseases, but also because it is personally relevant to me as being part of this community. I am able to bring my own lens and experiences as a member of it.

I will start my field work with them in New York City, but this could expand to other parts of the U.S., countries in Latin America, or the world.

### Cultural Values of the Latinx community

As with any community, Latinxs have their own cultural values that make this a sensitive issue. The main issue is the highly polarized sexual roles within the community, which might be related with religion as a cultural driver (68% are Catholic). These values influence how open and approachable they are with teaching and learning about sexuality education.

The 2008 U.N. report<sup>21</sup> reinforces that cultural values and religious beliefs impact the effectiveness of sexuality education. This can influence even greater to young people and their understanding of this issue since they relate through their relationship with their parents, other family members, teachers and communities.

The understanding of gender roles has been mainly binary.<sup>22</sup> Males are expected to be hyper masculine (macho concept), leading to an implicit acceptance irresponsibility in their sexual development. Females are supposed to be submissive and obedient (marianismo concept), which does encourage them to stay silent about sexual matters, otherwise they might be labeled as promiscuous.<sup>23</sup> At the same time, these norms imply that women are expected to maintain their virginity until marriage and be demure about their sexuality. While men are expected to have low sexual impulse control and accept it as their "nature".<sup>24</sup>

Another characteristic that is very strong among latinxs is the value of family (familismo concept), and its importance in their identity and decision making. As such, decisions are not made by an individual without first having family approval. The need to please the family is a great driver of decision making. Because family is the core of the community, they maintain the values from their country of origin and are therefore less influenced by the context in which they are embedded.

## UNDERSTANDING PARENT AND CHILD CONVERSATIONS

As Chouinard (2007)<sup>25</sup> argues on her research on “Children’s questions: a mechanism for cognitive development”, parents are one of the first people that children go to when they have questions about the world that surrounds them. Research shows that their questions play an important role in their cognitive development. Children ask questions as a response to an uncertainty they are facing; therefore, they are more receptive to the answer they will get. These questions help them to get the information that they use to create a knowledge structure that they depend on for personal growth. Cognitive development depends on being able to ask questions openly and thereby assimilating those responses into their understanding of the world. The content of the questions reflects how developed they are, and it will shift while concept build.

Asking questions is an important tool that allows children to get information they need to understand the world and solve problems. When they do not get an answer or the answer they get is insufficient they will keep trying to answer their inquiry, and maybe parents won’t be the one they go to if they know they are not approachable. Nowadays there are more places where children can answer their questions, such as the Internet, if their main sex educators are not reachable. This is problematic because without guidance of an adult it can lead to misinformation.

### Latinx Parents

After the experience of conducting the pilot project, I wanted to keep exploring working with only women. I conducted two workshops in New York City; the first with five Chilean women between 27 and 32 years old, and the second with two Latina mothers between 30 and 35 years old who have children from 1 to 3 years old. After this, the main insight I had was that one of the many sources of poor sexual health education are our parents, and how we communicate with them about these issues. Today we live the consequences of poor or non-existent sexuality education throughout our lives. This affects not only women but everyone, which makes it important to open up the conversation to others than women.

One of the main educational sources that children have growing up are their parents. Through them as their models, they learn values, perspectives, and ways of relating to themselves and others. Usually parents education does not cover proactively sexuality development, but they are teaching their children about it without realizing it. For further information see the Comprehensive Sexual Health Education section.

Experts on the field, like the American Academy of Pediatrics as well as the Sexuality Information and Education Council of the United States (SIECUS), recommend that parents should start consciously teaching their children about sexuality from an early

“Sexuality begins at home”

— Sexuality Information and Education  
Council of the United States

age. This helps them to understand sexuality in a healthy and effective way, since lessons and values learned from an early age are more likely to become instilled as they grow. Moreover, the Journal of the American Medical Association (JAMA) published a study in 2015 that collects over thirty years of research on parent-child communication around sexual health. This study finds that communication about sexual health between adolescents and their parents promotes safer sex practices.<sup>26 27</sup> These conversations should be repeated over the years in order to help parents to reinforce what they want to teach their children as well as to better understand their own values. It also gives children the opportunity to ask questions that they would not ask in another situation, and it puts into practice what they have learned from their parents.<sup>28</sup>

Within the family unit, it has been shown that latina mothers are the principal sexuality educators.<sup>29</sup> However, research shows that fathers are beginning to take a more active role in these conversations as well.<sup>30</sup> This is highly important when considering how to approach parents to

empower them in their role as their children's sex educator.

When approaching sexuality education, parents usually rely on what their child's school is teaching on the subject. Because schools teach using a state's curriculum for sexuality education, parents will likely not cover topics missed in school; therefore, parents end up reinforcing the gaps in a child's knowledge. We know that in the United States at least half of the country does not require sexuality education by law. But then there is the relationship between parents and their children, who have their own set of concerns such as how much information is enough, which topics are appropriate for what age, or how to address the discomforts that arise when addressing taboo issues.

It is important to acknowledge the influence and relevance that parents have in their children's sexual development, and how they can help them to have a healthy and positive relationship with it.



## UNDERSTANDING SEXUAL HEALTH

It is important to understand the differences between the concepts of sexual health, reproductive health, and sexuality education. According to the World Health Organization (2006), the working definition of sexual health is:

*“...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”<sup>31</sup>*

“Sexuality is so much more than that [sexual intercourse]. It is also about self image, developing your own identity, gender roles, and it is about learning to express yourself, your wishes and your boundaries.”

