

# **A Comparative Study of Attitudes of Sexuality, Sexual Health Knowledge, and Sexual Practices of Young Women in Mexico, Canada and the United States**

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## **ABSTRACT**

This paper reports on the perceptions of sexuality, sexual health knowledge, and practices of young women in Mexico, Canada and the United States. It describes and compares the perspectives of young women concerning their sexual health needs. It also identifies cross-cultural differences related to the accessibility of sexual health information and services. Some of the results are discussed in comparison with other international research conducted on similar issues.

## **INTRODUCTION**

"I heard that you can tell your boyfriend isn't a virgin if when you touch his penis, it's hard." This was the shocking statement that came from my Mexican host family's 22-year-old maid one night after dinner. I was speechless and didn't know how to react. Prompted by such comments (although others not nearly as surprising) during my study-abroad experience in Xalapa, Mexico, I started to pay closer attention to opinions of sex and sexual practices within the Mexican youth culture. I soon decided that I wanted to investigate young Mexican women's practices and perceptions of sex and sexuality. This investigation led to an international comparative study on perceptions of sexuality, sexual health knowledge, and practices of young women in Mexico, Canada and the United States.

Indeed, each culture has a unique perspective on sexuality, and a correlation seems to exist between the accessibility of sexual health resources to the young women and their perceptions of sex and sexuality as well as their practices. Population Action International is a Washington D.C.-based, independent policy advocacy group that works toward the advancement of access to family planning and related health services, especially for girls and women. According to Population Action International, although sexual education has entered the Mexican classroom, it is not geared toward the youth's needs and lacks ample information:

Mexico's recent progress in incorporating sexuality education into the national school system is due in large part to NGO advocacy efforts that built on a poll showing parental support for sex education. However, the million teachers who should cover the material are still untrained. As a result, they often continue to skip sexuality education, or limit open communication and discussion. The government's approach to reproductive health tends to be clinical, to the neglect of the social, economic and personal aspects of sexual relationships (NGOs advance, 2003).

Not only is the quality of the sexual education courses questionable, but the accessibility to resources beyond schooling plays an additional role in these women's sexual health awareness. Studies released by the Mexican Family Planning Association (MEXFAM) revealed that although the awareness about different methods of birth control has increased, the rate of usage is still lower than desired (Betaza, 2005). Dr. Rafaela Schiavon, a reproductive health investigator for the Ministry of Health commented, "We're familiar with the methods (i.e. of birth control), but at times we don't use them, but the double standard is that at times it keeps us from planning the use of a method for unmarried couples; it's a job for society as a whole. Some young women know about birth control, but the phrase 'that could never happen to me' stuck and now these young women are learning how to be mothers" (Betaza, 2005).

In comparison, according to *Body & Soul*, a Canadian magazine about health, nourishment, spirituality, and relationships, French-Canadian youth receive quite extensive sexual education in the context of (secondary) education.

Part of what might explain the relative openness about sex in Quebec is that most kids in Quebec learn about sex in school. In most cases, the classes aren't taught by sexologists but by teachers themselves. Personal and social development classes, commonly called PSD, include a sexual education section. These classes cover interpersonal relationships, health and sexual education, consumers' education (which treat the teenager as a consumer), and a component of social life education (Pelletier, 2004).

This is not, however, the case across the country. "In contrast, the experience of 27-year-old Lynn, for example, shows us that attitudes towards sex can vary from region to region within Canada. 'I was born in northern Ontario and I received a very stern education,' Lynn reports. 'I know that most of my classmates received the same education, because very strict rules determined our conduct. Young girls had their place and young boys had theirs'" (Pelletier, 2004). This suggests that while youth are being educated, the content of their lessons is variable and does vary from province to province.

In order to improve the situation across Canada, Eleanor Maticka-Tyndale of the Canadian Journal of Human Sexuality commented, "We need to listen to our youth. [Youth] consistently tell us they need sexual health education that talks more about feelings, arousal, foreplay, weighing alternatives and making choices, gay and lesbian lifestyles and identity, confidential access to information, contraception and condoms" (Maticka-Tyndale, 2001).

Finally, in the US context, while there are family planning clinics across the country serve as resources for the young women, it has been noted that there is room for improvement on the education received in schools. Advocates for Youth is an organization working both in the U.S. and in developing countries to help young people make informed decisions about their reproductive and sexual health. This group states:

The sexual health status of youth in the United States is dismal compared to other industrialized nations. The United States has one of the highest rates of sexually transmitted infections (STIs) among adolescents and the United States' teen pregnancy rate is the highest in the developed world. Today, controversy rages around sex education in U.S. public schools. Major scientific and medical organizations refute conservative claims that teaching about contraception gives 'mixed messages' to young people and that youth should be taught to 'just say no.' Research shows comprehensive sex education--programs that teach about both abstinence and contraception--to be more effective in assisting young people to make healthy decisions about sex (Cloninger & Pagliaro, 2002).

