

Attitudes to Sexual Health and Services amongst Young People from the BME Community

BY:
“Ethnicity 2009”

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1. <i>Acknowledgements</i>	<i>Page 3</i>
2. <i>Introduction</i>	<i>Page 4</i>
3. <i>Background to project and key players</i>	<i>Page 4</i>
4. <i>Aims and Objectives</i>	<i>Page 6</i>
5. <i>Local context and past research</i>	<i>Page 7</i>
6. <i>This project</i>	<i>Page 8</i>
7. <i>Methods</i>	<i>Page 8</i>
8. <i>Analysis</i>	<i>Page 10</i>
9. <i>Findings</i>	<i>Page 11</i>
10. <i>Recommendations</i>	<i>Page 13</i>
11. <i>Dissemination</i>	<i>Page 14</i>
12. <i>Conclusions and Evaluation</i>	<i>Page 16</i>

1. Acknowledgements

It must be noted that for reasons of confidentiality and anonymity the council in which the 'local' Teenage Pregnancy Strategy and Youth Service are based is not disclosed in this report.

The local Teenage Pregnancy Strategy would like to thank the local Youth Service for their help getting the project off the ground. Without them, there would be no young researchers and therefore no project!

TPS would also like to thank Brook Centres for inviting them to participate in such an innovative project and contribute to national guidelines for professionals on how to make services more accessible to Black Minority Ethnic groups. Their support beyond this and throughout the project has not gone forgotten.

This project would not have been able to go ahead without the expert training from Dr. Darren Sharpe at National Youth Agency – Thank you.

This enabled the group of young researchers, "Ethnicity 2009", to carry out such a successful project. Thank you to "Ethnicity" for all the hard work, commitment, co-operation and originality from start to finish.

The local TPS and YS are now proud to be part of the Young Researcher Network on the strength of "Ethnicity 2009" project.

2. Introduction

Eight young people trained as researchers by National Youth Agency in October 2008 as part of a sexual health and youth participation project with Brook Advisory Centres and the local youth service and teenage pregnancy strategy. The research topic was already outlined by Brook:

The barriers and drivers of young people from Black Minority Ethnic groups (BMEs) accessing sexual health services.

The young researchers were then free to work on any aspect of this topic using the methods they deemed appropriate.

The young researchers worked on the project from November 2008 – April 2009 with help from the local Youth Service and Teenage Pregnancy Strategy. They became known as “Ethnicity 2009”.

3. Background to project and key players

Brook Advisory Centres (Brook)

Brook is a registered charity providing free and confidential sexual health advice to under 25s. They wanted to look at why few young people of Black and Minority Ethnic backgrounds (BME) access their services, by exploring the underlying attitudes towards sexual health and whether this affects use of services. In order to engage the community at a deeper level they proposed a peer-led research project. They recruited groups of young researchers (16-18 years) from four areas across the UK with large BME communities and trained them to carry out their own research.

The local Teenage Pregnancy Strategy (TPS)

The majority of the local BME community is South Asian and of that, Pakistani, with the main religion being Islam. For the remainder of this report the local BME community at focus in this study will be referred to as ‘Asian’. Previous research by the TPS on year 10 pupils showed Asian young people have low sexual health knowledge and often do not know where to access services. Although they are less sexually active than white 15 year olds, they do not report consistently using contraception. Participating in the Brook project was in line with the TPS’ research ethic and would help shed light on the knowledge, attitudes and behaviour of local Asian young people in this age group. TPS recruited the group of young researchers through the local Youth Service.

Youth Service

The Youth Service provides informal educational opportunities to young people aged 13-19. A part of this is the provision of a high number of youth clubs. TPS contacted one Youth Worker from the Asian community who in turn recruited four young women and four young men from youth groups. The individuals wanted to expand their knowledge of research, sexual health and the community.

Both Youth Service and TPS felt the project gave local Asian young people the chance to be part of a new group, gain new skills and approach a potentially taboo topic in their communities.

