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Mexican Middle Schoolers' Questions on Sexuality and Dating Relationships: A Descriptive Qualitative Analysis

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Abstract

Research in Mexico has found a lack of comprehensive sexual health education in school settings, as well as a lack of youth perspectives on sexual health and dating. Little is known about the questions Mexican youth have about dating and sexuality, despite research finding that they desire this information and perceive few resources available to them. This collaborative study between a U.S. university and a multi-disciplinary team of middle-school psychologists in Central Mexico aimed to understand youth's questions on sexual health and dating. This study was a follow-up to focus group conversations, where youth voiced that they wanted more information about these topics. Specifically, school psychologists solicited anonymous questions about sexual health and dating relationships using a 'question box' ($n = 60$ written questions). This method offered a forum by which students could ask about sensitive topics individually. We analyzed questions using descriptive thematic analysis. A majority of the questions pertained to healthy relationships, followed by questions on violence and trauma in relationships, sexual education, and attraction and sexual orientation. The results of this study reflect a need to provide youth and their families accurate and developmentally appropriate information on sexual health and dating during early adolescence. Here, we discuss the process of forming a binational partnership, primary themes with regard to the questions asked, and the impact of findings from the perspectives of our Mexican collaborators.

Keywords Adolescent dating relationships · Youth questions · Sexual health · Latino/a/x · Qualitative · Rural

Introduction

Romantic and sexual relationships are common for many youth. In Mexico, community-based studies suggest that over half of youth have dated within the past year (Ludin et al., 2018), one study citing that over 90% of middle schoolers and 98% of high schoolers had dating experience (Espinosa-Hernández et al., 2017). Youth often lack information on sexuality and dating from adults (De Castro et al., 2018), and turn to peers and media (Adams & Williams, 2011); Yeo & Chu, 2017). Much research has been conducted on school-based sexual and dating health education, with programs teaching youth a range of socioemotional skills that extend beyond dating contexts to positively influence relationships with peers, family, teachers, and helping professionals (Crooks & Wolfe, 2019; Crooks et al., 2008). However, sexual health education remains a controversial and polarizing topic (De Castro et al., 2018). Some advocates of relationship education favor abstinence only teaching methods, for example, while others advocate more comprehensive forms of education including the use of contraceptives and discussion of sexual orientation (Chandra-Mouli et al., 2018; Kramer, 2019; Santelli et al., 2017). Abstinence-only education reflects historical and present ties to faith-based practices which define waiting until marriage as morally valuable (Santelli et al., 2017). On the other hand, proponents for comprehensive forms of sexual health education assert that abstinence-only curricula and policies impose values of heterosexual marriage, in turn leaving out youth who do not conform to these expectations and behaviors (Fields & Hirschman, 2007). Importantly, these forms of sexual health education are often thought about as mutually exclusive, which is not always the case (Jeffries et al., 2010).

Sexual Behaviors and Attitudes Among Mexican-Origin Youth

There is a lack of national studies in Mexico with regard to youth's sexual behaviors, as well as the types and delivery methods of sexual health education. According to several community-based studies, around 30% of Mexican adolescents had engaged in sexual intercourse (Espinosa-Hernández et al., 2016; Gutierrez & Atiezo, 2011; Olais-Fernández et al., 2006), with younger adolescents and girls less likely to engage in any sexual behavior than older adolescents and boys (Espinosa-Hernández et al., 2016). Several cultural influences may affect adolescent sexual behavior. One factor is *familism*, a cultural construct that indicates strong bonds among immediate and extended family members and includes a desire to respect and uphold family expectations (Stein et al., 2015). In turn, family expectations often include adolescents' adherence to traditional gender roles while dating. Although less studied among adolescents than adults, *marianismo* generally denotes a feminine gender construct which encourages women to remain pure—spiritually and sexually—until marriage, and defer decision making to men (Castillo et al., 2010; Milbrath et al., 2009; Sanchez et al., 2016). One study highlights that both male and female adolescents who value virginity are less likely to engage in sexual behavior (Espinosa-Hernández et al., 2016). However, as adolescents become older, sexual encounters

