



# **SOUTH ASIAN SEXUAL HEALTH: SCOPING STUDY**

## **KEY FINDINGS**

### **Qualitative Research Report**

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## A. INTRODUCTION

### 1. Background to the Research

The Condom Essential Wear campaign was launched in November 2006 aimed primarily at the general population aged between eighteen and twenty four.

The objectives of the campaign are to:

- normalise condom usage amongst sexually active adults;
- stabilise and reduce STIs (sexually transmitted infections) by strong prevention messages;
- raise awareness and knowledge of STIs in terms of prevalence, symptoms and long term consequences as well as reduce the subject's taboo status;
- raise understanding of how people can take control and act now to stop the spread of STIs;
- make sure people have enough information about sexual health to make informed choices about safe sex and how to improve their sexual health now and throughout their lives;
- pitch the NHS as a place people instinctively turn to for guidance and information about sexual health.

The results of the post wave tracking for the campaign in May 2007 showed that:

- total recognition of the Condom Essential Wear campaign was at 83%;
- more than half of respondents (54%) considered the adverts to be relevant to them;
- half of the respondents (53%) claimed that they would use condoms more often as a result of the advertising with two-fifths saying that they would carry condoms more often;
- just under a third claimed they would talk to their potential partners about condoms.

However, when looking specifically at the South Asian/British Asian audience the results indicated that:

- they had lower campaign recognition at 63% compared with 87% for white and 79% for black audiences;
- this audience was less likely to be affected by the campaign:
  - o only 50% said that it "made me think that people like me are at risk of getting STIs" (compared with 73% for the white audience);

- 72% said that the campaign “made me think that it is normal to use condoms (compared with 87% for the white audience);
- they were less likely to say that the campaign would make them carry condoms more frequently (24% as opposed to 42% of the white audience).

There are a number of hypotheses that could explain lower engagement with the campaign amongst young South Asians:

- it could be that this audience is simply not engaging in sexual activity and, therefore, the campaign has less relevance to them (49% of this sample reported that they had never had sex);
- the South Asian sample for this research was younger than the rest of the sample (31% were aged between 16 and 17);
- or that sexual activity was under-reported due to cultural expectations not to engage in sex before marriage.

The Department of Health has evidence gathered from other sources which may support the view that young South Asians under-report sexual activity. For example, according to figures from Brook Advisory in Birmingham for 2005:

- 4,500 South Asians (Indian, Pakistani, Bangladeshi & British Asian) used Brook Birmingham’s services (there are approximately 47,000 South Asians aged 16-29 in Birmingham);
- 10-12% of the people that Brook Birmingham sees daily are South Asians (of which 25% are men and 75% are women);
- most come to the service for emergency contraception and pregnancy testing;
- approximately four South Asian women are referred for termination per week, twice as many as any other ethnic group;
- low levels of STIs are reported but very few of this group go forward for testing;
- while Asians are starting to have sex later, they are much more likely to have unprotected sex.

While these figures are for one specific centre, Brook Advisory feels that this is indicative of the usage of services at centres across the UK.

Abortion statistics for England and Wales in 2006, published by the Department of Health may also give us an insight into the sexual behaviour of this audience:

- 8% of terminations in 2006 were women who classified themselves as Asian/British Asian (compared with 75% white and 12% black/black British). This is up from 7% in 2004;

- 28% of those women had previously had one or more terminations (compared with 31% white and 44% black/black British);
- of the 13,899 Asian women who had a termination the vast majority of these were aged between 20 and 34 (10,393 aged between 20 and 34 compared with 1,361 aged under 20 and 2,145 aged 35 and over). This may confirm the assertion that they are starting to have sex later, although the split is the same amongst white and black/black British women:
  - o for white women: 29,895 are aged under 20, 76,104 aged between 20 and 34 and 17,878 are aged 35 and over;
  - o for black/black British women: 3,070 are aged under 20, 13,795 aged between 20 and 34 and 1,847 aged over 35).

## **2. Cultural Issues**

We need to bear in mind a different set of cultural issues that are pertinent to the South Asian community and which provide important context to sexual activity issues amongst this community. Sex outside marriage is generally forbidden within the South Asian community with chastity considered an important component in upholding family honour. Because of this, young South Asians risk being disowned by their families or worse if they are found to be involved in a sexual relationship. As arranged marriages are still prevalent, there is an expectation that both partners will be virgins.

There could be ignorance about contraception and STIs as many young South Asians are taken out of sex education lessons at school because parents believe that this could encourage sexual activity. This means that young South Asians may rely on peers or partners for information. There is a view that routine contraception (e.g. the pill or condoms) are not used because of a fear that these may be found by parents and that there might be strong repercussions. There is also a view that some families may 'turn a blind eye' to boys having sex outside of marriage but girls are not given the same freedom.

## **3. The Need for Research**

A need was identified for research to provide insight into the current attitudes and behaviours of young South Asians with regard to sex and sexual health. Given that sex outside marriage is considered taboo, it was felt that it may be difficult to get young South Asians to be truthful about admitting to behaviour which may go against cultural expectations. Given this, it was agreed that conducting a scoping study amongst intermediary stakeholders such as PCTs, doctors and community advisors could help to provide some initial insight into this audience and to ascertain if there is a need for specific and tailored interventions targeting young South Asians.

## 4. Research Objectives

The main objective for the scoping study amongst stakeholders was to provide insight into the attitudes and behaviour amongst young South Asians. More specifically, to gauge:

- general attitudes to sex, sexual health and condoms;
- current sexual behaviour amongst this target group and likely condom usage;
- what types of interventions could create behaviour change;
- whether further research is required to test hypotheses directly with the target group.

## 5. Sample and Method

For this scoping study, the sample was to be drawn from three stakeholder groups:

- 20% of the sample was to be clinical/medical (gynae clinicians, nurse advisors, consultants etc.);
- 40% were to represent advisory groups such as Asian women's support groups;
- 40% to represent youth groups/organisations e.g. community based sports leaders and student gig/concert organisers.

The required sample structure was broadly delivered:

<b>SAMPLE TYPE</b>	<b>ACTUAL</b>	<b>Nos. COMPLETED</b>
Clinical/Medical	2 x nurse advisors 1 x family planning doctor	3
Advisory groups	4 x Asian women's advice workers 1 x Youth advisor worker	5
Youth leaders/organisers	2 x student gig organisers 5 x sports and youth leaders	7

All stakeholders had regular contact with South Asian men and women aged between 18 and 24 and were recruited on the basis that they were able to provide insight into the attitudes and behaviours regarding sex and sexual health amongst this target group.

This was based on those that offer sexual health advice or individuals who could provide anecdotal feedback based on their contact with this community through social and leisure activities.

The above sample as a whole had equal access to men and women from the three main South Asian communities (Bangladeshi, Pakistani and Indian) and covered the Muslim, Hindu and Sikh faiths.

The research was conducted during May 2008 in London, Birmingham, Oldham, Leeds and Bradford.

Individual face to face interviews were undertaken with twelve stakeholders and three were completed by telephone.

## B. SUMMARY OF FINDINGS

1. Intermediary stakeholders interviewed confirmed that sex outside marriage is still largely forbidden within the South Asian culture and religion. Young men and women from the Bangladeshi, Pakistani and Indian communities are expected to remain chaste until they marry. It is still important that they do not dishonour their family or community by breaking these requirements. This is especially true for young women who are seen to be the key 'upholders' of their family's honour. There can be serious repercussions if women do not adhere to the rules, with the risk of being ostracized by their family and community.
2. A majority of stakeholders believe that while young South Asians understand the expected behavioural norms, many wish to live their lives by their own personal values, even if only for a while before they have to conform to an arranged marriage. As a result, stakeholders unanimously reported that sex before marriage is rising amongst unmarried young South Asian men and women.
3. Stakeholders suggested that young Indian men and women are beginning to have greater freedom to socialise with members of the opposite sex and there is some loosening of parental controls. As a result, there are greater opportunities to meet people of the opposite sex, to date and to have sexual relationships. Some parents are becoming more open minded and permitting their children to marry the partners they date.
4. Amongst the Bangladeshi and Pakistani communities, traditional gender roles and expectations are reported as still largely entrenched. Young Muslim men are becoming more westernised in their behaviour although they are able to operate within the requirements of their own community. Whilst they are still expected to have arranged marriages, pre-marital sex is more acceptable as long as this is discreet. Feedback suggests that more young Muslim men are engaging in sex before marriage with white and South Asian partners.
5. A number of stakeholders suggested that they are seeing more Muslim women who are also engaging in less culturally acceptable behaviour. Some are seeking to follow their own desires (without their parents' knowledge) as many feel they have a small 'window of opportunity' before they have an arranged marriage at a relatively young age. Thus, a number of stakeholders are aware of more young Muslim women engaging in pre-marital sex.
6. There is evidence of some gender differences in attitudes to sex and sexual behaviour. Stakeholders suggest that the first sexual encounter for many young South Asian men tends to be with white partners. In fact, those engaging in casual sex are almost invariably sleeping with white girls. It is suggested that this is because there is a commonly held view amongst these men that girls from the white community are more willing to engage in sex, there are fewer cultural consequences and they generally do not feel the need to take responsibility for contraception.