“Ethnicity 2009”

Who made up the research team? The young researchers comprised of four boys and four girls who describe their ethnicity as being British Asian from both Pakistani (7) and Bangladeshi (1) backgrounds. The ages of the young researchers span from 16 years (2), 18 years (5) and 19

years (1). The group felt their name summed up what we were exploring and each letter stood for an aspect of the project:

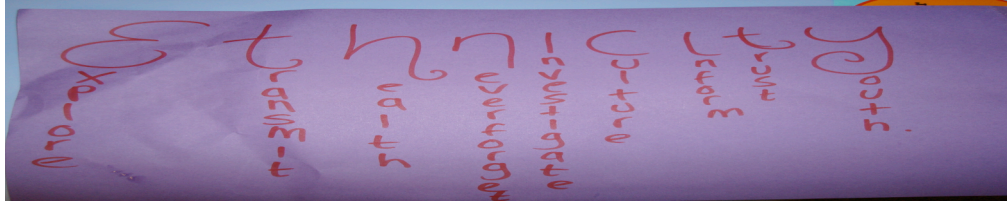


Figure.1. "Ethnicity 2009" branding process

Explore
Transform
Hearth
Never forget
Investigate
Culture
Inform
Trust
Youth

3. Aims and Objectives

For all parties involved, the main aim was to explore the barriers and drivers to sexual health services for BME groups. As the project developed, it was clear there was more to simply asking why the local BME community don't use services. Firstly, it emerged the group had low levels of sexual health knowledge. Secondly it became clear the notion of "Ethnicity" is complex, which needs to be acknowledged and explored before conclusions and recommendations are drawn.

This in mind, the final combined aim(s) of the project for Brook, the local YS, TPS and "Ethnicity 2009" were to:

1) Explore and document the local Black and Minority Ethnic community's (South Asian) attitudes to sex, relationships and sexual health. Specifically:

- Determine and understand the drivers and barriers to young people from BME communities accessing sexual health education and outreach services.
- Inform the design and delivery of services, addressing any inequalities in regards to teenage pregnancy and sexual health by meeting the needs of young people from BME communities.
- Involve local young people in the process of service development.

5. Past Research and Local Context

The town at focus in this report is in the North West of England and ranks among the most deprived in the country with unusually high rates of teenage pregnancy and rising rates of sexual transmitted infection (TPU, 2002). The Asian population is mainly concentrated in pockets with high levels of deprivation. In the latest TPS research, where more than 80% of the town's Year 10 pupils questionnaires about sexual health knowledge, attitudes and beliefs (*local TPS research report 2007*), differences between ethnic groups were highlighted.

Whilst Brook were concerned BME communities form a low percentage of their clients, some of the local research could suggest there is less of 'need' to encourage this community to access services under the age of 18. In 2007, TPS found less Asian young people (15- 16 year olds) were having sex than their white counterparts, with 15.6% and 6.8% of Asian males and females, respectively, reporting sexual intercourse, compared to 26.2% and 33% of white males and females. Secondly, there were no births to Asian females under 15 in that year.

However, the above results might mean Asian people above 15 years are those in need sexual health information and services. Also, numbers of Asian 15-16 year olds who do access condoms from local services is still below the number reporting sexual intercourse. In qualitative research, TPS (2008) found the following was true for Asian participants:

- School is the main source of sex and relationships information;
- there are clear pressures of growing up in a society different to their parents and;
- cultural influences shape decision making about sex and relationships.

These findings suggest that there is a need for service provisions for and beyond this age range and offered outside of school provision.

"Ethnicity" contributed anecdotal evidence drawn from their experiences living in the area to these findings:

- Sex before marriage is **not accepted** in the community because it is forbidden in Islam; those that have sex before marriage bring shame on the family;
- This means young people from this culture have **less sex**, and therefore have less knowledge about it: "Asian people aren't having it so they don't know about it" (Asian male, 16);
- **Some** Asian young people are sexually active, but this varies between neighbourhoods and genders;
- Those who are sexually active will refrain from using services because they **fear the repercussions** on their reputation, honour and family if they are found out.
- **Asian males** are seen to be more sexually active than females;
- It is **more accepted** for Asian males to be having relationships outside of marriage and with people from other cultures.

The group agreed that more research with the local young people needs to be done to find out why service use is low.

6. The current project

The group specified their own research questions within the wider topic of finding the barriers and drivers to BME young people accessing services:

- What do Asian young people know about sexual health and services?
- Do Asian people feel comfortable with sexual health services available?
- What are their attitudes towards sexual health and services?
- How can services be made more accessible, if necessary?

