

The sexual health of young British Pakistanis in London: social and cultural influences

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Declaration

I, Catherine Griffiths, confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

Signed:

Abstract

Background: Pakistanis are the second largest ethnic minority group in the UK. However, there is a paucity of sexual health research among this group. In contrast to their parents' generation, other South Asians are beginning to have premarital (sexual) relationships. This change may be occurring among young Pakistanis. In this thesis I explore social and cultural influences on the relationships and sexual behaviours of Pakistani youth, in order to determine whether there is unmet sexual health need.

Methods: I analysed data from the second National Survey of Sexual Attitudes & Lifestyles (Natsal-2), exploring attitudes, learning about sex and first sexual experiences among Pakistanis (n=365). I then carried out thirty in-depth interviews with young Pakistanis and community workers to explore key life issues and implications for relationships and sexual behaviour.

Findings: In Natsal-2, Pakistanis reported more conservative sexual attitudes than other groups, e.g. many saw premarital sex as wrong. They were also more likely to be married at first sex. Yet two-thirds of Pakistani men also reported being in non-marital relationships at this time, suggesting attitudes are not necessarily consonant with behaviour. The in-depth interviews found that premarital relationships are commonplace among youth, but due to social and cultural constraints, are conducted in secrecy. Young Pakistanis strive to maintain individual and cultural reputation. There were gender differences in perceptions, relationship types and vulnerability to sexual health risk. Sexual health knowledge was poor and few had access to support.

Conclusions: Contrary to faith and cultural norms, premarital relationships do occur among Pakistani youth. The secrecy of these relationships and the pressures and complex gender roles they negotiate mean that some young Pakistanis are at risk of poor sexual health. This has implications for the delivery of appropriate preventative and curative services, which should encompass a broad understanding of sexual health and risk.

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Abbreviations and definitions

AIDS	Acquired Immunodeficiency Syndrome
A' Level	General Certificate of Education Advanced Level
AOR	Adjusted Odds Ratio
<i>Biraderi</i>	Group of kin who play significant role in maintaining relationships within Pakistani community
BME	Black and Minority Ethnic
BTec	Certificate/diploma in vocational subject awarded by Business & Technology Council
CAPI	Computer-assisted personal interview
CASI	Computer-assisted self-interview
CATI	Computer-assisted telephone interview
CI	Confidence interval
DCSF	Department for Children, Schools & Families
<i>Duputta</i>	Scarf worn around neck
EXES	Exploring Ethnicity & Sexual Health study
Femidom	Female condom
GCSE	General Certificate of Secondary Education
GP	General Practitioner
GUM	Genitourinary Medicine
HIV	Human Immunodeficiency Virus
HPA	Health Protection Agency
<i>Hajj</i>	Pilgrimage that able-bodied Muslims should undertake to Mecca once in his/her lifetime; one of the five pillars of Islam
<i>Hijab</i>	Headscarf covering a woman's hair, ears and neck
IPV	Intimate Partner Violence
IUD	Intrauterine Device
<i>Imam</i>	Religious scholar who leads prayers in a mosque
Islamophobia	Prejudice, hatred towards or irrational fear of Muslims

<i>Izzat</i>	Concept of honour in South Asian communities
LGBT	Lesbian, Gay, Bisexual, Transgender
<i>Madrasah</i>	Institution for religious studies
MSM	Men who have sex with men
MWNUK	Muslim Women's Network UK
Natsal	National Survey of Sexual Attitudes and Lifestyles
NHS	National Health Service
<i>Nikah</i>	Islamic marriage ceremony
NSPCC	National Society for the Prevention of Cruelty to Children
OR	Odds Ratio
ONS	Office for National Statistics
PAHO	Pan-American Health Organisation
PoS	Programme of Study (in PSHE)
PSHE	Personal, Social, Health Education
<i>Purdah</i>	Concept of seclusion of women in private spaces
<i>Quran</i>	Holy text of Islamic religious precepts and law
<i>Ramadan</i>	Month of fasting and spiritual renewal for Muslims
RELACHS	Research with East London Adolescent Community Health Survey
<i>Salat</i>	Prayer performed by Muslims five times daily
<i>Saum</i>	The fast during Ramadan
<i>Shahada</i>	Statement of testimony for Muslims that there is only one God and Muhammed is his messenger
<i>Shalwar kameez</i>	Traditional clothing consisting of long tunic/shirt with loose trousers
<i>Sheesha</i>	Smoking device for smoking flavoured tobacco
SOPHID	Survey of Prevalent HIV Infections Diagnosed
SRE	Sex and Relationships Education
STI	Sexually Transmitted Infection
<i>Ummah</i>	Concept of universal Muslim community
WAS	World Association of Sexology

WHO World Health Organisation
Zakat Obligatory annual charitable contribution for Muslims

Chapter 1 Introduction

People from ethnic minority groups form approximately 14 per cent of the population in the UK (Office for National Statistics (ONS) 2012) and many have long been at disproportionate risk of social exclusion and health inequality (ONS 2006). The sexual health of some ethnic minorities, particularly those of black Caribbean and black African origin, is a particular area of concern because many are at higher risk of teenage pregnancy and sexually transmitted infections (STIs) than the general population (Health Protection Agency (HPA) 2012b). In terms of public health, these groups understandably receive more research and policy attention than others. However, this focus has meant that less research has been carried out on other groups.

For example, South Asians constitute the largest ethnic minority group in the UK (ONS 2012). Pakistanis are the second largest individual ethnic group overall, and constitute one of the largest Muslim communities in the country. As a diaspora they have a long settlement history in the UK and there are now a high proportion of British-born second, third and fourth generation individuals. These individuals have received a great deal of sociological attention in terms of the plurality of their 'Pakistani' and 'British' identities and how these shape their life experiences (Alexander 2006; Basit 1997; Bradby 2006; Brah 1996, 2006; Cressey 2002; Dwyer 1999, 2000; Ramji 2007; Werbner 2004, 2005; Werbner and Modood 1997). Yet there is a real dearth of research into their life experiences in terms of sexual behaviour and corresponding sexual health needs. This could reflect the reluctance of researchers to explore an issue that is extremely sensitive to many Pakistanis, particularly when discussed outside of the context of marriage, and which carries with it a number of cultural and faith taboos. But it is perhaps more likely because the most robust epidemiological data we have on the sexual behaviour of Pakistanis show that, compared to others, they report a low prevalence of sexual risk behaviours (Fenton et al. 2005); they have therefore not been considered a public health priority. These data are, however, over a decade old and, as survey data, have particular limitations in terms of what was possible to explore and analyse.

Over the past decade and since the data referred to above were collected, an increasing number of smaller surveys and qualitative enquiries have been undertaken with ethnic minority youth, some of whom are South Asian. There is now evidence to suggest that,

compared to their parents' generation, non-married young South Asians are more sexually active (French et al. 2005; Griffiths et al. 2008; Sinha et al. 2005; Testa and Coleman 2006). For example, among young people of Bangladeshi and Indian origin, sex is occurring at a younger age, outside of the cultural norm of marriage, and with other young people from different ethnic groups. Research has also found relatively poor contraceptive knowledge and use among these young people prior to sexual intercourse (French et al. 2005; Testa and Coleman 2006). Given the burden of sexual ill-health among young people generally in the UK (HPA 2012a), if sexual behaviour continues to change among South Asian youth and they have sex with young people from other ethnic groups (including white young people), and if contraceptive use remains poor, the protective effect of having sex within a population with low STI prevalence may well begin to disappear.

I began this thesis by hypothesising that the behaviour change seen among young Bangladeshis and Indians may also be occurring among young British Pakistanis. Anecdotal evidence from community and health professionals suggests that it is, and many community workers I have had the opportunity to interact with frequently highlighted the need to work with Pakistani youth around sexual health issues, and suggested that there is unmet sexual health need. To-date there is no in-depth research exploring the sexual health needs of young British Pakistanis.

1.1 Defining (unmet) sexual health need

The concept and definition of 'sexual health' has evolved over the past forty years, primarily in response to different political, social and historical events, such as the aftereffects of the 1960s sexual revolution, the ongoing struggle over reproductive rights and abortion, the maturation of the gay rights movement, overpopulation concerns, and the devastating impact of HIV/AIDS (Edwards and Coleman 2004). Today, discussions and consultations on defining the term are ongoing. The most frequently cited definition is that of the World Health Organisation (WHO). The WHO first defined sexual health in 1975. This initial definition of sexual health was heavily influenced by the WHO's post World War II definition of health generally, defined "as a state of complete physical, mental, and social well-being and not merely the absence

of disease or infirmity”. This led to a definition of sexual health that identified three key elements of sexual health (still seen in recent definitions): 1) a capacity to enjoy and control sexual and reproductive behaviour in accordance with a social and personal ethic; 2) freedom from fear, shame, guilt, false beliefs, and other psychological factors inhibiting sexual response and impairing sexual relationships; and 3) freedom from organic disorders, diseases, and deficiencies that interfere with sexual and reproductive functions (Edwards and Coleman 2004). This definition of sexual health also included the importance of sexual information and right of pleasure.

Critiques of this early definition of sexual health emphasised that many of the key elements of the definition are undefined and unmeasurable. More generally, some critics also emphasised the difficulty of having a universal, normative definition of sexual health which could be used to establish ‘norms’ for sexual health. This could then be used to define people’s behaviour as ‘healthy’ if they fit the norm or ‘unhealthy’ if they fail to (Edwards and Coleman 2004). A normative definition does not account for the reality that sexuality is a fluid phenomenon, changing with time, culture, residence, sexual preference, social class, religion, relationship status, and all other social markers.

Since this early definition, sexual health and its concepts have been through several iterations and revisions by different bodies. Subsequent definitions have taken into consideration the fluid nature of sexuality and have built upon, expanded and re-defined the concepts used in the early WHO definition, emphasising a more holistic approach. An important addition to the concept and definition of sexual health is the incorporation of sexual rights, following the publication of the World Association of Sexology (WAS) Declaration of Sexual Rights in 1999. The most recent and widely used WHO definition evolved from an expert panel meeting set up in 2001 by the WHO involving the Pan-American Health Organisation (PAHO) and the World Association of Sexology (WAS). This definition, further modified in 2002 states that:

Sexual health is a state of physical, emotional, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to

be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

Positive sexual health is therefore not just about low rates or the absence of infection or disease, perhaps the most commonly used markers in sexual health epidemiology. This definition of sexual health incorporates positive, autonomous and pleasurable aspects of sexual health, thereby broadening the public health remit to include the enhancement of life and personal relations, and not merely counselling and care related to reproduction and STIs. It emphasises mental health and well-being in relation to sexual health and the importance of sexual rights. This means that individuals have a right to fulfilling relationships, to choose their sexual partner, to decide to be sexually active or not, to consensual sexual relations and marriage, to decide whether or not, and when, to have children, and to pursue a satisfying, safe and pleasurable sexual life (WHO 2006).

The WHO definition is the most widely used and its holistic approach has much to commend it. However, elements of the definition remain debated. For example, critics have pointed to the vagueness of ‘a state of physical, emotional and social well-being’, the difficulty in anyone ever attaining this, and the challenges of measuring it (Wellings 2012). The definition of sexual health as a ‘state’, rather than the experience of an ‘on-going’ process has also been highlighted (Edwards and Coleman 2004). This current definition nevertheless continues to be the cornerstone for the development of sexual health interventions and programmes globally.

Without ignoring the importance of all aspects of sexual health, in this thesis, both within the literature review and within the analysis of the collected data, I focus on a limited, though relevant, range of sexual health issues and outcomes. I focus on sexual health issues that are of most relevance to young Pakistanis, as ‘young people’, and which are the focus of on-going sexual health interventions for young people in the UK.

Interventions for young people in the UK and globally generally aim to enable young people to begin sexual activity at a time that is ideal for them and in a way that prepares the ground for future safe and satisfying sexual activity; equip them with the skills to resist unwanted sexual advances; and provide them with the means and confidence to protect themselves from unplanned pregnancy and infection (Mitchell et al. 2012, p.83).

Based on this, I focus on capturing the characteristics of the young Pakistanis' relationships and first and ongoing sexual experiences, exploring issues of fulfilment, autonomy and willingness and broad conceptualisations and experiences of 'risk' stemming from issues around reputation and stigma; on the potential risk of acquiring sexually transmitted infections through poor sexual health skills, related to both non-use of condoms as well as negotiation skills to avoid unplanned or unwanted sex; on levels and usefulness of sexual knowledge and learning – a key element of their sexual life and learning trajectory; and finally on issues related to accessing support and relevant services.

This focus does not negate the public health importance of broader issues in relation to sexual health such as mental health, sexual and gender-based violence and sexual function among British Pakistanis. However, an in-depth exploration of these particular issues was beyond the scope of this thesis.

1.2 Understanding the influences on sexual health

There are a number of factors that may influence the sexual behaviour and corresponding health and well-being of individuals and societies. Different theories have evolved to help explain sexual behaviour and the complex array of factors that shape the kinds of sexual relationships individuals enter into, the sexual practices they engage in, and the attitudes they hold towards sexuality (Wellings 2012). No one theory explains all but there is a need to recognise the duality of individual agency *and* structure in shaping sexual behaviour; that as well as individual risk behaviours there are social structural factors that contribute to sexual risk and vulnerability.

Social constructionist approaches to sexuality focus on cultural and social influences on behaviour. They contend that behaviours are given meaning only in social relations and through forms of social organisation; how we behave sexually is socially learned and influenced, through a variety of discourses. These discourses are embedded in moral treaties, laws, religious strictures, economic policies, educational practices, literature and popular culture, and are acquired through family, peer group, school, the media, and other cultural influences (Wellings 2012, p.8).

Social structural perspectives to sexual health also recognise that behaviour is more than merely a personal choice; there are a number of different features of the social, economic and political environment in which we live that influence our vulnerability and risk and that contribute to poor sexual health. Social structures, institutions, and norms may restrict an individual's ability to achieve positive sexual health outcomes or to facilitate change (Collumbien et al. 2012). For example, gender, geographical location (urban or rural), and educational level are associated with risk and vulnerability, as are social factors, which are less easy to measure, such as sexual networks, social capital, community resilience, and gender inequality. Social norms relating to gender, age and sexual diversity are also potent structural influences on sexual health (Collumbien et al. 2012). The sexual double standard, whereby restraint is expected of women, whereas excesses are tolerated for men, hinders attempts by men and women to protect their sexual health. Gendered power imbalances (particularly in the context of poverty) may limit women's potential for safer sex, and even the ability to access health services, particularly where there is financial dependency or threat of violence (Collumbien et al. 2012). However, gender norms may also impact on the lives of men. For example, many stereotypically masculine traits – a reluctance to express vulnerability or seek help, excessive alcohol use, having multiple partners – are at odds with the protection and maintenance of sexual health (Collumbien et al. 2012, p. 117).

A useful framework with which to understand the different levels at which structural influences operate draws on an ecological model of behaviour that situates individuals in a nested set of increasing social circles (Figure 1).

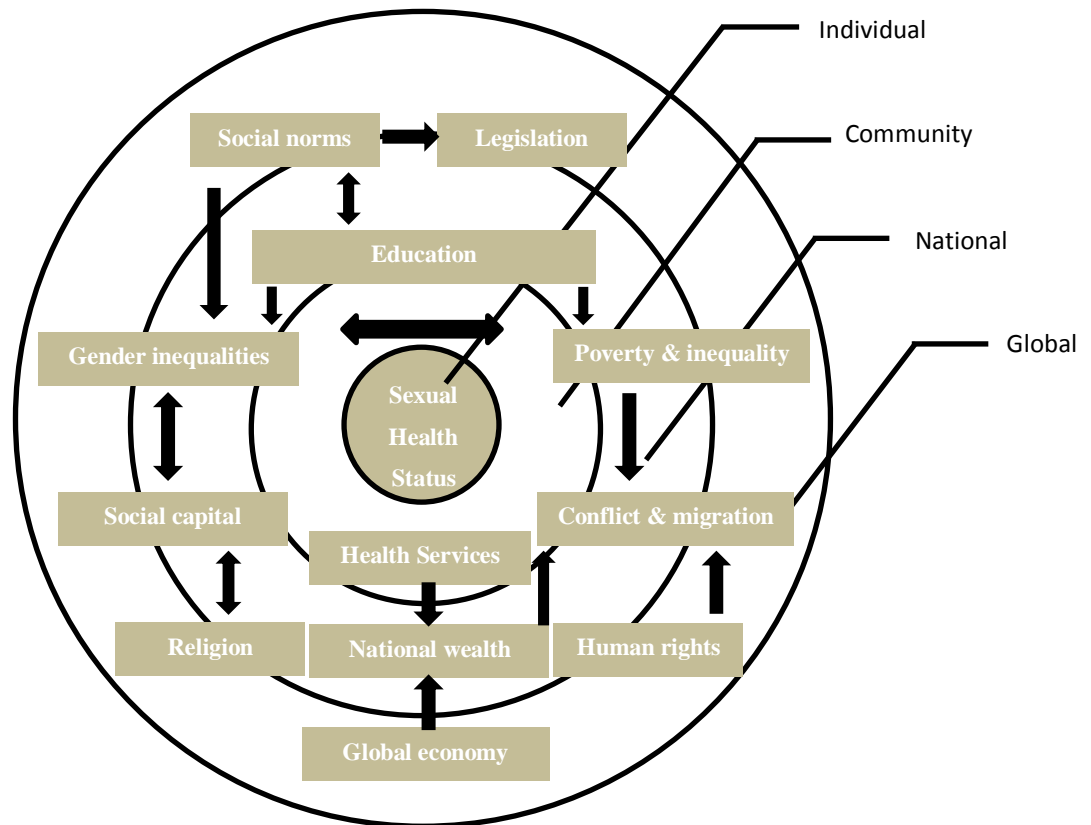


Figure 1: Levels of structural influences on sexual health (Collumbien et al. 2012, p. 116).

Ecological models view behaviour and environment as interacting in a reciprocal way. Outcomes result from many factors interacting at different levels and which factors are most important depends on the local context (Collumbien and MacDowall 2012). There is growing evidence globally for the influence of structural factors, across the different levels, on sexual health and well-being. However the interplay between different factors is complex and identifying the *mechanisms* explaining the links between structural factors and sexual health is often difficult (Collumbien et al. 2012).

1.3 Young people and sexual health

Young people may assess risks of sexual behaviour differently to adults (including parents and health professionals). Being young is often characterised by

experimentation and risk taking, such that even equipped with knowledge and skills, young people may sometimes opt *not* to minimise risk (Mitchell et al. 2012). For example they may see the immediate benefits to sex in terms of developing autonomy, creating an identity and acquiring kudos; discounting longer term consequences such as infertility arising from STIs (Mitchell et al. 2012). What constitutes a problem or a risk may also vary between adult and young person. Adults have a tendency to focus on health risks; young people may be more concerned about risks to their reputation and social standing (Mitchell et al. 2012). This highlights the need to think about risk in broader terms that go beyond ‘biomedical’ conceptualisations. It also perhaps highlights the potential difficulties in ‘measuring’ the more ‘subjective’ range of sexual health outcomes for young people.

Young people may also be more vulnerable to sexual risk because of their lower position within social hierarchies, and their lack of power, control and autonomy relative to adults (Mitchell et al. 2012). For example, this can make it difficult for them to refuse unwanted sexual advances, to practise safer and satisfying sex, and to seek sexual health services. Young people’s vulnerability also needs to be seen against the backdrop of ongoing social changes, social attitudes, and the wider role of family, friends, religion, the internet and media (Mitchell et al. 2012). Taking heed of the ecological model of behaviour, there is a need to acknowledge the wider role of social and environmental factors in shaping vulnerability and risk among young people.

In 2006 the Lancet published a systematic review of qualitative studies on factors that shape young people’s sexual behaviour globally (Marston and King 2006). This important review highlighted that strong social and cultural forces shape sexual behaviour and these are vital to understanding and informing sexual health interventions and health promotion. One of the recommendations of the review was the need for more research to capture ‘social context’ and the full range of influences on sexual behaviour. A limitation of sexual health research to-date with young British South Asians is this lack of attention to ‘social context’ when exploring sexual behaviour. As such, sexual health data are often presented devoid of context.

Taking heed of the findings and recommendations in the Lancet review, the evidence for the role of social and environmental factors in shaping behaviour, as well as the evidence that sexual behaviour is changing among young South Asians in the UK today

(within the context of poor sexual health among British young people more generally), I wanted to situate the relationship and sexual experiences of young Pakistanis within the context of their wider social and cultural life, in order to capture the range of indirect and direct influences on their behaviour.

The empirical role that different social and cultural factors may play in creating vulnerability and risk of poor sexual health outcomes among young British Pakistanis is relatively unknown. To-date there is no sexual health research on the relationship and sexual health needs of young British Pakistanis situated within an account of their social and cultural life context. This underpins the rationale for the focus within this thesis on the exploration of social and cultural influences on the relationship and sexual behaviour of young British Pakistanis.

1.4 Thesis overview

In summary, this thesis focuses specifically on the relationships and sexual behaviour of young British Pakistanis in order to determine whether there is unmet sexual health need among this youth. Its objective is three-fold. First, to synthesise available research to understand the complex range of issues that young British Pakistanis face as youth and potential social and cultural influences on their sexual behaviour; second, to capture the focus of current social epidemiological research on their sexual health to provide a picture of what their sexual health needs may be; and third, to provide new empirical insights into the relationship and first sexual experiences of these young people.

In the next chapter, Chapter 2, I begin by providing an overview of the Pakistani diaspora in the UK. I describe the history of Pakistani migration to the UK, the community's current demographic profile, and provide an overview of important aspects of Pakistani culture. This provides the context within which to explore the social and cultural experiences of British Pakistani youth. I critically discuss academic debates and theories around identity formation among Pakistani youth in the context of 'multiple' or 'plural' identities. It aims to capture and present the evidence for social and cultural factors that may influence the sexual well-being of young British Pakistanis.

In Chapter 3, I review the available literature on the sexual health of Pakistanis in the UK. Given the paucity of research focussing specifically on Pakistanis I broadened the scope of the review and included data for Indians and Bangladeshis and for all age ranges. This enabled a comparison of issues between the different ethnic groups but also highlighted issues that may be of relevance for Pakistani youth but not yet researched.

In Chapter 4, I describe the study methods in two parts. I first provide an overview of the analysis that I conducted of the second national survey of sexual attitudes and lifestyles (Natsal-2). Natsal-2 is the only data available that enables robust analyses related to sexual health separately for Pakistanis and Indians in Britain. Analysis of Natsal-2 data is an opportunity to contribute to the sexual health evidence base for British South Asians. The findings also contribute to providing context and background to the thesis. I then describe the main research component of the thesis – the qualitative exploration of the relationship and sexual behaviours of young British Pakistanis.

I present the study findings in four chapters. Chapter 5 presents the analyses of Natsal-2. Chapters 6, 7 and 8 are based on the qualitative study. In Chapter 6, I describe the young people's social and cultural life contexts. In Chapter 7, I describe their relationships and sexual behaviour. Chapter 8 concludes the qualitative analyses and presents the sexual health promotion needs of young Pakistanis.

In Chapter 9, I provide a synthesis and interpretation of the qualitative data.

In Chapter 10, I discuss the strengths and limitations of the study, outline key findings in the context of existing research, and highlight the implications in terms of future research and sexual health promotion for young Pakistanis.

Chapter 2 Pakistanis in Britain

2.1 Introduction

In this chapter I present an overview of the Pakistani diaspora in the UK and of key cultural, religious and social issues for Pakistani youth. Historical context and regional origin in Pakistan have created distinct and differentiated Pakistani Muslim communities throughout the UK, and, as a post-war migrant group, British Pakistanis have been studied extensively (Bradby 2006; Werbner 2005b). Research began in the fifties and primarily looked at the social, economic and geographical contexts of migration and settlement across Britain. Research in the following decades began focusing more specifically on Pakistani family life, kinship and cultural norms, and a number of rich and influential ethnographic accounts of British Pakistanis and South Asians emerged (for example Anwar 1979; Ballard 1994; Jacobson 1998; Jeffery 1976; Lewis 2002; Shaw 1988, 2000; Werbner 2002a, 2002b). At the same time academic discussions of race, ethnicity, and identity proliferated and became central to the social analysis of ethnic minorities. Within the context of transnational migration and diaspora, issues of assimilation and integration dominated cultural studies and political opinion, leading later to theoretical work exploring the impact of globalisation and notions of 'cultural hybridity' (Werbner and Modood 1997).

More recently and particularly since 9/11 and subsequent world events there has been increasing academic focus on British Pakistani youth. Disciplines ranging from geography, anthropology, sociology and political science through to social psychology, social policy, and education have researched and debated Pakistanis' constructions and experiences of local, national, and global identity. There has been a particular emphasis on experiences and embodiments of Islam and its influence on the formation of youth and national identities, constructions of masculinity and femininity, and on the ways in which young Pakistanis negotiate their cultural and faith heritage within a secular society (Alexander 2004; Archer 2001; Bradby 2006; Cressey 2002; Dwyer 1999; Hopkins 2006, 2007; Werbner 2004, 2005a). The aim of this chapter is to synthesise some of the key issues and theories that are relevant to British Pakistani youth and that may help to later contextualise and understand their experiences of relationships and

sexual behaviour. It does not provide an exhaustive account of all historical and current issues that British Pakistanis face, or an in-depth analysis of theoretical debates on issues of race, ethnicity and identity.

Researchers can sometimes be guilty of perpetuating inaccurate stereotypes and generalisations when they write about particular ethnic groups, and of presenting static, homogenous and one dimensional generalisations of identity that are devoid of context (Campbell and McLean 2003; Chattoo et al. 2004). Ethnic identity can be seen as only one aspect of an individual's identity. It is a difficult concept that has been heavily theorised and conceptualised differently by different writers. Most simply put, it involves a shared sense of identity related to a common cultural heritage, religion, language, area of origin and/or history, which sets a group apart from others (Chattoo et al. 2004).

However, complex processes are involved in the creation and expression of ethnic identity. Identity is formed through external processes such as labelling and categorisation by other groups, but it is also formed through internal processes, by individual agency and the way in which individuals define their own identity (Nazroo and Karlsen 2003). Experiences of identity are also influenced by a number of social, economic and political forces that shift over time and space. For example the social experience of living with a particular identity will vary according to the external audience (social and political) at that point in time and whether such identification is seen and experienced positively or not (Basit 1997; Nazroo and Karlsen 2003). It may vary according to different social factors such as age, gender, education and class, all of which intersect to produce particular experiences and modes of identity. Cultural and religious traditions are also open to different interpretations and are influenced by these different social factors (Nazroo and Karlsen 2003). In this way identity, in all its forms, is fluid and dynamic.

Pakistanis bear complex identities, both as 'Pakistanis' with a strong cultural heritage, and as 'Muslims' (Werbner 2004). This complexity is sometimes highlighted in the way in which authors discuss and describe Pakistani family traits, norms and practices. It can be difficult to disentangle cultural tradition from religious principles, particularly in relation to family values and intergenerational relations. Some authors present particular behaviours in terms of Islamic principles. Others present the same behaviours as

relating to cultural heritage. Often behaviours stem from both cultural tradition and religious principle or are influenced by both. Furthermore one influences the other: Islamic values play a role in shaping cultural practices and cultural traditions often influence interpretations and experiences of Islam.

I am aware that in describing British Pakistanis in this chapter it may seem that I am presenting a static, simplistic and homogenous account of their cultural and religious norms. However my aim is to provide context for later understanding the behaviours of Pakistani youth. I therefore provide an account of the commonalities and overarching norms that are integral to, and that shape, the day-to-day lives of Pakistanis, but stress that these are constantly negotiated and contested by different individuals, families and communities to produce different experiences. Experiences are situational and temporal, as is the research that documents these experiences. Where possible I make a distinction between religious principle and cultural practice.

To retrieve relevant research I searched the web of science using the science citation index, the social sciences citation index and the arts and humanities citation index. Different combinations and variations of the following words were searched for: Asian, 'South Asian', Pakistani, Religion, Culture, Islam, Identity, Migration, Youth, Masculinity, Femininity and Gender. I also searched Google scholar and websites of relevant research councils and independent research organisations for reports using the same terms. I searched the bibliographies of retrieved articles/reports for further references. I did not limit my searches by date or study design and at this stage considered all types of studies. I then filtered the retrieved studies by what was peer-reviewed and of academic rigour and of most relevance for the aims of this literature review.

I begin with a brief descriptive overview of Pakistani migration history, current demographic profile and key attributes of Pakistani cultural norms in order to set the scene and provide contextual information. I then describe and discuss in more critical detail the literature on the ways in which young British Pakistanis experience and negotiate their cultural heritage, religious values and social world and in the process formulate multiple identities. I outline relevant academic theories (primarily concepts of cultural hybridity, diaspora and 'new ethnicities') and their role in understanding the way in which plural or multiple identities are conceptualised, understood and

experienced, focusing on cultural and religious identification and the influence of gender, class, and the socioeconomic environment.

2.2 Migration history and demographic profile

Pakistanis form a global diaspora that emerged after World War II following the partition of India and Pakistan in 1947 (Werbner 2005b). Migrants from the Indian subcontinent began arriving in Britain in substantial numbers during the fifties and sixties, recruited to assist with the reconstruction of the British post-war economy. The vast majority were from the north of the sub-continent: Gujarat and Punjab in India, Mirpur (Kashmir) in Pakistan, and Sylhet in Bangladesh. Many of the first migrants were single men arriving through chain migration, following in the footsteps of relatives or co-villagers (Werbner 2005b). The Mangla Dam built by Pakistan in the sixties also caused a substantial displacement of individuals, who subsequently used the compensation awarded to them by the Pakistani state to migrate to Britain. The economic ‘pull’ towards the UK was a powerful one, with the attraction of wages that were nearly thirty times greater than in Pakistan (Shaw 2000). A few migrants were skilled and educated and some had professional qualifications (e.g. in Medicine) and were recruited to the National Health Service (NHS). Some had served in the Indian and Pakistani armies. The majority of men were less educated and entered the mostly unskilled labour and factory jobs in the manufacturing industries (Werbner 2005b). The men who migrated to Britain during this time came to earn and save money that would enable material capital and social mobility back in Pakistan (Shaw 2000).

During the seventies another notable wave of migration occurred following the Africanisation policies in Kenya and Tanzania and the expulsion of South Asians from Uganda by Idi Amin. These migrants from East Africa were on the whole skilled or highly educated, but many arrived penniless, having been forced to abandon their properties and savings behind (Werbner 2005b). These migrants also faced a less welcoming political environment in the UK. Government policy established ‘red’ and ‘green’ zones in terms of Asian population density. The red zones were where there were considered to be too many Asians and were therefore out of bounds for the new migrants; the green zones were where there were few or no Asians and it was to these

places that the migrants were sent. As a result many East African Asians found themselves in remote parts of the UK away from relatives and community support (Brah 2006).

During the early stages of migration demand for labour was paralleled by growing hostility to immigration. Legislation then put an end to chain migration (Alam and Husband 2006). In 1962 a work voucher scheme was introduced to limit migration and then after 1969 migration was restricted to incoming marriage partners and nuclear family reunions, including children under the age of eighteen. What had initially begun as a pattern of circulatory labour migration with young migrant men expecting to come to Britain for short periods to save money before returning home, turned into a process of permanent settlement. Pakistani migrants applied for British passports and began to bring their families to the UK. This arrival of wives and families had an impact on patterns of settlement across the UK (Werbner 2005b). Family structures, village kinship and religious affiliation became significant factors in community formation and slowly Asian businesses sprang up to meet the needs of the migrants in terms of food products, clothing, entertainment and religious festivals (Alam and Husband 2006; Brah 2006). However, as the Pakistani community established itself across Britain the manufacturing industries declined. This led to significant under-employment among some communities but also some entrepreneurial innovation and small family trading initiatives which continue to thrive today. Location (and corresponding opportunity) has therefore had a great impact on the success of British Pakistanis (Werbner 2005b).

Today, Pakistanis constitute the second largest ethnic group in the UK and of the three main South Asian communities they are the most evenly spread across the UK, mainly residing in the urban areas of London, the West Midlands, Yorkshire and the Humber, and the North West (ONS 2012). The majority of Pakistanis in the UK are Sunni Muslims, with smaller numbers of Shi'as and about one per cent is Christian (ONS 2006). According to the 2001 census¹ South Asian households are larger than households of any other ethnic group and Pakistani households have a high proportion of young people under the age of sixteen (35 per cent), almost double the proportion of

¹ At the time of writing (April 2013) equivalent data from the 2011 UK Census are not yet available. To-date, data have been released on single topics. Cross-variable data (for e.g. by ethnicity and religion) are planned for release later in 2013 (Personal Communication, Office for National Statistics, April 2013).

White British households with young people (19 per cent) (ONS 2006). Pakistanis are also one of the most economically disadvantaged ethnic groups in the UK, are more likely to be considered 'poor' under official classifications, and are more likely to be unemployed compared to their white counterparts (The Change Institute 2009). However macro-analyses and population averages hide considerable regional, class and ethnic variations, and evidence increasingly points to growing internal divisions among the British Pakistani community based on wealth and education (Werbner 2005b).

For example, although there are pockets of educational underachievement among Pakistanis across the UK (particularly the poor attainment of GCSE's grades A-C among young Pakistani men) and a substantial gap between the education attainment of Pakistani pupils and the national average, the Pakistani population is steadily improving its educational and labour market outcomes. Increasing numbers of young Pakistanis are now successfully entering higher education and moving into professional sphere occupations, although numbers employed in professional occupations remain low (fewer than 10 per cent) (The Change Institute 2009). Research has also shown that young Pakistanis are more likely to go to university than their white peers (Connor et al. 2004). Moreover, Pakistani girls and women are outperforming their male counterparts in compulsory and higher education, and women are becoming increasingly more visible in different professional sectors (The Change Institute 2009).

Recently, researchers have questioned these (perhaps) unexpected and different patterns of academic attainment – why for example do young British Pakistanis predominantly from working class families do better than their white working-class peers in entering higher education? (Shah et al. 2010). Shah and colleagues (2010) argue that, while class location, often identified as the key determinant of educational success, continues to play a significant role in explaining differences within and between groups, there is also evidence of the operation of what they term 'ethnic' capital. Pakistani families across class emphasise higher education and have high career aspirations for their children. The belief that education will lead to social mobility and the focus on the transmission of these educational values and aspirations, combined with norms and sanctions to promote them, are important factors in explaining why many working class Pakistani students enter higher education (Shah et al. 2010). However, Shah and colleagues (2010) also point out that Pakistani families differ in their abilities to actualise this 'ethnic' capital. They highlight that gender (hierarchies, ideologies and identities),

religion (identities and practices), and structural disadvantage (racialised and gendered labour markets) influence the level of ‘ethnic’ capital that is actualised and may explain the variations in achievements seen within and between Pakistani families (p.1123). Other research has shown that new migration over the past two decades has seen an influx of Pakistani migrants who are well educated and economically solvent contributing to a growing middle class Pakistani population (The Change Institute 2009).

2.3 Pakistani cultural norms and family values

Ethnographies of Pakistani life describe Pakistani culture (both in modern day Pakistan and among the diaspora) as clearly divided along gender lines regarding roles and expectations, resulting in sharp differences in the experiences of men and women (Cressey 2002; Shaw 2000). In general, fathers are presented as having the formal decision-making role in families, and as managing the interface between the home and the outside world. However, women and young people can have considerable influence and there is often great variation within and between families (Cressey 2002; Shaw 2000). Accounts of Pakistani families describe them as close-knit cohesive units and as having strong family loyalty, even to extended family members. Familial obligations are important and most Pakistanis have obligations to kin that extend beyond the nuclear family (Basit 1997). For example, some families send money to extended family members in Pakistan and travel frequently between the continents. Many, particularly those of first generation, therefore live with a strong sense of being connected both socially and emotionally to Pakistan and still consider it ‘home’ (Shaw 2000; The Change Institute 2009; Werbner 2002a).

Pakistani culture is also described as having a complex web of values, obligations and rights surrounding intergenerational family relationships (Chattoo et al. 2004). Considerable emphasis is placed on the reputation of the collective family unit and each family member is accountable to the wider group. An individual’s behaviour impinges on, and has consequences for, the entire family (Ballard 1994; Basit 1997; Campbell and McLean 2003). Consequently, among some Pakistanis there is sometimes willingness or perhaps a sense of obligation to prioritise the family’s greater good over

individual success (Bradby 2007). Relationships are often hierarchical and there is substantial emphasis on young people to respect those older than themselves. Pakistani parents do not necessarily regard their children as adults when eighteen. Freedom from parental authority is a consequence of marriage rather than that of coming of age (Basit 1997). Notions of respect, obedience and obligation are central to parental-child relationships. One such obligation to parents is in marriage.

For most Pakistanis marriage is an alliance, chosen by parents, between Pakistani families rather than between two individuals. These are termed arranged marriages and are central in the maintenance of *biraderi* (Shaw 2000). *Biraderi* has a range of meanings. Werbner (2004) describes it as a local agnatic lineage that encompasses notions of kinship, local proximity and caste. Shaw (2000) in her work on Pakistanis in Oxford found that in its most restricted sense it denotes one's closest kin or relatives living locally; more generally it refers to all other relatives in Britain and Pakistan; and most generally it includes those of the same caste. Over a fifteen year period she found that many Pakistanis consistently had a preference for close kin marriage or 'cousin' marriage in order to preserve the *biraderi* (Shaw 2000). Many of the Pakistanis Shaw worked with emphasised the importance of ties or relationships between different family members and how marriage within the kinship network or *biraderi* therefore served to strengthen those ties. Marriages to relatives living in Pakistan emphasise the far-reaching nature of the *biraderi*. Shaw points out that the reasons for this preference for kin marriage cannot simply be reduced to cultural preference or rule but rather reflects more nuanced decision-making around the fostering and preservation of reputation and family honour (by for example honouring kin in Pakistan), and prospects for social and economic advancement. Marriage is not however always with kin. Marriages do occur outside the family, outside the *biraderi*, but there remains the same emphasis on the importance of fostering relationships and improving social mobility and family honour (Shaw 2000; Werbner 2002b, 2004).