7. By contrast, sex with a South Asian woman is typically taken more seriously by young men and is more likely to take place within a more serious relationship. This is because there is perceived to be a higher risk if their partner becomes pregnant as this would lead to shame for their parents and their partner's parents if this were discovered. In this instance, men are more likely to take responsibility for contraception if their partner does not wish to use more planned forms such as the pill.
8. Stakeholders generally feel that for women from all three ethnic communities, sex outside marriage is taken seriously because of the social stigma attached to not being a virgin when they marry. However, it would appear that South Asian women are increasingly taking the risk as they often do not personally feel there is anything wrong in engaging in sex before marriage and sex usually takes place in the context of a relationship.
9. Most stakeholders reported that for some young men and women, their first sexual experiences can be at a relatively young age. For boys, this can be around the ages of 15 or 16, whilst some stakeholders had given advice on sexual health to young girls aged 16 and over.
10. Generally, stakeholders feel that there is an increasing confidence in discussing sex amongst this target audience, although this is not across the board. For example, younger girls often find it difficult to discuss their sexual experiences for fear of being judged if they admit to having sex.
11. It is reported that knowledge of contraception varies amongst this target group but knowledge of condoms is felt to be relatively high amongst men and women. However, unsurprisingly, women are generally felt to be more aware of the different forms of contraception as this is in their interests to be aware.
12. Despite knowledge of contraception, a number of stakeholders reported increasing numbers of young South Asian women seeking emergency contraception and advice about pregnancy and terminations.
13. It was difficult for stakeholders to comment definitively about condom usage amongst young men. However, many reported that they have been distributing more condoms to this group and more young South Asian men are asking for free condoms. However, the higher reported requests for the morning after pill and the cases of unplanned pregnancy suggests that there are incidences of unplanned sex.
14. Where condoms are used, this appears to be primarily for preventing unplanned pregnancies rather than as protection from STIs. Stakeholders generally felt that young South Asians do not see themselves as at risk from STIs. It was suggested that most young South Asians do not believe they are promiscuous. Therefore, many young men see little need to use condoms if they believe their partners are using other forms of

contraception. This appears to be true even for those who are engaging in casual sex with a number of partners.

15. Lack of access to condoms was also perceived to be a possible reason for non usage. For some young South Asians, cost is thought to be prohibitive and access to free condoms varies depending on availability of grassroots organisations willing to distribute them. Additionally, it was assumed that many young men and women are uncomfortable going to their Asian GPs or local pharmacists for fear their parents might discover their sexual activities.
16. Most stakeholders reported a variety of local initiatives they have been involved in to raise awareness of contraception and sexual health amongst the target group. It was typically felt to be important that these take account of parental and community attitudes to sex before marriage but that they are targeted to the specific needs of young local South Asians.

## C. CONCLUSIONS AND THE WAY FORWARD

### 1. Conclusions

This scoping study indicates that the 'Discovery Teens' and 'Freedom Years' segmentations (as outlined in the paper from the COI Diversity Unit in Appendix 3) may be becoming more relevant to young South Asians than was, perhaps, previously thought. Young South Asian men and women are beginning to engage in sex during their teenage years, although sexually active women are generally waiting until their late teens. There is evidence to suggest that the Freedom Years segment is increasingly evident especially amongst the Indian community as young men and women have greater scope for freedom to pursue educational courses and careers away from home. This, clearly, has implications for sexual behaviour.

Intermediary stakeholders suggest that awareness of condoms is high amongst young South Asians. Although stakeholders were not able to indicate how widespread condom usage is they suggest that some young men are using condoms. For those using condoms, this is often with South Asian partners, the motivation is primarily to prevent pregnancy rather than as protection against STIs. This is because of the cultural stigma attached to South Asian women becoming pregnant outside of marriage. Men who are not using condoms are relying on their partner to use contraception to avoid unplanned pregnancy. Those men engaging in unprotected casual sex do not see themselves at risk from STIs and many stakeholders believe that STIs are not seen as an 'Asian' issue because those engaging in sex do not see themselves as promiscuous.

The above suggests that low engagement amongst young South Asians with the Essential Wear Condom campaign does not necessarily appear to be because young South Asians are simply not engaging in sexual relationships. However, low engagement is more likely to be the result of under reporting of sexual activity by this group. Also, the campaign may not be perceived as relevant to this audience because STIs not seen as an Asian issue. This suggests there is a need to tackle the issue of sex and STIs with this audience in a targeted way.

It is difficult to ascertain current levels of condom usage amongst young South Asians from this research. Thus, further research may be required to:

- understand specific attitudes to condom usage directly with the target group;
- test responses to the campaign directly to confirm whether the safe sex/STI messages and imagery have any saliency with this group;
- test the value and nature of targeted and grassroots interventions that could impact on behaviour change.

## 2. Moving Forward

This scoping study clearly suggests a need to communicate the relevance of sexual health matters and STIs to young South Asians in order to raise awareness of condoms as a means of reducing the risks from infections.

Stakeholders interviewed suggested the need for targeted interventions rather than national campaigns. The current Essential Wear campaign's messages and imagery may allow young South Asians to distance themselves from the issues. Grass roots interventions by trusted stakeholders who understand the cultural and religious issues surrounding pre-marital sexual activity may be more effective. Any outreach work would need to be undertaken in a sensitive way to avoid causing offence to parents and the community at large.

Moving forward may require identifying creative and flexible approaches that take account of the cultural and religious sensitivities of the three South Asian communities. For example, reaching young Muslims may require identifying and working with trusted youth and women's advisory organisations and helping them provide information in discreet ways. As the young Indian community appears to be more mobile, working with higher educational institutions and key celebrities and role models may be a way forward. Overall, there is a need for:

- greater funding for youth organisations and Asian women's advisory groups to enable them to undertake sexual health promotion work with the target group;
- identifying South Asians as potential role models to help promote safe sex messages, for example, well known DJs, Asian bands and young South Asian personalities;
- sexual health as part of healthy living and well being sessions via trusted organisations/individuals to raise awareness amongst parents; these could include schools, South Asian media and key local community influencers;
- sexual health training for youth and advisory group workers to equip them with the information and approaches that could help them raise the issue with the target audience.

We understand that getting parents and the wider South Asian community on board will be difficult given the cultural and religious issues regarding pre-marital sex. However, approaches and interventions need to be handled sensitively: careful positioning of interventions as general healthy living and using phrases which do not cause offence could help South Asians acknowledge the relevance of the issue of sexual health for their community and to increase condom usage amongst young South Asians.

## D. MAIN FINDINGS

### 1. Stakeholders' Roles and Responsibilities

The stakeholders in the sample had a variety of roles and responsibilities but they all had regular contact with young South Asians. Clinical stakeholders and stakeholders with statutory responsibilities dealt with young South Asians on a range of issues including health promotion (e.g. HIV, drugs, and sexual health), education and employment advice and support. Others worked on a voluntary basis, with some local Government funding providing advice and support on many issues of particular relevance to the South Asian community. Most stakeholders in the sample were working in close partnership with other local organisations and individuals, signposting young South Asians to a range of specialist services on a range of issues as required.

#### Clinical/Medical Stakeholders

The nurse advisors interviewed worked as part of health promotion teams for their Primary Care Trusts.