increase, with males having earlier and more frequent romantic encounters and more partners than females (Espinosa-Hernández et al., 2016; Tyrell et al, 2016). Mexican masculinity definitions have historically highlighted assertiveness and dominance as aspects of *machismo* (for more about adaptive aspects of machismo, see Arciniega et al., 2008). Adolescents who align with machismo values were found to have greater intentions to have sex; furthermore, those who were not sexually active were more likely to expect to engage in sexual behaviors to either meet societal expectations or their partner's desire to meet those expectations (Espinosa-Hernández et al., 2020). In the context of sexual experimentation, this may translate to males' greater power over decision-making in sexually charged situations, including concerning contraceptive use (Truong et al., 2020; Vasilenko et al., 2015).

Aligning with traditional gender socialization, initiating sexual behaviors at a younger age is a social norm for adolescent Mexican boys, and may be seen as an achievement for acceptance among peers (Marván et al., 2018). This contrasts with the finding that high school females were particularly susceptible to internalized sexual guilt (Espinosa-Hernández et al., 2016). Additionally, adolescent females were more likely to report perceptions of negative consequences following sexual behavior, including damages to their reputation, concerns about familial disappointment and disapproval, sexually transmitted infections (STIs), and pregnancy (Marván et al., 2018). It is noteworthy that in a previous study conducted with Mexican adolescent students, sex was viewed both negatively and positively by both male and females after their first sexual intercourse experience (Vasilenko et al., 2016). Many adolescents in Mexico report having an unmet need for contraception (Villalobos et al., 2017), perhaps contributing to fears of contracting STIs or unwanted pregnancies (Vasilenko et al., 2016).

Sexual Health Education in Mexico

National school based sexual health programs were established by the Mexican government in the 1930's and have continually evolved in the subsequent decades (Chandra-Mouli et al., 2018; Villalobos et al., 2017). The importance of developmentally appropriate and effective sexual health education options for youth and families is supported by a growing body of research (Hubert et al., 2021; Kramer, 2019). Over the past few decades, the Mexican government has increased its efforts to provide effective in-school sexual health education, but their efforts have been met with tremendous pushback (Chandra-Mouli et al., 2018). Comprehensive forms of sexual health education are often recommended by researchers as these not only include prevention of risk behaviors (e.g., condom use), but also contextualize sexuality within discussion of what it means to have healthy relationships (De Castro et al., 2018; Goldfarb & Lieberman, 2021). Although some of these methods have been met with resistance, the efforts to evolve sexual health education are warranted by high rates of dating violence and adolescent pregnancy. In fact, it is estimated that the prevalence of psychological or physical dating violence victimization in Mexico is between 15 and 22 percent based on a study conducted with public school

students in Morelos, Central Mexico (Rivera-Rivera et al., 2007). Two subsequent national studies in Mexico, both conducted in health care settings, found that women aged 15 and older had experienced high rates of physical and sexual violence within the past year (9.8%, 16.5% physical violence; 7%, 12.7% sexual respectively; ENVIM, 2004, 2009). Another more recent national study surveyed women in their homes and found that 34% had experienced physical violence and another 41.3% had experienced sexual violence within the past year (ENDIREH, 2017). Further highlighting the current problem, pregnancy rates among Mexican adolescents under 20 years old have risen slightly above 18% over the last two decades (Chandra-Mouli et al., 2018; Martin et al., 2019).

Developments in romantic and sexual relationships are perceived as important milestones for some adolescents, which carry many implications for adolescents' overall well-being (Gómez-López et al., 2019; Williams & Rueda, 2018). Many youths desire more information about how to have healthy relationships (Adams & Williams, 2011; MacDonald et al., 2011) although tailoring information is crucial since dating and sexuality are shaped by culture and context. Mexico has a strong foundation in the Catholic religion, with over 80% of the population reporting affiliation. Traditional faith values often promote abstinence until marriage, a strong emphasis on family, and males holding more influence than females (Bernstein et al., 2020). In general, youth who strongly self-identify with religiosity have been found to delay sexual intercourse (Espinosa-Hernández et al., 2015). Despite the religiosity of the population, however, Mexico's government is largely secular and progressive, particularly with regard to the content they choose to provide schools for curriculum and textbooks (Chandra-Mouli et al., 2018). These diverse views have contributed to inconsistent sexual education for youth attending school in Mexico. In addition to inconsistencies in sexual health education, access to quality reproductive healthcare can also be a challenge for these adolescents (De Castro et al., 2018; Villalobos et al., 2017).