There is a considerable degree of ambiguity around the term and meaning of 'arranged marriage'. In narratives of marriage among Pakistanis (and other South Asians) there is a tendency to situate arranged marriages in direct opposition to 'love' marriages and therefore as representative of the dualism *traditional vs. modern*, without any consideration of what 'arranged' means in practice to different individuals (Ahmad 2006). These accounts tend to frame arranged marriages in wholly negative terms and

assumes the 'family' to be a repressive and controlling structure, suggesting that young men and women have no input at all. Ahmad (2006) criticises such accounts for defining arranged marriages as 'immutable, static institutions fixed by both temporal and spatial boundaries' (p. 277). She points out that in recent years research has shown a diversity of attitudes towards marriage and experiences of marriage choices and that the importance or significance of *biraderi* is changing. She also highlights that in the absence of tight-knit kinship networks and a changing perception (towards marriage) among young people, there is a growing turn towards 'outside' assistance in finding appropriate marriage partners, as reflected in the rise of matrimonial agencies catering for the needs of young Muslims and other South Asians. Some researchers also suggest that some young Pakistanis are beginning to negotiate more autonomy in marital decisions using Islamic discourse as their platform (Cressey 2002; Werbner 2004). These young people argue that Islam accords equality to men and women and that it requires individuals to consent to marriage and to choose their own partner. In this way young people and particularly young women see religion as a source of agency thus increasing their rights and autonomy. Werbner (2004) suggests that religious discourse may therefore open up a wider marriage market for young Pakistani men and women which extends beyond notions of the traditional *biraderi*.

Although some young Pakistanis may experience increased autonomy in the marital process there remains severe opprobrium attached to any form of sexual desire or liaison between young men and women prior to marriage or among members of the same sex (Chattoo et al. 2004; Yip 2004). Sexuality is recognised and legitimised only heterosexually and within marriage. This is common to South Asian cultures in general (and not uncommon among European cultures). This explains the strict moral policing of young people's social lives within these communities particularly in relation to mixing with the opposite sex (Chattoo et al. 2004).

Central to this strict moral policing of Pakistanis' behaviour are concepts of honour and shame. Some authors describe an honour and shame (symbolic) complex within Pakistani culture where gender roles and expectations are most clearly marked (Bradby 2006; Werbner 2005a). Honour, described in Hindi and Urdu as *izzat*, is a very broad concept. It refers to caste and class status, to public reputation and to symbolic capital accumulated through generosity towards others. It is deeply embedded in the politics of marriage, *biraderi* and the extended family, but also in the politics of community

(Werbner 2005a). Most commonly in the literature it is used in relation to young women who are seen as the public face of their community and who have responsibility for guarding the reputation and honour or *izzat* of their family. Avoidance of shame (or the preservation of honour) is frequently conceptualised as the need to protect the sexual and moral identity of females. Consequently codes of modesty and sexuality differ between Pakistani men and women and there are different standards for judging their respective behaviours (Bradby 2007). A breach of norms or expectations (e.g. a premarital relationship, smoking or drinking) has more serious consequences for the moral identity of daughters than of sons (Bradby 2007; Chattoo et al. 2004).

Young Pakistani men and women are cognisant of *izzat* and family reputation, and are socialised from a young age to sustain this honour by refraining from actions which could jeopardise it (Bradby 2007). Many young people are in fact concerned about what people think and reputation matters to them (Cressey 2002). Young peoples' behaviour is also scrutinised via what is described as community policing. Bradby (2007) describes a surveillance network where women in the community police the actions of young people. She explains that a woman's own standing in the honour community is dependent on her own behaviour and that of her children, especially daughters. Therefore a woman's own interest lies in policing young people's behaviours. Moreover, a girl's reputation is not necessarily based on her actual behaviour: malicious gossip or a genuinely mistaken understanding of events can do equal damage (Bradby 2007; Shaw 2000). As guardians of and vehicles for the family's honour young women's behaviours are therefore consistently more constrained than men's (Bradby 2006, 2007).

The expectations that Pakistani parents have of their children and particularly the emphasis upon young women to maintain *izzat* has led to notions and stereotypes that Pakistani homes are oppressive arenas for women, that Pakistani parenting styles are deficient and that young Pakistanis are over-protected and therefore ill-equipped to cope with the world independently. Some suggest that the deeply embedded notions of respect and honour at the core of Pakistani culture are representative of a lack of freedom (Basit 1997). However, concepts of over-protection, autonomy and freedom need to be understood within the larger normative framework of intergenerational relationships, parental responsibilities and notions of 'childhood' and 'growing up' within the Pakistani community (Basit 1997; Chattoo et al. 2004). Others have also

argued against the popular notion that all Pakistani women in the UK are oppressed and that they lack freedom and choice because this presents them as passive victims rather than as active agents involved in negotiating and producing modes of being that enable them to move between the different arenas of their life (Ahmad 2006; Majumdar 2007). There is considerable diversity in behaviours and practices among the UK Pakistani community, and these lie along a spectrum and are influenced by a range of social markers such as educational level, wealth, class, religiosity, and social geography. Some Pakistani young women are badly treated within their families (Bhopal 1997), and some are forced into marriage or suffer severe consequences for having premarital relations. Others have autonomy and the freedom and choice to marry and do as they wish (Majumdar 2007).

Formalised religion plays a significant role in the life of many Pakistanis. Although there are different branches or sects of Islam, it is a way of life, and often norms related to other areas of family and social life derive legitimacy from religious principles. There are basic acts that a Muslim is expected to fulfil. These are called 'The five Pillars of Worship' and include: *Shahada*, a basic statement of testimony that there is only one God and that Muhammad is the messenger of God; *Salat*, a ritualized prayer performed at five specified times each day; *Zakat*, an obligatory annual charitable contribution; *Saum*, the fast during the month of *Ramadam*, the time of spiritual renewal; and finally *Hajj*, the pilgrimage to Mecca that every physically and financially-able Muslim should do once in his or her life (Ahmad and Modood 2008). There is however considerable variation in levels of practice between Pakistanis in the UK (Hopkins 2007). The religious obligation to wear Islamic dress is also a debated issue among Pakistanis. For some, settlement in the UK has meant a relaxation of the strict rules of seclusion or *pardah* for women. For others however, living in the West has prompted the adoption of stricter codes of practice and dress (Werbner 2005a).

In general, Pakistanis have a desire and tendency to preserve and pass down cultural and religious practices through generations. Preservation of some norms and practices within Pakistani families and communities is made easier by what Wallman (1986) describes as an 'ethnic infrastructure'. This is an infrastructure of resources and institutions that provide the material and social resources that enable individuals to experience their ethnicity/culture through actions (Wallman 1986). For Pakistanis for example, these resources may include *Madrassahs* (institutions for religious education),

Mosques, Asian media and television, music, local shops, restaurants and traditional food and clothing outlets (Alam and Husband 2006). In this way their ethnicity is 'lived'. This notion of an ethnic 'infrastructure' where people with a shared heritage and ethnicity live and work as a community has over the years been conceptualised more negatively. Areas of ethnic concentration have been described and stereotyped as ethnic ghettos riddled with social problems. There is a perception that these communities self-segregate and are a threat to social cohesion, rather than considering wider socioeconomic influences or the importance that notions of community have for Pakistanis. More recently, this self-segregation has been perceived as fundamentally linked to Islam and is an on-going national and political debate (Alam and Husband 2006).

2.4 The multiple identities of Pakistani youth

Young Pakistanis are often described as facing a range of ever changing normative values and expectations that shape their sense of identity (Bradby 2007). At home for example, they experience the norms and expectations of their parents, Pakistani heritage and Islamic upbringing. Through school, work, society and the media they negotiate the values of 'western' British culture. Being British also entails the nuances of being English, Scottish, Welsh or Northern Irish. At a more micro-level they embody the norms of youth and street culture, and of their specific locality (for example, being a Londoner versus being a Bradfordian). At an individual level they have the influences of their Pakistani and non-Pakistani peers with whom they interact.

Some commentators propose that these diverse and multiple sets of values cause second and third generation young Pakistanis to suffer an inherent 'identity conflict'. These youth are thought to have confused identities because of the 'culture clash' between their minority ('traditional') and majority ('western') culture and the pull towards cultural change but simultaneously towards conservatism and continuity (Archer 2001; Cressey 2002; Vadhver and Barrett 2007). Discussions of this 'culture clash' began in the 1970s with the emergence of a new generation of young South Asians who were seen as exposed to two cultures, one at home and the other at school, and as a result were thought to experience stress and 'identity conflict' (Brah 2006). The 'between two

cultures' debate became the dominant paradigm at the time for understanding the construction of South Asian youth identity as well as other ethnic minority youth (Alexander 2006). These discourses have prevailed over the last thirty years and often present a dichotomy and tension between 'collectivism' promoted as value in Pakistani cultural heritage and the 'individualism' of the West (Cressey 2002). This dualism is also often conceptualised as alienation or assimilation, tradition or modernity, fundamentalist or secular (Hopkins 2006). Some suggest that the dual or multiple identities of young Pakistani women are particularly difficult to reconcile because of the added issues of gender inequality and gendered expectations around issues of honour (Archer 2001; Vadher and Barrett 2007). It is ultimately assumed that this clash of identities leads to an inevitable conflict in values between the older and younger generation of Pakistanis, to estrangement and poor communication, and to young people who are essentially "trapped" between two cultures (Alexander 2006; Brah 2006).

Many have critiqued the idea of cultural conflict and estrangement. These critics assert that it is misleading and inappropriate to assume that these young people are torn between two separate cultures and that such a perspective represents an essentialist view of ethnicity and culture (Alexander 2006; Brah 1996; Chattoo et al. 2004; Hall 1990). It denies the possibility of cultural interaction and fusion, and portrays young people as disorientated, confused, and passive, a depiction that is not supported by the evidence. It also conflates generational difference with conflict and ignores any possibility of mutual understanding across generations (Alexander 2006; Brah 2006). Instead, many authors agree that young Pakistanis constantly review and negotiate the different features of their Pakistani and British ethnicities, adopting what they like and rejecting what they dislike, and in the process create unique ethnicities and identities for themselves that reciprocally influence one another (Alexander 2004; Basit 1997; Bradby 2007; Cressey 2002). Young Pakistanis deftly and creatively contextualise their identity, and are pragmatists with considerable personal agency to get the best of their different worlds (Cressey 2002).

2.4.1 Diaspora, cultural hybridity and ‘new ethnicities’

A number of academic perspectives have been used to theorise the way in which an individual simultaneously experiences different identities and cultural influences. Three closely interlinked perspectives have relevance for understanding this phenomenon among Pakistani youth: diaspora and diasporic space (Brah 1996; Hall 1990, 1993), cultural hybridity (Hutnyk 2005; Werbner and Modood 1997), and ‘new ethnicities’ (Back 1996; Hall 1996). These concepts have a long history and were developed in different ways by different commentators (for example Bhabha 1990, 1994; Clifford 1994; Cohen 1997; Gilroy 1993; Hall 1990). They developed out of a concern with traditional and essentialist approaches to ethnicity, culture and identity but until recently have had little empirical application (Anthias 2001). Their value in understanding the synthesis of cultural elements between minority and majority cultures has therefore been critiqued (Anthias 1998, 2001). They nevertheless provide a useful starting point for understanding young Pakistanis’ experiences of identity, and may later help to contextualise their experiences of relationships and sexual behaviour. I briefly outline the basic tenets of these perspectives and how they may apply to Pakistani youth.

Vertovec (1997) provides an interesting discussion on diaspora, which he defines as “the term often used today to describe practically any population which is considered ‘deterritorialised’ or ‘transnational’ – that is, which has originated in a land other than which it currently resides, and whose social, economic and political networks cross the borders of nation-state, or indeed span the globe” (p. 277). He suggests that recent literature on diaspora conveys three general meanings of the term: diaspora as social form (emphasising social relationships which are played out in the socio-political environment); diaspora as type of consciousness (a type of awareness of ‘multi-locality’ and shaped by negative experiences of exclusion and discrimination and positive experiences of having a particular heritage); and diaspora as mode of cultural production (the mixing of cultural influences and development of ‘cultural hybridity’) (Vertovec 2007).

These notions of diaspora recognise that Pakistani young people consider themselves as part of a dispersed ethnic group that relates to a particular geographical origin (i.e. Pakistan) but that they live in heterogeneous and contested diasporic spaces (Brah 1996)

occupied by different diasporas, cultures, religions and ethnic groups. This perspective therefore recognises the complexity and diversity of structural and cultural influences (both positive and negative) that young Pakistanis face and of having an association with more than one locality.

The term hybridity has had a varied career and away from its use in biology has perhaps been most associated with linguistic hybridisation and the concept of creolisation (Hutnyk 2005). More recently it has been used in different ways in the context of diaspora and discussions of (post) colonialism, globalisation and urbanisation. The most conventional and descriptive accounts of hybridity relate to the above notion of diaspora as a mode of ‘cultural production’. Cultural hybridity has been described as the process of cultural mixing where diasporic individuals adopt and rework aspects of the host culture, thereby creating new hybrid identities (Hutnyk 2005; Werbner and Modood 1997). Using Bakhtin’s (1981) concept of ‘organic’ and ‘intentional’ linguistic hybridisation, Werbner (1997) suggests that cultural hybridity can be unconscious – so ‘organic’ or it can be a conscious process – in other words ‘intentional’. She points out that this distinction is useful for understanding the co-existence among ethnic or migrant groups of both cultural change and resistance to that change (Bakhtin 1981; Werbner 1997).

Cultural hybridity can be used to describe and understand the way in which young Pakistanis combine elements from their different values sets and mix different cultural forms and thus create new ‘hybrid’ ways of doing things. They engage with and re-interpret their parents’ values and norms within the context of their own experiences. From this perspective young Pakistanis can be seen as reinventing or redefining their cultural heritage, hybridising ideas and practices. Cultural hybridity sees individuals as ‘creators’ of culture and not merely prescribed by it (Cressey 2002). Moreover in this process different cultural forms are thought to inspire rather than oppose one another. For example authors have described the (positive) fusion (East meets West) of fashion, music, art, language, food and film, and young British Pakistanis in contemporary urban Pakistani communities as ‘consumers’ of hybrid goods and entertainment, and as ‘producers’ of hybrid cultural forms of practice, dress and communication (Cressey 2002; Dwyer 2006; Sharma 2006).

The third concept of 'new ethnicities' developed by Stuart Hall (1996) in his work on the black diaspora, is linked to both hybridity and diaspora space. It recognises that 'ethnic identity' is both stable and *fluid*, is influenced by the 'homeland' as well by the society of settlement and is constantly *reconfigured* within a diasporic space where cultural forms hybridise. This perspective therefore allows for continuity but also the changing, evolving nature of ethnic identity. Studies have shown that young Pakistanis are keen to have a sense of 'roots' but not necessarily to live according to traditional patterns. They have been described as guardians or champions of certain aspects of their cultural heritage and tradition, using it as a point of pride and resistance to racism and prejudice (Cressey 2002). Yet at the same time they develop new interpretations of tradition and combine these with the secular values they have adopted through having been brought up in Britain, thus creating new identities or 'new ethnicities'.

Critiques of hybridity and diaspora generally point to the location of culture as the core element for defining identity, suggesting that identity formation does not depend solely on cultural practices or beliefs, and cannot be adequately understood unless located within other constructions of difference, particularly around gender, class, and wealth (Anthias 2001; Dwyer 2000). Moreover, the adoption of hybrid cultural forms may not necessarily lead to positive experience or empowerment, and are not necessarily more desirable or progressive (Anthias 2001). With regard to gender for example, men and women's experience of cultural hybridisation may differ. Ethnic minority women in particular often experience two sets of gender relations: those of their own ethnic and class group and those of the 'mainstream' or 'majority' ethnic group and class structure (Anthias 1998). This will influence the way in which they experience hybridity and diasporic space. It is particularly relevant for young Pakistani women for whom there are explicit gendered roles and expectations.

Some authors suggest that new diasporic and hybrid identifications may also work to reiterate existing patriarchal relations among some groups. For example, patriarchal relations may be given renewed emphasis by young Muslim men who feel marginalised in a racialised Britain, or up against hegemonic notions of masculinity. Researchers have found that some young Muslim men seek a 'new' gendered Islamic identity within diasporic space and mobilise religious discourse and cultural capital in order to legitimise their authority and greater status vis-à-vis young women. At the same time

however they use their hybrid identity to negotiate the effects of prejudice and racism (Dwyer 2000; Ramji 2007).

However, young Pakistani women may also find more positive opportunities for identity reformulation. For example, Dwyer (2000) found that changes in local labour markets have resulted in declining opportunities in manual work and an expansion of more female-orientated industries such as clerical and service work, which presents more job opportunities for young women than for their brothers and fathers. This has enabled young Pakistani women to delay marriage and negotiate new identities within a broader diasporic space. This highlights how, in addition to the role of gender, broader social and economic processes play a significant role in how diasporic identities are formulated (Dwyer 2000).

A further criticism of the concepts of cultural hybridity and diaspora and their application to the understanding of multiple identities is the assumption that the non-diasporic 'host' ethnic culture is itself non-hybrid (Anthias 1998). Hutnyk (2005) extends this criticism and points out that the descriptive use of hybridity often evokes a stable and prior 'non-mixed' position. He uses Gilroy's (2000) notion of anterior 'uncontaminated' purities (i.e. purity being the stable, uncontaminated, prior, non-mixed position/condition) to highlight that discussions of cultural hybridity presuppose two separate and pure (non-hybrid) cultural forms (e.g. Pakistani and British) that then hybridise (Gilroy 2000). This of course ignores the heterogeneous nature of different (minority and majority) groups and the transformative role of different societal forces in constantly shaping different cultural forms.

Diasporic identities are therefore experienced differently by different individuals depending on class, gender, religion, and their socio-economic environment. Asymmetric social relations and differences in power and access to resources produce particular 'hybridisations' of cultural forms (Anthias 2001). Moreover, the focus on notions of hybridity and new ethnicities in wholly positive terms diverts our attention away from issues of dominance and racism that many experience within diasporic space. So while the concepts of hybridity, diaspora and new ethnicities are useful in providing a starting point for understanding how young Pakistanis perhaps experience and manage their identities, there is a need to go further and recognise the role of

agency and how it is exercised within a (gendered) system of familial, social and structural constraints and in different social, economic, and political contexts.

2.4.2 Religious identity

As briefly discussed earlier, religion plays a significant role in young Pakistanis' lives, and it is useful to discuss this further in relation to identity formation. Werbner (2004) describes British Pakistanis as actively participating in the creation not of one diasporic space – i.e. the 'British South Asian' space which encapsulates the positive hybridity and fusion of cultural forms (East meets West), but also as creators of a 'British Islamic' space. In this way Pakistanis have two alternative identities – 'South Asian' and 'Islamic', even though perhaps morally and politically these identities may appear to be opposed. For example the 'British South Asian' is frequently seen as contributing a welcome hybridity and novelty to British culture (through cuisine, fashion and film), whereas the 'British Islamic' is perceived as conservative and orthodox and more recently as alienated and problematic (Werbner 2004). Werbner (2004) suggests that the fact that these two different identities are in tension is critical to understanding the conflicting pressures experienced by young Pakistanis, and particularly young women. However many young Pakistanis do find ways to manage their Pakistani, Islamic and British identities and negotiate with considerable personal agency the conflicting pressures. To better understand this I discuss young Pakistanis' experiences of religion and religious identity in more detail.

In recent years, considerable political, academic and media attention has been given to the religious identities of young Muslim Pakistanis. During the late 1980s and 1990s, interest in British Muslim communities increased significantly as a result of events such as the Rushdie affair (1989), the 1991 Gulf war, and subsequent Gulf crises. Since then the 2001 riots in Oldham and Bradford, the events of 9/11, the London bombings of 2005 and the subsequent 'war on terror' have put Muslims, and in particular South Asian Muslims, well and truly in the media and academic spotlight (Alexander 2004; Saeed et al. 1999). This has resulted in the proliferation of popular stereotypes and misconceptions. Many popular discourses present a link between Muslim young men's religious identity and perceived 'problem status' (Archer 2001; Ramji 2007; Salgado-

Pottier 2008). They objectify young Pakistani Muslim men as problematic, violent, marginalised and socially excluded (Alexander 2004). These men suffer discrimination on the basis of race, gender and age (Hopkins 2006). On the one hand they are associated with Asian gang culture, drug crime, under-achievement, unemployment and are deemed aggressive. Poverty, disadvantage, deprivation, overcrowding, social exclusion, discrimination and racism are defined as contributing to the social deviance of these young men (Alam and Husband 2006). On the other hand they are also described as fanatically religious and are labelled terrorists or fundamentalists (Hopkins 2006; Ramji 2007). It is also often assumed that these young men are fiercely patriarchal and curtail the freedom of women.

Some authors suggest that this representation of Asian or Pakistani Muslim masculinity is integrally linked with discourses on Pakistani Muslim femininity, and that public fears about Muslim masculinities as deviant and problematic directly contribute to stereotypical notions of Muslim women as passive, controlled and exploited (Ramji 2007). Pakistani Muslim women are frequently and stereotypically represented as both exotic and mysterious, and as repressed victims of their patriarchal cultures, subservient, prevented from education and forced into marriage (Dwyer 1999; Werbner 2005a). Veiling or the wearing of head scarves or the *hijab* has also fed into perceptions of a 'backward' Asian or Muslim tradition, and has reinforced perceptions of Muslims as a problematic minority refusing to integrate.

These stereotypes of Muslims have been played out recurrently in the media and have contributed to a steady rise in Islamophobia (Alam and Husband 2006; Meer et al. 2010; Saeed et al. 1999). Islam has become a flag of political dissent, and Mosques, previously the loci of solidarity and cultural belonging are now perceived as sites of rhetorical dissent and sometimes incitement to terror (Werbner 2005a). This has had an adverse effect on Pakistani young people in terms of experiences of prejudice and in being targeted in police practices and policy, resulting in feelings of paranoia and alienation. British racism with strong roots in colour prejudice has now been complemented by an antipathy to Islam (Alam and Husband 2006).

This focus on Islam has perhaps had a less predictable consequence. Some authors suggest that global events and Islamophobia have actually generated an Islamic sensibility among some young Pakistani men and women, and that in addition to re-

defining their cultural, 'South Asian' or 'Pakistani' identities they are increasingly re-claiming or re-interpreting Islam for their own purposes, creating a new kind of 'Islamic Modernism' (Werbner 2005). Islamic discourses are mobilised by young Pakistanis in the construction and contestation of 'new' identities within new diasporic spaces (Dwyer 1999).

In recent years, Islam has been described as a much more salient element of young Pakistanis' identities and as a defining feature of their lives (Alam and Husband 2006). Research has shown that, when asked, many young Pakistanis use Islam as a primary marker of identity, even those who may not be practicing (Cressey 2002; Hopkins 2007; Jacobson 1998; Mohee 2011). Religious identity has also been described as a way of suppressing the conflict between those who feel 'Pakistani' or 'Asian' in ancestry, but more 'at home' in Britain. By adopting a religious identity perceived to be purer and more universal rather than an ethnic identity (associated with a particular place of origin and 'traditional' customs), young people are more able to position themselves within British society (Jacobson 1997; Nazroo and Karlsen 2003). A religious identity is also a more stable identity than ethnicity, providing young people with a sense of belonging that goes beyond the 'local'. Being Muslim is a global identity. In Islamic terms this is called *ummah* and is conceptualised as a community of Muslims irrespective of gender, race, tribe, colour, dress and language (Shah 2006). However some also suggest that this ideal of *ummah* as unified identity is far from realised among some British Muslim communities: for example some mosques and community organisations represent and associate themselves not with Muslims in general but rather with Muslims within their particular sect, ethnic or cultural group (Werbner 2004; Zokaei and Phillips 2000).

One very visible expression of Islam is the adoption of what seems on the surface to be an extreme Islamic ideology: veiling for women (the covering of head with a scarf or *duputta*, sometimes extended to the face and the whole body with the *hijab*) and beards and long dress attire for men. It is often assumed that young people who adopt this attire are making a strong statement of identity that reflects a rejection of British values or that this has been forced on them, with very little consideration of alternative explanations and the importance of notions of modesty within Islam (Dwyer 1999; Siraj 2011; Werbner 2005a).

Religious dress and in particular veiling or the adoption of *hijab* is fluid and has

multiple meanings depending upon the spatial context in which it is worn (Siraj 2011). For some young people it has a deeply embedded religious meaning and reflects their absolute faith in Islam. It signifies their obedience to their faith and provides respect and status within their community (Siraj 2011). For others it may be about forming an identity that challenges mainstream prejudiced and racialised discourses, or it may be about signifying a belonging to a wider community of Muslims and a social, global, and political movement (Dwyer 1999; Werbner 2005a). Religious dress may also resolve the ambiguities of being young, British, and Muslim by signalling that some secular activities such as drinking and clubbing are out of bounds and that they are not available sexually. For young women veiling provides a way of policing the male gaze (Siraj 2011). For others it provides access to, and mobility within public spaces and an opportunity to cross gender boundaries and socialise legitimately in mixed sex groups whilst at the same time preserving their modesty and reputation (Siraj 2011; Werbner 2005a).

Young Pakistanis are also described as using Islam and Islamic dress to challenge certain cultural and gendered norms thus claiming autonomy *vis-a-vis* their parents. For example by evoking Islamic authority and being an observant Muslim, young Pakistanis are able to challenge their parents' cultural discourses and in the process negotiate more autonomy and social freedom (Siraj 2011; Werbner 2005a). This is particularly the case for young Pakistani Muslim women. As Werbner (2005a) states: "It might be argued that the adoption of a 'new' Islamic identity (sometimes signalled by Islamic dress)... is a cunning solution invented by young people themselves to appear to honour their parents (and to defy others in positions of authority) while nevertheless demanding the right to decide their own destiny" (p. 45).

Ramji (2007) describes the importance of a religiously legitimised femininity characterised by demure, modest, conservative and responsible behaviour, which is enacted in order to secure cultural capital in the form of greater social freedom, without being perceived as being disloyal to the community. In this way Islam also provides an avenue for challenging traditional gender roles and cultural norms that grant men greater status. Pakistani young women argue that Islam accords equal rights to men and women and that they should therefore have the same rights to work, be educated, go to university and to move around in public without chaperons (Alam and Husband 2006;

Cressey 2002; Ramji 2007; Werbner 2005a). They negotiate cultural change without rejecting or jeopardising their position within their family or community. An important example of this increased autonomy is in the choosing of marriage partners. Connections between honour, *biraderi*, and marriage mean that traditionally the choice of marriage partner is highly constrained, particularly for young Pakistani women (Bradby 2006). Increasingly however, young Muslim Pakistanis are asserting that the *biraderi* system of arranged marriages is cultural and has no basis in Islam (Cressey 2002). These young people argue that Islam requires young Muslims to consent to marriage and allows them to choose their own partner and even to associate with their fiancé before marriage. They accuse parents of being ignorant and of having false or mistaken cultural customs and traditions or as practicing a ‘cultural’ Islam rather than a ‘pure’ version of it (Bolognani and Mellor 2012). Bradby (2006) also found that an individual women’s authority to delay marriage was enhanced by the social prestige of higher education and professional employment, and that one means of resisting the shameful implications of extended marriage delay and of keeping the confidence of the honour community was through careful religious observance. This has been echoed in more recent research which found that cultural gendered ‘traditions’ are re-worked as young women delay marriage so as to gain degrees and secure careers (Mohee 2011).

There is, however, some debate around the extent to which young Pakistanis actually succeed in creating more freedom of choice and whether Islam in reality offers young people a tool for empowerment. For example, Bolognani & Mellor (2012) found that though British Pakistani women certainly voice demands for greater agency through appeals to Islam, the extent to which they are heard within their communities is not certain. They suggest that this strategy perhaps opens up opportunities for a relatively select group – the educated, articulate and middle-class – and that many young women simply do not have access to these opportunities and are therefore not agents of change. However Bolognani and Mellor (2012) also found that although young Pakistanis frequently referred to the ‘cultural’ older generation who restricted their behaviour, they were also aware of elders (both men and women) who practiced the ‘new’ Islam and supported and respected increased opportunities for Pakistani youth, and in particular Pakistani young women.

2.4.3 The role of youth and locality in shaping experiences of identity

In focusing on ethnicity, culture, and religion and the influence of gender and class structures there is a risk of obscuring the broader role of other factors in determining behaviours and experiences of identity. Youth and local demography are two such factors that intersect with gender and class, and shape the formulation of ethnic, cultural and religious identities (Alexander 2004; Archer 2001; Hopkins 2006; Shah 2006; Sinha et al. 2006). Youth in general are often understood positively, in terms of change and progression, and negatively in terms of crisis. Recently youth has become in itself a ‘problem category’, particularly in concerns with young (primarily working class) men (Alexander 2004). However, over time, racialised and prejudiced discourses have depicted different young men in different ways.

For example Alexander (2004) suggests that working class white youth cultures have long been reclaimed in cultural studies as the epitome of ‘romanticised resistance’, whereas black youth cultures have been understood as the product of social marginalisation and alienation, figured through images of the ghetto, of rage, of nihilism and violence – essentially unromantic and dangerous resistance (p. 536). They are discussed in terms of a ‘culture of poverty’ that leads to gang involvement and localised antisocial behaviour. In contrast, while Asian youth cultures and in particular Asian Muslim young men are also framed in terms of localised criminality and gang culture they are now, because of their religion, also seen as a threat to wider society. As described above, this has produced two conceptual identity trajectories for them: that of the ‘Asian gang’ or that of the ‘fundamentalist’ (Alexander 2006).

The ‘Asian gang’ identity is often framed by commentators in terms of a response to low self-esteem, alienation from both their community and wider society, and an inability to achieve educational and employment success. This perspective fuses (mis) conceptions about problem, alien, and black cultures, failing masculinities, and ‘identity crises’ (Alexander 2006). The alternative fundamentalist route is also framed in terms of a response to low self-esteem, racial rejection, and identity conflict (Alexander 2006). The common thread in these perspectives is the notion of ‘identity crisis’ and the ‘blame’ on the failures of their ‘culture’. In this way ‘cultural’ and ‘religious’ youth identity become pathologised. Moreover, young men themselves are conceptualised as

problematic without acknowledging the wider issues of racism and disadvantage. As Archer (2001) suggests, issues of youth identity among young white males have been predominantly explained in terms of social class, whereas problems facing ethnic-minority youth have been located inherently within their race and culture and the youth themselves have been positioned as part of the problem. Discussions of ethnic minority youth identity and particularly of South Asian or Muslim youth identity are also highly gendered. To-date the little empirical work that exists focuses predominantly on male youth with little attention to experiences of youth culture among young Muslim women.

Locality and local demographics also shape the behaviours and norms of young people (Archer 2001; Hopkins 2006). For example, depictions of the masculinities of young Pakistanis are developed not only in relation to their ethnicity, religion, cultural heritage and gendered roles and expectations, but also in relation to the masculinities of others and particularly men in their local area (Hopkins 2006). Young men draw on a range of shifting identities in order to position themselves in relation to other men and to women. For example Archer (2001) found that young Asian Muslim men constructed plural and contradictory identities by locating themselves in relation to Muslim girls, African Caribbean boys, and white boys. They used black, Asian and Muslim masculine identities in quite different ways: as a shared site of solidarity against racism, as resistance to whiteness but also as a means of drawing divisions between black groups and as an assertion of masculine power. These conflicting discourses (influenced by culture, religion, gender, class and wealth) are played out in the classrooms, playgrounds and streets, thus shaping personal responses, experiences of peer-pressure and group reactions, and ultimately influencing identity and experiences of youth (Shah 2006). There are also generic aspects of being young that occur across ethnic groups and cultures although their expression might take different forms (Back 1996; Chattoo et al. 2004). For example youth in multi-cultural urban spaces have been found to share a common youth culture in terms of clothing, music and peer norms (Back 1996; Sinha et al. 2006).

Identity formation can be viewed as an active and creative social process that occurs at an individual, community, or group-level. On the surface, young Pakistanis in the UK are simultaneously British, Pakistani and Muslim. This chapter shows that the inter-relationship between these different identities is complex and produces different modes of being. The salience of each aspect of identity will vary contextually and over time,

and will be influenced by a range of social markers and factors such as migration history, cultural heritage, class, wealth, gender, youth culture and social geography. Moreover, these need to be situated within an appreciation of power structures and relationships of dominance and how experiences of racism and disadvantage also shape the day-to-day lives of young Pakistanis. I suggest that some of these different factors play a role in shaping young Pakistanis' experiences of relationships and sexual activity.

The next chapter reviews the available research on the sexual and reproductive health of British Pakistanis before moving on to the fieldwork I conducted for this thesis.

Chapter 3 The sexual behaviour and health of young British Pakistanis

3.1 Introduction

Sexual health is a key issue and priority area in the UK. The impact of poor sexual health is greatest in young heterosexual adults and men who have sex with men (MSM) (HPA 2012a). Diagnoses of sexually transmitted infections (STIs) in those aged under 25 years have risen considerably in the last ten years. Increases in diagnoses reflect greater ascertainment of cases through more testing and improved diagnostic methods, but they also reflect increased unsafe sexual behaviour among young people (HPA 2008, 2012a). In 2007 young people (16-24 years) represented only twelve per cent of the population but accounted for nearly half of all STIs diagnosed in genitourinary medicine (GUM) clinics across the UK (HPA 2008). In 2011, rates in young adults remained high: among heterosexuals diagnosed in GUM 66 per cent with chlamydia, 56 per cent with genital warts, 57 per cent with gonorrhoea and 43 per cent with genital herpes were aged 15-24 years (HPA 2012a). Rates of acute STI diagnoses were also highest in residents of urban areas, particularly in London. Sexual health varies among young people of different ethnic groups. Black communities in particular have been identified as experiencing significant inequalities in terms of STI rates (Gerressu et al. 2009; HPA 2008). Much less attention has been given to other ethnic minority groups.

Over the past thirty years the UK has experienced high rates of teenage pregnancy and a significant amount of work has been invested in reducing teenage pregnancy rates across the country (Frances 2010). Rates have now fallen to their lowest, reflecting the success of many initiatives. However there is considerable variation in progress across the country and it remains an issue of continuing concern (Frances 2010). Young people have therefore been, and still are, the focus of a significant amount of sexual and reproductive health research and policy development aimed at prevention and control.

The aim of this chapter is to review research on the sexual and reproductive health of young people of Pakistani origin in the UK. As outlined in the opening chapter the focus of this thesis is on capturing the characteristics of the young Pakistanis'

relationships and first and ongoing sexual experiences, exploring issues of fulfilment, autonomy and willingness and broad conceptualisations and experiences of ‘risk’ stemming from issues around reputation and stigma; on the potential risk of acquiring sexually transmitted infections through poor sexual health skills, related to both non-use of condoms as well as negotiation skills to avoid unplanned or unwanted sex; on levels and usefulness of sexual knowledge and learning – a key element of their sexual life and learning trajectory; and finally on issues related to accessing support and relevant services. These are the key issues focused upon within much sexual health intervention development for young people in the UK (Mitchell et al. 2012). Based on this, the findings from the literature review are synthesised under five main areas for clarity: 1) sexual knowledge and behaviour; 2) sexually transmitted infections and HIV; 3) sexual abuse and violence; 4) contraceptive behaviour; and 5) sexual health service access. I include under heading three a section on sexual abuse and violence; an additional issue that highlights issues of relationship and sexual (non) autonomy and (non) willingness among some young British Pakistanis.

Given the paucity of sexual health research focussing specifically on Pakistanis I broadened the scope of the review and included data for Indians and Bangladeshis. Another reason for doing this is because of the way some researchers categorise the ethnic identity of their respondents. Often small sample sizes or aggregated analyses prevent data from being presented by individual ethnicity because these have become subsumed under the broader category of ‘South Asian’. By broadening the remit I highlight some of the issues that are, or that may, be of relevance to Pakistanis but which to-date have not been investigated specifically with Pakistani youth.

In the UK, particularly in the recording of demographic data and more often than not in health research, ‘Asian’ is the most widely used term used to refer to people of South Asian background (ONS 2002). This is misleading as ‘Asian’ can refer to people not only from the Indian sub-continent but also the Far East and Southeast Asia. In this chapter I use the term ‘South Asian’ when collectively discussing people of Pakistani, Indian and Bangladeshi origin, to reflect the largest South Asian communities in the UK. When referring to specific research findings I attempt where possible to clarify any broad categorisation and to present results by referring to groups as of Bangladeshi, Indian or Pakistani origin. The search strategy for reviewing the evidence was carried out with this in mind.

I searched for literature in Medline and the web of science using the science citation index and the social sciences citation index. Combinations of the following were searched for: Asian, South Asian, Indian, Pakistani, Bangladeshi, sexual health, sexual behaviour, contraception, sexually transmitted infection, HIV, youth, young people, adolescent, gay, homosexual, men who have sex with men, MSM, sexual abuse, sexual violence, sexual exploitation. I also searched Google scholar and the Department of Health website for relevant reports using the same terms. I searched the bibliographies of retrieved articles and reports for further references. Literature was limited to published research conducted in the UK between January 1990 and September 2014. All types of studies were considered for inclusion, with no limit on study design. Thirty three research studies were included. These focused on South Asians generally or on one of the specific South Asian groups. Some of the studies focus on ethnic minority groups in general and had South Asians as part of their overall study sample. I did not include grey literature and did not limit my search to studies focusing only on young people. The studies were descriptive or observational and were both quantitative and qualitative. A summary of the studies is found in Tables 1 and 2 in Appendix A. The findings are presented under five main headings: 1) sexual knowledge and behaviour; 2) sexually transmitted infections and HIV; 3) sexual abuse and violence; 4) contraceptive behaviour; and 5) sexual health service access.

3.2 Sexual knowledge and behaviour

Research exploring sexual health knowledge and behaviour among South Asians is mostly focused on unmarried, young people (13-25 years), in defined geographical areas. These studies, including both survey and qualitative data, consistently demonstrate relatively poor sexual health knowledge among young people of South Asian origin (Coleman and Testa 2007; French et al. 2005; Sinha et al. 2005; Testa and Coleman 2006). Testa and Coleman (2006) found poor knowledge in terms of STI name, symptom recognition and means of prevention, and identified particular gaps among Bangladeshi and Pakistani young men and Pakistani young women. For example, 66 per cent of Pakistani males were unable to recognise chlamydia as an STI. French and colleagues (2005) also identified knowledge gaps among Bangladeshi and

Indian young people, and found that school was often their only source of sex and relationships information, as sexual issues were almost never discussed at home. However, studies also show that school-based sex and relationships education (SRE) often takes little account of the faith and cultural issues relevant for these young people and is seldom considered to be a useful source of information (Beck et al. 2005; Griffiths et al. 2008a; Sinha et al. 2005; French et al. 2005).