One nurse advisor worked for the men's health team in partnership with the youth service and in conjunction with local schools and was responsible for running drop in sessions for boys and young men from a range of communities. The nurse coordinator interviewed was responsible for setting up and managing a contraceptive and sexual health clinic in the North. The clinic was primarily nurse led and provided a drop in service for contraception, pregnancy advice, sexual health and screening for young people under the age of 25. An Indian family planning doctor was also interviewed as part of this research, working in a clinic in the Midlands servicing a range of ethnic minority communities.

As part of their professional roles the clinical stakeholders were able to provide insight into sexual behaviour, attitudes to sexual health and contraception amongst the target group. Additionally, they were able to comment on the take up of sexual health screening amongst the target audience.

#### Advisory Groups

A number of interviews were completed with individuals working for a range of local women's and youth advisory organisations. Some of these individuals worked on a voluntary basis providing advice and assistance on a range of issues including unemployment, drugs, sexual health, healthy lifestyles, forced marriages, domestic violence, relationships, housing and benefits. One woman had set up a women's health project operating informally out of her home.

***“We are very informal. We are 6 volunteers giving a range of advice on things like sexual health, contraception, looking at physical health and self awareness as well. We are very grassroots. Women find out about us from word of mouth. Because we are so local, husbands and families don’t mind them coming.”  
(Women’s Advice Centre, Birmingham)***

Community based advisors also worked in community centres and other local venues which were designed to be easily accessible for young South Asian men and women.

### Youth Groups/Leaders

Two disc jockeys interviewed were involved in organising student concerts at universities and colleges as well as at various special celebration events such as Valentine balls. They were also playing at clubs and specific events for the Indian communities such as Bhangra nights, weddings and Bollywood events. These DJs were also organising events overseas including India. Through the various social events, they were able to provide observations of current behaviour amongst young South Asians, the nature of interaction between the genders and attitudes to relationships and sex.

***“I organise events at Asian clubs and events at colleges for Valentines, Christmas. If the girls are staying at dorms, they are out partying. If they were at home they would not be allowed out.”  
(DJ, London)***

## **1.1 Nature of Sexual Health Advice**

Most stakeholders had been sought out by young South Asians for advice on sex, relationships, contraception and terminations, even those whose primary responsibilities were not for sexual health. However, stakeholders reported that many young South Asians find it difficult to approach the subject of sex. As a result, some broach the subject of sex indirectly; initially claiming to need advice for a friend to avoid embarrassment and out of fear of being judged for participating in culturally unacceptable behaviour. Stakeholders suggested that women are particularly concerned about confidentiality, fearing their sexual activity would be discovered and they would be ostracised by their parents and community.

***“They come in and tell you that their friend is pregnant and what should they tell their friend to do? You know that this is really for them. They are often really frightened, claiming that their mothers would kill them.”  
(Advice worker, London)***

***“There was a girl working here on placement and she told me she was pregnant. She was 15 or 16. She was Pakistani. I tried to help her. Her main fear was that her family would throw her out. I told her about other organisations and she had an abortion in the end.”  
(Football coach, Birmingham)***

However, other stakeholders felt that many young South Asians are becoming more open, confident and forthright in asking for sexual health advice. A number claimed that some men and women from all three South Asian communities are less inhibited in talking about sex and relationships compared with five years ago and would broach these subjects without real embarrassment. It was suggested that these women are usually from all three South Asian communities but tend to be older women (perhaps over the age of 18), well educated and quite westernised in their attitudes.

***“These days, some girls are quite open and aren’t embarrassed about asking for information on contraception. They are very modern and Western.”  
(Advice worker, Birmingham)***

## **1.2 Stakeholders’ Outreach Work on Sexual Health Matters**

Stakeholders in the sample were providing outreach support in relation to sexual health for this target group in a number of ways:

- contraceptive planning and advice;
- emergency contraception;
- confidential counselling and signposting to relevant agencies for pregnancy and termination services;
- sexual health promotion:
  - o sexual health workshops: these were presented by some stakeholders explicitly as sexual health sessions or discreetly as part of other health promotion issues by others. This was largely dependent on the age of the target group and how traditional the local South Asian community was seen to be.
  - o special sexual health events;
- condom distribution via drop in sessions.

Feedback from stakeholders suggested that young South Asians do not feel able to seek advice, guidance and information on sex and sexual health from their parents or communities. It was highlighted that most are also very reluctant to use their GPs as they tend to be from the South Asian community and are usually well known by their families. Thus, stakeholders typically felt that they provide confidential, discreet and culturally sensitive assistance which this target audience may not have access to from other sources.



## 2. The South Asian Community: Cultural Overview

Discussions with stakeholders highlighted some differences between the three main South Asian communities - Pakistani, Bangladeshi and Indian - and confirmed that some, but not all, of the contextual information from the COI Diversity Unit's Lifestyle Bubble (Appendix 3).

### 2.1 *Pakistani and Bangladeshi Communities*

These communities are almost exclusively Muslim and are often concentrated in tight local communities. This research supported the view that these communities can be quite isolated and inward looking. Feedback from stakeholders suggested that the young Muslims they dealt with also tend to have lives that are typically restricted to their family and community in the areas in which they live. They also highlighted the fact that religion is an important component in their day to day lives. For example, Muslim men are expected to attend the mosque on Fridays and Muslims of both genders are required to adhere to moral codes of behaviour in line with their faith.

A number of stakeholders also felt that traditional gender roles and expectations are often quite entrenched amongst these communities. Some of the young women seen by stakeholders have fairly limited opportunities for social interaction beyond their families and communities, or the local educational institutions they attend. Parents tended to be much stricter with daughters than sons; young women are expected to uphold their family's honour by conforming to cultural behavioural norms. They are also expected to refrain from relationships and sex before marriage, to have their marriages arranged by their parents and to marry young.

Feedback suggested that young Muslim men have greater freedom to participate in society beyond the family and community. They are able to socialise with friends in public places such as youth centres and parks with fewer restrictions than their female counterparts. A number of stakeholders pointed out that, in some areas of the country, young Pakistani and Bangladeshi men often have low educational achievements and high levels of unemployment. A youth worker and a football coach in Birmingham commented on the high levels of social disadvantage in their area and the increasing incidences of crime and drug abuse amongst young Muslim men. Muslim men are also expected to have arranged marriages but parents often turned a blind eye to pre-marital sex as long as this is discreet.

***“The Pakistani and Bangladeshi boys do have more freedom. Their parents don't stop them coming to this youth centre or to play football here. The girls can go to the youth club but only if it is part of the school. Somehow, that is ok.”***  
***(Football coach, Birmingham)***



However, a number of stakeholders suggested that attitudes and behaviour amongst young Muslim men and women are changing and they are beginning to step outside the behavioural requirements of their families and communities. For example, stakeholders are seeing increasing incidences of dating and sex before marriage than might have been the case previously. Stakeholders claimed this is often true even for those who intend to eventually have an arranged marriage.

## **2.2. Indian Community**

The stakeholders in the sample had contact with Indians of the Hindu and Sikh faiths. Stakeholders interviewed did not highlight any significant differences in attitudes and behaviours between the Hindu and Sikh communities. It was suggested that young Indians appear to have higher levels of educational achievement compared with the Pakistani and Bangladeshi communities and to follow more professional occupations.

Whilst the Indian community can also be concentrated in certain localities, some stakeholders had noted that young Indian men and women are being given greater freedom by their parents to operate outside their own communities and localities. Those working with this community suggested that parents are much more accepting of their children attending higher educational institutions or jobs in different areas of the country and living away from home.

Stakeholders felt that traditional gender roles are changing within the Indian community and while cultural values are still important to parents, there is evidence to suggest some loosening of parental controls as young Indian women are increasingly being given equal opportunities in education, careers and leisure activities as young men. A number of stakeholders pointed out that many young Indian women have greater freedom to socialise and to pursue leisure activities with people from other ethnic communities and with people of the opposite sex. For example, the DJs interviewed reported more young Indian women attending gigs, clubs and concerts with their parents' consent than might be the case for Muslim women. This was felt to be because the parents themselves are more educated and integrated with Western society.

