## Exploring cultural difference and similarity: teenagers' relationships and sexual behaviour in East London

## Dr Shamser Sinha, Katherine Curtis, Professor Helen Roberts (City University) Amanda Jayakody and Dr Russell Viner (UCL)

Introduction: (1) To explore intimacy and sexual behaviour amongst BME (Black and Minority Ethnic) teenagers with a view to informing sexual health policy and practice in urban, multicultural areas. (2) To question stereotypical understandings of these young people's sexual behaviours based on the 'otherness' of different BME groups. (3)To examine youth culture, its gendered dimensions and similarities between young BME people in ways helpful for sexual health policy and practice.

**Methods:** Mixed methods; The quantitative side surveyed a representative sample of 2,675 young people from 28 secondary schools in Hackney, Newham and Tower. The qualitative arm collected data from 126 young people using focus groups. Fifteen professionals were also interviewed.

Results: Black Caribbean young men showed a strong but not statistically significant tendency to be less likely to have ever had unprotected sex than White British young men whilst Black British men were significantly less likely to report having had unprotected sex. Proportions of reported sexual intercourse amongst teenagers from black groups did not support racialised stereotypes of them. Black African, Bangladeshi and Pakistani young women appeared to have a variety of attitudes to religion and sex. South Asian teenagers reported less sexual intercourse but our data suggests that many were still involved in intimate relationships. A gendered youth culture was important in the reported attitudes and experiences of BME teenagers in partner selection, sexual intercourse, and the use of mobile phones in flirting for teenagers.

**Further work:** Our data challenged stereotypes of BME groups as 'other' in ways useful for the delivery of sexual health services. A better balance between being aware of cultural and religious differences, whilst noting their diverse meanings for teenagers alongside gendered, youth-based concerns that young people from different BME backgrounds share, might help inform sexual health practice.

- . Knowing someone's ethnicity or religion is not a shortcut to knowing their sexual behaviours.
- Support for how to use contraception or protection properly especially in hurried circumstances.
- A potential for faith-based sex education/health promotion?
- Sexual health advice by text message.
- · Emotional support for teenagers in relationships.
- · Extended family and peer networks as sources for health promotion?

## For more information go to www.teenagepregnancy.gov.uk