South Asian young men and women are less likely than their peers to report experience of sex (Testa and Coleman 2006; Sinha et al. 2005). However some studies have found that some young South Asians are becoming increasingly sexually active. Compared to their parents' generation, young people of Bangladeshi and Indian origin are having sex at a younger age, outside of the norm of marriage and with young people from different ethnic groups (Elam et al. 1999; French et al. 2005; Hennink et al. 1999b; Poonia 2008). Contraceptive knowledge and condom use among these young people is reported as relatively poor (Bradby and Williams 1999; French et al. 2005). However there appear to be gender differences, with young men reporting more sexual activity than their female counterparts (Bradby and Williams 1999; French et al. 2005). For example, approximately 25 per cent of sexually active South Asian young men in Testa and Coleman's (2006) survey reported two or more partners in the last six months. They also found that among those who had had sex, 28 per cent of young men and 19 per cent of young women reported experience of anal sex. The reasons for this, as well as young people's understanding of anal sex are unclear, and were not explored in the qualitative component of the study.

Elsewhere practitioners suggest that although young South Asians may not be engaging in sexual activity conventionally defined as sex, there may be other behaviours occurring that could compromise their sexual health such as anal sex, heavy petting, mutual masturbation and oral sex (Sinha et al. 2005). A department of health scoping study conducted among stakeholders in 2008 which explored the sexual attitudes and experiences of young South Asians also found that sexual activity is increasing among South Asian youth and a number of stakeholders reported increasing numbers of South Asian women seeking emergency contraception and advice about pregnancy and terminations (Poonia 2008).

In 2001 a measure of sexual competence for first intercourse was constructed based on data from the second National Survey of Sexual Attitudes and Lifestyles (Natsal-2). This was a composite measure derived from four variables relating to circumstances around first sex: issues of regret, willingness, autonomy, and contraceptive use (Wellings et al. 2001). A similar measure was derived in Testa and Coleman's (2006) study of ethnic minority youth, based on a number of events/issues in relation to first ever sexual intercourse (e.g. being drunk, relationship status, timing/regret (wishing they had waited longer), willingness (partner more willing) and contraceptive use or non-use. Based on this measure a very high proportion of South Asian young men (83 per cent) and young women (81 per cent) were considered 'sexually non-competent'. These findings suggest that although low in numbers, the South Asian young people who are having sex may have distinct sexual health needs.

Many studies exploring sexual health collect data from young people of school age who often live at home. As described in the previous chapter, many South Asian young people's sexual behaviour, particularly that of females, is influenced by home contexts where cultural traditions, religious obligations, family loyalties and community expectations prevent mixing with the opposite sex and promote abstinence norms (Hennink et al. 1999b; Jayakody et al. 2005). However Hennink and colleagues (1999b) found that once South Asian young women (aged 18-30 years) leave home they experience an independence often involving relationships and sexual activity. She suggests that young women become influenced by new peer groups from a range of non-Asian backgrounds and that their first sexual experience is often with a non-Asian partner. In their study of contraception, Saxena and colleagues (2002) also found unmarried South Asian women to be sexually active.

To date the strength of research exploring sexual health among South Asian youth is the triangulation of methods used to capture sexual health data: social surveys with sexual health components (Bradby and Williams 1999), school-based surveys coupled with qualitative exploration (Jayakody et al. 2005; Sinha et al. 2005; Testa and Coleman 2006) and exploratory, descriptive community-based qualitative studies (Elam et al. 1999; French et al. 2005, Hennink et al. 1999b).

However, there are several limitations. With the collection of sensitive data there are issues of reporting bias and social desirability. This may be prominent in South Asian

young people's responses where behaviour considered culturally unacceptable may be underreported for fear of adverse judgement (Elam and Fenton 2003). That two of the large surveys (Testa and Coleman 2006; Research with East London Adolescent Community Health Survey (RELACHS) 2005) were conducted only in London also needs consideration. Although the consistency of some findings across geographical areas (e.g. Glasgow, Greater London, Birmingham and Manchester) is reassuring, there is a need to consider possible differences between young people of the same ethnic background who live in different geographical regions in the UK. Communities often evolve differently in different places and where local ethnic population compositions vary, friendship group formation and sexual mixing may also vary with implications for sexual risk. This highlights the need to consider the wider 'social' and 'cultural' context within which relationships and sexual behaviour occur in order to capture the full range of influences on sexual behaviour (Marston and King 2006). A final problem is the collation of individual ethnic groups into the broad category of South Asian, masking the heterogeneity of behaviours, cultures, religions, languages and beliefs that may exist between and within ethnic groups. This was unavoidable in some studies as low overall numbers of sexually active South Asians meant that analysis of sexual behaviour findings by Indian, Bangladeshi and Pakistani ethnicity were not possible. There is a need for caution in generalising reported behaviours and patterns to all South Asians or to all individuals within ethnic sub-groups.

Some researchers also suggest that young people's experiences can be better understood by religious, cultural and friendship group contexts rather than by ethnicity. For example Testa and Coleman (2006) found that Muslims from a diverse range of ethnicities shared similar sexual attitudes, and Muslim Asians referred to the Quran frequently and explicitly when describing their personal or community views on sexual matters. Another study found that having traditional friendship choices, that is friends from the same cultural background, was protective of starting sex in young men, particularly among Bangladeshis. However traditional friendship choice was also associated with increased risk of not using protection when sexually active (Jayakody et al. 2005). These findings need further exploration.

To-date very little attention has been paid to the experiences of men who have sex with men (MSM) from South Asian backgrounds. In 1999 the Naz Project, a community-based organisation providing HIV and sexual health services to South Asians, explored

sexuality and sexual health among South Asian MSM (Patel et al. 1999). They found that South Asian men maintained distinct private and public personas due to the need to maintain anonymity and confidentiality and prevent family from discovering their sexuality. This need for anonymity led to feelings of isolation and prevented some men from accessing sexual health services and information. A decade later, McKeown and colleagues (2010) explored issues of identity, cultural pressure, discrimination and desire among South Asian gay men. Echoing the above findings they found that cultural barriers limit disclosure to family and wider social networks, and that South Asian men experienced discrimination by white gay men that included exclusion as well as objectification. They also highlighted a lack of positive role models and media imagery relating to men from minority ethnic backgrounds. Many men also reported regret at being unable to fulfil family expectations regarding marriage and children (McKeown et al. 2010).

3.3 Sexually transmitted infections and HIV

Although increasingly data are available on the sexual behaviour of South Asians in the UK, there remains limited data reporting on sexual health outcomes. Data generally show lower rates (actual and reported) of STIs in South Asian groups compared to white groups (Cliffe et al. 1999; Fenton et al. 2005; HPA 2012b). One GUM clinic study found similar rates of STIs in Bangladeshi attendees as non-Bangladeshi attendees, though this was mainly among individuals born in Bangladesh and these data are now a decade old (Skinner et al. 2002). Bangladeshi men were also more likely than non-Bangladeshis to present with sexual dysfunction, and both men and women were more likely to have been referred to GUM from general practice and family planning services. Sexual dysfunction and premature ejaculation has been found elsewhere among some South Asian and Muslim men (Richardson et al. 2006; Richardson and Goldmeier 2005; Steggall et al. 2006). This does not indicate that South Asian or Muslim men have higher rates of sexual dysfunction, but rather that they may be more concerned about it and seek treatment as compared to other groups (Steggall et al. 2006). The reasons behind sexual dysfunction remain unclear, though possible influences include psychosocial, familial and genetic factors. ‘Dhat syndrome’ or semen

loss has also been widely reported as a sexual concern among Indian men (Sumathipala et al. 2004).

In 2011 the Survey of Prevalent HIV Infections Diagnosed (SOPHID) found that of the 73,659 HIV diagnosed persons seen for care in the UK, 1,116 were of Pakistani, Indian and Bangladeshi origin (SOPHID 2012). Although this proportion is low relative to some other populations groups, some suggest that increasing HIV incidence in South Asia combined with migration due to strong familial, social and business links between South Asians in the UK and those of the South Asian region may be cause for concern (Fenton et al. 2005; Weston 2003). There is however no data to verify the direct impact of migration on HIV rates among South Asians to-date, although a retrospective case note review across four treatment centres in London found a threefold increase in new diagnoses between 1996 and 2002 (Sethi et al. 2004). These data are, however, relatively old.

Recent years have seen a substantial rise in the number of new HIV diagnoses in men who sex with men (MSM). While the ethnicity of heterosexually acquired HIV has been examined in detail, there has been relatively little consideration of HIV among black and minority ethnic MSM. One study found that 12 per cent (1040/8861) of all newly diagnosed HIV among MSM was in black and minority ethnic minority (BME) individuals. Of the 1040, 8 per cent were of Indian, Bangladeshi, or Pakistani origin (Dogan et al. 2005). More recently, Elford and colleagues (2012) found that self-reported seropositivity was lower among men of South Asian ethnicity compared with white British men. However the differences could not be explained by corresponding differences in sexual behaviour or other individual risk factors for HIV. They hypothesised that there may be sexual networks of MSM based on ethnicity, which could place men in some ethnic groups at greater or lower risk of HIV than men in other groups (Elford et al. 2012). However further analyses by the same authors suggest that differences in HIV seropositivity between ethnic minority and white MSM cannot be explained by sexual mixing with partners from the same ethnic group (Doerner et al. 2012). Men from South Asian backgrounds have been found less likely to test for HIV than men from other ethnic backgrounds (Elford et al. 2012) and compared with white British MSM men they have also been found to have more concerns about attending a clinic, such as being overheard at reception, being uncomfortable in a waiting area or

being afraid that people in their community would find out that they have sex with men (McKeown et al. 2012).

3.4 Sexual abuse and violence

The sexual exploitation of women, including children and young adults, is a complex and widespread issue and not limited to one community (Muslim Women's Network UK (MWN UK) 2014). Victims and perpetrators of sexual violence and abuse come from all communities. However until fairly recently there have been very few attempts to examine difference and diversity in research on sexual violence and abuse (Reavey et al. 2006); research has not attended to the variety of experiences that women from different communities encounter (Ahmed et al. 2009). 'Culturally sensitised' research on sexual abuse and violence is limited (Ahmed et al. 2009). Herein, for brevity and clarity I use the term sexual abuse to refer to any form of sexual contact involving any unwanted touching. As Reavey and colleagues (2006) highlight, this term is more inclusive in its acknowledgement of sexual contact that may or may not involve actual violence and accepts that the term abuse refers to an abuse of power.

There is paucity of up-to-date research into the experiences of sexual abuse within South Asian communities in the UK and none where the experiences and needs of individual ethnicities are examined (for example, the specific needs of British Pakistanis, Indians or Bangladeshis). Research in the UK has mainly focused on service providers' understandings and ways of working with South Asian women survivors of sexual abuse (Reavey et al. 2006; MWN UK 2014) rather than on women's actual accounts, perhaps because of the difficulties in accessing women (Ahmed et al. 2009 and Cowburn et al. 2014 are exceptions to this). Research has also generally focused on sexual abuse in the context of domestic and intimate partner violence (IPV) (Ahmed et al. 2009; Abramson 1999). Researchers have identified sexual abuse and domestic violence as common factors which contribute to poor mental health, suicide and self-harming among young South Asian women, also highlighting that South Asian women's needs are not sufficiently understood or prioritised in the planning and provision of support (Reavey et al. 2006). Reliable incidence data are also difficult to

obtain because sexual abuse is rarely discussed in South Asian communities and many crimes go unreported (Cowburn et al. 2014).

The specific needs of South Asian women in relation to sexual abuse are documented as the need for professionals to be aware of the importance of issues related to ‘family dynamics’; issues that may influence the way in which or why a woman does not seek support. For example, these dynamics may give rise to issues such as whether to remain silent about the abuse in order to maintain family honour (*izzat*) which can subsequently act as a barrier to seeking help (Reavey et al. 2006). Cowburn et al. (2014) describe ‘cultural inhibitors’ to speaking out about sexual abuse within South Asian communities. They highlight that socially and culturally constructed notions of honour and shame (as discussed in Chapter 2), often make South Asian women feel as though they have no choice but to stay in an abusive situation or relationship in order to avoid stigmatisation and bringing dishonour to their family and themselves. The women Cowburn and colleagues (2006) interviewed emphasised the potentially (harmful) repercussions of what a perpetrator would do to them if they reported the abuse (from physical harm through to stigmatisation and being ostracised).

Women from South Asian communities may also be reluctant to report and disclose sexual abuse because they believe the assault was not ‘violent enough’ to constitute rape (Cowburn et al. 2014). For some South Asian communities rape within marriage is sometimes viewed as legitimate; marital violence is not acknowledged or is seen as a private matter (Abraham 1999). This is also linked to issues of ‘blame’ – by speaking out about sexual abuse, women run the risk of being blamed for it; that they in some way did something to encourage it. This inevitably jeopardises their social position and ‘honour’ and is a reason why many women remain silent (Cowburn et al. 2014). Another key inhibiting factor is that women may feel that reporting a sexual crime perpetrated by someone in her own community to a majority white authority is a betrayal of her community as a whole; issues of racism and stigma posing important barriers (Cowburn et al. 2014).

In 2010, more than 17 high profile cases in England saw groups of South Asian men (mostly British Pakistani) convicted of sexual offences against white adolescent girls (Cowburn et al. 2014). In the aftermath of these cases, many community-based organisations became concerned that the public and media focus on ‘South Asian’

offenders (rather than the fact that localised grooming of vulnerable children is a common practice across many ethnic groups in Britain, with white offenders as numerically dominant), suggests that the motivating factors behind such cases of abuse are to do with race, faith and ethnic culture, rather than the reality that sexual predators, regardless of their ethno-cultural or religious background, will target the most vulnerable and the most accessible children and young people (MWNUK 2014).

Leading on from this, community-based organisations also became concerned that the needs of Black Minority Ethnic (BME) victims of sexual exploitation, in this instance young South Asian/Muslim girls, would become neglected because their experiences go undocumented and because, as discussed above, many sexual crimes go unreported within South Asian communities. Yet, young South Asian women are perhaps some of the most vulnerable and ‘accessible’ young women to South Asian male sexual predators simple because, as detailed above, complex issues of honour and shame prevent young women from speaking out about their abuse thus enabling these sexual crimes to remain covert and hidden (MWNUK 2014).

In response to this, the Muslim Women’s Network UK (MWNUK) conducted a pilot study to explore the sexual abuse experiences of South Asian and Muslim girls and young women. They obtained 35 case studies of sexual abuse victims; the majority of whom were Muslim, with almost two thirds of Pakistani heritage. The researchers found that South Asian/Muslim young women are most vulnerable to offenders from their own communities as the overwhelming majority of the offenders were from the same background as the victims. They also found that the sexual exploitation young women experienced was often planned rather than opportunistic. The most common model of grooming was the ‘older boyfriend’ who purposefully exploited the vulnerabilities of young women who came from conservative family environments with promises of love and marriage, gifts, and opportunities to leave home. In some instances the victims were related to their abusers. A striking feature of the case studies was that in 30 out of 35 cases, the victim was passed around and prostituted among other men within a group or network.

The findings highlighted that many of the young women who had experienced sexual abuse had underlying vulnerabilities which increased their risk of being exploited. Examples included sexual abuse within the family; mental health problems including

self-harm; the witnessing or suffering of domestic violence; disability; living in a dysfunctional family; and having strict or neglectful parents. The authors also found that bullying and sexual harassment at school and limited knowledge of sex also increased the vulnerability of the young girls. Many of the young women had not received support and when their families had become aware of any abuse many had re-victimised them: blaming them for the abuse, not believing them, forcing them into marriage, and forcing them to leave the family home. Other impacts included: mental health problems, feelings of suicide, self-harm, health problems associated with alcohol and drug dependency, sexually transmitted infections, un-wanted pregnancy, isolation and vulnerability to further abuse. A consistent feature in the case studies was that the victims were not willing to report their abusers even after they had escaped the abusive situation. Moreover, blackmail connected with shame and dishonour appeared to be a method of control by the perpetrators of abuse: for example, by threatening to circulate images and recordings of the victim (MWN UK 2014).

3.5 Contraceptive behaviour

South Asian women, particularly those of Bangladeshi and Pakistani origin, have higher parity than white women and often continue childbearing into older ages (Raleigh et al. 1997). In the 80s and 90s teenage motherhood was more common in Pakistani and especially Bangladeshi women (with a majority of births within marriage) than white women (Berthoud 2001). Although often culturally acceptable for these ethnic groups when within marriage, teenage motherhood may have other educational and socio-economic implications. Over the past decade there has been a marked decline in early parenthood in South Asian groups in Britain, with all groups having lower than average incidence of teenage motherhood (Department for Children, Schools and Families (DCSF) 2007).

Contraceptive surveys conducted in the 1970s and 1980s did not provide data on ethnic background and in the few studies where ethnicity was referred to, South Asians constituted less than 5 per cent of the study population (Mcavoy 1990). Other studies conducted in the 1980s involved small select populations from family planning clinics or ante/post natal departments and found varying degrees of contraceptive use and

variation in the type used (Mcavoy 1990). Later studies show varying levels of contraceptive use among South Asian women but usage as consistently lower compared to their white counterparts (Raleigh et al. 1997; Saxena et al. 2006). However, some of this survey data relies on pooled data over several years because of small sample sizes and may therefore underestimate contraceptive use due to a lack of information about sexual activity (Saxena et al. 2006).

One study found a high proportion of married South Asian women to be at risk of unplanned pregnancy: about a third of women and half of women over 30 years of age who said that they had completed their families were not using contraception (Saxena et al. 2002). In contrast however, unmarried women (mainly teenagers) were more likely to be using contraception than married women which indicates that despite cultural expectations of no premarital sex, some young women are sexually active and able to access contraception. The sample in this study is small and taken from a general practice and therefore excludes women unable to access health services altogether, including contraception. These findings also contrast with other studies which report relatively poor contraceptive use among South Asian youth (Bradby and Williams 1999; French et al. 2005). In terms of type of contraception, data from the second National Survey of Sexual Attitudes and Lifestyles Natsal-2 found that South Asian women were less likely than white women to report using hormonal contraception and permanent methods and were more likely to use barrier methods (Saxena et al. 2006), which is consistent with some earlier studies (Garg 1998; Rashid 1983; Zaklama 1984). Similarly Raleigh and colleagues (1997) found the use of condoms and intrauterine devices (IUDs) was higher among Bangladeshi and Pakistani women than other groups. What appears to be consistent is that many South Asian women use less reliable methods of contraception.

Hennink and colleagues (1999a) found it more meaningful to group women into educational/professional categories within which they displayed relatively homogenous patterns of family planning behaviour, rather than by cultural or ethnic group. They found it difficult to identify the family planning needs and service delivery implications for a group as diverse as 'South Asian women'. Most non-professional women were found to have little knowledge of contraception until after marriage or their first birth. Condom use was then the most reported contraception among these women. Most of these women's decisions were influenced by family (particularly husbands and mother

in-laws) and religious/cultural expectations of fertility. These women also reported difficulties in communicating with health professionals due to poor English, low literacy, and a lack of confidence. On the other hand professional women were more likely to have knowledge of contraception and to have used some method throughout their childbearing years (typically the pill). They also cited personal, practical or economic considerations in their fertility decisions. Women's opinions about the influence of religion on contraceptive use were placed on a continuum whereby contraceptive use was perceived as forbidden, discouraged or acceptable. For non-professional Muslims contraception was considered forbidden and these women were not likely to use contraception through their childbearing years, however for professional women it was perceived as 'discouraged' and did not affect use.

The data I describe here are now old and there is a lack of recent research exploring contraceptive use among South Asian women in the UK. There is also a paucity of research reporting on abortion among South Asians in the UK. In 2002 the abortion notification form (HSA4) was revised to allow for the recording of ethnicity as self-reported by the women involved. In 2011, of the 196,082 abortions among women whose ethnicity was recorded, 76 per cent of women reported being White, 10 per cent as Asian or Asian British and 9 per cent as Black or Black British. Of those women having an abortion, 32 per cent of Asian women, 35 per cent of White women and 49 per cent of Black women also reported having had a previous abortion (Department of Health 2012).

Research studies have mainly looked at attitudes to abortion rather than rates and experiences among particular population groups, and have shown relatively conservative attitudes to abortion (French et al. 2005; Hewison et al. 2007). Other work from outside of the UK suggests that induced abortion does occur among some South Asian populations and that the reasons for it can be diverse. Reasons include the desire for educational attainment, birth spacing, lack of contraceptive knowledge (Eskild et al. 2007) and intimate partner violence (Silverman et al. 2007).

3.6 Access to sexual health services

There is limited research exploring sexual health service use among South Asians in the UK. Poor awareness of specialist sexual health services is a common theme and many South Asians have expressed the need for more accessible information about services (French et al. 2005; Griffiths et al. 2008b). A case-control study in two London GUM clinics found that South Asians were significantly more likely than controls to have been referred by other medical services rather than to have self-referred, perhaps reflecting the lack of awareness of services or barriers to access (Tariq et al. 2007). This was echoed in another study which found that South Asians attending GUM clinics, particularly women, are more likely to be signposted there from other service providers (especially family planning). The authors also found that South Asian women attending GUM clinics report attitudes to waiting that make them vulnerable to experiencing incomplete care pathways but have STI rates as high as other female attendees. This indicates the need to ensure effective care pathways are in place for South Asian women (Dhar et al. 2010).

In terms of service preference, one study found general practice to be the preferred setting for sexual health care among Indians, Pakistanis and Bangladeshis. The reported advantages of general practice are that the reason for a sexual health visit can be concealed and general practices are usually local and conveniently situated (Griffiths et al. 2008b). In contrast, in another study 'Asians' were less likely than other ethnic groups to prefer general practice, though there is no description of who is included under the category 'Asian' in this study (Ross et al. 2006). South Asians have also reported concerns about breaches of confidentiality from family general practitioners (GPs) who are of the same ethnic group (French et al. 2005; Griffiths et al. 2008b). A service provider of the same cultural background is also described as problematic because some people feel that this provider may judge them if their behaviour deviates from cultural or religious norms. Moreover, they may have links with the local community thus undermining feelings of confidentiality and privacy (Beck et al. 2005; French et al. 2005). At the same time however, South Asians highlight the importance of having a provider who understands cultural norms. Someone of the same gender is also important, particularly for South Asian women (Griffiths et al. 2008b).

Some studies have found South Asians to prefer GUM services because they are specialised, although stigma and anxiety of being seen are consistent themes (Griffiths et al. 2008b). As described in the previous chapter, for many South Asian communities, faith and cultural values prohibit premarital sex and therefore dialogues around sexual health are deemed unnecessary and irrelevant (Beck et al. 2005). Concepts of individual and collective honour or “*izzat*” and shame are central and act as a central framework of social control, encouraging the masking of shameful behaviour and promoting public conformity (Weston 2003). Discussion of sex implies a lack of respect for the person you are talking to, and being seen accessing any related service would have an impact on one’s standing in the community and on marriage prospects for the family. This means that many individuals in need of sexual health care may fail to access appropriate services. It also means that services need to find ways to enable people from South Asians communities to better access them. This is particularly important for recent migrants and for those who have limited English, and applies equally to contraceptive/family planning services (Baraitser 1999).

3.7 Discussion

This chapter summarises peer-reviewed research on the sexual and reproductive health of South Asians in the UK over the past two decades. Most research focuses on the sexual attitudes and behaviours of young people within a school context and on GUM clinic attendees. The main failing of many research studies is the categorisation of Indians, Bangladeshis and Pakistanis collectively as South Asians, which makes it difficult to ascertain the sexual attitudes, behaviours and needs of individual groups. Here I summarise the key findings of this literature review and the implications for future research efforts.

Research suggests that South Asian youth and particularly young men are increasingly having relationships outside of the norm of marriage and some are sexually active. However, there is a paucity of in-depth research exploring the social and cultural context of relationships and sexual activity. There is also a lack of work focusing on the sexual behaviour of young South Asians outside of a school context and in situations where they may experience fewer parental restrictions on their activities. Finally, there

is very little research exploring the behaviours and needs of South Asian young men who have sex with men.

Research suggests a need for improved sexual health knowledge and awareness among South Asian youth. At present few young people receive sexual information at home and school is seldom described as a useful source of information. Moreover, SRE takes little account of the faith and cultural issues that are relevant for them. There has been no in-depth research exploring South Asian young people's experiences of relationships and sexual behaviour within the context of their faith and cultural heritage. There is a need for this type of research and for this information to inform the content and delivery of SRE across the UK. Data also suggest that some sexually active South Asian young people may have distinct sexual health needs. For example, there is some evidence of anal sex, possibly as a means of contraception, among both young men and women. Again the context of this experience requires further investigation.

Limited work has explored sexual health service access among South Asians in the UK and there is very little work addressing the service needs of South Asian youth. Some studies have shown general practice to be the preferred service for sexual issues and others have found that many South Asian GUM attendees are referred from community based services such as general practice and family planning. This suggests the need for non-GUM providers to consider sexual health issues and STIs in the differential diagnosis of presentations among their South Asian patients. At the same time, there is the need to ensure professionals understand the different cultural and faith influences that shape sexual and health seeking behaviour among Bangladeshis, Indians and Pakistanis. However, there is also evidence to suggest that some South Asians are concerned about the confidentiality of their general practitioner and are therefore reluctant to access general practice for sexual health needs.

There is a paucity of recent work exploring contraceptive decisions and fertility issues for South Asian women and their access to appropriate care, including issues around abortion. Married women who have completed their families have been found to use no contraception or less reliable methods, thus placing them at risk of unintended pregnancy. Many women only learn about contraception at first birth. It is important to increase awareness among all health professionals of the context in which South Asian (married and unmarried) women make reproductive choices and the complex range of

influences (cultural, familial and religious) on their family planning and sexual behaviour.

Finally, there is a real lack of recent work examining sexual abuse and violence among South Asian women. As the recent pilot study conducted by the Muslim Women's Network UK suggests, organised sexual exploitation of young South Asian women may be more prevalent than previously acknowledged. There is an urgent need for research examining the actual experiences of these women in order to inform the provision of preventative and support services.

A limitation of this review is that I focused on peer-reviewed evidence. There are a growing number of organisations across the UK conducting sexual health work with black and minority ethnic communities and specifically with South Asians. Documentation of such work can be difficult to obtain and there are varying levels of rigour and quality. There is perhaps a need to improve ways of sharing good practice and learning across organisations, and of collating and evaluating work that is being carried out but may not be published. A decade ago the teenage pregnancy unit began this collation process with 'Diverse Communities: Identity and Teenage Pregnancy, A Resource for Practitioners' (Teenage Pregnancy Unit 2002), but this type of work needs to now be expanded upon and up-dated. Finally, in order to facilitate comparison and ensure that research findings can be taken forward to inform practice it is important that researchers explicitly and consistently state how their ethnic classifications are made and, where possible, avoid generalising results across and within ethnic groups.

In this chapter I have described the available research on the sexual and reproductive health of South Asians in the UK. The literature review highlighted a number of important research gaps and areas for service development. In the next chapter I present the methodology I used to explore the relationship and sexual experiences of Pakistani youth in the UK.

Chapter 4 Methodology

This chapter presents the methods used in the two data collection phases of the thesis. The first involved quantitative examination of data from the second National Survey of Sexual Attitudes and Lifestyles, Natsal-2, conducted in 2000. Natsal-2 is the only data that enables robust analyses related to sexual health separately for Pakistanis and Indians in Britain. These analyses provided background data and context for the development and implementation of the main data collection phase of the thesis, which qualitatively explored the relationship and sexual experiences of young British Pakistanis.

4.1 Analysis of Natsal-2

Previous sexual behaviour analyses of Natsal-2 have found that Pakistanis and Indians, relative to other ethnic groups, have a low prevalence of sexual risk behaviours (reported later age at first sex and fewer partners) and of adverse sexual health outcomes (reported STI diagnosis, HIV testing and GUM clinic attendance) (Fenton et al. 2005). However, in addition to sexual risk behaviour, Natsal-2 also provides information on attitudinal perspectives, first sexual experiences and learning about sex. In this thesis I examine these data, comparing Pakistani and Indian to all other respondents and to one another. Natsal-2 methodology and questionnaire question wording have been published in detail (Erens et al. 2001; Johnson et al. 2001b). Here I provide a summary of the methodology and the statistical analyses performed for this study. I discuss the strengths and limitations of using Natsal-2 data in Chapter 5.

4.1.1 Aim and objectives

The aim of the analyses of Natsal-2 was to explore the context of Pakistanis' first sexual experiences and possible reasons for the low prevalence of sexual risk behaviours and

rates of STIs previously reported among both Pakistanis and Indians in the UK (Fenton et al. 2005).

Specifically, the objectives were:

- 1) To examine Pakistanis' attitudinal perspectives such as attitudes to religion, premarital sex and abortion;
- 2) To explore the context of first sexual experiences including factors such as willingness and timing of the event, nature of relationship, contraceptive use and the main reason for having sex and;
- 3) To understand Pakistanis' main source of learning about sexual matters.

4.1.2 Summary of Natsal-2 methodology

Natsal-2 is a stratified probability sample survey of the general population aged 16 to 44 years, resident in private households in Britain. 11,161 people, (6,399 women and 4,762 men) were interviewed between May 1999 and February 2001. Briefly, a sample of 40,523 addresses was selected from the small-user Postcode Address File for Britain with a multistage probability cluster design, with over-sampling in Greater London. Interviewers visited all selected addresses and recorded the number of residents aged 16 to 44 years. One resident from every household was invited by random selection to participate in the study. Parental permission was requested for the participation of respondents aged 16 and 17 years. Trained interviewers conducted face-to-face interviews using computer-assisted personal interviewing (CAPI) in respondents' homes, followed by computer-assisted *self*-interview (CASI). Computer-assisted interviewing was shown in prior experiments to achieve lower rates of item non-completion, and greater internal data consistency (Johnson et al. 2001a).

To increase the number of respondents from ethnic minorities (Black Caribbeans, Black Africans, Indians, and Pakistanis), an ethnic boost sample (n=949) was obtained with stratified postcode sampling using 1991 Census data on the density of registered ethnic minority population at the end of the main survey, using a broadly similar methodology (Fenton et al. 2005). Each household was screened to identify whether any resident was

of black Caribbean, black African, Indian or Pakistani origin, and one person from each household was then randomly selected for interview. To facilitate communication with Indian and Pakistani respondents for whom English was not the first language, all study materials, including the face-to-face and self-completion questionnaires, were translated (and back-translated) into Punjabi and Urdu. Non-English self-completion questionnaires were provided in paper format (rather than as a CAPI). Interviewers who could speak and read these languages were recruited and trained in survey procedures. Other people in the household were not used as interpreters for respondents whose English was insufficiently proficient.

Respondents were asked their age at first occurrence of intercourse with someone of the opposite sex (if this had happened by the time of the interview) using a show-card in the face-to-face component of the CAPI. Questions on first intercourse were confined to occurrence at age 13 or older to avoid probing non-consensual early experiences. Respondents were asked to reflect on their willingness and that of their partner, the timing of the event, contraceptive use, and the nature of the relationship at that time. Respondents who reported not being married at first sex were asked what, at the time, was the main reason for first intercourse. Responses were retrospectively categorised as autonomous (for example, a natural follow on in the relationship, being in love, and curiosity), and non-autonomous (reporting being drunk at the time, and peer pressure). A measure of sexual competence was also constructed to reflect the assumption that first intercourse should, ideally, be characterised by absence of duress and regret, autonomy of decision, and use of a reliable method of contraception (Wellings et al. 2001). In the face-to-face interview, respondents were also asked (amongst other topics) to report their main source of information about sexual matters, their experience of communication with parents about sex, during adolescence, a number of attitudinal questions, and standard socio-demographic questions (Erens et al. 2001). Natsal-2 achieved response rates of 65.4% and 63.0% for the main survey and ethnic boost sample, respectively (Erens et al. 2001; Fenton et al. 2005; Johnson et al. 2001b), which is in line with other major surveys conducted in Britain (Lynn and Clarke 2002). Ethical approval was obtained from University College Hospital, North Thames Multicentre Research Ethics Committee, and Local Research Ethics Committees in Britain.

4.1.3 Statistical analysis

All analyses used STATA 9.0 to account for sample stratification, clustering and weighting (Erens et al. 2001; StataCorp 2005). Data were weighted to correct for unequal selection probabilities and differential response rates, so that the weighted sample matches the age/sex profile of the British population for the 16-44 years age range. As in previous analyses of Natsal-2, binary logistic regression was used to examine the association between ethnicity and factors associated with first sexual experiences and learning about sex, presenting odds ratios adjusting for key socio-demographic variables (AOR) (with the corresponding 95% confidence interval, CI) (Fenton et al. 2005; Wellings et al. 2001). Key socio-demographic variables include: age, marital status, religion, social class, highest level of education, born in the UK.

I report estimates separately for Pakistanis and Indians, by gender. Since the proportion of the total population who are Pakistani or Indian is relatively small, the estimates for the 'non-Pakistanis' and 'non-Indians' are very similar to each other and to the estimates for the total population. For brevity, I therefore present estimates for the total population in the tables but estimates for non-Pakistanis and non-Indians in the text. The denominator for analyses is all respondents aged 16-44. I also performed the same analyses on respondents aged 16-30, the age range most in line with the qualitative component of the thesis. No major differences were observed with this younger sample. I therefore present the data for 16-44 year olds in order to provide a larger sample for Pakistani and Indian respondents. Statistical significance is considered as $p < 0.05$ for all analyses.

4.2 In-depth qualitative exploration

This section describes the qualitative research component of the thesis. It details the methodological decisions that were made relating to the research design and the collection and analysis of data. I also focus on my experience of the fieldwork and present a reflexive account that considers my role as a white, female researcher and how this may have influenced or impacted on the research process and the data that were collected.

The focus and research design of the qualitative study evolved during the informative and developmental stage of the research idea. A number of important factors contributed to this evolution, primarily related to issues of feasibility, cost, best-practice research (given the context) and the need to balance the academic requirements of a PhD with the realities of conducting primary community-based research. My previous research experience with South Asian communities also taught me that the research design and process needed to be flexible. I present the methodology of the qualitative study under the following headings: Aim and objectives; Project management; Research design; Ethical issues; Analysis; and Participant experience of the research.

4.2.1 Aim and objectives

The aim was to understand the relationships and sexual attitudes and behaviours of young people of Pakistani origin in the UK and the factors that influence them.

Specifically, the objectives were:

- 1) To identify ways of appropriately engaging young people of Pakistani origin in sexual health research;
- 2) To capture the cultural and social life contexts of young Pakistanis and how these relate to, and impact on, relationships and sexual behaviour;
- 3) To explore in-depth the relationship and sexual experiences of young Pakistanis;

4) To identify the factors that directly and indirectly influence relationships and sexual behaviour and;

5) To determine whether there is unmet sexual health need.

4.2.2 Project management

Preparation for the qualitative work began during the winter of 2007. During this time I developed the research design in collaboration with my supervisors and other academic colleagues via in-house research meetings and presentations. I also established an advisory group comprised of three academics with relevant expertise and four community-based professionals working with Pakistani youth. It was important to ensure that these individuals supported the research and understood the sensitive nature of working with Pakistani youth around sexual health issues. It was also important to ensure that they were good representatives of the community as previous experience had shown me that sometimes those who speak on behalf of the community are not necessarily representative of it. Their input throughout the course of the research was invaluable in terms of advice on research etiquette, process, and implementation, and later in the process of dissemination. They were able to provide advice on topic guide development, recruitment issues, local contacts and issues of culture and religion. In the initial stages of the project the advisory group met as a group on three occasions. However it became increasingly difficult to find a mutually convenient time for all members. This was frequently due to the sessional nature of many of the community workers' roles. I found it more convenient to meet with people individually to gain their input. I then ensured everyone had an opportunity to comment via email on what had been discussed. Once a clear research design was established I sought and obtained ethical approval from University College London Ethics Committee. I held regular meetings with my supervisors and other academic colleagues throughout the course of the study.

4.2.3 Research design

4.2.3.1 Researching relationships and sexual behaviour

Many sexual behaviours of interest in a public health context are socially or culturally disapproved of and some are illegal. Some involve people who are hard to reach, remain hidden or wary of taking part in research (Wellings and Collumbien 2012). This has consequences both for the method used and for the quality of data collected.

Sexual behaviours are highly personal and for the most part take place in private. Possibilities for direct observation are therefore limited. Face-to-face personal interviews, using fully scheduled and structured questionnaires are the most common method of collecting data on sexual behaviour (Wellings and Collumbien 2012). Novel ways to facilitate personal disclosure have been developed. For example, Computer-assisted techniques, including CAPI (Computer-Assisted Personal Interviews), CASI (Computer-Assisted Self Interviews) and CATI (Computer-Assisted Telephone Interviews) are important methodological advances, although they remain expensive and therefore unsuited to all contexts (Wellings and Collumbien 2012). Survey research has a vital role to play in the measurement of sexual behaviour, particularly in yielding prevalence estimates, and has provided much of the empirical basis for sexual and reproductive health programme design, monitoring and evaluation. Survey methods are however of limited value in understanding the complexity of people's sexual lifestyles, the meanings sexual behaviours have for them, and their motivations for behaving in particular ways (Wellings and Collumbien 2012).

Qualitative studies on the other hand make an essential contribution to our understanding of the significance of sexual behaviours for individuals and of the nature of the social context in which they take place. Qualitative researchers use a spectrum of methods and tools. The most common approaches are semi-structured interviews, in-depth interviews, focus group discussions and ethnographies (Power 2002).

Individual semi-structured or in-depth interviews (as standalone methods or as part of a wider ethnographic study) are perhaps the most common source of qualitative data for health researchers. In essence they are a conversation that is directed, more or less,

towards the researcher's particular needs for data (Green and Thorogood 2014). A key feature and advantage of in-depth interviews is their depth of focus on the individual. They provide an opportunity for detailed investigation of each person's personal perspective, for in-depth understanding of the personal context within which the research phenomenon is located, and for very detailed subject coverage (Lewis 2003). They are the only way to collect data where it is important to set the perspectives heard within the context of personal history or experience; where delicate or complex issues need to be explored at a detailed level, or where it is important to relate different issues to individual personal circumstances (Lewis 2003). This makes them particularly suited to exploring a sensitive issue such as sexual behaviour and health.