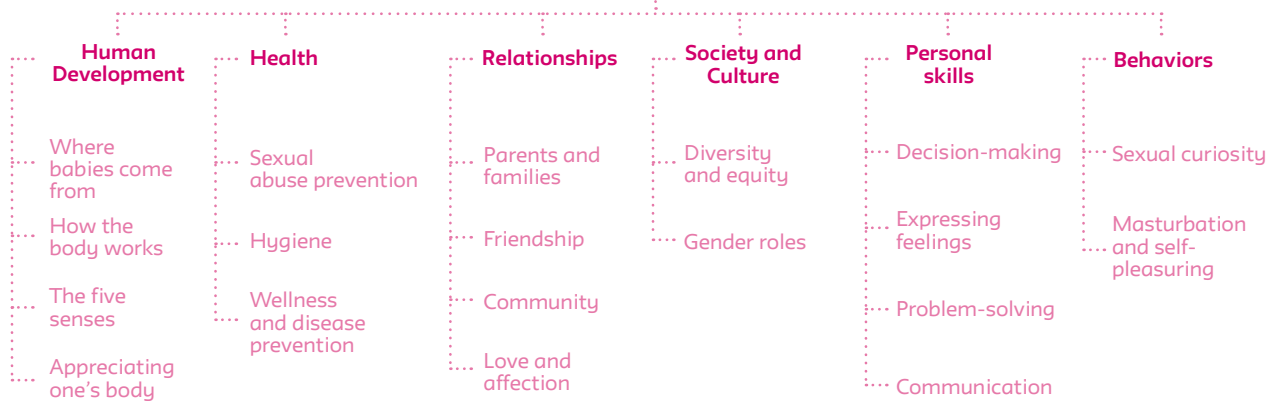
— Ineke van der Vlugt, Programme Coordinator Rutgers WPF.

On the other hand, WHO understands that “sexual health encompasses reproductive health, but goes beyond medical conditions, and remains relevant throughout the life-course.”<sup>32</sup> By sexuality education, we understand it as a “lifelong process of acquiring information and forming attitudes, beliefs, and values. It encompasses sexual development, sexual and reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles.”<sup>33</sup> It includes sexual development, reproductive health, interpersonal and consensual relationships, affection, intimacy, body image, gender roles, gender identity, self esteem, love, sexual orientation, respect for self and others, clear communication, responsible decision-making, and more.<sup>34</sup>

This misunderstanding is common, which was corroborated through the interviews I conducted with parents.<sup>35</sup> Understanding what sexual health means and what it covers is the first step to unpack the complexity of sexuality education.

SIECUS published in 1998 the document “Right from the start: Guidelines for sexuality issues, Birth to five years old” where they established the six key concepts that sexual health covers for children under five years old. These concepts are repeated in the book from Planned Parenthood, “There’s no place like home... for sex education”. The following are the concepts that SIECUS presented in their document, and I am addressing them in this project.

## Sexual Health



When we step back and appreciate all of the different dimensions of sexual health, it immediately loses the taboo implications it has accrued today. For example, when talking about “appreciating one’s body”, concepts like body image, self esteem, and self care are part of sexual health. It is important to overthrow the taboo that masks sexual health as something that is just about contraception and STDs, and slowly normalize it as part of our daily life. Through preliminary interviews I conducted with parents, their view and description of sexual health touches the surface of these issues.

*“Educate about sexuality from a healthy perspective, from the measure of self care and prevention. I think it is more related to prevent something to happen.”*

– F, mother

*“It is really complicated. Since I only have boys, it’s very different. [...] Complement between psychology and what you learned in life and what they are learning in their school or preschool, like self care.”* – A, mother

*“Having a good sexual health, a healthy sexuality, I do not where should I relate to it. I don’t think I have heard it before, you can talk about sexuality in the area of health but this is different. Maybe be conscious of your own sexuality.”* – V, father

From this, it was clear that the granular details of sexual health were not fully understood. For example, topics like naming the body parts with their actual name, or incorporating masturbation in children as a natural human expression. Incorporating the different angles that sexual health comprehends is something that will enrich the conversation between parents and their children.

Together with these preliminary interviews, I created a poll for latinx parents. 82 parents responded, mainly from Chile (n=64), but also from other countries in Latin America. I recognize that this poll doesn’t fill the gap of information, since I disseminated it primarily through my network, which is represented in the high percentage of Chileans, but it helped to get their stories and experiences, which could apply to other communities as well. The order was the following:

1. Brief explanation of what do international organizations say about sexual health and the topics it covers. Followed by asking if the definition changed their perception of what sexual health is and why. Only 18 of the people interviewed said it did change their perception. Some of their explanations of this change is reflected in their answers:

*“I didn’t think that this concept could encompass so much.”*

*“Yes, and a lot. It clarifies the different factors of sexuality education. In general, because it is a taboo topic, there is not a sincere approach.”*

*“Yes. Sexual health cannot be reduced to genital health or something related just with genitals.”*

2. Asked them if they ever had an awkward conversation about sexual health with their children, when they were under 5 years old,, and if they would share it anonymously. This became the main resource to gather parent’s stories in a way it would be comfortable for them, which I apply for the final prototype.

What is important to understand is that, even though parents have a notion of what sexual health is, they do not always know everything of what it includes or how to identify situations in which it plays a role.

### Comprehensive Sexual Health Education

There are two main forms by which Sexual Health Education can be addressed: comprehensive sexuality education (CSE) and abstinence-only. CSE in comparison to abstinence-only approach, has been proved through several studies to have a positive impact in young people’s sexual life by addressing their sexual health and well-being in a holistic approach. It empowers youth to know and demand their rights.<sup>36 37</sup>

Comprehensive sexuality education is known as an “age-appropriate, culturally relevant approach to teaching about sexuality and relationships by providing scientifically accurate, realistic, non-judgmental information.”<sup>38</sup>

This is the type of approach sexual health should encompass –being backed up by several research and recognized organizations–, to give parents and children the necessary tools to face their own sexuality development in the healthiest way possible.