7. Method

“Ethnicity” discussed possible research methods both from the perspective of researchers and young participants, before deciding focus groups would be the most appropriate method:

- Questionnaires/ surveys: the group felt young people “mess about” when given questions to answer and wouldn’t spend the time to answer properly.
- Interactive play/ DVD: the group felt some young people might respond better to sensitive questions about sexual health if they were provided with a situation in a play or short film with a dilemma and asked to discuss how the actors would act. However they felt this would need a lot of preparation and this format may be biased, i.e. the situations provided would be based on the views already held by the researchers meaning there wouldn’t be scope for participants to provide new views or bring up other issues.

Focus groups

Ethnicity wanted to conduct semi-structured discussions in small groups of 6-8 local young Asian people of the same age or younger. They discussed the benefits of researching White young people for an ‘outside’ perspective on the topic but accepted time restraints and agreed this could be at a later date. They carefully discussed and planned each stage of the process: participant recruitment, consent, ethics and facilitating discussions.

Participants

Six males and six females from 2 separate youth groups participated. The age range for males was 17-19 years and 13-15 years for females. They were all of South Asian origin and lived in the borough.

Participants were recruited from local youth groups. Ethnicity knew that a local girls’ youth group were about to go on a residential covering the topic of sexual health. Their youth worker was contacted and a suitable date and time were arranged. A youth worker working with Asian males was contacted and more participants were recruited this way.

Consent

Participants and their parents were given consent forms by the youth workers a week before the focus groups, explaining the project and ethics. These were sensitively worded and detailed that the youth worker could be contacted if necessary. They were told groups would be audio-recorded but could withdraw at any time, the audio-recordings would be destroyed after analysis and results would be anonymous.

Ethics

“Ethnicity” designed starter questions for the topics they wished to cover and ensured they stuck to these during discussions. They informed the participants at the start of the focus group that

they will not be required to give personal information and that they were simply gaining an insight to the views of young people in general today. They did not ask any direct personal questions and rehearsed how to respond to disrespectful comments or disclosures of personal information. The researchers ensured they thanked the participants after the focus groups, got feedback on how they felt participating in the project and informed the participants they would be disseminating the findings.

Design and Facilitation

“Ethnicity” was sensitive to the fact that Asian males and females may not be comfortable discussing the topic together. Ethnicity also asked participants beforehand which gender researchers they were comfortable conducting the focus groups. Both focus groups decided they wouldn’t mind having male and female researchers facilitating. Therefore, Ethnicity conducted two focus groups, one with female participants and one with males.

They felt having youth workers present may prevent participants from opening up because they know them, therefore “Ethnicity” suggested only the TPS researcher sat in on the groups as they didn’t know the participants.

The group designed the layout of the room so that the researchers and participants could sit in a semicircle around a flipchart. They nominated one researcher to make notes on the flipchart and another to help.

“Ethnicity” devised questions for the topics they wanted to cover and referred to these during the discussions (appendix 1). They felt they should start with ‘easy’ factual questions about sexual health to make participants feel comfortable (e.g. ‘What is a sexual health clinic?’) then move on to questions about attitudes and feelings (e.g. ‘Do young Asian people talk to their parents about sex?’).

8. Analysis

The group allocated a whole day to analysing and interpreting the focus groups a week after they were conducted. They performed a thematic analysis. They first brainstormed what they remembered from the focus groups and what comments were most pertinent. They added these to the notes made during the focus groups and put them on a wall. The notes consisted of direct quotes and paraphrased comments from the participants' responses during the discussions. They performed a thematic analysis on the data by highlighting when words recurred, e.g. Religion, family, school, privacy, confidential, etc. They put these words in the middle of a brainstorm and wrote the different comments that were made about them.

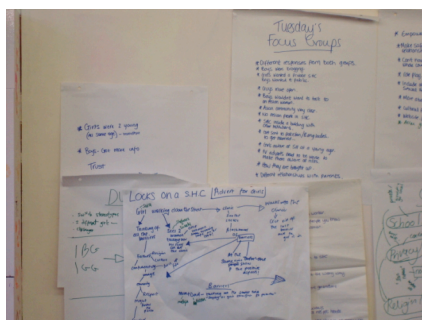


Figure.2. Focus group notes

The group also reflected on what they learnt from the process and how they would conduct focus groups in the future.