The Present Study

This study sampled rural middle schoolers in Mexico, asking youth anonymously about their questions pertaining to sexual health and dating relationships. This study fills a gap in the literature since we know very little about this topic. Importantly, it also responds directly to Mexican youth's desire for sexual and dating health information and their perception that there are few resources available to them (Hoffman et al., 2019). Our specific aims were to identify gaps in knowledge with regard to dating and sexuality by asking youth directly what questions they had. This type of descriptive research is important to building culturally- and developmentally-informed sexual and dating health curricula and services for youth. That is, understanding students' questions offers an opportunity for teachers, psychologists, social workers, and other health professionals to tailor limited resources to the desires and needs of the students and their families. This is critical as sexual health education programs that have content aligned with student interests are rated more positively by students and are considered by them to be of higher quality (Byers et al., 2013).

Methods

Sampling and Procedures

This research was approved by the U.S.-based University's Institutional Review Board. The U.S.-based research team had conducted various projects in Mexico prior to this study and was focused on finding a school to partner with in Central Mexico. After discussing the project with various contacts, a team of behavioral professionals with overlapping interests and connections to various schools in Michoacán was identified. The Mexico-based team reached out to school administrators and ultimately received permission to conduct the study with a middle school in a rural town in Michoacán. The study consisted of youth surveys and focus groups pertaining to health and sexuality, as well as students' written questions. School-wide recruitment efforts were conducted by two school psychologists. Prior to the study, the psychologists were trained on procedural data collection methods. Members of the research team met in person with the parents and youth to answer questions and inform them of the potential risks and benefits related to participation in the study. After addressing some community concerns regarding confidentiality, passive verbal consent was received from parents and verbal assent was received from youth. Following their participation in a written survey and an approximate 30–40-min focus group discussion with the psychologists, students were asked to record their sexual health and relationship questions anonymously on a piece of paper. Findings from the focus group study (see Rueda et al., 2019), found that teens desired more information about sexuality and dating but were reluctant to fully self-disclose to the psychologists. In turn, the present study builds on the prior by offering youth the opportunity to anonymously submit their questions. See Table 1 for descriptive information from youth's survey data. We provide this data as context to the present study. This study, however, pertains only to youth's written questions concerning dating and sexuality. Following analysis of questions, findings were provided to the school psychologists for feedback and consideration. This form of member checking feedback enhances the rigor of the study by triangulating perspectives and adding credibility (Lietz & Zayas, 2010).

Analysis

The students' handwritten questions were translated from Spanish to English and transcribed by a bilingual member of the U.S research team. Transcriptions of the questions are provided exactly as stated, which at times may include small grammar or spelling mistakes. Translations were then cross checked by a second bilingual member of the U.S research team. A codebook of themes and subthemes was collaboratively developed by the first and fourth authors. The codebook was then analyzed by the second author to ensure fit to the data. Finally, frequencies in the codebook were calculated by theme and subtheme to determine the ordering of reoccurring information within the dataset. The third author, who had been blind to the data to this point, and an independent graduate research assistant then independently coded the

data using the codebook. This resulted in an inter-rater reliability kappa of 0.82. Some questions were omitted ($n = 13$) either because they were unrelated to the topic or because more context was needed to understand the meaning. The total number of questions analyzed was 60. Given the sensitive nature of the questions asked, specific gender and grade information was not solicited from students. Demographic information was gathered from surveys, however, thus providing back- ground to the sample as a whole. See Table 1.