### Comprehensive Sexuality Education and parents

Parents teach sexuality to their children since they are born by showing them affection like touching, cuddling, or hugging. All these are different ways of showing a positive message about sexuality. Depending on how parents respond to the natural curiosity children have about sexuality, it will give them a message of what is acceptable or not to ask. No matter the intention, these actions are part of how personal sexual health develops.

Experts claim that frequent sexuality education between parents and children should start at an early age because research shows it is effective in reducing adolescent pregnancy, preventing sexually transmitted diseases, and promoting condom use. Cora Collette Breuner, chairperson of the American Academy of Pediatrics Committee on Adolescence, has noted a correlation between parents being able to talk to their children and adolescents about sexual



“Comprehensive sexuality education is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights throughout their lives.”

— UNESCO, February 2018



health and “a delay in sexual debut and increased use of contraception and condoms.”<sup>39</sup>

Conversations between children and parents about sexuality is a lifelong process. Being able to address these topics helps to develop trust and honesty on both sides, being more influential for the children. This trust helps them to be comfortable with their sexuality and have a healthy relationship with it. Ironically, it is more difficult for parents because adults already have their notion formed about what are the taboos and constraints of talking about sexuality and sexual health. Children do not, so that is why it is important to be aware and proactive on helping them through that process.

It is important that when parents teach their children about sexual health it is accurate and comprehensive. Regrettably, there are not many accessible resources that show and explain the whole spectrum of what sexual health covers and how to address it with young children.

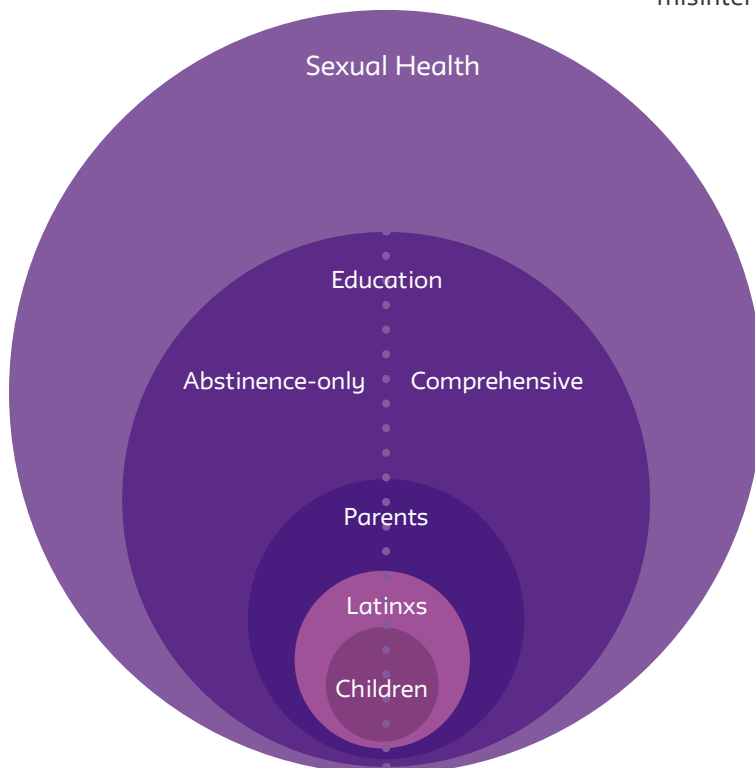
#### Sexuality Education for young children

One of the main concerns parents have about sexuality education is how appropriate it is to

have these conversations with very young children, those under five years old. As mentioned before, it is about which topics are appropriate to talk about and how to have that conversation. Even though there is not one specific answer, experts agree that what matters the most is to have those conversations.

This age group is especially important because children start understanding their own sexuality from the moment they are born. Addressing their inquiries from an early age helps them to relate to their sexuality in a healthy way and to others as well. This builds the road for a trustworthy relationship with their parents when toughest concerns are at stake later on.

Children under five years usually do not need a very elaborate response from their parents, but their answer should be clear and without euphemisms. For example, when answering a question about how babies are made, be clear that the seed the father puts in the mother will not grow like a tree or that the egg inside the mother does not look like a chicken egg. Children tend to understand the world as it is; that is why it is important for parents to communicate with them in a honest and clear way in order to minimize misinterpretations.



#### **BOTTOM**

Diagram of Sexual Health ecosystem.



## PRECEDENTS & ANALYSIS

In sexual health education, there are a lot of resources and different tools that aim to educate youth, parents, educators, caregivers, and more. Most of these focus around the ages of 10 to 18 years old and sometimes older. Less frequently, they are intended to 8 year olds, which is when the first signs of puberty might begin.

The main approach is to give parents resources such as articles on websites and books. Other mediums are Action Kits, videos, Q&A with experts, and games for children and teenagers. However, there seems to be a lack of a creative approaches to sexual health education for young children, specifically for children under 5 years old.

### Approaches to sexual health education that address under 5 years old children

#### - It's Time to Talk; Planned Parenthood

Youtube video that shows in a humorous and realistic way how parents start the conversation about sexual health with their children. It presents children from various ages, the "do's and don'ts" of how to approach frequently asked questions children of their age might have.

To whom: Parents

Achieve: Puts the issue on the scope. Call for action.

