A Youth Leader's Guide to

Building Cultural Competence

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Advocates for Youth –
Helping young people make safe and responsible decisions about sex

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Advocates for Youth is dedicated to creating programs and advocating for policies that help young people make informed and responsible decisions about their reproductive and sexual health. Advocates provides information, training, and strategic assistance to youth-serving organizations, policy makers, youth activists, and the media in the United States and the developing world.

A Youth Leader's Guide to Building Cultural Competence
by Susan A. Messina

Meet the challenges of providing HIV/STD and sexuality education to culturally diverse groups. Using a four step model, this resource helps build the attitudes, knowledge, and skills necessary to reach all groups of young people. Focuses on African American, Latino and lesbian, gay and bisexual teens.

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Introduction

As a youth group leader, teacher or other youth-serving professional, you know the challenges that young people face in today's world. Many of those challenges center around choices and consequences related to sexual activity. Working with teens on sexuality issues, including prevention of HIV/AIDS, can be demanding and intensely rewarding on both personal and professional levels.

This resource is designed to help you meet one of the most difficult challenges of sexuality education in general, and of HIV/AIDS education in particular: working with teens and families who come from backgrounds that are different from your own and from each other's. Those differences can be related to any number of factors, including race or ethnicity, socioeconomic class, religion, gender and sexual orientation.

As rates of sexual activity, teen births and sexually transmitted disease (including HIV) infection among teenagers increase, researchers and program leaders continue to search for effective strategies and materials that will reach young people with affirming messages about sexuality and with clear messages about the risks of sexual activity, particularly of unprotected sexual intercourse.

In addition, the increasing racial and cultural diversity of the United States and the growing recognition of gay, lesbian and bisexual youth make it apparent that educational strategies based on the experience and perspective of the majority European-American heterosexual culture often fail to engage youth of color and youth who are gay, lesbian or bisexual.

Largely as a result of concern about African-American and Latino/Latina youth, much interest has centered on "culturally appropriate," "culturally relevant" or "culturally specific" approaches to prevention education. Debate continues about what constitutes such programs. Course content, instructor background/skills, teaching strategies and location have all been discussed as critical factors, however, no clear conclusions have emerged from the limited research base.[1] There is a strong indication that youth of color benefit from staff who are caring and sensitive as well as from adults who are racially and culturally similar to themselves and that youth development programs should strive to hire staff who possess all these qualities.[2]

In the last few years, there has been an explosion of interest in addressing the needs of lesbian, gay and bisexual teenagers. There are more than 200 support groups and agencies nationwide dedicated to this population and several national groups, including the Child Welfare League and the National Education Association have endorsed guidelines for working with these young people. Too often, however, their very existence is denied by program planners and leaders. As a result, young gay, lesbian and bisexual people are not acknowledged, much less nurtured. In many cases, adults think – or even know – that some members of their groups are gay, lesbian or bisexual but lack information about and comfort with issues related to homosexuality. In other cases, leaders who themselves are gay, lesbian or bisexual, may feel profoundly torn between providing support to these young people and protecting their own jobs and reputations. Anti-gay prejudice (homophobia) and the persistence of the myth that homosexuals "recruit" young people create environments in which it is not safe for gay adults to reach out to young gay people. The result, in any case, is a continuation of the isolation and shame that many gay, lesbian and bisexual teens feel.

The HIV/AIDS epidemic has highlighted the critical need for understanding cultural differences because HIV/AIDS prevention education demands frank discussion of sexuality – a sensitive subject in many

communities and for many people. Understanding cultural beliefs about a range of sexual issues is critical to providing effective HIV/AIDS prevention education.

This resource is designed with the belief that until we explore our own values and beliefs and understand them as rooted in our own cultures, we will draw inaccurate and judgmental conclusions about others based on our own limited perspectives.

As someone who works with young people, you should engage in a self-reflective learning process that will increase your abilities to effectively interact with a variety of young people. You might be working with teens who belong to a different racial or ethnic group, have a different sexual orientation, belong to a different religion or come from another socioeconomic class, but the challenging and rewarding process of learning about yourself and others is the same.

THE FOUR STEPS

This resource proposes a **four-step model of building cultural competence** for working effectively and respectfully with youth from a variety of backgrounds. The four steps are:
1) learning about culture and important cultural components;
2) learning about your own culture through a process of self-assessment that includes examining your culture's assumptions and values and your perspectives on them;
3) learning about the individual young people in your program; and
4) learning as much as possible about important aspects of their cultural backgrounds with a focus on sexuality-related issues.

This resource is a guide to working on all four steps.

Chapter One provides descriptions of various cultural components such as family relationships, religion and health beliefs. After each description, questions will prompt you to think more about each component. **Chapter Two** suggests a process of self-assessment designed to help you start examining your own cultural background, values and assumptions. **Chapter Three** provides tips for learning about the individual young people you work with and for continuing the process of learning about their cultural backgrounds. **Chapter Four** outlines some of the reasons that HIV/AIDS prevention messages might meet with resistance by some members of African-American and Latino/Latina communities. **Chapter Five** offers tips for working with African-American and Latino/Latina youth, as well as for working with gay, lesbian and bisexual youth of all races and ethnicities. **Chapter Six** suggests tips for providing effective multicultural education.

What is Cultural Competence?

The term "cultural competence" has been used by a variety of people in recent years. It moves beyond the concepts of "cultural awareness" (knowledge about a particular group primarily gained through reading or studies) and "cultural sensitivity" (knowledge as well as some level of experience with a group other than one's own). Instead, cultural competence focuses on the fact that some level of skill development must occur. Being culturally competent is "more than being sensitive to ethnic differences, more than not being a bigot and more than the warm, fuzzy feeling of feeling of loving and caring for your neighbor."[3]

> **Gaining cultural competence is a long-term, developmental process.**

Gaining cultural competence is a long-term, developmental process that requires more than reading this resource, attending a workshop or being a member of one so-called "minority" group. It is an exciting, engaging, lifelong process of expanding horizons, thinking critically about issues of power and oppression and acting appropriately. Culturally competent individuals have a mixture of beliefs/attitudes, knowledge and skills that help them establish trust and communicate with others.

Beliefs/Attitudes

The culturally competent individual is:
- aware of and sensitive to her/his own cultural heritage and respects and values different heritages;
- aware of her/his own values and biases and how they may affect perception of other cultures;
- comfortable with differences that exist between her/his culture and other cultures' values and beliefs; and
- sensitive to circumstances (personal biases, ethnic identity, political influence, etc.) that may require seeking assistance from a member of a different culture when interacting with another member of that culture.

Knowledge

The culturally competent individual must:
- have a good understanding of the power structure in society and how non-dominant groups are treated;
- acquire specific knowledge and information about the particular group(s) she/he is working with; and
- be aware of institutional barriers that prevent members of disadvantaged groups from using organizational and societal resources.

Skills

The culturally competent individual can:
- generate a wide variety of verbal and nonverbal responses when dealing with difference;
- send and receive both verbal and nonverbal messages (body language) accurately and appropriately; and
- exercise intervene appropriately and advocate on behalf of people from different cultures.[4]

General Description

A general description of cultural competence includes:
- "The personal recognition and acceptance that all types of cultures have a profound influence on our lives;
- The personal awareness that oppression is pervasive in the United States, it is part of U.S. history and as much as we may want to escape that fact, it colors relationships;
- The acceptance that there are cultural differences and we need to learn to respect what we may not always understand;
- Having the humility to accept that we do not know everything about other cultures, never will [and] therefore we need to ascertain what it is we need to know about the specific groups with whom we are working;
- A willingness to pursue that information in all

> **A Word on Language**
> The terms *African-American, Latino/Latina, lesbian, gay and bisexual* are used in this resource as they are the terms currently preferred by many members of these groups.

the ways available to us;

When we are unable to do the above, having the courage to identify and confront our personal resistance, anger and especially our fears."[5]

Chapter One
Cultural Components

What Is Culture?

Anthropologists and other social scientists offer many different definitions of "culture." Most people understand that culture has something to do with the customs and beliefs of a group of people. It is common to explain a holiday tradition, a spiritual belief or a child-rearing practice as part of someone's cultural background.

An individual's culture strongly influences his or her behavior, beliefs, attitudes and values. This is not a surprising statement; we all have an understanding that many of our present-day beliefs and behaviors have their roots in what we learned growing up in our own particular cultures.

> **A useful definition of culture is:**
> The body of learned beliefs, traditions, principles and guides for behavior that are commonly shared among members of a particular group. Culture serves as a road map for both perceiving and interacting with the world.[7]

Of course, many Americans do not belong to just one cultural group. Our parents may have been of different racial or ethnic groups and our homelife would then have been a mixture of the two. Likely, some of the cultural values of both groups were absorbed. For most people in the United States, in addition to specific racial or ethnic cultures, the national American culture is one that also influences us to some degree.

Lesbian, gay and bisexual people almost always move within more than one cultural world. They are born into and raised as members of at least one racial or ethnic culture. In order to find others who share their sexual orientation, however, they commonly become part of larger gay/lesbian communities.

Important Cultural Components

The journey towards cultural competence includes gaining knowledge about important components of both your own culture and the cultures you work with.

The following list of cultural components is good to keep in mind, first as you examine your own experience and beliefs, and later as you focus on learning about different cultural backgrounds. Keep HIV/AIDS prevention in mind; many of the cultural components are directly related.

