ABSTRACT

A case study of the Eagle Creek community in the Cherokee Nation explored the development of a sexuality education curriculum using Paulo Freire's model. Data indicated that the curriculum empowered people, helped to uncover socio-political and cultural issues that affect behavior, and emphasized the collective knowledge that emerges when a group shares experiences. The curriculum was more culturally sensitive than others because it allowed participants to pose problems to be discussed, and the social action component made the curriculum different from other reviewed curricula. Suggestions proposed that authentic dialogue using Freire's model can occur but will occur unevenly based on race, class, religion, and gender as well as trust, experience, and benefit/risk variables. Historical considerations found Freire's model congruent with Cherokee traditions: (1) more attention was paid to the process than the end product; (2) dialogue was congruent with traditional storytelling; and (3) participatory democracy was similar to early Cherokee government. Specific recommendations suggested the use of the Freirian model in curriculum development, American Indian education, family planning, and sexuality/health education. The data implicated a need for further research into Native American sexuality, the relationship of language to sexuality, and Cherokee gender roles. (CK)
USING THE FREIRIAN MODEL TO DEVELOP AN ETHNICALLY
SENSITIVE SEXUALITY EDUCATION CURRICULUM FOR AN AMERICAN INDIAN GROUP

BY
DEBORAH DOWNING GOODMAN
THE DEPARTMENT OF EDUCATIONAL LEADERSHIP
AND POLICY STUDIES
THE UNIVERSITY OF OKLAHOMA
NORMAN, OKLAHOMA

A PAPER PRESENTED AT THE 1993 AERA ANNUAL MEETING
ATLANTA, GEORGIA

"PERMISSION TO REPRODUCE THIS
MATERIAL HAS BEEN GRANTED BY
DEBORAH DOWNING
GOODMAN
TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)."

BEST COPY AVAILABLE
USING THE FREIRIAN MODEL TO DEVELOP AN ETHNICALLY SENSITIVE SEXUALITY EDUCATION CURRICULUM FOR AN AMERICAN INDIAN GROUP

This paper presents the results of a case study where Paulo Freire's model was used to develop a sexuality education curriculum with the Eagle Creek community in the Cherokee Nation. The model's listening, code development, and action stages are described.

Using a transformative model of curriculum evaluation, the intent of the curriculum process was compared with what actually occurred and that information was examined, compared, and contrasted. Data indicated that the curriculum empowered people, helped uncover (through dialectical processes) socio-political and cultural issues that affect behavior, and emphasized the collective knowledge that emerges when a group shares experiences. The leader developed cross cultural understanding by working along with the people to listen, observe, and search for the program dialogically. This curriculum was found to be more culturally sensitive than others because it allowed participants to pose the problems to be discussed. The social action component made it very different from other reviewed curricula.

The data were interpreted and integrated with theoretical underpinnings. Personal and historical considerations were made. The issue of "voice" was critically examined. Suggestions were made that authentic dialogue using Freire's model can occur but will occur unevenly based on race, class, religion and gender as well as trust, experience, and benefit/risk variables. Schon (1987), Vroom (1964), Bennis, Benne, and Chin (1961), Knox (1977) and Fox, Mazmaniam and Putnam (1989) have change/learning theories that were helpful in data interpretation. Historical considerations found Freire's model congruent with Cherokee traditions: more attention was paid to process than the end product; dialoging was congruent with traditional storytelling; and participatory democracy was similar to early Cherokee government.

Specific recommendations were made for use of the Freirian model in curriculum development, American Indian education, family planning and sexuality/health education. The data also suggested that further research into Native American sexuality, the relationship of language to sexuality, and Cherokee gender roles was warranted.
From these pages I hope at least the following will endure: my trust in the people, and my faith in man [and woman] and in the creation of a world in which it will be easier to love.

Helping to build a world in which it will be easier to love is what progressive educators believe is missing in education where there's a discontinuity between subject matter and the learner...the divorce of curricula from the realities and demands of life (Tanner & Tanner, 1980). There are complex and challenging issues that must be considered in developing culturally sensitive curricula but most programs remain "unapolitized and not thoroughly enough linked to larger movements...the dynamics of race, gender, and class and economic, political and cultural arenas in which they interact" (McCarthy & Apple, 1988, p. 23). Paulo Freire and other critical theorists believe that most educational programming does not deal with the socio-political and cultural issues that affect behavior.

Need for the Study

Most sexuality education programs targeted for high risk, minority group people over-simplify the complex issues, present an unrealistic portrayal of history and contemporary life experience, and are race, class, and gender biased (Trudell & Whatley, 1991; Kantor, 1992). They do not focus enough on the cultural, historical, economic and political world that affects behavior or address making a better world in which it would be "easier to love."

Until recently, healthcare programs in Native American communities have not been comprehensive, reliable, or culturally sensitive (Rowell, 1990; VanDenBerg & Minton, 1987). Historically, they have been characterized by deceit, sterilization abuse, broken promises, "forced dependency and the reliance on an unconcerned other for the provision of health care and other needs" (Native American Women's Health Education Resource Center, 1988, p. 5). Studies now show the effectiveness of emphasizing cultural aspects of program design (Bigfoot, 1989; Dinges, Yazzie & Tollefson, 1974; Freudenberg, 1989; Osborne, 1989; Phillips & Stubbs, 1987; Takie, Lynch & Charleston, 1988;).

Research about Native American sexuality lacks clarity and a realistic base. Often there is a fixation with traditionality (i.e., puberty rites, matriarchy, warrior women, and menstrual taboos), and a focus on problems instead of strategies to get beyond them. We need unromanticized, truthful versions of the real American
Indian life experiences. (Green, 1980).