Does not achieve: Too subtle on their message. Not explicit enough about when exactly the conversation should start and which topics are appropriate for which age.

#### - Ubbas Bath Cups

Toys that help parents to talk with their children during bath-time about the different types of families. The cups have holes to identify the different sexes. When filled with water, it can be released from the bottom or the front of the figure, mimicking peeing.

To whom: Parents, children.

Achieve: Inspire a healthy and honest dialogue about sexuality.

Does not achieve: It is constrained to what the cups represent only. Can give space for misinformation from the parents.

#### - Families are Talking/La familia habla; SIECUS

Newsletter for parents and caregivers, available in English and Spanish, that aims to learn how to approach different sexual health issues.

To whom: Parents

Achieve: Give tips and guidelines explaining how to be an effective sexual health educator for their children, both in english and spanish.

Does not achieve: Do not differentiate what learning is for a specific age or all ages.

### The ones that are inspirational

#### - Talk the Talk; Illinois Caucus Adolescent Health

Card game that aims to increase dialogue between youths and adults about sexual health, sexual rights, and sexual identity.

To whom: Parents, teenagers, sex educators.

Achieve: Requires talking about specific topics in an atmosphere geared around having fun.

Do not achieve: Ensure that the topics are actually tackled through the game, the depth of the conversation.

– Community Action Kit; SIECUS

Site that offers different tools to learn about sexuality and how to be an advocate of the community.

To whom: Parents

Achieve: Explains what children are learning in school, how to build community support, how to work to implement policies, and how to enable an effective comprehensive sexuality education program.

Do not achieve: Hard to navigate. Does not cover all the topics of sexual health.

– Candid; Challenge OpenIDEO

App that helps parents and children to talk about sexuality with comprehensive sexuality education. It is a digital platform that uses media and interactive prompts to foster conversation about sexual health topics.

To whom: Parents, teenagers, children.

Achieve: Brings parents and children together to talk about issues that are important for both, and subtly touch upon sexual health topics.

Do not achieve: Incorporate children that does not know how to read and write, or parents that do not have access to this kind of technology or are not necessarily digitally literate.

Reading material

– Right from the start: Guidelines for sexuality issues, Birth to five years old; SIECUS

Guidelines explaining each topic of sexual health for children under 5 years old.

To whom: Caregivers

Achieve: Thoroughly explain each topic of sexual health

Do not achieve: Actively include parents in the teaching, accessibility to the resource.

– There's No Place Like Home... for Sex Education; Planned Parenthood

Practical guidebook that helps parents talk about sexual issues with their children from 0 to 18 years old.

To whom: Parents.

Achieve: Thoughtful way to approach sexual health issues to the parents' perspective.

Do not achieve: Does not guide parents in a practical way.

Bonus

– Birdees

Interactive sexuality education app created by health professionals and researchers to help parents teach their children about sexual health in a playful way. Has two modules: children from 2 to 5, and 6 to 8 years old.

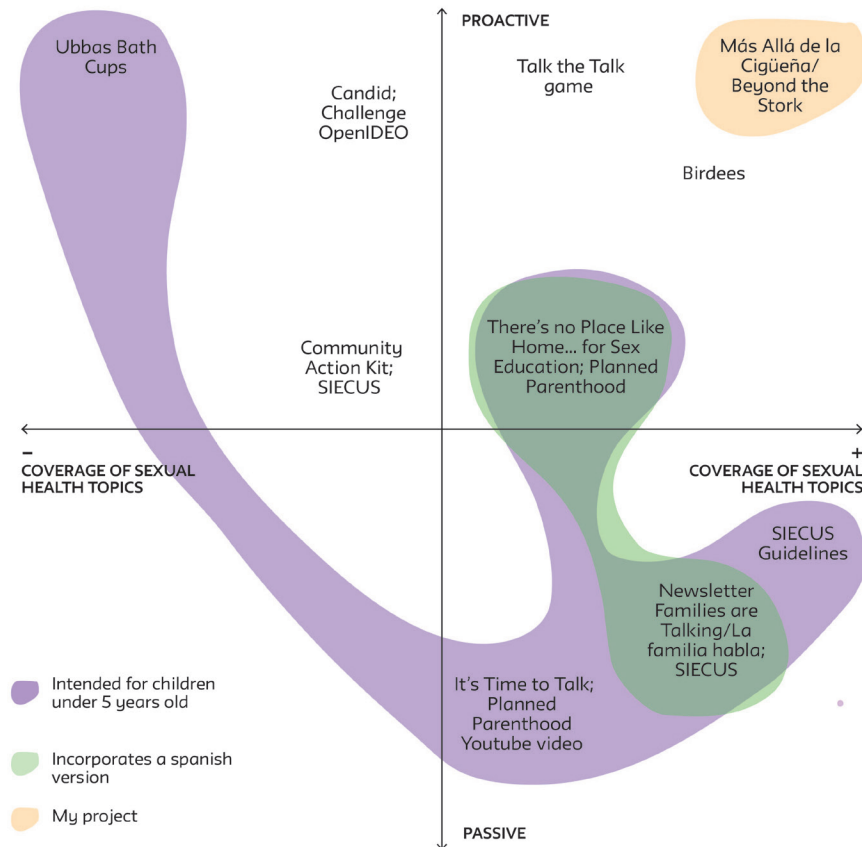
To whom: Parents, teachers, and children.

Achieve: Encompass various sexual health topics, like body boundaries, behaviors, and dangers.

Do not achieve: Not longer available to download.

## TOP

Precedents mapping



### Analysis

These resources tackle different aspects of what my thesis project aims to cover, from how information is framed to whom it is intended for. While some did not intentionally use design to communicate their purpose, design is nonetheless present.