***“Girls and boys in Hounslow can go out to the pubs or clubs and hang out with each other. Their parents are much more broad minded because they are brought up here, although many are still against their children dating and having sex.”  
(Women’s advice worker, London)***

### 3 Attitudes to Sex

#### 3.1 Overall Attitudes to Sex

A majority of stakeholders confirmed that sex before marriage is still very much considered unacceptable by most South Asian parents. They reported that young South Asians are aware that their parents, extended family and their ethnic community expect them to have arranged marriages. Because of this, they are required to remain virgins until this time. A number of stakeholders commented that if young men or women are found to be engaging in pre-marital sex, this is likely to bring shame and dishonour to the family and could harm their prospects of a good marriage.

They pointed out the fact that it is even more important for South Asian women to remain virgins before marriage. Indeed, most families frowned on their children having relationships with the opposite sex before marriage. Young Pakistani and Bangladeshi girls were particularly expected to adhere to cultural expectations and to not 'break the rules'.

Despite the above cultural expectations, stakeholders invariably remarked that personal values and attitudes amongst young South Asian men and women have been gradually shifting over the last five years or so. Stakeholders typically found that younger generations are becoming less willing to conform to the cultural expectations of sexual abstinence before marriage. Many of those young South Asians encountered by stakeholders increasingly believe that dating and sex before marriage is not morally wrong. This is beginning to impact on behaviour amongst this target group.

##### 3.1.1 Issues Driving Changes in Attitudes

Stakeholders suggested that changing attitudes amongst young South Asian men and women could be the result of:

- exposure to Western values regarding relationships and sex before marriage which depict these as 'normal' parts of everyday life;
- greater opportunity for young South Asians to interact socially with people of the opposite sex through, for example, schools, college, leisure activities and employment, and this gives rise to greater opportunities for mutual attraction;
- access to images from the Indian sub-continent which portray a more modern set of cultural values, e.g. via contemporary Bollywood films where dating and relationships before marriage are increasingly being presented;
- access to pornography from an early age (around 12 or 13 as mentioned by one or two stakeholders).

***“When I go to shows in India, you’ll be surprised how young Indians are out at the clubs, partying, dating and enjoying themselves. Parents here don’t see how the lives of young people have changed back home.”***  
**(DJ, London)**

***“They date because they go to mixed sex schools.”***  
**(Football coach, Birmingham)**

Whilst attitudes to sexual activity before marriage for young South Asians are moving away from those of their parents, stakeholders pointed out that such activity would still need to take place away from the scrutiny of the family and community.

***“You see Pakistani girls dating Indian boys. That way, it is less likely that he will be known by her family or community, and he is more likely to live in a different area so it is easier for them to meet up with each other without everyone knowing their business.”***  
**(Asian community worker, Birmingham)**

Many stakeholders felt that young men and women are becoming less inhibited about discussing sex with their peers and with the stakeholders than was the case five or so years ago. They are generally more confident talking openly about sex and relationships and some community and youth workers remarked how people are beginning to engage in discussions about sexual health with them. They suggested that this may be because many young South Asians are attending sex education classes at school (except those who are opted out by their [mainly Muslim] parents) and are, therefore, more knowledgeable about sex in general.

There are some differences in attitudes amongst young men and women.

### **3.2 Attitudes to Sex: Men**

Stakeholders suggested that there are some differences in attitudes to sex depending on the maturity of young men and the ethnicity of their partners.

Some younger South Asian men (between the ages of 15 and 18) were reported to take quite a ‘macho’ approach to sex, viewing sex as casual encounters with a number of sexual partners, and not typically in the context of a loving relationship. Stakeholders commented on the fact that many young men were opportunistic about sex and saw white girls as more easily available and more willing partners for casual sex than girls from their own ethnic communities. This is because of the cultural restrictions placed on sex before marriage, particularly for South Asian girls. Thus, sex with white girls was typically seen as more likely to be available. It was suggested that, because of their general attitude to sex with white girls, young men often lack commitment to and

respect for their partners. As a result, many stakeholders felt that many young men are not willing to take responsibility for contraception or for the consequences of unprotected sex. Feedback indicates that contraception is typically seen as the responsibility of the partner and if she becomes pregnant, she is generally expected to take care of the consequences, whether termination or pregnancy.

***“Young Asian lads start experimenting with white girls first when they are around 15 years old. This is because Asian girls in that age group are still very reserved and English girls are seen as more willing to sleep around at that age. The Asian girls don’t start until much later when they are around 17 or 18 when they have a proper boyfriend.”***

***(Youth worker, Bradford)***

***“They’ll date girls from their own community as a true girlfriend but they will go after the white girls because they think they are easier.”***

***(Youth worker, Birmingham)***

***“The white girls hang around the park and the lads will come and chat them up. The girls think that the boys will care about them but they don’t.”***

***(Football coach, Birmingham)***

Feedback from stakeholders suggests that as young men mature they can take a more responsible and caring attitude to sex. At this stage, sex is more likely to be part of a more serious relationship and greater consideration tends to be given to the possible consequences of unprotected sex. It was reported that this may be because Asian men, at this stage, are more likely to be in relationships with girls from their own ethnic communities or from other South Asian communities. These young men are well aware of the high risks involved in having a sexual relationship with an Asian girl and the consequences if her parents were to find out. Because more is at stake, feedback suggests that young men are typically more willing to take responsibility for contraception.

***“Boys don’t expect to sleep with an Asian girl straight away. If she does then they think she is a slag. If he cares about her, he will not sleep with her immediately. He will wait until they are in a serious and proper relationship.”***

***(Youth worker, Bradford)***

However, a few stakeholders felt that some young men have double standards when it comes to sex before marriage. Whilst many have serious relationships with South Asian girls including sex, this is not always with the expectation that they would marry their partner. These young men sometimes feel it is acceptable and even desirable for them not to be virgins when they get married but they still expect to marry virgins.

### 3.3 **Current Attitudes to Sex: Women**

Overall, feedback suggests that sex before marriage is typically viewed as a serious issue amongst women given the social stigma if a South Asian woman is discovered to be engaging in pre-marital sex. Stakeholders pointed out that there are a number of consequences if a young woman's sexual behaviour is discovered as she could be:

- 'disowned' by the family and thrown out of the family home;
- ostracised by the community if she was discovered to be pregnant;
- forced to have a termination and an arranged marriage;
- less likely to have a good arranged marriage with someone of the same social standing.

However, stakeholders felt that more young South Asian women are accepting the above risks and beginning to see sex before marriage as a personal choice they are willing to make. A number of stakeholders suggested even those who accept they will have their marriages arranged by their parents feel that having relationships before marriage is part of experimenting and growing up.

A number of stakeholders felt that some women, particularly Muslim women, appear to have little control over many aspects of their lives and are expected to marry relatively young. A number of them suggested that, for some of these women, dating and engaging in sexual activity is increasingly becoming a means of exercising some level of freedom and personal control over their lives before they have to conform to culturally expected behaviour as married women. A number of workers in Bradford and Oldham pointed out that some women want to live their lives on their own terms for the short period they have and as a possible act of rebellion and reaction to the restricted lives of their older, married female siblings.

***“Some young Muslim girls we see feel that they don't want to end up like their older sisters who didn't have a say in their future. So, some girls want to do things differently and have chance to live life the way they want.”***  
***(Youth worker, Oldham)***

Some stakeholders expressed concern that the striving for personal freedom amongst some South Asian teenage girls could leave them vulnerable to pressure from their partners to engage in sex and to be coerced into having unprotected sex.

***“These girls can be vulnerable. They want to enjoy sex but they don't know the reality. The boy tells her he loves her to get her to go to bed with him.”***  
***(Asian advice worker, Birmingham)***

Older women (e.g. over the age of 18) are seen by those interviewed to be more in control of their lives in general. These tend to be Indian women in higher education or in more professional employment. Interviewees observed that they often have greater freedom from their parents to follow their own choice of courses and careers, to interact socially with members of the opposite sex and to be involved with people from other ethnic groups. Disc jockeys involved in organising social events for the South Asian community at colleges and universities observed the fact that Indian women are quite socially confident with members of the opposite sex. They also pointed out that living away from home while at university gives young Indian women greater opportunity to date and to be more sexually active, away from the scrutiny of their family and community. Women are often keen to enjoy a full relationship with their partners which might lead onto marriage. In these cases, contraception is more likely to be planned.

