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Assessing Culturally Responsive Sexuality Education:
Implications for Program Development and Practice

By

Leena Bhalerao Singh

A dissertation submitted in partial satisfaction of the

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of the

University of California, Berkeley

Committee in charge:

Associate Professor Julianna Deardorff, Chair
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Abstract

Assessing Culturally Responsive Sexuality Education: Implications for Program
Development and Practice

By

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Doctor of Public Health

University of California, Berkeley

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There has been widespread support for sexuality education programs that target a range
of populations by being inclusive of diverse values and viewpoints. The United States is
becoming increasingly heterogeneous and culturally diverse, and there remains a
disproportionate burden of adverse sexual health outcomes, including high rates of
teenage pregnancy and sexually transmitted infections, among racial minority groups.
However, the ways in which culture is defined and integrated into curricula is unclear,
and there is a lack of systematic guidance from the field on how to develop and
implement these programs. These are missed opportunities to critically address the sexual
health of diverse groups of adolescents. Incorporating a more clearly defined culturally
responsive approach may be one way to strengthen these programs.

This dissertation aims to understand how culturally responsive approaches to sexuality
education are conceptualized and developed and how they are currently being perceived
and implemented in the field. The goal of this work is to bridge research and practice and
ultimately strengthen this paradigm in sexuality education.

In the first paper, "Culturally responsive sexuality education: Implications of cultural
adaptation research," I review the research pertaining to cultural adaption of programs,
specifically prevention interventions. I then discuss the implications of this research for
sexuality education, including determining culturally responsive strategies and content
and addressing cultural diversity.

In the second paper, "Culturally responsive sexuality education: Developer perspectives,"
I report on findings from 5 in-depth interviews with sexuality education program
developers. Three aspects of culturally responsive sexuality education development
emerged through interviews: (1) treatment of culture, (2) underlying theoretical
frameworks and program models, and (3) development of culturally responsive content.
Issues, challenges and barriers related to the conceptualization and development of these
programs are described.

In the third paper, "Culturally responsive sexuality education: Practitioner perspectives," I report on findings from 21 in-depth interviews with sexuality education program practitioners. Four aspects of culturally responsive sexuality education implementation emerged through interviews: (1) lack of cultural complexity in programs, (2) challenges with mixed group settings, (3) shifting cultural identities and (4) importance of the culturally responsive paradigm. Issues, barriers and challenges related to the implementation of these programs are described.

As a whole, this dissertation illustrates the need for greater and more comprehensive consideration of the concept of cultural responsiveness and its application to adolescent sexuality education.

TABLE OF CONTENTS

LIST OF TABLES AND FIGURES

Paper 1: Culturally responsive sexuality education: Implications of cultural adaptation research

Paper 2: Culturally responsive sexuality education: Developer perspectives

Paper 3: Culturally responsive sexuality education: Practitioner perspectives

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INTRODUCTION

Sexuality education in some form has been implemented across the United States for the last century (Goldfarb, 2009; Luker, 2006; Moran, 1996). This education has typically been designed for young people during adolescence because this is a time of physical, cognitive, and social maturation (Steinberg, 2008). Most adolescents in the US receive some type of formal sexuality education (CDC, 2012). Currently, 33 states and the District of Columbia have policies mandating school-based HIV education, which includes information about HIV infection and prevention (NCSL, 2014). Sexuality education can be a critical component of promoting healthy sexual development and positive health outcomes for adolescents (Goldfarb & Constantine, 2011).

The scope, depth, and core philosophical underpinnings of current sexuality education approaches vary widely (Goldfarb, 2009; Goldfarb & Constantine, 2011). There are two common approaches to sexuality education: (1) "comprehensive sexuality education" (CSE) which is guided by a "broad, holistic, and positive view of healthy sexuality (Goldfarb & Constantine, 2011) and focuses on topics such as love, pleasure, and sexual identity in addition to prevention, and (2) "sex education," which includes "abstinence-only" and "abstinence plus," and refers to behavior change approaches that focus on the primary prevention of pregnancy and disease by including content around anatomy, abstinence, and contraceptive methods.

The diversity of approaches to sexuality education has led to debate over what approach should be used. As a result, there has been substantial effort towards evaluating these programs for their impact on adolescent sexual health outcomes, specifically reducing and preventing pregnancy and STIs. When examining the body of evidence, abstinence-only interventions have limited potential (Constantine, 2013). Evidence is accumulating to support some modest positive effects for abstinence-plus interventions in terms of helping youth delay initiation of sexual intercourse, reduce the frequency of intercourse, reduce the number of sexual partners, and increase condom or contraceptive use (Kirby, 2007; Santelli, 2006; National Guidelines Task Force, 2004; Kohler et al., 2008). However, despite the literature supporting abstinence-plus education, there is still a lack of consistent and compelling evidence for these models.

This limited evidence can be partly attributed to the methodological shortcomings of individual program evaluations, including threats to validity such as failure to adjust for clustering, short duration of evaluation follow-up, and low retention rates (Constantine, 2013; Scher et al, 2006). Many programs also show inconclusive evidence about decreasing risk behaviors among sexually active youth and raise unanswered questions about the magnitude of the effect (Constantine, 2013). In addition, sexuality education experts suggest that programs have weaknesses in their underlying theoretical frameworks (Goldfarb & Constantine, 2011; Halpern-Felsher, 2011)

In a field engaged in debate over the best approach for adolescent sexual health promotion, there is widespread support for use of a culturally responsive perspective, as illustrated by policies and reviews of promising practices (Jemmott & Jemmott, 2000;

Kirby, 2007). However, the degree to which a truly culturally responsive approach is used, and the extent to which there is a common understanding of how to conceptualize and define it, is unclear. Examining varying conceptualizations from the perspectives of developers and practitioners may strengthen these programs and inform future program design and implementation.

Dissertation project

This dissertation will highlight implications of the cultural adaptation research for sexuality education, and assess the understanding and application of the construct of culturally responsive from the perspectives of developers and practitioners. The study is designed to address three research questions through three respective projects:

(1) What are the implications of cultural adaptation research for sexuality education?

(2) How do developers in the field conceptualize culturally responsive sexuality education?

(3) How do practitioners in the field perceive and implement culturally responsive sexuality education?

Paper 1: Culturally responsive sexuality education: Implications of cultural adaptation research

There is an extensive literature base in the study of cultural adaptation from the fields of prevention science and community psychology, which links the study of culture to prevention programs in these disciplines. Despite the growing need for culturally adapted programs, this science has not been applied to the practice of sexuality education. This paper will examine the cultural adaptation literature to establish a foundation for understanding the types of frameworks that have been developed to adapt prevention programs for specific cultural groups, and make explicit the potential application and utility of these frameworks for sexuality education.

Paper 2: Culturally responsive sexuality education: Developer perspectives

The factors that contribute to lack of clarity in the definition of culturally responsive sexuality education are unclear. It is critical to understand how those individuals involved with the development of sexuality education define culture and integrate cultural concepts when designing programming. Thus, hearing the perspectives of developers on the conceptualization of culturally responsive sexuality education is important. This second paper uses in-depth qualitative interviews to address how cultural responsiveness is understood by sexuality education developers, the application of these understandings in their program design, the development process behind these approaches, and the link between culture and sexuality education. In addition, perspectives from the field are compared to those from the cultural adaptation research.

Paper 3: Culturally responsive sexuality education: Practitioner perspectives

The lack of clarity in the conceptualization of culturally responsive sexuality education may be due to its application in practice. It is unknown how individuals involved with the day-to-day implementation of these programs understand and apply this construct in school and community-based settings. Thus, hearing the perspectives of practitioners on the implementation of culturally responsive sexuality education is important. This third paper uses in-depth qualitative interviews to address how culturally responsive programs are understood and implemented by sexuality education practitioners, challenges and barriers of these approaches, and program fit with target audiences in the field.

PAPER 1: CULTURALLY RESPONSIVE SEXUALITY EDUCATION:
IMPLICATIONS OF CULTURAL ADAPTATION RESEARCH

Abstract

Sexuality education can help promote healthy adolescent sexual development and positive sexual health outcomes. Culture is one crucial part of the developing adolescent's external environment that can significantly influence sexual behavior. Therefore, integrating notions of culture into interventions centered on adolescent sexual health may make these interventions more relevant for the young people receiving them. However, current culturally responsive sexuality education approaches may not be reaching their full potential to reach diverse groups of young people. Despite widespread recognition of the importance of a culturally responsive approach to sexuality education, there is limited guidance from the field on how best to do this or what this truly means. A more comprehensive and intentional application of cultural adaptation research to sexuality education curricula could strengthen these programs. This paper reviews the research on cultural adaptation and discusses the implications of this literature for sexuality education.

Introduction

Adolescence is a dynamic and significant period of life characterized by biological, physical, and emotional changes important for sexual health and development. (Steinberg, 2008). In particular, early and middle adolescence are stages of dramatic change including shifts in body shape, increases in sexual desire and sex hormones, an emergence of greater critical thinking ability and the acquisition of new expectations, goals, and social roles (Crone & Dahl, 2012; Steinberg, 2008). Puberty signals the beginning of reproductive capabilities and hormonal changes that can increase sex drive. Cognitive changes also lead to more nuanced information processing that allow adolescents to be reflective about sexual decisions (Diamond, 2009; Steinberg, 2008).

An important step in promoting healthy sexual development and preventing risky sexual behavior among adolescents is to communicate with youth effectively and in a meaningful, relevant way about sex and sexuality (AFY, 2006). Evidence-informed sexuality education programs can help fill this role by helping adolescents develop the knowledge and skills to make informed decisions and adopt healthy sexual behaviors (Kirby, 2007; Santelli, 2006). Most adolescents in the US receive some form of formal sexuality education (Martinez et al, 2010); however, the format, depth, content, and core philosophical underpinnings of this education vary widely (Combellick & Brindis, 2011; Hoff & Greene, 2000; Goldfarb, 2009; Goldfarb & Constantine, 2011) leading to an ongoing debate in the field over what approach should be used.

The adoption and integration of youths' cultural values along with developing sexual identity represent an important part of adolescent development and can significantly influence sexual behavior. Integrating culture into interventions centered on adolescent sexual health may make these interventions more relevant for the young people receiving them (Villarruel, 1998). Therefore, understanding the influence of youths' cultural values that underlie health beliefs is important for the design of effective interventions (Villarruel 1998; Garcia-Moreno & Stockl, 2009), especially in culturally diverse societies. Cultural values influence practices and attitudes around sex and sexuality, and may predict how adolescents think about sexual health decisions and whether they engage in sexually protective behaviors (Villaruel, 1998; Deardorff et al, 2008; Villar & Concha, 2012).

Our nation is becoming increasingly heterogeneous and culturally diverse (U.S. Census, 2012). There is also a disproportionate burden of adverse sexual health outcomes including high rates of teenage pregnancy and sexually transmitted infections among racial minority groups (Hamilton et al, 2015). Given that groups who face these disparities are expected to grow exponentially in number in the coming years, there has been widespread support for the use of culturally appropriate perspectives in sexuality education programs (AFY, 2006; Villarruel, 1998), and policies and funding streams have called for sexuality education to take culture into consideration (Jemmott & Jemmott, 2000; D. Kirby, 2007). However, with few culturally adapted programs having been developed or critically assessed, current sexuality education approaches are not realizing their full potential to support the sexual health needs of diverse groups of young

people (Constantine, 2013; Goldfarb & Constantine, 2011).

One primary issue is that there are varying approaches to integrating diverse cultural perspectives into preventive interventions (Wilson & Miller, 2003). An extensive body of research from social science fields, such as psychology and prevention science, provides key insights into how culturally adapted sexuality education programs might be conceptualized and more systematically developed (Castro et al, 2010, Lau 2006). For a field mired in debate over how best to promote adolescent sexual health, integrating and applying this knowledge more intentionally can help bridge research and implementation science and make this paradigm in sexuality education more effective in reducing negative health outcomes and reaching diverse groups of young people.

<u>Purpose of the current review</u>

The purpose of this review is to synthesize research on cultural adaptation that has the potential to inform the development and implementation of sexuality education. I will first present an overview of research on how sexuality education programs emerged, a summary of their current goals and practices, and the role of culture and rationale for cultural responsiveness in sexuality education. I will then describe why the field of sexuality education should look to prevention science and community psychology for lessons and guidance around cultural adaptation. I will review research pertaining to cultural adaptation, present and discuss existing frameworks and strategies, and the implications of this literature for culturally responsive sexuality education. This review will follow a systematic multi-step process for literature reviews proposed by Machi and McEvoy (2012) to determine the implications of the scientific study of cultural adaptation for sexuality education (described in more detail later).

Overview of Sexuality Education

<u>Brief History of Sexuality Education Programs</u>

An overview of the history of sexuality education provides a foundation for understanding the current state of the field in the United States. Sexuality education in the U.S. has been influenced by a number of factors, including cultural changes, scientific advancements, the spread of STDs, the onset of HIV, and an ideologically polarized population with diverse political, moral and ideological agendas (Goldfarb, 2009) that impact funding streams, goals, content, standards, and evaluation of these programs. The late 1960's and early 1970's ushered in the widespread availability of birth control with the emergence of the Pill and the liberalization of abortion laws (Akerlof et al, 1996). While sexuality education as a practice had been implemented in school-based settings across the United States for the last century (Goldfarb, 2009; Luker, 2006; Moran, 1996), the modern sexuality education era began with a reaction to the sexual revolution of this time. In the early 1980's, the epidemic of AIDS, coupled with societal concern about the number and costs of teen births, launched a sexuality education movement that emphasized primary prevention and developing knowledge and skills to delay sexual activity (Haskins & Bevan, 1997). By the mid-1990s, many states had passed mandates that schools teach HIV/AIDS prevention, with an emphasis on correct and consistent

condom and contraception use (Collins et al, 2002). Today, most adolescents in the US receive some form of formal sexuality education through their schools (Martinez et al, 2010). Much of this education takes the form of standardized curricula that emphasizes prevention of disease and pregnancy and delay of onset of sexual behavior; however, the format and content varies widely (Combellick & Brindis, 2011; Hoff & Greene, 2000).

Current practice and approaches

In the U.S., sexuality education content standards are provided in two documents, the Guidelines for Comprehensive Sexuality Education (referred to as Guidelines) (National Guidelines Task Force, 2004) and the National Standards for Sexuality Education (referred to as National Standards) (Future of Sex Education Initiative, 2011). Currently, the most common terminology used to describe formalized sexuality education based on these standards is "comprehensive sexuality education," or "sex education." Sex education is primarily focused on risk and the prevention of pregnancy and disease, whereas comprehensive sexuality education (CSE) aims to take a more holistic view of sexuality by focusing on topics such as love, pleasure, and sexual identity in addition to prevention. Goldfarb proposes that sex education is a "means to affect the behaviors and morals of a society." CSE, like sex education, is also political and attempts to shape the morals of a society by endorsing a "broader view of sexuality as a life-long human force which needs to be understood and appreciated for better mental, physical, and social and spiritual health" (Goldfarb, 2009). For the purposes of this paper and ease of reference, the term used to refer to *both* sex education and CSE approaches will be "sexuality education.

The emphasis of this paper is on "sex education," or various types of programs that focus on the prevention of disease and pregnancy (Goldfarb, 2009). Under the umbrella of "sex education," there are primarily two program categories – abstinence-only and abstinence plus. Abstinence-only education focuses on delaying sexual activity and intercourse until marriage and emphasizes the social and health benefits of doing so. These programs generally provide little to no information about contraception and methods of STI prevention (Goldfarb & Constantine, 2011). Abstinence-plus includes abstinence education in addition to awareness about preventing STIs and pregnancy. These programs seek to delay sexual intercourse but are not concerned with sexual behavior being confined to marriage. They aim to decrease negative sexual outcomes through behavior change such as increasing contraceptive use or reducing the number of sexual partners. These programs generally include information on hormonal contraceptive and barrier methods, anatomy and physiology, and disease transmission and treatment.

The field is yet to come to consensus about what sexuality education should convey and what the ultimate goals of this education should be. (Goldfarb, 2009). The diversity of approaches to sexuality education, and the ongoing conflict between prevention of pregnancy and disease and a more holistic approach to sexuality and sexual health, has led to debate over what approach should be used (Goldfarb, 2009). As a result, there has been substantial effort towards evaluating these programs for their impact on adolescent sexual health outcomes, specifically reducing and preventing pregnancy and STIs. When examining the body of evidence, abstinence-only interventions have limited potential

(Constantine, 2013). However, evidence is accumulating to support a few modest positive effects for several specific abstinence-plus interventions in terms of helping people delay initiation of sexual intercourse, reduce the frequency of intercourse, reduce the number of sexual partners, and increase condom or contraceptive use (Kirby, 2007; Santelli, 2006; Kohler et al, 2008).