Language and Communication Style
Language and communication style refers to a wide variety of verbal and nonverbal patterns and behaviors, including social customs about who speaks to whom – both how and when.

Questions to consider about cultural groups: _____
- What language or dialect is spoken in the home? How is that dialect or language perceived by those who speak Standard English? Is there a generational split among family members, with older family members speaking one language and younger ones speaking English better than the other language?
- What expressions, gestures and posturing (body language) commonly accompany communication? Is eye contact considered polite or rude? Is usual tone of voice soft or loud? How close do people stand next to each other when speaking? Is touching acceptable?

- Do all members of the family have the same right to speak, or do some family members have more, or fewer, rights?
- Do children, teens and adults speak freely to one another or is there some reserve? What about men and women?
- Are communication forms like joking, story-telling or rapping common? In what circumstances?
- Are emotions freely expressed? All or just some? Which ones? When?

Health Beliefs

Health beliefs cover a range of assumptions about the causes of disease as well as the proper remedies for illness.

While the "germ theory" of disease – that sickness is caused by microscopic organisms such as bacteria and viruses – is the belief of the dominant culture of the United States, it is not the only explanation people have come up with for disease. The belief is growing, even among scientific circles, that the mind can affect the body's health in surprising ways. In addition, "supernatural" theories of disease, including the belief that a particular disease results from spiritually unhealthy activity, are common the world over.

Who do people turn to for medical care if they are sick? For many who live in the U.S., the answer is a doctor, someone trained in the "Western medical model" of health care and disease prevention. Nurses, physician's assistants and others who work in doctor's offices and hospitals are all trained in that model.

For many others, both in the U.S. and in other countries, other kinds of healers are sought out, including spiritualists, herbalists, shamans and others – like acupuncturists or homeopaths – who practice what is labeled as "alternative health care." Often, both Western doctors and "traditional" healers will be consulted. The availability of multiple systems through which to pursue health can be seen as an advantage.

Questions to consider: _____
- What causes illness? Does individual behavior or fate play a role in who gets sick? What types of illnesses do individual behaviors influence?
- How can people prevent illness?
- To whom does one turn when sick? To which family member, if any? To what kind of doctor or healer?

Family Relationships

The family is the primary unit of society. In it, children are socialized into human society and into a culture's particular beliefs, attitudes, values and behaviors. The topic of family relationships include family structure, roles, dynamics and expectations.

Questions to consider about cultural groups: _____
- Is the family structure nuclear or extended? If extended, who is considered a member of the family? Do people have to live in the same household to be considered members of the family?
- What rights and responsibilities come with family membership? Do they vary by gender? By age?
- Who has authority in the home? Does one adult have power over some decisions, but not others?
- Is there value placed on having many or few children? On having girls or boys? Why?
- Are family members expected to be involved in other family members' decisions? Which ones? Which family members' opinions receive the most respect?
- Do families arrange marriages? If so, how?

- What are the expectations for what parents owe children and what children owe parents? Are children expected to live at home until marriage? After marriage?
- Are openly gay, lesbian or bisexual family members accepted?
- Is there a difference between the way in which homosexual behavior might be tolerated and toleration of openly gay
- Are same-sex life partners of gay or lesbian relatives considered to be family members as well? How is that expressed? What about unmarried heterosexual partners? How is that expressed?
- What is the impact of marriage outside the cultural group? Of sexual affairs? Is there a difference between the two?
- How is privacy treated within the home? What family matters are not to be shared with outsiders?

Sexuality

> **Sexuality** involves more than genital sexual activity. It includes five major areas: *sensuality, sexual intimacy, sexual identity, reproduction/sexual health and sexualization*. These areas are described below.

Sensuality is what enables people to feel good about how their bodies look and feel. It allows them to enjoy the pleasure their bodies can give to them and others. The need to be touched by others in loving ways, the feeling of physical attraction for another person, body image and fantasy are all part of sensuality.

Sexual intimacy is the ability and the need to be emotionally close with another and to have that closeness returned. While sensuality refers more to physical aspects of our relationships, sexual intimacy focuses on emotional needs.

Sexual identity refers to people's understanding of who they are sexually, including
1. gender identity (their sense of being male or female),
2. their gender role (what men and what women are supposed to do) and
3. their sexual orientation (which gender they have primary affectional and sexual attraction to).

Reproduction and sexual health is the most familiar aspect of sexuality. It includes all the behaviors and attitudes having to do with having healthy sexual relationships and having the ability to bear children.

Sexualization is using sex to influence, manipulate or control other people. Termed the "shadow" side of sexuality, *sexualization* spans behaviors that range from mutually enjoyable to harmlessly manipulative to violent and illegal. It includes such behaviors as flirting, seduction, withholding sex, sexual harassment, sexual abuse, incest and rape.

Questions to consider about cultural groups: _____
- What are the "ideal" body types for men and women? Are those ideals different from the images represented in mainstream advertising? How? Are men and women generally happy with their bodies? Why or why not?
- How is intimacy expressed? Do men and women appear to have different needs for intimacy? Is hand-holding, kissing or other forms of public affection considered acceptable or in bad taste?
- How do men express feelings of closeness to other men? Women to other women?
- Is sensuality expressed through clothing? How?
- Is dating allowed? Are young people permitted to socialize in coed groups?
- For heterosexual couples, which gender is encouraged to initiate romantic relationships by asking for a date? Which gender generally takes the lead in suggesting sexual involvement?
- Are some sexual acts taboo? Which ones? With whom? When?

- How is masturbation viewed?
- Is contraception commonly used? Who is responsible for purchase and How is homosexuality viewed? Are lesbian, gay and bisexual people accepted as members of the community? Are they respected?
- How do people flirt? What is expected behavior for men and for women? What age is seen as an acceptable one for first sexual intercourse? For males? For females? Do young people and older people agree on this? Why or why not?
- Is childhood sexual abuse recognized as a problem? Is forced sex between partners perceived as a problem? What about sexual harassment?

Gender Roles

Gender roles refer to what is considered appropriate and acceptable behavior for men and women. There has been tremendous change in the U.S. in the last 20 years and doors have been opened to women in education and occupation. There are, however, still many deeply-held beliefs about which behaviors are feminine and which are masculine.

Questions to consider about cultural groups: _____
- Are tasks within the home assigned by gender? Are some things traditionally done by women and some by men? Which ones? Is that changing? How?
- Are both boys and girls encouraged to stay in school? To excel in school? In which subjects?
- Are both boys and girls encouraged, or expected, to work outside the home? In what kinds of jobs?
- Are both genders expected to express emotions freely? Are some emotions more appropriate for one gender or another? If so, which ones? How are they typically expressed?
- How are children cared for? How are responsibilities and tasks shared by parents?
- Are there different expectations about sexual behavior for both genders? Is one gender supposed to be more knowledgeable, experienced or interested in sex or faithful (monogamous) in a relationship?
- Is one gender supposed to be obedient to the other? In what ways?

Religion

Religion refers to a specific set of beliefs and practices regarding the spiritual realm beyond the visible world, including belief in the existence of a single being, or group of beings, who created and govern the world. Ritual, prayer and other spiritual exercises are commonly part of religious practice.

Religious beliefs often provide guidance for behavior and explanations for the human condition. Religious beliefs and communities are often sources of strength for cultural groups coping with the demands of the majority culture. Religion can provide a sense of community and a basis for cohesion and moral strength within a cultural group.[7] Religious communities can also serve as centers of support, resistance and political action.

Many, if not all, religions establish sexual norms. Most organized religions condemn homosexuality and so it is often difficult for gay, lesbian and bisexual people to find full acceptance and spiritual peace within their families' house of worship or religious tradition.

Questions to consider about cultural groups: _____
- What religion, or religions, does this group typically adhere to?
- What are the basic beliefs of the religion? In particular, what are the teachings about gender roles, pre- or extra-marital intercourse, homosexuality, contraception, childbirth and abortion?

- What role does fate or predestiny, play in an individual's life?
- How is death viewed? Does this group believe that there is life after death?
- Are young people as religious as older people? Do young people express their religious beliefs differently from their elders?
- How are religious beliefs incorporated into daily life? Are some teachings more followed than others?
- Are religious leaders often consulted by family or community members? On what issues?
- Are there behaviors or foods that are taboo? Which ones? When?
- How is the religion perceived in the ancestral country? Is it the dominant or minority religion?

The following five components of culture are linked to the impact of U.S. society on racial and ethnic groups.

Level of Acculturation

Acculturation is a process that occurs when two separate cultural groups come in contact with each other and change occurs in at least one of the two groups. While most changes are thought to occur only in immigrant groups in the U.S., the dominant (mainstream) culture in the U.S. has undergone change as a result of contact with "other" cultures.

Individuals within racial or ethnic groups can be:
- *acculturated* – having given up most of the cultural traits of the culture of origin and assumed the traits of the dominant culture.
- *bicultural* – able to function effectively in the dominant culture while holding on to some traits of their own culture.
- *traditional* – holding on to a majority of the traits from the culture of origin while adopting only a few of the traits of the dominant culture.
- *marginal* – having little real contact with traits of either culture.[8]

Individuals within any given cultural group can be anywhere along the continuum. For immigrants, it is common for there to be variation even within one family, with older generations holding onto traditional traits, and young people functioning more in a bicultural manner. The further away from the immigrant experience someone is born, the more likely it is that she or he will be acculturated.