***“At the universities where we do gigs, the Indian girls are living in halls or flats away from home so it’s easier for them to have relationships, take guys back. For these girls, they don’t always have arranged marriages so it’s easier for them to date with the view to marriage. Their parents are more open minded.”***  
***(DJ, London)***

***“Some of the women I see at the clinic are young, unmarried Indian girls at college who are well educated. They come in for contraception.”***  
***(Family planning doctor, Birmingham)***

## **4 Sexual Behaviour amongst Young South Asians**

### **4.1 Overview**

Observations of the sexual behaviour amongst young South Asians were consistent across the sample of stakeholders. Stakeholders, almost unanimously, felt that their contact with young men and women across all three ethnic communities (Indian, Bangladeshi and Pakistani) indicated increasing levels of pre-marital sexual activity. Many thought that this trend has been particularly noticeable over the last five years or so.

Stakeholders reported that, because of the cultural restrictions placed on many young South Asians not to have relationships with the opposite sex before marriage, those who are dating almost invariably conduct their relationships without the knowledge of their parents. It was suggested that young men and women employ various strategies to reduce the risk of their relationships being discovered:

- young men and women will often go out with their partners in neighbouring areas to avoid being seen by members of their family or community;
- some choose to date people from outside their immediate ethnic groups to reduce the risk their partners might be connected to their extended families;



- some will skip school or college in order to meet up with their partners during the day.

***“They socialise in neighbouring areas, they miss days from college and link up with boys from other colleges.”  
(Asian advice worker, Birmingham)***

It was suggested that, given the need to keep dating between men and women secret, it is even more imperative that any sexual activity is hidden because of the even stronger requirement for them to remain virgins on marriage.

***“Some of the Pakistani girls around here will date Indian boys rather than boys from their own community. This is because these boys won’t be known by people in their communities so it’s a bit more private.”  
(Asian community worker, Birmingham)***

Most stakeholders across the three sample types suggested that sexual activity amongst young South Asians is starting younger than might be expected given that pre-marital sex is still considered taboo. This appears to be true for both men and women.

***“Nobody wants to admit that it’s happening. There are a lot more cross cultural relationships going on and there is the Western influence, you see everyone having relationships in the media, then there’s peer pressure and some just want to do it [sex].”  
(Asian community worker, Birmingham)***

Stakeholders also felt that the target group is becoming increasingly open in talking about sex both with intermediaries like themselves and their peer group, although this is not necessarily the case for all. Younger girls tend to be less confident in discussing their sexual behaviour out of fear of being judged for not adhering to the cultural expectation of not engaging in pre-marital sex.

***“There have been changes over time. We see girls of 16 plus. They didn’t openly talk about sex but they are now much more open about talking about the issues.”  
(Asian community worker, Birmingham)***

Despite the fact that there are fewer inhibitions around sex, many stakeholders felt that actual knowledge about sex, sexual health and contraception can vary vastly amongst young South Asians. It was suggested that, although information is accessed by some people from this target group via general media, school and their peers, others have much more limited access. This is the result of some parents taking their children out of

sexual health classes at school and information cannot be obtained within the home because sexual issues cannot be discussed with parents.

## **4.2 Sexual Activity amongst South Asian Men**

Many stakeholders held the view that young Asian men are becoming increasingly sexually active, often while they are still at school. Those involved in organising youth activities felt that interest in sex amongst boys appears to start early at around the age of 12 or 13. They suggested that this could be explained by exposure to sexual images in mainstream media, music, music videos and websites and films which were felt to promote sex as a 'cool' activity. Interaction with peer groups, especially those from non South Asian communities where behavioural norms are more open regarding sexual activity, was also mentioned as a possible reason why there appears to be increasing levels of sexual activity amongst some South Asian boys.

***“There’s no doubt that some are sexually active. At one time you could say that this wasn’t much of an issue for South Asians but now, some don’t hold the same values as the older generations. Peer pressure has a lot to do with it.”***  
***(Youth worker, Birmingham)***

From their experiences with this community, youth workers and sports leaders felt that actual sexual encounters amongst South Asian boys across the three ethnic communities, often starts at around or 15. Feedback suggested that there is a desire amongst these boys to have the freedom to behave like teenagers from other ethnic groups, even if this is without their parents' knowledge.

***“In Oldham, I have seen sexual behaviour starting in Asian lads when they are in year 8, that is, when they are 13 or 14.”***  
***(Youth worker, Oldham)***

***“I was shocked to see how early the Asian boys start talking about all this. They are talking to you about girlfriends and things like that when they are in Year 6 when they are 11 or 12. I remember we started talking about seeing people when we were about 16. That’s all changing.”***  
***(Youth worker, Oldham)***

Given the differing attitudes to girls from their own communities and to those from the white community (highlighted in Section 3.2), first sexual experiences amongst South Asian boys were almost invariably with white girls. A number of stakeholders reported that some boys have casual sex with a number of white partners. Additionally, it was observed that some boys are much more likely to behave recklessly when having sex and often take little interest or responsibility for contraception in these cases. This is



typically because boys often assume that if their partner is generally sexually active, then she will already be taking contraceptive precautions.

A number of youth workers noted that fear of pregnancy does not seem to be a major barrier for some young boys to engage in unprotected sex and an unplanned pregnancy is often seen as the sole responsibility of the white female partner. Many young South Asian boys do not expect to form any long term relationships with white sexual partners even in the event of an unplanned pregnancy.

Stakeholders in Bradford and Oldham reported a steady increase of young white girls becoming pregnant by South Asian boys. In those cases where the boys' parents had discovered this, many of these boys had been taken back to their country of origin to have arranged marriages. This was a way for parents to 'save face' within their communities. In some cases, a young man will continue to sleep with his white partner and to keep in touch with his child on his return but maintain a relationship with his new wife as well.

***“The Asian boys are not bothered about using condoms. They don't like using them because they are not fun. The white girls are also not always bothered about contraception so that is why there is an increase in unwanted pregnancy.”***  
***(Youth worker, Oldham)***

***“There is a Pakistani boy who is now in jail who had a baby with a white girl. He was about 14 then. She was left holding the baby.”***  
***(Football coach, Birmingham)***

One or two youth workers did mention that a few young men had sought their advice on pregnancy terminations in order to find out about any religious issues in relation to this.

A number of stakeholders felt that young South Asian men did not expect to have casual sex with girls from their own communities and any sexual activity with South Asian girls tended to be within the context of a more serious relationship. They also suggested that men in their twenties are more likely to be engaging in sex with South Asian girls within more long term relationships, often with the view of a possibility of marriage. This was felt to be mainly within the Indian community where second generation parents appear to be more willing to consider their children marrying their own choice of partners.

***“It's still not ok to sleep around but relationships before marriage are more acceptable and your parents might be open to you marrying your girlfriend if she is also Indian.”***  
***(DJ, London)***

### **4.3 Sexual Activity amongst South Asian Women**

Stakeholders were unable to comment definitively on how widespread pre-marital sexual activity is amongst young South Asian women, although many felt that, anecdotally, levels of sex before marriage are increasing. This feedback was based on the increasing numbers of young women seeking general advice on sex, relationships and contraception. Additionally, a number of Asian women's advice workers and the family planning doctor claimed they are seeing more South Asian young women for emergency contraception and advice on pregnancy and termination. This was felt to be equally true for Bangladeshi, Pakistani and Indian women.

***“There is definitely a rise in sexual activity in girls before marriage. Men in our culture are given more freedom and tend to get away with things like that. But these days, even girls have a bit more freedom and are more open about sex.”***  
***(Youth worker, Bradford)***

Stakeholders reported that some of the girls they had worked with had their first sexual encounter at around the ages of 16 or 17.