9. Findings

Service access and awareness

The researchers first established whether Asian young people knew about and accessed clinics:

All participants knew where the local sexual health services were (both the GUM clinic and the service providing contraception advice and provision). It was clear from both focus groups that in general, **Asian people do use** local sexual health services, but older Asian males (17-19) are more likely to be sexually active and therefore use sexual health services more than younger males and all Asian females.

Barriers to accessing services

In answer to the original question, "Ethnicity" firstly drew the following conclusion:

- The local BME community are not sexually active

Few Asian young people access services because they aren't actually sexually active and therefore don't need to.

However, they acknowledged that those who are sexually active may not access services because:

Fear of non-confidentiality

The following comments from participants demonstrate the strong consensus that health professionals may not keep confidentiality: "*GPs are snitches [and] Asians start rumours*". There was concern about going to family doctors and any health professionals of Asian origin for sexual health provision.

Participants felt someone from the community could see them using the service (e.g. either walking to a clinic or buying contraception), and this person could inform the family: "*Asians are nosey [and] the Asian community is very close*".

The concern for confidentiality and desire to keep sexual activity private was embedded in the community's attitude to sex in general:

Sex is taboo

Participants described how Asian young people shouldn't be seen to be using services because "*Sex is taboo in our community, that's the way we've been brought up*." They explained this was due to the influence of Islam which condemns sex before marriage in family and community values.

We don't get the talk

Participants spoke about how sex is never discussed in the family: "*we don't get the talk like white people*". They felt this lead to a reduced awareness and level of comfort regarding sexual health and accessing services.

Get sent to Pakistan

Participants light-heartedly shared stories of young people in their community who have been found out to have relationships before marriage, with people in other cultures, or even become pregnant and the result has been moving to the parents' country of origin. Therefore, Asian

young people fear some form of punishment if they are found out using services implying their sexual activity.

Drivers to accessing services

The groups talked about people from the community that do access services and what leads them to do so. They also spoke about what would make them access services:

More Western / British Asians

Asian young people who do access services are those who have adopted more 'Western' or 'British' attitudes and lifestyles. If it is due to the teachings of Islam inherent in the local majority BME culture that sex before marriage is forbidden. It was felt that British young people are not influenced by religion. Therefore, those who have a more 'British' culture are seen to be less guided by Islam's teachings condemning sex and would be more comfortable accessing services.

One-stop shop

Young Asians would be likely to use sexual health services if they were combined with other health services. This would allow for subtle access, eliminating the fear of being seen by community members.

It's OK for Boys

The male participants said they were **open** about using **public** sexual health services and talking about sexual health. Female participants and researchers also saw boys as **more likely to use** sexual health services and be **sexually active**. It was said to be **more acceptable** for a young Asian male to be sexually active than female. One male participant thought some males would appreciate the opportunity to **access sexual health services in groups**. Males also said they would rather access services through a **youth worker** (any ethnic background) and would **not** feel comfortable talking to an **Asian female professional** about this topic. They also suggested more creative ways to access services such as a text message enquiry service (text to ask any question about sexual health and text responses from clinics).

Different for girls

Researchers noted that this was not the case for girls. Participants and researchers explained sexually active Asian females are more **looked down upon** in the community (i.e. Asian community and wider) than Asian males and White females who have partners or use sexual health services. It may not come as a surprise then that female participants felt they'd prefer more **private** sexual health services, where **one-to-one** provision was available with **female staff**. Girls seemed to prefer a more formal approach to boys, such as sex education through **science teachers at school**. Researchers felt this difference was unfair as any sex before marriage is condemned in Islam, therefore it should be wrong for all, yet culture dictates differently.

10. Recommendations

The group met with the other young researchers involved in the project across the country to share findings. Informed by the findings, "Ethnicity" made the following recommendations to services so they could approach felt we (i.e. sexual health services in all forms- Brook, Teenage Pregnancy, Rochdale Young Researchers) should:

- Understand **not all BME groups are the same**, therefore there can't be one strategy for the whole country;
- **Acknowledge all attitudes** to sexual health, held by both genders and all ethnicities;
- **Empower BME women**: to be themselves, not be judged and say No;
- Make safe sex or sexual **abstinent relationships** more trendy;
- Teach more about **consequences** of sexual risk taking: STIs, pregnancy e.g. show how having a child young can affect rest of your life;
- Don't just talk about the biology, but the **cultural and psychological aspects** of sexual relationships;
- Put information including these findings on a **website** e.g. Youtube or social networking sites as this is where young people will access it more;
- **Focus** on working with young **Asian males**.