Despite some research that supports abstinence-plus and confirms lack of effectiveness of abstinence-only programs, there is still a dearth of consistent and compelling evidence for the former. A focus on evaluation and evidence within the field has resulted in the creation of "programs-that-work" or "evidence-based program" lists. These lists play an important role in determining which program approaches get funded and implemented in the U.S. However, there have been several methodological critiques of these lists and the individual program evaluations that inform them (Constantine, 2013; Constantine & Braverman, 2004; Scher et al, 2006). Many of the programs on these lists show inconclusive evidence about decreasing risk behaviors among sexually active youth and raise unanswered questions about the magnitude of the effect (Constantine, 2013; Scher et al, 2006). This limited evidence can be at least partly attributed to the methodological shortcomings of individual program evaluations (Constantine, 2013).

Culture and sexuality

Adolescent development research has emphasized the importance of the social environment, including family, peers, neighborhood conditions and social networks, in shaping individual behaviors and values and the transition to adulthood (Steinberg, 2014). Sexual development is part of normative psychosocial development during adolescence and is shaped by multiple levels of influence including individual factors (growth, puberty, neurodevelopment), social, economic, and cultural factors, and larger neighborhood and community contexts (Lerner & Steinberg, 2009; Steinberg, 2008; NCI, 2005).

Sexuality education has the possibility to be better grounded in the reality of young peoples' environment and context (DiClemente et al, 2008; Pittman et al, 1992). Sex and sexuality are highly culture-bound topics given that specific attitudes around sexuality tend to be influenced by a person's cultural background and history (Villar & Concha, 2012), in addition to influences from peer groups, popular culture, and larger societal norms. Therefore, culture is one crucial part of the developing adolescent's external environment that can influence sexual behavior. However, existing literature on the link between culture and sexuality emphasizes cultural norms and practices that operate against the goals of sexuality education, including decreased condom and contraceptive use. Much of this research has focused on how cultural factors may play an important role in predicting risky sexual behavior (Padilla & Baird, 1991). For example, the cultural value placed on male power in contraceptive decision-making among Latino populations has been associated with unprotected sexual behavior among both Latino men and women (Hodges et al, 1992; Padilla & Baird, 1991). This sexual dynamic leads to Latina women engaging in fewer self-protective behaviors when sexually active (Padilla and Baird 1991), and being disadvantaged in sexual communication and negotiation around

condom and contraceptive use (Villarruel, 1998). Additionally, the literature around cultural values and expectations related to the role of young Latina women suggests that the high value placed upon female virginity and the female role as sexual gatekeeper (Fine, 1988; Tolman, 2001, Villaruel, 1998) are associated with low contraceptive use, later initiation of contraceptive use among Latina adolescents, (Hodges et al, 1992; Hovell et al, 1994), and higher pregnancy, birth, and marriage rates (Smith et al, 1987).

Culture has also been shown to play a role in how adolescents think about decisions that affect their sexual health (Deardorff et al, 2008). Young people may be taught certain cultural values from their families and communities that influence their sexual attitudes. For example, previous studies suggest that traditional gender role norms influence the formation of gender stereotypes among Latino youth (Marin, 2003; Phinney & Flores, 2002; Marston, 2004). These cultural norms suggest that women are expected to maintain their virginity until marriage while no such expectation is placed on young men (Marin et al, 1997; Padilla & Baird, 1991; Villaruel, 1998). Traditional cultural norms around sex and gender roles have been linked with reluctance to seek sexual health information among adolescents (Garcia, 2009), and the influence of cultural values can underlie certain health beliefs such as the need for and effectiveness of contraception (Villarruel, 1998). Differential cultural standards around sexual conduct may affect how young women perceive their sexual roles and make them less willing to engage in sexual communication, negotiation (Deardorff, et al, 2008) and self-protective behavior (Padilla & Baird, 1991). Therefore, based on this research, integrating cultural beliefs into sexuality education can make these programs more appropriate and therefore be more likely to result in positive outcomes for diverse groups of young people.

Cultural differences in sexual behavior and the influence of cultural norms on sexual decision-making have been reported in studies among other ethnic minority populations (Catania et al, 1994; Lam & Barnhart, 2006; Lam et al, 2004). For example, African-American teens reported receiving socializing messages from adults about the lack of acceptability for multiple sexual partners for females and the lowered social status of those who do not adhere to this norm (Carey et al, 2010; Miller et al, 2001). African-American women are less likely to communicate with partners about contraceptive decision-making (Steil & Hillman, 1993) due to a strong belief that asking a partner to use a condom implies infidelity (Wingood & DiClemente, 2008). Sexual communication about condoms by African-American females is largely determined by a male partner's potential reaction and attitude toward condoms (Foreman, 2003). Among Asian-American teens, verbal indirect communication strategies such as deception and flattery are used significantly more than White American students due to cultural norms around female sexual submission (Lam et al, 2004). Therefore, the research demonstrates that cultural norms have an influence on young people's perceptions around sexual health and can play a role in influencing sexual practices among diverse youth.

Many of these studies rely on self-reported data to document the link between culture and sexual health. While these data illustrate patterns of behavior, they are not representative of entire cultural communities and also do not account for within-group variability. Additionally, existing research tends to implicate culture as problematic in regards to

sexual behavior and beliefs, but not all cultural norms operate in opposition to the goals of sexuality education. Less research has considered culture more broadly by investigating the role that culture plays in shaping sexual behaviors among diverse groups of students. Such an investigation will help to bring a more explicit and nuanced understanding of culture, cultural values and practices, and race as they relate to sexual health and sexuality education interventions.

Cultural considerations in sexuality education

The history of the sexuality education movement since the 1980's, with the advent of HIV/AIDS and growing societal concern about teenage pregnancy rates, demonstrates why current programs are primarily behavioral interventions aimed at the prevention of certain behaviors (e.g., sexual intercourse, unprotected intercourse) and associated outcomes (e.g., pregnancy and STIs). We also know that cultural considerations are important in the design, implementation, and evaluation of sexuality education programs (Constantine & Goldfarb, 2013), and that these programs benefit from a range of cultural viewpoints around sex and sexuality in order to be relevant and effective for diverse groups of young people. Exploring and understanding cultural influences on sexuality and tailoring programs based on cultural norms can enhance both the acceptability, effectiveness, and impact of these interventions (Villarruel, 1998; Nation et al, 2003).

This focus is also relevant because of racial disparities in STI and teen pregnancy rates. In the United States, rates of STIs, unintended pregnancy and other adverse sexual health outcomes are disproportionately high among youth of color, especially among African-American and Latino youth (Hamilton et al, 2015). For example, teen birth rates have declined nationwide, but in 2012, non-Hispanic Black and Hispanic teen birth rates were still more than two times higher than the rate for non-Hispanic white teens. Together, Black and Hispanic teens comprised 57% of U.S. teen births in 2012 (CDC, 2014; Hamilton et al, 2015). There are also major demographic shifts to consider. The U.S. population will be considerably more racially and ethnically diverse by 2060, according to current projections (U.S. Census, 2012). The U.S. is projected to become a "majority-minority" nation for the first time in 2043, as the share of non-Hispanic whites falls below 50 percent. Minorities, consisting of all but the single-race, non-Hispanic white population, are now 37 percent of the U.S. population; by 2060, this group is projected to comprise 57 percent of the population (U.S. Census, 2012).

In response to evidence of current health disparities, demographic changes, and the link between culture and sexuality, the field has developed a subset of "culturally responsive" sexuality education programs. These programs are typically developed with the purpose of most "sex education" programs – to increase access to services and reduce risky sexual behaviors by encouraging condom use, delaying sexual initiation, reducing number of partners, and increasing STI testing and treatment. They also focus on cultural factors that may influence sexual behavior attitudes for certain groups. Support for the use of a culturally adapted perspective is widely accepted and evidenced in reviews of promising practice (AFY, 2006; Villarruel, 1998). Furthermore, there is evidence that a culturally *insensitive* approach can have negative effects on adolescent sexual health (Goldfarb &

Constantine, 2011).

<u>Culturally responsive sexuality education – Issues & Challenges</u>

Despite a clear rationale behind the development of "culturally responsive" sexuality education programs, there are issues and ongoing challenges with these particular interventions that affect their impact on diverse groups of young people.

First, the underlying purpose of these programs is the primary prevention of STDs and pregnancy. Many are adapted from mainstream sexuality education curricula and therefore do not comprehensively address issues of culture. As a result, these programs are primarily problem focused; these narrowly defined goals have limited capacity to address other aspects that shape sexual behaviors, such as cultural values (Steinberg, 2014).

Second, the two documents that set standards for sexuality education in the U.S., the Guidelines and National Standards (National Guidelines Task Force, 2004; Future of Sex Education Initiative, 2011) make very little mention of culture or cultural relevance. The Guidelines simply state that when choosing and evaluating a sexuality education program, that it is important to ensure that the curriculum or lesson, including materials, pictures, and examples, are "culturally appropriate for the age, race, ethnicity, and sexual orientation of all the young people in the program" (National Guidelines Task Force, 2004). For the National Standards, one of the listed characteristics of effective sexuality education is that it "incorporate learning strategies, teaching methods and materials that are culturally inclusive" (Future of Sex Education Initiative, 2011). There is no further mention or definition of culture in either of these documents beyond those assertions.

Third, given that STDs and teen pregnancy tend to be more prevalent in certain racial groups, such as among African-Americans and Latinos, "culturally responsive" sexual education programs that aim to prevent these health outcomes tend to be developed for and targeted towards these specific racial groups. Here, race is used as a proxy for culture. However, there may be multiple ways in which "culture" is defined and enacted that goes beyond racial group membership (Gutierrez & Rogoff, 2003), but recognition of this type of cultural diversity is not emphasized in the program content.

Cultural Adaptation Literature

<u>The case for cultural adaptation</u>

The need for culturally responsive sexuality education programming is present and growing, but current interventions have numerous challenges and limitations. Scientific literature from the fields of community psychology and prevention science pertaining to the cultural adaptation of programs has not been clearly applied to sexuality education practice. This extensive body of research illustrates practices, strategies, and frameworks around the consideration of culture in intervention research (Bernal, 2006), provides key insights into how these programs should be conceptualized and designed (Castro et al,

2010, Lau 2006), and has important implications for the design and content of sexuality education. Longstanding criticisms that no frameworks exist to guide the cultural adaptation of interventions are no longer valid (Castro et al, 2010).

Given the lack of guidance in sexuality education standards documents around culturally responsive sexuality education, we can look to the literature on cultural adaptation within the fields of prevention science and community psychology to understand the potential treatment of culture in these interventions, varying conceptualizations and approaches to integrating culture into prevention interventions, and common processes for how culture can inform systematic intervention design.

The literature on cultural adaptation primarily concerns interventions that are adapted from more mainstream, non-culturally responsive interventions. The subset of culturally responsive sexuality education programs that are the focus of this study fall under two categories: those that are adapted from existing curricula that are more mainstream and those that have been developed from the onset from a culturally grounded perspective. Regardless, the strategies and frameworks from the cultural adaptation literature are applicable to both types of culturally responsive sexuality education programs given that the goal here is make explicit the potential application and utility of that base of knowledge and scholarship.

The cultural adaptation literature provides a theoretically grounded orientation to sexuality education and can help determine the goals for culturally responsive sexuality education. There is an aforementioned lack of agreement in the field about what sexuality education should convey (Goldfarb, 2009). The body of research on cultural adaptation can help address this tension and provide a rationale to examine contradictory messages and fundamental mismatches between cultural values and the values that guide sexuality education program goals. There are also varying conceptualizations of and approaches to integrating culture into interventions around sexual health and few authors have described what it means to incorporate culture into prevention work (Wilson & Miller, 2003). The degree to which a truly culturally responsive approach is used, and the extent to which there is a common understanding of how to conceptualize it, is unclear. Additionally, there are clear limitations of using race as a marker for culture and the need to capture a range of cultural values between and within groups who receive these programs ((Gutierrez & Rogoff, 2003). A more intentional application of the cultural adaptation literature can inform the pedagogical methods, program content, the definition of culture, and various approaches to integrating diverse cultural values into sexuality education.

Overview of cultural adaptation

Given the disproportionate burden of adverse health outcomes among racial minority groups and our nation's growing heterogeneity, cultural factors may play a role in the efficacy of prevention programs (Castro et al, 1999). Cultural justifications for health outcomes in the U.S. typically propose that culture influences social norms and health behaviors to impact health outcomes (Lara et al, 2005). Traditionally, theoretical

constructs and intervention and evaluation strategies have been influenced by mainstream American values (Turner, 2000; Kumpfer et al, 2002). In response, scholars assert that there is a need for interventions that take diverse cultural values, traditions, and life experiences into consideration (Bernal et al, 1995; Castro et al, 2004). Primarily in the community psychology and prevention science fields, researchers have argued in favor of interventions in which culture becomes the basis for understanding social interactions and behavior (Casas, 1995; Echeverry, 1997; Lopez et al, 1989; McGoldrick et al, 1982; Ramírez et al, 2003; Rogler, 1989) in order to reach diverse groups with relevant and targeted programming (Rodriguez et al, 2011). There has been recognition that health promotion programs and materials will be more effective when they are culturally appropriate (Kreuter et al, 2003), which has led to a growing movement and acceptance towards the consideration of culture in intervention research (Bernal, 2006), known as "cultural adaptation". The research on cultural adaptation formed the basis for prevention interventions in prevention science and psychology, but this knowledge was not extended to sexuality education interventions within the field of public health.

Defining cultural adaptation

Cultural adaptation refers to program modifications that are culturally sensitive and tailored to a cultural group's worldview (Kumpfer et al, 2002; Castro et al, 2004). Given that most prevention programs are developed for mainstream American culture and heavily influenced by White, middle class values, these modifications make the program more "compatible with the clients' cultural patterns and meanings" (Bernal et al, 2009). There are many models of culturally adapting programs, which can be summarized in two broad themes: create new treatments or culturally adapt existing treatments (Falicov, 2009). There are also two particular conditions that merit cultural adaptations; the intervention being unsuccessful in changing outcomes for a cultural group, and a cultural group exhibiting unique issues or problems (Lau, 2006; Barrera & Castro, 2006). Researchers must first take into consideration the cultural characteristics of the target group (Marin, 1993), including language, religion, customs, and traditions. This implies that awareness of cultural values should be the foundation of the intervention. Second, a culturally appropriate intervention must include information about the group's social norms, attitudes, and language. Third, a culturally appropriate intervention must have components that reflect the expectations and preferences of the target group. These expectations and preferences are figured into the intervention using strategies and frameworks from the base of literature.

Cultural diversity presents a unique challenge for researchers who design and implement interventions. Intervention research is concerned primarily with the "promotion of healthy functioning or with the prevention or alleviation of conditions" (Dumas et al, 1999). It tends to specify what constitutes "normal" or "socially acceptable" behaviors or outcomes for an individual. Therefore, cultural values need to be taken into account if the intervention is to be relevant to persons who share different backgrounds, experiences and ideas about what constitutes "socially acceptable." Failing to address these unique needs affects the ethical acceptability and effectiveness of any intervention project (Zane et al, 1982). Knowledge of cultural differences must inform intervention research, as it

provides "an essential frame of reference for understanding human behavior" (Dumas et al, 1999). However, the issue of cultural variation within groups remains an issue.

<u>Evidence for effectiveness of cultural adaptation of programs</u>

The evidence for the effectiveness of culturally adapted interventions, as compared to original interventions, is promising but mixed. Some meta-analytic reviews of culturally adapted interventions have found evidence of effectiveness while other reviews have not (Griner & Smith, 2006; Huey & Polo, 2008). A significant proportion of the adaptation literature still holds that the development and adaptation of interventions that are sensitive to cultural groups will not only enhance their acceptability but also the overall effectiveness of programs (Rogers, 1983; Uba, 1992**).** However, there is limited literature that shows improved effectiveness in areas outside of mental health promotion (Marin 1993). The primary explanation for this lack of evidence is the cost of developing, implementing, and evaluating large-scale interventions (Marin, 1993). The way culture is considered in the adaptation process also varies from model to model (Rodriguez et al, 2011), and too few studies have tested the effectiveness of these interventions on targeted outcome measures (Bernal, 2006).

There are also concerns over erosion of effectiveness as a result of adaptation (Castro et al, 2010) due to various factors, including limited external validity and limited inclusion of diverse samples to establish efficacy of interventions. While some research suggests culturally adapted interventions can be as effective as the original interventions, few studies have conducted direct comparisons of this effect (Castro et al, 2010). In order to expand the scientific base for program adaptation, further research is needed that would support controlled trials of culturally adapted versions of efficacious prevention programs tested against the original versions (Castro et al, 2010). This would demonstrate if the gains were sufficient to merit the cost and effort in carrying out adaptation design (Castro et al, 2010).

Despite the frequent calls and arguments for culturally appropriate interventions, guidelines for effective program adaptation that will not compromise program effects are still needed. It appears that adaptation strategies guided by a clear and culturally informed theory, model, or cultural framework will make the strongest contributions to prevention science, in addition to using research and data to guide a selective and directed approach to the development of adaptations (Lau, 2006). The challenge is to understand how to develop both a culturally sensitive *and* evidence-informed intervention that maintains high fidelity to core program components (Bernal, 2006; Kumpfer et al, 2002). This integrated approach can maximize program effectiveness while also ensuring that the program meets cultural needs (Cardona et al, 2009; Castro at al, 2004).