***“They do it in secret because they don't want to bring shame to the family. There have been some honour killings in this area. A Pakistani girl was killed by her father because she dated an Asian lad.”***  
***(Football coach, Birmingham)***

Stakeholders suggested that girls are more likely to be sleeping with Asian boys from school or college (but not necessarily from their own ethnic groups). However, they tended to be much more selective and cautious regarding their sexual partner and would, typically, not be engaging in casual sex with a range of partners. Sex is generally seen by these young women as a serious issue given the cultural stigma surrounding sex before marriage. Thus, sex was reported to be usually part of a relationship with a steady and long term partner. However, it is interesting to note that some advice workers felt that the definition of a long term relationship is changing and some girls consider dating for three months as representing a serious relationship.

***“Some definitely are sexually active. Sex has almost become a fashion and they are very much more westernised in their attitudes. You do see some of them changing their boyfriends quite regularly.”***  
***(Asian advice worker, Birmingham)***

***“Some of them are rebelling. They sometimes have low educational backgrounds, they are born in the UK and they do what their peers are doing. Some are having sex younger than 18. Some are also having unprotected sex.”***  
***(Family planning doctor, Birmingham)***

A number of stakeholders felt that there were various reasons why young South Asian women are increasingly stepping outside the norms regarding sex before marriage. Some younger Muslim women were seen as being motivated by a desire to break away from the confines of their culture, as a reaction to the forced/unhappy marriages of their sisters and/or to take some control over their lives before their own arranged marriages. Indian women who have more freedom to socialise with people of both sexes and to go out with friends to pubs and clubs also have greater opportunities to meet young men. Thus, these young women are becoming more open and confident about dating. The disc jockeys interviewed felt that this also increased the likelihood of sexual interaction.

***“My brother works at Ealing station. He tells me about the Pakistani girls who come in their hijabs. They go to the toilets and change into Western clothes and put on lipstick. They then go into town for those daytime discos.”***  
***(Asian women’s advice worker, London)***

***“In 2008, culture and traditional beliefs are going out of the window. Now these clubs are about young Asians going out on the pull. Asian girls are more confident about asking boys out.”***  
***(DJ, London)***

***“I’ve been to Broad Street at the weekend and the Indian girls are dressed like the white girls and they are not shy about chatting you up.”***  
***(Football coach, Birmingham)***

A few advice workers felt that some younger, less well educated women can be particularly vulnerable as they are more prone to be persuaded to have unprotected sex by their boyfriends. As a result, they are seeing more young women for emergency contraception and advice on termination than was the case five years ago.

***“We do have some Asian girls come in for emergency contraception or for terminations. They are really isolated and they usually come on their own.”***  
***(Nurse advisor, Leeds)***

***“They come in for general advice on something. Then they’ll say that their friend had sex and didn’t take precautions. You know they are talking about themselves, and sometimes, it’s after they’ve had a few drinks. Sometimes they come in and say that their period hasn’t started and they don’t know what to do, they can’t talk to their mums because their mums would kill them and they can’t talk to their GPs because they might tell their parents.”***  
***(Asian community worker, London)***

A number of community workers and the family planning doctor had noted that young well educated women (typically aged over 18) are more proactive about sex and sexual

health. As many are in long term relationships lasting over a year, they are generally confident about approaching family planning clinics for longer term contraception.

Despite anecdotal evidence of increasing levels of sexual activity, for most South Asian women, even the most confident or those with open minded parents, sex is most often taking place without parental knowledge.

## **5. Overall Attitudes to Contraception**

Feedback from this research suggests that knowledge of contraception and contraceptive methods appears to vary amongst young South Asians although all stakeholders interviewed believed that awareness of condoms is high amongst this target group.

The overall view was that young women are generally more aware and are more likely to take the issue of contraception seriously than young men. This was felt to be because it is in the interests of those women who are sexually active, to take contraceptive precautions because of the social stigma of becoming pregnant. Also, if women are in a serious relationship, planned contraceptive methods such as the Pill are likely to be used or these women will insist their partner uses condoms. However, a number of Asian advice workers and youth workers have seen young South Asian girls asking for emergency contraception because they have had unprotected, unplanned sex.

Most stakeholders felt that, perhaps unsurprisingly, young men have little knowledge or interest in contraceptive methods beyond condoms.

### **5.1 Contraception: Sources of Awareness**

Stakeholders believed that, although knowledge of contraception as a whole is varied, most young South Asians are likely to have high awareness of condoms, arising from a variety of information sources.

Sex education at school was perceived to be an important source of information about sex and contraception to those South Asians who are given permission by their parents to attend. However, a number of those interviewed acknowledged that this may not be a primary source for many young Muslims, especially girls, because, as mentioned previously, many are withdrawn from sex education classes by their parents. This was reported to be because these parents believe greater knowledge about sex would encourage their children to be sexually active. A youth worker in the north explained that a Muslim school governor had prevented a youth team conducting a sexual health promotion project in the school because of these views.

Many stakeholders felt that there was a great deal of media coverage about condoms and that young Asians are likely to have seen messages on condoms as these are available via a range of media channels.

Most of those interviewed suggested that friends and peer groups are also important and immediate sources of information on contraception. Additionally, youth and women's advisors interviewed felt that intermediaries like them are also key sources of information. These advisors felt this was because they had built up trust amongst the target group, they understood the cultural backgrounds, they did not make judgements about behaviour that did not conform to cultural requirements and they offered discreet and confidential advice.

***“They are all aware of condoms. There is a lot of information in the media and there are a lot of local initiatives targeting young people that promote sexual health and condom usage.”***  
***(Youth worker, Oldham)***

***“They know about this. They can pick up condoms free of charge at family planning clinics; it’s advertised in the cinemas and on TV so they do have access to all of this.”***  
***(Asian advice worker, London)***

## **6. Condom Usage**

### **6.1 Levels of Usage**

It was difficult for stakeholders interviewed to comment on how widespread actual usage of condoms is amongst young South Asians. However, stakeholders assumed that more young men are using condoms:

- as the stakeholders are distributing more condoms to them through various events and drop in sessions;
- more young South Asian men are coming in themselves to ask for free condoms.

However, at the same time, a number of those interviewed who work at advice centres and family planning clinics reported:

- increasing numbers of South Asian girls coming in for advice on where to go for the morning after pill or requesting the pill itself;
- A rising number of unplanned pregnancies and more requests for advice, guidance and signposting to other agencies for terminations.

This suggests that while there appears to be high awareness of condoms, usage amongst young South Asians may not be as high. This may explain the increase in the

levels of unplanned and unprotected sex reported by the some stakeholders in the sample.

***“You do see some unmarried girls asking for emergency contraception because they have not used anything or because the condom failed.”  
(Family planning doctor, Birmingham)***

## **6.2 Overall Attitudes to Condoms**

Feedback from stakeholders indicated that attitudes to condoms vary amongst South Asians depending on their sexual partner. Additionally, condoms usage is primarily seen by the majority of the target group as preventing pregnancy rather than protection from sexually transmitted infections.

Those young men engaging in more casual sex with white partners were reported not to feel the need to use condoms. Many young men are seen as not particularly concerned about getting their partner pregnant because they assume that, as the girl they are sleeping with is sexually active, she would be using other forms of contraception. These young men are reported as primarily motivated by their own pleasures rather than developing a relationship with their partner. For them, condoms are perceived to reduce their sexual pleasure and enjoyment.

***“Using a condom is a no no for Asian boys. This is because it is not cool to use a condom and it doesn’t feel the same. They think they won’t get the same pleasure and it’s a waste of time.”  
(Youth worker, Oldham)***

However, many stakeholders believed that young men engaging in sex with Asian partners as part of a more serious relationship are more likely to use condoms, especially if the partner is quite young. Preventing pregnancy is, in these cases, vital for both partners because of the shame associated with pregnancy outside of marriage. It was suggested that younger Asian girls are more likely to insist on their partners using a condom because they do not want to use more planned forms of contraception such as the pill in case these are discovered by their parents or that they are considered to be too sexually active by their partners.

***“Some girls are getting their partner to use a condom because, then, the fact that they are having sex can be hidden.”  
(Health advisor, Leeds)***

The family planning doctor had observed some South Asian women over the age of 18 who are more educated and more Westernised, coming in for contraceptive planning services. They tended to prefer to go on the pill rather than use condoms because they



were in a steady relationship. For these women, the pill was preferred because it was a more discreet method compared with the patch.