11. Dissemination

“Ethnicity” decided to show their findings through 2 adverts. Aimed at both service providers and young people, to show professionals what is preventing young Asian people from using services and what would encourage access; and to dispel the concerns young people have for using services and show how they can access services if they wish to.

The research highlighted differences between males and females feelings on sexual health services, so the group produced separate boys and girls adverts. The group designed both adverts together and made all props and costumes. They held a ‘Film Night’ event where they showed the adverts to the participants and got their feedback.

Girls’ advert

The girls’ advert aimed to demonstrate what stops young Asian women from accessing sexual health services. The researchers felt non-access was due to family values, fear of confidentiality, perceived lack of respect and creating a negative image of Asian females.

The advert shows a young Asian female walking to the local sexual health services. She is nervous. On the way, she passes two older Asian females. The ladies voice their suspicion of where she is going and why: “She must be pregnant!”

As she walks further she remembers a conversation she overheard her parents have where her father criticises young girls getting pregnant.

As she arrives to the building, she finds the gate is locked. The camera zooms into the lock and a series of ‘no entry’ signs are shown with the following words on, demonstrating the barriers: “confidentiality”, “image”, “respect” and “family”.



Figure.3 Advert

The advert then breaks down these barriers:

- The girl sees the ladies from earlier with scarves over their mouths so they can’t gossip;
- She remembers her mother answering her father saying “It’s not her fault; she’s a young girl growing up in Britain”;
- An Asian doctor is shown locking her file in a ‘Confidential’ drawer.

We then see her walking to the services more confidently this time. When she tries the gate it opens and she runs in.

Boys’ advert

The boys’ advert aimed to show that young Asian males would not talk see an Asian female professional but would access sexual health services through a youth worker they feel comfortable with.

This took a more humorous tone with an action theme. It shows a young Asian boy running to the sexual health services whilst being bombarded with condom bombs. He gets there and is greeted by an older Asian lady. He backs away. He then meets the local superhero ‘Condom Man’ (i.e. local youth worker). He carries the Asian lady away and returns to help the young boy

fight off the condom bombs. They high-five when the battle is done and the boy runs into the building, once empowered by 'Condom Man'.

National campaign

The findings of this group and those of the other areas involved in the national project were used to inform a wider campaign by Brook on engaging young people from BME communities. Brook produced a leaflet guiding health professional on how to act on the findings.

12. Conclusions and Evaluation

In summary, Asian people may not access services because:

- They are not sexual active;
- They fear it will not be kept confidential;
- Sex is taboo in this community and may be punishable.

Asians may access services if:

- They are more influenced by British culture;
- They are male
- There is a one-stop-shop where sexual health services are one of many health and/or educational services available

Having answered the original research project, the researchers spoke about future research possibilities. Acknowledging some perceived differences between White young people and Asian young people in the area, the researchers still felt some of the barriers may apply to White young people. More peer-led research on this would be fruitful.

The findings of this project should inform local and national services how to successfully engage with the BME communities, including continuing peer-lead research of this nature.

The process of the project is just as important as the findings produced. The project enabled 8 young people from the BME to participate in a project which expanded their skills and learn about sexual health, breaking this topic down as a taboo.

These comments from the young researchers highlight how successful peer-led research and a project like this are:

"I joined the project as I wanted to know about how it is with different cultures and to teach other people how it is for our culture - Asian people have a lot going on. We can now give people information and make people feel comfortable with our culture" (19 year old British Asian Male).

"Our culture doesn't know much about it (sexual health). I've now learnt more for myself and have got more involved" (18 year old Asian female).

"As a young researcher, you wanna know what other young people think and get to know their side of story. Being similar age groups you've got idea of their view" (19 year old Asian male.).

"I learnt that Asian boys and girls can work together. The main thing is to respect each other and never doubt what anyone says" (16 year old British Asian Male).

"All the skills I learned will help with my career, but also what I learned with sexual health will always be helpful in my life in the future" (18 year old Asian female).