In regards to the accessibility of the resources on sexuality and sexual health information, Sarah Frye, a nurse practitioner at Options in Reproductive Care in La Crosse commented the following:

Most American women know about birth control. In contrast to Mexico, the US government has made a commitment through family planning clinics to provide affordable, accessible birth control for women. [Accessibility] shouldn't be a problem here. Women in this country that want to fully participate in society, be professionals, etc. understand the need to delay child bearing. These are women of all ages with goals; they're in college; they want to be professionals. In order to live out those dreams, they understand that they need to decide when and with whom sex is appropriate, and really, that is the purpose of these clinics—to provide birth control and counseling to these women so that they can plan to live out their dreams (Frye, 2005).

Indeed, these three countries are quite different. Despite the differing cultural factors they deal with, they are all striving to increase the accessibility and quality of their sexual health resources. Whether or not the efforts are felt by the young women they are targeting is an important question at hand.

## **HYPOTHESIS**

Based on my cultural experience and observations in all three countries, I predict that Mexican women will prove to be the least sexually active of the cultures and will be the most reserved when talking about these topics. They will also not be as well informed about sexual health and relations as Americans and Canadians. I believe this is partially due to poor distribution of resources as well as cultural mores that deter them from seeking out this type of information. I predict that the questionnaires completed by American and Canadian women will show similarities between the two cultures because of the demographic resemblance between their populations, but will however contrast sharply with the Mexican results. Based on prior research, societal stereotypes and informal conversations I have had with women, both American and Canadian, I think Canadians will be more sexually active and more sexually educated than Americans.

## METHODS

A single page, 17-item, self-administered questionnaire<sup>1</sup> concerning sexual practices, perceptions, and sexual health knowledge was administered to 50 female students, between 18 and 24 years of age, in a commons setting, in three university locations: Xalapa, Veracruz, Mexico; Quebec City, Quebec, Canada; La Crosse, Wisconsin, United States. As people passed the area in which I located myself, I introduced myself and asked if they would be interested in taking a survey. I presented myself as a university student doing research on international sexual practices, attitudes and sexual health knowledge. I informed the participants that I would be available to anyone that wanted to ask questions about the research. Ethical approval was obtained in accordance with the Institutional Review Board (IRB) for the Protection of Human Subjects. The research on the accessibility of sexual health resources in each three countries was conducted in person, on line, and by collecting printed resources such as informational brochures from clinics.

## RESULTS AND DISCUSSION

Upon analyzing the results, I realized that there were many differences between the perspectives of young women who had had sexual relations and those women who had not. For this reason, in several tables, I compared the answers of the virgins and non-virgins. As I later mention, the terminology virgin and non-virgin was not properly defined, and these terms may have been understood differently within the different cultures. I interpreted virgin as one that had never engaged in heterosexual intercourse. This very well may not have been the universal interpretation. Additionally, some surveys needed to be excluded from the analysis mainly due to failing to meet the age requirement. I initially chose to study women ages 18-24 because I wanted to study women within my own "college" age group.

As seen in Table 1 (see appendix), 44% of young Mexican women are sexually active, as are 79.1% of young Canadian<sup>2</sup> women and 90% of young American women. While there is a substantial difference between the Mexican women and the other two groups, this may not be an informative portrayal. This response may be attributed in part to the all-embracing influence of the Catholic Church in Mexico. Ana Amuchástegui, a respected researcher in the field of sexuality studies, commented the following: "During the twentieth century, the notion of decency became the main category by which individuals' sexual behavior was measured, especially women's, and it was directly related to female virginity before marriage, demureness and monogamy" (Amuchástegui, 2001). Nahyibe<sup>3</sup>, age 22, also commented that, "The majority of people consider sex to be something that can't be talked about, like something immoral. I feel that sex is natural." Therefore it may be possible to conclude this low percentage of sexual activity in the young Mexican women is, in part, due to the cultural importance of female virginity and also a cultural disposition that encourages them to withhold such information.

Of these sexually active women, the majority in each country (Xalapa 75%, Quebec City 96%, La Crosse 98%) is initiating and discussing birth control with their partner (Table 3). However, 25% of Mexican women stated that birth control is never discussed with their partner. Castro-Vázquez highlights a study by Rivas and Amuchástegui that strongly correlates with this finding. His investigation of high school students in Mexico students revealed that "even when women do know about contraception before they have sexual relations, many refrain from using this information for fear of being perceived by others as 'loose.' Showing knowledge of contraception would violate the expectation that women should be ignorant of anything regarding sexual practice" (Castro-Vázquez, 2000).

Agreeing with Castro-Vázquez's research are the findings in Table 4, related to the question: "Have you had unprotected sex?" revealing that 75% of young Mexican women have had unprotected sex. 50% of Canadian women reported having had unprotected sex as did 29% of Americans. Although the young Mexican women have a higher rate of unprotected sex, their comments reveal that many are aware of the importance of birth control to

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<sup>1</sup> It must be noted that as I moved from city to city and country to country, some questions were omitted from the surveys, such as those dealing with socioeconomic status and the informant's level of comfort when answering the questions. Although socioeconomic status does influence the women's education, getting involved in that research would have led to me into a greatly extensive project.