<u>Research versus practice</u>

The differences between research and practice in program adaptation are important to address because little is known about how practitioners implement recommendations for culturally appropriate interventions and adapt programs to fit their target populations (Russell & Lee, 2004). Given that practitioners have valuable insight into the reality of implementing culturally adapted programs, there is a need to examine the gaps between what the developers of these interventions intend and what the practitioners implement in order to inform future program development and adaptation. Some scholars suggest that curriculum developers "make a systematic effort to understand how implementers are adapting their curricula…and incorporate these modifications, if found effective, into their curricula" (Ringwalt et al, 2004). Adaptation at the implementation stage is common, but it is often too late at this stage to critically and thoughtfully incorporate issues of culture. Additionally, failure to document adjustments that are made in practice prevents systematic replication of these programs (Rodriguez et al, 2011). Therefore, there is a need for upstream considerations that lead to rigorous and systematic changes in program development and implementation.

Cultural adaptation strategies

Scholars have proposed a variety of strategies to guide the development of culturally adapted interventions. This range of strategies can serve to inform culturally adapted programming in other fields by providing some guidelines and structure around the development of adapted programs. However, there are a few considerations that must be made explicit before applying these strategies (Castro et al, 2010). These include the necessary participation of persons from the population for whom the adaptation is being delivered in the adaptation and development process. Cultural adaptations must also move beyond *surface structure*, or simply changing language, to *deep structure* by addressing the core values, beliefs, and norms of the cultural group's worldview, and take cultural, historical, psychological, historical factors into account (Resnikow et al, 2000). Effective cultural adaptation also involves understanding and working effectively with cultural nuances (Castro, 1998) and requires cultural competence among program developers and program delivery staff (Skaff et al, 2002; Castro et al, 2004). These concepts demonstrate that culturally appropriate interventions need to go beyond simply translating or superficially adapting existing programs. (Marin, 1993; Zayas et al, 1996; Bernal, 2006). This holistic approach is also considered more appropriate than relying on untested cultural preconceptions to adapt interventions (Cardona et al, 2009), and make these considerations important before the application of strategies. Here we first review key cultural adaptation strategies from this body of literature that form the basis of intervention design, and then provide examples of frameworks and models that utilize these strategies in the following section, *Cultural adaptation models and frameworks.*

This body of literature identifies two primary strategies used to integrate culture into interventions, *attending to intervention presentation* and *attending to intervention content.* Attending to presentation, also known as "surface" (Resnikow et al, 2000) or "peripheral" strategies (Kreuter et al, 2003) is concerned with designing how the

intervention is presented in order to appeal to particular cultural groups and boost engagement and retention in treatment. This includes a focus on the visual, aesthetic and audible characteristics of the intervention including colors and images used, utilizing bicultural staff (Falicov, 2009), ethnic matching in models and facilitators, the use of familiar cultural terminology or expressions, providing services in a native language (Kreuter et al, 2003) and including familiar cultural traditions in treatment.

Conversely, attending to content is concerned with embedding cultural concepts into the design of intervention activities and messages. These strategies tend to be more evidential and constituent-involving (Kreuter et al, 2003) in that they examine both the target population and previous research on cultural themes to drive which issues to focus on during intervention development (Wilson & Miller, 2003). Many of these strategies take the form of formative, qualitative research, which includes focus groups and key informant interviews to facilitate discussion and identify culturally specific themes from a group's experiences. This specific assessment of cultural issues then informs program development (Kreuter et al, 2003; Wilson & Miller, 2003).

Apart from presentation and content, this body of literature also identifies strategies for enhancing cultural relevance by targeting specific segments of cultural groups. For example, Kreuter et al (2003) outline a population segmentation strategy, which reframes adaptation under a unit of analysis other than ethnicity in order to focus on a narrow, more homogeneous subcultural group. Individuals who happen to share a common cultural identity may not always identify with broader cultural norms, so further segmentation allows for a targeted focus on potentially hidden subpopulations within broader racial and ethnic groups (Kreuter et al, 2003). This cultural targeting is based on the idea of audience segmentation, and sufficient homogeneity is necessary within that subpopulation in order for this strategy to be implemented. For example, Vietnamese-Americans may have very different cultural values and sub-populations present as compared to Chinese-Americans, despite both subgroups being classified as "Asian." Some scholars in the field have proposed standardized decision rules for varying the content and dosage of treatment depending on the characteristics of sectors of participants (Collins et al, 2004). This strategy is known "adaptive" intervention design, and represents another form of cultural targeting aside from segmentation (Collins et al, 2004).

Cultural adaptation models and frameworks

Aside from more general strategies for culturally adapting programs, the fields of community psychology and prevention science have put forth frameworks and models to help systematically guide the program development and adaptation process for interventions. Many of the models and frameworks from these bodies of literature incorporate aspects of the general adaptation strategies discussed previously. Given the lack of guiding frameworks and science-based strategies available to those interested in tailoring treatment or preventive interventions for specific populations in some fields, these models can help intervention developers think about the process of developing or adapting both a culturally sensitive *and* evidence-based intervention that maintains high fidelity to core program components (Bernal, 2006; Kumpfer et al, 2002). This integrated

approach can maximize program effectiveness while also ensuring that the program meets cultural needs (Cardona et al, 2009; Castro at al, 2004).

A basic framework by Barrera and Castro (2006) contains the four essential elements of cultural adaptation a) information gathering (reviewing the literature to understand risk factors and conducting qualitative data collection such as focus groups to assess the original intervention, b) preliminary adaptation design (modifying the intervention based on the information gathered in step *a,* c) preliminary adaptation tests (pilot testing of the modified intervention and assessment) and d) adaptation refinement (modifying the intervention based on pilot studies and evaluating the efficacy of the intervention using both quantitative and qualitative data). These four elements also attend to both presentation and content strategies. Therefore, using Barrera and Castro's framework as a model, we can determine that the key aspects of adaptation models are 1) outlining concrete steps using qualitative and quantitative data that guide intervention developers in determining the need for and direction of cultural adaptation, 2) determining which elements of the intervention might be changed, and 3) testing the effects of intervention adaptation. While adaptation models do tend to diverge in content and scope, they converge around these three elements across the various frameworks. Additionally, Bernal & Saez-Santiago (2006) presented a framework that focused on 8 fundamental dimensions that can lead to culturally sensitive interventions: a) language of the intervention, b) similarity and differences between the client and therapist [instructor or health educator], c) cultural expressions and sayings, d) cultural knowledge, e) treatment concepts, f) goals, g) treatment methods, and h) context of the treatment. These 8 dimensions can be used to help guide the second element, preliminary adaptation design, of Barrera and Castro's model.

Some adaptation models focus primarily on outlining deliberate steps in intervention development. These include Fraenkel's (2006) 10 step Collaborative Family Program Development (CFPD) model, which involves qualitative data collection, pilot testing, and evaluation, Kumpfer's (2008) 9 step cultural adaptation model for Strengthening Families program that outlines needs assessment to dissemination, McKleroy et al's (2006) 5 step model for HIV/AIDS prevention that includes steps from assessment to implementation, and Wingood and Clemente's (2008) 8 step ADAPT-ITT model for HIV/AIDS prevention that outlines steps from assessment to testing. All of these models contain at least three of four key elements of cultural adaptation models (Barrera & Castro, 2006) and all use qualitative data collection as part of the process to determine which intervention elements to adapt.

Other adaptation models, rather than outlining the steps of a process, focus primarily on the cultural targeting of the intervention to certain populations. This falls under the second of Barrera and Castro's (2006) 4 essential elements, preliminary adaptation design. For example, the data-based distillation and matching model (DMM), proposed by Chorpita et al (2005) proposes selecting and integrating core components across EBIs to generate an intervention that maximizes fit to a particular problem and context. By matching clients to treatments based on a profile of intervention elements, this framework is an example of adaptive intervention design. Pina et al (2009) also proposed a culturally prescriptive intervention framework that focuses on presentation, including language and

other cultural considerations, and guides the tailoring of interventions based on these cultural parameters.

Some adaptation models contain steps that draw primarily upon data collection and community collaboration. For example, the 3 Phase Cultural Adaptation process model proposed by Rodriguez & Wieling (2004) includes: a) studying the relevant literature, establishing a collaborative relationship with community leaders, gathering information from community members through a needs assessment; (b) drafting a revision of the intervention, soliciting input from community members, and pilot testing; and (c) integrating the lessons learned from the preceding phase into a revised intervention that could be used and studied more broadly. Given that these strategies include both bottom-up and top-down approaches; they, like the other adaptation models, balance both community needs and evidence-informed practice.

In summary, these somewhat overlapping frameworks describe various processes for developers in designing, implementing, and evaluating culturally adapted interventions. Cultural adaptations exist on a continuum and there are varying levels of depth in terms of how cultural concepts are integrated into interventions (Castro et al, 2010). Thus, longstanding criticisms that no frameworks exist to guide the cultural adaptation of interventions are not valid (Castro et al, 2010). Much of this adapted intervention development tends to begin with an existing, evidence-base intervention, then is followed by exploratory, qualitative work, followed up with a combination of or both qualitative and quantitative approaches to adapt programs for diverse groups. These models demonstrate the importance of understanding and integrating key adaptations based on integrating cultural concepts into the program content rather than relying on simply changing presentation strategies, such as language and images.

Implications of Cultural Adaptation Research for Sexuality Education

Cultural adaptation research has important implications for sexuality education in at least two areas: (1) determining culturally appropriate content and (2) developing and incorporating culturally responsive strategies.

1. *Determining culturally responsive content*

There is a wide variety of content found within different sexuality education programs. This can be attributed, in part, to the lack of agreement in the field about the goals and purpose of sexuality education and the topics that should be addressed (Goldfarb, 2009). One way to address this issue and determine what should be included in culturally responsive sexuality education content is to examine the literature on cultural adaptation, which provides suggestions and a rationale for culturally informed definitions, goals, and considerations of the target audience.

Given that sexuality education programs have emerged from a largely different paradigm than prevention science or community psychology, there is a disconnect in the ways in which the fields of cultural adaptation and sexuality education conceptualize

interventions. Most sexuality education programs have had a primary focus on prevention, with the importance of cultural fit and sensitivity as a secondary goal. In order to develop and promote truly culturally responsive programming, the field of sexuality education can look to the body of research on cultural adaptation for guidance around 1) explicitly defining and examining assumptions about culture that may be integrated into sexuality education, 2) acknowledging and integrating various aspects of cultural diversity, and 3) incorporating more nuanced understandings of culture and cultural diversity into the program goals and design itself.

<u>Defining & using culture</u>

Currently, in sexuality education programs, cultural values are often inappropriately used to justify or explain many forms of risk behaviors. From this view, culture can be seen as a cause of dysfunction (Hester, 2009; Hunt et al, 2004; Viruell-Fuentes, 2007), which can serve to perpetuate stereotypes about certain groups (Hunt et al, 2004) and promote victim blaming (Unger & Molina, 2000; Garcia et al, 2005). Additionally, sexuality education programs are being developed on the basis of race - racial group membership is used as the sole marker for culture in these programs. To address these shortcomings, we can look to the cultural adaptation literature, which 1) recognizes the problematic aspects of defining culture by risk factors, 2) acknowledges the limitations of using race as a significant marker of culture (Castro et al, 2010; Gutierrez & Rogoff, 2003), and 3) emphasizes the need to clearly define and conceptualize what is meant by "culture" in terms of its various forms and nuances and to avoid assumptions that lead to the oversimplification and objectification of cultural communities (Wilson & Miller, 2003; Castro et al, 2010; Betancourt & Lopez, 1993; Gutierrez & Rogoff, 2003). Much of this literature focuses on both commonalities and variance in cultures, the different cultures that people can belong to and identify with, and the natural hybridity of cultural communities, where diverse, unrelated cultural aspects can be salient influences. This research also promotes ways to broadly conceptualize culture that go beyond racial or ethnic group membership. Using static definitions of culture based on race when adapting programs risks homogenizing certain groups (Hunt et al, 2004), and placing expectations on people to operate in certain ways because of their membership in a community (Gutierrez & Rogoff, 2003).

Much public health and social science research has focused on deficits when considering the well-being of minority American adolescents. While the prevalence rates do suggest that youth of color are at higher risk for a number of poor sexual outcomes, including pregnancy and STIs (Hamilton et al, 2015), there are "complex social and cultural factors at the community and societal levels that are critical when addressing adolescent sexual health needs" (Cardoza et al, 2012). Other factors, such as poverty and socioeconomic status, factors that may be more proximal to a particular problem or issue such as early parenthood, and may bind communities more closely than racial or ethnic group membership. Additionally, much of the literature in this area also rationalizes the need for culturally responsive programming as a response to distinct risk factors as the "drivers" for culturally responsive programming. While there may be specific barriers to care for certain groups, such as lack of insurance coverage or language issues,

problematic explanations place the onus of culture on the individual and don't address the structural contexts that produce inequities" (Viruell-Fuentes, 2007). Therefore, there remains a tension between using culture as an explanation for health disparities among diverse groups of people that tends to place blame on those groups themselves, and the importance of defining culture appropriately to make it appropriate, relevant, and more likely to result in positive outcomes for those receiving it.

Allowing for cultural diversity

In addition to appropriately defining and incorporating culture in sexuality education, there is a need to take the diversity of cultural influences and practices into account. Most sexuality education in the United States occurs within school-based settings, where typically there are vast differences in young peoples' cultural backgrounds and substantial diversity between and within cultural groups themselves. There are also variations in young people's neighborhoods, home environments, their beliefs and attitudes towards sex and sexual activity, and their peer and romantic relationships. Adolescents are less likely than adults to seek out information on their own in regards to sex and sexual behavior, making the provision of tailored, relevant, and sensitive sexuality education particularly important. Sexuality education programs often fail to account for this cultural variance by emphasizing more narrow, simplistic views of culture to justify one common approach, and implying that all members of a group uniformly experience culture. It is problematic that these culturally responsive interventions try to correct for one-size fits all interventions while at the same time claiming universality to most members of certain groups. The adaptation literature provides insight here by acknowledging that even within a homogenous culture, meanings and values are not the same for all young people (Castro et al, 2010). Racial and ethnic homogeneity can't be assumed and one aspect culture can't be emphasized over another within the intervention design.

There are also unique challenges in culturally adapting programs for adolescents, a unique group that may adhere to or reject certain aspects of their culture of origin. For example, there are cultural boundaries for youth from immigrant families who may be engaged in hybrid practices informed by their families and American popular and peer culture. For example, certain customs, traditions, and language emphasized in culturally responsive programs may not resonate with second-generation youth raised in United States who primarily identify as American. These practices may act as potential areas of conflict for adolescents as they attempt to conceptualize themselves as "ethnic" individuals (Gonzales & Cauce, 1995). The existence of these cultural boundaries may not be recognized by more rigid views of culture in current sexuality education programs. To address this issue, the research on cultural adaptation suggests the need for an ecological approach to adaptation, where the influences of various cultural elements, including religion and social class are taken into account. This may be particularly important when thinking about sexuality interventions. The cultural adaptation literature suggests examining current assumptions that may pathologize certain groups and weaving broader, more explicit and nuanced views of culture into intervention design.

Defining core program goals

Within intervention design, specifying the intended effects of core program components, which are the active ingredients of the intervention, and maintaining fidelity to those components is critical because these components must retain their efficacy for the program to be effective (Bernal, 2006; Kumpfer et al, 2002). If a program is adapted, it is critical to track and assess these components. However, according to the cultural adaption literature, examining and defining the utility of these core program goals is important. This research suggests that the challenge for sexuality education is to explore how to develop both an evidence-informed *and* culturally sensitive intervention that meets the needs of target audiences. Sexuality education programs don't tend to explicitly link culture to behavior theory, so the rationale for focusing on culture is not explained in theoretical terms (Wilson & Miller, 2003). Sexuality education programs also tend to engage in adaptation from more mainstream curricula that leaves intact the core theoretical framework. This may not be sufficient because culturally grounded interventions guided by theory specific to cultural groups are likely to be more effective (Lau, 2006; Castro et al, 2010). Therefore, conducting a formal, theory-based evaluation of the core components themselves can help assess their adaptability, cultural fit, and determine if the behavioral theory of change is universally applicable and powerful (Falicov, 2009). This approach can maximize program effectiveness while ensuring that the program meets cultural needs (Cardona et al, 2009; Castro at al, 2004).

Summary

Based on the cultural adaptation literature, culturally responsive content in sexuality education needs a cultural theory-driven approach to promoting healthy sexual development, STI and pregnancy prevention. The field of sexuality education also needs to engage in deep structure analysis and evaluation of core program components, and embrace broader definitions, understandings, and conceptualizations of culture, cultural needs, and communities. Rather than operating on the current understanding that culture should simply inform the content of sexuality education, a more nuanced understanding of culture, cultural theory, and values is critical for the design of meaningful and effective culturally responsive sexuality education goals and topics (Villarruel, 1998; Garcia-Moreno & Stockl, 2009). Therefore, we should look to the cultural adaptation literature for more nuanced and complex visions and approaches to integrating culture into the design of sexuality education.