However, in-depth interviews only provide access to what people say and not directly what they do. To an extent, the accounts we collect are a production of the interview context, not necessarily an 'essential' truth about respondents' beliefs or experiences (Green and Thorogood 2014). Social or cultural differences or even similarities between interviewer and interviewee can exist in relation to a range of demographic and other factors, including nationality, race, class, socio-economic status, age and gender. These social differences or similarities can impact on and influence the interview process and the data produced. For example, behaviours which are strongly socially or culturally sanctioned (such as sexual behaviour) are more prone to reporting bias, where people may provide responses that do not accurately reflect their experience. This is sometimes called the social desirability effect or social desirability bias, the tendency to respond/report according to a perception of what is socially or culturally acceptable (Wellings and Collumbien 2012).

A key aspect of the in-depth interview context is therefore the relationship between interviewer and interviewee. In the one-off interview the encounter is one of strangers, and some suggest that however good the interviewer is at gaining rapport, the 'stranger' element will nevertheless influence what information the interviewee provides (Green and Thorogood 2014). Some researchers make a distinction between interviewees' 'public' accounts and 'private' accounts. Public accounts are accounts where people are more likely to provide socially acceptable perspectives (the social desirability effect). Private accounts are those that may be less acceptable, more 'deviant', and based on real experiences. Some suggest that these private accounts are more likely to be revealed once the interviewer is trusted, and therefore more likely in subsequent interviews rather

than the one-off interview (Green and Thorogood 2014). Others suggest that a simple dichotomy of 'public' and 'private' accounts may not capture the diverse and complex ways in which different groups respond to the experience of being interviewed and the way in which different factors (e.g. a difference or similarity in ethnicity or cultural background) may influence the level of trust and rapport that can be achieved (Scott 1999).

This raises questions about the 'validity' or credibility of data from one-off in-depth interviews and has prompted researchers to explore ways of reducing such bias in their interviews and of accounting for it in their analysis and data presentation, particularly when subsequent or multiple interviews per interviewee are not logistically possible. There is a need to be reflexive and account explicitly for the ways in which different factors impact on the kind of data produced. If the interview is conducted appropriately and with methodological rigour, the process is reflexive about how the research context impacts on the data collected and potential sources of bias are acknowledged, then interviews can still provide rich data on people's experiences and the meanings they attribute to their experiences and social world (Legard et al. 2003).

Focus group discussions/group interviews have the advantage over individual interviews of providing an insight in to social interaction between individuals. Their key advantage is that they provide access to how people display, use and construct their social knowledge as well as access to what the content of that knowledge is. (Green and Thorogood 2014) Focus groups can be used at a number of different stages of the research process. They can be used as a preliminary tool to help develop questions for more in-depth investigation; they can help explore or expand on issues that arise during the course of the study; and they can be used in a confirmatory way at the end of the study, by presenting the draft results of a project to the study population to see if it concurs with their beliefs and experiences (Power 2002). However, the group interview is not a 'natural' setting, and as with individual interviews the context of data collection must always be taken into account in the analysis.

Ethnography or participant observation adds a unique dimension to qualitative research by observing and interpreting the social meanings of everyday lives and actions of the target population (Power 2002). Participant observation involves the researcher directly observing the behaviour and activities of the group under study. This entails gaining the

trust and confidence of the research subjects and is invariably a time consuming activity. However, the rich contextual data that result are invaluable, both in confirming and validating self-reports and also in describing the venues and situations in which social interaction takes place. This approach is particularly useful where precise and detailed descriptions of the location and context of high risk sexual behaviour are needed to inform community level interventions (Power 2002).

4.2.3.2 Rationale for using the in-depth, one-off interview

The aim of the fieldwork in this thesis was to facilitate detailed discussions and narratives which would enable the collection of textured and nuanced data on the social, cultural and sexual lives of young Pakistanis living in London. I wanted to understand the significance of relationships and sexual behaviours for individuals and of the nature of the social context in which they take place. To this end, I decided that in-depth individual interviews would be the best method. In logistical and cost terms it was not possible in this instance to conduct a detailed ethnography or to perform multiple interviews at different time points for each respondent. I acknowledge the constraints (as discussed above) of performing the one-off interview, particularly in relation to obtaining trust and the ‘public’ versus ‘private’ account. I therefore set out to minimise issues of social desirability bias (as reflected in the recruitment procedure, interview process, and reflexive stance detailed below), in order to maximise an ‘authentic’ account, but at the same time acknowledge that the very contextual and situated nature of the in-depth interview influences the data collected. I also acknowledge the constraints of the approach in terms of wider issues of ‘validity’ and have attempted to ‘verify’ the data collected through using some basic principles and elements of comparison in the interview process (i.e. sampling issues that arise in one interview in subsequent interviews) and in triangulation with other sources of data.

In addition to sampling young Pakistanis I wanted to obtain the perspectives and experiences of community professionals who worked in close contact with Pakistani youth via various youth support services. This not only provided an opportunity to explore wider service and support issues but also to triangulate the perspectives of the young people.

I initially planned to conduct focus group discussions with the community workers. During recruitment for these however, it became increasingly apparent that some workers wanted to be interviewed separately. Furthermore, due to the sessional nature of many of the workers' roles it was difficult to find a mutually convenient time and place. I therefore decided to conduct semi-structured interviews with the community workers and planned focus group discussions and workshops for the dissemination stage of the project.

I conducted the community worker interviews prior to the interviews with the young people. This enabled me to become familiar with issues particular to the study location, to develop an initial picture of the key social and sexual experiences of Pakistani youth and to capture any further issues that I may have missed when planning for the young people's interviews.

4.2.3.3 Sampling

Selection criteria

I set out to purposively sample single, never married, Pakistani young people aged 16-25 years old, who were British born, second or third generation, and who had attended a secondary school within the study setting. A number of factors determined these selection criteria. Married Pakistanis are likely to have different relationship and sexual issues compared to unmarried Pakistanis. Their narratives and experiences of past premarital relationships and sexual activity may also be shaped or biased by the fact that they are married. For example, given that premarital relationships and sex are culturally and religiously forbidden and that Pakistanis place great importance on the sanctity of marriage, married respondents may find it difficult or inappropriate to discuss any previous premarital sexual activity. Though this would be interesting, I decided that it was beyond the scope and aim of this study. The majority of Pakistanis tend to be married by their mid-twenties (Shaw 2000). I therefore decided to focus on unmarried, single Pakistanis aged up to 25 years old. My review of the literature in Chapter 3 highlighted the need for sexual health research to focus on South Asian youth outside of the context of school. I therefore wanted to explore the experiences of young Pakistanis

away from a school context and those with some independence from their home and the scrutiny of their parents, for example via sixth-form college, work, or university. This also helped determine my upper age limit of 25 years old.

I decided that 16 years old was the appropriate minimum age of selection. Two main reasons informed this decision. First, parental consent to participate in the study would be required for young people below the age of sixteen and given the sensitive and relatively taboo nature of the study topic, I felt that parental consent would be unlikely and that discussions to obtain consent may cause difficulties for the young people. Second, young people aged 16 and over would have been through the greater part of the secondary school system and therefore be able to reflect upon their previous teenage years and experiences of friendships and relationships within this context. Along with colleagues, I also anticipated that a 16 year old may be better able to articulate the complex range of issues faced during adolescence and puberty compared to a 13-15 year old. I also limited the sample to British-born second and third generation young people in order to capture young people who would have spent their formative years in a British context. It was not an explicit aim of the work to explore issues around sexuality. However through the course of the work the opportunity arose to interview young Pakistani men who have sex with men. I therefore included them in the sample to explore the extent to which their experiences were similar or different to those of their heterosexual peers.

Study setting

I carried out the fieldwork for this study in the east London borough of Newham between May and September 2008. The focus on London was primarily for logistical and cost reasons. However there were other reasons for focusing on London and particularly on Newham. First, Pakistanis are the most evenly distributed South Asian community across the UK (ONS 2006). However over the past decade and since the 2001 census the numbers of Pakistanis in London have increased (Greater London Authority 2005). Second, the age profile of Pakistanis in London is much younger than average, and nearly half of Pakistanis are aged under 25 compared with under a third on average (Greater London Authority 2005). Third, Newham is the London borough with

the highest percentage of Pakistanis, where over eight per cent of the population were Pakistani. This represents 14 per cent of all Pakistanis in London. Newham is also London's second most ethnically diverse borough and it has a youthful population. Young people aged nineteen and under make up nearly a third of the total population of the borough (Greater London Authority 2005). At the time of the fieldwork in 2008 and with the available demographic data, these factors of ethnic profile and age structure influenced my choice of study setting.

Sample size

The goal in designing a qualitative sample is to ensure a range of perspectives when recruiting a relatively small number of people (Ritchie and Lewis 2003). My aim in this study was to purposively sample young British Pakistanis to gather rich information on their relationships and sexual behaviour. I adopted a pragmatic approach to sample size based on the practicalities of fieldwork, the costs, time and resources involved, and the requirements and suggestions of my funders and ethics committee. My aim was not to theoretically sample; that is, to deliberately attempt to test hypotheses emerging from on-going analysis and therefore keep sampling and analysing data until absolute data saturation – the point at which nothing new was being generated (Green and Thorogood 2014). This was not feasible. However I wanted to ensure sufficient depth of coverage and strive for a degree of data 'saturation'; a point where little new emerged from the transcripts, in relation to my research objectives. Based on the practicalities outlined above and in line with similar types of research, approximately 30 in-depth one-to-one interviews with young people (n=20) and community workers (n=10) were considered appropriate for this study. The table below details the approximate number of interviews I set out to achieve based on two primary selection criteria: age and sex. The figures in parentheses indicate the number of interviews with young people achieved by the end of the study (n=22). I encountered some difficulties with recruitment of younger women and older men, which I discuss further below. In addition to the young people I interviewed 8 community workers.

Table 1: Sampling matrix: number of interviews with young people

Age	Young men	Young women	Total
16-18	3-4 (6)	3-4 (1)	6-8 (7)
19-21	3-4 (5)	3-4 (6)	6-8 (11)
22-25	3-4 (2)	3-4 (2)	6-8 (4)
Total	10-12 (13)	10-12 (9)	20-24 (22)

(): The number of interviews achieved.

4.2.3.4 Designing research instruments

I prepared a number of documents to assist with participant recruitment and with the interview process itself. These included: project information sheets for individuals who acted as the primary gate keepers for young people across different services and venues e.g. youth clubs, support services, colleges; information sheets and letters of invitations for the potential participants; consent forms for participants; further information and helpline sheets for participants (provided at the end of the interview) and finally the interview topic guides for the young people and the community workers. Here I discuss the development of the topic guides in more detail.

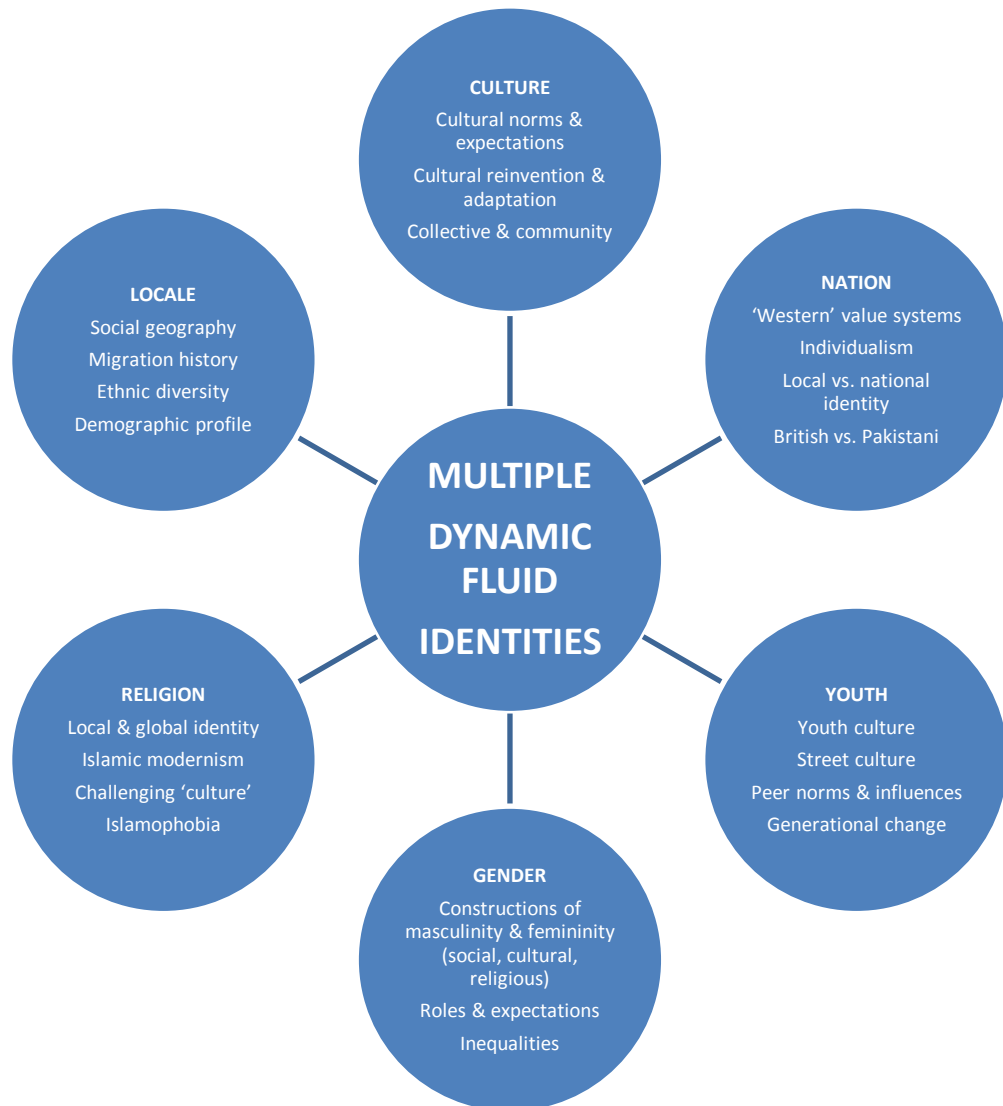
In order to inform the development of the topic guides I summarised the key issues synthesised from the literature reviews presented in Chapters 2 and 3. From this I produced a conceptual framework showing the key issues for Pakistani young people (Figure 1). This helped me to think through the types of themes I wanted to explore. The topic guides were reviewed and discussed with the advisory group.

My main objectives were to capture the cultural and social life contexts of young Pakistanis and how these relate to, and impact on, relationship and sexual experiences and to explore in-depth the actual relationship and sexual experiences of young Pakistanis. I felt that the topic guide needed to be relatively structured to ensure that these issues were covered consistently with all participants. However there needed to be scope for probing, for participants to move through these issues in their own way (and not necessarily as ordered in the topic guide), and for them to lead and shape their own

narratives. The topic guide also needed to be sufficiently flexible and open to unanticipated issues raised by the participants. I developed the topic guide with this in mind and it consisted of a clear set of themes and issues to be covered but with open questioning.

Although open to flexibility, the topic guide had a particular introduction and opening topic. In order to develop rapport with the young people I began by asking them to describe themselves and their families and friends, moving on to talk about key social, cultural and identity issues before then probing specifically about relationships and sexual behaviour. I ended each interview with a general conversation that moved away from sexual health issues in order to ensure the interview ended on a positive note, focusing on their aspirations for the future, what they were doing later that day, and their experience of the interview. Following advice from the advisory group issues relating to religion were probed after discussions around relationships and sexual activity in order to minimise responses being shaped to be in line with religious expectation rather than what actually is the case. I reviewed the young people's topic guide following the first few interviews. This was primarily to create a more chronological sequencing of questioning that better suited the way in which the young people navigated their life experiences. It also helped me to systematically explore particular issues with all participants. A full version of the topic guide can be found in Appendix B.

Figure 2: The multiple identities of Pakistani youth and factors important for exploring and contextualising relationships and sexual behaviour



4.2.3.5 The interviews

Recruitment

Before conducting the interviews I spent time familiarising myself with organisations within Newham that catered to the needs of South Asian youth. I aimed to establish and foster a range of contacts with a variety of organisations. I initially planned to recruit from community-based organisations as well as sexual health clinics within the borough. However the sexual health services in Newham felt that they had few young South Asian patients and were concerned that invitation to participate in research may

deter them from (re)accessing the service. I therefore focused on community-based recruitment. I initially contacted key individuals involved with the Teenage Pregnancy strategy and with the management of youth services across the borough in order to introduce the study and to develop a database of contacts. I met with a number of people across different organisations (Connexion services, youth groups, youth offending teams, sixth-form colleges, sports clubs, youth-based faith groups) to discuss the recruitment of Pakistani youth. The majority of services and individuals were supportive of the project and helped me to contact and reach Pakistani youth. Only one sixth form college felt unable to assist as they did not want to single out their Pakistani youth. It became clear through further discussions that they were also uncomfortable about the nature of the topic. Some individuals were supportive of the project but unable to assist due to time and other work constraints. During this time I kept field notes of meetings to supplement my more formal interviews with the community workers.

I used different methods of recruiting the young people. I provided some services with information sheets about the study that contained my contact details and inclusion criteria for participation. The study sheets presented the research as a study about relationships and sexual health among young people of Pakistani heritage aged 16-25 years old. The services then distributed the information sheets to the Pakistani youth who accessed the service, with instructions to contact me if they wanted to participate. Eight individuals contacted me in this way. Other youth-based services set up brief meetings with small groups of Pakistani youth or individuals, which enabled me to informally provide more information about the study and to invite participation. This technique worked particularly well as it provided the young people with an opportunity to ask questions about the study and to develop a rapport with me. I was able to talk about and reassure individuals of confidentiality and anonymity. It also enabled me to create a non-threatening dialogue and to break down communication barriers associated with potential researcher-participant hierarchy, thus reducing the potential effects of social desirability bias. The majority of these young people were recruited via Connexions. They accessed the service for a variety of different reasons (for career and educational advice, counselling related issues, and financial advice) and some were unknown to the staff working in these services.

I encountered problems accessing young women aged 16-18 years and young men aged over 19 years old. It became quickly apparent that few young Pakistani women attended

youth services and as described earlier, the colleges I approached were reluctant to assist. I also found that youth services generally attracted young Pakistani men up to the age of 18 years old, after which such services held less appeal for them. I was advised that older men could be accessed via gyms, street corners and *sheesha* cafes. However I was also advised to be cautious and to be particularly aware of my own personal safety when trying to access men outside of services and in particular areas of the borough. There was also an additional complication: myself, a white female, trying to identify a young man of Pakistani ethnicity in a crowded, social environment. First it would be difficult to establish ethnicity and inclusion criteria and second, the sensitive nature of the subject and possibly my gender and ethnicity would present particular barriers to providing information about the study at that point in time. Given the resources of the project I did not feel able to recruit from social venues. In order to access the older contingent of young men, youth service workers introduced me to them via their services. I met with these young men, explained the study and invited them to participate. I acknowledge that this selection process is subject to a degree of selection bias. I therefore placed considerable emphasis on re-assuring them about the confidentiality of the interview process and data. These young men provided rich and detailed accounts, though ascertaining this fully is impossible, I do not feel that their selection by the key workers adversely influenced their interview or the data produced.

As well as considering my own researcher safety I also needed to consider the safety of potential participants. I was aware that some young people needed to be very discreet about participation in a sexual health study and that for some individuals there could be implications for them should their parents or other family members find out. On two occasions I received phone calls from older siblings who had somehow gained access to participants' mobiles. They queried who I was and why my phone number was on their brother's or sister's phone. On these occasions I responded that I was involved with Connexion services in relation to employment and college opportunities and this satisfied the caller. I did not want to reveal the nature of my contact, as I did not know what they had revealed about their participation in the study.

Conducting the interviews

Once a young person consented to participation I arranged a time and location convenient for them. All the interviews took place in community locations, such as private rooms in youth groups and Connexion services. Some of the doors of these rooms had large glass panels. I therefore set up the room so that the interviewee had his or her back to the door. I did this in order to minimise distraction or discomfort caused by others looking in or passing by. The setting was informal and I ensured that there were no physical barriers such as tables, between myself and the participant. At the start of each interview I re-iterated and explained the nature of the research, confidentiality and anonymity issues, how the data were going to be used and allowed time for questions. All the interviews were recorded. As I set up the recording device I gave the participants the written consent form to complete. I also engaged them in informal conversations about their journey or their day so far in order to develop rapport and to provide a more relaxing and informal environment. Interviews lasted between sixty and ninety minutes. At the end of the interview I provided time for any further questions.

Prior to and during the interviews I considered and reflected on a number of factors that could have influenced recruitment, the interview process and the data generated. These included: my ethnicity, gender, age, dress and language. I also needed to consider my marital status and evidence of being married (i.e. wedding ring) and the fact that I was pregnant at the time of data collection and the effect this may have once I was visibly so.

The ethnicity of researcher versus participant is a debated area of the research process (Adamson and Donovan 2002; Elam and Fenton 2003; Mclean and Campbell 2003). Ethnically matching interviewers with interviewees is based on the premise that data will be improved because matched researchers have greater potential to understand and empathise with respondents' circumstances, cultures and experiences than non-matched interviewers (Elam and Fenton 2003). However this can sometimes makes it difficult for respondents to criticise cultural norms, can give rise to reluctance to admit deviance from accepted behaviour or values and there may be concerns about confidentiality. Based on previous experience of working with young people of South Asian origin, the sensitivity of discussing sexual health issues and the wider implications in the Pakistani

community of doing so, I did not feel that my ethnicity, i.e. being white, would present a barrier to data collection. I anticipated that the young Pakistanis I interviewed would place greater emphasis on confidentiality and issues related to having their behaviour judged. I felt that the fact that I was a stranger and not a member of the same community, and was working to strict, research protocols of confidentiality would facilitate and enhance the interview process and data collection. At the end of each interview I attempted to explore the young people's perspectives and feelings about the interview process and how they felt about my ethnicity. All participants responded positively and some emphasised that they perhaps would not have been so open if I had been of South Asian ethnicity:

If she's a Pakistani woman you'll maybe see her like an auntie or something, similar to an auntie so you wouldn't be...I don't think I would've been as open as I was with you (Young man 10, aged 17 years).

Actually it's made it a lot easier because if you were an Asian I wouldn't have told you about my relationships and I wouldn't have been open about sexual health. I'd have been more reserved. Because I'd feel that she's judging me even though she might not, but because I've been brought up with that community I know what it's like, so it would've been a typical reaction for me to go, "no, I'm not doing this or answering that" (Young woman 19, aged 22 years)

I had some initial concerns about my gender and how the young men would feel being interviewed by a woman. In two interviews that I conducted early on in the research process I felt that the young men were underplaying some of their behaviours and were conservative in their descriptions of sexual intimacy. After these initial interviews I spent more time at the start of each interview, particularly with the young men, emphasising that I did this type of research with lots of young people and reassured them that very little surprised or offended me and that they could be honest and open with their experiences and re-emphasised confidentiality and anonymity. I received positive feedback from the young men and the majority reported that they did not mind me being female.

I was also aware of my age and marital status and how this may have influenced the way in which Pakistani youth responded to me. I wanted them to feel that I was young enough to appreciate their life contexts but at the same time wanted to ensure that they

also respected the interview process. There are considerable hierarchies of respect within Pakistani communities and there are prescribed ways of behaving around those considered older than yourself (Chapter 2). For example married individuals are often referred to as ‘Auntie’ or ‘Uncle’ as terms of respect. I did not want the young people to cast me in this light. I therefore removed my wedding ring prior to conducting the interviews and I also ensured that I dressed and behaved relatively informally:

Before the interview when you first started telling me it's going to be about sexual health I was thinking...I didn't think I was going to be open and say anything. But I kind of just come out with everything. I wouldn't normally sit here and say anything but it's just like the body language and the way someone approaches you. So your approach to me was pretty cool and chilled out and stuff, so I found it easy to just talk to you freely (Young woman 9, aged 20 years).

I was also pregnant at the time of the study and was very aware of how this may influence participant responses particularly around sexual issues. I decided that it was essential that I complete data collection before my pregnancy began to show and that I wore clothes to conceal it. Finally, as the interviews progressed I became aware of language issues. In the initial interviews I was concerned about being too direct when asking and probing about sexual issues. I endeavoured to use more subtle forms of enquiry, referring to sexual intimacy in a variety of ways but soon realised that the young people wanted me to be more direct and that I also needed to be so in order to elicit the information I needed. As one young man reflected in response to how he found the questions:

They were OK but I think you could be... more getting to the point...yeah a bit more direct...'cause it's like the more direct you are, the more they'll [young people] think yeah, I might just answer it more direct as well (Young man 2, aged 16 years).

4.2.3.6 *Ethical considerations*

I did not envisage any major ethical problems with the proposed study. I acknowledged at the outset that due to the sensitive nature of the subject some people may feel some discomfort or embarrassment. I was also aware that the interviews may potentially raise emotive issues for the participants. I therefore paid particular attention to questioning and wording and reiterated to the participants that they did not need to answer any questions that they did not want to and that they could stop the interview at any time and without giving a reason. I emphasised that all procedures were confidential and that by choosing not to participate would in no way affect their attendance at their youth service, college, or university or that anything related to the study would be divulged to or discussed with service members. I also identified a local professional and confidential counselling service to which I could refer if the need arose and at the end of each interview I provided participants with information sheets containing useful websites and help lines.

Much qualitative research provides a token of appreciation for participants' time. This is reasonable given that individuals give up a proportion of their time to assist with the research. Each participant received a £10 high street gift voucher as thanks for participation. I based this on previous experience and I felt this to be adequate for the time given but not so much such that participants only took part for financial incentive. The young people were aged sixteen years and over. Though this is under 18 years old I decided that it would not be possible to seek parental consent due to the sensitive nature of the topic. Therefore in accordance with Fraser guidelines (National Society for the Prevention of Cruelty to Children (NSPCC) 2012) I ensured that the young people aged 16-18 had sufficient maturity to understand the nature, purpose and likely outcome of the study.

4.2.4 Analysis

Qualitative research encompasses a wide range of philosophical positions, methodological strategies, and analytical procedures. Perhaps most debated in the

literature are approaches to analysis. Unlike quantitative analysis there are no clearly agreed rules and procedures for analysing qualitative data and approaches vary depending on epistemology and tradition (Spencer et al. 2003). Some researchers adopt a particular analytical approach and only use that approach throughout their analysis of a project; others combine analytical approaches within the same project.

To analyse my data I adopted the principles of three different approaches. I combined different elements of these approaches to enable a detailed interrogation and content/thematic analysis of the interview data. In the initial stages of analysis I used some of the basic principles of a grounded theory approach (Strauss and Corbin 1998). I then adopted a Framework approach with thematic charting for the management and manipulation of the data (Ritchie et al. 2003). Finally I used mind and conceptual mapping (Brightman 2003) to explore relationships between different concepts and themes and to facilitate my thinking. Below I describe in detail the analytical processes I went through. First, I describe the main purpose of my analysis and what I set out to achieve.

Ritchie (2003) outlines the functions of social research as providing contextual data (describing the form or nature of what exists), explanatory data (examining the reasons for, or associations between, what exists), evaluative data (appraising the effectiveness of what exists) and/or generative data (aiding the development of theories, strategies or actions) (p. 27). The function of my research was to provide contextual, explanatory and generative data on the sexual health needs of young Pakistanis. The specific aims of my analysis were therefore to provide data: 1) to understand and describe the nature of young Pakistanis' social and sexual lives and the meaning they attribute to different experiences (contextual analysis); 2) to identify the events/circumstances that lead to particular social, relationship and sexual behaviours (explanatory analysis); and 3) to provide suggestions/strategies to improve sexual health promotion among young Pakistanis (generative analysis).

In terms of the level of data abstraction, researchers can choose to operate at different levels depending on the nature of the research question and the purpose of the study (Spencer et al. 2003). Through their analyses researchers can simply provide rich and descriptive detail or go further and find patterns, generate typologies and/or develop theory. The purpose of my analysis was primarily to generate rich, descriptive detail and

to capture and interpret substantive meanings and patterns in the data thus providing explanations for the experiences and behaviours of the young people. I did not aim to generate particular typologies or to develop theory.

Strauss and Corbin (1998) acknowledge in their book on grounded theory that theory building is not the goal of every research project and nor should it be. They state that some will use grounded theory techniques to generate theory, others for the purpose of doing very useful description and conceptual ordering. They go on to say that their procedures for grounded theory are designed not to be followed dogmatically but rather to be used creatively and flexibly by researchers as they deem appropriate (p. 13). This sentiment is echoed in the Framework (Ritchie et al. 2003) and mapping (Brightman 2003) approaches that I used. I now present the analysis process I adopted and the principles I used and combined from the three different approaches. For clarity, I present my analysis under the following numbered stages: 1) Data familiarisation; 2) Developing a conceptual framework; 3) Data management: sorting and ordering raw material; 4) Descriptive analysis and explanatory accounts; and 5) Quality measures.

4.2.4.1 Data familiarisation

I began my analysis process by reading and re-reading the interview transcripts as each interview was completed and transcribed. I identified and loosely defined initial themes and concepts and marked the transcripts in their margins with these ideas. In this way analysis started straight away and was a continuous and iterative process throughout the project. As the interviews progressed I looked for recurring themes, concepts and issues that I could explore in subsequent interviews, thereby adopting elements of a constant comparative approach, though not using it for theoretical sampling as suggested by grounded theory approaches (see Strauss and Corbin 1998 p. 67). I used principles of Strauss and Corbin's (1998) method of open coding in order to inductively generate themes from the raw data. However I also kept in mind the key objectives of the study and the topics within the topic guide and allowed these, along with the in-vivo themes/concepts, to guide the development of a conceptual framework for analysis. At this early stage I also began creating informal, visual conceptual maps/diagrams which enabled me to start seeing potential relationships between themes and concepts. I

discussed these initial themes and concepts with a colleague who had read through some of the interview transcripts. Below I provide three crude examples of how my themes, categories and sub-categories began to take shape at this early stage:

<p>1. Family and Home</p> <p>Home context</p> <p>Family forms, marriage types, family sizes, extended family, sibling age-ranges, modern vs. traditional, family cohesion, role within family</p> <p>Parental expectations</p> <p>Career, non-educational recreation, religion, collective reputation</p> <p>Relationship with parents</p> <p>Communication, trust, understanding, strictness, type of love, expectations, obligations, support</p>
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<p>2. Social and cultural issues</p> <p>Experience of local area</p> <p>Sense of home/belonging, community, fear and safety, violence/gang life</p> <p>Friendships and socialising</p> <p>Friendships: composition/types, gender differences, influences/peer pressure</p> <p>Socialising: degree of freedom/autonomy, curfew issues, gender differences/perceptions, circumventing restrictions, drug use</p> <p>Role of religion</p> <p>Self-control, belonging, verification, respect, obligation, breaking rules, guilt, return to one day, experimentation, demonstration, formalised religion, importance with age</p> <p>Sense of identity</p> <p>Britishness, Pakistani culture, 'back home', new Asian identity, religious, multiple realities, public vs. private, youth culture, individual traits, gendered roles</p>
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<p>3. Relationships</p> <p>Nature of relationships</p> <p style="padding-left: 40px;">First experiences, influences on, perceptions of, types of (steady/casual), friend and sibling relationships</p> <p>Types of partner</p> <p style="padding-left: 40px;">Ethnicity, age, ‘Bad boys’, ‘Wifey’ girls</p> <p>Secrecy and disclosure</p> <p style="padding-left: 40px;">Consequences of parents/siblings knowing, strategies to circumvent restrictions and have relationships, community policing</p>
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4.2.4.2 Developing a conceptual framework

Once I completed the interviews I began sorting the themes and concepts into more definitive concepts and categories and subcategories, akin to Strauss and Corbin’s (1998) process of axial coding (p.123). I decided to use descriptive categories rather than abstract classifications. I used the principles of the Framework approach to generating a conceptual framework or index but did not apply the index to each interview transcript in the same way that Framework advocates. Instead I re-interrogated each transcript using different coloured pens to highlight the higher order categories and then subcategories within each transcript (the Framework approach uses a numbering approach; see Ritchie et al. 2003 p.224).

4.2.4.3 Data management: sorting and ordering raw material

I then developed and formulated a thematic chart that I could use within Excel to manage the raw transcript data. One sheet within Excel represented one main, higher order descriptive category. Columns within each sheet represented sub-categories and each row represented a respondent/interview. Next I went through each transcript and created a descriptive summary for each category and sub-category. I attempted to retain

as much context as possible. This process of sorting and synthesising deepened my familiarisation of the data. Although time consuming, using Excel in this way enabled me to easily manage and retrieve the large quantity of transcript data and allowed a within and between case analysis. It also gave each transcript the same analytical treatment. However the charts were open to flexibility and as I went through the process of synthesising the data I occasionally refined and changed the descriptive categories. Once the thematic charts were complete I began the process of descriptive analysis and of developing explanatory accounts.

4.2.4.4 Descriptive analysis and explanatory account

I re-interrogated the data within each thematic chart in Excel, looking within each category and sub-category, refining and developing themes and noting the range of respondent experiences and meanings. I then created visual, conceptual maps demonstrating the various themes emerging from a main category/sub-category and began to create a more meaningful classification of the data. The conceptual maps enabled me to detect patterns and linkages between the data and allowed me to develop an explanatory account of the data. At this stage I also decided how the analysed data would be best presented. I wanted to provide a sequential story that contextualised the young Pakistanis' day-to-day lives but at the same time described and explained their relationship and sexual decision making and corresponding sexual health promotion needs. This is the rationale for the descriptive headings used in the presentation of the young people's cultural and social life contexts in Chapter 6 (contextual analysis), their relationship and sexual behaviour in Chapter 7 (contextual and explanatory analysis), and then ways of improving sexual health promotion in Chapter 8 (generative analysis).

4.2.4.5 Quality measures

Throughout my analysis I attempted to retain objectivity and provide an impartial and accurate representation of events yet at the same time I wanted to be sensitive to the subtle nuances and meanings within the data. I therefore undertook a number of

measures that Strauss and Corbin (1998) put forward as ways to minimise the intrusion of bias but which allow for creativity and flexibility in the analysis process. From the outset I compared incident to incident within and between transcripts. I used the conceptual framework I developed from the literature (Figure 1) which informed my topic guide development to also stimulate my thinking about how best to examine the data. I continuously compared and contrasted the perspectives of the community workers with those of the young people and explored within on-going interviews issues which had arisen in previous interviews. This enabled me to check my interpretation of events and/or to capture more detail. I also used my professional experience of having worked with South Asian communities to help develop my analytical thoughts. Finally, in the early stages of analysis I discussed my thematic process with colleagues and later discussed my thematic charts with my supervisors.

During the later stages of my analysis I was invited to take part in a radio 4 interview exploring the sexual lives of British Pakistanis. The process of preparing for this and the experience of doing it forced me to critically examine how research data are presented and how particular issues are discussed. It re-emphasised to me the need to remain grounded in the data and to ensure that analyses accurately represent the data. It highlighted the danger of over extrapolating from data and how research findings can potentially be misconstrued and inappropriately generalised. This experience encouraged me to re-examine the presentation of my findings to ensure that I had objectively presented the narratives of the young Pakistanis and had refrained from going beyond the data.

4.2.5 Participants' experiences of interviews

For many of the young people who took part in the study, this was the first time they had talked about their relationships and articulated their experiences. It is perhaps surprising therefore, but very reassuring, that the majority expressed that they found it relatively easy to talk about the issues, had enjoyed the process and were generous and honest in their accounts:

It was actually a really great experience. I think I let off a lot of the steam or something! So I kind of... you're nervous at the beginning, how am I going to answer the questions? Or I'm not going to be enough use, but then I guess you just have to start getting into it and it was like really comfortable and I enjoyed talking to you (Young gay man, aged 21 years).

It was good. It was quite...it was exciting. I liked answering the questions (Young woman 5, aged 19 years).

I was like yeah I might as well do it 'cause it'll help me as well. 'Cause I can express myself to you as well and no one will know, it's like confidential, it's only me and you and so it'll be a good thing for me and it'll help you too. It's been good. It's helped me as well to see what life is about and everything (Young man 12, aged 17 years).

You know I've actually found it helpful because I've found out things that I didn't know about myself. When I actually say things it makes it clearer in my head so I've figured out a lot more stuff now. Yeah, I enjoyed it (Young woman 19, aged 22 years).

This thesis aims to determine whether there is unmet sexual health need among young British Pakistanis. In this chapter I have described the methods I used to explore and understand the relationship and sexual attitudes and behaviours of young people of Pakistani origin and the factors that influence them. The following four chapters present the assembled research data. In the next, Chapter 5, I begin by presenting my analyses of Natsal-2.

Chapter 5 Attitudes towards sex and first heterosexual experiences among Pakistanis in Britain: Evidence from Natsal-2

5.1 Introduction

This chapter presents and discusses my analysis of data from the second National Survey of Sexual Attitudes and Lifestyles (Natsal-2, 2000). As detailed in the methodology, in addition to sexual risk behaviour, Natsal-2 also provides information on attitudinal perspectives such as attitudes to religion, sex before marriage and abortion, the context of first sexual experiences and learning about sex. Although some of these issues have been explored previously using Natsal-2 data (Maddowall et al. 2006; Wellings et al. 2001), the data had not been disaggregated by minority ethnic group. In this chapter I present and discuss the results of these disaggregated analyses, specifically comparing Pakistani and Indian respondents to all others, and to one another.

For Pakistanis specifically, I further disaggregate the data by place of upbringing. There is a variable in Natsal-2 which captures the age that individuals moved to the UK. I therefore created a variable which categorises Pakistanis into: (1) born in the UK/ born in Pakistan or South Asia but moved to UK <16 years (to represent upbringing in UK), and (2) born in Pakistan/South Asia but moved to the UK aged 16+ years (to represent upbringing in Pakistan).

However, by disaggregating Pakistanis born in Pakistan/South Asia into those who moved to the UK before age of 16 years versus those who moved to the UK aged at least 16 years, analyses become very limited due to small numbers and inadequate statistical power. To increase statistical power I therefore additionally performed the analyses by disaggregating Pakistanis into place of birth (UK versus Pakistan/South Asia), rather than place of upbringing. I also collapsed the attitudinal and sexual behavioural variables into binary categories to increase power; however this inevitably entails the loss of information. Due to these concerns relating to statistical power, multivariate analyses are only adjusted for the socio-demographic variable age at interview, as those born in the UK and those who moved to the UK aged under 16 years

old were significantly younger at interview than those born in Pakistan/South Asia and who moved to UK aged over 16 years old.