<sup>2</sup> Recruitment of strictly Quebecois university women would have run in counter to the recruitment of the multicultural populations that attend universities in Xalapa, Mexico or La Crosse, Wisconsin. Therefore I did not single out solely Quebecois women as intended, and instead worked with Canadian students that came from across the country to study French at the University of Laval.

<sup>3</sup> All informant names have been changed.

protect themselves and their partners. Claudia, age 22, commented, "We need to be very careful for our own health and the health of our partners." Similarly, Teresa, age 22, noted, "It's just as important to have this information for our own health benefit as well as for the benefit of our partner." These comments and the numbers of Mexican women having unprotected sex do not correlate, and this contrast poses the question as to what type of double standard exists in the Mexican culture.

Despite the number of women having unprotected sex, many women in all three countries are using birth control. As can be seen in Table 5 "Which methods of birth control have you used?" the male condom and the oral contraceptive pill (the pill) are the most common methods in each country. The most unanticipated result of this section of the study may be that only 51% of American women reported making use of male condoms. This is comparable to 65% of Mexican women. However, it must be taken into consideration that while the Americans are not utilizing male condoms as commonly, nearly 87% of them report using the pill, whereas only 25% of Mexican women report using the pill. Although I did not study the accessibility of affordable STI screening, interesting questions could be posed about a possible relationship between that and varying rates of condom usage.

Common fears associated with having sex (Table 13), indicated an interesting variation between virgin and non-virgin opinions. In all three countries, virgins responded that they were more afraid of contracting a sexually transmitted infection than becoming pregnant. Non-virgins in all three countries listed pregnancy as their top fear. Few American women (2.2%) listed HIV/AIDS as a common fear, in contrast to 17.6% of the Canadian women and 13% of the Mexican women. These numbers may suggest that Canadian women are the most educated about HIV/AIDS or that the results from this particular sampling of American women are not applicable to American women as a whole, but instead to this specific group.

Perhaps an explanation for the Americans' low utilization of male condom (51%) could be related to that only 2.2% of American women listed HIV/AIDS as one of their most common fears. In contrast, the Canadians were the mostly likely to mention HIV/AIDS as a common fear (17.6%) and they were also the most likely to utilize male condoms (91%).

In addition to the 91% male condom utilization rate, Canadians are also the most protected group of women with 70.6% pill usage, and 8.8% using the Depo-Provera hormone injection. In this sense, Canadians seem to know of and use resources most commonly. Americans and Canadians also noted using other forms such as the contraceptive patch, the vaginal ring (NuvaRing), and the sponge, whereas the Mexican women did not list any alternatives. This could suggest a lack of resources and/or a lack of knowledge exists in Mexico.

Based on commentary by the Mexican women, this low response may again correlate with a belief that discussion about issues dealing with sex is discouraged in their culture. Case in point, Isadora, age 20, commented, "It's good to know this type of information, since it helps us understand these topics more deeply; I wish that the information were more open, since the majority of people think of this subject as taboo." Paty, age 21, was more direct with her comment, "It's a taboo." In contrast, Canadian comments regarding birth control included: "We don't really discuss birth control because using it is normal in a relationship" (Laura, age 24) and "I think people are too open with sex and aren't careful enough with people they don't know very well" (Lindsay, age 18).

Despite these comments however, a study on premarital sex and contraceptive readiness by Hynie, Lydon, and Taradash at McGill University in Montreal revealed that "Being contraceptively prepared may convey an image of sexual experience. Moreover, in the context of a casual sexual encounter, contraceptive preparedness may signal a chronic readiness for sex (Tolman, 1994) and such behavior maybe be interpreted as an indication of one's willingness to engage in casual (i.e., inappropriate for women) sex" (Hynie, Lydon, & Taradash, 1997). Other women in their study also tended to negatively judge other women for providing a condom for an initial sexual encounter, which shows that social norms are still conflicting with women's understanding of the importance of condom usage and their desire to be contraceptively prepared. A parallel can be drawn between this study at McGill University and Castro-Vázquez's study in Mexican high schools as both groups of women are hesitant to admit the extent of their sexual health knowledge in fear of being viewed as promiscuous or too ready to have sex. As a young American woman, I would concur that this same attitude is prevalent in the United States as well, however American research relating to this specific topic was not found in this investigation to substantiate my hypothesis.

Regarding sexual education, as can be seen in Table 6, a clear majority of young women in all three countries have had sexual education classes through their school or through other organizations. Although they are being educated, the content of the education may be inconsistent. For example, in recent years, some Mexican textbooks in grade schools and high schools have been updated to discuss sex and sexual health in more detail, though what the teachers choose to cover is variable. "The ways in which teachers provide such information to students depends on their own conceptions about sexuality, which are often conservative and/or Catholic" (Amuchastegui Herrera, 2001).

