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The Community Perspectives Series

Let Us Talk About Sex

Portuguese Speaking Interagency Network on behalf of the project partnership and advisory committee

June 2008

The Community Perspectives Series:

Recent community based research from our enabling grants program

The Wellesley Institute is a non-profit research and policy institute advancing urban health through research, policy, community engagement and social innovation. Our focus is on developing research and community-based policy solutions to the problems of urban health particularly in housing and homelessness, healthcare reform, immigrant health and social innovation through health equity lens.

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Acknowledgements

Principal Organizations

Portuguese Speaking Interagency Network

Partner Organizations

VIVER Coalition (Portuguese-speaking HIV/AIDS Coalition

ACT – Aida Committee of Toronto

Portuguese Canadian National Congress

St. Stephen's Community House

St. Christopher House

Brazil-Angola Information Centre

Working Women Community Centre

Grupo Brasil do Ontario

Angolan Student's Association

Abrigo Centre

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Introduction and Background

The Let Us Talk About Sex (L.U.T.A.S) Project was designed by the advisory committee the VIVER Coalition and the Portuguese Speaking Interagency Network in partnership with eight community partners. This coordination and planning initiative included the following two phases:

1. Phase1 - Environmental scan and needs assessment
2. Phase 2 - Community Impact and Service Delivery Coordination

Phase 1 of the L.U.T.A.S. project is a community research initiative that stems from the need to identify the current sexual behaviours, attitudes and potential health risks factors of adolescents and youth of Portuguese Speaking Origin with special attention to high risk and ostracized youth. This consequently reveals attitudes towards abstinence, protection and contraception methods as well as knowledge base of this population. The project is determined to provide recommendation and impact delivery models that build on effective intervention and prevention practices with potential to decrease the vulnerability of Youth of Portuguese Speaking Origin.

The L.U.T.A.S. project was determined to highlight trends, capacity, key indicators of high risk that increase the vulnerability of this population to contract STIs, HIV/AIDS, or become pregnant prematurely. The (L.U.T.A.S) project is an ambitious two phase project. With Phase I dedicated to a preliminary environmental scan of the population through focus groups, community interviews, youth consultation and a literature review. Essentially this study was a capacity building exercise that reveals the need for further community and participatory research a spring board for Phase II of this project.

Methodology

Let Us Talk About Sex is a community participatory research project that brought together over 10 community agencies, youth, educators and service providers. An advisory committee was struck with active participation of 5 agencies as well as youth consultation. The group was formalised with terms of reference and met on a monthly basis. A project coordinator was hired and trained.

The advisory group and project coordinator developed a focus group questionnaire and began recruiting participants. A cross sectional of Youth of Portuguese Speaking Origin that best represented the diversity of this population was crucial to illustrate the complexity of this group and integrity of the study. Efforts were made to reach out to youth from a variety of ethnic backgrounds, socio-economic status and sexual orientation. With efforts to attract proportional

representation of the Portuguese speaking community in Toronto youth of Portuguese ethnicity, Brazilian ethnicity and Angola ethnicity participated of the study.

Youth participants were drawn from social, recreational and educational programs within partner agencies as well as the Toronto Catholic District School Board and Toronto District School Board both Elementary and Secondary Schools. In addition outreach efforts also involved the Portuguese Student Association at the University of Toronto and York University. As a best practice the study collected demographic information about each participant including gender, age, sexual orientation, country of birth, ethnic/cultural and religious background. All study participants were guaranteed anonymity. Participants required verbal or writing consent. Participants and/or Guardians signed that they understood the purpose of the research, the potential benefits and risks, and the studies' intentions for dissemination of the findings.

The advisory committee and project coordinator felt that it was detrimental to insure youth felt safe and engaged in an honest dialogue during the focus groups. Granted the wide range in ages 13-24 of the sample population the group unanimously agreed that the youth should be divided into two groups; Youth ages 13 to 16 and youth aged 17 to 24 for a total of 8 focus groups. Each focus group took approximately two hours to complete for which youth received a symbolic honorarium to compensate them for their time.

Focus group questions explored youth's attitudes about sex and their sexuality. Highlighting peer pressure, societal value systems, family supports, sources of information and personal knowledge of STI's /HIV AIDS. Study participants were encouraged to reflect on their experiences as adolescents and specific questions were designed to probe dialogue around gender roles.

