Culture, identity, religion and sexual behaviour among Black and Minority Ethnic teenagers in East London

Paper 4 of 4 papers prepared for the Teenage Pregnancy Unit

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We agreed with the Department of Health to write 4 papers aimed at practitioners rather than academics and as such the papers are structured as stand-alone reports. They will therefore contain some degree of overlap. Further details of our methods can be found in the endnotes of each paper and in our methods paper. All quotations are taken from focus groups with young people, unless otherwise stated.

We are grateful to the Teenage Pregnancy Unit, Department for Education & Skills and the Department of Health, for funding this work, and our policy recommendations should be considered within the broader programme of work emerging from the TPU at this time.

Key Findings

• Religion and traditional cultural identification appear to protect young men in making decisions about starting sex, but these may also operate as risk factors in deciding whether or not to use contraception. A strong connection with parents’ traditional culture (speaking a language other than English with parents) was associated with lower risk of starting sex in both young men and young women. Where young people were born (inside or outside the UK) was less important for predicting sexual risk behaviour.

• Traditional cultural identification, as indicated by friendship choices, was protective against starting sex in young men but not in young women. However, once such young men had started sex, they were at increased risk of having unprotected sex. The same was the case for religion; young men claiming higher religious observance were less likely to have started sex, regardless of their religion. However, once such young men started having sex, they were more likely to have had unprotected sex than young men who have never attended a religious meeting.

Background

With some exceptions little is known about the way in which factors related to ethnicity, migration and cultural identity influence sexual risk activity and contraception use in Black and Minority Ethnicity (BME) young people in Britain¹². Young people under 16 years make up approximately 30-50% of BME groups in the UK compared with 20% of the White British population³.
Acculturation, the “phenomena which result when groups of individuals having different cultures come into continuous first-hand contact with subsequent changes in the original culture patterns of either or both groups” is believed to be a mediating factor in adolescents’ adaptation to their environment and their adoption of the health risk behaviours of peers from different cultures. Acculturation has been measured in different ways including duration of residence, country of birth, languages spoken, cultural participation (food and media preference, religious activities), social relations (support, friends, neighbours) and western lifestyle (high fat diet, sedentary lifestyle). A more sophisticated model was proposed by Berry who developed 4 groups of cultural “identity” following migration (Table 1). According to this model, people who are integrated into the host society have strong identification with their culture and the culture of the host country. Those who are assimilated give up their own cultural mores to adopt those of the host country, and traditionalists do not adopt the host country culture. On the other hand, people who are marginalised adopt neither the host nor the culture of origin. Each group is associated with differing levels of psychological risk and potentially different risk behaviours.

Table 1: Berry’s model of acculturation following migration

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<th>Acculturation category</th>
<th>Strong identification with:</th>
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<td></td>
<td>Other cultural group</td>
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<tr>
<td>Traditional</td>
<td>-</td>
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<tr>
<td>Isolated or marginalised</td>
<td>-</td>
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<tr>
<td>Assimilated</td>
<td>+</td>
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<td>Integrated or bi-cultural</td>
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US research on the effect of migration status on adolescent health risks has found that foreign-born young people are at lower risk of health problems and risk behaviours than those born in the host country, but the protective effect diminishes over three generations. However young people born outside the US, and those born in the US to immigrant parents, are more likely to feel peer pressure to engage in substance use, sexual activity and violence, and to experience less parental support to resist these pressures. Additionally, speaking a language other than English has been associated with a greater risk for health, psychosocial and school risk factors, and parental risk factors. “High” levels of acculturation have been linked to the earlier onset of risk behaviours including sexual activity, smoking and substance misuse amongst Asian-American and foreign-born Latinos. However, the effects of cultural identity and migration on sexual risk behaviours have been little studied in the UK.

Religion is also considered an important protective factor in sexual behaviour and risk. Again in the US, research has suggested that adolescents who had a higher ‘religiosity’ score were more likely to have initiated sex at a later age, used
a condom in the past 6 months and have more positive attitudes about using a condom. But the operation of these protective factors may also be modified by cultural context. For example, in the UK the Bangladeshi community has a teenage birth rate almost twice that of Pakistani community, despite both groups being predominantly Muslim.

What this paper adds

This paper examines the associations of acculturation, culture and religion with sexual behaviour and contraception use amongst young people, using both quantitative and qualitative data.