One of the main aspects that makes a tool effective to foster sexual health education is to include the user's views and experiences in it. Understanding how the user approaches the issue, and how they would use it is the first step to design an effective product. Talk the talk, Ubbas, and Candid incorporate the point of view of the user within the designing or testing process, and it shows when reviewing the interactions around it.

The graphic below compares the aforementioned precedents by examining how much information they include, if interacting with it is a passive or proactive learning experience, if they include resources for children under 5 years old, and which have a Spanish version. It also shows where my project is embedded, specifically in the area where the lack of tools that prompt proactive learning and covers all the topics of sexual health is clear.

The background of the slide is a blurred image featuring numerous out-of-focus circular spots in shades of red, pink, orange, and yellow, creating a bokeh effect. The text is overlaid on this background in a white, sans-serif font.

“Designers should aim to show problems from various perspectives through design objects—perhaps by giving various answers and showing their consequences and implications—to allow for discussions and debate about possible solutions.”

— Björn Franke <sup>40</sup>

# EXPLORATION PROCESS

The exploration process made it clear that there is more than one way that this project can be shaped. Sexual health education tools for parents with children under 5 years old have not been extensively explored yet, especially for Spanish speakers.

At first, there were several points that I had in mind that the project should cover. From my research, I learned that parents do not necessarily know the whole spectrum that sexual health covers. That was something I felt was important to rectify through my project. Determining what topics are appropriate for what age is important as well because no parent, or other family member, wants to teach their children more than they need to know. Since the children are under 5 years old, there is no attachment to the sexual health curriculum of their local educational system. What can be discussed relates to the cognitive development of how much children can understand at different stages of growth.

With this context in mind, I wanted to consider the cultural constraints of the Latinx community when addressing issues of sexuality education. My goal for the tools I designed was to create a learning experience where it is not too overt that the topic is sexual health in order to preempt resistance from the parents. While thinking about the interactions I was attempting to facilitate – such as where, when, and how they would happen – I realized I was designing for randomness. Randomness in the sense that children ask any question whenever they want to ask. This assuming they feel comfortable enough with their parents. So how could I address this emergence in the project as well?

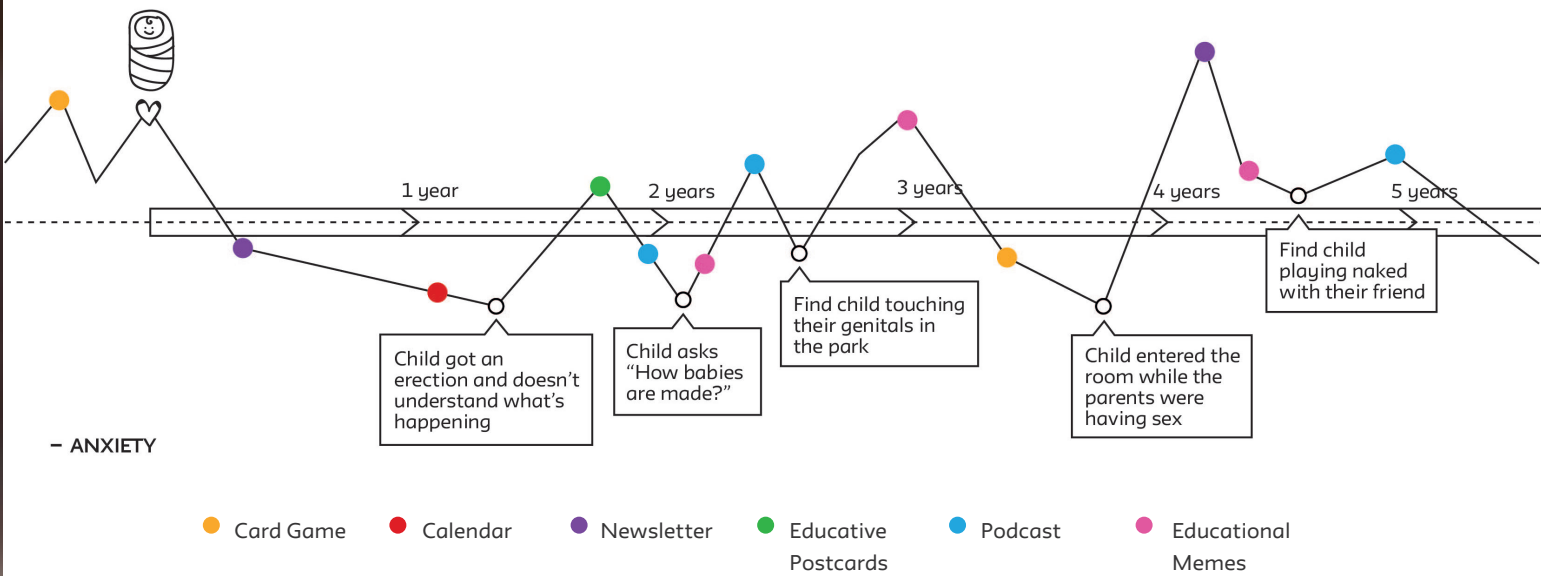
Finally, I reflected on how to deliver this. On one hand, I had to decide if it was a passive or proactive action of delivery. For the context of this project, it is passive when the parents are responding to the questions asked, and it is proactive when the parents have studied the topic and can present that knowledge to their children unprompted. Another challenge was the double education factor, which is to first educate parents about sexual health issues, so they can teach their children later. Trying to actively design for both situations was too ambitious, so I decided to focus on educating parents first, by prompting proactive learning.