Table 1 Descriptive information of study participants (N = 112)

From: [Mexican Middle Schoolers' Questions on Sexuality and Dating Relationships: A Descriptive Qualitative Analysis](#)

	<i>N</i>	Frequency (%)
Sex		
Male	58	51.79
Female	54	48.21
Grade		
1st	32	29.36
2nd	14	12.84
3rd	44	40.37
4th	1	0.92
Other	18	16.51
Age		
11	2	1.82
12	29	26.36
13	32	29.09
14	41	37.27
15	4	3.64
16	2	1.82

Grade levels are equivalent to the United States 7th, 8th, 9th, and 10th grades. These data pertain to students who took the survey prior to participating in focus groups and submitting anonymous questions.

Results

The results display confusion from the youth regarding their knowledge of sexual health and healthy relationships. There was a strong presence of traditional gender and cultural norms, including themes of control and dominance. Themes are presented in order of most frequent and salient. Direct Spanish transcriptions are provided in conjunction with examples. The majority of questions from youth pertained to (1) healthy relationships—how to navigate emotions, building healthy relationships, and handling deception; (2) violence—how to identify the source, cause, types, and what to do; and (3) sexual health—regarding STIs, contraception, and unplanned pregnancy; (4) sexual attraction and orientation—navigating attraction to others besides their partner, their own sexual orientation, and what it is to be LGBTQ. As context to the questions provided, some youth additionally asked about why parents did not talk to them about sexual health and dating relationships (Table 2).

Table 2 Frequency of youth questions on dating relationships and sexual health

From: [Mexican Middle Schoolers' Questions on Sexuality and Dating Relationships: A Descriptive Qualitative Analysis](#)

	Frequency % (n)
Healthy relationships	31.7% (19)
Violence in relationships	30% (18)
Sexual health	26.7% (16)
Sexual attraction and orientation	11.7% (7)

Healthy Relationships

The largest number of questions pertained to healthy relationships ($n = 19$; 31.7%). Many youth had questions related to defining and practicing a healthy romantic relationship, demonstrating confusion and a lack of knowledge. Examples of these questions include: “What can I do to build a healthy relationship?” (¿Qué puedo hacer para llerar una relación saludable?) and “What would a good relationship look like?” (¿Cómo sería una buena relación de noviazgo?). Other students questioned relationship dynamics related to conflict, such as jealousy or deception, experiencing these either personally or from a partner, for example: “What do you do when your boyfriend deceives you, [and when you see him,] he denies it?” (¿Qué se hace cuando tu novio te engaña y cuando lo ves lo niega?). Technology (i.e., social media, messaging) added another challenging dynamic in navigating a healthy relationship. One student asked, “What do I do if my boyfriend tells other girls on Facebook that they are cute? (i.e., what a little cutie they are)” (¿Qué hago si mi novio les dice a otras en el Facebook que chikita, lindas?). Several students additionally questioned how to manage their emotions at the end of a relationship. An example includes, “Why, when you leave your girlfriend, [do] you still love her?” (¿Por qué cuando dejas a tu novia la sigues queriendo?).

Violence in Relationships

The second largest set of questions ($n = 18$; 30%) related to violence in relationships. Themes of dominance and control emerged in many questions, with the majority of perpetrators in these scenarios being male. Several youth questioned how to identify violence in relationships including the source, “How do you know that there is violence in the relationship?” (¿Cómo se nota la violencia en el noviazgo?), cause “Why is there violence in dating relationships? (¿Por qué se hace la violencia en el noviazgo?), and types “How many types of violence are there and what are they?” (¿Cuántas tipas de violencia hay y cuales son?). Another prevalent theme was how to seek help or safety when either they or someone they knew was experiencing violence. Many youth did not know where to go, who to seek help from, or what to do if violence in a relationship occurs. While these questions all pertain to the need for information, various causes of

violence were depicted including: threatening behavior, substance-induced physical violence towards another individual caused by jealousy, and direct partner violence; for example, “What do you do if your ex-boyfriend looks for you, forces you to do things you don't want and has threatened you?” (¿Qué haces si tu ex-novio te busca te forza hacer cosas que no quieres y te ha amenazado?). Other students asked how to help a peer, “How to react when seeing that a friend suffers violence in their dating relationship?” (¿Cómo se debe reaccionar al ver que alguna amiga o amigo sufre violencia en su noviazgo?).