About the Study

Our aims were (1) to gather information on resilience (protective) factors that protect against risky sexual behaviours in black and minority ethnic (BME) young people in East London. In particular, we focused on religion and culture, family and peer relations, intimate relationships, and factors associated with choice, access to services and sexual activity. (2) To provide data to inform potential policy interventions to reduce teenage pregnancy rates in BME young people.

Our study used qualitative and quantitative methods to investigate protective and risk factors for sexual activity amongst BME and White British young people in East London. The quantitative data provide a detailed overview of what young people say they are doing, while the qualitative data provided us with an understanding of the attitudes, experiences and values of the young people we interviewed. Young people advised on the development of both qualitative and quantitative research tools.

The quantitative arm, RELACHS (Research with East London Adolescents: Community Health Survey), is a school based, longitudinal survey of a representative sample of young people from 28 secondary schools in Newham, Tower Hamlets and Hackney, East London. Wave 1 collected data from 2,790 young people aged 12-14 years (years 7 and 9). Wave 2 surveyed the same young people and new members 2 years later when they were aged 13-16 years (years 9 and 11). Seventy-five percent of the quantitative sample was from ethnic groups other than White UK or White Other (which includes, for instance, Turks and East Europeans). Data in both waves were collected through a confidential questionnaire completed in school, covering mental and physical health, health behaviours, social capital and socio-demographic factors. Data on sex and relationships was only collected in Wave 2. Quantitative analyses presented in this briefing paper are from 2369 (89% of the entire sample) participants who provided data on sexual activity, weighted to take account of unequal probabilities of selection. We initially analysed data separately in young men and young women, and then within the larger ethnic groups where numbers allowed.
NB. All quantitative results reported here are significant at the p<0.05 level when adjusted for year group and SES (and gender and ethnicity if appropriate).

The qualitative part of the study (“It’s My Life”) collected data from 146 young people aged 15-18 using focus groups, a web-based discussion forum and individual semi-structured interviews. We completed 30 focus groups and 3 individual interviews. 16 of the focus groups were single sex (of these 11 were all female, and 5 were all male) and the remaining 14 were mixed.

As with the quantitative arm, the qualitative sample included a diverse range of Bangladeshi, Black African, Black Caribbean, Indian, Pakistani, White Other and Mixed Ethnicity young people as well as White British young people. The sample included 62 young people from groups identified in other studies as facing particular challenges. This included looked-after teenagers, those with learning disabilities, young carers, gay, bi-sexual and lesbian young people, refugees, asylum seekers and young parents. We also interviewed 15 professionals including Teenage Pregnancy Co-ordinators, youth workers and sexual health workers. Whilst the quantitative data relate to 13-16 year olds, the qualitative data were collected from young people aged 15-18 years.

What we asked

In both RELACHS waves 1 and 2, we asked young people about their country of birth, how long they have lived in the UK, and whether they spoke a language other than English at home with parents (NB. Patois was considered to be a language other than English). We also asked about their religious affiliation, and how often they attend a religious meeting of any kind. In Wave 1, young people were also asked about their preference for same ethnicity or cross ethnicity friendships. Their answers to friendship choices were then grouped according to the Berry model of acculturation (see Table 1 above: integrated, traditional, assimilated and marginalised categories).

Findings

Moving to the UK

Twenty-three percent of young people were born outside the UK and 8% of young people had lived in the UK for less than 6 years. Being born in or outside the UK did not affect the likelihood that young people had had sex, however, young men but not young women born outside the UK were less likely to have had unprotected sex. Duration of time lived in the UK was not associated with sexual risk behaviour.
Language

Fifty percent of those young people who gave sexual behaviour information reported speaking a language other than English with their family. This was associated with a reduced risk of ever having had sex in both young men and young women, and in all non-White young people, but did not appear to be linked with the likelihood of having had unprotected sex.

Peers and partners

When young people were asked about their friendship choices in Wave 1 as an indicator of cultural identity, 34% reported integrated, 32% traditional, 19% assimilated and 15% marginalised friendship choices. In our analyses, we compared all other categories with the “integrated” identification category, which here refers to young people who have friends from their own and other ethnic backgrounds. We did this because it has been suggested that “integration” offers the best psychological and social outcomes. In young men, those with traditional friendship choices in Wave 1 were less likely to have had sex by the time of the second survey compared to those with integrated friendship choices. However, amongst young women, those with marginalised friendship choices were less likely to have had sex compared to those with integrated friendship choices.