2. *Developing and incorporating culturally responsive strategies*

Adaptation strategies

It is critical to examine the cultural adaptation literature for its application to and utility for the development of sexuality education programs in order to enhance the acceptability and impact of these interventions. Scholars in the field of cultural adaptation have proposed a variety of strategies that can help establish and guide systematic processes for cultural adaptation of sexuality education programs by providing guidelines and structure

around program development. Much of this intervention development tends to begin with exploratory, qualitative work, followed up with a combination of or both qualitative and quantitative approaches. This data collection typically includes focus groups and interviews with community members to gain input on the cultural factors around which the intervention should be designed. These strategies continue to iterate on program design through the use of pilot studies to test and evaluate the intervention design with target audiences prior to refining and finalizing the intervention. Other strategies include the participation of persons from the population for whom the adaptation is being delivered, and moving beyond surface structure to deep structure by addressing a range of core values, beliefs, and norms (Resnikow et al, 2000).

Pedagogical strategies

Beyond adaptation strategies, the cultural adaptation literature points to elements that can be incorporated into curricular activities and teaching strategies. Classrooms or curricula that are built upon nuanced understandings of students' backgrounds can help contribute to increased engagement with program content among adolescents. This is an especially critical issue to address early on in classroom-based sexuality education where there may be incredible diversity represented, and discounts a more homogenous, "one-size-fits-all" adaptation approach. The cultural adaptation research suggests that integrating discussion around these topics rather than imposing narrow cultural views on students may reduce discomfort and increase engagement with the program. Some strategies to more comprehensively incorporate culture within these interventions in diverse classroom environments include:

- Providing meaningful rationale for the focus on and discussion around culture within the curriculum so that individuals understand the purpose of the content and can relate it to their own lives;
- Acknowledging early on the diversity of cultural norms, both within and between cultural groups, and various perspectives of individuals so they feel heard and understood;
- Encouraging students to explore their own cultural values and self-identify the cultural groups they belong to; and
- Allowing students to elaborate on lesson plans and involving them in program development

Within-group cultural variation must be accommodated in cultural adaptation. This issue can be addressed through a population segmentation approach, where the adaptation is reframed under something other than race or ethnicity by narrowing a group into a smaller, more homogenous subcultural group. This approach can better capture common life experiences and identities as cultural units of analysis (Castro et al, 2010). Another potential solution is to develop adaptive intervention protocols of various types that are tailored to an individual's or group's needs and preferences by utilizing standardized rules for varying content and "dosage" of treatment. Both strategic approaches address the issue of within group variation and can enhance the overall fit and effectiveness of the intervention.

Recommendations

The literature on cultural adaptation remains under-utilized in sexuality education development and implementation. Key aspects of this literature as it relates to preventive interventions can be applied to inform strategies and content for sexuality education programs using the following recommendations.

1. Within sexuality education design, there is a need for more clarity, depth, and inclusiveness around conceptualizations of "culture" and cultural communities. Culture is not a homogenous entity nor is it solely dependent on racial identity. People can belong to and be influenced by different cultures such as those of immigrant families, religious communities, peer or youth culture, and the inner city. Sexuality education typically operates on an outdated and rigid view of culture. Rather than assuming what culture means for the intended recipients and imposing narrow and potentially stereotypical views of different groups, integrating discussion around these topics into the curriculum might reduce discomfort and increase engagement with the program. For example, giving youth the opportunity to think about and answer questions around personal identity and social environments can make discussions around culture particularly interesting. This might entail integrating lessons that allow students to explore how they define culture, how they live, what practices they participate in and the beliefs imbued therein, what they think their major cultural influences are, and how those influences might affect their beliefs and behavior. Taking into account the cultural diversity that exists within a classroom and the need to expand content for students with differential information and skills, it becomes critical to adjust program content and educational strategies to provide time and space for personal reflection, for youth to identify their own values, and to reflect on their individual, family, and broader social influences.

2. Topics in sexuality education should be grounded in what is currently relevant in the broader social contexts of young people receiving these interventions. This can be done by identifying and utilizing existing frameworks that can systematically guide the cultural adaptation of interventions (Castro et al, 2010). This speaks to the need for qualitative work, including interviews and focus groups with young people and their communities before, during and after program development to gain input on the cultural factors about which the intervention should be compatible. Additionally, the use of pilot studies can test and evaluate the intervention design with target audiences prior to refining and finalizing the intervention. The potential to iterate on program design using these processes is key. Continued collaboration between researchers, program developers and sexuality educators is needed to translate and more clearly apply the existing cultural adaptation research to the practice of sexuality education.

3. Currently, there is very little published literature on the process of curriculum conceptualization and development for culturally responsive sexuality education programs. Without this guidance from within the field, it becomes necessary to recreate methods of producing and adapting these programs, which can hinder future curriculum development. Therefore, it is necessary to systematically document and

publish research around how culture is incorporated into prevention programming so that this work can be further assessed and replicated.

4. The ultimate purpose of much sexuality education is the primary prevention of STDs and pregnancy. As a result, the narrowly defined prevention goals of these programs can lead to tension between core program goals and being culturally grounded and sensitive in the program approach. For example, if early sexual activity and parenting are more culturally accepted in certain communities, then the core prevention goals of the intervention itself may be at odds with traditional cultural values. While shifting the focus completely away from primary prevention is unlikely, conducting formal evaluations of core program components can help sexuality education developers understand how culture functions within the behavior theories that inform these programs. This may help address fundamental discrepancies between cultural values and program goals and provide clear reasons for focusing on cultural values (Castro at al, 2004).

5. The two documents that set content standards for sexuality education, the Guidelines for Comprehensive Sexuality Education (National Guidelines Task Force, 2004) and the National Standards for Sexuality Education (Future of Sex Education Initiative, 2011) need to address culture beyond recommendations of "culturally appropriate" or "culturally inclusive." There is no further mention of culture in either of these documents beyond these vague assertions, which situates it as a secondary priority behind prevention. These documents should be revised to conceptualize what those terms mean since culture varies widely, how "culture" should be integrated into program design, and the implications for practice. This can provide systematic guidance for the field on adapting sexuality education on the basis of culture.

6. Recommendations from both the cultural adaptation and sexuality education literatures emphasize practitioner training and the required competence and skills to both develop and deliver culturally responsive prevention interventions (Skaff et al, 2002; Castro et al, 2004). The implication here is that there should be specification of personnel skills and training and that cultural humility of the person delivering the intervention is key for effective program implementation (Russell & Lee, 2004; Tervalon & Murray-Garcia, 1998). However, rather than focus on the practitioners, the field of sexuality education needs to look further upstream at the cultural inclusiveness and sensitivity of the curriculum materials they are given, if and how practitioners are being trained, what the training looks like, who develops the training, who is defining what is important to focus on in culturally responsive sexuality education, and why those decisions are made. Focusing on the cultural humility of the practitioners alone, while critically important, is also short-sighted.

7. In this time of growing need for tailored and sensitive sexuality education, there needs to be a critical examination of the term "culturally responsive" and the implications of this subset of programming. Sexual health outcomes such as teenage pregnancy and STIs are collected and reported on the basis of race, so when these particular programs are developed, they logically target racial groups that experience

the most significant health disparities. However, referring to these programs as connected to culture in any way implicates culture as an explanation for why those groups have disparities. Additionally, using the term "culturally responsive" to describe this type of sexuality education continues to conflate race and culture and perpetuates the implicit series of assumptions around group homogeneity and behavior that form the basis of these programs (Gutierrez & Rogoff, 2003). Culturally responsive sexuality education programming as it is currently designed may in fact be highlighting the disparities faced by certain racial groups and increasing stigma about the prevalence rates in those populations. Therefore, rather than being the solution to the problem of disparities in sexual health outcomes, this type of education may be working to alienate the very audience that it targets. More research is certainly needed to help scrutinize sexual health outcome data demographically, to analyze which teens have the highest rates and how best to separate groups. However, there must first be an internal evaluation of the field's assumptions and priorities around the idea and current conceptualization of culturally responsive sexuality education in order to promote truly impactful and sensitive programming.

Challenges

There will be challenges in applying the above recommendations for culturally responsive approaches to sexuality education as it currently exists. First, educators face time constraints for programs such as sexuality education. This makes implementation of a program that addresses the full range of culture and cultural viewpoints as they relate to sexuality challenging. The majority of students in the U.S. receive approximately 17.2 hours of sexuality education instruction in elementary, middle and high school combined (Future of Sex Education Initiative, 2011). This does not necessarily allow sufficient time to address the range of topics relevant to sexual health and to promote positive sexual health, including a comprehensive understanding of the complex cultural factors as they relate to them. Additionally, the cultural diversity within a classroom may make it difficult to determine how to address certain topics so that the content of the education meets the needs of diverse individuals.

Second, the cultural adaptation perspective calls for sexuality educators and other practitioners who have specified skills, competence, and cultural humility. However, many educators asked to teach sexuality education are not adequately trained in how to appropriately teach these topics or how to sensitively addressing these issues with diverse groups of young people (Eisenberg et al, 2010). In some school-based settings, outside partner agencies that specialize in sexuality education are brought in to teach this topic. However, these external educators may have less connection to and information about student characteristics and backgrounds.

Another set of challenges arises around the practice of sexuality education. In the field of sexuality education, there are ideas about what is appropriate and what works, and many of these notions may conflict with the values of the target audience. Some cultural groups may not believe in talking to young people about sexuality or the practice of sexuality education itself, let alone culturally responsive education. This issue of conflicting values

is a complex and ongoing challenge and one that does not have a perfect solution. However, despite what the field believes this education should look like, it is important to acknowledge that conflicting values become amplified with sensitive topics like sexuality education, and to respect the views and beliefs of different audiences about the appropriate role of sexuality for adolescents.

Lastly, an ongoing challenge is around the meaning of cultural responsiveness, who defines it, and how to make those decisions. In order for these programs to be truly culturally responsive, we need to elicit, include and respect voices outside the professional community of researchers and experts. It is important to hear the perspectives of people for whom the program is developed, students, different cultural groups, parents, and teachers before and after program development and during the pilot testing phase. Rather than defining culture and the meanings people give to it within academic or research settings, these decisions must be made with the participation of those delivering and receiving these programs in order for them to be truly culturally responsive and have impact.

Limitations

The recommendations proposed above should be considered in light of the following limitations to this study.

There may be aspects of cultural adaptation that pertain to sexuality education that have not been addressed. This review examines only one guiding framework, cultural adaptation, and focuses on the specific fields of prevention science and community psychology. There may be other ways to view cultural theory that come from the fields of sociology, anthropology, ethnic studies and gender studies that have not been considered here. There are also diverse perspectives within the field of cultural adaptation and various terminology used to describe similar concepts. No established "best practice" frameworks for intervention adaptation design exist, leaving developers to examine a range of models that vary in their scope and depth. It is possible that key concepts or literature were overlooked due to this range of scholarship and the use of different terminology.

The goal of cultural adaptation for evidence-based interventions (EBIs) is to enhance engagement in the approach without compromising fidelity to original intervention. However, a disproportionate focus on evidence raises questions and has brought forth criticisms about the EBI model, the nature and standards of effectiveness evidence employed (Constantine, 2013), and the quality of the data used to substantiate prevention programs. Given the methodological critiques of the EBI model, there remains a need to more clearly and rigorously specify what is meant by "effectiveness" within the field of intervention research.

Future research

Several questions remain to be addressed to understand and solidify the conceptualization of culturally responsive sexuality education. Crucial first steps include understanding how program developers and sexuality educators comprehend, interpret and utilize information about culture and cultural values to inform their practice, their processes for developing and adapting these programs, how culturally responsive concepts are considered in current sexuality education curricula, and how this program development takes the practice of sexuality education into consideration. It is critical to examine the illustrations and theorizations of culture that underlie culturally responsive sexuality education. This is necessary to elucidate both implicit and explicit assumptions around cultural factors in these programs because those assumptions may undermine the very goals set forth in the intervention. Future research should aim for understanding of the perspectives of experts in the field who develop and implement these programs to provide insight and deep understanding regarding this topic and promote continued iteration in program design.

This study is also a first step in expanding notions of culture in sexual health. This research works at intersections of multiple fields and builds on previous research to create a more expansive framework. Further research can look to other developed bodies of research on culture and draw on understandings from social science fields such as anthropology, sociology, and gender and ethnic studies. The field of adolescent sexual health has grappled with the best approach to sexuality education and will benefit in particular from looking across disciplines to better capture the notion of culturally responsive.

Conclusions

A rich body of literature on cultural adaptation offers a deep understanding of the importance and relevance of culture to prevention interventions. The intentional integration and application of this literature base to the field of sexuality education provides a different frame around culture and prevention, gives us a more complex and nuanced understanding of how to address cultural concepts within sexuality education and highlights opportunities for reflection, improvement, and revision in sexuality education programs. Ultimately, this literature can inform future program development, adaptation, and practice for sexuality education with the ultimate goal of making these programs more valid so they can better help address the sexual health of diverse groups of adolescents. This application has the potential to strengthen these interventions by pointing to the broad conceptualization of culture, the interconnectedness of cultural factors, and systematic processes to incorporate culture into prevention interventions.

List of Tables for Paper 1

Table 1-1. Cultural adaptation strategies

Table 1-2. Cultural adaptation models and frameworks

Table 1-3. Recommendations for integrating implications of cultural adaptation research into sexuality education

Table 1-1. Cultural adaptation strategies

Cultural adaptation strategies	
Deep structure adaptation	- Addressing core values, beliefs, and norms of the cultural group's worldview - Taking cultural, historical, psychological, historical factors into account
Attending to intervention presentation	- Includes surface or peripheral strategies - How the intervention is presented in order to appeal to particular cultural groups - Focus on the visual, aesthetic and audible characteristics of the intervention (colors, images, bicultural staff, familiar cultural terminology, services in a native language)
Attending to intervention content	- Embedding cultural concepts in intervention design - Evidential and constituent-involving - Focus on target population and previous research on cultural themes
Qualitative research	- Participation of population for whom the adaptation is being delivered - Examples include focus groups and key informant interviews

Population segmentation strategy	• Reframes adaptation under a unit of analysis other than ethnicity in order • Allows for targeted focus on potentially hidden subpopulations within broader racial and ethnic groups
Adaptive intervention design	• Standardized decision rules for varying the content and dosage of treatment depending on the characteristics of sectors of participants • Another form of cultural targeting

Table 1-2. Cultural adaptation models and frameworks

Cultural adaptation models and frameworks	
Key aspects of cultural adaptation based on summary of frameworks	1. Outline steps using qualitative and quantitative data to determine the need for and direction of cultural adaptation 2. Determine which elements of the intervention might be changed 3. Test the effects of intervention adaptation

Barrera & Castro framework (2006)	• Contains 4 essential elements of cultural adaptation:
	  1. Information gathering
	  2. Preliminary adaptation design
	  3. Preliminary adaptation test
	  4. Adaptation refinement

Bernal framework (2006)	• 8 dimensions of culturally sensitive interventions:
	  1. Language of the intervention
	  2. Similarity and differences between the youth and health educator
	  3. Cultural expressions & sayings,
	  4. Cultural knowledge,
	  5. Treatment concepts
	  6. Goals
	  7. Treatment methods
	  8. Context of the treatment

Fraenkel's (2006) 10 step Collaborative Family Program Development (CFPD) (qualitative data collection, pilot testing, and evaluation) Kumpfer's (2008) 9 step cultural adaptation model for Strengthening Families program (needs assessment to dissemination) McKleroy et al's (2006) 5 step model for HIV/AIDS prevention (assessment to implementation) Wingood and Clemente's (2008) 8 step ADAPT-ITT model for HIV/AIDS prevention (assessment to testing)	• Frameworks that outline deliberate steps in intervention development • All models contain at least three of four key elements of cultural adaptation models (Barrera & Castro, 2006) • All use qualitative research to determine which intervention elements to adapt

Chorpita's (2005) data-based distillation and matching model (DMM)
  • Select and integrate core components across EBIs to maximize fit to a particular problem and context
 	
Pina et al's (2009) culturally prescriptive intervention framework
  • Focuses on presentation, guides the tailoring of interventions based on cultural parameters
	• Frameworks that focus on the cultural targeting of the intervention to certain populations

Rodriguez & Wieling's 3 Phase Cultural Adaptation process model (2004)	1. Study relevant literature, establish collaborative relationships, gather information using a needs assessment 2. Draft a revision of the intervention, solicit input from community members, and pilot testing 3. Integrate lessons learned into a revised intervention

Table 1-3. Implications of cultural adaptation research for sexuality education

1.   Determine culturally responsive content

Defining and using culture	Explicitly define and examine assumptions about culture that may be integrated into sexuality education
Allowing for cultural diversity	Acknowledge and integrate various aspects of cultural diversity, including mixed cultural groups, neighborhood, SES, hybrid culture, and peer influences
Defining core program goals	Examine and define the utility of core program goals by conducting formal, theory-based evaluations of core components

2.   Develop and incorporate culturally responsive strategies

Adaptation strategies	Establish systematic processes for cultural adaptation of sexuality education programs based on the cultural adaptation literature i.e., qualitative work, pilot studies, deep structure, attending to intervention content
Pedagogical strategies	Accommodate cultural variation by integrating inclusive discussions around cultural topics into curricular activities and teaching strategies

PAPER 2: CULTURALLY RESPONSIVE SEXUALITY EDUCATION:
DEVELOPER PERSPECTIVES

Abstract

Sexuality education can be a critical component of supporting the sexual health of adolescents. Cultural responsiveness is recognized in the field of adolescent sexual health as an important characteristic of effective sexual behavior change curricula. This study consisted of in-depth interviews to identify how this construct is understood and applied in the field by developers of culturally responsive sexuality education programs. Three aspects emerged across interviews: (1) treatment of culture, (2) underlying theoretical frameworks and program models, and (3) development of culturally responsive content. Issues and challenges in the conceptualization and development of such programs were described. There was consistency across interviews regarding definitions of culture and program development strategies. However, developer conceptualizations differed in terms of appropriate program models and theoretical underpinnings. This study explores the three themes that emerged and offers recommendations for the continued development of culturally responsive sexuality education programs.