To complement the data gathered from the focus groups a series of interviews with service providers were conducted. Health promoters, sex educators as well as teachers and social service workers participated and shared their overview and insights on their experiences working with this population.

Project Overview

The Let Us Talk About Sex (LUTAS) Phase I was a six month project aimed at identifying the current sexual attitudes, behaviours and potential health risks of youth of Portuguese Speaking Origin (YPSO). For the purpose of this project youth ages ranged between 13-24. In all a total of 62 (YPSO) participated in the focus groups. The population was in majority between the ages of 17 to 24 in total 42 participants. There were 20 participants between the ages of 13 to 16. Thirty eight of the participants were female and twenty four were male.

The majority of the population was of Portuguese background (48), with a respectable number of participants being of Brazilian background (10). A small minority of participants were of Angolan background (4). Participants were recruited and 8 focus groups were conducted.

It may be important to note that Youth of Portuguese Speaking Origin have an above average premature school drop-out rate and a low education attainment rate that has been replicated over several generations.

The community interviews consisted of compiling information through face to face interviews, phone interviews as well as small group dialogue. Both formal and informal mechanisms were applied during this process. The sources of information were educators within the Toronto District School Board, Toronto District Catholic School Board, Toronto Public Health, Social Service Workers and Youth Workers.

The partner agencies supported the project as they engaged in outreach and recruitment of youth for the study. Some partner agencies offered meeting space regularly and freed up large areas for the focus group meetings. In addition program staff often provided guidance and offered assistance with activities.

Findings

During the focus groups it was apparent that despite the initial intimidation of public speaking and a topic that is often taboo the youth overwhelmingly seemed eager to engage and contribute to the dialogue. They appeared motivated and willing to talk about their personal experiences. For the most part they respected the space and volunteered information. After formal introductions and ice breaker, the group develop a dynamic that opened the floor for critical thinking and analysis of the topic.

The Core findings of this Project have been identified and coordinated into themes.

1. Knowledge of STI s'/ HIV AIDS

2. Sexual Behaviour and Health Risks
3. Parental Involvement and Support
4. Sexual Education
5. Support Systems

Knowledge of STIs / HIV AIDS

When the information was compiled it was obvious that the youth participants appear to have limited knowledge about sexually transmitted infections, specifically how to contract and transmit them. Even though the older population (17-24) had more general knowledge than the younger age group (13-16), it was often poor, incomplete and incorrect.

Surfacing in sessions with youth between ages (13-16) was the misconception that there is a cure or vaccine available to prevent and treat AIDS, if diagnosed early. It is also equally alarming to note that only a few participants of both age groups seem to be aware that people living with STI' s may not have any signs or symptoms. As to be expected the younger population expressed a greater deal of confusion and uncertainty about signs and symptoms of different infections but most surprising was the fact that often the older group also shared many of the myths and lack of knowledge in regards to STI' s and HIV/AIDS. For example one young participant stated that, "if you pee after sex, you won't get pregnant". An overwhelming majority seemed convinced that you had no risk of infection if you avoid multiple partners. There seemed to be a perception amongst most youth that if you have sex with one partner you are not able to contract HIV. It is when you have promiscuous sex that you can contract the infection. The same theory seemed to apply to other STI's .

When talking about STI's both groups had difficulty naming the infections, very few participants in both age groups were able to name more than two often mentioning Herpes. Although the older age group seemed to have a little more knowledge, when given the opportunity to talk about different STI's they seemed to lack the language to describe the infections and were regularly unable to name more than a few STI's lacking understanding about contraction and prevention. As for forms of contraception other than condoms and birth control both groups were unable to name any other methods.

Over 75% of the group ages 17-24 admitted to not being tested for STIs and HIV infections. A small minority (about 20%) admitted being tested. Over 50% of females in the group explained they consulted with their doctor about birth control options and methods of contraception. Most participants of this group did not go into detail about STIs and HIV and were not able to name more than a few infections. However, when we asked about STIs, 30% of youth named only

one or two infections. The other 70% seemed to have limited knowledge of what STIs were and what types exist. When they were asked about how to contract these infections including HIV/AIDS over 60% said through sex. When asked how to prevent the spread of these infections, over 50% said not to have sex. A small sample of about 20% answered to have protected sex. When we asked about protective sex they seemed to have very limited knowledge on contraceptives, mentioning the pill and condom quite frequently. Over 40% seemed to believe that one would only require protection when engaged in vaginal sex. When inquired about other forms of sex such as oral and anal sex, the group seemed unsure of their answers. About 28% seemed to believe oral sex was not sex and would not therefore lead to the transmission of STIs.