When asked “Who do you talk with about sex and sexual health?” (Table 8), American women responded as most likely to take advantage of their doctors as resources (64.4%). Nearly 42% of Canadians consult doctors, while Mexican women were the least likely (26.5%) to utilize them. The difference between the numbers of women consulting doctors may be attributed to variable accessibility to doctors in each of the countries. Mexican women (43.5%) were the most likely of all women to talk to their families. Talking with friends about sex and sexuality was common throughout the countries with 99% of American women, 95.5% of Canadian women, and 86% of Mexican women utilizing this outlet. Research done by Castro-Vázquez may provide insight into why the Mexican women might not be as open with their friends. His study in a middle-upper class high school in Mexico City revealed that students were not only affected by their curriculum, they were also highly influenced by peer pressure. The researchers lectured the students on sexual health and also led several small group discussions (Castro-Vázquez, 2000).

In discussing contraceptive methods, most of the girls seemed to be reticent but some insisted on inquiring about the advantages and disadvantages of each method. The majority listened passively and appeared shocked by the subject, distancing themselves from the debates and regarding others' words contemptuously, and in doing so silencing both themselves and their classmates. In observing the expressions on their faces and their way of looking at their classmates, I could understand how young women are not only subject to self-discipline and responses from men, but from girls too, as they attribute negative sexual reputations to each other (Castro-Vázquez, 2000).

Hynie, Lydon, and Taradash's study of Canadian women at McGill also demonstrated that peer pressure among women is a factor in the Canadian culture as well. Both groups of women, Mexican and Canadian, are hesitant to admit the extent of their sexual health knowledge to male partners as well as to other women in fear for their sexual reputations. Although I believe the same parallels could be drawn to the American culture in these aspects, this investigation did not turn up research nor informant commentary that specifically stated peer pressure as a common deterrent to American women seeking out information on sexuality and sexual health.

The degree of resource accessibility is an important factor in how young women will choose to educate themselves. Table 9 illustrates that about 66% of young Mexican women believe information about sexual health is readily available, and 62% of these women know how to find resources in their hometown or in the city of their university (Table 10). Of 62% of Mexican women, only about 31% have utilized the resources or know of somebody that has (Table 10a). It is necessary to take into account that this data is only perceptual and is not an account of what actually takes place.

In the commentary portion of the surveys given out, Mexican women commented that although the information is available, cultural influences restrain them from utilizing the resources they have. The following are comments taken from the surveys completed by the Mexican women.

- A lot of information is available, but people are hesitant to find out more due to fear or their culture (Violeta, age 19).
- The majority of people consider sex to be something that can't be talked about, like something immoral. I feel that sex is natural (Nahyibe, age 22).
- There is a lot of information, but there isn't an effort on the part of some institutions and families to speak with the young people about this (Itzel, age 21).
- It's good to know this type of information, since it helps us understand these topics more deeply; I wish that the information were more open, since the majority of people think of this subject as taboo (Isadora, age 20).
- Society should be more open about these topics in order to avoid STIs and unplanned pregnancy (Iyari, age 20).

In addition to these comments, I also noted that the phrase “all in due time” or “all at the proper age” was repeated a few times. Lupe, 24, noted, “Everything at its due time and with responsibility.” Carmen, 18, commented, “Health is very important throughout life. So is sex, but at the appropriate age as to not become traumatized emotionally, physically, etc.” Additionally, Emely, 19, mentioned, “Sexual relations can be positive, as long as you're in the right situation, at the right age and you won't contract any diseases.” The phrasing styles were similar in the comments, perhaps concluding that this could be a typical way used by parents to ambiguously express when sexual activity is appropriate for their daughters.

Research on the accessibility of sexual health resources in Mexico revealed encouraging results. By means of an on line interview, Yolanda Correa Castro, a professor of women's studies at the Autonomous University of Querétaro in Mexico, provided me with several non-governmental organizations that serve as resources for youth seeking out information on sexual health. Many noted were based in or around Mexico City and had branches throughout the country. Some of these organizations include the Women's Support Center by Margarita Magón (Centro de Apoyo a la Mujer Margarita Magón), The Association for Men and Women for Sexual Rights (Colectivo de Mujeres y Hombres por los Derechos Sexuales) and Communication, Exchange and Human Development in

Latin America—Center for Women (Comunicación, Intercambio y Desarrollo Humano en América Latina--Centro para Mujeres). Mexican women in the study also noted the Mexican Institute of Social Security, (IMSS--Intituto Mexicano del Seguro Social) a national organization whose mission is to provide Mexican workers and their families with health services and assistance in applying for financial support. In the questionnaires, the Mexican women also mentioned other places they find information. These included: pharmacies, doctors and conferences on health. The multitude of resources I discovered in the Mexican portion of this study further leads me to believe that access to the resources is not the central problem. This suggests that the aforementioned cultural influences deterring the women from seeking out information and becoming educated on these issues may be quite intense.

The majority of Canadian women (86%) also knew where to find information, and they or someone they knew had utilized these resources (Table 9, 10,10a). Research in Quebec turned up a variety of sexual health resources. Specific to Quebec, the Holland Center of Quebec is one of few locations that provide health and social services in English, as Quebec is a predominantly French-speaking city. I met with Marilyn L. Baxter, a social worker at Jeffrey Hale Hospital in Quebec, and she provided me with the hospital's directory of resources throughout Quebec and outlying areas. Some included in these were Planned Parenthood Federation of Canada, Service of Information on Contraception and Sexuality of Quebec (SICSQ) and two University Hospital Centers of Quebec.