Individuals and families, even generations away from the immigrant experience, however, hold on to at least some beliefs, attitudes, customs and behaviors of the original culture. That is why the metaphor of the "melting pot" to describe the culture of the U.S., has been replaced by that of the "tossed salad." In a salad, each ingredient retains its unique flavor, texture and shape while contributing to the whole.

Of course, not all Americans willingly immigrated or were immigrants at all. Slavery brought millions of Africans to the shores of the so-called New World in chains. Mexicans living on land annexed by the U.S. government became U.S. residents without even moving from their homes. Native Americans, including Alaskan Natives and Native Hawaiians were already living on land that would one day be claimed or purchased by the United States. Many of those native cultures were destroyed by contact with Europeans. Others survived, but almost all lost their land, and all have suffered tremendously from exploitative government policies.

Questions to consider about individuals: _____
- Are they bicultural, traditional, acculturated or marginal? What about their families?
- If they are not Native, how long have they – or their families – lived in the U.S.?

- If they are Native American, what is their, and their family's history? Tribe(s)?
- Which cultural values, beliefs, attitudes, customs, traditions and behaviors remain?
- What traits of the dominant culture have been absorbed?

Immigration Status

Immigration status refers to whether or not an individual is classified as a *refugee,* an *immigrant* or an *undocumented* ("illegal"). How one is labeled by the U.S. government has important implications for the kinds of services one can expect and rights one has in this country.

Refugees flee their countries due to fear of persecution or death. As a result of political upheaval and war, refugees have often experienced the traumas of rape, torture, starvation and the witnessing of family members being tortured or killed. Designation as a "refugee" can mean a period of cash assistance and with employment, housing and medical services from the government.[9]

Immigrants generally have more control over the conditions surrounding their migration. There are many reasons behind an individual or family's decision to come to the U.S. While the journey can certainly be difficult, it is likely that the trauma is not of the same degree or quality as it is for refugees. The designation "immigrant" can open access to government assistance with medical, educational or food programs.[10]

The determination of who is a refugee and who is an immigrant is based on U.S. political policy; the categories are not set in stone, nor are they always consistent.

Lastly, due to immigration quotas set for each country, those who enter the U.S. without official sanction are labeled as *"undocumented."* The world of undocumented migrants is difficult, as fear of discovery and deportation hang over them. No government services are available for those who are undocumented and finding employment is very difficult because employers face severe fines for hiring undocumented individuals.[11]

Questions to consider about individuals: _____
- Are they refugees, immigrants or undocumented? Are they U.S. citizens? Are any or all family members U.S. citizens?
- What was their migration experience? Did they arrive in the U.S. alone or with family members? Are their family members still in the native country? Are they in touch? Are they offering financial assistance to folks back home?
- Are they married to U.S. citizens?
- Do they live in a community with others from their homeland?
- Do they live in communities with people from different racial and ethnic groups? How do those groups get along?
- Have they moved within the U.S. since arriving here? Where else have they lived?
- Do they – or their families – plan to stay in the U.S. or do they hope to return home one day?
- Are they U.S. citizens or dual-nationals?

Political Power

Political power can be defined as a group's level of formal involvement in local, state and national governments as well as in informal advocacy organizations.

Those with political power are able to influence public policy decisions, often to the benefit of the group's interests. Those groups who are left out of the political process have no guarantee that they will be well-

served by the process. United States' history shows that the formal political arena has been – and continues to be – largely dominated by men of European descent.

The level of a group's participation in government can be a result of restrictions against doing so. For example, the literacy tests for voting in the South effectively prevented many African-Americans from voting. The level of participation can also be influenced by a group's belief in the efficacy of politics as an avenue for group advancement. If no faith exists that the government will help a group advance, members may be less likely to participate in the political process. In fact, recent voter turnouts indicate that groups with upper income levels, advanced levels of education and are predominantly white have the highest percentage of voter turnout.

In the advocacy arena, non-elected leaders of great courage and vision have had a profound impact upon society. These alternative avenues have been instrumental to social change for women and people of color. In fact, many would argue that true social change rarely starts in the government, but that it bubbles up from community activists and informed citizens.

Questions to consider about cultural groups: _____
- How well-represented is this group in the local, state and national governments? How many women are among this group's elected and appointed officials?
- How common is it for members of this group to have U.S. citizenship? To be registered voters? To vote? To be courted by candidates? Which ones?
- What are the advocacy organizations that work on behalf of this group? How well do they represent the diversity of the group?
- How active are this group's churches and other religious organizations in social movements?
- Who are the formal and informal leaders at the local and national level?
- What is the group's relationship with law enforcement officials like?
- For groups who have arrived in the U.S. recently, what is the political situation in the country they came from? Is political participation encouraged? Are elections held? Are they fair?

Racism

The impact of racism in the U.S. has been devastating and far-reaching and it continues today. A blunt discussion of racism and an understanding of its effects on individuals and communities is essential for building cultural competence.

> Racism can be simply defined:
> **Prejudice + Power = Racism**

Prejudice means unreasonable feelings, opinions or attitudes, especially of a hostile nature, directed against any group. Anybody can be prejudiced and everyone is. Any group can be prejudiced against any other group. Just because a group is often the target of prejudice does not necessarily stop members of that group from being prejudiced against some other group.

Racism is the addition of some form of power to racial prejudice. Only those individuals or groups who are prejudiced against a racial group and *have the power* to act on those prejudices can be correctly labeled racist. That power is often *institutional*, meaning that racial inequalities are set in policy.

Racism in the United States means that people of color have been – and continue to be – denied equal opportunities for housing, education, employment, health care and other services. In the past, laws denying equal rights to people of color were on the books, and enforced, in many parts of the country. Today, the mechanisms that tend to keep people of color out of jobs, out of school, in poor health and in

certain neighborhoods are more subtle. They include a complex mix of economic issues, political decisions and individual acts that are hard to quantify and even harder to change.

Racism harms everybody. The most obvious victims of racism are people of color, but those individuals who enforce their prejudices through power are also robbed of some of their humanity. The entire society suffers when people of color are systematically denied equal opportunities.

Questions to consider about cultural groups: _____
- What is the impact of racism on this group? In the past? Today?
- How are individuals affected by racist attitudes and practices? Communities? Are men and women affected differently? What is the impact on children and teenagers?
- How do the informal and formal leaders of this group talk about racism? Now? In the past?

Poverty and Economic Concerns
Poverty and economic concerns are tied to racism in this country. There is no use discussing racial issues without examining the impact of poverty on communities of color in the U.S.

Often, race and socioeconomic class are confused. In particular, the assumption is frequently made that all poor people are African-American or Latino/Latina or that all African-Americans or Latinos/Latinas are poor. Of course, neither statement is true. Most poor people in the U.S. are white. And many African-Americans and Latinos/Latinas are well-educated, own their own homes, live in safe neighborhoods and have good jobs.

It is true, however, that a disproportionate number of people of color live in poverty in the U.S. The percentage of African-Americans, Latinos/Latinas and Native Americans who are poor is higher than the percentage of white people who are poor.

The causes of poverty among people of color are complex. Social scientists, politicians, advocates and poor people offer different theories and explanations: the labor market's demand for higher-skilled employees; loss of inner-city and manufacturing jobs; inadequate public education; a variety of public policy decisions; discrimination; individual behavior and choices and others. While liberals and conservatives disagree about causes and solutions, no one argues that the effects of poverty on communities of color, particularly in urban areas and on Native American reservations, is devastating.

There is poverty in all cultural groups and no one cultural group has only poor people in it. Therefore, questions about poverty and economic concerns should be focused on a specific community or group of individuals, not about an entire racial or ethnic group.

Questions to consider about cultural groups: _____
- Are most adults employed? In what kinds of jobs? Permanent or temporary? With benefits or without? What is the average salary? Are they self-employed? Do both men and women work? Are they paid equally?
- What are the effects of unemployment and joblessness? What do unemployed adults do during the day? How hard is it for a teenager to get a job?
- What is the level of individual involvement in the underground economy of drugs, weapons, the sex industry (prostitution) and gambling? How is the community affected by these illegal industries?
- Are people on public assistance? How many? How many of today's recipients grew up in homes that also received public assistance? What is the impact of public assistance regulations on

male/female family formation (e.g. can families receive assistance if fathers or other adult males live in the home?)

- What kinds of employment training opportunities exist in the community? Are the public schools safe, well-staffed and well-funded? How many children are in private – including parochial – schools?
- Do most people rent or own their houses or apartments? Do many people live in public housing, in homeless shelters or doubled-up with relatives?
- What is the level of violence in the community? Gang involvement? Other crime?
- What are the health problems in the community? How many doctors or clinics are available? When and how do people seek medical treatment? Do most people have private medical insurance? Participate in Medicaid/Medicare? How many are uninsured?

History of Oppression

The history of the United States includes many chapters in which government policies harmful to racial and ethnic groups were in force. Knowing this history is important, as the legacy of these laws and policies linger today.

Some examples of these laws or policies include: slavery; anti-mixed race marriage laws (anti-miscegenation laws); the forced removal of Native Americans from their land and the establishment of reservations; policies on education of Native children that required them to be separated from their families; immigration quotas for specific national groups; the internment of Japanese and Japanese-Americans during World War II; the "separate but equal" policy regarding education for African-Americans; "Jim Crow" laws restricting Southern blacks' access to services; and state resistance to school desegregation demanded by *Brown v. Board of Education*.