***“We see young women between the age of 19 and 24 who say no to implants because they are a badge and harder to conceal. The pill is small, less obvious and they can tell their parents that they are using it to regulate their periods if they have to.”***

***(Family planning doctor, Birmingham)***

### **6.3 Current Barriers to Condom Usage**

The feedback from stakeholders suggested that there are a number of barriers that can explain non condom usage amongst some young men.

#### **6.3.1 Awareness of Sexually Transmitted Infections (STIs)**

The previous section highlighted the fact that some South Asian young men are engaging in casual sex without using condoms because they do not feel they need to take responsibility for preventing unwanted pregnancy. In these cases, there is no consideration given to using condoms as a way of preventing sexually transmitted infections. A consistent view was expressed by stakeholders that, generally, young South Asian men do not believe they are at risk of STIs. Despite the fact that some are having casual sex and are sleeping with a number of partners, they do not necessarily see their behaviour as promiscuous; therefore, there is no real motivation for them to use condoms as a means of safe sex.

***“STIs, they just don’t think they’ll get these. They assume they are not sleeping around even if it is obvious that they are.”***

***(Football coach, Birmingham)***

***“They think condoms are to stop the girl getting pregnant. They just don’t know about STIs.”***

***(Advice worker, Oldham)***

Young women were generally reported as approaching sex in a more considered and cautious way and are less likely to be sleeping with a number of partners. Most of those having sex without a condom were reported as using other forms of contraception and having sex in the context of a longer term relationship. Therefore, stakeholders felt that these women, also, did not see themselves as at risk of contracting STIs.

Most stakeholders noted that because STIs are generally not seen as a relevant sexual health issue, young South Asians perceive little need to inform themselves about the

risks of infection and the consequences to them and their partners of becoming infected.

Many stakeholders felt that, coupled with the fact that the issue of STIs is not seen as of direct relevance to this target group, there is also a lack of detailed knowledge and understanding of STIs. Stakeholders felt that some young men and women, particularly Muslim, do not have access to information for the reasons already mentioned in Section 5.1. It was also suggested that the lack of awareness of STIs amongst the target audience could be because well known local community based organisations may not be addressing the issue of sexual health. Fear that they might be seen as encouraging young South Asians to engage in pre-marital sex could hinder willingness to promote sexual health, to raise awareness of STIs as an issue of concern for the South Asian community and to distribute condoms.

***“Some Asian community centres with youth activities are reluctant to have any information sessions on sexual health or distribute condoms because they don’t want to be seen to be promoting sex.”***  
***(Community advisor, Bradford)***

### 6.3.2 Access to Condoms

A number of stakeholders suggested that accessing condoms may also be problematic for some young Asians, particularly those who are younger, less confident and living in very close knit communities. Accessing them through established outlets such as GPs and local pharmacies may not be an option for many. Given that local GPs are often family doctors and of South Asian origin themselves, stakeholders felt that many young people are concerned about confidentiality, especially if the GPs are part of their parents’ social circles. For the same reason, pharmacists are not always seen as useful outlets for obtaining condoms.

***“I did a training session for pharmacists for the emergency contraception. Lots of pharmacists around here are Pakistani and Bangladeshi. They were upset that we might be categorising South Asians as at risk from unplanned pregnancy.”***  
***(Health advisor, Leeds)***

For some young South Asians, the cost of purchasing condoms was also seen as potentially prohibitive. In the absence of local grassroots organisations and individuals who provide free condoms, cost could prevent some men from using them.

***“The Indians can often afford to buy over the counter but the Pakistani and Bangladeshi boys can’t and they need free condoms.”***  
***(Family planning doctor, Birmingham)***



## **7. Take up of Sexual Health Screening**

The clinical stakeholders interviewed reported low take up of chlamydia screening services. The family planning doctor felt that there is low take up amongst other ethnic groups as well but South Asian girls are particularly unwilling to come forward. Amongst younger girls, there is a general lack of awareness of STIs. Older single South Asian women who may have had several partners do not see themselves at risk because they do not believe they are sexually promiscuous. However, we need to bear in mind that this is based on feedback from a very small number of clinical interviews.

## **8. Current Sexual Health Promotion Activities**

Many of the advice workers, youth and sports leaders and clinical stakeholders have been involved in a variety of sexual health promotion initiatives within the local South Asian communities to increase awareness of sex and sexual health issues. Stakeholders pointed out that there is a need to deliver these initiatives discreetly in order to avoid upsetting parents and local Asian communities.

The initiatives undertaken include:

- a youth service and PCT (Primary Care Trust) use a 'cash point' card system: young men and women can register and then use their cards four times a week at a centre to obtain condoms;
- a 'lad's room' organised in the north of England as a twice weekly drop in session where boys of all ethnic backgrounds can come for advice on sexual health matters;
- a number of primary and secondary schools have previously organised short term projects on health and well being which have included information on sexual health;
- A 'chill' bus with various computer and music equipment available for use by young people. They also have community workers to offer information and advice on health and sex matters;
- an information shop in Bradford provides support and advice on sexual health and STIs in innovative ways;
- one youth worker had organised a workshop which was promoted as providing information on testicular cancer but included advice and information on STIs and general sexual health;
- A C card where any young person can, once registered, use it to collect condoms at different sites such as colleges;
- A Sex Matters day organised by a nurse advisor as a drop service for advice and distribution of condoms in a city centre;
- A Health Exchange day for local women covering a range of health issues as well as sexual health including a session on chlamydia and a self test.

***“We promoted this workshop as a testicular cancer session because parents would not have allowed their kids to come if they knew we were also covering sexual health and STIs.”***

***(Youth worker, Birmingham)***

***“We ran a Sex Matters Day in Leeds city centre. The Asian kids didn’t approach us but then right at the end some Pakistani lads came in and thanked us for doing it.”***

***(Nurse advisor, Leeds)***

***“There is an information shop in Bradford. We use sexual health information for boys and girls and we call them ‘Below the belt guide’ and ‘Below the bra guide’. Because it’s not obvious, young people find it easier to come in and pick up leaflets and feel less awkward.”***

***(Youth worker, Bradford)***

There was an overall view amongst stakeholders that these initiatives are beginning to raise awareness of sexual health and STIs amongst young South Asians because they are being delivered at a grassroots level and are tailored to the needs of this community. All the advice workers interviewed were well aware of the South Asian community’s cultural sensitivities regarding pre-marital sex and they believe they are working to deliver services discreetly to the target group without challenging community values. Stakeholders claimed that they are careful to ensure that discussions on sex and sexual health are in the context of an understanding of the lives of young people and the issues that they face such as conflicting cultural values, drugs, relationships and forced marriages.

## **APPENDIX 1: Recruitment Screener**

We are conducting a scoping exercise on behalf of Department of Health in order to better understand current behaviour and attitudes on sexual health amongst 18 – 24 year old South Asians (Indian, Pakistani, Bangladeshi and Sri Lankan communities). We understand that this might be a sensitive issue for these communities therefore we are undertaking this exercise at first amongst intermediary stakeholders who are in a position to give us insights into the attitudes and behaviours of young Asians with regard to sex and sexual health.

In order to ensure we are targeting the appropriate individuals, we would like to ask you a few questions.

### **Q1. What is your name?**

.....

### **Q2. As part of your job do you see young South Asians (men and women) between the ages of 18 and 24?**

- Yes  CONTINUE  
No  CLOSE

### **Q3. Because of the nature of your job role (e.g. voluntary, professional or statutory) would you say you have some insight and knowledge into the attitudes and behaviours of young South Asians with regard to sexual behaviour (before marriage) and sexual health?**

- Yes  CONTINUE  
No  CLOSE

### **Q4. What is your specific role?**

- 1 Gynaecology clinician
- 2 Nurse advisor on sexual health issues
- 3 Hospital consultant on sexual health
- 4 Community worker in a South Asian advisory/community group
- 5 Youth worker/leader
- 6 Community sports leader (e.g. football coach)
- 7 Asian gig/concert organiser
- 8 Other  CLOSE

PLEASE ENSURE WE HAVE A TOTAL OF 3 PEOPLE WHO RECORD 1, 2, OR 3  
PLEASE ENSURE WE HAVE A TOTAL OF 6 PEOPLE WHO RECORD 4  
PLEASE ENSURE WE HAVE A TOTAL OF 6 PEOPLE WHO RECORD 5, 6, OR 7

**Q5. Which of the identified communities do you provide advice/assistance/medical help? (Can be more than one community)**

Indian	CONTINUE
Bangladeshi	CONTINUE
Pakistani	CONTINUE
None of the above	CLOSE

PLEASE ENSURE THE OVERALL SAMPLE COVERS THE ABOVE TARGET COMMUNITIES

**Q6. Do you see mainly.....**

Men	<input type="checkbox"/>
Asian women	<input type="checkbox"/>
Both Asian men and women	<input type="checkbox"/>

PLEASE ENSURE IN THE OVERALL SAMPLE WE HAVE AN EVEN SPREAD OF STAKEHOLDERS WHO SEE ASIAN MEN AND WOMEN

**Q7. How long have you been in your current role?**

Please specify:.....