## BOTTOM

Journey map of parents as sex educators and intervention points.

+ ANXIETY

- ANXIETY





## STRATEGIC EMPATHY

The overall goal is to have sexually healthy children because they are able to have rich and informed conversations about sexual health with their parents. Designing tools to do so with children less than five years old requires a strategic and empathetic approach. Through the design process it became evident that one artifact cannot resolve the problem, but different ones that complement each other could improve it. Strategic empathy is designing the experience of parents as sex educators, where these artifacts are supporting the whole system to give self advocacy to parents when talking about sexual health with their children.

Because multiple artifacts are required, I propose a journey map of a parent's path as their child's sex educator that will serve as a guide into use them all together. The map charts the potential experiences that parents might face with their children, based on the interviews, poll and workshops I conducted. I also included possible intervention points, as well as the tools that

could enhance those interactions. This strategy incorporates the different styles of learning that parents can have by presenting them throughout the journey map with information in multiple ways. Some activities are more in depth while others are broader and cover more concepts. The intervention points are meant to be routine friendly, meaning that they can be part of their recreational time, commuting to work, while cooking, etc.

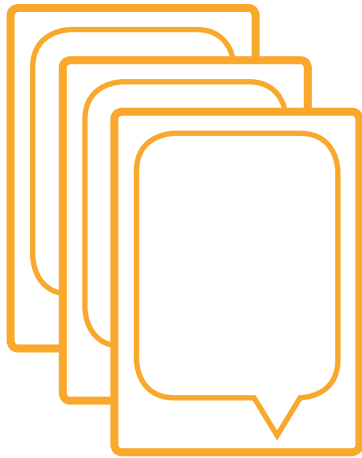
## IDEATION AND PROTOTYPING OF THE TOOLS

This project focuses on one of the artifacts, the card game, and explores the other ones mentioned in the journey map as how to articulate them throughout the whole experience for the parents.

### Tool 1: Card game

The game is intended to educate, facilitate conversation, empower parents about sexual health for children under 5 years old, and to





persuade them into having those talks with their children. I chose the format of a game in order to help bring down a parent's defenses when dealing with such a sensitive topic. The game can be played by just the parents or with other adults. It has different prompts, questions and situations asked by children, that make the players reflect on their values, language, and strategy when answering their children.

The game helps parents by giving them insight into how they would act if and when their children ask them about a sexual health topic. The game facilitates peer to peer learning, so when played with more than two adults they can help fill in gaps about sexual health across their community. Beyond learning facts it can help them to compare parenting styles and get feedback on their tone, how they present themselves and their values.

#### - Process of creation/ Parents' stories

I wanted to keep working on sexual health as a whole and not focus on just one topic, like gender roles or how to name body parts. I was hesitant to do so because I feared I would perpetuate the same misconception that sexual health is just about sex. I preferred it to be from the proactive attitude from parents, and design from there.

I realized I was lacking input from the parents perspective. What were their stories? How did those "random" moments look like? How did they answer to them? How could I design for a teachable moment?

From the poll I mentioned in the section "Understanding Sexual Health", I retrieve the experiences parents had with their children. I got responses such as "They asked me what is hanging behind the penis" or "They asked how it was to have a baby, if it hurts."

#### - Testing round 1

The NICE organization is composed by immigrant latinxs seeking justice in the workplace. The adults ranged from 35 to 60 years old, not all are parents. My objectives were to see how engaging the game was, the mechanic of it, and if the answers prompted peer to peer learning and sharing accurate information. The game consisted in a deck of cards with the different questions and stories parents shared in the previous poll. Each one has one card that they did not know what it said. We started randomly. The first instruction I gave was that the person that has the card had to put in their forehead. The group had to answer the question or situation as if the person was a child, and the one who held the card had to guess what the question was. This strategy failed because they were more focused on trying to guess what the questions were instead of answering the question. Thus, I decided to change the rules. Instead of guessing the question, they would read it out loud and the group would have to answer. Then, the person with the card had to combine the responses that felt more compelling. This helped them to engage in a proactive conversation about how they should face and answer the question or situation.

#### LEFT

Card game, "Más allá de la Cigüeña:  
¿Cuánto sabes sobre educación sexual?"

#### ABOVE

Tool illustration of the Card Game.



*"It was very interesting, because some of us already went through these conversations, but today children need better answers than the one we gave them in the past."*

*"Now I understand a little bit better how to answer to the children if they ask me about sexuality."*

*"I know I'll have a children in the future, and this [game] helped to realize that they will ask me about sexuality, this is going to happen."*

*"It is important to talk clearly to children, and create trust between parents and their children."*

#### - Insights

They were able to share their stories and build on the explanation answering the question.

It was a space to reflect on the importance of the conversations based on trust and honesty between parents and their children.

Some of them who did not know how to answer recognized that it was helpful to hear somebody else's point of view. There was space for collaboration.

Even though it was not my target demographic, they said it would be helpful for when they have grandchildren or for their nephews.

There was still space for misinformation and avoiding fully answering the questions. So, it was important to avoid vague questions, i.e. "How are babies are made?"

#### - The game

"Más allá de la Cigüeña: ¿Cuánto sabes sobre educación sexual?" (Beyond the Stork: How much do you know about sexuality education?)

The game is a bilingual educational activity that aims to teach about the different topics of sexual health for children under 5 years old, using different modalities. Through trivia, multiple choice, true or false, and personal stories, the game is meant to make participants reflect on how they would face that question when it arises in their day to day lives. Participants have to form groups of 2-3 people. The group with the most children - including pets if there is a tie - goes first. Each round one team picks a card, reads it



#### LEFT

Testing round at  
NICE organization.