Today, laws and policies are different, but many are still oppressive. For example, in some states there is a move toward English-only legislation that would restrict state agencies from providing bilingual services. People with HIV infection and AIDS are barred from immigrating to the U.S. The military ban on gay men and lesbian women serving in the armed forces is still in effect and a law criminalizing sodomy (oral or anal intercourse) has been upheld by the Supreme Court. Civil rights protections for gay and lesbian people are being attacked through ballot measures labeling those protections "special rights."

Questions to consider about cultural groups: _____
- What is the specific history of this group in the U.S.? What laws or policies have affected them in the past?
- What was their impact? Are there laws or policies that affect them today? Which ones? What is their effect?
- What is the history of this group in its ancestral country? Was it discriminated against in some way?

Chapter Two
Self-Assessment

The second step in building cultural competence is exploring your own beliefs.

We learn our own cultural ways while growing up. Often, they are so natural to us that we fail to realize that not everyone shares them. Or, we think that other people's beliefs and behaviors are wrong. These unexamined bias are major challenges to working effectively with young people who are different from yourself, particularly in HIV/AIDS prevention efforts.

Thinking about what you learned as a child and how your adult experience has shaped your beliefs is crucial. In doing so, you will begin to understand the impact of your own cultural background on your personal values and beliefs. That step will help you become aware of your own values and biases and how they may affect your perception of other cultures.

Refer to the *Appendix*, a list of the questions suggested in the preceding section reformulated so you can focus on your own cultural experiences. Reflect upon each question.

Try writing down your responses or discussing the questions and sharing answers with a friend or trusted colleague from a different ethnic or racial background.

Take time to focus particularly on issues raised by the questions related to health beliefs, sexuality and gender roles as those three areas are of prime importance in HIV/AIDS prevention. Have any of your beliefs and attitudes in these areas changed over the years? If they have, what experiences helped change them?

The questions in the Appendix are designed to help you build a foundation of self-awareness that can be used in examining the impact of our cultural backgrounds on our relations with others. Using these questions as well as those in the rest of this section as triggers for group discussion among other youth-serving professionals is highly recommended. While can individual can read, answer and think about these questions, the opportunity for the greatest growth and learning is probably in discussing these issues with colleagues.

> **Explore your own cultural values and beliefs.**

Acknowledging Your Cultural Heritage[12]

Thinking about your answers to the following set of questions will help you acknowledge your cultural heritage.
1. What ethnic group(s), socioeconomic class, religion, age group and communities do you identify with?
2. Identify two important experiences – one positive and one negative – that you have had with people from the groups you listed above.
3. Identify two important experiences – one positive and one negative – that you have had with people from outside the groups you listed above.
4. What were those experiences like? What did you learn about people who are different from you?
5. What is it about your ethnic group, socioeconomic class, religion, age, sexual orientation or community that you find embarrassing or wish you could change? Why?

6. What cultural factors in your background might contribute to being misunderstood or rejected by members of other cultures?
7. What personal qualities do you have that will help you establish personal relationships with people from other cultural groups? What personal qualities might make that difficult?

Questions to Ask Yourself About Sexual Orientation Issues

Answering these questions about sexual orientation will help you begin to identify issues needing additional learning and work on your part.

1. What messages did you receive about lesbian, gay and bisexual people when you were growing up? From family? From religion? From friends? From the media? What opinions did you form?
2. Have experiences in your adult life changed some of your opinions? If yes, which ones? How?
3. Are you knowledgeable about: How many people are gay, lesbian, or bisexual? Research on homosexuality? The history of the gay liberation movement in the U.S.?
4. Do you know any gay, lesbian or bisexual people who are open about their sexual orientation? Have they ever discussed their lives with you? If not, why do you think they haven't?
5. If you think that someone might be gay, lesbian or bisexual, do you try to signal to them that you are accepting? Why or why not? How?
6. Have you ever read a book or seen a movie with a gay theme? Been to a gay bookstore or bar? Read a gay newspaper or magazine? Seen a gay show on cable television? Seen an openly gay or lesbian musician or comedian perform?
7. How would you feel if a family member told you she or he was lesbian, gay or bisexual? Would you respond differently if it were your child? Cousin? Parent?
8. How would you feel if a colleague at work told you he or she was gay or lesbian?

An ever-present issue for lesbian, gay and bisexual people is whether or not it is safe to tell people the truth about their lives. *If you are gay, lesbian or bisexual*, you may wonder whether or not to "come out" to a non-gay youth group by being open about your sexual orientation.

Questions to Consider Before Coming Out to a Group: _____
- Have you already established mutual trust and respect with the group?
- What purpose would coming out it serve? Would it help you, the group or both?
- What will be the effect on the group?
- Is there another leader who can help the group process the information?
- What sources of emotional support could you turn to?
- Do you risk losing your job?

Checking Out Your Biases[13]

This set of questions, if answered honestly, will help you begin to see where your biases are in working with young people. There can be a link between the treatment of and opinions about a few individuals and a more general attitude or bias.

1. List five young people you most like and feel comfortable with and five with whom the reverse is true.
   a) Do these teens have anything in common with each other? Think of language, behavior, gender, cleanliness, manners, culture, sexual orientation, race and ethnicity.
   b) Can you identify a bias that is indicated by their similarities?

2. How is your room arranged? Where do group members generally sit? Does the arrangement of the room result in the better-behaved or brighter teens being closer to you? Which young people, if any, are always in the back of the room? Why do you think this is so?
3. Do some young people, or groups of young people, take up more of your time than others? Which ones and why? How do you feel about spending more time with one group than another?
4. Do you tend to expect less from certain members of your group? Are these young people more likely to be poor or of one racial or ethnic group?
5. Do you tend to praise certain young people more than others? Do these students tend to be of one gender or sexual orientation or from any particular economic, ethnic or racial group?
6. Do certain teens show signs of withdrawal, self-deprecation or aggression towards you or others? Is this behavior more common to members of one group?

Answering all the questions in this section, discussing them honestly with others or writing down your responses, are good ways to focus on your own cultural background and biases. The process, of course, should be ongoing. Refer back to these questions on a regular basis and see what new insights you have. The paths to self-awareness are many; this resource is just one tool.

Chapter Three
The Young People in Your Group

Getting to Know the Young People in Your Program

The third step to building cultural competence has two parts:
1. getting to know the young people in your program as *individuals* and not as representatives of their cultural group; and
2. learning about their cultures.

As a caring adult who works with youth, you already know how important it is to become acquainted with the unique personalities of each young person in your program. You know that every teenager has his or her own likes, dislikes, experiences, sense of humor, ambitions, attention span, skills, personal style and family situations. A big part of the fun of working with a group of young people is getting to know them as individuals and working with the diversity hey bring to the group.

As you focus on building cultural competence, be sure that you *continue* to view the young people in your program as individuals. Beware of the temptation to quickly explain behavior as the result of culture. "Any knowledge gained about members of a particular group must be balanced with the view that each person is also a unique individual."[14] Nor should you expect any individual young person to be the ambassador for their racial or ethnic group or to be able to explain the group's entire range of cultural beliefs. Always be ready for surprises: just when you think you have learned a "fact" about a cultural group's beliefs or attitudes, a young person's behavior or attitude will directly contradict it!

> **View the young people in your group as individuals.**

Lastly, remember that the terms Asian-American, Latino/Latina, African-American, European-American and Native American are imprecise and mask a broad spectrum of cultural diversity. The continent of Asia contains numerous countries ranging from Sri Lanka to Korea. Latinos/Latinas draw their ancestral heritage from Europe, Central and South America and may be descendents of Europeans, tribal Indians, Africans or a combination. European-Americans have cultural roots in many different countries in both Western and Eastern Europe, as well as from places where Europeans settled through history. African-Americans have ancestral roots among the numerous countries of Africa, as well as in the Caribbean and South and Central America. There are over 300 Native American tribes, each with its own set of beliefs and traditions. Differences among regions within countries of family origin add to the diversity in large cultural groups. Allow the young people you are working with to define themselves for you.

Keeping these cautions in mind, listen to the young people in your group. Start paying attention to cultural issues having an impact on young people in your group. Keep in mind the very same questions listed in Section One. If you have difficulty answering many of those questions for all teens in your program, you know that you have a lot of interesting learning to do. Tips are listed below for how you can increase your knowledge about any cultural group.

Focusing on Economic and Sexuality Issues

Research indicates that the sexual behaviors that put young people at risk for HIV/AIDS and unwanted pregnancy are often tied to what teens see in their future. Those visions are often linked to economic

realities in their lives. Therefore, you will want to pay particular attention to topics related to economics and sexuality may include:

- the young people's and the family's level of acculturation;
- economic status and opportunities for their families;
- whether teenage sexual activity and parenthood is common and what your young people think about these issues;
- the availability of low- or no-cost contraception, including condoms;
- the availability of community resources for medical, housing and other assistance for people with HIV infection and AIDS.

Learning About Cultural Backgrounds

> **Be open and honest about cultural differences.**

There are two dozen or more Latino/Latina cultures in the U.S. Over 30 cultural groups make up "Asian-Americans." The variety of European ethnic groups is large. Black America is made up of descendants of Africans brought to the United States during slavery as well as more recent immigrants from a host of Caribbean and African countries. Close to 300 tribes makes up the Native American population. Lesbian, gay and bisexual people are represented in *all* of those populations.