For comparison, I present both analyses in the tables: by place of birth (comparison 1) and by place of upbringing (comparison 2). However for brevity I present the data for place of upbringing in the text, but highlight where significant differences exist.

I present the findings under the following headings: Socio-demographic characteristics of sample (Tables 2 and 3; Tables 4 and 5); Attitudinal perspectives (Tables 6 and 7); Circumstances around first sex (Tables 8 and 9); and Source and adequacy of sexual health information (Tables 10 and 11). I then discuss the implications of the data, the relevance of the findings for the thesis and the strengths and limitations of using Natsal-2.

5.2 Socio-demographic characteristics of sample

Pakistani and Indian respondents were younger on average than respondents of other ethnicities: median ages of 28 years, 30 years, and 32 years, respectively. There were no significant gender differences. Tables 2 and 3 show that around half of Pakistani and Indian respondents were married but cohabitation was relatively rare; it was reported by less than 5% in these groups *vs.* 15%-20% of those from other ethnicities. Nearly all Pakistani men and women reported being Muslim, while only a small proportion of Indian respondents did (around one in ten). The most common religion reported by Indians was Hinduism (reported by almost half of these respondents), and then Sikhism (reported by around one in five Indian respondents). Approximately one in five Pakistanis stated they had no qualifications, but there were no significant social class differences between Pakistanis and non-Pakistanis. In contrast, few Indians reported no qualifications at all; instead three in ten Indian respondents reported having a degree. Approximately half of Indian and Pakistani respondents were born outside of the UK, with similar proportions reporting to have moved to the UK either before the age of 16 or when they were older than age 16.

When Pakistani respondents are disaggregated by place of upbringing, individuals who were brought up in the UK/moved to the UK from Pakistan before the age of 16 years were younger than those at interview who were brought up in Pakistan but moved to the UK aged at least 16 (Tables 4 and 5). Table 4 shows that a significantly higher proportion of Pakistani men and women born and brought up in Pakistan reported being married at the time of interview, compared to those born/brought up in the UK. Among men, there were no differences in social class, but higher proportions of men brought up in Pakistan reported having no educational qualifications. In contrast, when disaggregated by place of birth, women (only) born in Pakistan/South Asia were more likely to report being of lower social class than those born in the UK. Similarly, women born in Pakistan/South Asia were more likely to report having no educational qualifications. However, when disaggregated by place of upbringing, no social class or educational differences were observed for women (Table 5).

Table 2: Socio-demographic characteristics: a comparison of Pakistanis, Indians and the general population, men

		All men	Pakistani	Indian	p-value ³
		%	%	%	
		(95% CI)	(95% CI)	(95% CI)	
<i>Denominator</i> ^{1,2}		5168	177	171	
Age, years			<i>p</i> <0.0001	<i>p</i> =0.101	0.188
	16-24	26.7 (25.1-28.4)	49.0 (38.4-59.5)	36.0 (26.0-47.3)	
	25-34	37.4 (35.9-39.0)	27.0 (20.0-35.3)	37.0 (28.0-47.0)	
	35-44	36.0 (34.4-37.4)	24.2 (16.2-34.4)	27.0 (18.4-37.8)	
Marital status			<i>p</i> =0.001	<i>p</i> =0.0001	0.554
	Single	39.2 (37.5-40.8)	41.6 (31.6-52.2)	44.1 (34.0-54.7)	
	Married	40.0 (38.3-41.7)	53.6 (43.3-63.6)	51.3 (40.8-61.7)	
	Cohabiting	16.5 (15.3-17.8)	3.7 (1.1-11.6)	1.7 (0.5-5.9)	
	Previously married ⁵	4.4 (3.9-5.0)	1.1 (0.5-2.4)	2.8 (1.3-6.0)	
Religion			<i>p</i> <0.0001	<i>p</i> <0.0001	0.0001
	Muslim	2.2 (1.8-2.6)	97.5 (94.6-98.9)	7.9 (4.1-14.9)	
	Hindu	0.9 (0.6-1.3)	0	44.1 (33.4-55.0)	
	Sikh	0.4 (0.2-0.6)	0	19.0 (11.9-28.8)	
	Christian /Other	36.6 (34.9-38.3)	0.2 (<0.1-1.4)	12.6 (6.7-22.4)	
	None	60.0 (58.2-61.7)	2.3 (1.0-5.3)	16.5 (9.5-27.0)	
Social class			<i>p</i> =0.193	<i>p</i> =0.135	0.028
	I/II	36.2 (34.4-38.1)	26.5 (17.9-37.5)	46.7 (35.5-58.4)	
	III NM/IIIM	43.4 (41.7-45.1)	51.1 (39.8-62.4)	35.5 (25.6-46.8)	
	IV/V/unemployed	20.4 (19.0-21.9)	22.4 (14.9-32.1)	17.8 (11.6-26.3)	
Highest level of education			<i>p</i> =0.473	<i>p</i> =0.001	0.001
	Degree (or higher)	21.4 (19.9-23.0)	17.7 (11.7-25.9)	32.8 (23.9-43.1)	
	A-level	14.3 (13.1-15.6)	16.2 (9.8-25.6)	17.6 (11.4-26.2)	
	GCSE/O-level/equivalent	47.3 (45.5-49.1)	44.1 (34.1-54.6)	43.7 (33.9-54.1)	
	None	17.0 (15.6-18.5)	22.0 (15.1-30.8)	5.9 (3.4-10.0)	
Born in the UK			<i>p</i> <0.0001	<i>p</i> <0.0001	0.237
	Born in the UK	91.6 (90.8-92.4)	56.1 (45.9-65.9)	50.6 (40.3-61.0)	
	Moved to UK aged <=16 years old	3.5 (3.0-4.1)	20.2 (13.7-28.8)	22.2 (15.6-30.7)	
	Moved to UK aged >16 years old	4.8 (4.3-5.5)	23.7 (16.6-32.5)	27.1 (19.1-37.0)	

Table 3: Socio-demographic characteristics: a comparison of Pakistanis, Indians and the general population, women

	All women % (95% CI)	Pakistani % (95% CI)	Indian % (95% CI)	p-value⁴
<i>Denominator</i> ^{1,2}	6942	188	222	
Age, years		<i>p</i> =0.237	<i>p</i> =0.225	
16-24	26.0 (24.7-27.4)	40.5 (31.5-50.2)	30.1 (21.9-40.2)	0.1619
25-34	37.5 (36.1-39.0)	40.1 (31.6-49.3)	40.7 (32.4-49.6)	
35-44	36.5 (35.2-38.0)	19.4 (13.0-28.9)	29.0 (22.1-37.1)	
Marital status		<i>p</i> =0.0001	<i>p</i> =0.0001	
Single	29.6 (28.2-31.1)	35.6 (26.5-50.0)	31.8 (23.4-41.6)	0.0583
Married	44.5 (43.0-46.0)	55.5 (45.6-65.0)	60.5 (51.0-69.2)	
Cohabiting	18.2 (17.1-19.3)	0.7 (0.2-2.9)	4.6 (1.7-11.4)	
Previously married ⁵	7.7 (7.1-8.3)	8.2 (5.3-12.3)	3.2 (1.7-6.0)	
Religion		<i>p</i> <0.0001	<i>p</i> <0.0001	<0.0001
Muslim	2.2 (1.8-2.6)	96.4 (89.1-98.9)	13.0 (7.8-29.8)	
Hindu	1.0 (0.7-1.3)	0	45.2 (35.7-54.9)	
Sikh	0.5 (0.3-0.8)	0.7 (0.2-3.0)	23.5 (15.4-34.1)	
Christian /Other	46.3 (44.8-47.8)	0	4.4 (2.0-9.4)	
None	50.1 (48.6-51.6)	2.8 (0.7-11.0)	14.0 (8.7-21.7)	
Social class		<i>p</i> =0.386	<i>p</i> =0.177	0.386
I/II	30.6 (29.0-32.1)	29.4 (18.8-42.9)	39.1 (28.9-50.5)	
III NM/IIIM	45.8 (44.3-47.4)	46.3 (33.7-59.5)	42.2 (32.2-52.8)	
IV/V/unemployed	23.6 (22.2-25.1)	24.2 (15.6-35.6)	18.7 (12.4-27.2)	
Highest level of education		<i>p</i> =0.027	<i>p</i> =0.006	
Degree (or higher)	17.5 (16.3-18.8)	17.0 (10.2-26.9)	29.2 (21.5-38.3)	0.004
A-level	16.1 (15.0-17.3)	28.8 (20.6-38.6)	16.6 (10.3-25.7)	
GCSE/O-level/equivalent	49.8 (48.3-51.4)	32.5 (25.6-40.3)	43.7 (34.4-53.5)	
None	16.6 (15.4-17.8)	21.8 (15.4-30.0)	10.5 (6.7-16.1)	
Born in the UK		<i>p</i> <0.0001	<i>p</i> <0.0001	0.237
Born in the UK	91.8 (91.0-92.5)	63.6 (54.1-72.1)	53.5 (44.3-62.6)	
Moved to UK aged ≤16 years old	3.5 (3.1-4.0)	20.0 (13.8-28.1)	22.1 (15.7-30.2)	
Moved to UK aged >16 years old	4.7 (4.2-5.3)	16.4 (10.7-24.4)	24.3 (17.9-32.3)	

Notes for Tables 2 & 3:

CI = Confidence Interval; GCSE = General Certificate of Education

1. Unweighted denominators; weighted percentages.
2. Denominator is all respondents aged 16-44 years.
3. p-value for difference between Pakistani and Indian men. p-values in previous columns refer to the difference between men in the specific ethnic groups and men of other ethnicities.
4. p-value for difference between Pakistani and Indian women. p-values in previous columns refer to the difference between women in the specific ethnic groups and women of other ethnicities.
5. Divorced, separated, widowed.

Table 4: Socio-demographic characteristics: a comparison of Pakistanis born and brought up in UK/Europe and Pakistanis born and brought up in Pakistan/South Asia, men

	Comparison 1: Place of birth			Comparison 2: Place of upbringing			
	All Pakistani men % (95% CI)	Pakistanis born in UK/Europe % (95% CI)	Pakistanis born in Pakistan/ South Asia % (95% CI)	<i>p</i> -value ³	Pakistanis born in UK & those moved to UK before 16 years % (95% CI)	Pakistanis who moved to UK aged at least 16 years % (95% CI)	<i>p</i> -value ⁴
<i>Denominator</i> ^{1,2}	168	88	80	-	125	43	-
Age, years				<i>p</i> =0.0001			<i>p</i> =0.0001
16-24	50.4 (39.4-61.5)	71.0 (56.3-82.3)	21.6 (12.9-33.9)		61.4 (48.5-72.8)	17.5 (7.0-37.3)	
25-34	27.8 (20.5-36.4)	24.9 (15.3-37.9)	31.9 (22.3-43.3)		25.9 (17.7-36.3)	32.7 (19.8-48.9)	
35-44	21.8 (14.0-32.1)	4.1 (0.6-23.0)	46.5 (33.6-59.9)		12.7 (6.2-24.3)	49.8 (31.8-67.8)	
Marital status				<i>p</i> <0.0001			<i>p</i> =0.0005
Single	42.2 (31.5-53.7)	61.0 (44.9-75.0)	15.8 (9.2-25.7)		52.9 (39.8-65.6)	10.8 (4.4-24.2)	
Married	53.0 (42.0-63.6)	37.6 (23.7-53.8)	74.5 (60.8-84.6)		40.9 (29.3-53.7)	88.6 (75.3-95.2)	
Cohabiting	3.9 (1.1-12.6)	0.8 (0.1-5.5)	8.3 (2.1-27.0)		5.1 (1.5-16.1)	0	
Previously married ⁵	1.0 (0.4-2.3)	0.6 (0.2-2.7)	1.4 (0.5-4.4)		1.1 (0.4-2.9)	0.6 (<0.01-4.2)	

Table 4 (continued): Socio-demographic characteristics: a comparison of Pakistanis born and brought up in UK/Europe and Pakistanis born and brought up in Pakistan/South Asia, men

	Comparison 1: Place of birth				Comparison 2: Place of upbringing		
	All Pakistani men % (95% CI)	Pakistanis born in UK/Europe % (95% CI)	Pakistanis born in Pakistan/ South Asia % (95% CI)	<i>p</i> -value ³	Pakistanis born in UK & those moved to UK before 16 years % (95% CI)	Pakistanis who moved to UK aged at least 16 years % (95% CI)	<i>p</i> -value ⁴
<i>Denominator</i> ^{1,2}	168	88	80	-	125	43	-
Religion				<i>p</i> =0.3146			<i>p</i> =0.3029
Muslim	97.4 (94.3-98.8)	98.3 (93.6-99.6)	96.1 (89.5-98.6)		96.6 (92.6-98.4)	100	
Christian	0.2 (<0.01-1.6)	0.4 (<0.01-2.7)	0		0.3 (<0.01-2.1)	0	
None	2.4 (1.0-5.6)	1.3 (0.2-6.8)	3.9 (1.4-10.5)		3.1 (1.3-7.2)	0	
Social class				<i>p</i> =0.2578			<i>p</i> =0.1540
I/II	26.2 (17.1-38.0)	32.4 (18.3-50.7)	19.8 (9.7-36.0)		28.3 (17.6-42.2)	21.3 (8.1-45.4)	
III NM/IIIM	50.9 (38.9-62.8)	50.7 (34.0-67.3)	51.1 (36.1-65.8)		51.2 (37.5-64.7)	6.4 (0.7-40.4)	
IV/V/unemployed	22.9 (14.8-33.6)	16.8 (9.0-29.3)	29.2 (17.2-45.0)		18.3 (12.0-26.8)	44.8 (7.4-89.2)	
Highest level of education				<i>p</i> =0.0136			<i>p</i> =0.0363
Degree (or higher)	18.2 (11.7-27.1)	16.1 (8.5-28.2)	21.1 (10.9-36.8)		16.1 (9.5-26.0)	24.5 (10.1-48.4)	
A-level	15.2 (8.7-25.2)	20.6 (10.6-36.2)	7.5 (3.3-16.4)		18.4 (10.1-31.0)	4.8 (1.4-15.2)	
GCSE/O-level/equivalent	45.7 (35.1-56.7)	51.6 (37.1-65.8)	37.3 (24.2-52.7)		49.7 (37.8-61.6)	34.5 (19.3-53.7)	
None	21.0 (14.4-29.5)	11.8 (6.4-20.6)	34.1 (21.9-48.7)		15.8 (10.5-23.1)	36.2 (19.0-57.9)	

Table 5: Socio-demographic characteristics: a comparison of Pakistanis born and brought up in UK/Europe and Pakistanis born and brought up in Pakistan/South Asia, women

	Comparison 1: Place of birth			<i>p</i> -value ³	Comparison 2: Place of upbringing		<i>p</i> -value ⁴
	All Pakistani women % (95% CI)	Pakistanis born in UK/Europe % (95% CI)	Pakistanis born in Pakistan/South Asia % (95% CI)		Pakistanis born in UK & those moved to UK before 16 years % (95% CI)	Pakistanis who moved to UK aged at least 16 years % (95% CI)	
<i>Denominator</i> ^{1,2}	180	104	76	-	146	34	-
Age, years				<i>p</i> =0.0000			<i>p</i> =0.0000
16-24	40.8 (31.2-51.0)	54.8 (42.0-67.0)	16.5 (9.3-27.4)		47.5 (37.1-58.2)	10.1 (3.5-25.9)	
25-34	43.0 (33.7-52.8)	39.8 (28.4-52.5)	48.5 (33.1-64.2)		43.2 (33.4-53.5)	39.8 (19.1-65.0)	
35-44	16.3 (10.3-24.8)	5.4 (1.8-15.6)	35.0 (21.8-51.1)		9.3 (5.1-16.5)	50.1 (26.8-73.3)	
Marital status				<i>p</i> =0.0000			<i>p</i> =0.0010
Single	36.2 (26.5-47.1)	49.7 (36.7-62.7)	12.8 (6.5-23.5)		42.7 (31.8-54.3)	7.1 (1.9-23.0)	
Married	56.3 (45.8-66.3)	46.2 (33.3-59.6)	73.9 (62.0-83.1)		49.9 (38.8-61.0)	82.6 (62.9-93.0)	
Cohabiting	0.7 (0.2-3.0)	0.5 (<0.01-3.8)	1.1 (0.2-7.5)		0.9 (0.2-3.6)	0	
Previously married ⁵	6.8 (4.4-10.3)	3.6 (2.2-6.0)	12.2 (6.4-21.9)		6.5 (4.1-10.1)	10.4 (3.9-24.9)	

Table 5 (continued): Socio-demographic characteristics: a comparison of Pakistanis born and brought up in UK/Europe and Pakistanis born and brought up in Pakistan/South Asia, women

	Comparison 1: Place of birth			<i>p</i> -value ³	Comparison 2: Place of upbringing		<i>p</i> -value ⁴
	All Pakistani women % (95% CI)	Pakistanis born in UK/Europe % (95% CI)	Pakistanis born in Pakistan/South Asia % (95% CI)		Pakistanis born in UK & those moved to UK before 16 years % (95% CI)	Pakistanis who moved to UK aged at least 16 years % (95% CI)	
<i>Denominator</i> ^{1,2}	180	104	76	-	146	34	-
Religion				<i>p</i> =0.2192			<i>p</i> =0.0382
Muslim	94.1 (83.1-98.1)	94.8 (82.6-98.6)	92.7 (62.7-99.0)		96.1 (86.5-98.9)	85.3 (42.8-97.8)	
Hindu	2.7 (0.4-17.2)	0	7.3 (1.0-37.3)		0	14.7 (2.3-57.3)	
None	2.9 (0.7-11.5)	4.5 (1.0-17.5)	0		3.5 (0.8-13.7)	0	
Social class				<i>p</i> =0.0022			<i>p</i> =0.1540
I/II	33.3 (20.6-49.1)	31.1 (17.0-49.8)	38.7 (16.5-66.9)		30.5 (18.8-45.5)	48.8 (8.3-90.9)	
III NM/IIIM	44.9 (31.0-59.6)	57.6 (39.6-73.8)	14.6 (5.7-32.9)		51.2 (37.5-64.7)	6.4 (0.7-40.5)	
IV/V/unemployed	21.8 (13.6-33.1)	11.3 (5.9-20.8)	46.7 (23.3-71.6)		18.3 (12.0-26.8)	44.8 (7.4-89.2)	
Highest level of education				<i>p</i> =0.0012			<i>p</i> =0.1573
Degree (or higher)	19.4 (11.7-30.4)	22.0 (12.2-36.6)	14.8 (5.4-34.6)		18.7 (10.8-30.5)	21.4 (5.8-54.6)	
A-level	26.7 (18.4-37.1)	35.0 (23.4-48.6)	12.2 (4.5-29.4)		28.4 (19.2-39.9)	20.1 (6.2-48.9)	
GCSE/O-level/equivalent	32.4 (25.3-40.4)	33.8 (24.1-45.0)	30.0 (19.8-42.4)		35.8 (27.6-45.1)	17.5 (8.2-33.5)	
None	21.5 (15.1-29.7)	9.3 (5.3-15.8)	43.1 (29.2-58.1)		17.0 (11.0-25.3)	41.0 (20.9-64.8)	

Notes for Tables 4 & 5:

CI = Confidence Interval; GCSE = General Certificate of Education

1. Unweighted denominators; weighted percentages.
2. Denominator is all Pakistani men (Table 4) or women (Table 5) respondents aged 16-44 years.
3. p-value for difference between Pakistani men/women born in UK/Europe and Pakistani men/women born in Pakistan/South Asia.
4. p-value for difference between Pakistani men/women born in the UK or moved to the UK before 16 years and Pakistani men/women who moved to the UK from Pakistan aged at least 16 years.
5. Divorced, separated, widowed.

5.3 Attitudinal perspectives

In the survey, respondents were asked “*how important are religion and religious beliefs to you, now?*” A larger proportion of Pakistani men and women than their Indians counterparts reported “*very important*” (Tables 6 and 7); among men: 58.2% vs. 33.9%; among women: 71.3% vs. 22.5%. These estimates compare to less than one in ten respondents of other ethnicities.

In terms of attitudes towards sex before marriage, approximately three-quarters of Pakistani respondents reported this as “*always, mostly or sometimes wrong*”, in contrast to less than half of Indians, and less than a sixth of respondents from other ethnic groups. After adjusting for socio-demographic differences, the AORs for reporting this attitude were 4.71 (95% CI 2.81-7.89) and 6.59 (95% CI 3.89-11.2) for Pakistani men and women, respectively. A larger proportion of Pakistani and Indian respondents reported abortion as “*always, mostly or sometimes wrong*” compared to respondents of other ethnicities. However, after adjustment this was only statistically significant for Pakistani women: AOR 4.27 (95% CI 1.69-10.8), while Indian women were significantly less likely than Pakistani women to report this: AOR 0.22 (95% CI 0.08-0.63).

When disaggregated by place of upbringing, Pakistani men brought up in Pakistan/South Asia were more likely to report religion as very important to them compared to those brought up in the UK (75.1% vs. 51.6%, respectively, AOR: 3.60 (95% CI 1.24-10.48) (see Table 12, Appendix C).

In terms of attitudes towards sex before marriage, Pakistani men brought up in Pakistan were more likely than those brought up in the UK to report premarital sex as wrong: (91.3% vs. 69.7%, respectively, AOR: 4.90 (95% CI 1.22-19.6) (Table 12, Appendix C). No differences were observed among men in attitudes towards abortion, with very high proportions from each category reporting it as wrong. No differences in importance of religion and attitudes to premarital sex and abortion were observed among women (Table 13, Appendix C).

Table 6: Attitudes towards religion, premarital sex and abortion among Pakistanis, Indians and the general population, men

	All men % (95% CI)	Pakistani % (95% CI)	Indian % (95% CI)	<i>p</i>-value³	Adjusted OR⁴ (95% CI) Pakistani vs. other ethnicities (ref.)	Adjusted OR⁴ (95% CI) Indian vs. other ethnicities (ref.)	Adjusted OR⁴ (95% CI) Indian vs. Pakistani (ref.)
<i>Denominator</i> ^{1,2}	5168	177	171	-	-	-	-
Importance of religion		<i>p</i> <0.0001	<i>p</i> <0.0001	<i>p</i> =0.001	<i>p</i> <0.0001	<i>p</i> =0.806	<i>p</i> =0.008
Very important	6.6 (5.9-7.4)	58.2 (47.1-68.4)	33.9 (24.5-44.8)		4.20 (2.50-7.03) ⁵	0.92 (0.48-1.77) ⁵	0.39 (0.20-0.78) ⁵
Quite important	14.9 (13.8-16.1)	22.4 (15.2-31.8)	21.0 (14.2-29.8)				
Not very important	40.0 (38.4-41.6)	17.2 (9.6-29.1)	33.5 (23.9-44.6)				
Not at all important	38.5 (36.8-40.2)	2.2 (0.9-5.2)	11.7 (6.7-19.6)				
Attitude towards sex before marriage:		<i>p</i> <0.0001	<i>p</i> <0.0001	<i>p</i> =0.0006	<i>p</i> <0.0001	<i>p</i> =0.475	<i>p</i> =0.003
Always/mostly/ sometimes wrong	13.8 (12.7-15.0)	72.3 (62.0-80.6)	46.7 (36.8-56.9)		4.71 (2.81-7.89)	1.22 (0.71-2.08)	0.33 (0.16-0.68)
Attitudes towards abortion:		<i>p</i> =0.0001	<i>p</i> =0.0005	<i>p</i> =0.269	<i>p</i> =0.083	<i>p</i> =0.107	<i>p</i> =0.473
Always/mostly/ sometimes wrong	75.9 (74.5-77.3)	95.1 (87.2-98.2)	90.6 (83.2-94.9)		2.70 (0.88-8.30)	1.82 (0.88-3.76)	0.65 (0.20-2.13)

Notes for Table 6:

1. Unweighted denominators; weighted percentages.
2. Denominator is all respondents aged 16-44 years.
3. *p*-value for difference between Pakistanis & Indians. *p*-values in previous two columns refer to the difference between respondents in the specific ethnic groups and respondents of other ethnicities.
4. Odds ratio (OR) adjusted for the socio-demographic variables shown in Tables 2 and 3.
5. Adjusted OR of reporting importance of religion as 'very important' vs. all other response options.

Table 7: Attitudes towards religion, premarital sex and abortion among Pakistanis, Indians and the general population, women

	All women % (95% CI)	Pakistani % (95% CI)	Indian % (95% CI)	<i>p</i> -value ³	Adjusted OR ⁴ (95% CI) Pakistani vs. other ethnicities (ref.)	Adjusted OR ⁴ (95% CI) Indian vs. other ethnicities (ref.)	Adjusted OR ⁴ (95% CI) Indian vs. Pakistani (ref.)
<i>Denominator</i> ^{1,2}	6942	188	222	-	-	-	-
Importance of religion		<i>p</i> <0.0001	<i>p</i> <0.0001	<i>p</i> <0.0001	<i>p</i> <0.0001	<i>p</i> =0.011	<i>p</i> <0.0001
Very important	7.9 (7.2-8.6)	71.3 (63.5-78.1)	22.5 (16.6-29.7)		10.6 (6.99-16.2) ⁵	0.53 (0.33-0.86) ⁵	0.09 (0.04-0.16) ⁵
Quite important	20.5 (19.4-21.7)	18.9 (13.4-26.0)	33.5 (25.9-42.1)				
Not very important	43.0 (41.6-44.4)	7.1 (4.3-11.4)	29.3 (21.7-38.2)				
Not at all important	28.7 (27.3-30.1)	2.7 (0.6-11.2)	14.7 (8.4-25.6)				
Attitude towards sex before marriage:		<i>p</i> <0.0001	<i>p</i> <0.0001	<i>p</i> <0.0001	<i>p</i> <0.0001	<i>p</i> =0.825	<i>p</i> <0.0001
Always/mostly/ sometimes wrong	14.6 (13.6-15.6)	78.2 (69.1-85.2)	45.9 (37.1-55.0)		6.59 (3.89-11.2)	1.05 (0.67-1.67)	0.20 (0.10-0.40)
Attitudes towards abortion:		<i>p</i> <0.0001	<i>p</i> =0.0065	<i>p</i> =0.017	<i>p</i> =0.002	<i>p</i> =0.562	<i>p</i> =0.005
Always/mostly/ sometimes wrong	74.3 (73.0-75.5)	95.4 (88.9-98.2)	85.4 (77.6-90.9)		4.27 (1.69-10.8)	1.18 (0.67-2.07)	0.22 (0.08-0.63)

Notes for Table 7:

1. Unweighted denominators; weighted percentages.
2. Denominator is all respondents aged 16-44 years.
3. *p*-value for difference between Pakistanis & Indians. *p*-values in previous two columns refer to the difference between respondents in the specific ethnic groups and respondents of other ethnicities.
4. Odds ratio (OR) adjusted for the socio-demographic variables shown in Tables 2 and 3.
5. Adjusted OR of reporting importance of religion as 'very important' vs. all other response options.

5.4 Circumstances around first sex

As previously reported, the median age at first intercourse for Pakistani and Indian respondents was significantly later than estimated for the population as a whole (Wellings et al. 2001; Fenton et al. 2005); among men: 20 years for Pakistanis and Indians *vs.* 17 years for all respondents; among women: 22 years for Pakistanis, 21 years for Indians, and 17 years for all respondents. This later average age is reflected in the finding that 30.6% of Pakistani men and 28.2% of Indian men reported being married at first sex, in comparison to 1.8% of both non-Pakistanis and non-Indians (Table 8). Among women, Indian women were less likely than Pakistani women to be married at first sex (45.8% *vs.* 74.8%, Table 9). The corollary of this is that Pakistani men, and to some extent (although not statistically significant) Indian men, were more likely than women to report having been in a *non*-marital relationship at first sex.

The majority of Pakistanis and Indians reported high levels of readiness (in that they did not regret the timing of first intercourse) and consensuality (in terms of willingness to have sex on this first occasion). No differences were found among Pakistani men and women and Indian men (only) when compared to respondents of other ethnicities. Indian women were more likely than people of other ethnicities to report that they or their partner was more willing at first sex: AOR 1.80 (95% CI 1.01-3.18), though significance ($p=0.044$) is borderline at the 0.05 level (Table 9). Pakistani men and women were however more likely to report *not* having used reliable contraception at first sex compared to others: AOR 2.33 (95% CI 1.26-4.33) and 3.16 (95% CI 1.40-7.14), respectively. This result was also observed for Indian women (only), AOR 1.90 (95% CI 1.06-3.41).

Using the constructed sexual competence variable used in previous analyses of Natsal-2, high proportions of both Pakistanis and Indians were defined as 'not sexually competent'. After adjusting for socio-demographic differences, Pakistani men and women and Indian women (only) were less likely to be sexually competent than those of other ethnicities: AOR 0.38 (95% CI 0.19-0.77), 0.36 (95% CI 0.16-0.80) and 0.37 (95% CI 0.20-0.68) respectively. The most reported reasons for first sex among Pakistani and Indian men were curiosity and a natural follow-on in the relationship; among women being in love and a natural follow-on in the relationship were the main

reasons. Few reported non-autonomous* reasons for first sex (i.e. peer pressure, being drunk, to please partner or forced/raped). No differences were found when compared to respondents of other ethnicities (see Tables 14 and 15, Appendix C).

When disaggregated by place of upbringing, a higher proportion of Pakistani men brought up in Pakistan reported being married at first sex, compared to respondents who were brought up in the UK (67.0% vs. 17.3%, respectively). After adjusting for age differences, this difference remained significant: AOR: 6.92 (95% CI 2.55-18.76) (see Table 16, Appendix C). No differences were observed among Pakistani women (Table 17, Appendix C).

Pakistani men brought up in Pakistan were less likely than those brought up in the UK to report that they or their partner was *more* willing at first sex: AOR: 0.10 (95% CI 0.01-0.80). A higher proportion of Pakistani men brought up in Pakistan than those brought up in the UK reported that they did not use reliable contraception at first sex (80.8% vs. 38.8%, respectively); however after adjusting for age differences this difference was of borderline statistical significance (AOR: 4.29 (95% CI 0.90-20.33), p=0.066) (Table 16, Appendix C). No differences were observed for women. However, Pakistani women who were brought up in Pakistan were significantly less likely than those brought up in the UK to be sexually competent: AOR: 0.03 (95% CI 0.03-0.26) (Table 17, Appendix C). No difference in sexual competence was observed for men.

Among men, high proportions in both categories reported autonomous reasons for first sex and no differences were observed between men brought up in the UK and those brought up in Pakistan. However among women, a much higher proportion of those brought up in Pakistan reported non-autonomous reasons for first sex compared to those brought up in the UK (69.6% vs. 4.2% respectively), however there is insufficient statistical power to determine whether this difference is statistically significant.

* Autonomous circumstances/reasons included: wanted to lose virginity, felt ready, in love, natural follow on in relationship, curiosity, carried away.

Table 8: Circumstances of first sex: a comparison of Pakistanis, Indians and the general population, men

	All men % (95% CI)	Pakistani % (95% CI)	Indian % (95% CI)	<i>p</i> -value ³	Adjusted OR ⁴ (95% CI) Pakistani vs. other ethnicities (ref.)	Adjusted OR ⁴ (95% CI) Indian vs. other ethnicities (ref.)	Adjusted OR ⁴ (95% CI) Indian vs. Pakistani (ref.)
<i>Denominator</i> ^{1,2}	4610	139	143	-	-	-	-
Status of partnership		<i>p</i> <0.0001	<i>p</i> <0.0001	0.048	<i>p</i> =<0.0001	<i>p</i> =0.364	<i>p</i> =0.366
Married	1.8 (1.4-2.3)	30.6 (20.5-42.9)	28.2 (19.3-39.0)		6.20 (2.12-18.2) ⁵	1.61 (0.58-4.49) ⁵	0.55 (0.15-2.05) ⁵
Engaged	0.7 (0.4-1.0)	2.5 (0.7-8.8)	0.6 (<0.1-4.2)				
Co-habiting but not married	0.2 (0.1-0.4)	1.1 (0.3-4.5)	0.4 (<0.1-3.1)				
Steady relationship	43.1 (41.6-44.6)	18.5 (10.8-29.8)	30.4 (21.7-40.7)				
Known for a while but not steady relationship	32.9 (31.4-34.4)	18.9 (12.3-27.9)	27.0 (18.9-36.9)				
Recently met	14.7 (13.6-15.9)	14.9 (8.1-25.6)	10.1 (4.9-19.4)				
Met for first time	5.2 (4.5-6.0)	11.6 (5.3-23.5)	3.4 (1.5-7.4)				
Knew well/for long time	0.5 (0.4-0.9)	1.5 (0.3-5.9)	0				
Other	0.9 (0.7-1.3)	0.6 (<0.1-4.3)	0				
Timing		<i>p</i> =0.4270	<i>p</i> =0.669	0.319	<i>p</i> =0.150	<i>p</i> =0.791	<i>p</i> =0.308
Wish waited longer	16.7 (15.5-18.0)	21.5 (14.4-30.8)	13.2 (7.2-22.9)		1.74 (0.82-3.68) ⁶	1.11 (0.51-2.42) ⁶	0.58 (0.21-1.65) ⁶
About the right time	76.3 (74.8-77.6)	72.0 (61.6-80.5)	79.9 (70.3-86.9)				
Should not have waited so long	7.1 (6.3-7.9)	6.5 (3.2-12.7)	7.0 (3.3-14.1)				

Table 8 (continued): Circumstances of first sex: a comparison of Pakistanis, Indians and the general population, men

	All men % (95% CI)	Pakistani % (95% CI)	Indian % (95% CI)	<i>p</i>-value³	Adjusted OR⁴ (95% CI) Pakistani vs. other ethnicities (ref.)	Adjusted OR⁴ (95% CI) Indian vs. other ethnicities (ref.)	Adjusted OR⁴ (95% CI) Indian vs. Pakistani (ref.)
<i>Denominator</i> ^{1,2}	4610	139	143	-	-	-	-
Willingness		<i>p</i> =0.088	<i>p</i> =0.518	0.083	<i>p</i> =0.181	<i>p</i> =0.821	<i>p</i> =0.169
Respondent more willing	4.1 (3.5-4.9)	10.0 (3.8-23.7)	2.7 (1.2-5.7)		1.78 (0.77-4.12) ⁷	1.12 (0.46-2.69) ⁷	0.46 (0.15-1.40) ⁷
Partner more willing	5.9 (5.2-6.7)	6.3 (3.0-12.6)	7.8 (3.3-17.6)				
Both willing	90.0 (89.0-91.0)	83.8 (71.8-91.3)	89.5 (80.2-94.8)				
Contraception used		<i>p</i> =0.0002	<i>p</i> =0.428	0.082	<i>p</i> =0.007	<i>p</i> =0.991	<i>p</i> =0.038
Only withdrawal	6.2 (5.4-7.1)	0.6 (<0.1-4.2)	4.8 (2.1-10.5)		}	}	}
Only rhythm method	0.8 (0.5-1.2)	0	0		2.33 (1.26-4.33) ⁸	1.00 (0.53-1.88) ⁸	0.36 (0.14-0.94) ⁸
Didn't use but partner may have done	5.1 (4.4-5.9)	6.1 (3.0-12.0)	3.9 (1.1-12.6)		}	}	}
Neither partner used any	23.1 (21.6-24.6)	47.2 (36.2-58.5)	28.1 (19.2-39.0)		}	}	}
Only condom	41.4 (39.7-43.1)	38.2 (27.1-50.6)	49.2 (38.1-60.5)		}	}	}
Only 'other' including pill	16.8 (15.6-18.0)	6.2 (2.2-16.7)	9.8 (4.7-19.4)		}	}	}
Used condom and 'other' (including pill)	6.8 (6.0-7.8)	1.7 (0.5-5.6)	4.2 (1.6-10.8)		}	}	}
Sexual competence		<i>p</i> =0.001	<i>p</i> =0.316	0.0794	<i>p</i> =0.007	<i>p</i> =0.378	<i>p</i> =0.126
Not sexually competent	56.5 (54.8-58.2)	75.9 (64.3-84.6)	62.2 (50.7-72.4)		0.38 (0.19-0.77) ⁹	0.77 (0.43-1.38) ⁹	2.17 (0.80-5.91) ⁹

Notes for Table 8:

1. Unweighted denominators, weighted percentages and adjusted odds ratios.
2. Denominator is respondents who reported having had sex aged 13+.
3. *p*-value for difference between Pakistanis and Indians. *p*-values in previous two columns refer to the difference between respondents in the specific ethnic groups and respondents of other ethnicities.
4. Odds ratio (OR) of reporting outcome adjusted for the socio-demographic variables in Table 2 and age at first intercourse.
5. Adjusted OR of reporting being married at first sex vs. not married.
6. Adjusted OR of reporting “wish waited longer” vs. reporting “about the right time” or “should not have waited so long”
7. Adjusted OR of respondent more willing or partner more willing vs. equally willing.
8. Adjusted OR of not using reliable contraception (withdrawal, rhythm method, respondent not using but partner may have done, neither partner using) vs. using (reliable) contraception (condom and/or ‘other’ including the pill).
9. Adjusted OR of respondent being sexually competent vs. not sexually competent at first sex.