Sexual Education

Another prominent portion of questions ($n = 16$; 26.7%) related to sexual education and health. A large majority of these questions related to sexual health focused on contraceptives. Students expressed interest in learning methods of contraception and prevention of pregnancy, i.e., “What contraceptive methods are most effective?” (¿Qué métodos anticonceptivos son los mas seguros?) and “What can I do to prevent pregnancy?” (¿Qué puedo hacer para prevenir un embarazo?). Another common theme of questioning related to a general lack of knowledge of sexuality (e.g., “What is sexuality?” (¿Qué es la sexualidad?)), as well as the cultural and social stigma around it. For example, “Why is it not good to have sex?” (¿Por qué no es bueno tener sexualidades?). Other themes were related to contraceptives in a social context, such as a lack of access, “Why did they take away contraceptives?” (¿Por qué se rompen los anticonsetiuos?). One student asked a poignant question regarding AIDs transaction, “What happens when a couple is going to have sexual relations and before [they do] one reveals that they have AIDS?” (¿Qué pasa cuando una pareja va a tener relaciones sexuales y antes de eso uno revela que tiene sida?). Frequently, questions concerned a lack of parental and societal communication to youth, perhaps due to cultural expectations. Some youth asked questions regarding expectations, knowledge, and consequences of sexual and romantic relationships, for example, “Why don't parents want to talk about sex with their kids?” (¿Por qué los papas no quieren halar de la sexualidad con sus hijos?). Additionally, one student made an inquiry about the normality of personal hygiene practices, asking “Is it normal for women to shave or wax when they are going to have sex?” (¿Es normal que las mujeres se depilen cuando van a tener sexo?).

Sexual Attraction and Orientation

Additional themes that emerged in the data were questions referring to sexual attraction and orientation ($n = 7$; 11.7%), many around attraction to the same and opposite sex, “Why does a man attract a woman? One man to another man? Why?” (¿Por qué un hombre se atrae a una mujer? ¿Un hombre a otro hombre? ¿Por qué?). Other questions solicited the meaning of commitment to their significant other (monogamy) and how to navigate or redirect their commitment and attraction to someone other than their partner, “What do I do if I have a boyfriend, but I want to be with someone else (or with more people)?” (¿Qué hago si tengo novio pero quiero a mas?). Last, questions gave

reference to the adolescents own sexual orientation and what it means to identify as LGBTQ, “How to declare myself/come out as a girl?” (¿Cómo declararme una chica?) and “What do I do if I like a guy but he’s gay?” (¿Qué hago si me gusta uno de ellos [ellos] pero es gay?).

Discussion

The purpose of this study was to explore Mexican middle schoolers’ questions regarding sexual health and romantic relationships. We utilized an anonymous question box, which offered a forum for students to ask about sensitive topics individually. This study is important because discussion of sexual and dating health is often stigmatized, and we know that youth often learn about sexuality and dating from peers and media. Rather, via collaboration with Mexican school psychologists, this study addresses the lived questions of youth that they may otherwise have been reluctant to ask. This pragmatism may be beneficial in the future design, advocacy, and implementation of sexual health and dating education programs.

A majority of adolescents’ questions pertained to how to have a healthy relationship, including navigating jealousy, perceived cheating, conflict, and breaking up with a partner. These themes mirror a large body of research concerning common difficulties that youth encounter in their early romantic and sexual relationships. Jealousy reflects a normal developmental task and is common, particularly as young couples typically lack long-term commitment and are surrounded by peers who, through attraction, may pose threats to established relationships (Baker & Carreño, 2016). Importantly, cultural norms in Mexico encourage earlier commitment, marriage, and family (Milbrath et al., 2009). These traditional values were evidenced by youth in focus groups, who described the importance of love and reciprocity (Rueda et al., 2019). Jealousy and fear of cheating are uniquely contextualized in this manner by societal values of youth monogamy, as opposed to multiple and less committed partnerships (e.g., hooking up; friends with benefits) in the United States (Paul et al., 2008). It may be that youth asked for support with breaking up as they struggled to navigate these competing norms. Breaking up is also developmentally difficult, as it is often youth’s first time ending an important relationship.