Sexual Behaviour and Health Risks

Several studies point out that young people are ready to be sexually active and are faced with a diversity of messages and pressures that encourage them to be sexually active well before they are likely to establish a long-term relationship (Maticka-Tyndade 2001). One of the most persistent findings in research on adolescent risk behaviour is the strength of peer group influences.

In our study all participants said they first heard about sex before the age of 11, some heard about sex as young as age 6 or 7. They agreed that there was pressure to have sex at a young age however did not volunteer much information about how young. The younger group seemed reluctant to talk about their sexual activities often referring to experiences of friends and peers. When they were asked about their first sexual experience and what influenced their decision to be sexually active, most admitted their first time was not planned. They all said they used a condom for their first sexual activity. However, they seemed to imply that they were not so diligent every time after the first one.

When talking about the risks associated with unprotected sex the older group appeared to understand the need for protection when engaging in intercourse however, did not seem to have the same level of understanding with the risks associated with oral sex. Generally the youth over 18 years of age had more ability to discuss methods of protection. A large majority of the youth often referred to sex as heterosexual vaginal intercourse. When asked to define sex the younger group often stopped to think because they seemed convinced it was a trick question. They seemed limited in the language and ability to express any other sexual activity and appeared embarrassed to talk about homosexual sex. The older participants articulated comfortably about different sexual activities such as oral sex, anal sex as well as masturbation.

Over 80% of both age groups agreed that the biggest pressure to engage in sexual activity comes from peers. However, there was consent amongst the younger group that the media influences, particularly movies, music videos, and television is big on shaping young girls attitudes and behaviours about their sexuality. Over 32% said they felt affected by pop culture as it sets standards of beauty and objectifies and sexualizes women. It seemed from the dialogue that girls felt pressured to adopt values and behaviours they perceived to be acceptable and rewarded.

However, 68% of the girls in the younger group admitted to being aware of the influence but did not feel it had a direct impact on their personally or affect their judgment about sex. However, when asked to name an idol with little exception both genders named pop stars and sports celebrities. None of the participants between the ages 17 to 24 felt that they were directly influenced and pressured by the media into having sex. When they talked about the media they were referring to the television, movies, music videos, fashion industry and magazines. However, most of the participants made reference to pop culture and the role it has on shaping the perceptions about sex such as “women need to look hot” and overall standards of beauty. The young women admitted that they are often judged and criticized based on standards and roles perpetuated by all forms of media. The overwhelming majority of the males in this group seemed to idealize popular music and Hollywood celebrities however they did not feel their sexual attitudes were influenced or pressured directly by pop culture and media.

The interesting fact is that youth often talked about the sex and sexual explicit material they viewed on music videos and movies. They seemed to revile an appreciation for the behaviour and described it in a positive light.

Both age groups reported there was more pressure for males to have sex at an earlier age than females. The younger participants indicated the messages from society and from peers encouraged males to have sex otherwise as some claimed, “You are not a man, you are soft”. Females ages 13 to 16 however, feel pressured by boyfriends to have sex with 75% of females in both age groups reporting they felt society, peers, and the family were less tolerant of girls having sex young than boys. The perception of this group was that girls would be penalized and considered “easy”, “looked down on” and considered a “slut”.

Parental Involvement and Support

In both age groups there seemed to b a common theme around the comfort level of talking to parents about sex and the level of involvement of parent in sex education and information with their children. Many youth of Portuguese speaking origin were reluctant to talk to parents about their sex life or sex in general. The generation gap seemed to prevent them from relating to one

another. However, often the group referred to strict catholic upbringing and cultural characteristics that prevented parents from talking with their children about sex.