Table 9: Circumstances of first sex: a comparison of Pakistanis, Indians and the general population, women

	All women % (95% CI)	Pakistani % (95% CI)	Indian % (95% CI)	<i>p</i> -value ³	Adjusted OR ⁴ (95% CI) Pakistani vs. other ethnicities (ref.)	Adjusted OR ⁴ (95% CI) Indian vs. other ethnicities (ref.)	Adjusted OR ⁴ (95% CI) Indian vs. Pakistani (ref.)
<i>Denominator</i> ^{1,2}	6369	141	194	-	-	-	-
Status of partnership		<i>p</i> <0.0001	<i>p</i> <0.0001	0.004	<i>p</i> <0.0001	<i>p</i> =0.556	<i>p</i> =0.018
Married	4.0 (3.4-4.5)	74.8 (63.1-83.8)	45.8 (36.3-55.6)		9.53 (3.11-29.2) ⁵	1.25 (0.59-2.65) ⁵	0.26 (0.09-0.79) ⁵
Engaged	2.8 (2.4-3.3)	4.5 (1.8-10.7)	5.0 (2.6-9.5)				
Co-habiting but not married	0.6 (0.4-0.8)	0	0.3 (<0.1-2.0)				
Steady relationship	60.8 (59.4-62.2)	5.1 (2.9-8.7)	27.3 (19.4-37.0)				
Known for a while but not steady relationship	21.7 (20.6-22.9)	9.4 (3.8-21.4)	15.0 (7.9-26.8)				
Recently met	7.4 (6.7-8.2)	5.7 (1.8-17.0)	4.0 (1.8-8.7)				
Met for first time	2.0 (1.6-2.4)	0.5 (<0.1-3.6)	1.8 (0.7-4.7)				
Knew well/for long time	0.2 (0.1-0.4)	0	0				
Other	0.5 (0.4-0.8)	0	0.8 (0.1-5.2)				
Timing		<i>p</i> =0.020	<i>p</i> =0.0002	0.542	<i>p</i> =0.234	<i>p</i> =0.907	<i>p</i> =0.249
Wish waited longer	35.7 (34.3-37.1)	20.9 (13.0-31.9)	21.7 (14.0-32.2)		2.29 (0.58-8.96) ⁶	1.04 (0.56-1.94) ⁶	0.53 (0.17-1.58) ⁶
About the right time	61.6 (60.2-63.0)	74.8 (63.8-83.3)	69.8 (59.5-78.4)				
Should not have waited so long	2.7 (2.3-3.2)	4.3 (1.6-11.2)	8.5 (4.3-15.9)				

Table 9 (continued): Circumstances of first sex: a comparison of Pakistanis, Indians and the general population, women

	All women % (95% CI)	Pakistani % (95% CI)	Indian % (95% CI)	<i>p</i> -value ³	Adjusted OR ⁴ (95% CI) Pakistani vs. other ethnicities (ref.)	Adjusted OR ⁴ (95% CI) Indian vs. other ethnicities (ref.)	Adjusted OR ⁴ (95% CI) Indian vs. Pakistani (ref.)
<i>Denominator</i> ^{1,2}	6369	141	194	-	-	-	-
Willingness		<i>p</i> =0.332	<i>p</i> =0.434	0.175	<i>p</i> =0.244	<i>p</i> =0.044	<i>p</i> =0.688
Respondent more willing	1.2 (0.9-1.6)	0.9 (0.2-3.7)	1.0 (0.3-3.6)		1.53 (0.75-3.16) ⁷	1.80 (1.01-3.18) ⁷	1.30 (0.50-2.88) ⁷
Partner more willing	22.5 (21.3-23.7)	17.6 (11.5-25.9)	27.2 (18.7-37.6)				
Both willing	76.3 (75.0-77.5)	81.6 (73.1-87.9)	71.9 (61.4-80.4)				
Contraception used		<i>p</i> <0.0001	<i>p</i> =0.071	0.001	<i>p</i> =0.006	<i>p</i> =0.032	<i>p</i> =0.651
Only withdrawal	5.2 (4.6-5.8)	2.2 (0.7-7.1)	5.0 (2.0-11.8)		}	}	}
Only rhythm method	0.7 (0.5-0.9)	1.2 (0.2-7.8)	2.0 (0.7-5.8)		3.16 (1.40-7.14) ⁸	1.90 (1.06-3.41) ⁸	0.83 (0.37-1.88) ⁸
Didn't use but partner may have done	0.5 (0.4-0.7)	0.4 (<0.1-2.7)	1.1 (0.3-4.4)		}	}	}
Neither partner used any	21.9 (20.7-23.1)	54.5 (43.1-65.5)	27.7 (20.7-36.0)		}	}	}
Only condom	44.9 (43.3-46.4)	19.5 (11.9-30.1)	47.7 (37.8-57.8)		}	}	}
Only 'other' including pill	18.4 (17.3-19.5)	17.3 (9.9-28.7)	11.5 (6.8-18.7)		}	}	}
Used condom and 'other' (including pill)	8.5 (7.7-9.4)	4.9 (1.4-15.6)	4.8 (2.3-10.0)		}	}	}
Sexual competence		<i>p</i> =0.006	<i>p</i> =0.041	0.254	<i>p</i> =0.012	<i>p</i> =0.001	<i>p</i> =0.655
Not sexually competent	58.3 (56.9-59.8)	76.6 (63.7-85.9)	68.0 (58.8-76.0)		0.36 (0.16-0.80) ⁹	0.37 (0.20-0.68) ⁹	0.81 (0.31-2.02) ⁹

Notes for Table 9:

1. Unweighted denominators, weighted percentages and adjusted odds ratios.
2. Denominator is respondents who reported having had sex aged 13+.
3. *p*-value for difference between Pakistanis and Indians. *p*-values in previous two columns refer to the difference between respondents in the specific ethnic groups and respondents of other ethnicities.
4. Odds ratio (OR) of reporting outcome adjusted for the socio-demographic variables in Table 3 and age at first intercourse.
5. Adjusted OR of reporting being married at first sex vs. not married.
6. Adjusted OR of reporting “wish waited longer” vs. reporting “about the right time” or “should not have waited so long”
7. Adjusted OR of respondent more willing or partner more willing vs. equally willing.
8. Adjusted OR of not using reliable contraception (withdrawal, rhythm method, respondent not using but partner may have done, neither partner using) vs. using (reliable) contraception (condom and/or ‘other’ including the pill).
9. Adjusted OR of respondent being sexually competent vs. not sexually competent at first sex.

5.5 Source and adequacy of sexual information

Pakistani women were more likely to report learning about sex from lessons at school than women not of their ethnicity: AOR 2.23 (95% CI 1.27-3.90), Table 10. While learning about sex from parent(s) was not commonly reported overall (6.4% of all men and 17.5% of all women), this was even less so among respondents of Pakistani and Indian origin. Related to this is the finding that Pakistani men and women and Indian women were more likely than other respondents to report that they did not discuss sex with their parents during adolescence: AORs 6.41 (95% CI 3.15-13.0), 2.04 (95% CI 0.99-4.17), and 2.62 (95% CI 1.57-4.37), respectively, Tables 10 and 11. Overall, the majority of respondents (three in four) felt that they had needed more information about sex when they had first had sexual intercourse. While a smaller proportion of Pakistani men and women reported this need (69.7% vs. 78.7% of all men, and 62.8% vs. 78.5% of all women), this was not statistically significant after adjusting for socio-demographic differences or age at first intercourse.

When disaggregated by place of upbringing, Pakistani men and women brought up in Pakistan were less likely than those brought up in the UK to report that their main source of sex education was lessons at school: Men: (0% vs. 36.7% respectively) Women: (9.0% vs. 54.7% respectively), AOR: 0.10 (95% CI 0.02-0.43). No differences were observed for Pakistani men and women in terms of communication with parents about sexual issues: high proportions from each category reported that they did not discuss sexual issues with their parents. Pakistani men brought up in Pakistan were less likely than those brought up in the UK to report that they needed more information at first sex: AOR: 0.15 (95% CI 0.06-0.40) (Tables 18 and 19, Appendix C).

Table 10: Learning about sex: a comparison of Pakistanis, Indians and the general population, men

	All men % (95% CI)	Pakistani % (95% CI)	Indian % (95% CI)	p-value³	Adjusted OR⁴ (95% CI) Pakistani vs. other ethnicities (ref.)	Adjusted OR⁴ (95% CI) Indian vs. other ethnicities (ref.)	Adjusted OR⁴ (95% CI) Indian vs. Pakistani (ref.)
<i>Denominator</i> ^{1,2}	5168	177	171	-	-	-	-
Main source of sex education							
Lessons at school	22.4 (21.1-23.8)	<i>p</i> =0.0001 27.2 (17.9-39.1)	<i>p</i> =0.005 31.7 (22.2-43.0)	0.030	<i>p</i> =0.956 0.98 (0.49-1.95) ⁵	<i>p</i> =0.125 1.58 (0.88-2.83) ⁵	<i>p</i> =0.209 1.71 (0.74-3.96) ⁵
Doctor/nurse/clinic	<0.1 (<0.1-0.2)	0.1 (<0.1-1.0)	0				
Parent	6.4 (5.6-7.2)	1.0 (0.2-4.0)	0.4 (<0.1-1.6)				
Sibling	3.4 (2.8-4.0)	0.8 (0.2-3.2)	1.0 (0.3-2.9)				
Peers	36.3 (34.7-37.8)	40.0 (29.7-51.0)	37.2 (27.5-48.1)				
First sexual partner	15.6 (14.5-16.7)	7.1 (3.6-13.8)	9.6 (5.0-17.7)				
Media	12.2 (11.2-13.3)	12.0 (7.2-19.3)	18.3 (11.9-27.0)				
Other	3.8 (3.2-4.4)	11.9 (6.1-21.9)	1.9 (0.8-4.7)				
Communication with parents about sex in adolescence							
Did not discuss	74.6 (73.0-76.1)	<i>p</i> =0.009 91.1 (81.6-96.0)	<i>p</i> =0.004 77.0 (67.3-84.6)	0.040	<i>p</i> <0.0001 6.41 (3.15-13.0) ⁶	<i>p</i> =0.433 1.27 (0.70-2.28) ⁶	<i>p</i> =0.004 0.22 (0.08-0.61) ⁶
Easy with one/both	15.8 (14.6-17.1)	1.3 (0.3-5.2)	6.5 (2.6-15.6)				
Difficult	8.2 (7.3-9.3)	7.6 (3.1-17.4)	16.2 (10.2-24.6)				
Varied/depended on topic	1.4 (1.1-1.8)	0	0.3 (<0.1-2.1)				
Adequate information at 1st sex, grouped⁷							
Needed more information	78.7 (77.1-80.3)	<i>p</i> =0.097 69.7 (57.0-80.0)	<i>p</i> =0.828 77.6 (66.6-85.8)	0.319	<i>p</i> =0.105 0.59 (0.31-1.12)	<i>p</i> =0.573 0.83 (0.44-1.58)	<i>p</i> =0.705 1.18 (0.49-2.85)

Table 11: Learning about sex: a comparison of Pakistanis, Indians and the general population, women

	All women % (95% CI)	Pakistani % (95% CI)	Indian % (95% CI)	<i>p</i> -value ³	Adjusted OR ⁴ (95% CI) Pakistani vs. other ethnicities (ref.)	Adjusted OR ⁴ (95% CI) Indian vs. other ethnicities (ref.)	Adjusted OR ⁴ (95% CI) Indian vs. Pakistani (ref.)
<i>Denominator</i> ^{1,2}	6942	188	222	-	-	-	-
Main source of sex education							
Lessons at school	26.0 (24.7-27.2)	<i>p</i> <0.0001 46.9 (37.1-56.9)	<i>p</i> =0.003 34.4 (26.4-43.5)	0.2835	<i>p</i> =0.005 2.23 (1.27-3.90) ⁵	<i>p</i> =0.026 1.77 (1.07-2.93) ⁵	<i>p</i> =0.729 0.87 (0.39-1.95) ⁵
Doctor/nurse/clinic	0.4 (0.2-0.6)	1.1 (0.3-3.4)	1.6 (0.3-7.4)				
Parent	17.5 (16.5-18.6)	2.8 (1.2-6.3)	4.7 (1.8-11.3)				
Sibling	4.8 (4.3 -5.5)	5.4 (2.2-12.5)	6.9 (3.0-14.8)				
Peers	29.2 (27.9-30.6)	16.1 (10.6-23.5)	25.7 (18.1-35.1)				
First sexual partner	7.1 (6.5-7.8)	6.4 (3.6-11.3)	7.9 (4.7-13.0)				
Media	11.1 (10.3-12.0)	12.9 (7.3-21.8)	14.7 (9.8-21.6)				
Other	3.8 (3.4-4.4)	8.6 (4.0-17.4)	4.1 (2.3-7.2)				
Communication with parents about sex in adolescence							
Did not discuss	57.1 (55.6-58.6)	<i>p</i> =0.0001 78.8 (69.8-85.6)	<i>p</i> =0.0001 70.8 (61.2-78.9)	0.167	<i>p</i> =0.052 2.04 (0.99-4.17) ⁶	<i>p</i> <0.0001 2.62 (1.57-4.37) ⁶	<i>p</i> =0.455 1.37 (0.60-3.13) ⁶
Easy with one/both	27.0 (25.7-28.3)	9.4 (4.5-18.5)	9.0 (5.0-15.9)				
Difficult	13.8 (12.8-14.9)	9.9 (5.7-16.7)	19.5 (12.3-29.3)				
Varied/depended on topic	2.2 (1.8-2.6)	2.0 (0.7-5.6)	0.7 (0.2-2.1)				
Adequate information at 1st sex, grouped ⁷							
Needed more information	78.5 (77.2-79.7)	<i>p</i> =0.002 62.8 (50.5-73.7)	<i>p</i> =0.835 79.2 (71.4-85.3)	0.016	<i>p</i> =0.593 0.83 (0.41-1.66)	<i>p</i> =0.455 1.24 (0.71-2.15)	<i>p</i> =0.323 1.56 (0.64-3.77)

Notes for Tables 10 & 11:

1. Unweighted denominators, weighted percentages and adjusted odds ratios.
2. Denominator is all respondents aged 16-44 years, unless stated –see note 7.
3. *p*-value for difference between Pakistanis and Indians. As in other tables, *p*-values in other columns refer to the difference between respondents in the specific ethnic groups and all other respondents.
4. Odds ratio (OR) of reporting outcome adjusted for the socio-demographic variables shown in Tables 2 and 3 and age at first intercourse.
5. Adjusted OR of reporting lessons at school as main source of sex education *vs.* all other sources.
6. Adjusted OR of reporting ‘did not discuss’ *vs.* easy/difficult/depended on topic.
7. Denominator is respondents who reported having had sex aged 13+.

5.6 Discussion

Previous sexual behaviour analyses of Natsal-2 have found that Pakistanis and Indians have a low prevalence of sexual risk behaviours (reported later age at first sex and fewer partners) and of adverse sexual health outcomes (reported STI diagnosis, HIV testing and genitourinary medicine (GUM) clinic attendance) relative to other ethnic groups (Fenton et al. 2005). My data on differences in sexual attitudes and patterns of sexual debut and marriage (including highly assortative sexual mixing within ethnic groups) may in part help explain some of these findings, particularly the reported later age at first sex.

At interview three-quarters of Pakistanis considered religion as '*very important*' to them and were more likely than other respondents to report premarital sex and abortion as wrong, even after adjusting for socio-demographic differences. This is consistent with qualitative studies showing South Asians have 'conservative' sexual attitudes (Coleman and Testa 2008; French et al. 2005) and may reflect how premarital sex and abortion are disapproved of and/or forbidden in Islam, the predominant religion reported by the Pakistanis sampled. While a smaller proportion of Indians than Pakistanis described religion as '*very important*', this was still a significantly larger proportion than observed among respondents of ethnicities other than Indian.

However, approximately two-thirds of Pakistani men reported being in casual or regular non-marital relationships at first sex, suggesting that attitudes are not necessarily consonant with behaviour. Although we do not have data in Natsal-2 on the importance of religion at first sex, it may be that attitudes towards religion change over the life course, gaining in significance in older age and particularly when married. Reporting premarital sex as wrong at the same time as occurrence of premarital sexual activity has been reported elsewhere (Griffiths et al. 2008; Sinha et al. 2007). Individuals may maintain religious perspectives yet at the same time engage in behaviours that challenge the ideological principles of those perspectives. In my previous research I found that young unmarried people of Bangladeshi origin reported sexual activity before marriage, yet still considered premarital sex to be wrong. Some of these young people experienced a range of complex, conflicting emotions and perspectives borne out of a personal need to reconcile feelings of guilt for having had premarital sex and therefore

having deviated from their cultural or faith norms/beliefs, with simply doing what on the other hand they also felt was normal and occurring among their peers (Griffiths et al. 2008).

When I disaggregated Pakistanis into those brought up in the UK versus those brought up in Pakistan, a few significant differences were observed. For example, Pakistani men brought up in Pakistan reported more conservative attitudes: they were more likely than those brought up in UK to report religion as very important and more likely to report premarital sex a wrong – possibly reflecting a more conservative upbringing and environment in Pakistan in relation to sexual matters and sexual norms. These more conservative attitudes are also reflected in the finding that a higher proportion of men brought up in Pakistan were married at first sex.

Behavioural assumptions based on whether someone holds a particular faith perspective therefore warrant caution. Simply knowing someone's ethnicity and/or religion does not mean we can assume what their sexual health behaviours or attitudes may be. Research has shown that social markers such as culture, gender, religion, generation and age all influence people in aspects of sexual relationships and that these may have different meanings for different individuals, thus adding complexity to the patterning of sexual risk and protection (Sinha et al. 2007).

In terms of contraceptive use at first sex, Indian respondents reported similar levels of use to that of others in the general population. In contrast, over half of Pakistanis reported that neither they, nor their partner, used contraception at first sex. However, it is important to note that a large percentage of Pakistani women reported being married at first sex so contraception may not have been relevant if they wished to become pregnant. It is necessary though to consider whether birth control at first sex is perhaps not readily accessible or negotiable with a partner as family planning intentions may be influenced by cultural and familial expectations of fertility (i.e. motherhood soon after marriage) rather than their own preferences (Elam et al. 1999; Hennink et al. 1999a). The 'Exploring Ethnicity and Sexual Health' (EXES) study conducted just before Natsal-2 found that South Asian women became pregnant shortly after marriage, but would have preferred to have delayed a first pregnancy (Elam et al. 1999). It was not possible to examine these hypotheses as questions on reasons for non-use of contraception at first intercourse were not asked in Natsal-2. It is not possible to

estimate whether married women not using contraception at first sex were at risk of unplanned or unwanted conception.

Previous analyses of contraceptive use and ethnic variation in Natsal-2 showed that sexually active married Pakistani and Indian women reported the lowest overall use of contraception but they also reported using barrier methods more than other minority groups. In contrast, among single women the proportion reporting contraceptive use was highest in Indian women (Saxena et al. 2006). Reasons for contraceptive non-use may also be attributable to religious beliefs that prohibit use. There is a need to better understand attitudes and cultural or faith presumptions regarding fertility and contraception so that services can develop culturally sensitive provision and meet the needs of women from these ethnic backgrounds. Non-use of contraception may also be due to a lack of awareness and poor knowledge. Many South Asian women actually have little knowledge of contraception until after their first birth (Hennink et al. 1999a). My data showed that three-quarters of all respondents in Natsal-2 reported wanting more information about sex around the time they first had intercourse. While Pakistani women were found to be less likely to report this, the majority of these women still reported having wanted more information. This is consistent with others' reports of a desire for more sexual health information among these ethnic groups (French et al. 2005; Griffiths et al. 2008; Testa and Coleman 2006) despite cultural taboos surrounding sex and sexual matters.

These data have implications for sex and relationship education (SRE), but also when planning and delivering sexual health promotion specifically for Pakistanis and Indians, especially women, for whom lessons at school were more likely to be reported as their main source of sex education relative to their male counterparts and women of other ethnic groups. This is also important because Indians and Pakistanis were less likely than respondents of other ethnicities to report that they had found it easy to talk to their parents about sexual matters during their adolescence.

Natsal-2 data are now over a decade old. There is a need to consider whether behaviours are changing among today's younger generations of Pakistanis and Indians. In the EXES study, cultural and religious experiences were important among South Asians in shaping sexual attitudes (Elam et al. 1999). The authors stated that these would continue to be stronger determinants of early sexual experiences than residing or socialising in

the UK. However, they also noted that South Asian males in particular were changing, with increased contact with the opposite sex and more liberal attitudes towards sexual relationships compared to previous generations. This is consistent with the finding in this study that two-thirds of Pakistani men were in non-marital relationships at first sex.

Over the past decade and since the fieldwork for Natsal-2, other research, although limited, confirms this behavioural change, with young South Asians reported as more commonly engaging in premarital sexual activity compared to their parents' generation (Bradby and Williams 1999; French et al 2005; Griffiths et al. 2008; Hennink et al 1999b; Jayakody et al. 2005; Sinha et al. 2005; Testa and Coleman 2006). Further work is needed to understand the factors underpinning this change as well as ethnic and gender variation, the extent of sexual activity and any corresponding increase in sexual health risk. As previously described, a limitation to some of these studies is the collation of those from different South Asian ethnicities under one category. Future research on the sexual health of South Asians needs to look at the sexual health needs of the individual ethnic groups to ascertain the similarities but also the differences.

The strength of Natsal-2 lies in it being a national probability survey that over-sampled Britain's four main ethnic minority groups to provide robust estimates of key sexual behaviours for these groups. Nonetheless, detailed within-group analyses (e.g. by religion, age or marital status) were limited due to small numbers of Pakistani and Indian respondents and is the reason for the focus of the data presented. As described in Chapter 2, deviation from cultural norms may have consequences for people from South Asian communities. Culturally unacceptable behaviours may be underreported in surveys for fear of adverse judgement and socially desirable answers provided instead (Elam and Fenton 2003). This may have led to some under-reporting of sexual attitudes and behaviours or provision of culturally acceptable answers among Pakistani and Indian respondents in Natsal-2. Under or over-reporting may be more likely when considering who was present at the time of the interview. For two-thirds of interviews, someone else was in the house, and in one-third of cases this person(s) was within earshot. For example, this may have influenced responses around questions to do with regret, willingness, autonomy in decision-making and so on. These issues may sometimes be bound or influenced by cultural norms thus varying from culture to culture or from faith to faith. Responses to questions about first sexual experiences may also be influenced by whether an individual is married or unmarried at the time of

interview and also who is within earshot of the interview. It is also important to acknowledge that, for some respondents, learning about sex and their first sexual intercourse may have occurred some time before their interview for Natsal-2, which is a limitation of cross-sectional retrospective survey data.

Using the sexual competence construct derived for analysis of Natsal-2 in 2001, a very high proportion of Pakistani men (75.9%) and women (76.6%) and two thirds of Indian women were considered “not sexually competent” and after adjusting for socio-demographic variables they were less likely to be sexually competent than those of other ethnicities (Tables 6 and 7). When disaggregated by place of upbringing, Pakistani women brought up in Pakistan were less likely to be sexually competent compared to those brought up in the UK. However, interpretation of this ‘sexual non-competence’ requires some consideration. If driven by poor contraceptive/condom use (I found high proportions of Pakistanis to be relatively ‘competent’ based on the other variables of the construct i.e. timing, willingness, autonomous reason for sex (e.g. curiosity, not drunk, in love etc.), this may not be relevant if it is occurring within the context of marriage and is planned by both partners. However, as described it is not possible to determine the risk of unplanned and/or unwanted conception in Natsal-2. Although the sexual competence differences between women brought up in the UK versus those brought up in Pakistan may be in part attributed to the finding that a higher proportion of those brought up in Pakistan reported non-autonomous reasons for first sex, insufficient statistical power prevents further exploration of this.

As a crude construct sexual competence was a measure developed to look at circumstances around first sex for the general population, the majority of whom are not married at first sex. Caution is perhaps required in adopting this terminology to all groups of people. The composite measure is derived from variables that may have different meanings for those who are married versus unmarried. Some of the variables used to construct the measure may also carry different interpretations for people for whom faith and cultural values play a role in shaping not only behaviour, but also what are considered legitimate or socially acceptable reasons for actions or behaviours. For example, concepts of love, autonomy of decision-making and issues of regret may be bound by cultural and religious perspectives and may differ depending on whether an individual is married or unmarried at first sex, thus making many of the components of sexual competence culturally specific. If, as my analysis has shown, sexual non-

competence may be driven by a poor score in just one of the variables of the composite measure (e.g. poor contraceptive use), the value of such a measure, if reported in isolation, requires some caution, particularly when applied to particular ethnic minority groups. Without being clear or unpacking what specifically drives the sexual non-competence there is the risk of stigmatising particular groups.

The third National Survey of Sexual Attitudes and Lifestyles, which began in 2010, with a similar sample size, did not over-sample ethnic minorities. Natsal-2 therefore remains the most reliable source of sexual behavioural and attitudinal data available for Pakistanis and Indians in Britain. Another strength of Natsal-2 is that it enabled me to consider the data for these two ethnic groups separately rather than under the generic heading of ‘South Asian’, which would have meant that a number of differences would not have been detected. Even so, I acknowledge that the approach is still relatively crude and that it is likely to have masked the heterogeneity of behaviours, cultures and beliefs found within these ethnic groups. This is a limitation of quantitative analyses but the insights that have been gained will complement the findings of other qualitative studies and the qualitative component of this thesis to better understand the interplay between attitudes, culture, faith, and sexual behaviour.

The following three chapters present the qualitative component of this thesis. In the next, I present the young people’s social and cultural life contexts, before going on to present an account of their relationships, sexual behaviour and sexual health promotion needs.

Chapter 6 The social and cultural life contexts of young Pakistanis

6.1 Introduction

This chapter presents interview data from the community workers working directly with young Pakistanis in Newham, as well as from the young people themselves. It provides a descriptive analysis and account of key life issues for young Pakistanis. The rationale for collecting, analysing and documenting data on the social and cultural features of these young people's lives was to get a sense of some of the issues or 'upstream' factors that may shape their experiences of relationships and sexual intimacy. It was important to develop an understanding of some of the individual, social and structural factors at play in order to be able to situate and contextualise information on their sexual attitudes, behaviours and needs (Chapters 7 and 8).

I begin by presenting the community workers' perspectives followed by the young people's narratives. Researchers and frontline workers can sometimes be criticised for stereotyping their patients, clients and participants. I therefore wanted to present the young people's narratives after the workers' accounts to enable the reader to see the extent to which perceptions of particular behaviours are borne out in the actual experiences of young Pakistanis.

6.2 Community worker perspectives

6.2.1 Introduction

All the community workers I interviewed (n=8) were of South Asian ethnicity, and two of them were of Pakistani origin. Five of the eight workers were female. Their ages ranged from mid-twenties through to late forties. Cumulatively they represent 60 years of experience of working with young people, and all of them have experience of working directly with Pakistani young people in Newham. At the time of interview they came from different community-based organisations situated across Newham and catering for the needs of young people. Three of the organisations worked specifically with South Asian communities. The workers' roles included: youth working, youth

centre management, community development, and outreach sexual health promotion. With the exception of one worker, all had experience of working with young people around sexual health issues.

Two of the young men who took part in the young people's interviews were also part-time youth workers. Their interview narratives focused on their life contexts and their sexual behaviour but they also made frequent reference to issues they experienced via their youth work. Where relevant I include the experiences and perspectives of these two young men alongside the community worker's accounts. Throughout the research period I also met with a number of different community workers primarily in the process of recruitment and in building up knowledge of Newham. These informal meetings sometimes took the form of an interview and I frequently took field notes of these encounters. The community worker's narratives are structured under two main sections: 1) Familial, social and general life issues for young Pakistanis in Newham and 2) The role of religion and identity for young Pakistanis.

6.2.2 Familial, social and general life issues for young Pakistanis

The community workers were asked to give their thoughts on Newham and what they perceived to be some of the key life issues for young Pakistanis living in the borough. Newham was described as an exciting borough to work in, and different to neighbouring boroughs. This was primarily because of its diversity of young people:

Newham is a real joy to work in. Mostly because it has such a wide range of young people from such a huge breadth of backgrounds in terms of their ethnicity, their lifestyles, their beliefs, their value systems, all of that. And I've found that young people here are in the main, actually quite receptive and open to a lot of things (Female worker 7).

There was a common perception among the community workers that many young people experienced similar life issues irrespective of their background, and that these were related to being a teenager and the process of developing an individual and social identity. These general issues were described as the dynamics of settling into school and

coping with educational attainment, pressures from popular culture (in terms of the perceived importance of status, money and power), the process of forming social and personal relationships and the development of peer groups. The workers also emphasised that young people often need to feel valued and respected and that they want to be recognised for their efforts in life, but this is sometimes hindered by dysfunctional home contexts, negative societal perceptions of youth culture, and low self-esteem stemming from underachievement at school. Specifically referring to young women in Newham, some of the community workers highlighted problematic issues such as truancy from school, ‘unhealthy’ relationships with older boys, and high levels of competition between girls in terms of body image, fashion and boyfriends. The need for the latest fashion items and cosmetics combined with financial hardship was also thought to account for the increased number of cases of shop-lifting found among many young women in the area.

For the young men in Newham some of the key issues the community workers referred to were safety on the streets, gang culture, and knife crime. The gang issues and conflicts were frequently described as race related, with divisions between Black and South Asian young men in many localities. However individual South Asian ethnicities i.e. Bangladeshis, Indians, Pakistanis and Sikhs were also described as being in conflict and opposition. Some gang issues were perceived as being more related to geography and locale rather than race or ethnicity, for example when different parts of Newham or even roads or estates came into conflict with one another. Other key issues for young men were described as truancy from school, increasing drug use (primarily cannabis) and the perceived lack of male role models. The community workers acknowledged that these issues were generalisations and not necessarily experienced by all young people but they described being confronted with them frequently when working with young people in Newham.

In discussions focused specifically on young Pakistanis, the community workers described that in addition to some of the factors highlighted above, these young people experienced specific issues related to their cultural heritage and religion:

They're all working through similar pressures and those pressures are just complicated by the fact that they have or they come from a culture which is alien to this one. And they come from a religious faith which often challenges existing

social norms. That's the additional complication they have and all the spectres of racism which are very subtle (Female Worker 7).

The biggest issue at the moment in the Asian community, particularly with the Muslim community and Pakistani community is the stigmatisation of Muslims and that fact that you know, there are so many stereotypes now and so many assumptions about Muslims and that they are misfits. I kind of feel that youth these days have to contend with that and try and also find their own identity. So there's a kind of clash of identity, because you're either the orthodox religious way or the western way...and this kind of isolates young people because suddenly they think, well where do we fit? At the same time young people are getting disillusioned with the traditional [Pakistani] sense of family values (Male worker 4).

Focusing first on issues related to young Pakistanis' cultural heritage and home context, the community workers felt that many Pakistani youth experience fairly strict restrictions on their social movements away from home. However the degree of restriction varies and depends on the local community set-up. For example, a densely populated Pakistani community and the presence of extended family was thought to result in an increase in parental strictness, attributed to the family's need to uphold its reputation among the community. There was also some suggestion that levels of strictness are related to parental education, and that more educated parents are possibly less strict. Pakistani young men were described as experiencing fewer restrictions than women and having more freedom to go out socially. The tighter restrictions on young women were attributed to their role within a Pakistani family. Young women were described as 'the jewel in the crown', and 'as carrying the family honour' or *izzat*. Their honourable conduct was almost always discussed in relation to the opposite sex i.e. no premarital relations of any kind, sometimes even extending to no friendships with the opposite sex. This was described as being of paramount importance for both sexes.

The female workers also described a woman's identity as a successful woman within the Pakistani community as being validated by their role within the home, and the extent to which they are first and foremost a good and honourable daughter, then a wife, mother, mother-in-law, and grandmother. Some of the workers highlighted that, in addition to parental restrictions, young women's behaviour is often further monitored

by the wider community and particularly women within the extended family, simply because their own honour status is dependent upon the actions of these young women:

The policing of the community gets done by women. It's the aunties who are the source of the terror. Not the dads, not the uncles. It's the aunties and the mummies who will rat [tell] on you, on the neighbour's daughter...it's their honour at stake (Female worker 6).

Initially during the interviewing I became concerned that the sometimes emotive opinions expressed by some of the female workers around gender roles may have been influenced by their own personal experiences and that they may not have been reflective of what they were experiencing when working with Pakistani young people in Newham. However the same issues began to emerge in the interviews with the male workers and later similar themes emerged among the young people themselves:

There's emotional torture you know...how can you tick all these boxes to be the ideal, if there is such a thing, the ideal daughter, ideal sister, ideal wife. In a Pakistani family you've got all these pressures (Male worker 5).

They call it izzat [honour] and respect...if a man in the family has a premarital relationship it's not as bad as a woman. The woman is thought of as kind of the jewel in the crown. Men are...boys can be boys, for a female it's completely the other way around (Male worker 4).

A common theme was also the extent to which older brothers monitor the behaviour of the young women in their family. The workers highlighted the contradiction that although many of the young men they came across were protective or sometimes controlling of their sisters' behaviour in terms of socialising and having boyfriends, they themselves nevertheless expected to socialise and have their own girlfriends:

When I worked with a group of boys at a school they started talking about their girlfriends and stuff but it completely changed when they talked about their sisters. The majority of them were like, my sister's not allowed to do it but I can go out with someone. And then they think it's unfair that their girlfriend's brother is restricting her and she can't go out and see him, that's unfair they

say, but yet it's ok for him to do that to his own sister. And they just didn't get it [i.e. the contradiction] (Female worker 3).

Alongside these discussions of parental strictness and restrictiveness, workers described how, increasingly, some young Pakistani men and women experienced more freedom outside the home. Some of this freedom was attributed simply to rebellion and young people finding creative ways to circumvent parental restrictions, and to parents feeling unable to intervene. However, some of the workers felt that some parents were becoming more accepting, not of premarital relationships, but of the idea of young people socialising and both sexes mixing socially in school and at college:

I think the restrictions are coming down. Families usually insist that girls do not talk to boys but it's now kind of accepted. Ok, they're going to meet boys at school and college. And I think girls are allowed out a lot more these days as well, so slowly the old restrictions are coming down (Female worker 1).

However workers were concerned that some young Pakistani women remained very socially isolated throughout their teenage years, and that this social isolation could make them naïve and vulnerable if they experienced freedom away from the home context. This naivety was primarily described vis-à-vis relationships and young men.

The workers also discussed the young people's social environment. They perceived many young Pakistanis as increasingly able to circumvent parental restrictions. Attendance at sixth-form college as opposed to a stricter school environment was thought to facilitate this and the presence of day-time parties and dance clubs (night club equivalents) and discreet *sheesha* bars (places for smoking flavoured tobaccos from a piped smoking device) across London enables wider socialisation away from the parental home and outside of the common evening hours of restriction. There was a perception that many young Pakistanis (with the exception of perhaps some of the isolated young women described above) are therefore fairly socially aware in spite of their restricted socialisation.

Young people in Newham, and particularly the young women, were described as having a common youth culture in terms of music, fashion style, and street language. However, in terms of more intimate peer groups and friendships, the workers highlighted clear cut

racial divides, with South Asians socialising with one another as opposed to being in mixed racial friendships groups with Black and White young people. Some workers felt that individual South Asian ethnic identities were quite firm among young people, and that many defined themselves specifically as Pakistani, Bengali, Indian or Sikh, forming friendships groups based on these individual ethnicities. There was also an indication that some young people were more likely to form friendship groups on the basis of a common faith i.e. South Asian Muslims being more likely to associate with each other than with Hindu Indians or Sikhs. Although not discussed in any depth, primarily because they were unsure of the details, some of the workers also mentioned an Asian gang culture across east London, both among young women (e.g. The Asian Angels), and the young men (e.g. Paki Panthers and the Bengal Tigers).

Finally, discussions of these young people's social worlds moved to alcohol and drug use. There was a common perception that alcohol use is very low among young Pakistanis, primarily because of Islamic prohibition. However cannabis use was perceived as more common among young men. The workers also mentioned heroin use and described drug dealing as very common in the neighbouring borough of Tower Hamlets, though primarily as a Bangladeshi youth problem. The workers also highlighted instances of drug dealing and addiction among the Pakistanis they had worked with. In a local school some Bangladeshi and Pakistani Muslim girls had been identified as 'runners', i.e. drug transporters for drug dealers. These young women were described as used by their partners to carry drugs because they looked innocent and were able to conceal the drugs in their headscarves. The workers were uncertain as to the extent this is occurring among young people. In general, Pakistani young men were described as indulging far more in drug and alcohol use than their female counterparts.

In addition to the narratives related to home, cultural heritage and social environment, a prominent theme in the worker's discussions of key life issues for young Pakistanis was religion and young Pakistanis' negotiation of their multiple individual identities. To this I now turn.

6.2.3 The role of religion and identity for young Pakistanis

The community workers thought that some if not most young Pakistanis had been taught formalised religion, i.e. Islam, from a young age. However they perceived the Quran as often learned by rote with little understanding of its meaning. They also described Young Pakistanis as diverse in their levels of religious practice. Faith for some young people was highlighted as very important and these young people were described as outwardly and visibly practicing their religion i.e. by wearing Islamic clothing, regularly praying or attending the mosque. Others were described as having faith, but not as visibly practicing. For others still religion was described as practiced conveniently, as and when required. The workers also described how, throughout their teenage years and into early adulthood, some young Pakistanis and in particular young men experimented with things that challenged the basic tenets of their faith. During this transitioning period faith could be turned to as and when required. For example, young Pakistanis were described as almost always following certain aspects of their faith such as not eating pork, not drinking alcohol, or observing the fast during the holy month of Ramadan; yet at the same time these same young people smoked cannabis and had premarital relationships:

Some of the young people have different, funny ways of justifying it. Like, you'll see a couple, a young man and a young woman, you can basically see they're having a relationship. Come Ramadan he'll be wearing Islamic dress and the girl will start wearing a hijab. They're still having a relationship. They have funny ways of justifying that they're having a relationship, they're doing prayers during Ramadan so it's ok for them to have a relationship (Male worker 5).

The workers reflected that for some young people, during this complex time of individual and social development, faith might become less prominent simply because it was unhelpful in exploring the issues they were faced with as teenagers living in a secular, non-Islamic society. However many young people and particularly young men were described as returning to Islam after this transitioning period and as they grew older:

I think a lot of young men go back to the rituals of faith. Some find value in it, others simply do it because that's what's always been done traditionally (Female worker 7).

And those young people who were in the gangs...I've noticed, I might see some of them quite often now and they've got a really sort of religious aspect about themselves. Some of them who have even been involved in really sort of bad robberies or gang violence and so on...faith starts coming back, yeah (Male worker 5).

One theme raised by the workers was the effect that events like 9/11 had on young Muslims. I did not aim to explore this in any detail however it was clear that the workers thought this and subsequent world events such as the London bombings and the conflicts in Iraq and Afghanistan had had a number of effects on young Pakistanis. On the one hand, there was a perception that young Pakistanis are moving towards Islam more than previously, becoming more religious and confidently so:

I think in a way 9/11 and other events related to that have pushed people more towards religion. And you get the few that are going to go towards extremism but a lot are kind of saying well, we're proud to be Muslim, we're proud to be Muslims (Male worker 4).