When we looked at young men and women together in the larger ethnic groups, traditional friendship choices were more likely than integrated friendship choices to protect against having sex for Bangladeshi and Black Caribbean young people.

Findings for risk of unprotected sex were strikingly different to those for having had sex. For young men, traditional friendship choices markedly increased the risk of unprotected sex. Amongst young women, friendship choices were not linked with later risk of unprotected sex.

In the qualitative work, young people were asked about partner choice as opposed to friendship choice. Teenagers often said that ethnic background did not play a role in their current choice of partners - “it’s a human being you know” (15 year old young man, Black British). Some mentioned that they either would not be attracted to, or not go out with others from particular ethnic groups and described such groups in negative terms- “Me personally I wouldn’t go with no man from Kosovo, I don’t care, not Eastern Europe anyways.” (16 year old young woman, Black Other). Others mentioned that they, “wouldn’t not fancy someone with a different ethnicity” but would prefer it if their partner spoke “the same language and stuff” (15 year old young woman, Indian). Some young people told us that while ethnicity wasn’t important in their current partner choices it would influence choices about long-term partners:
No, I think for me if I am getting married to him or if its serious then I would prefer to go with someone of my own culture and language and everything but if its like a little, not a one-off stand but sort of like a little fling … [group laughter] then I don’t think it matters.
It doesn’t matter…Not at this age.
(group of 15 year old young women, Bangladeshi, Indian and Pakistani)

A number of teenagers – particularly, but not exclusively young Bangladeshis and Pakistanis - identified religion as important to them in terms of partner choice, especially in a long-term relationship:

Interviewer: What about yourselves, does it matter, the background?
To my dad it does because my dad is a Jehovah’s Witness and he wants me to marry a Jehovah’s Witness.
Interviewer: But not to you?…
Yeah, I want a Jehovah’s Witness as well.
(16 year old young man, Black British)

Religion

In the quantitative analysis, we asked young people whether they had any religious affiliation and how often they attended a religious meeting (of any type or religion). Forty-six percent were Muslim, 34% Christian, 10% said they had no religion, 4% were Hindu, 3% Sikh and 3% either did not know or gave another religious group. Fifty-seven percent of young men and 37% of young women reported attending a religious meeting once a week or more.

Young women who reported being Muslim or Hindu were less likely to have ever had sex compared to those who reported no religious identification. For young men, religion itself was not significantly associated with having had sex, and for both sexes, religion was not associated with likelihood of contraception use.

In terms of frequency of religious observation, regardless of religion, regular attendance was associated with a lower risk of having had sex and a lower risk of having unprotected sex amongst young men but not young women.

In discussion groups, some teenagers from both Christian and Muslim backgrounds said that their religious beliefs would stop them having sex before marriage. However, other young people from a range of ethnic backgrounds who said that they held religious beliefs (Christians, Hindus, Jehovah’s Witness and Muslims) maintained that these did not prohibit them from forming intimate relationships with sexual contact including, in a number of cases, intercourse - ‘to me religion plays a really big part in my life and my family and whatever is around me but if I am ready and I want to have sex then I'll do it’ (15 year old young woman, Black African).
There was sometimes a gap between what teenagers identified as behaviour acceptable to their religion and what they said happens in their day-to-day lives, ‘Once you do get to communicate with the opposite sex, you do get a bit touchy-touchy’ [giggling and pause]” (15/16 year old young woman, Bangladeshi).

Young people drew subtle but important distinctions between culture and religion. Some described their wish to be able to choose a partner of any ethnicity so long as they were Muslim, in contrast to the cultural preferences of their parents for a partner of their own ethnicity:

Young woman 2: But our parents are different, they are more traditional and follow the culture more than the religion. Interviewer: Right, that's interesting, you are saying that your parents follow the culture but you look more to the religion. Young woman 1: Yes to the religion. It should look more to your religion. Young woman 3: You know, the parents apply culture more and everything, say [phrase unclear] we go, oh this isn't according to our religion, so we are rebellious, we go that ain't our religion so we look more toward the religion, then [word unclear] follow it properly. Interviewer: Am I hearing that you use maybe the religion as a little bit of a tool maybe or a way of ... Young woman 1: It can help you at times!
(15/16 year old women, Bangladeshi)

Concerns by professionals

Professionals raised concerns about the impact that confusion around identity and culture had on the sexual behaviours of Black and Minority Ethnic Group teenagers: “because they're torn in this kind of Western/Eastern situation and they're teenagers and they've got all their hormones going the same as everybody's there's, I think there's a lot of pressure for them to be included in this society whilst having the fear that they will lose their identity and their background identity in terms of ancestral roots.” (Young people’s sexual health service worker, taken from a one-to-one interview). However, in focus groups, young people were articulate in discussing the different roles culture and religion played in their intimate relationships without any sense of being ‘torn’ between East and West.