Introduction

In the United States, adolescent sexual health is of public health concern due to the high incidence of sexually transmitted infections (STIs) and teen pregnancy as compared to other industrialized nations (Goldfarb & Constantine, 2011; Singh & Darroch, 2000). Evidence-informed sexuality education programs have the potential to support positive adolescent sexuality while reducing these negative sexual health outcomes. Most adolescents in the U.S. receive some type of formal sexuality education during middle and high school (Martinez et al, 2010). Three-quarters of all states mandate some form of HIV prevention or sexuality education (Guttmacher Institute, 2013b). However, the format, depth, scope, content, and core philosophical underpinnings of this education varies widely (Goldfarb, 2009; Goldfarb & Constantine, 2011), leading to an absence of consensus in the field over what approach should be used.

The two most common approaches to sexuality education are "sex education," which includes "abstinence-plus" and "abstinence-only," and emphasizes behavior change through the prevention of disease and pregnancy, and "comprehensive sexuality education" (CSE), which takes a more positive and holistic view of healthy sexuality in addition to prevention (Goldfarb & Constantine, 2011). Some evaluations of sexuality education programs have demonstrated modest results in changing adolescent sexual behavior (Kirby, 2007; Santelli et al, 2006). However, rates of STIs and unintended pregnancy are still disproportionately high among sub-groups of young people, especially racial minorities (Hamilton et al, 2015). This suggests that current approaches continue to fall short, especially in terms of reaching diverse groups and those most at risk for adverse sexual health outcomes.

A Culturally Responsive Approach to Sexuality Education

The adolescent sexual health field faces an ongoing challenge to understand why current approaches to sexuality education are showing no or modest results in promoting adolescent sexual health. One reason might be that many prevention interventions have been developed for majority youth; they tend to focus on mainstream American values rather than being inclusive of a diverse range of cultural values and viewpoints around sex and sexuality (Russell & Lee, 2004; Turner, 2000; Kumpfer et al, 2002). Because culture can significantly influence youth sexual behavior, understanding cultural influences on sexuality and tailoring these programs based on cultural norms can enhance the relevance and impact of these interventions (Villarruel, 1998; Nation et al, 2003, Kirby, 2007). The United States is becoming more culturally and demographically diverse (U.S. Census, 2012), and is projected to become a "majority-minority" nation for the first time in 2043, as the share of non-Hispanic whites falls below 50 percent. Culturally responsive sexuality education programs have emerged to recognize this issue of increasing diversity, and to address racial disparities in STI and teen pregnancy rates. There has been widespread support within the field for culturally relevant perspectives (AFY, 2006; Villarruel, 1998). Reviews of promising practices have emphasized the importance of culture (Kirby, 2007), and policies and funding streams have

recommended taking culture into consideration (Jemmott & Jemmott, 2000).

However, the continued burden of adverse sexual health outcomes among youth of color suggests that culturally responsive programs may not be fully supporting the sexual health needs of diverse adolescents .This might be due to the ways in which these programs define culture, how notions of culture are integrated, and how this programming characterizes cultural communities. Narrow and simplistic interpretations of culture persist in many programs, reflecting a significant disconnect between existing research on cultural adaptation and sexuality education practice (Castro et al, 2010; Wilson & Miller, 2003). The ubiquitous conflation of "race" and "culture" further points to ambiguity around how culture is defined and conceptualized. Critically assessing current culturally responsive approaches to sexuality education might be one way to strengthen these programs.

In the fields of prevention science and community psychology, the underlying premise of cultural adaptation is that culture becomes the basis for understanding behavior (Casas, 1995; Echeverry, 1997; Lopez et al, 1989; McGoldrick et al, 1982; Ramírez et al, 2003; Rogler, 1989), leading to intervention modifications to reach diverse groups with relevant and targeted programming (Rodriguez et al, 2011). The vast majority of sexuality education materials are grounded in public health behavioral theories and models (e.g., Health Belief Model, Social Cognitive Theory), where there is generally little in-depth recognition of culture and cultural aspects of a group's worldview. This factor may explain the disconnect between endorsing the concept of culturally responsiveness and its actual application in practice. Research on cultural adaptation has several important implications for sexuality education, including determining culturally responsive content and accommodating cultural diversity (See Paper 1).

Purpose of the current study

Beyond the depth of literature that exists on cultural adaptation of programs and the potential implications for sexuality education, there is limited documentation in previous research of how individual program developers conceptualize, define, and integrate culture into their design. There is also a need to better understand the priorities and theories that drive the development of this type of programming. The current study addresses these gaps by assessing the choice of program model and underlying theories, the consideration and treatment of culture, and how those conceptualizations inform intervention design. This study addresses developers' understanding of cultural responsiveness, application of these understandings, and challenges and barriers to developing culturally responsive sexuality education (CRSE). Additionally, perspectives from the field are compared to the cultural adaption research. Ultimately, this research is intended to provide a deeper understanding of the current conceptualization of CRSE to help guide program implementation, policy, and future research.

Methods

<u>Sample</u>

Key informants who had experience developing CRSE programs were identified through purposive sampling techniques (Maxwell, 2013). A total of 5 key informants were identified for this study. Respondents were directly involved in the design of CRSE curricula and all were faculty based at academic institutions around the country. Given the range of available programs and varying levels of effectiveness, the parameters for this project required careful consideration. The selection criteria for curricula were: 1) in current and widespread use in the United States, 2) sex education or CSE approaches and 3) designed for adolescents in middle school and high school. The group of evaluated and effective programs that best fit these criteria was the U.S. Office of Adolescent Health (OAH) Teen Pregnancy Prevention Initiative's (TPP) list of evidence-based programs, one of the largest funding sources for sexuality education in the U.S. (Office of Adolescent Health, 2014a, 2014b). On this list, there are currently 4 programs that fit the description of "culturally responsive," having been developed or adapted on the basis of culture. These 4 programs represent the parameters for this study. Therefore, the sole selection criteria for study respondents were individual developers who were listed as authors for each of these 4 curricula.

<u>Procedure</u>

The 5 individual semi-structured interviews were conducted between April 2016 and July 2016. All interviews were recorded and transcribed verbatim, and field notes were recorded after each interview to capture emerging themes and adaptations to the interview guide. Interviews provided respondents different opportunities to express their conceptualization of CRSE, and included questions about respondent definitions of culture in this education, the relationship between culture and sexual health, motivations behind program development, the curriculum development process, and the application of these issues in practice.

The Committee for the Protection of Human Subjects at the University of California, Berkeley approved both the study design and interview materials.

<u>Analysis</u>

The lead researcher conducted systematic, multi-step thematic coding of transcribed interviews (Bernard & Ryan, 2009; LeCompte & Schensul, 1999). In the first step, general codes were identified based on areas of interest to the study and derived from the review of the cultural adaptation literature (paper 1). For example, some theoretically informed codes included culturally responsive definition, application of the definition, frameworks that guide adaptation or development, and barriers and facilitators to CRSE. The second step produced sub-codes within these primary areas of interest. These more focused sub-codes were informed by the study's theoretical framework (presented in

Paper 1), as well as by memos written during the first step of coding. The third step involved an examination of relationships between codes by identifying patterns of themes through frequency, omission, and similarities to prior hypotheses (LeCompte & Schensul, 1999). Additionally, conflicting data across and within interviews were reviewed in an effort to test the validity of and identify new themes (Antin et al., 2013).

Results

The "conceptualization" of CRSE as described by respondents is related to 1) why they believe this particular paradigm in sexuality education is important, 2) how they understand and frame the meaning of culture and 3) how those meanings give rise to the foundations and development of these programs. The findings from developer interviews are organized around conceptually distinct topics identified through the literature review (Paper 1): (1) treatment of culture, (2) underlying theoretical frameworks and program models, and (3) development of culturally responsive content. Emerging themes, issues and challenges are discussed as they relate to each of the three topics.

Conceptualization of culturally responsive sexuality education

1. *The treatment of culture*

Why culturally responsive

Participants endorsed the idea of culturally responsive curriculum development because it responded to the needs of their target populations. For example, all discussed sexual health disparities collected on the basis of race as the primary reason to tailor this education on the basis of culture. The data ultimately determined the program emphasis: *"Everything is driven by the epidemiology… always. You got to go where the risk is."* Respondents were also asked about the link or relationship between sexual health and culture, and why they felt designing these programs based on culture was important. Only one respondent cited evidence supporting culturally responsive intervention design: *"A number of analyses, meta-analyses and reviews published show that by and large culturally tailored interventions yield bigger impacts."* Most primarily talked about the importance of program fit to the target population: *"…working in culturally diverse communities, it has to be made relevant to them and they have to have buy in on it."*

Simplification of culture

The majority of respondents believed it necessary to narrow down the concept of culture to justify a common approach despite the resulting simplification. For example, in response to the question of how culture was conceptualized in a program, a developer stated:

> *"…It was looking at beliefs and values impact sexual behavior. So it*

wasn't total culture…that was sort of a backdrop when you take a look at the colors and images…"

Another respondent discussed how cultural issues supplemented the program:

"…What do we need people to say, what do we need to do, to tailor it…what cultural values could you pull in and draw on strengths…."

According to respondents, simplifying the idea of culture down to concrete elements that could be integrated into programming was necessary to create this type of tailored intervention. The programs had to visually and thematically signify culture for the majority of target group. If "culture" was addressed too broadly, or obscure cultural issues were incorporated that most of the cultural community couldn't relate to (e.g. outdated celebrations, unfamiliar terminology to describe certain concepts), then the program would be not be relevant. Addressing additional and complex issues around culture that recognized group heterogeneity was not possible given these constraints, limited time, and existing program models.

Only one respondent discussed the importance of bringing in more complex views of culture in this programming:

"Networks and communities that convey risk… the issue of independence, family, how society sees you, future orientation…those are nuanced cultural issues that need to be addressed within the intervention."

This respondent may have had a unique view of nuanced cultural elements because the program developed by this individual relied on deeper, complex community values. This is in comparison to surface cultural elements such as visuals, music, colors and language, which were heavily relied upon in other interventions to reflect aspects of life within a cultural community. However, the body of research on cultural adaptation suggests that superficial adaptation is not adequate (Marin, 1993; Zayas et al, 1996; Bernal, 2006). According to this literature, intervention design must move beyond surface structure and "peripheral" strategies to deep structure by addressing the core values, beliefs, and norms and nuances of the cultural group's worldview (Resnikow et al, 2000; Kreuter et al, 2002). Therefore, the focus on values more comprehensively signifies culture as compared to surface indicators. Yet, only one respondent discussed balancing the use of surface cultural elements with core values and norms:

"…we try to do both… use some community slang…rap videos …what we also talk about [is] the importance of family, relationship, what it means to have children…[youth] didn't see other future alternatives…so relationship and family was where they were going."

Most developers were clear that time and programmatic constraints prevented "total culture" from being illustrated in these programs and emphasized the need for a common, universal approach in program design. However, oversimplified one-size-fits-all approaches in intervention design may prevent broader understandings of culture that are necessary for programs to be sensitive and relevant to diverse groups (Castro, 2010).

Race versus culture

Within these curricula, there is a visible and stated focus on racial groups – these programs emphasize "Latino" values, "African-American" culture, and how adverse sexual health outcomes are disproportionately affecting "Latino and African-American" communities (Office of Adolescent Health, 2014a, 2014b). Respondents also named racial health disparities in sexual health outcomes as their primary motivation for program design. However, when asked how they had defined culture when designing these programs, and the definition of culture that the program put forth, there was no mention of race. One participant responded: *"[This program] is defining culture in the context of the groups that will use it."* Another respondent defined culture in terms of group risk: *"…Why is it that group at risk, what puts them at risk….I wanted to put my best guess forward in terms of how I thought culture impacted behaviors.*,

These developers and the field at large may refer to this programming as "culturally sensitive" or "culturally tailored", but curriculum materials, program content, and their own narratives indicate that racial identity is the foundation upon which these interventions are developed. These findings illustrate that while there are multiple ways to define "culture" beyond racial group membership (Gutierrez & Rogoff, 2003), race is used as a proxy for culture in this programming.

Program implementation

Respondents were questioned about their treatment of culture as it related to program implementation in mixed group settings. Participant narratives around addressing diversity in curriculum development indicated a focus on one-group program design. All respondents acknowledged that mixed group settings hadn't been a significant priority during intervention development:

> *"…I didn't think about it. I wanted to target [that population]…we had to be very clear…that this isn't necessarily something that speaks to all. …Other people have used it for other groups but we said [the target population] should be majority to keep the integrity of the curriculum whole."*

Other respondents echoed this idea of specific targeting by re-iterating the epidemiological need to focus on a particular group. Two developers discussed the reality of program practice in mixed group settings, reflecting on the fact that these programs have been implemented in schools with other racial groups and LGBTQ populations. However, the overall opinion of respondents remained that these programs were designed for a particular group to the exclusion of others, and that this one-group design would require significant adaptation to be relevant to broader populations of young people.

41

Additionally, respondents made no direct mention of group heterogeneity within a one-group program design, theoretically implying and assuming group homogeneity. However, most classrooms and community-based settings where sexuality education occurs are not "culturally" or rather, racially, homogeneous.

2. Underlying theoretical frameworks & program models

When asked about the theoretical frameworks and program models underlying these programs, respondents fell into two categories. Three developers used theoretical frameworks that were theories of behavior change for primary prevention. Participants who ascribed to these theories tended to support the program model of adapting existing sexuality education curricula for cultural responsiveness. Two developers used social theories from fields outside of public health based on notions of gender, pride, and power in addition to behavioral theory. These respondents supported a program model of developing ground-up interventions rather than adapting curricula. The choice of theoretical framework and program model appeared to be critical in how developers positioned culture within their respective programs.

<u>Behavioral theory & adapted intervention design</u>

Respondents who adapted interventions from existing curricula left the core skeleton and theoretical framework of the original program intact. They supported this approach by referencing the evidence-base:

> *"...I think with good science...it builds on evidence...so why reinvent the wheel if you had a product that was working... why would you scrap it? ...It fit in the framework and there wasn't any reason to start from scratch."*

These respondents ascribed to an intervention design that is in line with prevention science, an approach that aims to specify the core ingredients or active components and their intended effects. Maintaining fidelity to those components during the adaptation process is critical so they retain their efficacy and the program is still effective (Bernal, 2006; Kumpfer et al, 2002). Based on this design, foundational program components had to be left intact, leading to increased reliance on surface elements such as music and language to signify culture. For example, names and examples were changed to reflect cultural diversity, popular games and holidays in certain communities were referenced, and videos, music and dance styles alluded to particular ethnic groups. However, the primary focus of these developers was on the core behavior change aspects of the intervention:

> *"[We thought about] what we need to do to tailor [an existing program]. So the core components stayed the same, but how they were packaged, changed."*

This behavioral approach to program design is theoretically grounded in the prevention science literature, and respondent narratives indicated careful thought about the integration of culture. However, despite the emphasis on being culturally responsive, respondents did not explicitly link culture to these underlying theories; the rationale for focusing on culture was not explained in theoretical terms, leading to limited understanding of how culture functioned within these theories (Wilson & Miller, 2003). Therefore, there remains a tension between traditional behavioral theory and the cultural aspects of these particular programs.

Social theory & ground up intervention design

Respondents that used social theory also engaged in ground-up program development. While these programs did rely on traditional behavioral theory for the prevention-focused portions of the curriculum, they also used social science-based, culturally informed theories from outside of public health. For example, one respondent from this group was critical of the sole use of behavioral theories in sexuality education programming:

> *"[We wanted] to make sure we were tapping into key emotional…relational constructs. Sex is about emotion and relationships, not about cognition, but most people have built models…based on cognitive theory. Cognitive theory is useful and we used it to do our training and role-playing and vicarious learning and modeling…"*

This respondent also explained re-framing the traditional focus on prevention by emphasizing certain core mediators of sexual behavior:

> *"The whole first session never talked about STDs, HIV or pregnancy. [It was] about cultural and gender strengths and assets. We framed everything in terms of relationship since no one gets HIV or an STD by themselves. The underlying theoretical model is relational…about self-worth, self-esteem, self-confidence, self-regulatory behaviors but not disease focused."*

Another respondent discussed looking for theory and practice from outside the field of public health that ultimately formed the program's foundation:

> *"We did do some looking…there just wasn't anything that would have the level of specificity…we felt we needed to be more thoughtful, creative. We were already doing rites of passage programs…so some of the cultural aspects came from that and it's central to the curriculum…."*

Respondents believed that using social science theory from fields such as anthropology, sociology and gender studies gave complexity, flexibility and nuance to the cultural framework and program model. These theoretical foundations enhanced the primary prevention messaging, broadened the consideration of culture in the program, and allowed cultural elements to be woven throughout the more traditional aspects of the curriculum.