On the other hand, there was also a sense within the narratives that many young Pakistanis are struggling to find their religious identity within Britain in a climate of Islamophobia and negative media spotlight and that they lack a clear sense of belonging:

You're getting this heavy wave or tsunami coming along, which is Islamophobia from the general community here. Anything associated with Islam...everyone thinks Islam is a pollutant in society and is against society. They don't realise there is so much in common between the faiths. And the media has a lot to do with that. So this kind of isolates young Pakistanis in this country because suddenly they think, well where do we fit? Where are our role models?(Male worker 8).

In addition to religious identity the community workers' narratives also focused on the young people's cultural or ethnic identity and their social sense of self. A key theme was the way in which they experience and manage different individual identities. The workers perceived young Pakistanis to be under a great deal of pressure in terms of conforming to and upholding familial, cultural and religious expectations on the one hand, and the need to have a more 'western' or 'British' value system on the other, in order to fit into their peer groups and society in general:

It's like a tightrope, you know, you can't afford to make a mistake and that's a pressure I think young people feel. You know, I've got to get from here to there and I've got to keep so many people happy and how can I keep everyone happy, both family and friends and all the peer pressure et cetera (Male worker 4).

The workers felt that young Pakistanis have a range of ways of managing these multiple expectations and identities. At one end of the spectrum the workers perceived there to be those who fully embodied their parents' cultural attitudes and lifestyles, and fully embraced their religious sense of self and way of life. At the other end, they also thought that a minority of young people explicitly rejected their own cultural heritage or faith entirely. The majority of young people, however, were described as being in the middle, navigating and embracing different elements of their multiple identities. The workers described this majority of young people as having a private face, the home and cultural context, and a public face, the western, social, secular world. They described these young people as creative and adept at living their lives across these different arenas and cultural and social expectations and at selecting from different sets of values. They perceived young Pakistanis as moving between different roles with fluidity and ease and of having seamless, multiple realities:

It's really fluid, their faith and family values, it's just one part. There's also societal values or community values, peer group values. It's like you can pick and choose from whatever. This might go against what you want to do at the time, that's fine, you can go and pick this set of values from your peer group instead...they've got so many kind of values to choose from (Female worker 2).

Young people have two faces. One is a face that's displayed at home and one is a face that's displayed out amongst your friends, and sometimes in the wider society at large. So you could get a girl who's got a hijab on and yet the minute she's out of home and on the bus, out comes the lippy and whatever else and then that all gets wiped off on the way home. There's a public face and then there's a private face. And I think young people who move across cultures are very adept at manipulating and managing them (Female worker 7).

I mean it's not easy but it's all part of your own existence, your reality at home is your reality, your reality at school is your reality, your reality at the youth group is your reality. And so it's all kind of seamless and you slip in and out of roles as required. I think some of them manage it quite well and you know, they just accept it quite philosophically (Female worker 6).

So for the majority of young Pakistanis, although not always easy to manage, these different identities and values systems become a normal part of their existence. As one worker described, *'They have a remarkable ability to separate out what they're supposed to do from what they actually do'*. For some however there can be an emotional fall-out or internal conflict between their different value sets, particularly when something goes wrong (e.g. a relationship is unhealthy or ends, or someone is caught drinking or smoking and so on). The workers described this in the following ways:

They sometimes show that they're upset [when things go wrong], sometimes it comes out in conversation. Other times you know, they go and do something nice for the community or for their parents or something, just to make peace with either God or make peace with themselves, but not telling anybody that it's happened (Male worker 5).

There's the whole arena of having to deal with the deceit, the secrets, which on the one hand can make things quite exciting but on the other hand can make things very threatening. You know, it's difficult...puberty is difficult enough as it is without having to lie to people who, you know, love you and who you believe you do love but at the same time they wouldn't understand (Female worker 7).

And it's the guilt at the end of it, right at the end it's like the guilt, you know, how did I get myself into this situation? You know, I've got my family, my family trusts me, they love me, how could I do this to my family? And it was the guilt about doing something awful in her family's eyes, her family didn't know though (Female worker 3).

As discussions of the young people's identity and faith progressed, a re-occurring theme emerged. Regardless of any change in values in their teenage years and transition to adulthood, workers thought that there was a point where many young Pakistanis would give up their dual or multiple worlds and conform to familial and cultural expectations, particularly in accepting an arranged marriage by their families. However they also highlighted that some young Pakistanis are beginning to learn about their faith, and in their interpretation of Islam, Muslims can choose their marital partners, albeit within certain parameters. These young people were described as increasingly negotiating their own marriage partners using Islam's perspective on marriage to justify their autonomy. The young people confronted their parents' cultural expectations and argued that according to their faith they have the right to choose their future husbands and wives providing they are Muslim, and that having an arranged marriage is a cultural tradition with no basis in Islam. For others however the conflict between cultural expectation and religious interpretation remains confusing and difficult:

And I'm talking about specifically Muslim girls, young Muslim Pakistani girls, when they read into their religion and it says that they're allowed to choose their husbands, choose a good husband for themselves and it says nothing about you having to marry somebody from your own culture...just says a good husband, meaning that's somebody who's, you know, same religion as you, maybe practicing, a good Muslim and they're quite happy to do that. And then all of a sudden culture comes into it, you know, and they're really confused, what do they do? Because all of a sudden their parents used to tell them everything about religion, this is against your religion and it's as though they used the religion just to control their daughters, make them do certain things...and telling them that was bad and it was against their religion if they didn't do this and that and now all of a sudden when it comes to getting married, you know, you can't marry him. But he's a Muslim and that's all it says in the Quran, it doesn't say I have to marry

somebody from my own village in Pakistan but all of a sudden these cultural restrictions are imposed on them and they're so confused (Female worker 3).

The community workers felt that a minority of young people will continue to combine elements from their different sets of values as they get older and within marriage, and will continue, with ease, to live across their different worlds, adopting a public or private face where necessary. They will continue to find ways to circumvent or negotiate certain familial and cultural expectations. Elements of this can be seen in the young people's narratives which are described in the next part of this chapter and in the following chapters on relationships and sexual behaviour.

6.3 The young people's narratives of their social and cultural life context

6.3.1 Introduction

Twenty-two young people took part in the one-to-one in-depth interviews. Eleven were heterosexual young men, two were young men who have sex with men (MSM) and nine were heterosexual young women. The overall age range was 16 to 25 years. Twenty-one of the twenty-two young people were of Pakistani ethnicity and one was of mixed Bangladeshi and Pakistani heritage. All had been born in the UK, were second generation Pakistani and lived in the East London borough of Newham. The young people were Muslim however the level of faith and religious practice varied considerably between individuals.

The young people spanned a spectrum of educational attainment. The 16-18 year old young men were attending sixth form colleges at the time of the interview. Interestingly, all except one of these young men were taking courses (A' levels or BTec) mainly aligned towards business and finance (e.g. maths, business studies, accounting). Two of the older young men (18-25 year olds) had left school at 16 with only a few GCSEs and the remaining three had reached university level. Of the nine young women (aged 18-22 years), at the time of the interview four were studying at sixth form college (three for a range of A' levels and one for beauty therapy), two had obtained sixth form college

qualifications (beauty therapy related subjects), one was at university, and two had left college and university without completing their qualifications.

All of the young people who were not in education were working. Interestingly, the young men were all involved with youth work in some capacity. Three were involved in voluntary work alongside their day-to-day jobs. Two were in statutory paid youth/community work. The two young men who had left school without educational attainment were in stable employment in the IT industry and in youth work. Voluntary youth work outside of college or day-to-day employment was also common among the young women. The four who were out of education were working in various retail part-time jobs, one also worked in a bar.

Two of the young women had left home at sixteen and at the time of the interview were living alone. One of them had previously been in foster care but had remained in contact with her family. The other had been disowned/disinherited by her family and was no longer in contact with them. All of the other young people lived at home with their parents and siblings. Many of the issues the two young gay men talked about were similar to the other young people's experiences although there were some things that were more specific to their sexuality. I incorporate their narratives throughout the qualitative chapters, highlighting where their experiences differ.

The young people's narratives are structured and described under four main themes in order to provide a clear picture of their social and cultural life contexts. Within each main theme are a number of sub-themes which capture the key issues for young Pakistanis and these are indicated in the parentheses: 1) Family & home life (family types and characteristics, relationship with parents {parent-child communication, parental attributes, strictness and social restriction: extent of and reasons for, parental expectations, parental abuse}, relationship with siblings); 2) Social world and friendships; 3) Identity and religion, and 4) Generational change. These themes were derived iteratively from the interview transcripts as well as from the key topics within the interview topic guide. The initial categories and themes that were derived were re-coded, refined and synthesised.

6.3.2 Family and home life

The interviews with the young people began by exploring their home and family contexts. A number of interesting and interrelated issues emerged and it became clear that the young people came from a wide spectrum of family types and forms. I provide an overview of this spectrum and some characteristics of the young people's parents and siblings. I then focus the remainder of this sub-section on the key themes that developed during analysis in relation to the young people's relationships with their families. To an extent, understanding the dynamics of these parental and sibling relationships is a pre-requisite to understanding how and why these young people behave in certain ways and perhaps why they adopt some of the values and attitudes that they do, including sexual attitudes and behaviours.

6.3.2.1 Family types and characteristics

The majority of the young people described home contexts in which parents were married. There were two cases of divorce and two single parent families due to the death of one parent. Almost all parents were first generation Pakistanis and had been born in Pakistan and had migrated to the UK in the 1970s and 1980s. Two exceptions to this were fathers born in the UK but married to a mother from Pakistan. As far as the young people were aware their parents' marriages had been arranged. The majority of parents were described by the young people as traditional in the sense of upholding traditional Pakistani cultural traditions and perspectives. Only two families were described as having more western type values. The young people were able to converse in Urdu, some more proficiently than others, and both Urdu and English were used in the family home. Some of the young men felt unable to communicate properly in Urdu and although parents spoke to them in this language and they understood it, they responded in English. For some young people it was essential that they spoke Urdu as their mothers spoke very little English. Parental occupations were diverse, from construction-related jobs, driving instruction, factory work, through to retailing. In general, most occupations could be described as low-income and many older siblings and some of the young men interviewed contributed to the household finances. A few parents were retired.

Family sizes were large, with an average of five children per household (ranging from three to seven). The age range of siblings in different households also differed considerably. In general there were approximately two to three years between most siblings. In the larger families, gaps of up to fifteen years were common between the youngest and oldest sibling resulting in quite different experiences and values. Siblings within one family sometimes differed considerably in educational attainment, social behaviour and also in religious faith and practice. For example, in one extreme case one young person explained that her older sister and brother were addicted to heroin, and one sister had had a child out of wedlock. Yet the young woman herself had attended university, being the first in her family to do so, and she was a strict observer of her faith. Another example is of a young man who had been disruptive at school, had obtained few qualifications, had become involved in a range of anti-social behaviours and had a number of relationships. His sisters however, including his twin, had attended university and had secured good jobs and were in stable relationships and marriages. Within some of the larger families the young people described siblings who had been born in Pakistan and who therefore had had quite different childhood experiences to themselves. The young people felt this resulted in a diversity of values and attitudes and was the reason they did not feel close to some of their brothers and sisters.

The level of family cohesion varied considerably between the young people. Some described tight knit, cohesive family units, yet others explicitly described their families as dysfunctional and as not close. All of the young people had at least one married sibling and in most cases siblings in their mid-twenties and older were married. The majority of young people had extended family members living in their local area. One young woman had spent some of her teenage years in a foster family though had maintained contact with her biological family and two young women had experienced physical abuse within their family contexts.

6.3.2.2 *Relationship with parents*

Three interlinked themes emerged when the young people talked about relationships with their parents: 1) the degree of communication and understanding between parent and child; 2) particular parental attributes; and 3) the level of parental constraint on a

young person's social activities away from home. The other main influence on the relationship dynamic was parental expectation. Some of the expectations discussed by young people included: upholding collective family and community reputation, religious practice, marriage type and timing (i.e. age at marriage), and acceptable careers.

Parent-child communication

The types of relationships that young people had with their parents varied. Closeness to a parent was often depicted by young people in terms of being able to communicate with them and tell them things about their life. However, when probed about parent-child communication, it became clear that communication about personal, psychosocial issues was often limited:

The main conflict is basically...it would come down to communication. I mean if I actually assess it I would say there should have been better communication between us but because of certain issues, I mean, certain topics, personal things just wouldn't be talked about (Young man 14, aged 25 years).

A few young women said they felt able to share more intimate feelings and thoughts with their mothers such as their desire to one day meet the right sort of husband. However, in general the young people felt that communication with their parents could be better and some desired a closer relationship. Only one young man felt at total ease with both parents and described feeling able to communicate freely about his life. His father had been born and brought up in the UK and the young man felt this was an influencing factor. However on closer analysis of this young man's life it emerged that he actually kept many aspects of his life discreet and hidden from his parents. One young woman also felt able to share many things with her parents and she described her parents as '*grounded in this society*'. Yet, as with the young man, it became clear as the interview progressed that in fact many aspects of this young woman's life were kept hidden for fear of parental disapproval.

Parental attributes

The young people characterised their parental relationships in terms of particular attributes. Fathers were generally described as strict and as ‘old fashioned’ and were frequently perceived as not understanding the lives of young people:

He don't understand the terms of like this life. Kind of, he's old fashioned and I don't understand him and he don't understand me (Young man 2, aged 16).

Mothers on the other hand were described as more modern and lenient. On closer analysis this was due to the perception that their mother would allow them more freedom in choosing their own future marriage partner rather than having to have an arranged marriage. The young people also thought that a minority of parents and particularly mothers know about the social activities of their children and sometimes even relationships but that they rarely act on this knowledge in terms of punishment. Nevertheless the young people described their parents as constantly reminding them of the shame that a premarital relationship would bring to the family. Some young people felt they had an unspoken understanding with their parent(s) providing their activities were discreet, as one young man's father emphasised to him:

My dad always said to us from young even till now, he goes look, don't give an opportunity for someone to bad mouth you or to talk bad about you or the family 'cause it's not only about you, it disrespects the family. If you're going to do anything, do whatever you want to do, but do it behind closed doors. That's my dad, you know, my dad has taught me and my brother, do it behind closed doors (Young man 13, aged 20 years).

The young people described most parents however as not accepting of relationships. Some also attributed the greater leniency of mothers to a mother's love for her child. In discussions around love some young people described loving their parents out of fear, some as loving their parents simply because it is natural, and others felt that Islam obliged them to love their mother more than their fathers.

Strictness and social restriction: extent of and reasons for

The young people described their relationships with their parents in terms of strictness. The level of strictness was almost always described in relation to restrictions and constraints on social movements outside of the home. In general, the young people (particularly the younger cohort) experienced strict curfew times in the evenings and at weekends, being required to return home immediately after college. The young people said that they needed to have a legitimate reason for being out in the evening or at the weekend and this needed to be related to an educational activity such as going to the library or attending extra tutoring. The young people were acutely aware of the reasons for their parents' restrictions and described certain behaviours deemed shameful for a Pakistani family. They knew that their parents expected them to avoid these types of behaviours in order to maintain the respect and community reputation of their family. The young people described these behaviours as improper socialising, for example going to a bar, pub or club or being involved with the 'wrong' types or groups of young people (for the young men this was in reference to gang culture); being seen with the opposite sex or worse still having a premarital relationship; dressing inappropriately or immodestly (this was a particular issue for the young women who for example were required to have their arms and legs covered and for some their heads too); and finally being involved in any way in drinking or drug taking.

There were clear gender differences with young women undoubtedly experiencing more social restriction than young men. Both sexes were cognisant of this, and they outlined three reasons for this gender difference. First, the young people described the tighter restrictions on young women as being for their own safety:

In Pakistani society especially from what I've seen, a man has a more dominant role. But I personally don't think that's fair because men they get the opportunity, they have a bit more freedom than the women usually do. Because women, they [parents] expect them back like before it gets dark, whereas men they can stick around a bit longer. It's basically to do with their own safety and stuff, basically they're thinking beforehand that they don't want something to happen [to young women] (Young man 1, aged 17 years).

Second, a woman is considered the representation of family honour (*izzat*) or reputation and it is of great importance that she avoids the behaviours considered shameful and in particular relationships:

It is more or less I would say easier for a boy to get away with stuff than an actual girl because a girl in a way has more to lose than an actual boy does. Through your religion, through your ethnic background it's forbidden. That's a big strain that you've put on to your family, where, you never know, your cousins could just stop talking to you 'cause they don't want to be ashamed along with your family and stuff like that. So a girl has more shame than a boy (Young man 4, aged 20 years).

Finally the young people felt that parents sometimes perceive the role of a woman as primarily belonging in the home in order to provide for, and maintain the household:

The boy can do what he wants and go out and have the freedom, stay out till nine, ten o'clock, parents wouldn't ask. I'm telling you of what I've seen, the people I know, including my own brother. I mean, you know there are so many boys out there, Pakistani boys that can do whatever they want. They have no jobs or most of them, majority of them have no jobs but they still go out, parents don't say anything to them. Whereas a girl has got to be you know staying at home, being indoors and doing the cooking and the cleaning and learning all about typical stuff. It's like, I reckon it's a major difference between a boy and a girl in the culture (Young woman 9, aged 22 years).

The young women expressed dismay at these gender differences and some of the young men felt that their female counterparts often missed out on different social opportunities within school and college because of the restrictions.

A few young women felt they understood their parent's reasoning and accepted the limits placed on their behaviour. However these same young women admitted having secret relationships and were finding ways to get around the constraints put on their socialising. In fact all of the young people described wanting to engage with the social world around them but because of the nature of this social engagement and its

perception by parents and wider community as culturally and religiously unacceptable, they highlighted the need to always be discreet and secretive, finding ways to circumvent their parents' constraints. This secrecy has many implications particularly in relation to relationships and sexual behaviour, and will be discussed in detail in the following chapter. Frustration at these constraints was a common theme leading to feelings of not being understood.

The young people also highlighted that the more parents pressurise and restrict their children, the more they will rebel and find ways to do what they want to do:

'Cause like when you get told don't do this at home, don't do that...when people say don't do this, don't do that, you want to do it more! You want to experience it. That's what parents don't understand. Be home at eight o'clock! No I'll be home at nine, yeah. It's just the rule thing, boundary things innit, you have to just jump and do it, makes you feel better kind of thing (Young man 13, aged 20 years).

Every young girl wants to do stuff, I mean every young girl wants to go clubbing, every young girl wants to drink alcohol and try it 'cause when you hear other people talking about it you want to do it. You know...but the main thing is that, because your family, your family would never allow you being a Muslim girl, young Muslim girl, young Pakistani girl whatever it's like whoa, no way I'm not going to let my daughter do that so I reckon it's kind of a buzz to do it behind your family's back. You know, that oh my God I'm getting to do all this and my family don't know about it (Young woman 9, aged 22 years).

Boys in particular described pushing the boundaries of their parents' restrictions, for example their curfew times, expecting at most a telling off for having done so. The consequences of rebelling were perceived to be much greater for young women, such as being kept at home, having their phone removed, being disowned, disinherited or even married at an early age to prevent improper socialising. Some young people even described being physically punished, such as being hit. For others simply not knowing the consequences of prohibited behaviour was a deterrent in itself:

It's that uncertainty that kills you basically! That's what it was, that fear factor, 'cause my father is like the oldest in his generation, oldest brother in terms of his family so he's got a lot of power kind of thing behind him. So you know if you put a stain on him, boy I don't know, you may get kicked out. Obviously I don't know because I didn't face those consequences but it's the uncertainty, that's probably one of the things, the chance of getting kicked out to be honest with you (Young man 14, aged 25 years).

There were examples of different consequences among the young people themselves. One young woman in her twenties went on a weekend break to Europe with her female friends. Her mother disapproved, as she did not deem it acceptable for a young Muslim woman to travel unaccompanied by a family member. At the time of the interview this young woman's mother had not spoken to her daughter for three months and had told her she was not welcome in the family home and was no longer, in her eyes, her daughter. Another more extreme example was one young women's friend who had been sent to Pakistan to be married when her family discovered she was having a relationship.

Although the majority of young men described their parents as strict some felt that as they were getting older their parents were becoming less so. The reasons for this were attributed to parents having 'given up' or that they lacked the ability to intervene rather than to a perception of increased responsibility with age. This seemed to be a theme among the young men within larger families where parents were described as having a number of children to contend with. Other young men with only female siblings felt that their increased social freedom could be attributed to their parents' desire for them to have male company.

Parental expectations

When the young people talked about their relationships with their parents it became clear that there were issues around parental expectation. Some described these expectations as a pressure in life. Four main expectations emerged: the need to uphold collective family and community reputation, appropriate marriage type and age at marriage, regular religious practice, and having an acceptable career.

The young people described the main parental expectation as the need to avoid certain shameful behaviours. Even though they engaged in behaviours unacceptable to their parents, they nevertheless were conscious of the need to maintain their family's respect and reputation and often desired to do so:

I would say that I don't ever want to see them upset. I think that's the biggest deal, the biggest pressure for me. I don't think my parents would ever beat me, but even if it did come into it, I wouldn't be scared of the beating or the getting married off, anything like that. It would hurt me the most to see my mum cry or my dad cry and I could never take that, so I would never do anything shameful for them to get to that point. I'm very open with everything, but then I also have very strong family morals for myself which some girls don't. I would never want to see my parents hurt so I wouldn't do it [let them find out about stuff] (Young woman 19, aged 22 years).

Consequently the young people described going to great lengths to keep their activities hidden from other family members, the wider community, and sometimes even friends. For some young people this was conceptually unproblematic. Others however, described it as a constant pressure and resented their parents and the wider Pakistani community for it. As the primary representatives of family reputation or honour, young women felt these expectations more prominently as any disrespect brought on by their own actions could lead to poor marital prospects not only for herself but for other family members:

Because when girls go through that stage of alcohol and drugs and everything and then they want to get married, no one wants them! They're like no, she's been used and abused and everything. When they've been through it and they're trying to find someone and then nobody wants them at all. It's difficult (Young woman 5, aged 19 years).

The young men and women felt that marriage was another pressure in terms of having to conform to their parents' desire for a particular marriage partner chosen as part of an arranged marriage. For a few of the young people this was inevitable and they accepted that one day they would marry someone of their parent's choosing. Others described

siblings who had had an ‘introduction’, (a potential marriage partner chosen and introduced by parents but who can be rejected by the son or daughter) rather than an arranged marriage (where no choice is exercised). Interestingly one young woman felt that arranged and love marriages were the same and her account of her sisters’ marriage highlights the potential ambiguity around what is considered choice, arranged and love in terms of marriage:

They had a love marriage as well as arranged. It's the same thing. My parents what they do is, they introduce them and they ask their opinion. If they don't like them then that's fine, no forced marriage or you have to go back home and get married, no not like that. My parents have grown up in this country so they know how it is. 'Cause my mum would...my mum has actually found my two older ones a husband. They actually...they did have their own choice of who they're going to marry. But it's not like they were forced to marry my mum's choice, they weren't (Young woman 5, aged 19 years).

For others there seemed to be much more freedom than is the perceived cultural norm. These young people described being able to reject an introduction and some described being allowed to find their own partner providing that this partner fulfilled particular characteristics i.e. that he or she is Muslim, Pakistani, and from a respectable family or sometimes of a particular caste/cultural background. Some of the young people also highlighted that their mothers in particular did not want them to have an arranged marriage. Sometimes this was because of a previous negative experience with other siblings or family members. The young people also made reference to a conflict between religious and cultural values in terms of marriage; where cultural values are perceived as determining/dictating who a young person will marry whereas religious values suggest that a young person has a marital choice albeit within certain parameters:

I hate culture 'cause I just think that's where all things go wrong and that's where interpretations and different ways of doing certain things comes aboard and that's where conflict arises from. For example, culture, you must have heard about forced marriages and a lot of people say it's not forced marriages but I can tell you one thing for sure they are forced marriages but it's not physical forcing it's mental force, emotional force that entraps a young girl from a family into actually

marrying someone. I just think that's a forced marriage which is based on culture. Based on religion she has the final decision and it's up to her at the end of the day. Your daughter if she says no, no means no, you know when you try and marry her to somebody (Young man 14, aged 25 years).

Many of the young people felt that their parents expected them to marry in their early twenties and some resented this expectation. Others however, wished for an early marriage and hoped to be married by the age of twenty-five. Some described their parents as supportive of education and as not expecting marriage until qualifications and careers were established.

Marriage was a more complex issue for the young gay men and one referred to gay men who they knew had conformed to parental and cultural expectations of a heterosexual marriage rather than pursuing their own partnership desires. However, they also described the way in which some young gay men negotiated this expectation through what they described as a 'mock marriage'; a marriage between a gay man and a lesbian women, performed simply in order to satisfy the cultural demands for marriage by their parents. These couples continue to live a separate life (outside of their mock marriage) with their chosen partners:

The whole arranged marriage business is still a big issue...Some people, they're just genuinely trapped, they can't get out of it. That's why they resort to mock marriages. Basically a mock marriage is where, for example let's just say I was getting pressured by my family to get married so then I would just say, like ideally they would probably want me to get an arranged marriage done from somewhere. But I would be like, no, I'm in love with this woman, or something, and we've been going out for this many years or something. So basically a mock marriage is when an Asian or white, whatever, guy, gay guy, gets married to a lesbian and then they decide to just have the baby because the idea is that she wants a baby and then he can be the father figure in that baby's life. And then they can live that lie in front of the family. Oh, we're married, and we're happy together. But deep down he's with his boyfriend and she's with her girlfriend. People say, oh, you should be man enough and stand up for yourself but there's only so much you can do. The whole emotional blackmail that would be too

overwhelming for them from the parent's side or the mother saying I will commit suicide or something like that. And I guess that kind of pressure is too immense so, they will probably... honour killing, that's another issue. So I guess people then just get trapped. You know, it's sad (Young gay man, aged 21 years).

The young people described conforming to an Islamic way of life as another parental expectation. There was considerable variation between the young people in terms of parental pressure, levels of practice and religion's role in their lives. Interestingly religious pressure seemed to come more from the young people themselves than from their parents, with many having the desire to be more religious at the current time or at some point in the future. They did not describe religion as a source of conflict between them and their parents. Many simply described their parents' desire that they practice more but did not highlight any consequences of not doing so.

The young people also described pressures around the types of career that they should be pursuing. For some parents medicine and law were the ideal professions though it was unclear to what extent these academic courses would be imposed when the young people reached university level. However the young people were pursuing a range of A' level courses not necessarily aligned with careers in law or medicine and many were taking business and finance related training. Some of the young women described feeling unsupported and felt that there was more pressure on them to work locally and earn money rather than pursue the career of their choice, which they felt their brothers were allowed to do. In some ways, this may be reflected in the types of courses the young women were undertaking which were more vocational, such as beauty therapy, hospitality, and childcare. The young people also described academic pressure and attributed this pressure to competition between families in terms of the achievements of their children. Others described it in terms of parents wanting their children to have the opportunity they did not have. In contrast to academic pressure, the young people also described a lack of support from their parents for non-academic or recreational activities. In spite of the various pressures the young people described having from their parents, when asked what was most important to them almost all of the young people stated as their priority their family and parents.

Parental abuse

Two of the young women I interviewed had been physically and emotionally abused in different ways by one or both parents and at the time of the interview were living away from their family home. I did not pursue their experiences in detail however their narratives highlight the difficulty some young Pakistani women face in extreme situations and how they are often unable to access appropriate support. Both of these young women were sexually abused. I do not provide details of their sexual abuse here but expand on them in the next chapter.

6.3.2.3 Relationship with siblings

A number of common themes emerged when the young people talked about their relationships with siblings. In general they did not describe being particularly close to them although there were a few exceptions when siblings were of a similar age. As with parents closeness was depicted in terms of communication. Communication about personal life issues was limited and it was surprising how little they knew of their brother or sisters' lives. Likewise, the young people divulged only limited information about their own activities to their siblings. Privacy was of great importance:

It's just my little sister um...she won't do it purposely, she'll just be talking and talking and next second she's like oh no, I just said that didn't I? So she wouldn't, you know it would just be out of the blue, it's just better to stay on the safe side really, personal precautions and stuff (Young man 4, aged 20 years).

The young people attributed the need for this secrecy and privacy to the honour and shame issues discussed above and the consequences of family knowing about behaviour which conflicts with cultural and religious norms. They also attributed a lack of closeness between siblings to factors such as wide variation in age, country of birth (i.e. Pakistan versus UK) religiosity, marital status, educational attainment and socialisation, which were thought to result in very different values and behaviours.

The minority who were close to their siblings described having mutual secrets such as covering for one another in order to go out with friends or partners. More intimate communication seemed to be limited. For the young women the importance of their privacy can also be understood in terms of the role of their brothers. Some of the young men talked about being responsible for their sisters and described monitoring their sisters' social activities through to even being involved in finding prospective marriage partners. They attributed the monitoring of their sisters' behaviour to the need to preserve their social safety, to maintaining their honour, and because their friends could not be trusted or were considered to be of the wrong sort. Interestingly, these same young men experienced considerable freedom and were themselves involved in relationships and some in more anti-social gang-type activity. In contrast, one young man felt that if he restricted his sisters they would inevitably rebel and therefore felt it better to allow them the same freedom he enjoyed and hoped that they would turn to him in times of crisis and feel able to talk to him. Some of the young women described their behaviour as monitored by their brothers and some depicted this as control. Others accepted their brothers' restrictions although these same young women also expressed frustration at the gender differences they observed between Pakistani men and women.

6.3.3 Social world and friendships

As a starting point for exploring the young people's social contexts, I asked them to share their perceptions and experiences of living in Newham, their home borough. The young men had the most to say about their local area and some described it positively as diverse; with mixed ethnic and racial friendship groups easier to form than in most other places. However they also described growing problems around gang culture, racial tension, knife violence and drug crime. The main racial tension referred to Black and South Asian young men but the young men also described problems between young men from different South Asian backgrounds. Day to day conflicts were thought to arise over minor issues such as being in another's area or territory or even looking at someone in the wrong way but they were also described as being related to larger issues such as drug dealing. When the young men were probed for the reasons for the racial tension none really knew the origin of the constant conflict and many just accepted and

stated that *'it is just the way it has always been'*. Conflicts were described as prolonged, becoming a constant issue of 'tit for tat':

In Newham, especially Newham, like from my experience from back then till now there's always been issues between you know colour, race, area codes. Two weeks ago, two weeks today I think an Asian boy got stabbed by a black guy from Manor Park, for being Asian and for being in the wrong place. And now that's kicked off and now a lot of other angry Asian kids, young kids are walking around with knives looking to get them back, do you know what I mean? It's an on-going thing. It's like you get one of our boys, we're going to get you back, do you know what I mean, that's how it is. But I don't know...it starts off over pathetic things and it always starts off with something pathetic (Young man 13, aged 20 years).

Interestingly the young men described younger groups of men as the primary instigators of conflict resulting in older boys or siblings becoming involved, after which violence escalates. The young men described knife crime and violence as commonplace and most boys were thought to carry a weapon of some sort. One young man described in detail a housing estate where gun and knife violence had escalated to such a point that many young people had resorted to wearing bullet proof vests as a matter of routine:

Like in the estate sometimes like in the summer, last summer it was fashion to have a vest, bullet proof vest or stab proof vest. Everyone had one (Young man 13, aged 20 years).

Almost all of the young men had at some point in their lives been involved in fights and a few described police incidents. Keeping safe was a common theme and considered the norm and way of life. The few young men who had not been involved in gang related activities and fighting described the way in which youth services had provided them with activities and support to stay off the street.

The young women talked in less detail about the local area but when they did their sentiments often echoed those of the young men. Boredom was another common theme. The young people described the local area as having little for young people to do and in

particular no free activities. However a few talked about the youth groups they attended, sports training such as boxing and others seemed to go to the gym regularly, indicating perhaps some opportunities for young people. They also talked more positively about their local area and described liking the sense of community it had. References were made to the positive effect the 2012 Olympics might have.

A number of interesting issues arose when the young people talked about their friendships. There seemed to be a common dislike of large groups of friends; small groups of very close friends were preferable. This was more common among the young men. The young women on the other hand described having few close friendships and friends were often described as casual. They described trust as a prominent issue and as playing a key role in many aspects of their lives. They highlighted the importance of their reputation as young Pakistani women and felt the need to be economical with information about their lives, even with their friends. The young men described sharing more with their friends however they articulated the importance of having one or two friends they could fully trust. The reasons for this became clear when they described circumventing their parents' social restrictions. Friends were heavily relied upon to cover for one another and to assist with seeing girlfriends. Interestingly, someone trustworthy was defined as someone they could leave their sisters with:

There's loads of them, there's loads of mates but there's probably...probably just around two or three that I would call like true mates. And they're the ones that I trust, like I could probably leave my sisters with them and have no worries (Young man 12, aged 17 years).

The majority of the young people described single sex friendship groups comprised mainly of young people of South Asian ethnicity and the majority of these friends were of Pakistani origin. Some of these young men articulated that friends from the same cultural and ethnic background had a greater understanding of the life issues that they faced. The young men described having some Black or White friends but highlighted the various racial tensions, which, from an early age, determine friendship groups. A few of the young men remarked that in primary school everyone got on regardless of race or ethnicity, but at secondary school the ethnic and racial divides began.

It became clear among the young men that friendship groups were often dominated or led by one individual. The young men either described themselves as being a *'father figure of the crew'* or *'the one that the others turn to for advice'* or they talked about a particular friend depicted as the ring leader. What was noticeable in almost all of the young men's accounts was the respect that they had for one another and for the choices that they made as individuals. For example one young man talked in detail about his close friends smoking cannabis but they respected his decision not to do so. Among the older interviewees close friends were often described as having different levels of religious faith and therefore different perspectives on certain life issues. Yet they respected each other's life choices and remained close friends, supporting one another's decisions even if these decisions conflicted with their own values at the time:

Some of them are different, some of them are...the people I hang around with mostly came from a football team that we kind of created when we were sixteen. Fifteen, sixteen, seventeen we stuck together. Out of those core mates I would say half of us, actually thirty per cent of us have found religion and the other seventy per cent are still in that kind of...going out enjoying them self, going clubbing, going cruising, loud music um...But when it comes to...I mean between good and bad they wouldn't do certain things in front of us, if you know what I'm trying to say. I mean, like go and chat to a girl or be with a girl in front of us, they've learned to respect that and we wouldn't do the same things as them...But we still have that mutual respect 'cause we still have the understanding, 'cause our religion, they know our religion so...but they appreciate the fact that we're trying to implement practice (Young man 14, aged 25 years).

Alongside this respect the young men also described pressure or influence from friends. This was primarily in relation to drug taking, relationships and sex:

So if my friends want to try something, like maybe if someone was to try drinking I might try it out too or maybe... 'cause I've started sex which I've got from them. And drugs I started with them. Clubbing I started with them. So if they want to try something I'd go along and try it with them. So I think it's from my friends (Young man 10, aged 17 years).

However what on the surface looked like peer pressure was for some of the young men what they described as internal, self-imposed pressure, a result of curiosity, of wanting to experience something new, of wanting to be like somebody else and have a certain lifestyle:

It all comes about by seeing other people to be honest with you. You see the wrong role models, you think that is the norm. You think that is what is acceptable, that is what we're supposed to do sort of thing. Like misinformation to be honest with you. Yeah you have all your peer pressure but peer pressure's only a certain element of it, mostly it's just down to choice isn't it? You think to yourself oh bloody hell, at that age you think I had a crap upbringing, yeah you want to have the money, you want to have the car so you go to that lifestyle innit. Yeah that's what got me into it (drugs) to be honest (Young man 14, aged 25 years).

For many of the young men the initiation into various activities is a combination of peer influences and pressures, natural curiosity, and the desire to perhaps behave a particular way, influenced by the media and wider society. The young women talked in less detail about the influence of their friends or peers and there seemed to be less tolerance of difference between friends. They made frequent references to how girls judge one another based on their looks, clothing and religiosity, issues virtually absent from the young men's narratives.

The young men described a range of different places where they spent their free time outside of college and work. The most common were friends' houses and parks. Other places included snooker clubs, *sheesha* cafes/bars, gyms and youth clubs. Going to the cinema was also common. Some of the young men, primarily those aged 18 years and over had also started clubbing or going to various parties, somehow circumventing their parents' restrictions. Interestingly, these different places seemed to influence the young men in particular ways. For example, a crude analysis of the narratives and characteristics of the young men suggests that those who described going to snooker clubs, *sheesha* bars and clubs were also those who described having more relationships and had used drugs. In contrast those who described going to the gym or to youth clubs were slightly more conservative in their experiences.

The younger boys described spending their leisure time on the street and these young men complained of there being little to do in the borough. For the young men who attended youth groups the opposite was true and they described the important role that such groups had had in keeping them off the streets and out of trouble. Some felt that activities such as boxing, Olympic involvement, Duke of Edinburgh and the support that the groups provided enabled them to keep control of themselves:

Around the age of twelve I heard of a project, "the YP", so I went along to see what it was. So I got involved 'cause I saw some of the projects they did. It helped me get off the streets and not start getting involved in crime and stuff at a younger age. I know for a fact, if I hadn't of got involved in any form of youth work or any guidance from the youth centre, I probably would have taken the wrong route somewhere to just blend in (Young man 4, aged 20 years).

The young women described more home and family orientated activities in their spare time, such as hosting and cooking for family gatherings at weekends and babysitting younger siblings. The older girls described going to *sheesha* cafes/bars and some talked of clubs and raves that they had been to, having found ways to circumvent their parents' restrictions such as relying on friends or cousins to cover for one another. Trust was a key issue and it seemed that providing friends or cousins were also circumventing their parents' constraints, a mutual binding trust could be established. In line with the young men, the young women who went to clubs and to *sheesha* bars also described drug experimentation, more contact with the opposite sex and had experience of relationships:

It was just a few months ago I went clubbing and really enjoyed it. We've been back a few times after that so that kind of just led me off track, meeting new people and you know, meeting new boys and stuff. Well to be honest the last time I took drugs was about two, three days ago. We went down Brighton and I just smoked a joint of weed. I've never tried anything above that and I don't intend to. Um... alcohol wise I don't actually drink (laughs) but I tried tequila the other day, about two weeks ago and it was really...yeah it was good. But I thought, I told myself it was just going to be a one-off, so let's just hope that it's a one-off 'cause I haven't been clubbing since about two weeks ago, so that's when I first

tried tequila and everything. So that's...I'm just going to wait till the next time I do decide to go and see whether it was like the last time (Young woman 9, aged 22 years).