Conclusions and policy and practice implications

Our findings show that cultural factors, including religion and aspects of acculturation are associated with adolescent sexual risk behaviour and contraception use, and that these relationships differ between genders and ethnic groups.
Acculturation

In general, for those from Black and Minority Ethnicities, stronger ties to their traditional culture (e.g. speaking a language other than English with parents) were associated with lower risk of young people starting sex. These findings are similar to those from the US amongst Asian-American young people. These effects appear strongest amongst young men. The reasons for this are unclear, but may reflect greater homogeneity in cultural norms regarding sexual behaviour amongst young men from some minority ethnicities. We recognise that speaking languages other than English with parents may reflect parents’ lack of English skills or shorter duration of time lived in the UK, rather than a particular feature of “acculturation”. However, recent migration to and time lived in the UK appeared to be less important for sexual risk, although young men who were born abroad were less likely to have had unprotected sex.

When factors related to cultural identity were examined (friendship choices), traditional identity in young men was protective against starting sex but increased the risk of not using protection once they had begun having sex, compared with young men who had integrated identity. This may reflect the part played by abstinence norms in preventing initiation of sex in young men, but suggests that these same values may place young men at higher risk of unsafe sex once they begin. Amongst young women, cultural identity appeared to have a different relationship to sexual risk behaviour. Traditional identification was not associated with risk of having had sex or having had unprotected sex. However young women with “marginalised” identification (identification with neither traditional nor host culture) were less likely to have had sex. This finding may reflect a range of social factors associated with lack of peer integration including lack of partner availability and peer status.

Amongst individual ethnic groups, the protective effect of traditional identification on starting sex was seen in Bangladeshi and Black Caribbean but not Black African young men. Unfortunately, small numbers prevented us from examining whether the higher risk for unprotected sex linked with traditional identification could be seen in these ethnic groups.

Religion

As suggested by research amongst US Christian groups, more frequent religious attendance was associated with lower risk of starting sex and lower risk of having unprotected sex across all religions, but once again only amongst young men. For young women but not young men, identification as Muslim or Hindu was associated with lower risk of starting sex but not the risk of having unprotected sex once sex had been initiated. As with traditional identification, this suggests that cultural abstinence norms may play a part in delaying sexual initiation, but may not be as effective in promoting safe sexual practices once young people had begun to have sex. Providing information within religious or cultural youth
groups, if appropriate and acceptable, may help to reduce sexual risk behaviours.

*Policy implications*

In terms of potential policy implications, our data suggest that strong identification with one’s own culture is protective against starting sex in young men and in Bangladeshi and Black Caribbean young people. Additionally, frequent religious observance is associated with lower risk of young men starting to have sex. However, these “protective” factors may also operate as risk factors for young men having unsafe sex. This suggests that sexual health interventions need to address issues of sex education and safe sex within culturally appropriate contexts, particularly for young men.

*Limitations*

Cultural identity and acculturation are highly contested concepts and hence there are significant limitations to our data. Although we have included several important acculturation and cultural factors in this paper, we acknowledge that a person’s cultural identity is complex and multi-faceted and that the variables we describe above can only serve as indications of ‘acculturation levels’. In addition, while we recognise Patois to be a language other than English, we are unsure of the extent to which Black British and Black Caribbean East Londoners themselves share this understanding.

The term 'marginalisation' usually refers to those who have been socially excluded in some shape or form. From our data on friendship choices, we cannot tell whether those who are categorised as marginalised were excluded by other groups or whether this reflected personal friendship choices. We recognise that we need to be wary that acculturation arguments do not lead us into a position of 'treating' or problematising culture, while ignoring the root socioeconomic causes of health disadvantage. We are also aware that it is not only BME young people who have protection and risks associated with ‘their’ cultures, and that further exploration is needed of the ways in which White British young people are affected by cultural factors including cultural change.