Commonly referred to by the informants were the CLSCs or the Local Centers of Community Services (Le Centre Local de Services Communautaires). Its name may lead one to believe that it's simply a walk-in clinic, but it also offers many other services and has several offices. CLSCs are numerous across Canada. "CLSC considers knowledge to be a key resource in carrying out its mission. The advancement and spread of knowledge are central to the CLSC's activities, especially in the fields of research and teaching, which complement its role as a supplier of care and services." (CLSC Côte des Neiges Annual Report, 2000).

Comments from Canadian women regarding the accessibility to resources generally seemed to follow a pattern. Many women believed sexual education in Canada is on the right track, however more information is needed at a younger age:

- The information is so easy to find, the people just have to look for it (Kelly, age 18).
- It seems to me that there is plenty of information available, and that Canada has a good system of informing young people (Marya, age 24).
- More information in secondary school (Kristin, age 18).
- I think there should be more time spent in schools and at doctor visits informing young adults (Katy, age 22).

The Canadian women also mentioned various locations where they regularly seek information regarding sexual health. These included: pharmacies, women's centers, universities and community organizations.

Favorably, 96% of American women believe that information about sex and sexual health is easily accessible. 100% also knew of places in their hometown or college town where they could find it. Places specific to La Crosse include Options in Reproductive Care, a family planning clinic, as well as the AIDS Resource Center of Wisconsin (ARCW) that has information about sexual health and supplies free methods of birth control that protect against pregnancy and STIs. Throughout the country, information regarding sexual health can be found at a variety of family planning clinics and health centers such as the University of Wisconsin, La Crosse Student Health Center. Planned Parenthood is also a frequently used resource, as are informational programs put on by university campuses and community centers. Health offices within state, city and county governments also commonly offer information about sexual health and sexuality.

The Americans' perceptions of sex and sexuality seemed to follow a general theme. The women often commented that sex was natural and positive as long as those engaging in it were well informed and making safe decisions.

- Be smart! Everything is fine as long as you are using your head (Jenny, age 21).
- It's okay to have sex as long as you're well informed and are able/willing to handle the repercussions of it (pregnancy, disease) (Marissa, age 21).
- Sex is different to each person, I personally have chosen not to engage in these activities, but it is healthy to have sex (Angie, age 20).
- I think it is important for women to be informed before they become sexually active (Kayla, age 20).

American informants specifically mentioned that to keep themselves informed and up to date on developments in the sexual health field, they seek out the expertise of doctors and pharmacists.

The most contrasting results come from one of the ultimate questions: "Do you believe you are sufficiently informed about sexual health and relations to make confident decisions?" (Table 11). Only 44% of young Mexican women believe they are well-enough educated to make a healthy, informed decision. This stands out starkly from

94% of Canadian women and 100% of American women that believed they are well informed on the issues. When asked what they would like to learn more about (Table 12), each group suggested similar topics: everything, STIs, contraception, rape, and abortion being the most commonly mentioned.

## CONCLUSIONS

In closing, the findings of this report both support and contradict my original hypothesis. With respect to sexual activity among the three cultures, Mexican women did prove to be the least sexually active. As seen in Table 1, 44% of young Mexican women are sexually active, as are 79.1% of young Canadian women and 90% of young American women. As predicted, the Mexicans were also the most reserved when talking about topics such as sexual relations and sexual health. Although, this cannot be scientifically substantiated, evidence of this theory is seen in the commentary of the young women. "The majority of people consider sex to be something that can't be talked about, like something immoral. I feel that sex is natural" (Nahyibe, 22).

Regardless of the seemingly easy access to informational resources, the gap between the Mexicans and the other two countries remains vast. Cultural mores, in part those of the Catholic Church, as mentioned by Amuchastegui, do influence the young Mexican women; however of these informants, not one specifically mentioned the Catholic Church as affecting them personally. They feel deterred from seeking out the information as was illustrated by this Mexican woman's comment, "There is a lot of information, but there isn't an effort on the part of some institutions and families to speak with the young people about this" (Itzel, age 21). Efforts to improve the situation are continually made by the many existing organizations; however, having significant influence on hundreds of years of cultural formation will continue to be a struggle.

With respect to the American and Canadian women, the cultures did show similarities. Both Canadian and American women believe themselves to be well-educated on sexual health issues at 94% and 100% respectively. Contradicting my hypothesis was the finding that American women reported a higher rate of sexual activity than Canadian women, although Canadian women were more likely to have more partners. The probability of having more partners may correlate with Canadians usage of birth control; however there is not sufficient research to back up this deduction. As previously mentioned, Canadian women are the most protected group of women with 91% utilization male condoms, 70.6% using the pill, and 8.8% of them using the Depo-Provera hormone injection. In this sense, they seem to know of and use resources the most. Resources on sexual health are perceived by women in both countries to be easily accessible with 82.5% of Canadians being aware of resources near them and nearly 100% of Americans feeling confident about where to find information.