It seemed from the dialogue in both age groups that parents of Portuguese speaking youth are usually uncomfortable to address matters of sex and sexuality as they are considered taboo as well many parents themselves may not know the answers and do not feel comfortable addressing this issue. In this case, poor parental communication might be linked to lack of parental confidence and parenting knowledge and skills which is associated with poor sexual health amongst teenagers (Campbell & Aggleton 1999). In other words, adolescents who do not feel close to their parents are more likely to suffer from emotional problems and engage in risky behaviours such as unprotected sexual activity (Boyce et al. 2003).

Over 98% of all participants agreed that they could not approach their parents to talk about sex, saying that their parents are from “different worlds”.

Participants expressed that cultural difference kept parents from understanding their issues, fear of being put down and punished were a deterrent to initiate the topic. A couple of participants expressed wanting to be able to approach their parents but the “typical Portuguese parents” and the “quick to judge” response prevent them from doing so.

However, about 22% of all participants indicated having first heard about sex from their mother and close relatives. The information was limited and the message for the most part was about obstinacy until marriage. One participant commented that sex is “interfering with God’s plan” and when you use protection “it’s like a mini-abortion” and “you are a sinner”.

Over 80% did not feel comfortable speaking to their parents about sex. One participant stated that, “it’s just too embarrassing to go and talk to your parents”. Another participant remarked that mom would often say, “not before you are married”. The vast majority of participants from the 17 to 24 age group indicated they were comfortable communicating with friends about sex and their sexuality. A small number indicated they could approach their partner, their siblings or relatives.

Most participants seemed to feel that aside from the generational gap, the Portuguese culture was a strong influence on the parents’ ability or inability to talk to them about sex. The traditional cultural and religious value system of this group was clearly, according to the sample population, a deterrent for parents to openly talk to their children about this subject. They expressed that besides being part of Portuguese culture and background, parents are not comfortable talking about sex, they do not understand and they do not (don’t) know what to say on the topic of sex. Several participants indicated that they would not approach their fathers on this topic because of the culture and concept of “respect”.

Sex Education

A surprising theme arising in most focus group discussions was a felling of limited, restricted and inadequate sex education in schools. Youth of Portuguese speaking origin involved in the study spoke of the limited information they receive in school about sexual health. Although there were some discrepancies and inequity amongst the group as it related to their experience with sex education the majority shared the same experience. Over 80% of the participating population had attended or were attending the Toronto Catholic District School Board.

According to the students between the ages 13 to 16 they first heard about sex from their mothers, friends and schools. A small number reported hearing about it from a relative and the media. However, the common theme was that no source including the education system was offering sufficient information that was complete, reliable and opened for questions. The information stems from principals of abstinence. Students are told not to have sex and are told, “it is a bad thing”. As a result, they felt they were not encouraged to talk about the consequences of having sex.

They expressed frustration with the limitation of the information. They explained that the focus in school was to learn about the reproductive system and to reinforce the message of abstaining from sex. Overall, the information the youth shared seemed to be inconsistent, varying from school to school and depending on the comfort level of the educator.

The youth between the ages of 13-16 seemed to share the impression that there was little or no time to address possible consequences of unprotected sex. Only 22% had the opportunity to attend a presentation on STI’ s and HIV/AIDS as part of the health unit offered in class.

The consensus of the group seemed to be that sex education in the schools was poor and lacked substance and health information. Teachers often lacked the expertise, knowledge and freedom to educate students on healthy sexual practices. They felt It teachers may be pressured to talk about abstaining from sex and offer little opportunity for dialogue. Lastly, participants felt teachers are often not comfortable talking about sex.

Comments were made by many participants about catholic schools not providing sufficient or adequate information about sex, contraception and STIs. They felt the catholic school system is “not doing a good job” in this area. Students in the public school system were often talking about similar limitations and lack of opportunity to talk about sex in class.

Over 60% of participants in the study agreed that there are not enough social support systems for youth to learn and talk about sexual health issues. They felt there should be more information in schools on protective methods of contraception and birth control as well as STIs and HIV/AIDS prevention, treatment and supports.

Support Systems

Peers are a major source of health information for adolescents, especially information related to health-risk behaviours and sexuality (Boyce et al. 2006; King et al. 1999). More importantly, peer groups offer adolescents access to health information, as well as collective frameworks for interpreting this information (Boyce et al. 2006).