**Q8. How would you describe your ethnic background?**

.....Please specify

**Q9. Address where interview will be conducted.**

postcode	

**Q10. What is your contact telephone number?**

work	
mobile	

## **APPENDIX 2: Discussion Guide**

### **DEPARTMENT OF HEALTH - SOUTH ASIAN SEXUAL HEALTH RESEARCH STAKEHOLDER INTERVIEWS: AREAS FOR DISCUSSION 27.03.08**

#### **MODERATOR NOTE:**

Objectives of stakeholder interviews are:

- To understand their perceptions of attitudes towards sex and condom usage amongst Bangladeshi, Pakistani and Indian men and women aged 18 – 24. More specifically:
  - o The likely levels of sexual activity amongst this target group;
  - o The cultural and religious context for this behaviour (if any);
  - o Any issues around sexual health, condom usage, pregnancy terminations etc;
  - o Issues re: sexual activity and sexual health and how these compare other ethnic and non ethnic groups;
- The types of interventions which could impact on behaviour change especially around normalising condom usage amongst sexually active South Asians (if they are sexually active), raising awareness of STI's etc.

Please adapt the introduction, the areas for discussion and the types of questions as appropriate given the wide range of stakeholders we are interviewing.

The life bubble attached: please refer to any of the issues highlighted in this to aid discussion and to test any hypotheses if and when appropriate.

#### **INTRODUCTION**

Purpose of the research: “on behalf of the Department of Health to understand issues around sexual behaviour and sexual health amongst young Bangladeshi, Pakistani and Indian men and women aged between 18 – 24.

Explain: confidentiality, use of tape recorder

#### **CURRENT ROLE:**

What they do, how long they have been in their present role?  
Statutory, voluntary etc.?

#### **EXPERIENCE OF WORKING WITH TARGET AUDIENCE:**

What is their specific role with respect to the target audiences?  
Which communities do they work with, what age of people they see, male or female?

For Clinicians:

- In what capacity do they see young South Asians?
- What specific sexual health issues?
- How do these differ for other ethnic groups?
- Any observations of the impact of culture/religion/family etc.?

### **YOUNG ASIANS AND SEXUAL BEHAVIOUR:**

What are key issues they think are facing young South Asians in general? Social? Cultural? Etc.?

What about regarding sexual activity?

Are they sexually active and how common is sexual activity amongst the target group?

If yes/no, why do they say that?

Any differences between the 3 South Asian ethnic groups?

Between men and women

What about sexual health?

What about condom usage? STI's?

For clinicians: What are the specific sexual health issues amongst the South Asians they see? What do they think is the take up of sexual health screening e.g. for Chlamydia? If low, why do they think this is the case? If young South Asians are active, what forms of contraception, if any, are being used?

What about condom usage? Do they think this is high or low and why?

### **ATTITUDES TO SEX AND CONDOM USAGE**

What specific attitudes have they observed amongst this group?

Any differences between the 3 ethnic groups?

Between men and women?

What explains these current attitudes? Are these changing? How?

How much do they think this group knows about sex, sexual health, condom usage?

What do they think are the attitudes to condom usage? Why is that? What barriers, if any, do they think there are to higher condom usage?

### **INTERVENTIONS TO IMPACT BEHAVIOUR CHANGE**

What specific interventions do they think are needed to increase awareness of and change attitudes to condom usage?

To increase condom usage?

Who do these interventions need to specifically target? Why?

Where should these interventions come from?

What form should they take?

How relevant do they think the current Condom Essential Wear campaign is for the target audience?

### **ANY OTHER ISSUES, THANKS AND CLOSE**

## **APPENDIX 3: Lifestyle Bubble**

**Lifestyle Bubble - paper from COI Diversity Unit**  
**Social marketing segmentation: Diversity Input**  
**COI Diversity**

### **1 Bangladeshi and Pakistani communities in UK**

We have selected these communities as they represent two of the most deprived communities in the UK. In total the size of this mainly Muslim population is around 1 million.

The Bangladeshi and Pakistani populations in Great Britain come from rural origins. They have lower levels of fluency in English than other ethnic minority groups. The first generation of migrants frequently had little access to formal education in their countries of origin. In the case of the Bangladeshis, the second and third generations have spent less time in the British educational system, as they are relatively recent arrivals. These historical factors have clearly influenced their profile in Britain.

### **2 Social issues:**

- Young age profile, about one third aged 16
- Highest reported rates of ill health in 2001
- Largest average household size, living in rented accommodation, experiencing overcrowding
- Achievement at school among lowest in UK
- Highest rates of unemployment, high rate of economic inactivity,
- Low rate of female participation in labour market

### **3 Segments where differences may occur**

#### **3.1 *Discovery Teens – united by being in secondary schooling – starting to come across some of our key issues: smoking, drinking, drug taking, sexual health. Aim here to forewarn and forearm for when these issues arise.***

For various cultural and lifestyle reasons, this segment may be less relevant for Pakistani and Bangladeshi teenagers. The various issues which affect this group are outlined below:

#### **Pakistani/Bangladeshis: Discovery teens**

- Less experimentation with sex, religion a barrier, sex before marriage a taboo
- Unlikely to discuss this subject with parents, disrespectful,
- Opt out of sex education at school (parents influence), too explicit, offensive
- May be a problem taking information leaflets home
- Teachers, older sisters useful role models
  
- Smoking more likely among males
- Smoking culture among Bangladeshi men, copy fathers, brothers etc although would not smoke in front of father, brother, older relative

- Alcohol forbidden, low levels of experimentation

**3.2 Freedom Years - this age group is the time of greatest change: leaving school, leaving home, getting a job, going to university, dropping out. As a result it is also the time of greatest risk and experimentation. This age group index high on most of our behaviours: smoking, drinking, drug taking and sexual health, mental health is key for young men in this age group.**

**Pakistani/Bangladeshis: Freedom years**

It could be argued that this particular segment is almost completely at odds with the cultural mores of this community. It could be viewed as representing the “worst aspects” of western society.

**Freedom years: Females**

- Virtually unknown concept for girls
- Unlikely to leave home whilst single
- If in education, attend local college, university
- Local job
- Early betrothal, trans national marriage, girls need a job in order to sponsor husband from sub continent
- Early motherhood within marriage
- Provide help at home for family

**Freedom years: Males**

- Less scope for “freedom”, but have more freedom than their sisters
- Unlikely to leave home
- Stay in community for work, education
- But out in streets more, may have sexual encounters with white girls (lack respect for them)
- Arranged marriage, early 20s, wife often from abroad
- Identity issues, “discovering” Islam
- Low level of drug experimentation, cannabis, parents are unaware of this, can’t discuss, too disrespectful
- Often heroin addicts are sent home to Pakistan or Bangladesh for “treatment”, correction
- Denial by community that this could be a problem
- **Low levels, low reporting but greater need for information**

**Freedom years: In general**

- Muslim men and women lead quite different lives, Men move more in public domain, women lead more private lives within the home, and extended family.

**Influence of family / parents**

- Strong Parental influence on careers, educational choices, arranged marriages etc
- Important to maintain cultural traditions
- Family honour, pride important
- Almost impossible to discuss sensitive issues in a family setting



**Family communication**

- Mother tongue often spoken at home (Sylheti, Urdu, Punjabi)
- Younger generation are bi –lingual but more fluent in English
- Language barriers make detailed communication difficult on complex issues (drugs, education)

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