Well-done, Indian-specific materials are available to be used with a comprehensive program but they focus mainly on problems like AIDS and teen pregnancy (see for example, Aids Coalition for Indian Outreach, 1993; Allen, 1986; American Indian Health Care Resource Center, 1993; Calif. Urban Indian Health Council, 1993; Indian Child Abuse/Neglect Awareness Project, 1986; Leech Lake Reservation Tribal Council, 1993; Planned Parenthood of Central Ok., 1991; Natl. Native American AIDS Prevention Center, 1993; Rainer, 1989; Rowell, 1990; Williams, 1986; Young Men's Sexual Health Promotion Program, 1990). No culturally sensitive, comprehensive sexuality education curriculum has been developed.

Most sex education curricula are deduced from measurement and norms calibrated on the basis of perceived White Anglo-Saxon middle-class values and nuclear family structures (McCarthy & Apple, 1988), even though few programs can be successfully applied cross-culturally (Freudenberg, 1988; Bigfoot, 1989). Taylor and Ward (1991) call for a redesign and reconceptualization of sex education based on an understanding that sexuality education is socially constructed—created within a political and social context that includes the dynamic interplay of race, gender, and class oppression. Thus, various cultures interpret, define, and regulate sexuality differently, and cultural group members socialize their children to cultural norms, taboos, and expectations regarding sexual behavior. (p. 121)

Most existing sexuality education curricula are therefore limited because they perpetuate a singular worldview in a multicultural society" (Taylor & Ward, 1991, p. 122) and are not meeting the needs of people of color (de la Vega, 1990; Espin, 1984; Rowell, 1990).

Research Goals and Methodology

Problems addressed by this research are the following: (a) How do you develop a curriculum that considers the cultural determinants of sexuality?, and (b) What curriculum development model will help illuminate the socio-political influences on sexual health? Scant research has been done and there is little agreement on what works best.

Paulo Freire's model has been used with lower economic and oppressed communities. Originally developed for use in literacy training in Brazil, the model has been successfully modified for use in the U.S. to develop culturally sensitive curricula (Shor, 1987). It has not yet, however, been used to develop sexuality education programming.
This research seeks to answer the question of what happens when Paulo Freire's model is used to develop a sexuality education curriculum with the rural community of Eagle Creek (EC) in the Cherokee Nation (CN). The main goal of the study is to develop understanding and generate theory about the Freirian method.

In this qualitative, naturalistic, ethnographic case-study, data were obtained by using methods of participatory research (Tierney, 1992):

1. I collected documents and used audio-visual and library resources.
2. I stayed in the small, rural community of EC in order to be a participant observer in the research process.
3. I travelled throughout the 14 county CN to visit and observe.
4. I dialogued with community people, teachers, students and parents of the Head Start Preschool Program and the After School Program for High Risk Youth (ages 9-13) from my home base at the CN Head Start building in EC.
5. I arranged and participated in public meetings and community seminars to ensure accessibility of information for the community.

Analysis of data followed the constant comparative method of Glaser and Strauss (1967). The data collected were used for description, interpretation, and generation of concepts and hypotheses. The information gathered from the listening, codification and action stages of the Freirian process was compared and contrasted in order to find explanatory patterns. Using a transformative model of curriculum evaluation (Miller & Seller, 1985), the intent of the curriculum process was compared with what actually occurred and that information was examined, compared, and contrasted. The results were interpreted from historical, theoretical and personal perspectives and recommendations were made.

Paulo Freire's Empowerment Education

The Freirian model used in this study was adapted from a review of Freirian works (Freire, 1970, 1971, 1973, 1985, 1987; Freire & Faundez, 1989; Shor, 1987). Other studies were reviewed that used the Freirian model for curriculum development (Wallerstein & Bernstein, 1988; Guillory, Willie, & Duran, 1988; Mathieu, 1990; Minkler & Cox, 1980; Shor, 1987; Wallerstein, 1988).

Freire's pedagogy leads to 'praxis', action based on critical reflection. This critical consciousness is developed in a process called Conscientization...a series of steps that help people critically reflect on their lives. The process includes
three stages:

**Listening**—or investigating students' concerns; observing in the classroom and community; and, looking for individual and environmental factors that affect understanding.

**Dialogue**—or codifying these concerns into lessons. Developing codes (representations of problems that carry emotional impact in peoples' lives) as lessons for participatory dialogue.

**Action**—or doing something to change the problems discussed.

The model has these precepts:

1. Freirian curriculum is not a course of study or design problem as narrowly defined by educators who follow the accounting-theory of education (where educators deposit information into the students) (Freire & Faundez, 1989). Freire believes that the 'banking model of education' reinforces passivity of powerless people and does not create an environment for critical thinking. Instead, Freire defines curriculum as access to knowledge (Beyer & Apple, 1988) and the assumptions, decisions, and activities necessary to creating access to knowledge. The curriculum development process is more important than the end product (Shor, 1987).

2. Freire is considered a reconceptualist who criticizes existing modes of curriculum. He addresses the political nature of curriculum and believes that "power, knowledge, ideology and schooling are linked in ever-changing patterns of complexity" (Beyer & Apple, 1988, p. 92). The critical viewpoint challenges the notion of a fixed and unambiguous problem and the interconnected basis of knowledge (Cervero, 1988).

3. "This view of education starts with the conviction that it cannot present its own program but must search for the program dialogically with the people" (Freire, 1970, p. 118). The curriculum developer works along with people in the community to listen and observe in order to develop "codes"—issues of concern that are codified into lessons for discussion.