#### BOTTOM

Testing round with  
Chilean parents  
and friends.

out loud, and must answer successfully to win the card. The game ends when one of the teams correctly answers twelve cards.

Additionally, there is an answer guide that explains how parents should face these situations with their children. For example, pointing out the importance of honesty, or understanding that sex and sexuality has a different connotation for children than for adults.

#### - Testing round 2

The second round of testing was with six Chileans living in New York City, from 28 to 40 years old. Two of them were parents, one of a 2-year old boy and the other of a 4-year old girl. The others want to be parents in the near future or have experienced sexual health issues with younger family members.

My objective was to pilot the game in the most realistic way possible. I gave them the rules and the cards, and they had to figure out how to play the game on their own.

#### - Insights

The color coding of the cards was confusing. The colors represented the six sexual health topics, but they should be about the different prompts the game has.

Even though the game proposes an amount of points to win, the players wanted to keep playing, and the game offers that possibility as well.

Peer to peer learning kept happening. When one couple did not know the answer, the rest would help them to respond. As the previous testing, there was the space for collaboration instead of competing.

Because the game is meant to be played in couples, they have to come together to find one response, decision or strategy, and it actually happened.

#### - Benefits

Ariel Watriss, Nurse Practitioner and Sex Educator at TUFTS, points out the importance of creating opportunities for parents to talk with their children about sexuality issues. Through this project, she sees it as an opportunity to reshape what parents can say to their children, and fill the gaps parents already have. Also, it helps parents to gain confidence and increase their comfort levels about sexual health issues. This



is supported by Francisco Ramírez, Sex Educator, who besides of agreeing on the importance of the comfort level, he stresses out the value of cultural constraints and empathy building while working with parents.

The game effectively supports reflection on parent's values and the space to devise a possible strategy when facing a similar situation in the future. It made participants more comfortable to talk about sexual health. It fostered peer to peer learning and did not propagate misinformation.

**"This game is very effective, dynamic, friendly to use and it cleared many doubts I had on the subject."**

— C, male, 40

**"I feel less unprepared, because when a situation comes as a surprise you never answer correctly, is like prepare your mind to better address these things."**

— J, female, 28

#### - Scenarios for the game

From the ecosystem mapping, several scenarios came up as options for the game. It could be embedded in any scenario, from a parenting workshop, to PTA Meetings, it could be handled by the child's pediatrician during routine appointments, and even played at a baby shower.



**Let's Be Honest Parent Education Program.** This is an existing and ongoing educational program for parents that offers age-appropriate workshops, offered by Planned Parenthood.



**Pediatrician appointment.** Organizations like the American Academy of Pediatrics and the CDC encourage that pediatricians provide support to parents about their child's sexual development.<sup>41 42</sup> This instance can be an opportunity where they offer the game to the parents, or it can be placed in the waiting room.



**Baby shower.** As a family ritual, family gather when a baby is soon to be born. The game can be played as another activity during the baby shower.

#### **BOTTOM, RIGHT**

Prototype of the Toolkit Educational Cards.

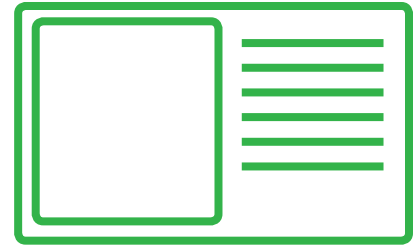


- Further exploration

Because of the game's design, it could be translated to a digital platform without much difficulty. As an application it would be easier to share it with other communities, in other languages, and in other contexts. It also would be easier to update the game with new stories and information. Even though the game focuses now on children under 5 years old, the mechanics of it make it possible to expand it to other ages.