Participants also discussed the widespread use of the adaptation approach, and why they hadn't chosen that program model. One respondent who developed a ground-up intervention described a way of thinking about adaptation:

> *"…[We believe] that it should be a bottom-up approach rather than a top-down approach. But while most people [who do adaptation] do top-down, we go bottom-up. There are some significant differences in our approach entirely."*

It is important to note that for all programs, program efficacy was measured in terms of changes in skills, attitudes, knowledge and ultimately sexual behavior. While respondents believed the program needed to be culturally sound, this aspect was not explicitly measured when determining program impact. One of the respondents explained the ultimate goal of effective programs:

> *"To develop a program…I would like to show reduction in STDs or pregnancy, not just a change in behavior. Behavior change may not lead to reductions in disease. It's not the same thing by a long shot. If I can't [change the incidence], who cares if I can change behavior 10%?"*

All respondents highlighted the importance of primary prevention goals regardless of differences in theoretical and program models. However, singular reliance on behavioral theories appeared to limit the ways in which culture could be integrated and grounded in the program. Given the broader, more critical perspective of culture that social science theory can provide, the sole use of behavioral theory in this type of sexuality education may need to be reexamined.

3. Development of culturally responsive content

Participants were asked about the curriculum development process for CRSE programs. Despite using different theoretical frameworks and program models, all reported a similar development process. One respondent described three primary strategies that every developer used:

> *"The three foundations [are]: reviewing empirical literature… understand your theory and how [it will] link to the behavior or constructs you want to change, and certainly know the population, do your qualitative work."*

All respondents emphasized understanding program theory and conducting a thorough review of the literature to identify the correlates and predictors of risk and protective factors related to sexual health for the target group. Notably, while respondents did not cite evidence of the link between culture and sexual health when addressing the treatment of culture, the literature on this topic appeared to be a critical resource for program development.

Qualitative methodology

There was a strong emphasis on qualitative research and community engagement for the program development process. One respondent stated the particular importance of qualitative work when designing culturally responsive programming:

> *"That's why you have qualitative research, why you do a lot of it,*
> *and why you have people who are representative of the community*
> *on your project. The more information you have, a better program*
> *you can develop and the more precisely you can target it."*

Participants stressed the importance of hearing intended audience perspectives using a variety of methods. For example, some participants convened panels consisting of young people and adults while others used youth advisory groups. Respondents also engaged in focus groups with youth, parents and current program facilitators, as well as more informal discussions with community members. One respondent discussed the task of recruiting key community stakeholders to participate in program development:

> *"I went out to meet and recruit community members… the movers*
> *and shakers, [who] to include in the decision-making about*
> *whether they would accept [the program] in their community.*
> *[This became] our advisory committee group during the*
> *development process…"*

One respondent described the time and effort it took to build out the community engagement piece of the program:

> *"I would be talking with community members about interventions,*
> *about design, about what was needed, about research. Some of it*
> *was more formal in the way of focus groups, some of it was*
> *hanging out in the community and saying 'I am thinking about*
> *this, what do you think?' So first few years of this."*

Another respondent talked at length about the importance of engaging youth in the process:

> *"My youth advisory panel [was] key because…I was looking to*
> *them [for] context, language, age appeal…to be interactive…to*
> *keep kids involved. They worked with me literally word-by-word,*
> *activity-by-activity. The partnership was that I knew the behavior*
> *change technology, they knew everything else."*

Qualitative research allowed respondents to understand community perceptions and priorities and to incorporate those findings into the program. Ultimately, these formal and informal methods of building rapport, exploring ideas and testing out cultural concepts played a critical role in the curriculum development process for all respondents.

Discussion

This systematic, qualitative examination addressed how CRSE is conceptualized by expert developers of these programs. Interviews revealed three defining aspects of this education: the development of culturally responsive content, treatment of culture, and underlying theoretical frameworks and program models. These findings provide insight into the priorities and assumptions around this paradigm in sexuality education, and suggest that current programs have numerous challenges and limitations. The field of sexuality education must take concrete steps to develop culturally responsive and grounded programming, but there is little common understanding of what this approach truly looks like.

However, there is an extensive body of cultural adaptation research from fields such as psychology and prevention science that can provide insight into how CRSE might be more systematically developed (Castro et al, 2010, Lau 2006). This literature illustrates practices, strategies, and frameworks around the consideration of culture in intervention research (Bernal, 2006), provides key insights into how these programs should be conceptualized and designed (Castro et al, 2010, Lau 2006). This science has important implications for sexuality education, and can provide guidance around the three key topics that emerged in this study and need to be revisited: 1) how to systematically develop prevention curriculum content that integrates culture, 2) how to define and treat culture in this programming, and 3) how to balance core components and culture through choice of program model and use of theory. Intentionally applying and integrating this knowledge can help make this paradigm in sexuality education more effective for diverse groups of young people.

Curriculum development

Critically examining the program development process is key in order to develop truly responsive and grounded programing. The study findings illustrate the current process of program design, and how the cultural adaptation literature can provide further systematic guidance.

The literature on cultural adaptation suggests that participation of persons for whom the adaptation is being delivered is an essential element of the development process (Castro et al, 2010; Barrera & Castro, 2006). This reflects the study findings: for developers, engaging in various methods of qualitative research and community engagement was particularly important. The objective consideration of broader community values using these strategies allowed respondents to gain input on cultural factors and ground the intervention in the social contexts of young people. Based on findings from interviews, a community-based, qualitatively vetted approach to core program goals and content is a particularly critical and evidence-based strategy to develop programs that reflect a truly culturally responsive perspective.

The field of sexuality education can further systematize the program development process by identifying and utilizing existing frameworks from the cultural adaptation

literature (Castro, 2010). Scholars in this field have proposed a range of strategies that can provide structure around culturally focused program development, including choice of pedagogical methods, design of program content, and approaches to integrating culture. Given the lack of guiding frameworks and science-based strategies from within the sexual health field itself, these models can inform the process of developing both a culturally sensitive *and* evidence-based program that maintains fidelity to core components (Bernal, 2006; Kumpfer et al, 2002). This integrated approach can maximize effectiveness while also ensuring that the program meets cultural needs (Cardona et al, 2009; Castro at al, 2004).

Additionally, there is very little published literature on the process of curriculum conceptualization and development for CRSE programs. Without this guidance from within the field, it becomes necessary to recreate methods of producing and adapting these programs, which can hinder future curriculum development. Therefore, it is necessary to systematically document and publish research around how culture is incorporated into prevention programming so that this work can be further assessed and replicated.

Treatment of culture

Although the treatment of culture differed by program, definitions of culture were consistent across interviews. Race was used synonymously with culture in this programming. One explanation may be that sexual health data is collected and reported on the basis of race; racial disparities in teen pregnancy and STI rates are well known within the field and among the general public. It is reasonable then that when tailored programs are developed, they target the racial groups that experience the most significant health disparities. Therefore, while these programs are in name "culturally responsive," they are in reality "racially responsive." However, according to the cultural adaptation literature, the description of "culturally responsive" implicates culture as an explanation for why certain racial groups have disparities. Culture can be seen as a cause of dysfunction (Hester, 2009; Hunt et al, 2004; Viruell-Fuentes, 2007) that can perpetuate stereotypes about certain groups and promote victim blaming (Unger & Molina, 2000; Garcia et al, 2005). Referring to these programs as connected to culture in any way implicates culture as an explanation for why those groups have disparities and devalues the treatment of culture within the intervention.

There are also limitations to using racial group membership as the sole marker for culture. including oversimplification and implicit assumptions about entire communities (Wilson & Miller, 2003; Castro et al, 2010; Betancourt & Lopez, 1993; Gutierrez & Rogoff, 2003). Sexuality education programs typically operate on an outdated and superficial view of culture – it is logical that this view seems rigid, because the marker of race is rigid compared to culture. Additionally, the marker of race may not capture the range of cultural values between and within groups who receive these programs; individuals who happen to share a common racial identity may not always identify with broader cultural norms (Kreuter et al, 2002). While culturally responsive interventions have been developed to try to correct for one-size fits all interventions that meet the

needs of multiple youth, they continue to employ a common, universal approach for all members of the cultural groups they target. However, culture is not a homogenous entity nor is it solely dependent on racial identity. People can belong to and be influenced by different cultures such as those of immigrant families, religious communities, peer or youth culture, and the inner city.

Based on these perspectives, an evaluation of the treatment and definition of culture within sexuality education design may be necessary. More clarity, depth, and inclusiveness are needed around conceptualizations of culture. Truly culturally responsive programming would not conflate race and culture, and would acknowledge commonalities and variance in cultures, the different cultures that people can belong to, identify with and be influenced by, and the natural hybridity and dynamic nature of cultural communities. Rather than assuming what culture means for the intended recipients and imposing narrow and potentially stereotypical views of different groups, integrating discussion around these topics into the curriculum might increase engagement with the program. For example, giving youth the opportunity to think and answer questions about their identity and social environments can broaden discussions around culture. This might entail integrating lessons that allow students to explore how they define culture, what they think their cultural influences are, and how those influences affect their beliefs and behavior. Given the cultural diversity that exists within a classroom, it becomes critical to adjust educational strategies to provide time and space for personal reflection, for youth to identify their own values, and to reflect on their individual, family, and broader social influences.

Theoretical framework and program model

Respondents differed largely on the theoretical frameworks and program models chosen for their respective programs. The findings demonstrate that these differences impacted the approach and treatment of culture in these interventions. The cultural adaptation literature can offer further insight into this dichotomy to help inform the choice of program model and provide a rigorous and theoretically grounded orientation to this programming.

The ultimate purpose of much sexuality education is the primary prevention of STIs and pregnancy. These narrowly defined prevention goals can lead to tension between core components and being culturally grounded and sensitive in the program approach. According to the cultural adaption literature, examining and defining the utility of these core goals is critical. This research suggests that adapted sexuality education programs that leave the core theoretical framework intact may not be sufficient because interventions guided by theory specific to cultural groups are likely to be more effective (Lau, 2006; Castro et al, 2010). While shifting the focus completely away from primary prevention is unlikely, conducting a formal, theory-based evaluation of the core components themselves can help assess their adaptability and cultural fit. This approach can help determine if the behavioral theory of change is universally applicable and powerful (Falicov, 2009) and may help sexuality education developers understand how culture functions within behavior theories. A clear rationale for focusing on culture and

greater emphasis on incorporating culture into the theoretical framework could help resolve the tension between cultural values and core program goals (Castro et al, 2004).

The findings also raise questions around program model and the sole use of traditional behavioral theory. The heavy reliance on surface indicators of culture in adapted programs suggests that this program model may not allow as much flexibility and opportunity for complex cultural perspectives because of necessary adherence to core components. Conversely, the model of ground-up programing allows for more nuanced cultural values by blending both behavioral and social science theory. This blended approach still holds prevention as a core goal, but affords less rigid conceptualizations of culture and may be more appropriate for mixed group settings.

Lastly, respondent perspectives on program model provide insight into the ongoing debate about the best approach and ultimate goals of sexuality education (Goldfarb, 2009). All four of the programs examined in this study fall under the umbrella of "sex education," i.e., programs that focus on the prevention of disease and pregnancy (Goldfarb, 2009). However, the curricula developed from the ground-up using social theory provide a more holistic view of culture as it relates to sexual health and prevention, just as comprehensive sexuality education (CSE) approaches focus on a broader view of sexuality in addition to prevention. In short, approaches to sexuality education that promote broader views of culture and are closer on the program spectrum to CSE may more accurately represent the idea of culturally responsive as compared to traditional sex education models that primarily emphasize prevention and behavior change. These findings provide a critical perspective by raising concerns about the adapted program model, describing the advantages of ground-up programming, and offering guidance for choice of program model in future curriculum development.

The culturally responsive paradigm

The findings from this study warrant a closer examination of the culturally responsive paradigm, in particular, the utility of tailoring sexuality education on the basis of culture to reach young people. There are 5 issues that must be considered in this examination:

1. "Culture" as it is currently considered in sexuality education is not in fact culture, but rather race. Therefore, it is questionable whether or not these programs can or should claim to be tailored on the basis of "culture."

2. There is strong consensus in the field of sexuality education that curricula should be culturally sensitive. However, there is little concrete knowledge or guidance from the field around what that means or might look like for the curriculum development process. Additionally, there are problematic aspects of claiming the importance of culture and cultural adaptation but only measuring the impact of primary prevention.

3. If culture is truly to be comprehensively integrated into sexuality education, then scholarship from other fields that critically examines the role of culture in

intervention design and provides a culturally informed, theoretically grounded orientation needs to be considered.

4. Developers agreed that mixed groups hadn't been a priority during intervention development given that these programs were designed for a particular group. However, one-group program design may not reflect most real world settings where these programs tend to be implemented.

5. Culturally adapting interventions does not make them relevant for everyone who belongs to that group. Current programs do not take varied, fluid and complex definitions of culture into account and tend to assume group homogeneity. These aspects make it difficult for programs to stay relevant as designed.

Based on these issues and developer perspectives, a strong rationale for tailoring sexuality education programs on the basis of culture is not clear. However, the cultural adaptation literature bolsters the notion of culturally responsive and suggests that interventions should reach diverse groups with relevant and targeted programming (Rodriguez et al, 2011; Kreuter, 2003). It is also important to note that a program taken without some modification into another community may not be effective, and a culturally *insensitive* approach can have negative effects on adolescent sexual health (Goldfarb & Constantine, 2011). Therefore, tailoring on the basis of culture is both understandable and necessary for effective sexuality education based on the available evidence. However, there needs to be critical consideration of the concerns and implications raised by this study. A restructuring and deeper evaluation of the field's priorities and fundamental assumptions around this paradigm may need to occur for in order to promote truly impactful and sensitive programming.

Conclusions

This study is the first to systematically examine the perspectives of curriculum developers on the concept of CRSE. Understanding these perspectives is important to help guide future research, as well as for policy and program development in sexuality education. Large discrepancies were found between the body of cultural adaptation literature and respondent narratives, as well as lack of consensus and clarity around cultural concepts. A comprehensive application of the cultural adaptation literature can provide more complex approaches to integrating culture and systematic guidance for the program development process. The field of sexuality education also needs to offer concrete guidance on how to address the issue of culture beyond the common but insufficient assertion of "culturally appropriate." There is a need to define CRSE best practices and provide recommendations to those involved in its design and implementation, including educators, developers, and policy makers. Furthermore, there are practical barriers to meeting this need for cultural responsiveness given the reality of culturally diverse classroom settings. The findings from this study suggest that the way many programs are currently conceptualized will need to be revisited. CRSE has the potential to support the positive sexual health of diverse groups of adolescents, but

further research and strategies will be needed to fully address the issues and challenges of this paradigm.

List of Tables for Paper 2

Table 2-1. Challenges and barriers to developing culturally responsive sexuality education

Table 2-1. Challenges and barriers to developing culturally responsive sexuality education

Challenge or barrier	Findings	Recommendation
Systematic curriculum development	Critical role of qualitative research and community engagement	A community-based, qualitatively vetted approach to core program goals and content
	Lack of guiding frameworks and science-based strategies for cultural adaptation in the sexual health field	Identify and utilize existing frameworks from the cultural adaptation literature to guide pedagogical methods, program content, and approaches to integrating culture
	Very little published literature on the process of curriculum conceptualization and development for CRSE programs	Systematically document and publish research around how culture is incorporated into prevention programming

Treatment of culture	Race was used synonymously with culture, leading to a rigid, oversimplified and superficial definition of culture	Evaluating the definition of culture and moving away from conflating race and culture may be necessary in sexuality education
	The diversity and heterogeneity of culture and cultural influences isn't explicitly addressed	Acknowledge commonalities and variance in cultures, the different cultures people can belong to and the hybridity of cultural communities by integrating discussion around these topics in programs and providing space for personal reflection
Theoretical frameworks & program models	The culturally adapted program model relied on behavioral theory, heavy leading to a reliance on surface indicators of culture	Evaluate the sole use of traditional behavioral theory and necessary adherence to core components that results in lack of flexibility and cultural nuance
	The ground-up program model blended behavioral and social science theory, impacting the treatment of culture in the intervention	Promote ground-up programing and a blend of theory to allow for more cultural nuance while holding prevention as a core goal

	Narrowly defined prevention goals can cause tension between core components and being culturally grounded, and a clear rationale for focusing on culture is not explained in theoretical terms	Examine and define the utility of core goals by conducting a formal, theory-based evaluation of the core components themselves to assess adaptability and cultural fit.
The current culturally responsive paradigm	1. Culture as currently considered in sexuality education is in fact race 2. There is little knowledge or guidance from the field around what culturally responsive means or might look like, despite widespread support for the issue 3. Scholarship from other fields can provide a culturally informed, theoretically grounded orientation to sexuality education 4. Developers did not make mixed groups an intervention priority, but this design may not reflect most real world settings	A closer examination of the culturally responsive paradigm and the utility of tailoring sexuality education on the basis of culture are warranted. The concerns and implications raised by this study can help restructure and more deeply evaluate the field's priorities and fundamental assumptions around this paradigm

PAPER 3: CULTURALLY RESPONSIVE SEXUALITY EDUCATION:
PRACTITIONER PERSPECTIVES

Abstract

Sexuality education can be a critical component of supporting the sexual health of adolescents. Cultural responsiveness is recognized in the field of adolescent sexual health as an important characteristic of effective sexual behavior change curricula. This study consisted of in-depth interviews with culturally responsive sexuality education practitioners to identify how this construct is understood and applied in school and community-based settings. Four aspects emerged across interviews: 1) perceived importance of the culturally responsive paradigm, 2) lack of cultural complexity in programs, 3) challenges with mixed group settings, and 4) shifting cultural identities among adolescents. This study explores these four primary themes, discusses the predominant barriers to culturally responsive sexuality education that emerged in the analysis, and offers recommendations for the continued implementation of such programs.