According to our group peers play an important role in providing information, advice and support. However, peers are also often a source of pressure and potently influence in risk taking behaviours. About 15% of participants aged 17 to 24 admitted that peer pressure played an important role in their sex life. The majority however, disagreed that they were pressured themselves. Although as discussion pursued they confessed that peers have influenced their decisions at one time or another.

Both age groups agreed that males often fall victims to peer pressure to become sexually active. This gains them status and is a symbol of power. Moreover, some of the youth stated that friends consider you “cool” when you have sex.

A large sample of about 85% of participants in the younger age group indicated that they would feel comfortable approaching peers, friends and siblings to discuss issues surrounding sex and sexuality. The majority of the participants commented that they would approach their friends with questions about sex, relationships and partners, particularly friends who have already experimented with sex. They stated that they felt more comfortable and can relate to their friends who have more experience and feel they have more knowledge.

The majority of participants (about 90%) of both age groups indicated they would consult their doctor or their close friends for information and advice about sex and sexuality, specifically information on contraceptives and birth control as well as STIs/HIV/AIDS.

Youth tend to turn to other sources for information on sex and sexuality. Another significant source is through the mainstream media (Boyce et al. 2003).

Reflections

Studies point to a link between sexual health and socio-economic status and education level. We understand from previous studies that risk factors may be increased when young people are faced with disadvantages by external factors such as socio-economic status, discrimination based on ethnicity, which results in segregation, and low educational attainment. The risks increase for youth (and those) that have little communication with their parents and are in turn influenced by their peers. This group illustrated with some proficiency vulnerability in most of

these areas. Research points out that youth are less likely to have protected sex and hence more vulnerable to teenage pregnancy and sexually transmitted infections (McKay 2004; Woody et al. 2003; Fisher & Boroditsky 2000; McKay 2000; Boyer et al. 1999; Campbell & Aggleton 1999). The population we have studied identifies with several factors such as low education attainment, lack of parental involvement and for the most part low social economical status. Researchers have an extensive pool of anecdotal data both quantitative and qualitative indicators that place Youth of Portuguese Speaking Origin (YPSO) at a high risk: the lack of youth engagement and involvement in the Portuguese speaking communities (Oliveira & Teixeira 2004); the lack of sexual education in the Catholic School System and its negative impact on youth's willingness to use contraception (McKay 2004), poor academic success (Oliveira & Teixeira 2004; Giles 2002; Nunes 1998), teen pregnancies (Hardwick & Patychuk 1999), abortions and sexual infections. Furthermore, this population has an above average premature school drop out rate and a low education attainment rate that has been replicated over several generations (Oliveira & Teixeira 2004; Nunes 1998). Low achievement in school, negative attitudes toward school and low educational aspirations have all been reported as predictors of early initiation to sexual activity (Gruszecki et al. 2005; Boyce et al. 2003). Minority ethnic groups also suffer the health-damaging effects of explicit prejudice or more subtle forms of social exclusion, and are more likely to experience difficulties accessing services or to find services culturally inappropriate or non-welcoming (Campbell & Aggleton 1999).

One challenge that surfaced immediately in this study was to develop, implement, and evaluate a project within a period of 6-months or less. The time limits do not allow much margin for reflection or comprehensive analysis. As a result, the Advisory Committee has experienced the need to work hard in order to stay within timelines.

We would need to highlight that working with underage youth poses the need to have parental consent for youth participation. This process can impede the study and may cause the risk of under-representation of these youth in the project. We tried to avoid this risk by obtaining verbal consent from parents/guardians when written consent was not possible, in order to expedite and ensure the participation of the younger youth. However, we always ensured that parents/guardians understood the project's activities and outcomes prior to giving their consent. In spite of this effort, sometimes consent was still not possible for children aged 16 years and under, perhaps due to the sensitive nature of the study. Furthermore, many parents with youth of 13 and 14 years of age consulted to participate in the study said their children were too young to talk about sex. They would prefer talking to them when they were older or about to be married.

Next Steps

As a result of these findings the L.U.T.A.S. project has developed key recommendations to address the sexual health risks, particularly for high risk youth, and ostracized youth in the Portuguese speaking communities to introduce effective interventions with potential to decrease the risk factors and vulnerability of YPSO.