There is obviously no way for you to learn in depth about every one of these groups. Do not be overwhelmed by the task of learning about cultural backgrounds. Instead, break the task down and set reasonable expectations for yourself. Bear in mind that some of what you read, see, hear or experience might reinforce stereotypes. In that case, keep an open mind and continue questioning the basis for your perceptions and beliefs.

Focus your efforts on learning about those groups represented right now by teens in your program. Accept that you cannot know *everything* about another culture and never will. Instead, figure out what is most important to know about the specific cultures from which your program participants come. Working on HIV/AIDS prevention, you already know that you will want to concentrate on cultural beliefs, attitudes and behaviors about sexuality, gender roles, communication, health, families and children.

Further Steps in Learning About Differences in Race, Ethnicity and Sexual Orientation

1. Encourage those different from you to be open and honest about issues related to their culture and be similarly open and honest about issues related to yours.
   - Ask if they mind sharing/talking with you about these issues.
   - Do not expect someone to summarize their entire cultural experience in five minutes.
   - Respect how difficult it can be to share private thoughts and experiences with "outsiders."
   - Be able to listen without becoming defensive.
   - Be willing to share your thoughts, experiences and cultural background as well.
   - Do not think that even a series of good conversations with just one person is enough; "the key to understanding a particular group lies in an appreciation of the wide diversity of individual experiences."[15]
2. Read additional sources.
   - Start with the bibliography in this resource.

- Go to a library and ask a librarian for help. Check out the sociology, anthropology and history sections. Read magazines and newspapers targeted to particular communities you want to learn about.
- Ask young people, your friends and colleagues for recommendations for novels and non-fiction books written by members of their cultural group.

3. Explore different parts of your town or city.
4. Join, or work with, interracial/multicultural organizations. Volunteer to do political work on issues that affect people of color or gay/lesbian/bisexual people in your area.
5. Expand your own friendship networks. Invite someone of a different race, ethnicity or sexual orientation in your office to join your for lunch. Strike up conversations. Do not be afraid to reach out. If possible, visit the homes of the young people in your program in order to get to know their parents and other family members.
6. Learn another language. It is like having another window onto the world and it allows you to think in different ways.
7. Participate in cultural traditions or community activities.
    - Go to ethnic festivals and eat in ethnic restaurants.
    - Attend gay/lesbian/bisexual pride parades (held in June every year in many cities).
    - Visit a house of worship or go to a religious service if outsiders are welcome.
    - Attend a lecture or rally on a topic important to those you want to learn about.
    - Go to see any movie in a theater popular with those you are trying to learn about; variations in audience reactions to the same film can be fascinating.
    - Ask the young people in your program, your colleagues and friends to suggest other appropriate activities.
    - Organize an ethnic pride festival in your school, church or community center in which teens can present information about their group's history, food, music, holidays and religion.
8. Find local training and education resources for further cultural competence/prejudice reduction/anti-racism skills development for yourself, your co-workers and your group.

Chapter Four
Cultural Background for HIV/AIDS Prevention

If you turned to this section without reading the previous sections, STOP! Acquaint yourself with the steps to building cultural competence outlined in the previous pages. Understand that reading the information offered in this section is no substitute for gaining understanding of your own culture, the individual young people in your program and their cultural backgrounds.

This section offers some important information that can help you place HIV/AIDS prevention efforts in a cultural context and perhaps understand some of the beliefs and attitudes of your program participants and their families. Due to the alarming rates of HIV infection among African-American, Latino/Latina and gay male youth, this section will outline some of the reasons that HIV/AIDS prevention messages might be resisted by African-Americans, Latinos/Latinas and young gay men.

Economic Issues

As the HIV/AIDS epidemic moves into its second decade, it is hitting particularly hard in communities in poor, urban communities of color.

African-Americans and Latinos/Latinas experience higher rates of unemployment, poor housing, poor health, early death and inadequate medical insurance than others. Many would argue that the greatest problems facing many African-American and Latino/Latina communities are economic. In the words of a Latino man in a poor neighborhood in New York: "Look around our neighborhood. What do you see? All you see is extreme poverty. We get sick mostly because we are poor. Our children get worse education because we are poor. In order to fight the AIDS epidemic, we have to fight the evils of poverty."[16]

For the many African-Americans and Latinos/Latinas whose daily lives are a series of struggles rooted in poverty, worries about HIV/AIDS fall way down on the list of concerns. When finding the next meal, paying the rent or taking a sick child to the emergency room are common problems, concern about a disease that might be fatal in 10 years is unlikely to be a priority.

Childbearing has tremendous meaning for everyone. Various researchers have commented on the fact that for African-Americans and Latinos/Latinas "who live in poverty, having children is often the only way they have to prove that they are socially productive and to demonstrate their manhood or womanhood.[17,18] HIV/AIDS prevention messages that focus on condom use are in direct conflict with this cultural value as condoms prevent pregnancy.

Distrust of Public Health Officials

Society intrudes upon the lives of poor African-Americans and Latinos/Latinas in many ways. Social workers, case managers, law enforcement officials and child protective service workers are constantly telling them what to do. In many ways, the private realm of sexuality is the last area in which they feel a sense of control and power. When public health officials start telling people to change those private sexual behaviors to prevent HIV/AIDS it is understandable why the safer sex messages might be resisted.

There are several reasons that African-Americans in particular tend to distrust public health messages about HIV/AIDS prevention. First, that sense of distrust has roots in the legacy of the Tuskegee Syphilis Study. In that Public Health Service study, black men with syphilis were intentionally given inadequate or

no treatment for syphilis and followed for 40 years (1932 to 1972) to see the results of untreated disease. The men were never told that they were not receiving treatment. Today, it is not uncommon for African-Americans to refer to this study and many believe that the government purposefully infected the men with syphilis.[19]

Second, conspiracy theories suggesting that the U.S. government introduced HIV into poor, African-American communities are not uncommon and many African-Americans do not believe that the government is telling the whole truth about HIV/AIDS. Third, in the beginning of the epidemic, when so little was known about the mysterious new illness, Haitians were labeled by the government as a "risk group." This early labeling of a group of black people resulted in bad feelings among many African-Americans. Fourth, some of the theories – notably the "green monkey theory" – about where HIV came from in the first place suggest that the virus first appeared in Africa. These theories have been interpreted by some as blaming Africans for the deadly illness.

Denial

Denial of the threat of HIV/AIDS is not unique to African-American and Latino/Latina communities. Most people think that they are safe from infection, even as they continue to engage in risky sexual behavior. In fact, denial of danger, even in the face of facts, is a human trait. How many of us always wear seatbelts, never speed, have quit smoking and follow doctors' advice faithfully?

Many people still believe that HIV/AIDS is a disease that is only a threat to gay white men and African-American and Latino/Latina teens are no different. Creating HIV/AIDS prevention messages and programs that personalize the risk for them is critical.

Even young gay men demonstrate through their behavior that they deny the threat of HIV/AIDS. Recent research shows that young gay men engage in unprotected anal intercourse at higher rates than older gay men and that their HIV infection rates are higher than those of older men.[20,21]

There are at least two explanations for this disturbing information. Perhaps the most important is that few young gay men have experienced the level of personal experience with the disease that older men have. Second, there is a growing trend for schools to request that speakers in HIV/AIDS prevention programs refrain from discussing homosexuality, thus eliminating an important educational situations in which lesbian, gay and bisexual issues can be discussed.[22]

Religious Issues

Religion has played, and continues to play, a tremendously important role in the lives of many people, including African-Americans and Latinos/Latinas.

African-American churches have always been more than religious institutions, serving as centers for the development of leadership, education and the teaching of the values and traditions of the African-American community. Beginning with slavery, when religion offered slaves the promise of eventual freedom and comfort during captivity, religion has helped African-Americans cope with their social and economic isolation.[23]

Churches in the Latino/Latina community play similar roles, as well, moral guidance, spiritual comfort and serving as a community resource in time of need. Over 85 percent of Latinos/Latinas are Catholic.

Most of the others are members of Protestant denominations and some follow traditional religions of "espiritismo" and "santerismo" as well.

There are several ways in which religious beliefs have an impact on HIV/AIDS prevention education. First, in almost all religions, homosexuality is seen as immoral, unnatural, sinful and evil. The amount of guilt and shame that many religions create for lesbian, gay and bisexual people is enormous. Religious intolerance is part of what makes it difficult for many lesbian, gay and bisexual people to be honest with themselves and their families about their sexual orientation. Safer sex demands open and honest communication with sexual partners; this can be difficult for lesbian, gay and bisexual people who feel guilt.

Second, the belief that AIDS is punishment from God for immoral behavior is not uncommon. In a small study of African-American women from an urban area, two-thirds believed that AIDS is a fulfillment of prophesy regarding plagues from the Book of Revelations.[24] A study of Latino attitudes about HIV/AIDS revealed that their deeply held religious views lead to the belief that AIDS is God's punishment for younger Latinos' corruption by modern U.S. culture. This belief was found to be most common with the older generation of Latinos/Latinas who were raised outside the U.S.[25]

Third, the Catholic ban on any contraceptive use, even among married couples, makes it difficult to convince religious Catholic Latinos and Latinas to use condoms. Fourth, for Latinos/Latinas in particular, fatalism is a significant barrier to HIV/AIDS prevention. Fatalism is the belief that life is pre-determined and that individuals are powerless to change what happens to them. Those familiar with Latino/Latina culture note that fatalism results from both the tremendous influence of religion and the reality of poverty and that it makes arguments for safer sex difficult.[26,27]

Gender Role Expectations

Gender role expectations refer to what is considered to be appropriate and acceptable behavior for men and women. African-Americans and Latinos/Latinas are no different from all other groups in the U.S. in having at least some rigid views about what is okay for men to do and what is okay for women to do. Nor are they immune from mass media messages that tell men to be strong, silent and powerful and women to be pretty, emotional and passive.