Introduction

Adolescent sexual health is of public health concern in the United States due to the high incidence of sexually transmitted infections (STIs) and teenage pregnancy (Goldfarb & Constantine, 2011; Singh & Darroch, 2000). While the teen birth rate has declined almost continuously over the past 20 years, it still continues to be one of the highest in the developed world (United Nations Statistics Division, 2015). In 2014, there were 24.2 births for every 1,000 adolescent females ages 15-19, or 249,078 babies born to females in this age group (Hamilton et al, 2015). Furthermore, U.S. adolescents aged 15–24 account for nearly 50% of the 20 million new cases of STI's each year (CDC, 2014). Evidence-informed sexuality education programs have the potential to support positive adolescent sexuality while reducing these adverse outcomes. Two common approaches to sexuality education are: 1) "comprehensive sexuality education" (CSE), which promotes a more inclusive and holistic view of sexuality (Goldfarb & Constantine, 2011), and 2) "sex education," which emphasizes the prevention of pregnancy and disease. Most adolescents in the U.S. receive some type of formal sexuality education during middle and high school (Martinez et al, 2010). However, the format, depth, scope, content, and core philosophical underpinnings of this education varies widely (Goldfarb, 2009; Goldfarb & Constantine, 2011), leading to an absence of consensus in the field over what approach should be used.

In the past 25 years, there has been considerable evaluation research dedicated to examining the effectiveness of various sexuality education approaches. While some evaluations of sexuality education programs have demonstrated modest results in changing adolescent sexual behavior (Kirby, 2007; Santelli et al, 2006), there is still a lack of consistent and compelling evidence for these models (Constantine, 2013). Furthermore, rates of STIs and unintended pregnancy are disproportionately high among sub-groups of young people, especially racial minorities (Hamilton et al, 2015). This suggests that current approaches continue to fall short, especially in terms of reaching diverse groups and those most at risk for adverse sexual health outcomes.

A Culturally Responsive Approach to Sexuality Education

The adolescent sexual health field faces an ongoing challenge to understand why current approaches to sexuality education are falling short in reaching diverse groups. One reason may be that many prevention interventions do not account for diverse cultural values and norms around sex and sexuality (Russell & Lee, 2004; Turner, 2000; Kumpfer et al, 2002). Culture is a key part of an adolescent's external environment that can influence sexual behavior. Cultural values may predict how adolescents think about sexual health decisions and whether they engage in sexually protective behaviors (Villaruel, 1998; Deardorff et al, 2008; Villar & Concha, 2012). Therefore, integrating culture into sexuality education can make these programs more likely to result in positive health outcomes for diverse groups of young people.

The United States is also becoming more culturally and demographically diverse (U.S. Census, 2012), and is projected to become a "majority-minority" nation for the first time in 2043, as the share of non-Hispanic whites falls below 50 percent. Culturally responsive sexuality education programs have emerged to recognize this issue of population diversity and to address racial disparities in STI and teen pregnancy rates. There has been broad support within the field for this type of programming (AFY, 2006; Villarruel, 1998) based on reviews of promising practices (Kirby, 2007) and sexuality education standards that recommend taking culture into consideration (Jemmott & Jemmott, 2000).

However, the continued burden of adverse sexual health outcomes among youth of color suggests that culturally responsive programs may not be fully supporting the sexual health needs of diverse adolescents. This may be due to how these programs are defining culture, how practitioners perceive this programming, and how these curricula resonate with target audiences. Critically assessing how current culturally responsive approaches to sexuality education are implemented and received in the field may be one way to strengthen these programs.

Purpose of the current study

There is limited documentation in previous research of how practitioners who implement culturally responsive sexuality education (CRSE) programs perceive and conceptualize this paradigm. The resulting extent to which practitioners adapt CRSE to fit their target populations has not been critically analyzed. Moreover, potential gaps or inconsistencies between the goals and objectives set forth by developers and the needs of practitioners have not been sufficiently investigated (Russell & Lee, 2004; Ozer et al, 2010). This study addresses practitioners' definition and interpretation of cultural responsiveness, audience perception of this programming, and challenges and barriers to CRSE. Ultimately, this research is intended to provide a deeper understanding of the realities and current practice of CRSE to help guide program implementation, policy, and future research.

Methods

Sample

Prior to recruitment, the parameters for this project required careful consideration. The selection criteria for CRSE curricula were: 1) in current and widespread use in the United States, 2) sex education or CSE approaches and 3) designed for adolescents in middle school and high school. The group of programs that best fit these criteria was the U.S. Office of Adolescent Health (OAH) Teen Pregnancy Prevention Initiative's list of evidence-based programs (Office of Adolescent Health, 2014a, 2014b). On this list, there are currently 4 programs that fit the description of "culturally responsive." Each of these programs were developed or adapted on the basis of culture based on developer claims and program materials, which state a focus on "Latino" values, "African-American" culture, and how adverse sexual health outcomes are disproportionately affecting "Latino

and African-American" communities (Office of Adolescent Health, 2014a, 2014b). Four programs met criteria for inclusion in this study.

Twenty-one key informants who had experience implementing CRSE programs were recruited using purposive sampling techniques (Maxwell, 2013). Participants were identified through external contacts at various research centers, community-based organizations, and sexuality education training centers. The lead researcher contacted point people at these agencies, who forwarded the contact information of the research team to individuals within their organization. Participants were also identified by program developers, other respondents, and publicly available information for funding recipients of OAH programs. Participants were contacted and recruited using a standardized email script. The response rate for participation was approximately 80%. All respondents had program implementation experience with at least one of the 4 aforementioned curricula and all were staff or former staff at community-based organizations around the country. 2 respondents were nested within the same organization. For 3 programs, 5 respondents each were interviewed, and for 1 program, 6 respondents were interviewed, leading to a total of 21 respondents.

Procedure

Twenty-one individual semi-structured interviews with program practitioners were conducted between April 2016 and August 2016 by the lead researcher. All interviews were conducted by phone, audio recorded and transcribed verbatim. The duration of each interview was approximately 45 minutes. Field notes were recorded by hand after each interview to capture emerging themes and adaptations to the interview guide. Interviews provided respondents opportunities to express their conceptualization of culturally responsive sexuality education and included questions about strengths and barriers of the program's definition of culture, the focus on particular groups within the program design, the role of culture and sexual health, program fit, practitioner and audience perception of the program, and the curriculum implementation process including adaptations.

The Committee for the Protection of Human Subjects at the University of California, Berkeley approved the study design and interview materials.

Analysis

The lead researcher conducted systematic, multi-step thematic coding of transcribed interviews (Bernard & Ryan, 2009; LeCompte & Schensul, 1999). In the first step, general codes were identified based on areas of interest to the study and derived from the review of the cultural adaptation literature (paper 1). For example, some theoretically informed codes included culturally responsive program definition, application of the definition within the program, and barriers and facilitators to culturally responsive sexuality education. The second step produced sub-codes within these primary areas of interest. These more focused sub-codes were informed by the study's theoretical framework (presented in Paper 1), as well as by memos written during the first step of coding. The third step involved an examination of relationships between codes by

identifying patterns of themes through frequency, omission, and similarities to prior hypotheses (LeCompte & Schensul, 1999). Additionally, conflicting data across and within interviews were reviewed in an effort to test the validity of and identify new themes (Antin et al., 2013).

Results

Interviews focused on how practitioners perceived the treatment of culture in the sexuality education programs they had implemented, the program implementation process, and their view of how youth responded to the program. Four distinct themes emerged from these interviews that illustrated issues and barriers around culturally responsive program implementation: 1) perceived importance of the culturally responsive paradigm, 2) lack of cultural complexity in programs, 3) challenges with mixed group settings, and 4) shifting cultural identities among adolescents.

1. Perceived importance of the culturally responsive paradigm

Respondents were asked to compare culturally responsive programming with mainstream programming, and to discuss the benefits and drawbacks of each. Some respondents discussed the consequences of focusing solely on prevention and how the inclusion of cultural elements made programs more in-depth and interesting:

> "I like the cultural aspect and think it's important…because sometimes we get pigeonholed into just teen pregnancy and HIV, STD preventions, but when you include culture, it allows you to be more inclusive…get the broader aspects rather than just focusing on the prevention aspect."

Many participants felt strongly about the need for culturally sensitive programming due to values about sex passed down through families, role models, and cultural communities. They believed that this type of culturally tailored programming was beneficial for and critical in reaching diverse youth with sexual health information. Some talked about the importance of providing this context for sexual health messages since culture was closely linked to sexual decision-making:

> "Culture plays an important role because of how we communicate, pass down messages, and how values are imparted within the family structure. The type of information should be uniform but [it's] important to know the nuances of how that information will be received and applied."

A few respondents discussed how the inclusion of culture helped build connections, broke down barriers to talk about sensitive issues, and brought the information to a more personal level:

> "The cultural references make group cohesion a lot better. It opens a lot more doors because people are comfortable to talk,

> *to ask questions…it's really effective in getting a rapport quickly
> and having community trust…"*

However, despite emphasizing the importance of reaching diverse groups, most respondents were unsure if a specific focus on "culture" was the best approach. Many respondents believed that discussing culture was important for some groups, but for others, the sexual health information needed to be given precedence. According to one respondent: *"one model [is] not necessarily better than the other, but each serves its purpose for what it's designed for."* Others were more skeptical about the culturally responsive paradigm:

> *"You're lost in the cultural aspect…and is it going to be relevant
> in a blended culture in the United States? [They may]
> remember more of the culture than the sexual health
> information that we want to impart. On some level it misses
> some of the kids."*

Some practitioners expressed concern about the exclusivity of culturally tailoring programs:

> *"I don't know how best to [tailor] without it being exclusive of
> other groups. Because you're limiting the curriculum to one
> group of youth, when another group could need that same
> information and not be able to use it because it wasn't tailored to
> them."*

Many participants, whether or not they were critical of the culturally responsive paradigm, spoke about finding a balance between imparting sexual health knowledge and a cultural frame. Some practitioners had experience implementing both kinds of programs, and knew from experience that both models had merit:

> *"I can see that [each] works. I understand that there's an
> importance to talk about cultural values, but do those cultural
> values make the curriculum better or worse? I want to know
> how you measure that because I do know that youth relate to
> it a lot better…but would it be any different with another
> [mainstream] program?"*

A few respondents suggested a similar solution: tailor the program to reflect a blended culture, while still bringing in traditional cultural values to maintain connection to families and communities. This model would address cultural hybridity and not presume familiarity with certain concepts on the sole basis of membership in a community: *"I don't think we need to say that since you are [this type of] youth in the United States you need to get something that's focused on your [cultural] community… but it would be beneficial to bridge that gap between the mainstream and the cultural."*

2. Lack of cultural complexity in programs

Respondents were asked about how culture was defined and integrated into programs and the treatment of culture, cultural communities, and group diversity. Respondent narratives suggested that these programs offered overly simplistic views of culture and lacked cultural complexity, reflected in the use of explicit cultural markers, narrow cultural parameters, and the stereotyping of cultural groups.

Explicit cultural markers

When asked how culture was defined in a program, most respondents stated that culture was defined in various ways:

> *"I don't think they specifically defined it, but they use different things to illustrate what culture would look like. It's rules or norms that are spoken and non-spoken and passed along in our family…things we are told but also things that we see."*

Participants emphasized the importance of integrating and illustrating culture explicitly, and in many programs, there was reliance on surface elements to signify culture. For example, names and examples were meant to reflect cultural diversity, popular games and holidays in certain communities were referenced, and videos, music and dance styles alluded to particular ethnic groups. These explicit cultural markers were reflected in practitioner narratives around how culture was defined and integrated into the program: "*Music and then terminology, those are the two strongest."* Another respondent described a music activity in the curriculum:

> *"One of the songs is [about] a guy who was very carefree and had sex with lots of women…but had HIV. When he found out, he wanted to spread HIV to other people because he didn't want to be the only one. It is based on a Latino song that came out in 1992 during the AIDS epidemic."*

However, practitioners expressed consequences about overly relying on these explicit signals of culture and generalizing the experience of belonging to a cultural community. For example, one respondent described a dancing video that was meant to resonate with youth simply because they belonged to a specific cultural community:

> *"They really did not respond very well to the DVD. And the video shows people dancing. I remember a couple of them saying, 'Yeah. I don't know what that's about. That's weird. We don't dance that way." And so, in that way I felt it was problematic."*

In response to these types of reactions from youth, many practitioners made adaptations such as explaining the goal of the content beforehand, asking youth to show respect by not laughing or talking, and showing alternate videos or playing different music. Respondents were still positive about the focus on visible points of connection such as

music and terminology to make youth more aware of their cultural identity. However, they continued to express concerns about alienating youth who didn't necessarily identify with the cultural elements that were being emphasized and believed that the perspectives put forth by these programs could at times be limiting.

Narrow parameters of culture

Practitioners recognized the need to expand the definition of culture to acknowledge and include subcultures related to geography, SES, and neighborhood level. For example, one practitioner reflected on how neighborhood and SES could influence youth in certain communities, regardless of cultural background:

> *"Underprivileged children tend to live in the same areas. I know there are some cultural differences and traditions…but [those] co-mingle and…there are a lot of similarities."*

One respondent talked about the cultural diversity of neighboring African-American communities:

> *"There is culture among cultures. We can go to one county and you have to adjust to their culture and [in] another county, you have to adjust to their culture. It may be timing, it may be the language, it may even be food that they eat, and this is among people who technically belong to the same group."*

Another participant discussed the challenge of tailoring programs for Latino youth due to the complexity of defining culture and cultural influences:

> *"Not all subcultures within the Latino culture are the same. I think every subculture needs to be acknowledged…because not everybody actually agrees or sees the things the same way. It really needs to be tailored down even further to subculture, which is difficult when you're trying to do a large-scale curriculum."*

Practitioner narratives illustrated that a more inclusive, nuanced and comprehensive definition of culture was needed that took various real-world influences on adolescent sexual health into account, in contrast to the more narrow view of culture seen in this programming.

Stereotyping cultural groups

Practitioners felt it was clear to many youth that the program had been developed for their specific cultural group based on language, music, holidays, and references to group

disparities. However, some respondents were critical of how these programs called attention to and characterized the target group:

> "...It talks about how people view us...a lot of the examples that
> they give are housekeepers, drug dealers, not roles dedicated to
> their families. A lot of [people in this group] don't view
> themselves that way. For us to say, 'This is how [this group] is
> being viewed' is very condescending..."

Many respondents also acknowledged that young people were frustrated because they perceived the tailoring as a negative portrayal of their cultural community:

> "Oh my God, they were annoyed and frustrated primarily because
> everything they saw was negative about their own culture or their
> own ethnic group. They were like, 'Why it's got to be us?' So then
> it turns into a defensive thing...it was that kind of response we got."

While some negative reactions were in response to music or language activities, youth primarily felt demoralized by discussions around disparities in sexual health outcomes such as teen pregnancy and STIs:

> "There were some students that felt offended...there was dissent.
> [They asked] 'why did this have to be just for us? Why they have
> to just pick on [us]? What's wrong with us?'"

In these cases, the way in which the program was culturally tailored stigmatized and alienated youth from the target group. Participants felt that it was critical to discuss these issues very carefully and critically to avoid perception of deficiency. Some practitioners prefaced this content by reminding youth to be appreciative of the tailored knowledge they were receiving and emphasized that they needed to be aware of health disparities and current rates in their own communities so they could protect themselves and make informed decisions.

There was also consensus amongst respondents that programs did not acknowledge heterogeneity within a cultural community. This was an issue related to how culture was defined and one-group program design. As a respondent recollected: *"I guess they just generalized it to the whole [cultural] experience...I would say that it was looking at [this group] in a monolithic way."* Participants acknowledged the difficulty of creating programming that represented an entire group of people: *"It's not just one homogenous culture but there is also no curriculum that will address one particular group all the time."* Overall, participants were torn between promoting the idea of culturally sensitive and overgeneralizing the cultural makeup of entire populations.