4. As the coordinator of the "cultural circle" where dialoging and decodifying take place, the educator's role is essentially one of problem-posing...asking questions of the group "which will help its members see the world not as a static reality, but as a limiting situation which challenges them to transform it" (Minkler & Cox, 1980, p. 313). Once the group raises important themes, then it is the
educator's role to contribute outside information and relevant materials.

5. Freire's model diverges from traditional adult education because it has a social action component. His view is that "true learning requires acting in the world" (Wallerstein, 1988, p. 61).

6. Freirian methodology contrasts with movements for change that place the burden of responsibility for action on a relatively small group of "leaders" because Freire stresses the imperative nature of the total participation of the people themselves.

7. Freire's ideas differ from health education's principles that hold that individuals can make healthy decisions with enough information, skills, and reinforcement. "Freire's emphasis is on the collective knowledge that emerges from a group sharing experiences and understanding the social influences that affect individual lives" (Wallerstein & Bernstein, 1988, p. 382).

Description of the Study

In the listening stage, we worked to listen to and observe some of the critical aspects of peoples' lives. I first worked closely with two Christian Children's Fund (CCF) community developers who have travelled to rural communities in the CN to empower parents. I soon realized that they followed Freirian methodology. At one meeting they were starting a Parents' Committee:

Only a few people come at first. You have to build their trust so you keep coming back. When you ask about their problems, at first they talk about "Nobody cares...no place to go... nobody pays attention to us..." And then they say, "They're responsible...the tribe, the government, THEN!" Gradually they decide that they are the tribe...they are the government. Then I tell them, "You've got to decide what you want to do about the problems." (Field notes, 1992)

In effect, they were co-developers (to use Freirian terms) that worked with the people and served as resources. The listening stage continued as leadership committees were formed and meetings were held to assess the needs of the community.

The original co-investigators who helped develop the EC curriculum (ECC) were some EC Parent's Committee members, the CCF representatives, some tribal staff members, and the two directors of the At-Risk After School program. Because of the snowball effect (people referring other people to be involved) other community people became involved as co-developers including two teen moms.

Eagle Creek is rural and small...about 600 people (200 families) in a seven mile radius in the hill country of the CN. Almost all of the people are bi-lingual
They live in small "Indian Homes" (subsidized housing built by HUD) that are built on both sides of a state highway. There are two small filling stations/convenience stores, a school, and a church. EC has a reputation for being violent and is located in a county that rumor says "has the most unsolved murders of any county in the United States" (Field notes, 1993). The county is poor and has the highest teen pregnancy rate (Okla. State Dept. of Health, 1991). Over the last three years EC has experienced success for community-based programming: they have reduced their police calls by 45%, built 2 ball diamonds, and are building a community gymnasium.

While listening, the co-developers began to dialogue and develop codes. These codes were turned into discussions and activities that were used as lessons for participatory dialogue. To direct the dialogue, after the codes were presented, questions were asked like "What is the problem and what caused it? Can you relate to this? What are the bigger issues? What can we do about this?" (Wallerstein, 1988).

The codes were created and re-created as they were used in formal group situations (i.e., a culture circle of parents who came to a planned meeting) or informal group situations (i.e., people standing around and visiting). Some of the codes developed for EC follow. After each code is a brief description of comments participants made.

**Code 1: A Big Gap**

There are many problems related to sexuality. For example:

1. In 1987, 47% of children born to Indian women were out of wedlock (Brown, 1988).
2. At least 80% of women in one Indian Health Service (IHS) region had been sexually assaulted (LaFromboise, Heyle, & Ozer, 1990).
3. Babies born to teens have a greater chance of being poor, having poorer health, and doing more poorly in school compared to babies born to non-teens (Children's Defense Fund, 1987).
4. AIDS and other sexually transmitted diseases produce serious illnesses among Native Americans (Brown, 1988; Rowell, 1990).
5. Drop-out rates among Native Americans are higher than any other ethnic group (Kleinfeld, McDiamid, & Hagstrom, 1989) and adolescent pregnancy is positively correlated with high drop-out rates (Children's Defense Fund, 1987).

There is a huge gap between what is needed and what is being done to help people with healthy sexual decision-making. For example, in the CN, it is very difficult to talk about sex. Sex is very private. One 12 year old told us, "I'd rather tell my parents I'm pregnant than talk to them about condoms!" Sometimes it is not
responsible for adults to talk to each other about sex. In traditional Indian homes, adults frequently send children out of the room when adults are together.

In this community it is not unusual for young teens to get pregnant. We have children being treated for sexual abuse and many women who are battered and raped. Yet, there is no sexuality education in the schools even though AIDS education is mandated and sexuality education has been shown to help youth make better sexual decisions, delay the start of intercourse, and use protection when sexually active (Kirby, 1992). There are no safety programs in the preschools teaching children about "good touch" and "bad touch".

**Discussion: Code 1**

The participants believed that there was a need for more programs to help adults and teachers become more comfortable with talking about sex. "Tell them what the kids are saying and doing. Bring in people to train them. Give them permission to say that they are not comfortable but wouldn't mind someone else talking to their children for them. Rename it something besides sexuality education like 'life planning education.'" (Field notes, 1992). We found (similar to the results in Taylor & Ward's (1991) study) that "A combination of fear, misinformation, and moral objection combine to make the use and discussion of birth control difficult..." (p. 129).

When we contacted some people at the State Dept. Education about getting sexuality/AIDS education curricula for the schools to preview, we also asked how these schools could get away with not following state mandates. They said, "We're underfunded and have very little authority to enforce mandates."