The second most common set of questions were about intimate partner violence. Youth wanted to know information regarding what to do and how to help someone experiencing violence in relationships, how to identify the source, types and causes of violence, and family involved violence and trauma. These questions suggest that a school-wide dating violence prevention program would be beneficial. A strength of our study is that we shared these findings with school psychologists so that they could help youth to identify and cope with home and community violence, as well as provide information with regard to healthy relationships. We know from prior research that exposure to violence within the home of origin is a strong predictor of dating violence and has been linked to

greater acceptance of it (Black & Weisz, 2005; Vagi et al., 2013). Studies of Mexican and Mexican American youth suggest that clinical practice and programs should incorporate discussion of possessive and controlling jealousy, and norms accepting of violence within relationships (Makleff et al., 2020; Williams & Rueda, 2020). Further, trauma-informed approaches are increasingly recognized as best practice and can be integrated within dating health curricula (Martin et al., 2017).

Regarding sexual education, around one fifth of questions pertained to access and use of contraceptives, STIs, sexuality, lack of parental communication about sex, and hygiene practices. In our prior focus group study focusing on these youth's experiences with healthcare in Mexico, the majority reported that they would seek sexual health information from their mother or extended family members when they had health related concerns or questions (Hoffman et al., 2019). Research finds that adolescents who have conversations about sexual health with their parents, compared to those who do not, have increased comprehension of their parents' expectations of sexual responsibility and knowledge of sexual risky behavior (Causey et al., 2012). Cultural influences in Mexico also dictate the extent to which parents initiate and participate in sexual health conversations with adolescents, as well as the content of these conversations. In general, sex before marriage is discouraged and many parents are reluctant or unsure about how to initiate discussion of sexuality and dating within the home (Guilamo-Ramos et al., 2011). Given that adequate sexual health education is often lacking in schools, however, conversations with parents and other adults become even more important. Debate around sexual health education can result in confusion; despite a common misconception, comprehensive sexual health programs do promote abstinence as the best way to not become pregnant or to contract an STI (Williams & Rueda, 2018; Jeffries et al., 2010; Temple et al., 2013). Communicating this to parents and providing a clear outline of topics to be covered with options to opt out may be one way for youth to receive the information that they need to make safe and healthy choices. School-based programs should consider the family's and adolescent's values and include tailored psychoeducation on relationship intimacy goals as needed (Sexuality Information and Education Council of the United States (SEICUS), 2016).

Finally, a fourth theme that emerged regarded sexual attraction and orientation. Some students inquired about feelings of attraction towards someone other than their partner, and others questioned sexual orientation and the meaning of what it is to be LGBTQ. Youth who identify as LGBTQ are at a higher risk for experiencing teen dating violence as well as perpetration of violence from someone other than their partner (Basile et al., 2020). Family empathy and understanding has shown to be integral to the overall health and well-being of LGBTQ youth (McCormick & Baldrige, 2019). Youth with empathetic and understanding families are more than eight times less likely to attempt suicide and six times less likely to meet depression criteria (McCormick & Baldrige, 2019). Discussions on diversity, respect for others, and kindness could help mitigate some of the challenges

faced by LGBTQ youth.