3. Challenges with mixed group settings

Many respondents implemented these programs with youth from various cultural communities in addition to the target group. They believed cultural portions of the program were challenging to implement in mixed groups since it was difficult to reach youth who didn't have links to the cultural heritage, traditions, and language:

> *"I think a culturally tailored approach makes it more relevant for your target audience if that's primarily who you have in your group. The challenge comes when you have a diverse group."*

There was a clear preference for audience homogeneity written into these programs by developers. However, given the realities of sexuality education program implementation, the "ideal" of a culturally homogenous audience didn't reflect most real world settings. Mixed groups are the norm in schools and community-based organizations are where the majority of sexuality education programs are taught. Therefore, practitioners had to preface much of the cultural content before introducing it. Some discussed having to state that that although the program was meant for a particular group, the information was relevant for all youth. Other respondents talked about having to adapt program content in mixed settings: *"We changed the examples that the curriculum gave…we [made] many changes so that other students [felt] included."*

Participants discussed another widely used method of prefacing cultural content in mixed settings: emphasizing the universality of values. Respondents felt that many of the "cultural" values discussed, especially around respect, gender roles, and family, were common across cultures:

> *"…We would see similarities with the things that women will be doing versus what the men will be doing, [although] it may be presented in different ways. [It] comes down to gender expectation and roles, [it's] not just cultural."*

Another respondent, when asked about mixed group settings, talked about the process of sexual development and the similar needs of young people:

> *"All teens are going through the same thing and need to be taught the same thing as well. So Caucasian students should not not be taught sexual health information just because their rates are lower than African American youth. They all need the same information."*

Many participants were also concerned that acknowledging different cultural groups in the room called out a difference and unnecessarily highlighted the presence of youth who didn't belong to the target community. Youth who didn't belong to the targeted cultural

community were intrigued by the focus on culture, but practitioners were concerned with what they would ultimately gain:

> *"[Somebody from that cultural group] would be able to make*
> *the connection to the sexual health information, while*
> *others…would see it more of a cultural lesson. [It] was like I*
> *was teaching them more of a cultural class than I was*
> *teaching them sex health education…"*

One respondent summarized the tension felt by many practitioners: *"we didn't want to…make that kind of difference. But why would we exclude when we're just trying to equalize…?"* Another respondent discussed the feelings of non-target youth in mixed settings: *"I think for them it was awkward…because they immediately know that this doesn't work for me….so in that respect it was not totally inclusive."*

About half of participants proposed future adaptation of these programs to be more inclusive of others during implementation: *"I think it could be done if you make it more open like, 'Oh, what are some cultural values?' or 'How does family impact within your culture?'"*

4.   Shifting cultural identities among adolescents

Participants believed that the dynamic and shifting nature of cultural identity was a major drawback for some CRSE programs. This was especially true for programs that targeted populations with more recent immigrant groups, such as Latinos. The majority of respondents believed that the traditional values discussed in these programs made this programming less relevant to the young people they taught because the majority were born and raised in the United States. As a result of changing cultural practices and generational differences from living in the U.S. over time, these programs were better suited for more recent, first generation immigrants rather than youth born and raised in the United States:

> *"It's good to see yourself represented…but I think they missed the*
> *mark in that [we] have been here for generations, [people] want to*
> *assimilate and identify more with the popular culture, rather than*
> *the minority culture…the main thing we [heard] was that youth*
> *didn't or couldn't relate to some of the content."*

Respondents pointed out that youth raised in the U.S. primarily identified and related to mainstream American culture, and that some program content felt unfamiliar and irrelevant to second and third generation youth. One participant reflected on this tension:

> *"[These youth] are more integrated into American culture in a*
> *broad sense. They have the cultural identity but they [don't] have*
> *the significance of being raised in another country. [They are part*
> *of a] blended culture, [but the program] teaches on points that*
> *they necessarily don't have."*

Although these youth technically belonged to the cultural groups targeted in these programs, the elements discussed weren't necessarily a part of their hybrid cultural experience. One respondent provided the example of music in the program to highlight this point:

> "I grew up with a diverse knowledge of music [from our ethnic community], but this [was] not what these teens [were] used to at all. They're very, very much so young Americans, right? Someone of my mother's generation would have been a lot more receptive to the [music] in the program."

Other respondents discussed language barriers, specifically Spanish, as indicators of who the program was meant for and the lack of connection to those who ultimately received it:

> "A lot of our youth just didn't know Spanish. Maybe [the program] made them feel [like] you ought to know Spanish because you are a Latino. A lot of the young people feel more comfortable with English than they do with Spanish."

Another respondent discussed how culturally tailoring sexual health information was impacted by generational differences:

> "Let's say their parents are second or third generation…are more Americanized, more liberal - [very different] from somebody whose parents came or brought them from their [country of origin] when they were young. There are differences within their values and it comes down to 'are my parents more acculturated or not?'"

Given the dynamic nature of culture and the vast demographic shifts occurring in the United States, a more rigid programmatic view of cultural identity that didn't take changing generational and cultural practices into account was limiting.

Discussion

This qualitative examination addressed how culturally responsive sexuality education is perceived by practitioners in the field. Understanding how practitioners experience and implement these programs is a critical step in determining priorities for the field of adolescent sexual health. While both opportunities and barriers around CRSE program implementation were discussed in interviews, barriers that impacted implementation and audience reception unexpectedly emerged as the predominant themes in participant narratives: lack of cultural complexity in programs, challenges with mixed group settings, and shifting cultural identities among adolescents. Conversely, practitioners also discussed the perceived benefits and opportunities of culturally responsive programs. These findings suggest that CRSE programs have the potential to reach diverse groups of

youth but that barriers to and limitations of these curricula indicated in practitioner narratives must first be addressed.

The culturally responsive paradigm in practice

Cultural tailoring of adolescent sexuality education programs needs to be revisited based on the practitioner perspectives expressed here. Findings illustrated uncertainties about the specific focus on culture, what comprises effective cultural tailoring and whether the incorporation of culture improves program relevance for youth. Furthermore, culture as it's defined in these programs may not resonate or bind youth as closely as other social influences, such as mainstream media and peer influences at this stage in development. Given the differences between research and practice, and the valuable, real-world insight that practitioners can provide, there needs to be critical consideration of the concerns and implications raised by this study.

As practitioners suggested, perhaps a more effective program approach would be to maintain the cultural frame by addressing issues of cultural hybridity as well as more universally relevant traditional values. This might entail integrating lessons that encourage youth to discuss cultural values that influence sexual health with parents or family members and what those values mean in the context of life in the U.S. CRSE programs could present more traditional cultural values alongside peer and mainstream influences on sexual behavior and discuss how to navigate a blended culture that may present mixed or conflicting messages about sex and sexuality. Lastly, these curricula could strongly emphasize the universality of values such as family, respect and gender roles that can influence sexual health and are common across many cultures. The paradigm of culturally responsive can be re-evaluated and strengthened in this way by applying practitioner knowledge more intentionally.

Narrow conceptualization of culture & cultural identity

The majority of respondents in this study stressed the importance of comprehensively addressing culture. However, practitioner narratives indicated that culture and cultural issues were defined narrowly, often involving the stereotyping of cultural groups, programmatic assumptions of cultural homogeneity, and use of explicit cultural markers. This lack of nuance is likely due to the parameters used to define culture. These programs may be unable to address more nuanced aspects of culture, such as subcultures, because they are identified as "culturally" tailored, but are targeted to different racial groups in reality. Race is a comparatively rigid marker compared to culture, which can be defined and conceptualized in various ways to reflect wide-ranging influences on and compositions of cultural communities (Gutierrez & Rogoff, 2003). Using race as the sole marker for culture can lead to stereotyped portrayals of cultural communities and can alienate the very groups the program is meant to target (Wilson et al, 2003; Castro, 2010; Betancourt & Lopez, 1993; Hester, 2009; Hunt et al. 2004; Gutierrez & Rogoff, 2003). Therefore, CRSE in its current form may not account for diverse settings where culture is defined and experienced beyond the concept of race.

This narrow conceptualization is also reflected in the treatment of cultural identities.

There are unique challenges in culturally adapting programs for adolescents, a group that may adhere to or reject certain aspects of their culture of origin. For example, youth from immigrant families may be engaged in hybrid practices informed by their families and American popular and peer culture. These practices may act as potential areas of conflict for adolescents as they try to conceptualize themselves as "ethnic" individuals (Gonzales & Cauce, 1995). Practitioner narratives illustrate that certain customs, traditions, and language emphasized in these programs may not resonate with youth raised in United States who identify as American. The emphasis on traditional cultural values within CRSE programs relies on assumptions about how young people relate to and identify with their cultural communities. There is little recognition of the complex cultural boundaries that many young people navigate, leading to a disconnect between youth and the program.

Based on the study's findings, narrow conceptualizations of culture and cultural identity are barriers to program fit and relevance experienced by practitioners. These barriers need to be addressed by both program developers who design these curricula and the institutional bodies that set content standards around sexuality education and CRSE in the United States.

Implementation challenges

A major challenge we found to successful program implementation was the expectation of culturally homogenous audiences. Schools and community-based organizations are where the majority of sexuality education programs are taught and where mixed groups are the norm. Practitioners therefore struggle with program expectations that don't reflect the settings in which they work. This is the primary reason they are compelled to make program adaptations at the implementation stage, where it may often be too late to critically and thoughtfully address cultural issues for diverse groups. Additionally, failure to document these adjustments for mixed groups in practice prevents systematic replication of these programs (Rodriguez et al, 2011).

The barriers around addressing within-group diversity need to be revisited in this programming. In particular, the field needs upstream considerations that lead to rigorous and systematic changes. One systematic change may be to highlight universality in program topics and materials. For example, some "cultural" values discussed in CRSE programs were family, respect, and gender roles, all of which, according to practitioners, could universally cut across different groups. These programs could intentionally incorporate broader discussions to expand focus and prevent individual programs from stigmatizing particular populations, thereby making these programs more culturally relevant for all groups.

Another implementation challenge is related to the practitioners themselves. Many previous studies have focused on practitioner training and the required competence and skills to deliver culturally responsive prevention interventions (Skaff et al, 2002; Castro et al, 2004). However, this study suggests that the field must look further upstream at the cultural inclusiveness of curriculum materials practitioners are given, how they are being

trained, who develops the training, and who defines the focus in this education. Focusing on the cultural humility of the practitioners alone, while critically important, is also short-sighted.

Conclusions

This is the first known study to systematically examine the perspectives of sexuality education program practitioners on the concept of CRSE. Given that little is known about how practitioners perceive and adapt culturally responsive interventions to fit their target populations, this work contributes to the field by providing valuable insight into the reality of implementing these programs. The study findings illustrate narrow conceptualizations of culture and cultural identity in these programs, and the expectation of culturally homogenous audiences despite the reality of diverse classroom and community settings. Careful consideration of these perspectives is the first step towards a systematic effort to more critically and thoughtfully incorporate issues of culture into this programming. These findings suggest that sexuality education institutional bodies and decision-makers need to more critically address how culture is being conceptualized in this type of programming, offer concrete guidance beyond the common but insufficient assertion of "culturally appropriate," and better define CRSE best practices. There is also a need for curriculum developers to evaluate how culture is being integrated in these programs, examine the inclusiveness of CRSE program materials, provide clear and tested recommendations to practitioners, and engage in evidence-informed iterations of program design. The way many of these programs are currently conceptualized will need to be revisited. CRSE has the potential to support the positive sexual health of diverse groups of adolescents, but further research and strategies will be needed to fully address the issues and challenges of this paradigm.

List of Tables for Paper 3

Table 3-1. Characteristics of CRSE practitioners & program settings

Table 3-2. Challenges and barriers to implementing culturally responsive sexuality education

Table 3-1. Characteristics of CRSE practitioners & program settings

Characteristics of CRSE practitioners & program settings	N (%)
Sex	
Male	6 (28.5%)
Female	15 (71%)
Age group	
< 25	2 (9%)
25 – 45	14 (66%)
> 45	5 (23.8%)
Location	
Northeast	2 (9%)
South	10 (52%)
Midwest	0 (0%)
Southwest	6 (28.5%)
West	3 (14%)
Type of Organization	
Research center	1 (4%)
Local community based organization	11 (52.3%)
Academic institution	2 (9%)
Local health department	4 (19%)
National organization	3 (14%)
Program delivery locations	
Summer youth employment program	
Churches	
Community recreation centers	
Apartment complexes	
Youth retreat	
After school settings	
Juvenile detention/probation	
Home settings	

Table 3-2. Challenges and barriers to implementing culturally responsive sexuality education

Challenge or barrier	Findings	Recommendation
Lack of cultural complexity	Race was used synonymously with culture, leading to an oversimplified and superficial definition of culture	Race conflated with culture may not account for diverse implementation settings where culture is defined and experienced beyond the concept of race. This barrier needs to be addressed by program developers and institutional bodies that set content standards around sexuality education in the U.S.
	Programs have a rigid and non-dynamic view of cultural identity. Certain customs, traditions, and language emphasized in these programs may not resonate with youth raised in United States who primarily identify as American. One-dimensional views of culture can lead to a disconnect between youth and the program	CRSE programs need to take cultural practices and boundaries in account for youth who may be engaged in hybrid practices informed by their families and American popular and peer culture. This barrier needs to be addressed by program developers and institutional bodies that set content standards around sexuality education in the U.S.

Realities of program implementation	Programs have an expectation of culturally homogenous audiences but mixed groups are the norms in schools and CBOs. Practitioners struggle with program expectations that don't reflect the settings in which they work and have to make numerous program adaptations	The field needs upstream considerations that lead to systematic changes such as highlighting universality in program topics and materials. These programs could intentionally incorporate broader discussions to expand focus and prevent individual programs from stigmatizing particular populations.
	Practitioner training and the required competence and skills to deliver culturally responsive interventions are usually emphasized in program implementation materials	Focusing on the training and cultural humility of the practitioners alone is short-sighted. The field must look further upstream at the cultural inclusiveness of curriculum materials practitioners are given, how they are being trained, who develops the training, and who defines the focus in this education

The current culturally responsive paradigm	1. There are uncertainties about the utility of the specific tie to culture, what effective cultural tailoring looks like and if the incorporation of culture improves program relevance for youth 2. Culture as it's defined in these programs may not resonate or bind youth as closely as mainstream, media, and peer influences at this stage in development	Given the valuable, real-world insight that practitioners can provide, there needs to be critical consideration of the concerns and implications raised by this study. Practitioners suggested a program approach that would address issues of cultural hybridity and more universally relevant traditional values. The paradigm of culturally responsive can be re-evaluated and strengthened by applying practitioner knowledge more intentionally

CONCLUSIONS

This goal of this dissertation is to inform future directions for sexuality education by assessing current understanding of the construct of culturally responsive sexuality education and highlighting gaps between the research base on cultural adaptation and sexuality education.

In the first paper, I reviewed the literature on cultural adaptation and proposed several implications for sexuality education. The body of research on cultural adaptation provides a rich understanding of how to consider and develop interventions for diverse cultural groups. It also highlights frameworks, guidelines and strategies that can be used to integrate culture into prevention programming. The intentional application of the cultural adaptation research to sexuality education programs may make these curricula more relevant for diverse adolescents. Specifically, cultural adaptation research has important implications for sexuality education including determining culturally responsive goals and topics, integrating culturally responsive strategies, and making content and pedagogical changes that take cultural diversity into account.

In the second paper, I presented findings from in-depth interviews with program developers on their conceptualization of culturally responsive sexuality education. Three aspects emerged across interviews: (1) treatment of culture, (2) underlying theoretical frameworks and program models, and (3) development of culturally responsive content. The application of a comprehensive review of the cultural adaptation research might provide greater clarity on the definition and conceptualization of culture in this program design, and enhance use of the culturally responsive perspective.

Lastly, in the third paper, I presented findings from in-depth interviews with sexuality education program practitioners on their perceptions of and experience implementing these programs. Four aspects emerged across interviews: (1) lack of cultural complexity in programs, (2) challenges with mixed group settings, (3) shifting cultural identities and (4) perceived importance of the culturally responsive paradigm. Understanding current implementation practice, how audiences respond to these programs in school and community-based settings, and applying practitioner knowledge and insights more intentionally, can help strengthen the paradigm of culturally responsive.

These studies indicate that further work is needed to define culturally responsive sexuality education. Additionally, greater collaboration between researchers and practitioners can ensure that research concepts are translated or presented in ways that can inform practice. The field of adolescent sexual health needs to develop concrete guidance around best practices and definitions for those involved in this programming, including educators, developers, and policy makers. Moreover, there is a need to revisit how sexuality programs are evaluated and determined to be evidence-based to allow for culturally responsive adjustments. Increased practitioner training in cultural definitions and concepts is critical to ensure the application of these strategies in practice.

This dissertation aimed to highlight understanding of the construct of culturally responsive, the richness of the body of literature on cultural adaptation, and to make explicit the potential application of that research to sexuality education. While the three research questions were addressed through three distinct papers, the intention of the dissertation was to form a coherent study that provides a foundation for understanding how culturally responsive sexuality education is conceptualized in development and practice. While this paradigm offers an opportunity to support the positive sexual health of diverse groups of adolescents, more research is certainly needed to reexamine, define and clarify the construct of culturally responsive.

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