**Code 2: School Issues**

It appears as if the schools in this area do not do anything different for the Indian children than they do for Anglo children. Yet, research tells us the following:

1. Bi-lingual students are helped if special language support services are available (Ogbu, 1992).
2. For youth at-risk for dropping out of school, increased parental involvement deserves special emphasis (Dryfoos, 1991).
3. Many minorities profit from cooperative learning styles and special teaching techniques that are not frequently used in the classroom (Banks, 1988).
4. Culturally sensitive resources where students "see themselves" in the curriculum are effective in helping minority students learn (Banks, 1988).
5. Special counseling and related programs are needed because non-voluntary minorities frequently develop oppositional attitudes that are a result of years of oppression. Ignorance and lethargy are a direct product of political
and economic oppression (Ogbu, 1992).
6. Research shows that many teachers do not have as high standards for minority students as they do for White students (Scales, 1984). They don't expose minority students as much to the up-to-date technologies or advanced classes (Apple, 1988).

**Discussion: Code 2**

This code elicited heated discussions. The highschool in town was seen as very prejudiced. One mother said, "My sister wanted to buy expensive clothes and hang around with the White kids but my Dad told her 'It won't do any good. They'll still treat you the same'" (Field notes, 1992). Only one Indian girl had been recently elected cheerleader and it was alleged that Native Americans do not play on the athletic teams unless they are truly outstanding. Teachers favored White students. The good students told about fighting peer pressure to be oppositional and confirmed that some American Indians "resist" adopting standard school practices (Ogbu, 1992).

The participants said that the school boards did not represent the community. Rumor had it that in EC someone paid community members five dollars for votes and got people credit for beer at election time. The dialogue revealed what Fine & Zane (1991) found out about parent disempowerment: "Low-income families and communities are rendered extraneous if not a nuisance to the workings of the school" (p. 85). The past principal did not welcome parent involvement. One parent said, "I think that one reason parents don't go up to the schools more is that they're afraid they'll get so angry with the teachers they'll get violent" (Field notes, 1992).

This study also illuminates the need for further research in the ways in which "located cultural forms may encourage the structural bases of an unequal society...and the ways minorities may contribute to their own condition" (Weis, 1988, p. 4).

Some people suggested that there be more meetings to raise awareness and get parents involved. "Serve food because the meetings are better attended, go to schools more and talk to teachers and get parents and kids together to talk about the prejudice. Get parents off their butts and get them involved more!" (Field notes, 1992).

**Code 3: Teen Pregnancy...A Problem?**

This county has the highest teen pregnancy rate of any county in the state. Teen pregnancy is a major cause of school dropouts and contributes to long-term welfare dependency. Babies born to teens are at a great risk for sickness,
handicapping, and poverty (Children's Defense Fund, 1987).

Before a problem can be solved by a community, it must be considered a problem (Guillory, Willie & Duran, 1988). Yet, in this area teen pregnancy is very common. Some teen parents do not experience problems because the family and programs are there to help.

**Discussion: Code 3**

During discussion, the participants agreed that even if teens did not recognize it, delaying parenting is one way to have a brighter future. Early parenting often reduces the chance of meeting one's future goals. They believed that the message must get out that teen pregnancy is a problem. This study confirms the importance of community involvement as essential in changing sexual behavior because "before any change in behavior is likely to occur, the individuals must perceive the source of the message as credible and part of the community" (Morales, 1991, p. 345). Participants said, "If your family can't help you it is very hard to make it. We need to bring in speakers...someone to talk in the community. We also need to talk to kids about sex. We need to emphasize the importance of a good family atmosphere at home so that kids won't make bad decisions about sex in order to feel better" (Field notes, 1992). This code illuminates the complexities of adolescent parenting in EC and give credibility to Ruddick's (1991) belief that it is "social assault that creates birth giving and mothering a disaster" (p. 115).

**Code 4: Where are the Males?**

In early Cherokee history an equal sexual division of authority existed. Females had an equal voice in village councils, and played a crucial role in the social regulation of survival. The Cherokees traced their lineage through the females. When a couple married, they moved to the home of the bride. When they divorced the mother kept the children and property and the father moved back home with his mother. Both males and females were enfranchised and shared in the authority and responsibility of village life (McLoughlin, 1986). At the time of the study, there were many divorced and single women with sole responsibility for their children. They were raising their children without the father's physical, emotional, or monetary support. The mothers and children frequently live with their sisters and brothers in their parents' homes in order to get help with the children.

There were stories about how males mistreat women and expect women to take
abuse, unlike the old ways. Because of fear of violence, some women did not know how to get the fathers to be more responsible.

**Discussion: Code 4**

During discussion, the participants said that the men were not around for many reasons. There were not many jobs in the area so men have to travel to get work. Some of the fathers are transient workers who do seasonal fruit picking. Many women do not believe that the men are very important in helping to raise the children. Women do not like for men to mistreat them, but it is hard to make changes. This present study is congruent with other research on minority sexuality that suggests that health care decisions may be placed second to those ensuring maintenance of a relationship (Wyatt-Lyons-Rowe (1990).

Deaths due to illness and violence also contribute to the absence of males. This small community has experienced the deaths of three key community men in recent years...one died of a heart attack, the other was killed in a car accident involving a drunk driver, and another in an accidentally self-inflicted gun injury. During this research, a woman died in a trailer fire and her husband was charged with murder and sent to jail.

**Code 5: Cultural Activities**

Cultural identity is extremely important for American Indian self-esteem. Some of the old ways can be very helpful guidelines for living. For guidance, Chief Mankiller draws on traditional Cherokee precepts:

1. Have a good mind. No matter what situation you are in, find something good about it, rather than the negative things. And in dealing with other human beings, find the good in them as well.
2. We are all interdependent. Do things for others---tribe, family, community---rather than just for yourself.
3. Look forward. Turn what has been done into a better path. If you are a leader, think about the impact of your decisions on seven generations into the future.