These key recommendations are as follows:

- Work with the project “Raising Sexually Healthy Children” Portuguese branch project coordinator to explore the possible expansion and development of a peer training model project to work with youth and their families. As well as advocate for a review of the sex education curriculum offered in all public schools.
- Mobilize the L.U.T.A.S. advisory group to develop a youth advisory committee, composed of youth of Portuguese speaking origin and service providers in the Portuguese speaking communities that will provide leadership on the design and development of the second planned phase of the L.U.T.A.S. project. This committee will lead the way in building community capacity, to increase knowledge, skills and mobilize service providers and the community, in conducting community based research and develop projects that are youth led.
- Dissemination of the findings to impact youth program development and implementation. These findings reveal the continued need for sexual education with a prevention and intervention model. In addition raising community awareness to the issue is essential to create momentum and education. We will continue to work with the Portuguese language media to promote the project and raise awareness of the issue of sexual education. Also we will continue to invite community participation and share our findings to any party interested in learning and contributing to the longevity and sustainability of this project. Also to work with mainstream resources accessed by YPSO to raise awareness of the issues.
- In addition to work on knowledge, attitudes, and behaviours, future interventions should more fully explore the contexts in which these youth engage in sexual activities, the belief systems that inform their actions, and the strategies required for continued development of sexual health services that meet diverse needs.

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Appendix

Focus Group Questions (ages 13 to 16)

1. In your opinion, what do you consider sexual activity?
2. When should a person engage in sexual activity (i.e. age/time/context)?
3. When and how old were you when you first heard about sex?
4. Is there pressure to have sex? Where does this pressure come from?
5. Have you ever felt pressured by your friends to be sexually active? If so, can you describe examples where you felt pressured by your friends to have sex and/or engage in sexual activities? Have you ever felt that being sexually active would make you more popular with your friends? Do your friends try to influence your behaviour?
6. Have you ever felt pressured by images on advertising, television, movies, music videos, and Internet to be sexually active, and if so, when and how?
7. Do you talk to your parents or other family members about sex and sexual matters? Why or why not?
8. Do you talk to your friends and peers about sex, love and relationships? Why or why not?
9. Where would you go first for advice if you want to engage in any kind of sexual activity?
10. What are the health risks to having sex?
11. What do you know about contraception and birth control?
12. Where do you think teenagers get information about puberty/birth control/sexual orientation?
13. What do you know about STIs and HIV/AIDS? How do you protect yourself from STIs and HIV/AIDS?
14. Where do you think young people would get information about STIs/HIV/AIDS?

Focus Group Questions (ages 17 to 24)

1. In your opinion, what do consider sexual activity?

2. When and how old were you when you first heard about sex?
3. If you are sexually active, what measures do you take to keep sexual health?
4. With whom are you most likely to communicate about sex and sexuality? Why?
5. How easy is it to talk to members of your family about sexual issues? Explain.
6. How easy is it to talk your friends about sexuality and sexual issues? Explain.
7. What do you think are some of the reasons why youths engage in sexual activity?
8. What do you think are some of the reasons why youths don't engage in sexual activity?
9. Describe the times where you felt pressured by your friends to engage in sexual activity? Have you ever felt that you needed to be sexually experienced in order to "fit in" and/or to be "popular"? Have you ever felt pressured by images on advertising, television, movies, music videos, and Internet to be sexually active, and if so, when and how?
10. What do you think is considered to be "acceptable" sexual behaviour?
11. What do you think is considered to be "unacceptable" sexual behaviour?
12. What do you know about risks to being sexually active?
13. If you are sexually active, think back to your first sexual experience, what influenced your decision to be sexually active and what measures did you take to keep safe?
14. What do you know about contraception and birth control?
15. Where would you get information about sexuality/puberty/birth control/sexual orientation?
16. Where would you go first for advice if you want to engage in any kind of sexual activity? Explain why?
17. Where would you get information about STIs/HIV/AIDS?
18. Where would you go first for advice if you believe that you had a sexually transmitted disease? Explain why?
19. Have you ever visited a doctor or health clinic for regular check-up in the past year? And visited doctors in this period for reasons related to birth control or pregnancy? And visited doctors for testing/treatment of sexually transmitted infections in this period?
20. Do you think there are enough social support systems for youths with respect to sex and sexuality matters?

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