## LIMITS OF THE STUDY

While conducting this study, I encountered several aspects of the research that I felt could have been better prepared. In the process of compiling and analyzing the results of the questionnaires, I noticed discrepancies in the type of information I had originally set out to find. As I moved through the different settings, some questions were omitted, such as those pertaining to socioeconomic classes. With the time allotted for this project, doing a study that included socioeconomic status would not have been feasible. The recruitment style would have needed to have been altered and the sample size of the group would have had to have been much greater. The proposal makes the project seem based on sexual education in the classroom. In contrast, I focused on sexuality, sexual practices, attitudes and the accessibility of reproductive health resources which is better illustrated by the questionnaires. Sexual education in the classroom is a completely different study. This discrepancy could have been avoided by devising a different questionnaire.

Demographic information about the cities was also not taken into consideration. The populations of the cities are not similar, nor are the enrollment sizes of the universities. The sizes of universities used in the study could have limited the socioeconomic range of women that I surveyed. Socioeconomic classes were not taken into consideration and are undoubtedly an important factor when dealing with a topic such as perceptions on sex and sexuality. Emphasis also needs to be made on the small sample size of each group (50). A country's population of women aged 18-24, is not well represented by a small group of female university students, a subgroup with particular norms and behaviors. Social norms are culturally specific and therefore the findings in La Crosse, Wisconsin, will undoubtedly be different than those at a university in New York City. Nonetheless, I had the opportunity to pursue this research within the limits UW-L exchange programs and it has been an excellent learning experience. This work should stimulate further research.

With respect to questions in the survey, several are ambiguous and can illicit a variety of interpretations such as the phrases "sexually active" and "sexual partners." My intention of "having engaged in heterosexual intercourse" was not made clear. The terms "virgin" and "non-virgin" were not properly defined, and these terms may have been

understood differently within the different cultures. I interpreted virgin as one that had never engaged in heterosexual intercourse. Some informants may also think that this is the only type of intercourse possible, therefore *heterosexual* as an adjective may have been confusing as well.

In addition, research of French-speaking women hailing from only the province of Quebec wouldn't have corresponded with the regional populations that attend universities in Xalapa, Mexico, or La Crosse, Wisconsin. Neither solely Xalapeñas nor Wisconsinites were singled out for the study. Therefore I did not single out Quebecois women as intended, and instead worked with Canadian students that came from across the country to study French at the University of Laval.

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## APPENDIX: FORMS AND TABLES

### INFORMED CONSENT FORM

(to be translated into French)

Project Title: A Comparative Study of Sexual Education in North America –  
Canada, Mexico and the United States

1. The purpose of this research is to gather data on the perceptions of sexual health and sexual practices of college-aged female students. As a participant, you will be asked to answer a series of questions related to your own sexual history and views on the accessibility of sexual health resources. This survey will take approximately five minutes of your time at the place of distribution (park, street, school building, court yard, etc.). The information you provide will remain confidential. Ultimately, your responses will be part of an undergraduate research conference presentation and/or published research in an academic journal or book.
2. There is minimal risk or discomfort associated with your participation in this research project. Please note that this survey deals with personal issues. Therefore you will be asked to comment on your own sexual history, sexual education and views on sexual health resources.
3. Your participation in this research project will help researchers to better understand and explain: 1) college-aged female students' perceptions of sexual health; 2) sexual practices of college-aged women; 3) sexual health needs of college-aged women.
4. Remember that this study is confidential. You will not be required to write your name or any other means of identification on any forms.
5. Your participation is voluntary and you may decide to discontinue participation at any time during this study. If you choose to discontinue, there is no penalty involved.
6. There is no cost or compensation associated with this study. This research project is strictly voluntary.
7. Holly M. Jones [email: jones.holl@students.uwlax.edu] is the principal investigator and she will be available to answer any questions you may have regarding this study. Her faculty research advisor is Denis M. Provencher, 315 Graff Main Hall, La Crosse, WI 54601, (608) 785-8329 [email: provench.deni@uwlax.edu]. Questions regarding the protection of human subjects may be addressed to Dr. Garth Tymeson, Chair of the UW-La Crosse Institutional Review Board for the Protection of Human Subjects, (608) 785-8124, [email: tymeson.gart@uwlax.edu]. In your local area (Quebec), you can contact \_\_\_\_\_ (name) at \_\_\_\_\_ (organization) [phone: \_\_\_\_\_ /email address: \_\_\_\_\_] should you have any follow-up questions or concerns.
8. Please do not sign this form. Your response to the survey questions will serve as indication of your consent to participate.