Some of the commonly gender role expectations held by African-Americans and Latinos/Latinas, however, are significant for HIV/AIDS prevention work.

The terms *macho* and *machismo* are often used when talking about Latino men. The terms have a negative connotation when used by many Americans. The fact that the direct translation of the word machismo is simply "male pride" has been lost in the application of the word to describe men of any ethnicity who are particularly chauvinist.[28]

A more accurate definition of the term, as understood by Latinos/Latinas, includes men being in control their own lives, providing for and protecting their families, not just being served by women and being skilled, desirable lovers who must "have" many women. The macho ethic provides a major obstacle to condom use. "Condom use is perceived by many to be 'unmanly' and as an obstacle to intimacy and control of sexual relations."[29]

Machismo also plays a role in homosexual behavior of Latino men. The cultural pressure to marry and have children is enormous; gay Latinos often do get married, in order to conform to their culture. They

may still engage in same-sex behavior, in bars or public places, but they live lives as heterosexual, married men. In addition, Latinos who would define themselves as heterosexual sometimes engage in sexual behavior with other men, but as long as they take the "active" male role of inserting the penis, they are not considered to be gay.

Marianismo is the term for the traditional ideal of the submissive Latina who centers her life around her family and is generally obedient to the men in her life. This view of Latinas does not include the reality that within the home, in the arenas of childrearing and family matters, Latinas have much power. Marianismo is an obstacle to safer sex and condom use, however, because a "good wife" is one who submits to her husband's wishes. If he refuses to use condoms, even if he has extramarital affairs, it is very difficult for a Latina wife to insist on protected sex. In addition, motherhood is highly valued in Latino/Latina cultures and women are taught from childhood that their proper role is to be a mother. Condoms prevent disease, but they also prevent conception, and are often resisted on those grounds.

An important fact about the African-American community is the high rates of incarceration for African-American men. Unemployment of African-American men is rampant and too few African-American men can financially provide for their families.

The results of these inequities are several: many African-American men are prevented from carrying out traditional functions of providing for a family and gaining self-respect through work. African-American men from lower socioeconomic classes may try to fulfill these roles in other ways, including through their sexuality. Thus, men who are powerless in many other arenas may cling to patterns of behavior, including sexual risk-taking, that are traditionally male.

African-American women, it has been suggested, might be willing to tolerate objectionable behavior from the men they are involved with because there are not enough men to go around, given how many die early, spend years in prison or are undereducated and unemployed.[30]

Sexual Attitudes and Behaviors

Homosexuality
Homosexuality is stigmatized, to at least some degree, in all racial and ethnic cultures in the U.S. Lesbian, gay and bisexual people of all colors face rejection from family, church and community. All must struggle for self-acceptance in a world that tells them that who they are is bad.

African-Americans and Latinos/Latinas are no different from other Americans in being fearful and ignorant of gay, lesbian and bisexual people and issues. In many African-American and Latino/Latina communities, homosexuality is viewed as a "white thing" and denial of African-American or Latino/Latina homosexual behavior is common. African-American and Latino/Latina gay/lesbian/bisexual people face at least two struggles: for acceptance as gay people in their own communities, and for acceptance as people of color in the gay community. Finding complete acceptance and understanding in either can be difficult. African-American and Latina lesbians face a third struggle against sexism in their own and in larger communities.

There is a huge difference between sexual *identity* and sexual *behavior*. Researchers who have focused on Latino/Latina cultures in particular note that many Latino men who call themselves "heterosexual" in fact engage in homosexual sex. The reasons for this are many. First, being gay is so stigmatized that some Latino gay men choose to live "in the closet," getting married but also having sex with men. Second, other men do not admit their homosexual feelings, but act on them only when under the influence of

alcohol or drugs. Third, if a Latino man takes the role of receiving another man's penis in his mouth or anus, he is seen as the passive, *female* partner. The man who took the active role of inserting his penis is culturally understood to be a heterosexual man; it is only the passive partner who is negatively labeled as gay.[31]

> **Safer sex practices require that partners talk to each other about their sexual histories, condom use and sexual acts.**

Anal Intercourse

The recipient of anal intercourse is most at risk for HIV infection. Anecdotal evidence from urban areas suggests that anal intercourse is practiced by heterosexual young people as a form of birth control. For some young, unmarried Latino couples, it is used as a way to protect against the loss of female virginity.

Talking About Sex

Safer sex practices require that partners talk to each other about their sexual histories, condom use and sexual acts. These conversations and topics are not easy for anyone, but the general Latino/Latina population in the U.S. has been described by many as sexually conservative. Direct sexual talk in public and private is still basically unacceptable among Latinos/Latinas and health educators may startle and offend their audience by talking about taboo sexual subjects.[32]

Chapter Five
Working With Youth

As a good youth program leader, you already know the basics of working effectively with youth. Like all young people, African-American and Latino/Latina youth and lesbian, gay and bisexual youth of all races and ethnicities respond well to leaders who:
- spend time getting to know and interacting with them;
- actively include them in program planning;
- create program environments that allow for a great deal of exchange among participants and leaders;
- foster mutual respect;
- genuinely enjoy adolescents and like working with them; and
- know how to establish and encourage positive and appropriate relationships with youth.

In General

Understand the developmental issues all youth face: their abilities to understand and apply information are changing as they mature. Each teen moves through the process at a different pace and in a group of teens of the same age, there will be great variation among their abilities.

Be aware that youth go through stages in identifying with their racial and ethnic cultures. Some young people will proudly claim their racial or ethnic identity, while others will be uncomfortable with it. Young people of mixed racial background face particular challenges in this regard.

> **Deal realistically with young people's needs.**

Be sensitive to the fact that if you are dealing with sexuality issues, the young people in your program might feel some conflict between what they are taught at home and what you are discussing. Be aware of your own values and do not seek to impose them upon program participants unless they are in agreement with the values of the program.

Pay attention to gender. If you run a co-ed group, know that studies show that girls tend to talk less if boys are present and that even well-intentioned teachers pay more attention to boys and give them more praise than girls.

Know the rates of teenage sexuality and parenting behaviors in the community and choose prevention strategies at the appropriate level. Deal realistically with the young people's needs.

Keep in mind the importance of *youth* culture in general. For almost all teens, the customs, music, slang, clothing and even ideas popular among their peers are very important. Fitting in with the peer group is often more important than pleasing parents, teachers or other adults.

Working with Young Latinos and Latinas
Be aware that in most Latino/Latina families, discussions of sex are taboo. Latino/Latina teens *may* never have had the opportunity to talk about sexuality-related matters in public before. Give them time to open up.

Be aware that a participatory learning format may be new to Latino/Latina teens and that they may be uncomfortable in the beginning with a format in which the leader is not assuming a position of authority.

If possible, use leaders who can speak "Spanglish," that is, who can switch back and forth between English and Spanish, even within the same sentence. Not all Latino/Latina teens speak Spanish fluently, nor do they all speak English fluently; many benefit from having a mix of the languages used.

Use program materials, including videos, that feature Latinos and Latinas.

Understand the difficulties faced by young Latinos and Latinas who are gay, lesbian or bisexual and offer support.

Working With Young African-Americans

Sadly, several studies have demonstrated that teachers tend to demand less from African-American youth, praise them less frequently, give them less time to answer, call on them less frequently and seat them farther away from the front of the room.[33] You should make every effort to check yourself for such behaviors.

Broaden the repertoire of program activities to include storytelling, music, role-playing, African-American literature, debate, group learning and games that build on cooperation.[34] Use program materials, including videos, that feature African-Americans.

Working With Lesbian, Gay and Bisexual Youth

Recognize and accept that gay, lesbian and bisexual youth are part of all youth populations, very likely including your group, whether or not they are open about their identity to themselves, to you or to others.

Each gay, lesbian or bisexual person goes through a process of understanding and accepting their sexual orientation. There is no one path to this understanding, and having complete self-acceptance can take years.