Despite her admonitions, in many of the communities there are very few cultural activities...no dances, spiritual ceremonies, sweat lodges, or outdoor activities that teach the old ways about plants and wildlife. Some people frown on the activities because they believe that they conflict with Christian beliefs. Some people have never been introduced to Cherokee ceremonies and rituals. Learning about cultural heritage is important but there appear to be obstacles to overcome.
Discussion: Code 5

During dialogue the participants said that there was interest in cultural activities but not much knowledge about them. They did not know very much about the ceremonies, and because of that, they did not know what they were missing. It was seen as acceptable to attend some dances but many Christians frowned on going to Stomp Dances. Some people said that as long as you did not put pow-wows before Church then it was OK to go to dances. One participant said, "They don't want us to be Indians because if we are, we are different...then it's a whole new set of problems" (Field notes, 1991). They said they knew some people who could help set up some dances and cultural activities. They suggested that when the new community center got built it would be easier to schedule cultural events. Like in the successful Alkali Lake community (Guillory, Willie, & Duran, 1988), elders may need to be brought in to teach the tribe about spiritual practices that have been lost to colonization and aid in teaching traditional crafts, Indian singing, and dancing.

Code 6: Sex and Drugs

Lisa is only sixteen but she is pregnant. When she got pregnant she was drinking. One of the reasons she was drinking was because her parents are alcoholic and she has a terrible home life. The alcohol helps to numb the pain. Her mother’s mother drank for the same reason. Somewhere in their past is the hurt and pain involved when the White people took the Cherokee’s land away. Now alcohol addiction provides a new 'Trail of Tears.'

There is a definite connection between substance abuse and teenage sexual activity that is misinformed, irrational, and coercive towards females (Moore & Fleming, 1989). According to the IHS, 95% of Indian families are affected by a family member’s use of alcohol and drugs (Brown, 1988).

In this community there are no Al-A-Teen groups for children from alcoholic families. Families have to drive into town to receive any counseling or services. Some of the tribal health professionals will come to EC if asked but they do not come regularly.

Discussion: Code 6

The youth said that they would like a support group. Some of the participants expressed powerlessness about alcohol problems and told stories of how hard it was to do something about it. They did believe that prevention programs were very
important...especially ones that helped one to deal with sad and unhappy feelings without turning to drugs. The youth shared many stories where drinking was definitely a part of their fun and was linked to irresponsible and unprotected sex. Their stories corroborate other research that characterizes some adolescents as not being able to accept that they are sexual, therefore do not plan in advance and get "swept away" by their sexual feelings (Cassell, 1989; Haffner, 1992).

The Action Stage

During the action stage, the community people, after critically thinking and making connections between their individual lives and social conditions took some action to regain control and make changes:

1. Until this project started, the After School program coordinators did not know about the sexuality education resources that were provided by the CN. Now the CN sexuality educator has provided two trainings for coordinators and has made presentations at three of the sites. Videos and pamphlets from the two programs have been shared and reviewed.

2. As a result of the study, a Saturday program was held for Indian males, ages 9-13. The topics were puberty, talking about tough issues, making good sexual decisions, AIDS, and feeling proud to be Indian.

3. Subjects found access to services at the State Health Department, the Alcohol and Drug Abuse Prevention program, the Department of Human Services, and IHS as a direct result of this project.

4. Two principals of local schools asked to preview sexuality education and teacher training materials.

5. A video about the codes was developed with the help of tribal, CCF and At-Risk Program staff and other community people.

6. Soon an Al-A-Teen program will be started at EC. Also the CN substance abuse counselor will come to EC to do individual evaluations and counseling of the children in the After-School program.

Evaluating the Results

Because Freirian curriculum is more than a course of study, the EC Curriculum (ECC) codes fit the description of what some professionals believe is needed for effective sexuality education today...comprehensive programming. It had "combinations of values and knowledge-based education, decision-making and social
skills training, reproductive health services, and alternatives or options that enhance motivation to avoid adolescent pregnancy...[plus] leveraging parental involvement (Miller and Piakoff, 1992, p. 271).

The dialogical process allowed for communication to increase and provided an "opportunity for young women, lovers, family, and elders to do more talking and listening" (Ruddick, 1991, p. 120). The ECC included what the people wanted to talk about in a way that was culturally sensitive (Taylor & Ward, 1991) and gave "voice to the complex and even contradictory positions that could be held about complex situations" (Fine & Zane, 1991, p. 87).

The codes included personal and social problems (Card, Peterson, & Grenno, 1992). Because ECC dealt with the social complexities of peoples' lives and bridged the gap between the usually artificially imposed split between "public" and "private" issues, it was more sensitive than most traditional curriculum (Fine & Zane, 1991).

Compared to some of the fear-based, abstinence-only curricula promoted by some Far Right religious groups, ECC is much more culturally sensitive (Trudell & Whatley, 1990). Most of those curricula reveal racial, ethnic, and class stereotypes and biases against people of different races and socio-economic backgrounds (Kantor, 1992/93).

The ECC is also different from two programs that are being promoted by the Center for Communicable Diseases: Reducing the Risk (RTR) (Barth, 1989) and Postponing Sexual Involvement (PSI) (Howard, 1989). They are based on the social influence model and the teachers and classroom peers model socially desirable behavior. The students practice behaviors through role-playing and experience how to successfully avoid unprotected intercourse.

Even though the ECC had aspects of social learning theory, there was no intense practice of skills or role-playing. Both RTR and PSI are school-based intervention programs and address only teen pregnancy prevention and contraceptive use. Because there are other sexuality issues that deserve attention in EC, these curricula could complement a more comprehensive program. PSI and RTR do deal with social pressures but they do not address poverty, class, or race as social forces affecting behavior.