**Comparative Study of Attitudes of Sexuality, Sexual Health Knowledge, and Sexual Practices of Young Women in Mexico, Canada and the United States**

1. Age: \_\_\_\_\_
2. If you have a sexually active lifestyle, at which age did your sexual activity start and which types of birth control have you used?
3. How many sexual partners have you had?
4. With how many partners have you not used birth control?
5. Do you discuss birth control with your partner?
  - a. If yes, who usually initiates the conversation?
6. What are your main fears about being sexually active?
7. Have you had sexual education classes in school or through other organizations?
8. Through which methods do you inform yourself about sex and sexual health?
  - a. Parents
  - b. Brothers and sisters
  - c. Other relatives
  - d. Friends
  - e. Books and newspapers
  - f. Television and magazines
  - g. Internet
  - h. Other\_\_\_\_\_
9. With whom do you talk about health and sexual relations?
  - a. Family
  - b. Friends
  - c. Doctor
  - e. Nobody
  - f. Other\_\_\_\_\_
10. In your opinion, is information about health and sexual relations easily accessible?
11. Do you know of places in La Crosse or in your hometown where you can obtain information regarding sex and sexual health?
12. If they exist, have you utilized these resources or know of somebody that has?
13. Do you believe you are sufficiently informed about health and sexual relations to make confident decisions? Are young women in general well informed?
14. What would you like to learn more about regarding health and sexual relations?
15. What is your opinion on health and sexual relations? Please feel free to use the back of the paper.
16. On a scale from 1 to 10, 1 being very uncomfortable, 10 being very comfortable, how do you feel about discussing your sex life?

Thank you. This survey is anonymous.

**TABLES (1-13)****Table 1.** Are you Sexually Active?

	Yes	No
Xalapa (45 participants)	44.0%	56.0%
Quebec (43 participants)	79.1%	20.9%
La Crosse (50 participants)	90.0%	10.0%

**Table 2.** Number of Partners

	<i>Xalapa</i>	<i>Quebec</i>	<i>La Crosse</i>
1-3 partners	70.0%	56.0%	62.0%
4-6 partners	15.0%	12.0%	22.0%
7+ partners	10.0%	32.0%	11.0%

**Table 3.** Do you and your partner discuss birth control?

	<i>Xalapa</i>	<i>Quebec</i>	<i>La Crosse</i>
Yes	75.0%	96.0%	98.0%
I initiate discussion	25.0%	35.0%	35.6%
Partner initiates discussion	4.0%	3.0%	6.7%
Both initiate discussion	40.0%	50.0%	44.0%
No	25.0%	1.5%	2.0%

**Table 4.** Have you had unprotected sex?

	<i>Xalapa</i>	<i>Quebec</i>	<i>La Crosse</i>
Yes	75.0%	50.0%	29.0%
No	25.0%	50.0%	71.0%

**Table 5.** Method of Birth Control Utilized

	<i>Xalapa</i>	<i>Quebec</i>	<i>La Crosse</i>
Male Condom	65.0%	91.0%	51.0%
Female Condom	10.0%	3.0%	0.0%
Oral Contraceptive Pill	25.0%	70.6%	86.7%
Depo-Provera Injection	0.0%	8.8%	6.7%
Other Types Mentioned	none	sponge, contraceptive patch	contraceptive patch, NuvaRing

**Table 6.** Have you had sexual education classes through school or through other organizations?

	<i>Xalapa</i> <i>Virgins</i> <i>(25/45)</i>	<i>Xalapa</i> <i>Non-virgins</i> <i>(20/45)</i>	<i>Quebec</i> <i>Virgins</i> <i>(9/43)</i>	<i>Quebec</i> <i>Non-virgins</i> <i>(34/43)</i>	<i>La Crosse</i> <i>Virgins</i> <i>(5/50)</i>	<i>La Crosse</i> <i>Non-virgins</i> <i>(45/50)</i>
Yes	84.0%	80.0%	88.0%	91.0%	80.0%	98.0%
No	12.0%	10.0%	11.0%	8.8%	20.0%	2.0%
No Comment	4.0%	10.0%				

**Table 7.** How do you inform yourself about sex and sexual health?

	<i>Virgins</i> <i>(25/45)</i>	<i>Non-virgins</i> <i>(20/45)</i>	<i>Virgins</i> <i>(9/43)</i>	<i>Non-virgins</i> <i>(34/43)</i>	<i>Virgins</i> <i>(5/50)</i>	<i>Non-virgins</i> <i>(45/50)</i>
Parents	44.0%	55.0%	44.0%	41.0%	16.7%	44.0%
Siblings	20.0%	15.0%	11.0%	32.0%	0.0%	11.0%
Other Relatives	8.0%	20.0%	22.0%	8.8%	0.0%	4.0%
Friends	52.0%	60.0%	77.0%	94.0%	100.0%	82.0%
Books & Newspapers	76.0%	75.0%	55.0%	56.0%	16.7%	46.7%
Television & Magazines	24.0%	35.0%	33.0%	41.0%	50.0%	66.7%
Internet	16.0%	30.0%	11.0%	26.5%	50.0%	20.0%
Other	4.0%	25.0%	11.0%	20.6%	16.7%	13.3%
	teacher	doctor, teacher, school, health centers				doctor, pharmacy health center, school