Implications

This study was conducted in a rural area of Central Mexico where students experience high crime rates and poverty. A majority of youth wanted more information about healthy relationships, sexual health, and dating violence. These content areas are included in some healthy relationship curricula, but less is available in Spanish; it may be beneficial to adapt these programs for Mexican origin youth. Research recommends including content on both traditional gender expectations and cultural norms when understanding and addressing adolescents' sexual and dating health issues, needs, and expectations (Espinosa-Hernández & Vasilenko, 2015; Rueda et al., 2019). This content should, however, move beyond overly simplistic notions of machismo (particularly negative) and marianismo (female gender-typed roles). These considerations may have made it difficult for youth, particularly females, to discuss sexual questions, sexually transmitted infections, and pregnancy prevention. Hence, multi-tiered community, school, and family-based programs are required. One program titled, "Families Talking Together" was designed by the Center of Latino Adolescent and Family Health and provides support and direction for youth conversations about sex with parents (Guilamo-Ramos et al., 2011). This program is striving to create consistent messaging between parent and school-based discussions for youth around sexual health and dating relationships. As noted previously, strong family values can serve to protect youth from unhealthy dating relationship experiences including violence (Cuevas et al., 2020; Sabina et al., 2016), although youth who experience dating violence are often reluctant to seek help from formal supports or family and most commonly disclose to friends (Sabina et al., 2014). The tendency for youth to turn to peers for support may be fueled by the fear of parental disapproval or minimization of their dating lives (Black et al., 2015; Rueda et al., 2015).

Many youth questioned sexual orientation and feelings of attraction. Youth programs such as the "Fourth R" (Crooks et al., 2008) are designed to include students, teachers, parents, and the community to offer comprehensive education to reduce violence, provide education, positive decision-making skills, and healthy relationships inclusive of LGBTQ youth. When deciding whether to use this and related programs—particularly in communities with strong traditional, faith-based values—parental engagement and community collaboration are essential so that programming decisions can reflect the needs and desires of all stakeholders. Where abstinence-only policies are in place, or are preferred by local communities, schools can alternatively implement comprehensive socioemotional learning programs. These are recommended by the Collaborative for Academic, Social, and Emotional Learning (CASEL, n.d.) to help youth develop positive peer and intimate partnering (SIECUS, 2016).

Social workers play a key role in supporting the sexual and dating health of adolescents, including through direct practice in schools. It is important that social workers

stay up-to-date on changing policies related to sexual health, and advocate for policies that fit the needs and experiences of youth and families in their communities. At the mezzo level, social workers can advocate for and provide resources to youth and families with regard to safe and healthy relationships. These efforts may include working collaboratively with doctors, school nurses, school counselors and psychologists, and community agencies (e.g., pregnancy and parenting support services). Social workers can also advocate for school-based universal and tiered preventative interventions targeting dating violence, healthy relationship skills (inclusive of communication skills), and socioemotional development. It is important that the safety of adolescents be prioritized in this work, particularly given potential exposure to violence in the community and in their homes of origin, and that a trauma-informed lens be utilized.

Limitations

This study provides a unique analysis of Mexican adolescent perspectives regarding sexual health and dating relationships. Considering the sample population derived from a middle school in a rural town in Central Mexico, findings are limited in their transferability to other Mexican and Mexican American youth populations. According to the larger study that took place with this same sample, collaborators in Mexico reported that the youth who decided not to participate may have made their decision based on their migratory aspirations and fear of involvement in a U.S.-based study. Further, these data lack any demographic indicators including gender and grade level and was a relatively small sample size. We provide a table of demographics to contextualize our findings using youth's survey data; however, the lack of descriptive information is a significant limitation that disallowed interpretation of gender- or age-specific analyses. This study did, however, provide an anonymous platform to present questions that they might not have felt comfortable revealing to their peers and the psychologists otherwise.

Conclusion

The anonymous sex and dating questions of middle schoolers underscore the importance of supporting families with a variety of sexual health resources and options. Our findings reflect a need to provide youth and their families with culturally adapted, accurate, and developmentally appropriate information on sexual health and dating during early adolescence. Future research should continue to explore the needs and perspectives of youth to address deficits in healthy relationship and sexual health education.

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Declarations

Conflict of interest

The authors declare they have no conflict of interest.

Ethical Approval

Approval was obtained by the ethics committee of the University of Texas at San Antonio. The procedures used in this study adhere to the tenets of the Declaration of Helsinki.

Informed Consent

Informed consent was obtained from legal guardians.

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