The ECC is similar to four community-based programs that found evidence for behavior change (Kirby, 1992). The programs included (a) intense focus upon
preventing pregnancy/AIDS, and (b) reinforcement of educational components with linkages to reproductive health services. However, a third characteristic of the successful community programs (e.g., educational components in the schools) was not a part of the ECC. Kirby (1992) does not mention how these curricula were developed, if they allowed for class, race, and gender differences or how involved parents and elders were.

The model most like the ECC was developed by Taylor & Ward (1991). Using focus groups of adolescents and parents from six different ethnic populations, they stimulated discussion of attitudes and behaviors related to dating, sexuality, and cultural perspectives on teen parenting and birth control. They identified and trained bilingual facilitators to conduct the groups and paid a small stipend to participants. The audiotaped groups were analyzed for themes.

Their curriculum was similar to the ECC because it was culturally sensitive and included collaboration with the community and an acknowledgment of the context of teens' lives. Both curricula did illuminate the complexities and challenges involved in helping socially assaulted people develop what Ruddick (1991) calls "a capacity to choose...to make the right sexual choices. The capacity to choose is not a personal trait...neglect, bigotry, abuse, unaided ignorance, or even repeated frustration can sabotage the desire for, even the conception of, responsible choice (p. 106)."

Taylor and Ward's model did not focus on the bigger issues (i.e., socio-political, cultural, and economic problems) as much as the ECC, nor did it have an action component. The questions for discussion and the themes were decided on only by the curriculum developers.

Another way to evaluate results is to compare what Freire intended with what actually occurred. To some extent, many of the goals were accomplished. As evidenced by the codes, connections were made between sexuality and socio-cultural influences. Critical thinking was encouraged. The co-developers focused their thoughts and actions on sexuality problems and were involved in shaping the educational transaction. They helped to set up formal programs, previewed materials, shared, dialogued, and assessed the community value system. They looked at themselves and reflected on their own activity. They critically analyzed their problems and developed strategies. Therefore, praxis, critical reflection plus
action, did occur (Freire, 1970).

In the role of leader/co-developer, I became more aware of the political and ethical considerations of my profession. This process educated me because I learned with those I taught. Freire says that teachers do that with his model because "they revise their knowledge in the quest for knowledge the students engage in" (Freire & Faundez, 1989, p. 33). After becoming more informed about community issues, I was aware of how culturally insensitive most sexuality education materials are. Clearly the materials (and the knowledge in them) were embedded in evaluative frames which, because they bear the stamp of human values, reminded me that interests cannot be applied in value-neutral ways (Schon, 1983).

If empowerment is defined as people critically reflecting on issues and making changes necessary to control their destinies (Freire, 1970), then empowerment did occur. It will take time and continued dialoging about issues before we will know the quality of the changes. Participatory research and community involvement take time (Tierney, 1992; Aagaard, 1989) and this research represents only a beginning. Many more people will need to become involved, either by leading or participating in culture circles, before it can be said that the community is involved. Even with community involvement, it will take time for the creation of a normative, community culture problems are defined as community problems for interventions. "Empowerment is a long term process with many steps" (Wallerstein & Bernstein, 1988, p. 388) and conscienticizing efforts are time-consuming (Minkler & Cox, 1980). Although many people were involved, the need for long term funding exists in order to ensure continued gains in empowerment.

Interpreting the results

It is problematic whether or not the codes were authentic and represent the results of a leader and participants working together to participate in creating the pedagogical environment. The question of "voice"...both my voice and the voice of the community participants, deserves further consideration. "Voicelessness" or lack of "voice" implies difficulty in speaking because of contradictory social positionings or social identity (Ellsworth, 1989).

I had been placed at EC by the CCF people who have some power over the Parents'Committee (i.e., they control the money and decide on the training needs). I also was representing the tribe and had been assigned to work out of the Chief's
office. Needless to say, most people experiencing me, did not see me as a person having equal power with them. I believe Ellsworth (1989) aptly characterized what happened when community people dialogued with me:

What they/w- say, to whom, in what context, depending on the energy they/we have for the struggle on a particular day, is the result of conscious and unconscious assessments of the power relations and safety of the situations...Things were left unsaid, or they were encoded, on the basis of speakers' conscious and unconscious assessments of the risks and costs of disclosing their understanding of themselves and others. (p. 313)

To complicate matters, the subject under consideration was sexuality, a highly private and controversial topic in any culture. Even though the first stage of Freirian methodology is called "listening", there is no way to go about gathering information without talking, sharing, and asking questions. Because my voice went unexamined (people rarely asked me questions), by asking those "others" to communicate their experiences so that I could understand made me feel voyeuristic.

My voice was shaky because I was unsure of my Indianness, as most Native Americans are (Rowell, 1990), and I did not know how I would be accepted. I did not know if pervasive stereotypes would influence my impressions and I did not want to impose my values on the community until I listened. Sara Ruddick (1991) calls it a guiding principle of self-restraint..."Mothering and birthgiving should be assessed for adolescents by those people they live among and who will be intimately affected by their procreative choices" (p. 115).

I identified with other women as being oppressed on days when they expressed their feelings of gender and racial oppression. I identified with their oppression when I was reminded of my mother's alcoholism and suicide. Because of my middle-class upbringing, I most often identified with being the oppressor. I recognized multiple and contradictory social positionings in myself and others based on class, race, gender, religious, and cultural issues. The results of this study, the curriculum, the description and the interpretation were profoundly influenced by what Ellsworth (1989) calls a multiplicity of authentic voices.