**Table 8.** Who do you talk with about sex and sexual health?

	<i>Xalapa</i> <i>Virgins</i> <i>(25/45)</i>	<i>Xalapa</i> <i>Non-virgins</i> <i>(20/45)</i>	<i>Quebec</i> <i>Virgins</i> <i>(9/43)</i>	<i>Quebec</i> <i>Non-virgins</i> <i>(34/43)</i>	<i>La Crosse</i> <i>Virgins</i> <i>(5/50)</i>	<i>La Crosse</i> <i>Non-virgins</i> <i>(45/50)</i>
Family	52.0%	35.0%	22.0%	20.6%	0.0%	29.0%
Friends	88.0%	85.0%	100.0%	91.0%	100.0%	98.0%
Doctor	12.0%	40.0%	33.0%	50.0%	66.7%	62.0%
Nobody	0.0%	5.0%	11.0%	0.0%	0.0%	0.0%
Others Mentioned	8.0%	30.0%	22.0%	26.5%	0.0%	11.0%
	partner	partner		partner, sister		partner, teacher, sister passion consultant

**Table 9.** In your opinion, is information about sexual health and relations easy accessible?

	<i>Xalapa</i> <i>Virgins</i> <i>(25/45)</i>	<i>Xalapa</i> <i>Non-virgins</i> <i>(20/45)</i>	<i>Quebec</i> <i>Virgins</i> <i>(9/43)</i>	<i>Quebec</i> <i>Non-virgins</i> <i>(34/43)</i>	<i>La Crosse</i> <i>Virgins</i> <i>(5/50)</i>	<i>La Crosse</i> <i>Non-virgins</i> <i>(45/50)</i>
Yes	68.0%	65.0%	77.0%	88.0%	100.0%	95.0%
No	28.0%	20.0%	11.0%	8.8%	0.0%	5.0%
No Comment	4.0%	15.0%	22.0%			

**Table 10.** Do you know of places in this city or in your hometown where you can obtain information regarding sex and sexual health?

	<i>Xalapa</i> <i>Virgins (25/45)</i>	<i>Xalapa</i> <i>Non-virgins (20/45)</i>	<i>Quebec</i> <i>Virgins (9/43)</i>	<i>Quebec</i> <i>Non-virgins (34/43)</i>	<i>La Crosse</i> <i>Virgins (5/50)</i>	<i>La Crosse</i> <i>Non-virgins (45/50)</i>
Yes	52.0%	75.0%	88.0%	91.0%	100.0%	100.0%
No	44.0%	15.0%	11.0%	8.8%		
No Comment	4.0%	10.0%				

**Table 10a.** Have you or somebody you know utilized these resources?

	<i>Xalapa</i> <i>Virgins</i> <i>(25/45)</i>	<i>Xalapa</i> <i>Non-virgins</i> <i>(20/45)</i>	<i>Quebec</i> <i>Virgins</i> <i>(9/43)</i>	<i>Quebec</i> <i>Non-virgins</i> <i>(34/43)</i>	<i>La Crosse</i> <i>Virgins</i> <i>(5/50)</i>	<i>La Crosse</i> <i>Non-virgins</i> <i>(45/50)</i>
Yes	20.0%	35.0%	77.0%	67.0%	83.0%	91.0%
No	40.0%	40.0%	11.0%	32.0%	16.7%	7.0%
No Comment	40.0%	25.0%	11.0%			2.0%

**Table 11.** Do you believe you are sufficiently informed about sexual health and relations to make confident decisions?

	<i>Xalapa</i>	<i>Quebec</i>	<i>La Crosse</i>
Yes	44.4%	94.0%	100.0%
No	48.9%	6.0%	
No Comment	6.7%		

**Table 12.** What would you like to learn more about regarding sexual health and relations?

	<i>Xalapa (32 responses)</i>	<i>Quebec (24 responses)</i>	<i>La Crosse (8 responses)</i>
STIs	15.6%	30.0%	37.5%
Birth Control	37.5%	16.7%	20.0%
Everything	25.0%	20.0%	18.5%
Others Mentioned	abortion relationships	abortion resource centers	rape, ovulation

**Table 13.** Common Fears of Being Sexually Active Among Young Women Aged 18-24

<i>FEAR</i>	<i>Xalapa</i>	<i>Xalapa</i>	<i>Quebec</i>	<i>Quebec</i>	<i>La Crosse</i>	<i>La Crosse</i>
	<i>Virgins</i> <i>(25/45)</i>	<i>Non-virgins</i> <i>(20/45)</i>	<i>Virgins</i> <i>(9/43)</i>	<i>Non-virgins</i> <i>(34/43)</i>	<i>Virgins</i> <i>(5/50)</i>	<i>Non-virgins</i> <i>(45/50)</i>
Pregnancy	28.0%	30.0%	11.0%	32.4%	16.7%	48.9%
STIs	40.0%	20.0%	44.0%	8.8%	16.7%	6.7%
Pregnancy & STIs	4.0%	35.0%	22.0%	14.7%	50.0%	26.7%
HIV/AIDS	8.0%	5.0%	0.0%	17.6%	0.0%	2.2%