There will likely be young people in the group who have gay or lesbian family members or friends. Leaders should strive to make the group environment as safe as possible for both groups of young people by following the guidelines below. All young people in the group will benefit from the leader's example of acceptance. The guidelines are:

- Use correct terminology when referring to a person attracted to the same gender – "lesbian or gay woman" for a female attracted to females and "gay" for a male attracted to males. "Homosexual" is an adjective referring to sexual behavior and should not be used as a noun to describe gay or lesbian people. This term limits the understanding of persons attracted to the same gender to their sexual behavior and has a clinical sound offensive to gay and lesbian people.
- Challenge abusive or derogatory terms such as "faggot" or "lezzie" by not tolerating such language. Establish a standard of conduct related to sexual orientation in the same way that racist or sexist terms are not acceptable in the group. Gay and lesbian teenagers report that one of the hardest things to experience is groups leaders or teachers not confronting slurs against gay and lesbian people.
- Use inclusive language like "partner" instead of "boyfriend" or "girlfriend." Do not make assumptions about the sexual orientation of anyone in the group. By using inclusive language you are signaling to gay, lesbian and bisexual teens that you might be a safe person to talk to.
- Provide accurate information about homosexuality: correct myths as they arise in group discussions; know community resources and have copies of pamphlets or other information which list them.[35]

Chapter Six
Presenting Multicultural Programs

As a youth leader or teacher who cares about cultural competence, you want to provide youth with effective programs that engage them, speak to their cultural experience, reinforce positive health messages received at home and help them be comfortable with their racial and ethnic identities and sexual orientation. Some tips for doing that include:

1. Include program leaders, guest speakers or volunteers who share the same cultural background as the group members. Have both men and women involved with the program.
2. Incorporate traditional cultural elements.
   - Find the cultural beliefs and practices that reinforce the attitudes and skills your program seeks to build. Be creative in using traditions that can inform and shape a variety of program activities.[36]
3. Assume there is a wide range of views, particularly about sexuality issues, in your group.
   - Understand how some of the HIV/AIDS prevention messages might be the same as, or different from, family values and practices.
   - Model the willingness to hear ideas different from your own.
4. Remember that group members are individuals, not representatives of their ethnic or racial group and that even the best understanding of a particular ethnic, racial or cultural group is no substitute for getting to know the individuals in the program.
5. Encourage the involvement of your teens' family members in program plans and activities.
   - Reach out to families. Plan family-based experiences during hours convenient for families. Assign fun "homework" assignments that encourage young people to talk to their parents or other family members.
   - View the family as a positive source of spiritual and cultural strength as well as a primary source of information, education and support.[37]
   - In planning family involvement, however, bear in mind that not all families are supportive
6. Make sure that activities, discussions, videos, written materials, and guest speakers reflect the cultural and ethnic diversity of the students, the community and society in general.[38]
   - Choose wisely: a terrific video featuring urban African-American teens would be an excellent selection for urban African-American teens, but would probably be inappropriate for a middle class suburban African-American group.
7. If your group has diverse cultures and backgrounds represented in it, help build alliances across groups by using structured and purposeful activities. Mix young people up in teams and partnerships and have them work together to reach a common goal.[39]
8. Recognize the cultural roots of some teenagers' behavior.
   - Know that children and teenagers in different cultures are taught to behave differently. In some cultures, children are encouraged to submit without question to parental authority, keep quiet and to contribute to family harmony by keeping to strict gender role behaviors. In other cultures, children are taught to speak their minds, to question parental authority and to not limit their behaviors in gender-specific ways.
   - Don't expect all teenagers to be animated, talkative, openly curious or eager to question "what boys can do and what girls can do."[40]
9. Support young people's exploration of their ethnic and racial identity.
   - Seek information from teens about the views they hold about their racial, ethnic and cultural backgrounds.
   - Support teens as they "try on" various identities and try out different roles.

- Help young people understand that loyalty to one group does not mean disloyalty to another. Ethnic or racial pride does not mean rejection of other groups. Biracial teens in particular need help in this area.
- Recognize the power of your influence on the young people in your program and be mindful of biases you might have about what identities teens should assume.[41]

10. Support young people's sexual orientation.
    - Learn about the range of issues related to teens and sexual orientation. Seek further resources if this topic is unfamiliar.
    - Know that it is highly likely that some young people in your program identify themselves as gay, lesbian or bisexual. Understand that they may **or may not** have engaged in same-gender sexual behavior; a lesbian, gay or bisexual orientation involves more than just sexual activity.
    - Accept their self-definitions. Do not assume that a young person who says he or she is gay or lesbian is "going through a phase." On the other hand, understand that for some young people, their sexual orientation is unclear to them well into adulthood.
    - Work to make your program a safe place for lesbian, gay and bisexual young people by ensuring that disrespectful language and comments are not allowed to pass unchallenged.
    - Know what community resources exist to support lesbian, gay and bisexual youth.

11. Engage young people in open and on-going dialogues regarding stereotypes and the limits they impose.[42]

12. Seek multicultural training opportunities for yourself and continue the process of building cultural competence in all ways available to you.

Appendix

These questions are offered as guides for you to use in examining your cultural background and life experiences. Answering them will help you focus on what has shaped your views and how those views might affect your interactions with others.

It is important to approach each question honestly and with an open mind. There are no right or wrong answers. The questions are not intended to judge or categorize, nor to offend. They are merely individual tools of exploration designed to help you get to know yourself a little bit better.

Some of your answers may surprise you, other may inspire a range of emotions from anger to fear. Give yourself time to reflect. Talking with a trusted individual may help. Just remember that your discoveries are means to an end; providing the best education you can for the young people you serve.

Consider these questions both in the context of your present life as well as your experience growing up as a child and young adult. Reflect on the differences between your current home and the one in which you were raised.

Language

What language or dialect is spoken in your home? Is it different or similar to the language used in your household growing up? Do you understand or speak another language from your ancestral heritage? Do members of your family? Is there a generational split among your family members with regard to speaking English versus another language?

What body language do you typically use when speaking? How about members of your family? Are there certain non-verbal signals that are considered polite or rude, such as eye contact, physical closeness or tone of voice?

Are there different rights or status of speaking in your household or family? Are some members listened to more than others?

Do children or teens in your family have the same rights to speak? What rights to speak did you have growing up as a child and then as a teen? Were they similar to other members of your family who were of the same generation? Did those rights vary by gender?

What forms of communication are common in your family experience? How common are joke-telling, sarcasm, story-telling? How freely are emotions expressed? How common or appropriate was/is touching or physical forms of affection in your family?

Health

How is illness treated in your family? Do certain behaviors or beliefs play a role in illness? What behaviors or remedies were used to prevent or cure illness? To whom did you turn inside the family when you were sick? To whom outside the family?

Family Relationships

What is your family structure? Is your current family structure different from the one you grew up in? Who is considered to be a member of your family? Are there individuals to whom you are not related, but who are considered family such as longtime friends, neighbors or godparents?

What was the division of labor and responsibilities in your family? Did that vary by gender or age or other forms of status? How about now?

How important is it to have children? How many children are in your household? Was there value placed on having children of one gender or the other?

What family members were typically involved in major family decisions? Were you included in these discussions? Who in your family is included now?

How involved is your family in marriage decisions? Are marriages arranged? By whom? Is there a balance of responsibility between both families involved in the marriage?

What are/were the expectations of what responsibilities you have to your parents or family? What responsibilities did/do your parents have to you? What are the expectations about living at home? Does that change in the context of marriage?

Are there any openly gay, lesbian or bisexual members of your family, including you? Are they acknowledge? Accepted? Are same-sex life partners or opposite sex partners considered to be family members as well?

What are your views on marriage outside your cultural group? What are your family's views? How do you view dating or sexual affairs? What about your family's views?

Sexuality

What do you consider to be the "ideal" body type for a man and for a woman? What do members of your family think? How are your ideals influenced by your upbringing and images in mainstream advertising? Are you generally happy with your body? Do you think your view is atypical of those around you?

In what ways do you express different levels of intimacy? Do you think you have different needs for intimacy than most members of the opposite sex? Do you consider displays of public affection acceptable or in poor taste?

How do you express closeness to members of the same sex? To friends of the same or opposite sex? When and how were you allowed to date? Was dating in the conventional American sense the norm for your household? Were you allowed to socialize in co-ed groups? Were there any specific restrictions or unspoken rules about these activities?

Which gender was encouraged or expected to take the initiative in heterosexual romantic relationships? Who was supposed to ask first? What expectations were there for the opposite sex in response?

Are some sexual acts taboo? If so which ones and with whom? When? How do you view masturbation? Have your responses changed from your childhood and adolescence? If so, how?

If you have had heterosexual intercourse, at what point was contraception a part of your sexual experience? Your sexual education? How was the subject treated in your family? Who was responsible for purchasing and using contraception, including condoms?

How do you view homosexuality? How does your view influence or not influence your treatment of others? Your own behavior?

Are gay, lesbian, and bisexual people accepted as members of your community? The community you were raised in?

Are you gay, lesbian or bisexual? When did you come out to yourself? Are you out to friends? Family? Employers and co-workers? Why or why not? How many other members of the gay, lesbian or bisexual community do you know? How involved are you in organized gay, lesbian or bisexual community activities?

What behavior constitutes flirting? What are your expectations of people engaging in flirtatious behavior? Are there certain behaviors that are unacceptable?

At what age did you first express yourself physically in asexual relationship? Was that considered an acceptable age by your family for someone of your gender? Was it typical of your peers? What age was considered acceptable for males to have sexual intercourse? For females?

What did you learn about child sexual abuse growing up? About forced sex between partners? About sexual harassment? How is that knowledge different or similar to what you know now?

Gender Roles

Were tasks in your home assigned by gender? Are they now? Which things were traditionally done by men in your family? By women?

Were both yourself and members of the opposite sex encouraged to stay in school? Go to college? To work outside the home? Were there certain hobbies or extracurricular activities that were encouraged in one gender and not the other?

Were you allowed or encouraged to express emotions freely? Was this similar for members of the opposite sex in your family? Did this differ by age? Were some emotions more appropriate in one gender or another?

Who takes care of the children? What respective roles do members of your sex and members of the opposite sex have in raising a child?