Because of diversity in the community, these differences cannot be overcome even if community people are the only ones trained to do the listening and curriculum development. I agree with Ellsworth (1989) that the solution to the problem of voice is to recognize that any individual's politicized voice will be "partial, multiple, and contradictory" (p. 312) based on the variables of trust, experience, and the benefits of risks.
Schon's (1987) theory of professional development helps make sense of my confused voice. His theory addresses the "surprise" (uniqueness, conflict, and ambiguity) that occurs when a practitioner compares her knowledge and skills with the actual case at hand. He contends that most practitioners then reflect and reconstruct their knowledge and skill in order to hypothesize about the surprise. Like Schon predicted, I reviewed the practices, knowledge and information I experienced and attempted to figure out what was different about the situation and what should be done next. Then I experimented by reconstructing information, knowledge, and skills in order to serve as a resource/expert. The loop was completed when I integrated that experiment and new information for future experiences. Freire (1985) said, "There is a unity between practice and theory in which both are constructed, shaped and reshaped in constant movement from practice to theory, then back to a new practice" (p. 124).

Schon's theory also deserves consideration in the way sexuality professionals are trained. Because this research clearly demonstrates that socio-cultural variables influence sexuality, Schon's ideas about training professionals to be able to handle "surprises" is salient.

Other change and learning theories that help interpret the study's results include Vroom's (1964) path-goal theory. He describes motivation to change as a function of the value we place upon our long-term goals. Vroom's theory helps explain why some youth in EC do not behave more responsibly. Many adolescents are not easily convinced that they should wait for anything, especially when the positive benefits of sexuality are so alluringly portrayed (Miller & Paikoff, 1992). His theory helps to explain why people who live in a place where there is violence, unemployment, racism, and ineffective schools may have difficulty thinking about the future or valuing long term goals.

According to Bennis, Benne, and Chin (1961) there are three basic strategies for change involving rational, coercive and normative-educative strategies. All three of these strategies were used in the successful Alkali Lake project that reduced alcoholism (Guillory, Willie & Duran, 1988) and research could perhaps illuminate how those strategies could be adopted to decrease problems related to sexuality in the EC community. For the normative-educative strategy there's a strong need for consistency between the established norms of the community and the norms associated
with the new behavior. The present study indicated that the norms in the community about teen pregnancy and other related issues were not consistent with what tribal and community leaders wanted. Is Freirian "dialoging" the most effective way of changing norms? If coercive strategies must work in tandem with normative-educative strategies, what coercive strategies are ethical in light of the sterilization abuse and other atrocities American Indians have been subjected to historically? Sexuality research has not confirmed that increased knowledge alone produces much of a change in behavior (Kirby, 1992). Does that imply that Bennis, Benne and Chin's rational strategy does not apply to sexual behavior change?

According to the model developed by Fox, Mazmanian, and Putnam (1989), there are stages in the process of change and learning. Learning plays a different role in each stage. Some of the subjects were beyond the stage of deciding whether or not they wanted to change. They wanted the knowledge and skills to help them to behave in a new way. Other participants in the study were in other stages. One thirteen year old (after a presentation about puberty) showed that she needed more motivation to learn. She said, "I can't believe you told us that. I'm not going to need any of that information!" (Field notes, 1992). Current sexuality education research also confirms that a variety of strategies is most effective (Miller & Paikoff, 1991; Nicholson & Postrado, 1992).

Knox's (1990) proficiency theory of change suggests that whether or not learners engage in learning activities is dependent upon the discrepancy between their current level of proficiency and the level of proficiency that is necessary to perform effectively. If the gaps are too small or too large, individuals are not motivated to learn. A huge gap exists for parents and adults in EC between the skills and comfort level they have in talking with their children and the proficiency level they need. How the gap is narrowed is a key to increased communication about sexuality.

Historical considerations also help to interpret the data. Perhaps one reason Freirian methodology is successful in the Indian community is because a focus on process more than on the end product has always been an important element of traditional Native American life (Allen, 1986; McLoughlin, 1987). Tafoya (1980) explains:

The skills learned in beadwork, tanning hides...all teach patience as well as physical coordination...all teach a way of seeing...to "visualize" what does not yet exist...Beware that you do not end up only looking at the end of a
process. Life itself is the journeying, not the destination. The things that have traditionally been done within tribes are a training process...all these teach discipline, teach an attitude towards the Earth Mother and an understanding of what our place is with all our relations...all we can do is provide people with an opportunity to learn...(p. 2)

There are many illustrations of the traditional Indian way of learning where you watch and listen and wait, and the answer will come to you. One Native American tells of his experience:

When my old people were trying to teach me about water and the land, they would take me out at dawn and leave me out by myself, telling me to keep my eyes and my heart open. At sunset they would come back and get me. They would ask me what I had learned, and if it was not what they wanted me to learn, then the next morning I was out there at dawn again. (Tafoya, 1982, p. 32)

The scheme the elders used forced him to "re-cognize" what they already knew. Freire (1970) says about participants in empowerment education: "As the situation becomes the object of their cognition the naive or magical perception which produced their fatalism gives way to perception which is able to perceive itself even as it perceives reality, and can thus be critically objective about that reality" (p. 73).

Freirian participatory democracy follows the old ways the Cherokee had of governing themselves (McLoughlin, 1987). Because of their belief in liberty, equality, and harmony, they had a democratic government and both women and men were able to participate and wield influence in the political arena. The governing body of each town was the council and each town had a council house and a daily council meeting where people sat according to clan. The average Cherokee town had from 350 to 600 people and there were at least 50 towns in the nation. The councils were completely democratic, everyone was permitted to speak, and custom required that everyone be heard. They met to seek consensus or policy, to compromise between viewpoints, not to pass laws or to regulate conduct. Cherokees were taught to never pit their will or interest against those of the group or to try to impose their wishes upon others. Good Cherokees always quietly withdrew from an argument and peacefully opted out when they could not accept the consensus (Reid, 1970; McLoughlin, 1987).