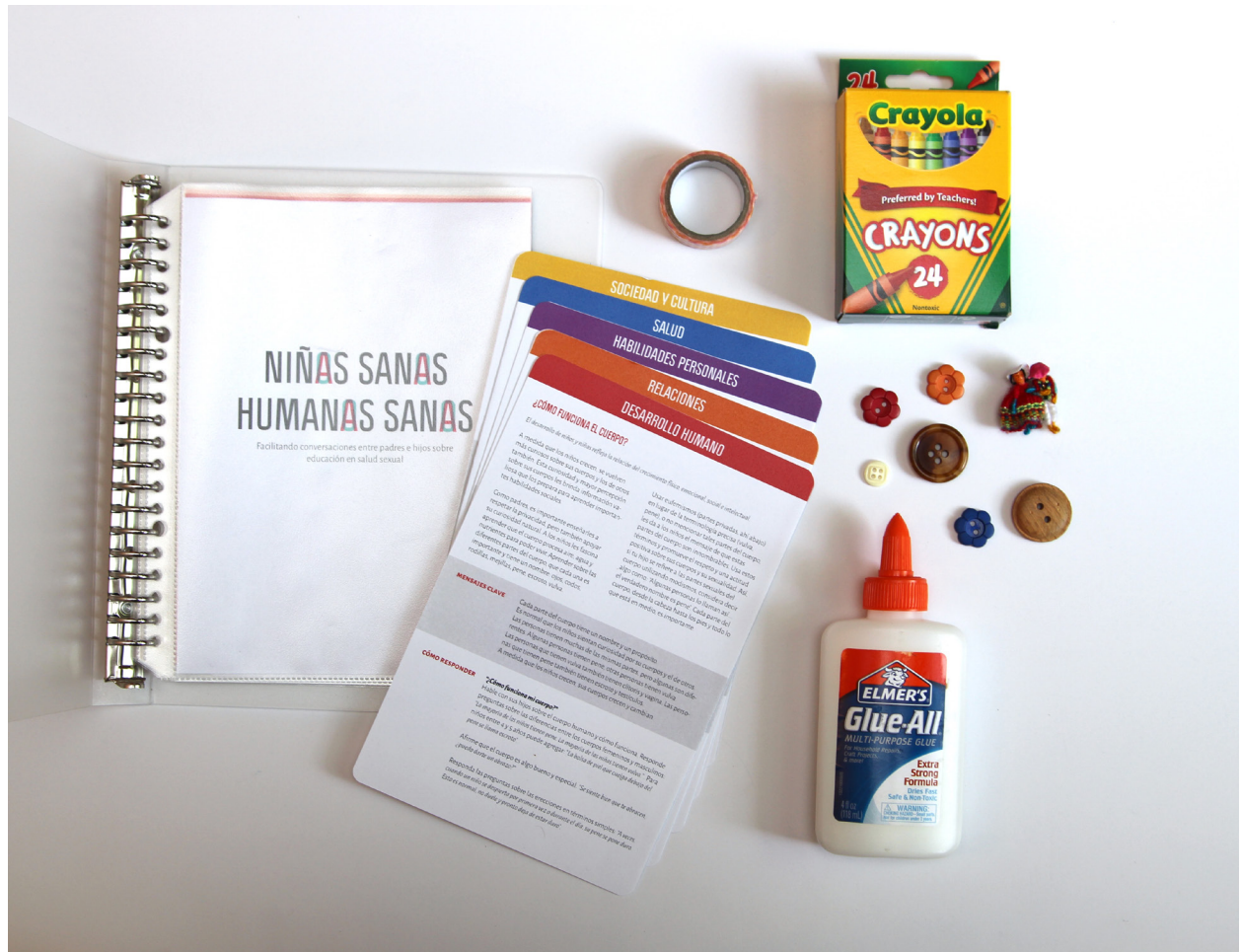
### Tool 2: Educational Postcards - The toolkit

Before diving into tool 1, I explored educational cards. The information is based on Right from the start: Guidelines for sexuality issues, Birth to five years old from SIECUS and the book There's no place like home... for sex education from Planned Parenthood. The topics it covered are the ones' mentioned in "Understanding sexual health". Each card had four sections: an explanation of the concept, messages to help players stay focused on the concept, answer guides on questions their children might ask them related to the topic, and activities they could play to introduce the theme. It



also included a notebook and materials to use for the activities and games.

For this exploration I was not expecting design to do all the work, but to engage with parents and support them in their learnings of sexual health. The prototype was an exploration of how much I could tackle with one object, and doing so was important for my process. I learned that I was trying to cover too much. Trying to give all the information about sexual health and include the double teaching proposal - teaching parents first followed by parents teaching their children - was an enormous task. I was lacking the time, the resources and knowledge to do so. I realized that it required a more extensive exploration of a strategy.



I was trying to make it accessible for parents to explore the subjects while being as informative as possible. However, it lacked an innovative approach that would help it to connect with a parent through their cultural experiences.

#### The other tools

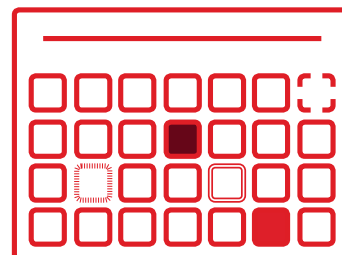
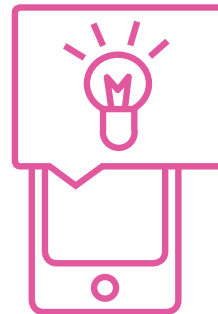
The following are the other tools that I ideated on and incorporated into the journey map. These came from two different brainstorming sessions I had, one with parents and one with my family. They are in the idea state, and can be prototyped as a next steps of the project.

**Newsletter.** Parents subscribe to a quarterly newsletter where they can learn about different topics of sexual health education for children. The podcast can be embedded here, as well as the game and the toolkit.

**Podcast.** Considering the time people spend on their commute, they could use it to listen to a podcast. The topics are about sexual health education, real cases where parents share their stories and tell how they addressed them, and invite children as well to talk about these issues. It is important to consider the role of a specialist so no misinformation is spread.

**Educational Memes.** Through the interviews, one of the insights I had was that parents use Whatsapp often. They have several groups where they share information, jokes and more. One of parents said that he learned about gender identity and sexual orientation with a meme that was posted on a Whatsapp group. Following that logic, creating a provocation to spark the conversation about sexual health education could lead to another media that fills the gaps.

**Calendar.** Similar to the logic of the advent calendar, you get a calendar for the year. Each month has a different theme, and on different days there is a challenge you have to do with your children. For example, drawing and discussing human anatomy. It can have an option where parents choose which activities to completed throughout the year.



**LEFT**  
Tools illustrations.

## CONCLUSIONS

Our parents are one of the main resources of information and education when it comes to our personal sexual development. Asking and talking about these issues will shape how we relate to our sexual health throughout our entire life. How open and willing parents are when responding to their children's questions and situations is influenced by several cultural constraints that make this conversation difficult. This is a design challenge. It has the opportunity to be a tool that can facilitate these spaces of honest conversations and openness between parents and their children. This is incredibly relevant since sexual health education is stated as a human right by various national and international organizations. If we were willing to devote the time and resources that this problem warrants, we would have a healthier, more respectful, and fulfilled community. Addressing the problem here will improve the futures of our children.

## THANK YOU

I want to thank all the people that helped me through this journey. One way or another their support plays a huge role in making this beautiful project happen.

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