Are either males or females expected to be more knowledgeable, interested or experienced in sex? Is one gender supposed to be more interested in monogamy or abstinence before marriage?

Religion

What religion or religious beliefs do you adhere to? Is this different or similar to that of your family? If you do not follow any religion, why? How observant are you with regard to specific traditions, beliefs, holy days or daily practices?

What are the basic beliefs of your religion? What are its teachings about gender roles, pre-marital and extra-marital intercourse, homosexuality, contraception, childbirth and abortion?

What role does fate or predestination play in your life? In the context of your religion? How do you regard death? Do you believe in life after death? Does your religion? What about members of your family?

Do you belong to the same religion as the one you were raised in, or the one your family follows? Are you as religious as your family members? Is this different from when you were a child or adolescent? Do young people express their religious beliefs differently? How observant are young people in your family now compared to adults?

How is religion incorporated into your daily life? Do you follow some teachings more than others?

How important are religious leaders in your life? In your family's? How often and in what situations are/were they consulted by you or your family?

Are there behaviors or foods are taboo? Which ones and when?

How is your religion perceived in your ancestral country? Is it the dominant or minority religion? Is it respected and/or tolerated?

Acculturation

How would you consider yourself under the categories of acculturation? Bicultural? Traditional? Marginal? How about members of your family? Does that vary by age?

If you are not Native American, how long has your family been in the United States? How long have you been in the U.S.?
If you are Native American, what is your family's tribal history?

What values, beliefs, attitudes, customs, traditions, or behaviors have you retained or adopted from your ancestral heritage? Has that changed over the years? How about for your family?

Immigrant Status

What is your citizenship status? What is the status of members of your family? What are the reasons behind having or not having U.S. citizenship in your family? Do you or any of your family have dual citizenship?

What was your ancestors' migration experience? Did they arrive alone or with family members? Are there family members still living in your ancestral country? Are you in contact with them? Do they receive financial support from you or other family members?

If you immigrated, what was your migration experience?

Do you live in a community with others from your ancestral country or heritage? If you live in a community that is multi-racial and multi-ethnic, how do all the various groups get along?

Do you or your family members plan to stay in the U.S. or do you or they hope to return to your ancestral country?

Have you ever visited your ancestral country? With or without family? How did that experience affect you?

Have you ever moved within the United States?

Political Power

How well-represented do you feel members of your cultural group are in local, state or national politics?

How many women representing you cultural group hold a political office?

Is it common for most members of your cultural group to be U.S. citizens? To be registered to vote? To vote? To be courted by candidates? If so, how and by whom?

What advocacy organizations work on behalf of your group? How well do they represent diversity in your group?

How active are members of religious organizations in social movements?

What is the political situation in your ancestral country? If you or your family are recent immigrants, what kind of political participation if any was encouraged? Are elections held? Are they believed to be fair?

Racism

What has been the impact of racism on you? On your culture group as a whole? What is it today?

How do you feel affected by racist attitudes and practices? What about your community? Does it vary for men and women? How about children and teenagers?

How do formal and informal leaders talk about racism now? How did they in the past?

Do you see yourself as a victim or perpetrator of racism? How and why? What has it been like to try and do something positive about racism in your life?

Poverty and Economic Concerns

What was the standard of living in your family when you were growing up? Was it similar to other people in your community or in your extended family?

Are you currently employed? What kinds of jobs have you held in the past? Are most adults in your community employed? In what kinds of jobs? Do most women work outside the home? How high is the average standard of living?

What is the level of involvement in illegal industries? What is the degree of violence in your community? How has that had an impact upon you?

Have you or family members ever received public assistance? How has that influenced your perspectives?

How safe are the public schools? Are they well-staffed? Adequately funded? How many children are in private or parochial school?

How are health needs serviced in your community? When and how do you seek medical treatment? Do you have medical insurance? Do most people in your community?

Oppression

What is the history of your ancestors and your cultural group in the United States? What laws and policies have affected your group? What laws and policies today?

What is the history of your cultural group in your ancestral country? Has it experienced oppression in some form? Does it today?

Endnotes

1. Evaluation of the Red Cross's culturally-specific African-American HIV/AIDS education program revealed interesting results: the course did not have a greater impact on African-Americans than it did on white and Latinos, as measured by the post-test knowledge and behavioral intent scores. Setting where the program was delivered proved to be key; youth who received the course in school had higher post-test scores for both knowledge and behavioral intent than those who received the course out of school. See Marietta Damond and Ann E. Pharr, *The American Red Cross African American AIDS Program: An Evaluation of a Culturally Specific Curriculum*. (Washington, DC: The American Red Cross, June 1992).

2. Linda Camino, *Racial, Ethnic and Cultural Differences in Youth Development Programs* (Washington, DC: Carnegie Council on Adolescent Development, 1992), p. 36.

3. Pennsylvania CASSP Advisory Committee, Subcommittee on Cultural Competence, *The Pennsylvania Model of Towards A Culturally Competent System of Care* [sic]. (Harrisburg, PA: Pennsylvania Department of Public Welfare, Office of Mental Health, Bureau of Children's Services) p.9.

4. Adapted from Donald R. Atkinson, George Morten and Derald Wing, *Counseling American Minorities: A Cross-Cultural Perspective* (Madison, WI: Brown & Benchmark, 1993).

5. Inca Mohamed, "Steps to Cultural Competence" Handout, August 1991.

6. Nancy Abbey, Claire Brindis and Manuel Cases, *Family Life Education in Multicultural Classrooms* (Santa Cruz, CA: ETR Associates, 1990) p. 8.

7. Don C. Locke, *Increasing Multicultural Understanding: A Comprehensive Model* (Newbury Park, CA: Sage Publications, 1992) p. 10.

8. Ibid., p. 6.

9. Camino, pp. 26-27.

10. Ibid.

11. Ibid.

12. Adapted from Lana Ka'opua, *Training for Cultural Competence in the HIV Epidemic* (AIDS Education Project, Hawai'i Area AIDS Education and Training Center, 1992).

13. Adapted from David A. Shiman, *The Prejudice Book: Activities for the Classroom*. (New York: Anti-Defamation League of B'nai B'rith, 1979).

14. Locke, p. 159.

15. Locke, p. xii.

16. Culturelinc Corp., *Hispanics and HIV: Strategies and Tactics for Education/Prevention* (New York, NY: Culturelinc, no date) p. 31.

17. de la Vega, Ernesto, "Considerations for Reaching the Latino Population With Sexuality and HIV/AIDS Information and Education," *SIECUS Report* 18 (3) (Feb/March, 1990), p.3.

18. Airhihenbuwa, Collins, et al., "HIV/AIDS Education and Prevention Among African-Americans: A Focus on Culture." AIDS Education and Prevention, 4 (3) (1992), p.269.

19. Stephen B. Thomas and Sandra Crouse Quinn, "The Tuskegee Syphilis Study, 1932 to 1972: Implications for HIV Education and AIDS Risk Education Programs in the Black Community," *American Journal of Public Health,* 81 (November, 1991), pp. 1498-1505.

20. AIDS Office, Bureau of Epidemiology and Disease Control, San Francisco City Clinic Special Programs for Youth and San Francisco Department of Welfare, *The Young Men's Survey: Principal Findings and Results* (San Francisco, CA: 1991). This study revealed that almost half of study participants ages 17-19 had participated in unprotected anal intercourse as compared to under a quarter of the 20-22 year-olds and under a third of 23-25 year-olds. In addition, just over 14 percent of young men between 17 and 22 years old were HIV positive, comparing to 10.4 percent of young men between 23 and 25 years old.

21. AIDS Committee of Massachusetts, *A Survey of AIDS-Related Knowledge, Attitudes and Behavior Among Gay and Bisexual Men in Greater Boston* (Boston, MA: AIDS Committee of Massachusetts, 1991). In this survey of 1,841 gay and bisexual men, four out of 10 men under 23 years of age reported at least one instance of anal intercourse without using a condom during the past six months.

22. Kevin Cranston, "HIV Education for Gay, Lesbian and Bisexual Youth: Personal Risk, Personal Power, and the Community of Conscience," *Journal of Homosexuality* 22 (1992): 247-259.

23. Locke, pp. 23-24.

24. Jacquelyn H. Flaskerud and Cecila E. Rush, "AIDS and Traditional Health Beliefs and Practices of Black Women," *Nursing Research* 38 (4) (July/August 1989): 213.

25. Culturelinc, p. 28

26. Ibid.

27. Carmen Medina, "Latino Culture and Sex Education," *SIECUS Report* 15 (3) (1987): 3.

28. Ibid.

29. Culturelinc, p. 41.

30. Airhihenbuwa et al., p. 270.

31. de la Vega, pp. 7-8.

32. Ibid., p. 2.

33. Karen J. Pittman et al, "Making Sexuality Education and Prevention Programs Relevant for African American Youth," *Journal of School Health* 62 (7) (Sept., 1992): 343-344.

34. Ibid., p. 343.

35. Adapted from L. Treadway and J. Yoakam, "Creating a Safer School Environment for Lesbian and Gay Students," *Journal of School Health* 62 (7) (Sept., 1992): 353.

36. Camino, p. 45.

37. Isaacs, p. 47.

38. Abbey, p.21

39. Camino, p. 44.

40. Camino, p. 12.

41. Adapted from Camino, p. 19.

42. Camino, p. 48.

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