The dialogical methodology of Freire also fits with the historical importance of storytelling and oral communication in Native American societies. And it is also in the old oral tradition to shape tales to reflect present social realities and to accommodate the real circumstances of a people's lives (Allen, 1986).

Most people in EC are bilingual and further research may help to show the
relationship between language and sexuality. In the Latin community erotic and taboo words are experienced differently when uttered in the first or foreign language. The first language remains “the language of emotions because it is usually the first language heard and learned and is full of affective meaning” (Espin, 1991, p. 152). Dialoging in Cherokee could be an important consideration to help the people to discuss sexuality more authentically. Freire (1985) believes that “these language variations (female language, ethnic language, dialects) are intimately interconnected with, coincide with, and express identity. They help defend one’s sense of identity and they are absolutely necessary in the process of struggling for liberation” (p. 186).

Recommendations

Further research is needed to determine just how much of the characteristics of a matrilineal society are still influencing Cherokee people today. Women clearly hold positions of leadership and appear to control the childrearing. On the other hand, women talk about abuse, violence, and control by men. That would fit with research that holds that minority males, as a result of racist and discriminatory experiences, have ascribed roles practically impossible to perform (de la Vega, 1990) and may resort to deviant ways in order to be successful (Speziale, 1992).

More research needs to be done on what is “cultural” in the American Indian community. As Espin (1991) remarked in her study of Hispanic/Latin women “To accept as cultural some behaviors or attitudes that might be self-defeating can be as damaging as being totally insensitive to cultural differences” (p. 161). In the meantime, a solution to the dilemma of what is cultural, is to use Freirian methodology. “An exploration of options with their ramifications and realities expands the range of possibilities and increases...empowerment” (Espin, 1984, p. 162) beyond prescribed roles and expectations.

I also recommend that there be “conscientizers” in the communities who are paid to be co-developers. Based on my experience in EC, where people are already busy with work and volunteer activities, paying community people to help develop the codes and then asking them to volunteer to lead culture circles will greatly increase effectiveness. After they are trained to lead culture circles, they could also have resource materials and networking information to help community people.

In effect, Freire’s method provides a model for training family planning outreach
workers (either paid or volunteer).

In order to help positively change the sexual norms of the community, sex education curricula based on social learning theory should be in the schools. The excellent programming at the AT-Risk After-School program and the CN combined with school sex education could help decrease high risk sexual behaviors.

Because alcoholism and drug abuse are so pervasive in our Indian communities, Freirian methodology could be effective in changing high risk behavior with drugs. Every effort should be made to address more specifically how drugs and sexual decision making interact. Instead of so much information on drugs, emphasis should be on how an alcoholic home can affect a person's self-esteem and sexual decision-making. Support services for both children and spouses of alcoholics should be made available and convenient. More focus should be on changing the norms of the community (i.e., drinking in moderation) than on alcoholism and drug abuse as an individual or family disease (Takie, Lynch, & Charleston, 1988).

Using the Freirian method will help, I believe, with a much needed critical analysis of the sex education profession..."a process that must involve the questioning of the taken-for-granted and common sensical at all levels. And must redress the exclusion of women, Blacks, Hispanics, Native Americans, the working class in our curricula" (Beyer, 1988, p. 234). There is too much focus on curriculum evaluation and technique and not enough on curriculum conscience (Posner, 1988). Using this model helped me to understand the political as well as ethical dimensions of my work (Cervero, 1988) and to better understand my role and the "political, economic, and epistomological considerations" of the curriculum (Giroux, Penna & Pinar, 1981, p. 8).

Conclusion

This Freirian curriculum has been a successful experiment in culturally sensitive sexuality education development. Perhaps the greatest insights of the study are the revelations of socio-cultural, political and religious issues that affect people's lives. This shows that a focus on individual sexuality issues alone is shortsighted and reinforces the need for all of us to pay attention to the macrocurricular as well as microcurricular concerns of education. In other words, as a sacred formula of the Cherokee says, "Let the paths from every direction recognize each other."
REFERENCES


AIDS Coalition for Indian Outreach. "Courage and Culture" [poster and resources]. (Available from P.O. Box 948, Tahlequah, Ok., 74465, 918-456-0671)


American Indian Health Care Association. [comic books, posters, brochures, T-shirts, resources]. (Available from 245 E. Sixth St., Suite 499, St. Paul, Minn. 55101, 612-293-0233)

American Indian Health Care Association [brochures, booklets, posters]. (Available from 245 E. Sixth St., Suite 499, St. Paul, MN, 55101, 612-293-0233)


California Urban Indian Health Council. "Effects of Fetal Alcohol Syndrome" [brochure]. (Available from P.O. Box 188350, Sacramento, Ca. 95818)


Indian Child Abuse/Neglect Awareness Project. Our children...Our future [brochure]. (available from Navajo Community College, Tsaile, Arizona, 86556)


Leech Lake Reservation Health Division. Circle of Life [teen pregnancy video]. (available from Rt. 3, Box 100, Cass Lake, Minn. 56633, 218-335-8260.


National Native American Aids Prevention Center. (1990). We owe it to ourselves and to our children. (Booklet available from NNAAPC, 6239 College Ave., Suite 201, Oakland, Ca. 94618.)


Young Men's Sexual Health Promotion Program. (1990). *Single Indian Young Men* [brochure]. (available from USPHS, Haskell Indian Junior College, Lawrence, Ks. 66046-4800)