**Glossary**

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>Sex</td>
<td>hetero/homosexual intercourse</td>
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<tr>
<td>Unprotected sex</td>
<td>Intercourse without <em>any</em> effective means of contraception/protection</td>
</tr>
<tr>
<td>Contraception</td>
<td>prevention of conception by the use of birth control devices or agents</td>
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<tr>
<td>Intimate relationships</td>
<td>any couple relationship of a sexual nature</td>
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Further information

This paper is Paper 4 of 4 papers presenting the finding of our study, *Protective and risk factors for early sexual activity and contraception use amongst Black and Minority Ethnic adolescents in East London*, funded by the Teenage Pregnancy Unit, Department for Education and Skills and Department of Health. The Principal Investigators were Russell Viner and Helen Roberts. The study included Wave 2 of the RELACHS study (www.relachs.org) and was undertaken jointly between University College London, City University and Queen Mary, University of London.a

Paper 1: Starting sex in East London: protective and risk factors for starting to have sex amongst Black and Minority Ethnicity young people in East London
Paper 2: Contraception and unsafe sex in East London teenagers
Paper 3: Health risk behaviours, mental health and sexual behaviour in young people in East London
Paper 4: Culture, identity, religion and sexual behaviour among Black and Minority Ethnic teenagers in East London

Data references (Tables 4.1 – 4.12)

a The RELACHS Steering Committee: Stephen Stansfeld (Principal Investigator), Stephanie Taylor, Robert Booy, Jenny Head, Kam Bhui and Russell Viner. The RELACHS Research Team: Charlotte Clark, Emily Klineberg, Amanda Jayakody, Davina Woodley-Jones, Sarah Brentnall, Hannah Bennett and Rebecca Dunkin.
b Further information is available in the Methods paper.
c Young men OR for the effect of being born outside the UK on ever having had unprotected sex compared to young men born inside the UK = 0.47; CI=0.25-0.90; p<0.05.
d An exception being Bangladeshi young people, who were more likely to have had sex if they had lived in the UK for 5 years or less rather than more than 10 years. However the confidence interval is very wide for this result. OR=7.6; CI=1.3-45.0; P-value<0.05.
e Young men OR for the effect of speaking a home language other than English (LOTE) on ever having had sex = 0.24; CI=0.17-0.34; p<0.001; young women OR for the effect of LOTE on ever having had sex =0.19; CI=0.09-0.39; p<0.001.
f Non-White young people who speak a LOTE risk for ever having had sex compared to non-White young people who do not speak a LOTE. OR=0.2; CI=0.1,0.3; P-value<0.001.
One must take into consideration that many young people go to school and live in ethnically homogenous areas and therefore may not have many opportunities to make friends with young people from other ethnic groups.

Male OR for the effect of traditional friendship choices on ever having had sex compared to young men with integrated friendship choices = 0.45; CI=0.30-0.67; p<0.001.

Female OR for the effect of marginalised friendship choices on ever having had sex as compared to female integrated friendship choices = 0.31; CI=0.11-0.83; p<0.001.

Bangladeshi young people OR for the effect of traditional friendship choices on ever having had sex compared to Bangladeshi integrated friendship choices = 0.40; CI=0.17-0.94; p<0.05; Black Caribbean young people OR for the effect of traditional friendship choices on ever having had sex as compared to Black Caribbean integrated friendship choices = 0.28; CI=0.09-0.92; p<0.05.

Traditional male OR for ever having had unprotected sex compared to integrated young men = 2.3; CI=1.2-4.6; p<0.05.

Young women risk for ever having had sex if Muslim compared to young men with no religious identification, after taking account of socio-economic status, year group and religious observance. OR = 0.07; CI=0.02-0.24; p<0.001; Young women OR for ever having had sex if Hindu compared to young women with no religious identification=0.07; CI=0.01-0.32; p<0.01.

Male OR for the risk of unprotected sex if attended a religious meeting at least once a month compared to never attending = 0.21; CI=0.05-0.85; p<0.05. Male OR for the risk of ever having had sex if attended once a week or more compared to never attending = 0.64; CI=0.42,0.99; P-value<0.05.

Literature references

1 Berthoud R. Teenage births to ethnic minority women. Population Trends:2001; 104: 12-17
3 Census 2001, Office for National Statistics.