Similar to the young men and women the young gay men described close friendships with a small number of individuals whom they could trust. However in contrast, their social activities seemed to take place away from their local area and South Asian specific gay night clubs were described as a prominent feature of young gay Pakistani's social lives:

When I first went on the scene I went to G.A.Y. and I didn't feel I belonged there. Not because I didn't feel comfortable around gay people, I just felt coming from a culture and a religion where homosexuality's condemned, I felt kind of dirty going there. And every time I'd leave I'd always get into bed feeling a bit that I'd done something wrong. But going to places like Khali where people are exactly like you, going through the same issues, in the same boat, you feel part of a family and you feel part of a community. And I mean coming from Pakistani culture it's all community based anyway, so going into these places you actually feel part of a community (Young gay man, aged 25 years, and also a youth support worker and manager).

However the other young man described his dislike of such clubs and described their homogeneity in negative terms:

But with the Asian clubs it's everyone knows everyone's business. Asians just tend to go for... they're quite racist in a weird way as well. To a certain extent they'll only go for Asians, in that sense, and fair enough, that's your preference but that doesn't mean you kind of give...if there's a white guy in there they'll probably give him a dirty look or something like that. Or, oh, you know, where did this white person come from? It's meant to be, it's an Asian night (Young gay man, aged 21 years).

The majority of the young men described cannabis use. For some it was a regular habit, for others it is used only on special occasions such as birthdays or end of college terms.

Drinking, on the other hand, was rare and considered prohibited by their faith. The young men described the difficulty of hiding the smell of alcohol from parents as another key reason they abstained from drinking. The smell of smoking cannabis on the other hand could be blamed on cigarette smoke and on others smoking. The young people also referred to a fear of losing control when drinking alcohol and for this reason did not understand the attraction to alcohol that many young people generally have. Interestingly this fear of lacking control whilst drinking was not echoed when the young men talked about getting high from cannabis.

Drugs were sometimes talked about in relation to power and respect. Drug dealers were described as having 'big man' status. As one young man put it '*to be a big man means that if there is a fight everyone knows not to try it with you*'. Most of the young men knew of a drug dealer. The influence of peers around drug use should not be underestimated. Some of the older young men described their teenage experiences and how they had been influenced. One young man who at the time of the interview was dealing drugs described his teenage experiences:

When I was young I used hang about with older friends, they were all in college they were in... they're all in their twenties and that and I was still in school. And I used to see things, like they used to sell heroin, they used to sell crack, I mean they used to play with fire arms, they had fire arms in their house. And they was all Asian boys and I was brought up with them. So when I was growing up it's like I missed a bit of my childhood 'cause I weren't being with kids....So they got me involved in selling drugs, making money. Just started from cannabis and just moved up from there. And it was just stupid money, they'll go, take my bicycle go up the road, drop this off and I'll give you a tenner. When you're a kid like ten pound is a... and back then value for money was a lot back then. Then we moved to brown [heroin]. And we weren't touching it, we were just selling it. And same thing, people used to come to me like lunchtimes in school, I was their transactor at the gates. They used to give me the money and I used to give it to them, do you know what I mean? I used to carry it on me 'cause when I was young there's nothing suspicious about me, do you know what I mean. I was in school uniform and that's what it was about, innit, really 'cause I'm young, know what I mean. (Young man 13, aged 20 years).

Heroin use was described by two of the young women. Their sisters and one girl's brother were addicted to heroin and interestingly their stories of how they came to use the drug were similar. Friends used a room in a house to meet up and spend time while playing truant from school. In this house they experimented with drugs and had eventually been introduced to Heroin:

Well there used to be this house or something and when they were all in school they used to go there just to smoke weed and stuff which was the casual stuff, they used to call it hash then or something. And yeah, one day my sister and stuff were sitting there...my sister's friend, her younger sister is my best friend, so I get along with her older sister a lot as well. So she told me basically, 'cause she used to go to the house as well to smoke weed and stuff, she walked in one day and my sister's trialling heroin. And then she flew into fits and everything but obviously my sister must have enjoyed the buzz or something so she done it a couple of times more. Before she knew it she was addicted on it (Young woman 9, aged 22 years).

6.3.4 Identity and Religion

6.3.4.1 Identity

It was important to capture a sense of how the young people defined themselves in terms of their individual identity. In order to allow for a range of possible self-definitions (i.e. social, personal, ethnic, religious) and to avoid imposing a particular concept, the question to explore identity was broadly: 'How would you describe yourself?' The young men initially described personality or character traits and then went on to describe their ethnic identity. Many of the traits they described related to being caring, supportive, trustworthy and sensitive to others' needs. The young women on the other hand described their religious identity and defined themselves first and foremost as Muslim:

I'm not really fussed that oh, we're Pakistani, I don't really differentiate myself like that, I just think, with me, like I've got more of an Islamic identity, I just think, yeah, I'm a Muslim, first and foremost. Because I think, with race, I don't know, I just think it separates the groups, oh look, I'm different, I'm Afro-Caribbean or I'm white, I think that makes them different. If you've got like a common identity, like I don't see myself as ooh, I'm a Pakistani, like I just say, I'm a Muslim (Young woman 18, 21 years).

In terms of ethnic identity the young men had different self-definitions. For some it was important to stress being both British and Pakistani and they described themselves as British Pakistani. The reasons for this varied. On the one hand some young men emphasised the British element of their identity, stating things like *'Pakistani is just the nature of who I am, I was born in Britain so I am British first'*. For others there was more emphasis on the Pakistani side of their identity, *'Pakistanis have pride in their culture'*. For others still, being British and Pakistani was of equal importance. These young people emphasised equally the benefits of autonomy and individuality within 'British' culture and the self-respect and pride within 'Pakistani' culture:

British culture lets you move on and you can make your own decisions [rather than parents] but Pakistani culture has self-respect, culture, so both (Young man 1, aged 17 years).

I think people are just becoming much more confident. British Asian people and British Pakistani people on the whole, regardless of their sexuality or not, there's a whole integration going on. People aren't afraid of being British and Pakistani...So I think people regardless of whether gay or not they're becoming much more confident in being Pakistani, being cultural, being into Bollywood films, being into Pakistani dramas you know, walking down Oxford Street in saris, salwar kameezes or you know, looking kind of metrosexually or urban Pakistanis as it were, with a mix of British and Pakistani without feeling ashamed (Young gay man, aged 25 years).

The young men assumed that if they described themselves as Pakistani then others would simply know that they are Muslim. This is perhaps the reason why none of the

young men initially described themselves in religious terms. One young man described himself as English and highlights the complexities of deciding which aspect of his mixed heritage to identify with:

I call myself as an English boy, I'm British Muslim and a Pakistani originally but I like to call myself as an English man. Cause like I'm really honoured where I'm from, you know, this is where I've done everything. Like my uncle and a couple of my relations they go, no you're British Pakistani, whatever happens that's your roots yeah. My roots are where my parents from. But then again I've done everything here. I've learned how to speak, I've learned how...I learned my religion here, I've learned how to... I've done everything here. So why should I give credit to Pakistan unless I should give credit to my family. I don't give no credit to Pakistan. People go, you know, you should give credit to Pakistan 'cause of your parents they're here (Young man 3, aged 16 years).

Finally, the young men described being between Eastern and Western cultures and as having a new 'hybrid' culture which they described as Asian British:

Our culture isn't Pakistani, it isn't British, because obviously we don't know everything that's going on in Pakistan. And in Britain there's old tradition and stuff which we can't relate to. Our culture's Asian British which is the new culture that's started, the mix of the music everything that's... you know, the food, how we live, how people talk and hang around. 'Cause we don't sound British and we don't sound Pakistani we sound our own. It's a new culture that's started, that's my culture and that's separate (Young man 7, aged 18 years).

What was interesting about many of the young people's accounts was that regardless of how they described their identity, when referring to Pakistan they frequently said 'back home', even if they themselves had never been or lived there.

Another common theme in the young people's narratives was the need for them to balance and manage the different aspects of their lives and their different selves or identities. Some described this with ease and felt that they and other young Pakistanis managed it well:

Just basically covering up what's going on in one world to the other really. So whatever happens with family that's not going to be known outside, or whatever happens outside it's not something that will be known inside, stuff like that. So it's just really keeping them both...like you're living a split personality. So here you're one person and there you're another. Stuff like that, that's the way I would normally...that's the way it normally is (Young man 4, aged 20 years).

I think there's this sociologist that says there's different selves. You know, you act...like at home you act like the older sister or the mother or whatever, and then when you're with like the boyfriend you act like the girlfriend and when you're with your friends, you can act however, but I think it's better that way (Young woman 18, aged 22 years).

It's not really confusing. It's actually probably the least confused people because they know this is our limit according to family but this is what we want to do. So they know exactly what the two scales are. It's just a matter of a decision about whether they're going to stick to family or go towards that line. And once you're already smoking, doing drugs or once you're already disobeying them, one more rule breaking don't seem like a big thing to you, so most of them do go down the other direction (Young man 7, aged 18 years).

Going against what we were brought up to be like, basically, to be honest with you we'll hide it from our parents, family kind of thing. It's just...it's like we have two lives in a way. One life in front of our parents and then another life with your mates kind of thing. It's amazing how it pans out (Young man 14, aged 25 years).

Other young people found it more difficult and suggested that some young Pakistanis feel unable to identify with or manage their different identities:

What happens, the only way some manage to cope with stuff like that, is they normally end up running away at a younger age, start taking a lot of drugs, cannabis um...may start drinking and then start hanging around with the wrong crowd because they're like...well I can't do nothing here, I can't do nothing

there, so I might as well do this then. So it really leads them into a third lane sort of (Young man 4, aged 20 years).

The young gay men described different identity issues related to their sexuality and their need to reconcile it with their cultural heritage. They perceived this as problematic for most young gay Pakistani men and thought some experience something described as ‘internalised homophobia’; a feeling of self-unacceptance:

Coming from a community where you know, you're growing up in a society which says oh gay people, they're horrible they should be shot, they should be killed. You know Islam doesn't accept homosexuality. If you grow up and you're gay there is a chance that you'll end up believing what people say around you because they are your closest and your nearest and your dearest. And when you actually do realise that you are gay and you've got feelings for men there is a chance that you could feel dirty about yourself. And that is in a nutshell is internalised homophobia (Young gay man, aged 25 years).

6.3.4.2 Religion

The majority of young people defined religion as important to them and most had been taught some level of formalised religion at an early age. However the young people described considerable variation in their levels of practice and the role and meaning religion had in their individual lives at the time of the interview. For some their faith is about following certain rules such as not drinking or eating pork and about basic morals such as being kind and good to others:

This is how I think of it...it's like as long as I do my basics like do my prayers and you know I believe in God and don't be horrible to other people even though people be horrible to me. And if I do my basics and I'm a nice person I don't believe there's any reason why I'm going to hell or you know why people should think of me any different (Young woman 8, aged 21 years).

I'm not really religious I wouldn't say. I believe there's a God and the religion I was born into. I still sort of try and follow as much as I can, as in I won't go out and drink alcohol or I won't sleep around, eat pork, you know, basic rules I will follow. But, I won't go out and pray five times a day. Like my dad, I have high morals. I will follow it as much as I can. Yeah, I'll follow it as much as I can, but not to the extent where I'm completely giving up my life for religion (Young woman 19, aged 22 years).

Others described the way in which they and others interpret their religion in their own way, highlighting that 'faith' may vary between individuals and that everyone has their own individual relationship with God:

With religion I think people have started interpreting it in their own way. And fair enough, but at the end of the day if you're religious or if you believe that there's God, all that matters is your time with God. If you're praying don't think about the other issues around you or surrounding you or you know...oh, you're gay and you haven't got a right to pray. No one's said that. But if you're praying you shouldn't be thinking of the issues around you. You just pray to God (Young gay man, aged 21 years).

One young man described the way in which he felt the Quran is forced upon young Pakistanis at a young age with little emphasis on an understanding of what it means. He felt that as a consequence many young men in their teenage years forget their faith and engage in behaviours deemed non-Islamic. However he also emphasised that many young men return to practicing their faith later in life:

Generally people from Muslim backgrounds after the study classes, once they've finished reading the Quran once or twice, we don't understand it, it's just... it's like forcing us. We don't have...in a way we should have love for it but we didn't have love for it, it's like being forced. You know sixteen to eighteen it's like you go a long way kind of thing, you've completely forgotten what you were taught although you didn't understand it much. So that's why people I think are going from one extreme, not practicing, to another extreme to the end of the spectrum [practicing] basically. I mean so many people, so many people go AWOL in

between and I'm one of the cases where you go from extreme to another extreme [more religious] (Young man 14, aged 25 years).

For other young people, although their faith was important they described 'life as taking over':

I kind of think that life takes over religion. There is like... for the other generations that are behind us, kind of they were more into religion than life. But now I think life's taking over (Young man 2, aged 16 years).

The young people, particularly the young women, often made distinctions between 'believing in' and 'doing or practicing' Islam. The young women felt that a person can have a strong faith or belief but not necessarily need to visibly demonstrate this through prayer or modest Islamic dress. For example one young woman described in detail the importance of her faith in Islam, yet at the interview was wearing a mini-skirt and was later meeting her boyfriend. She obviously knew a great deal about her faith and it determined many of her life decisions but in her eyes it did not matter what she wore providing she was a good and moral person. This was echoed in the other interviews when the young women talked about the importance of Islam to them and their strength of faith, yet these same young women had boyfriends and went to parties, key things that are prohibited by their faith. The way in which they rationalised having boyfriends in faith and cultural terms is explored more in the following chapter and is related to the preservation of their virginity. These young women felt that providing they maintain their virginity they did not feel that their behaviour conflicted with their religious values.

The young women had varied perspectives on Islamic dress. Some described *hijabs* (full head and body covering) and head scarves as becoming more popular among young Muslim women. However they attributed this to fashion purposes rather than religious belief. Other young women thought that head scarves and hijabs were a convenient way for young women to publicly demonstrate that they are a respectable, practicing Muslim and therefore of good marriage potential. The young women also talked about Pakistani and Muslim women and friends who wore Islamic dress but who also went to parties and socialised in ways that conflicted with their faith's values:

Like they [friends] wear a headscarf, most of them wear a headscarf, but at least they've got an Islamic identity, and they know...they've been brought up, they know a bit about Islam. I knew them before I started practicing. I met them in a youth group and they were just really cool. They had a scarf on and they were so wacky. They smoke, they do spliffs, party, have boys, and I used to think that's so cool, because what I associated with the scarf was like real dreary and sad, you know. I know that's a real silly assumption but that's how I felt (Young woman 19, aged 22 years).

Some of these perceptions were borne out in the experiences of some of the young women I interviewed. Three young women had at some point become more religious and had started wearing full *hijab*, the Islamic dress. Yet these same young women had boyfriends and still socialised in ways they had done previously. They did not attribute their reasons for wearing a *hijab* or head scarf to fashion or to the need to demonstrate their modesty or religious faith. These young women seemed to be genuinely experimenting with their faith and/or returning to Islam and their reasons for this varied. For one young woman the initial adoption of Islamic attire was out of a desire to be a better Muslim and as a consequence a better person. However over the years she realised that wearing the *hijab* did not change her behaviour but rather the behaviour of others around her. For example this young woman experienced a number of social and structural barriers to wearing the *hijab* and head scarf which eventually made her give them up. She described barriers to education and employment due to a perception that young women who wear a *hijab* are more reserved and less interactive than their peers and experiences of verbal racism by strangers she passed on the street. She also described being unable to fully interact with the young people she worked with in a youth worker capacity due to their perceptions of her as 'very religious' and therefore as unable to relate to their experiences.

Only one of the young women at the time of the interview had maintained her Islamic identity and had changed her behaviour completely. In contrast to the alienating experiences of the young woman above, this young woman found that her Islamic dress gave her a sense of belonging:

At our college they have an Islamic Society...and one day I just wandered into a prayer room and they were holding this sermon, like an Islamic talk and he was brilliant and there was this bloke talking about Islam. You know, the Islamic dress, like the long thing, I really didn't think about hijab or anything because I just thought it makes them look all frumpy and old, it was so far off my mind, and I met some girls with the whole thing on, and they were so... like inviting. When I used to be walking down with whoever, we used to see girls, like normal girls, they will greet you by like looking you up and down or like giving you, cutting their eyes at you. But with these girls in Islamic dress, they were all smiling at me and I was like, it was just so brilliant. I felt like I belonged.

Her adoption of the hijab was in conjunction with learning more about Islam and for this young woman this and her new Islamic identity gave her a sense of clarity and purpose in her life:

Before I was so confused, I didn't know what I was doing, I didn't know what I was getting up for. It got to a point...you become so numb, like you're not living. Even though I wore the hijab, I used to still go out with friends and we used to still do stupid things like go to raves and stuff and I used to think, what am I doing?...You know when I said how I felt...I felt empty, that's why I used to just jump from boyfriend to boyfriend. Now, you know, because I didn't know, it was like a spiritual void and now I've got Islam, I know what I am doing.

Although this young woman did not describe any social or structural barriers to wearing the *hijab* she experienced a certain level of prejudice directly from her family who mocked her when she wore the *hijab*:

*I remember my family, you know, when I wore this, they were just like fuck, what are you doing? My mum was just like, what's this? My brother, when I wore this, and I went out, he was like, oi, terrorist, but I think he meant it in a jokey way. In my family, you have a copy of the *Quran* and you've got the prayer mat, but no one really practices it. My brother was just like, oh look, *Al Qaeda's* on the TV, but I don't think he meant it in that horrible way. My sisters were like... because you're a girl you want to look pretty and you want to wear the latest *Top Shop* range or whatever, with my sisters it was just like a blank, black sheet.*

It was just like, what is that? They were like, don't you miss wearing this, or they will rub it in my face, like when they're getting ready to go out, they will put on their skinny jeans and I'll wear my frumpy loose one, but it makes you feel strong and it makes you feel...look, I'm sacrificing all that, I could be doing that, but I'm not, and it makes you feel so secure (Young woman 19, aged 22 years).

At the time of the interview none of the young men wore Islamic dress and only a few said they prayed regularly and attended a mosque. The young men admitted to only knowing the basics of their religion but felt that they should know more. Many also described that prior to their teenage years they had conformed to Islam but that during secondary school it had held less prominence in their lives. However they also described wanting to return to Islam one day and intended to become more devout. So although religion was important to the young men, there was a common theme of experiencing life first, of being young and enjoying the present:

I think that's that whole idea...let me do what I want now yeah...when I get married, when I have kids and when I be old then I will turn to my religion. Let me have the fun now. I think that's the mentality amongst many Pakistanis. Have your fun and then later on settle down and learn about your religion more in-depth and then regret (Young man 14, aged 25 years).

It's like when you're young...when I was young it was drilled into us kind of thing. Then I thought let me experience life and I'll come back to it kind of thing. That's what I'm doing now, coming back to it, know what I mean? 'Cause I've experienced A, B, C. Now I'm coming back to it. But I think...I say to everyone...like I'm not going to say I'm the best Muslim in the world but hopefully I will be one day. 'Cause your aims are to do certain things and to fulfil, know what I mean. And I've done certain things maybe I shouldn't have done, but I've done them now. I've experienced it... so I mean I've been there, done it, worn the T-shirt do you know what I mean, so now I'm coming back. I'm not practicing my religion and I know that's bad but hopefully one day I will be practicing my religion and what not, do you know what I mean? (Young man 13, aged 20 years).

The young men talked about occasionally praying in order to ask forgiveness when they had done something wrong and as experiencing guilt when their behaviour conflicted with their faith. However this guilt was also described as short lived and they prioritised getting on with life. Some young men and women practiced their faith more regularly. They described Islam as playing an important role in helping them to avoid drugs, alcohol and anti-social behaviour. It enabled them to 'keep on track', to 'keep self-control', and taught them how to best treat others:

Which is why I'm glad I've got my religion and faith 'cause it keeps me on track and keeps me achieving the right path, rather than how much I could have achieved in the wrong path. So I don't know...I believe that's probably what keeps me as a good person mostly. If it weren't for religion and faith then drinking. Er...drugs. Um...like girls and all of that...education. I would've thought you know, I'm going to go do drugs and money. It's much quicker. And with a brain...I know it's crude, but with a brain you can make a lot more money from drugs. There's no VAT, there's no tax, there's no nothing, you can make a lot more money than being an accountant. I can see there's a lot more money there. But it's not worth the money, it's...so that sort of stuff, it (religion) just keeps you away from it (Young man 7, aged 18 years).

Without Islam, that's my strong pillar, without that, I think I'd be out there. I probably wouldn't be at Uni, I'd probably be like my sister, like nothing, no job, maybe I'd be in a job. But with me, you know, Islam, it's so beautiful, and everything, everything I do, it's according to what I believe and stuff. Before it was totally chaotic. I think if I didn't have that now, I think I'd be just like another girl, just like another, just like my sister, like she drinks, she does whatever, she doesn't give a shit (Young woman 19, aged 22 years).

The young gay men described the different ways in which they and other gay men coped with their religion and sexuality. One young man felt that he did not need to marry his sexuality with his faith and that religion should not play a role in questioning his sexuality:

And if you believe in religion or if you believe in God and you believe God is the creator, like the way I do, then He created me like this for a reason. But if it's not mentioned in the religious text or anything like that I'm not going to, you know, challenge it. God created me and that's it. I know it's probably a simple view but I find it less complicated. I don't think you should really be challenging or looking to religion too much to justify why you're gay. You're just gay because you've got these feelings that have been given to you from God. So if you're just praying, just pray to God, it's your time with God, no one else's (Young gay man, aged 21 years).

6.3.5 Generational change

Towards the end of discussions with the young people on their home, cultural and social life contexts I asked how they felt their life experiences differed from their parents' and how they thought it would be for their own children. The young people outlined a process of change, describing their parents' generation as traditional Pakistani, their own generation as having mixed heritage and identities, and then their children's generation as potentially being at the other end of the spectrum, with more secular values and behaviours:

It's between our parents' culture and their religion and with the culture they [young people] live in. So everything like's mixing up. Like a lot of people start drinking, they start smoking and they have sex and I think it's when... as time goes on its actually going to get more and more. 'Cause we've got our cultural background, well I mean our parents' cultural background so we, so that restricts most of us from right and wrong. And for example our kids when they grow up in this area they're going to have, they're not going to have our parents' cultural background they're going to have like our cultural background and in this area a lot of people started smoking and drinking and having sex at a young age so I reckon it's actually going to get worse as we get we get older (Young man 6, aged 17 years).

Like with the Eastern culture, with back home and Pakistan and that, and with the Western culture...I'd say I'm like in the middle but a bit more towards the Eastern culture 'cause I don't smoke or drink. But with my kids I reckon they're probably going to be...I think they're probably going to smoke and drink because of the culture they're brought into and they're going to smoke and drink and all of that (Young man 7, aged 18 years).

In this chapter I have described key familial, social and cultural issues for young Pakistanis. The narratives show that young Pakistanis' values, behaviours, and sense of identity (ethnic, religious, cultural, or societal), are experienced differently, dependent on a range of issues and social markers, and may change over time. Most notably there are gender differences at play, shaping and influencing the way in which the young men and women I interviewed experience their cultural heritage, religion and secular social world as well as their interaction with one another.

Five interrelated key themes can be synthesised from the workers' and young people's accounts and these have implications for understanding and contextualising young Pakistanis' relationships and sexual behaviour. These are: 1) the importance of individual and familial reputation and honour (*izzat*); 2) social restriction to maintain reputation; 3) discreet and secretive social activity to circumvent social restriction; 4) the development and pragmatic use of plural identities; and 5) variation and transition in religious practice and meaning.

I discuss and contextualise these themes in more detail in Chapter 9, where I provide an interpretative account of the qualitative data presented in Chapter 6, 7 and 8. In the next chapter, Chapter 7, I present the relationship and sexual experiences of the young Pakistanis.

Chapter 7 Relationships and sexual behaviour

7.1 Introduction

This chapter presents in-depth interview data from community workers who work with young Pakistanis in Newham, and from the young people themselves, concerning perceptions and actual experiences of relationships and sexual behaviour among young Pakistanis (16-25 years olds). As with the previous chapter on the social and cultural contexts in which Pakistani young people evolve, I wanted to see the extent to which community worker perceptions and reported experiences are borne out in the experiences and accounts of young Pakistanis themselves. For this reason I first present the data for the community workers followed by the young people's narratives. I present data on sexual health knowledge, needs and skills in a separate chapter (Chapter 8), as these are focused on experiences of sex and relationships education, and on how to improve sexual health promotion. The community worker interviews were more structured than those with the young people. I derived the categories and themes for the community worker accounts primarily from the interview topic guide, allowing, at the same time, for iterative development of key concepts and themes from the interview transcripts. In contrast, I derived the categories and themes for the young people's accounts iteratively from the interview transcripts. The initial themes that I derived were re-coded, refined and synthesised. I then categorised these into the labelled headings in this chapter in order to provide a clear trajectory and descriptive account of young Pakistanis' relationship and sexual experiences.

7.2 Community worker perspectives of relationships and sexual behaviour among young Pakistanis

In this section I describe what the community workers interviewed knew and felt about the key features of relationships among young Pakistanis in Newham. Specifically, the section explores four questions: 1) Are relationships taking place? 2) Who are young Pakistanis having relationships with? 3) What types of relationships are young men and

women having? 4) How and where do these relationships occur? I then describe key aspects of sexual behaviour among Pakistani young people by exploring: 1) whether young Pakistanis are sexually active; 2) timing and experiences of sexual debut; 3) safer sex; and 4) non-consensual sex.

7.2.1 Relationships

7.2.1.1 Are relationships taking place?

The community workers described premarital relationships as more common among young Pakistanis than a decade ago, and every worker described personal experience of working with a young Pakistani in a relationship. They put forward a number of reasons for the change over the last ten years. Many felt there had been a shift in norms among South Asian young people generally, that previously young people considered premarital relationships as deviant, but now relationships were considered more acceptable:

So there's more opportunity as well, but there is something around the kind of culture. So as well as the competition culture about looking good...I know that when I was at school it's like one or two had boyfriends but they were bad, they were the bad girls kind of stuff. Whereas now it's like having a boyfriend is a good thing and it's completely acceptable and you're probably out of place if you haven't got one (Female worker 2).

A few of the workers highlighted Valentine's Day as an example of the shift in norms, with South Asian young people within schools and colleges now more openly showing their Valentine gifts and cards. The workers also thought that secondary school provided young Pakistanis with more social freedom and exposure to a wider range of social norms than previously. The workers described this freedom and exposure as facilitating and developing young people's confidence in expressing their emotions and feelings and as enabling opportunities for relationship development.

Some of the workers argued that peer pressure was a reason why young Pakistanis were increasingly having relationships. This primarily referred to young men, and the workers discussed the importance of status, power and group pecking order, and how these increased through having a relationship:

In regards to peer pressure, his friends knowing that he's having sex and enjoying himself is a big thing. For those who aren't having sex, they look up to him. For those who are, he joins their clan. But I think for some individuals it's about peer pressure. Other individuals, it's just about their feelings and them wanting to do it, their desire pushing them forward to go and have sex. And after they've done it they gain a bit of fame and fortune from around their friends who say oh you're a bad boy you've just gone and had sex or you've shagged that girl, that's a bonus for them, for some of them. Others it would be peer pressure yeah. D's had sex or S's had sex for example so let me go and do it as well otherwise I'll be the laughing stock of the rest of the boys who have gone and had sex. They'll go to a party with the intention of finding a girl to have sex with (Male worker 5).

Part of it is a sense of status that you have a girl, you know it kind of gives you power and it gives you, you know, a sense of control and you can show off about it. And if you've got...if you haven't got a lot of confidence anyway then those sorts of things kind of give you a higher pecking order within your friendship group (Female worker 7).

Although the workers perceived peer pressure as less common among young Pakistani women, they explained that young women had a competitive social environment. This competitiveness extended to boyfriends, for example in relation to who had the better partner. The workers also perceived Bollywood films as influencing relationship formation among many young women, and described them as playing a key role in romanticising and normalising relationships. The role of the media in glamorising relationships was another factor. The workers also put forward more individual level reasons for relationship development among both young Pakistani men and women, and referred to emotional and psychosocial factors such as the desire to be loved, cherished and touched. Finally the workers held a common perception that parental restrictions on

young people's social activities and on mixing with the opposite sex had lessened over the years. As described in the previous chapter, many thought that parental constraints are more easily circumvented than previously, thus providing young people with increased opportunities for relationships:

I think the restrictions are coming down in terms of...like I know, OK, families usually insist that girls do not talk to boys but it's kind of now accepted. OK they're going to meet the boys at school and college and kind of stuff. Like slowly, slowly like the old restrictions are coming down (Female worker 2).

7.2.1.2 Who are young Pakistanis having relationships with?

When I asked the community workers to talk about the characteristics of young Pakistani's relationships the first issue they highlighted was age difference. There was consensus that, in general, young women tended to have slightly older partners. For example young women in their mid-teens (15 -16 years old) were described as having relationships with young men in their late teens (18-19 years old). However, some of the workers who worked directly with young women also described instances in which there were far greater age differences and they had concerns about the dynamics of these relationships. These workers interacted with young women aged 14-17 years old, who were in relationships with young men in their early 20s. The workers had concerns about negotiation, manipulation and consensuality, and these are discussed in more detail below.

The workers said that young Pakistani women tended to form relationships with young men of South Asian origin, and primarily with men of Pakistani origin. They thought that this occurred for two main reasons, both of which were discussed in the previous chapter. First, the young women hoped for the relationship to end in marriage. Cultural norms dictate that a young Pakistani woman should marry someone of the same ethnic and faith background. The workers found that most of the young women they interacted with had attitudes and personal expectations aligned with these norms. Second, young Pakistanis generally have ethnically homogenous friendship groups. They socialise with other South Asians and Pakistanis. The workers emphasised that this creates a wider social network that is also fairly ethnically homogenous, and it is within this network

that opportunities for relationships form. For example, the partners of the young women were described as often being friends of friends, or cousins' friends or siblings' friends, i.e. from within the pool of young men most accessible to them via their social network:

You see the way they introduce each other, it's like OK one girl can know this guy and then it's his friends that come along and so you get to know more boys through that. It's like they'll get to know each other through groups. So like being introduced from a friend of a friend of a friend, it completely makes sense. If they hang around in like Asian groups they'd only be meeting other Asian guys (Female worker 1).

The workers also described the young men as predominantly having partners of South Asian ethnicity and this too was perceived to be related to their social networks. They were however thought to be more likely to form relationships with non-Pakistanis, i.e. Bangladeshi, Indian or Sikh young women. The reasons for this were attributed to Pakistani girls being socially less accessible because of the restrictions placed upon them by their families. Pakistani workers also felt that a young man's relationship with a non-Muslim girl nevertheless had the potential for family acceptance because that young woman could convert to Islam for marriage. However the reverse, i.e. a non-Muslim man converting for marriage to a Pakistani woman was not considered as straightforward. This was put forward as another reason why young Pakistani women were more likely to date fellow Pakistanis:

A lot of Muslim Pakistani boys are having relationship with Sikh ladies or people from other religions, maybe Hindu or Sikh because of the tight restrictions on Pakistani women. They're thinking because culturally it's the same, it's just a different religion. Then if they are having a serious relationship, not just a sexual casual relationship, they then are saying well OK, if we get married you have to be a Muslim. They make it more palatable for their families to say OK we accept this person. Because there's another kind of loophole in the religious area which is that if you convert a non-Muslim into a Muslim then you go to heaven and get so many rewards and stuff like that. So they think oh we'll cash in on that one. So that makes it easier for a Pakistani, a young man to have a relationship and therefore they've got less sort of pressure. But for Pakistani

ladies it's not the same situation. So if they have a relationship they're going to be guilty on both accounts, for having the relationship in the beginning and then you know with a non-Muslim and so not many Pakistani ladies will have relationships with people from other, you know sort of cultural backgrounds (Male worker 4).

The workers highlighted that although young Pakistani men generally formed relationships with girls of South Asian ethnicity, relationships with non-South Asians were also common. Some of the workers described a myth among the male youth they worked with that white girls are more accepting of casual relationships. For this reason some young men were thought to experiment sexually with young white women:

You know, I think it's only been probably in the last six or seven years that Asian girls have become more accessible because they were always a prize apart. So a lot of the Asian boys have worked through their experimentation in mixed race relationships. So it's either been white girls generally or it's been young black women (Female worker 7).

Other workers felt that relationships occur when people are actually accessible and available; girls from non-South Asian backgrounds simply have more social freedom and are therefore easier to meet. Although the workers described instances of mixed relationships between Pakistanis and young people of other religious or ethnic backgrounds, they also felt that few of these relationships would progress to marriage. Instead, they thought that the majority of young people would eventually marry someone of the same background.

What types of relationships are the young men and women having?

When the workers talked about the types of relationships they saw among young Pakistanis, they almost always discussed the issues faced by young women rather than young men. The young men were more frequently discussed in the context of sexual behaviour. Young Pakistani women were described as having a strong sense of romance. The workers felt that this was influenced by Bollywood films and described

young women as ‘quick to fall in love’ with their boyfriends and associated this taste for romance with naivety. They felt that the young women they worked with were often very wise socially but naïve about relationships. This was attributed to many young women having little exposure to relationship issues within the home, among their siblings or other family members and to having few or no friendships with the opposite sex:

Girls have been sheltered from the outside world and often any little act of kindness is blown out of proportion and they don't see the manipulation that the boy may be doing or they simply don't have experience of relationship dynamics (Female worker 3).

Because girls aren't exposed to experimentation or even to open friendships with males it's very easy for them to fall prey to unhealthy situations (Female worker 7).

Some of the workers cautioned against making assumptions based on how young women look. They pointed out that people often assume that it is those who wear Islamic dress or dress modestly who are naïve, innocent and less socially wise than others, but that this is not necessarily the case:

Girls can be very street wise but completely relationship naïve. People assume it's just the ones wearing the head-scarves who are naïve but it's not always the way (Female worker 3).

The workers expressed a number of concerns for young Pakistani women engaging in relationships. They perceived large age differences between partners (with young women being considerably younger and less experienced) and relationship naivety as leading many young women into situations they would otherwise be cautious of:

I think sometimes the danger is...and particularly for the young women I have come across, the situations which are more worrying for me are in terms of age differences between the young men and young women. So the women, the girls may often be considerably younger. So you often get a situation... I remember

years ago a young Pakistani girl of fifteen going on sixteen lost her virginity to a man she claimed she was totally in love with. He was married, much older than her and she lost her virginity in the back of his car. And when I actually went through it with her, her experience, it was clear to me that... I wouldn't call it intentional rape but she hadn't consented. Because she was as naïve and as innocent as she was, she wasn't aware that it was going to happen (Female worker 6).

The workers also felt that many young Pakistani women often experience what they call a “*he loves me*” trap. The workers described this as a situation where a young woman engages in behaviour that she would not normally engage in because she thinks her partner loves her; ‘love’ therefore legitimising the behaviour, even if it is actually unwanted:

Interestingly I think one of the key things, something that affects I think all young women, is “but” he loves me. The boyfriend’s always saying but I thought you loved me and if you love me then you should be willing to have sex with me because that’s what a normal relationship is, that’s what people do. So there’s a huge level of insecurity around that and not feeling able or willing to say actually no. There’s this fear. It’s quite...it’s very hard actually because there’s this fear that if I don’t give him what he wants he’s just going to go and get it elsewhere anyway. So he’s going to be with someone else. So at least... and I do love him, so you know if I am willing to have sex with him then at least I know he’s with me. Now for us this is really, really hard because they are unable to recognise the manipulation in this (Female worker 6).

The workers also thought that many young Pakistani women placed greater trust in the behaviour of young men from the same ethnic background:

The trust builds up and that’s the whole thing and with a lot of Pakistani girls who are growing up they can’t envisage anybody being bad to them who are from their same country, their same religion, their same ethnic background. They can’t envisage that they would use them in any way or be bad to them because it doesn’t happen in our community, oh no they don’t do that, he

actually loves me, you know he's Pakistani as well, he's from the same...he's a Muslim boy, he's really lovely and he does this for me and he does that for me. Any little act of kindness is blown out of proportion. And it's the naivety, it's because they have been quite sheltered from the outside world and everything's all really nice in the home and because that cultural thing keeps coming in from their parents, you know, always reminding them that when you grow older you will marry a nice Pakistani boy. Maybe they wouldn't have trusted somebody if they were from a different ethnic background, you know that trust might not have built up (Female worker 3).

The workers described young Pakistani women as lacking the skills to assert or negotiate their needs and as easily pressurised within relationships. The type of pressure varied. One worker described an instance where a young women's partner prevented her from seeing her friends and prevented her from smoking cannabis although he himself did. Others highlighted examples of unwanted or non-consensual sexual intimacy. Common to all of the workers' accounts were concerns of naivety and safety:

I find with a lot of Pakistani girls, especially when they have been in an environment where they've been very sheltered or you know kept away from bad things and they're quite naïve and when they do meet a guy, obviously you know, they have feelings, they're human beings and they're young, they're teenagers and they meet a guy and all of a sudden there's this guy who's interested in them. It's really something very new for them and they're very excited but the guys can be really bad and you know making promises to them, the fact that they love them, that it's OK you can do this (Female worker 1).

And there's the issue of obviously safety and it's really hard because they're obviously thinking that it's a relationship, it's a mature adult relationship but they're not sort of aware of the consequences, of safety issues, of the risks involved...and they think it's a bit of fun and they go into it and then they're not able to tell their parents or their families about it (Female worker 1).

Some of the workers described instances of young men giving substantial gifts of money to their girlfriends. On closer discussion with these young women the workers

found that this money sometimes carried with it obligations in terms of sexual intimacy. The workers felt that the young women were unable to see the manipulation in such circumstances. Many were also thought to tolerate or remain within unhealthy relationships for two main reasons: they feel the need to continue with the relationship because they have had sexual intercourse and therefore feel they should marry this person, and/or because they fear the consequences of leaving the relationship because of their boyfriend's reaction in terms of them threatening to tell her family of the relationship:

I think part of my worry is maybe also they stick in that, in a kind of unhealthy or violent relationship 'cause they do think OK I'd better marry him 'cause I've already gone out with him and slept with him (Female worker 2).

When she said to him that OK, you know this is it, she tried to break it off. First he just wouldn't accept it and he kept calling her and he was basically stalking her. When he realised that she was serious about ending the relationship, he said you can't leave me, all I have to do is pick up the phone and call your mum and tell her that you are with me and that you've even had sex with me. And to be honest that is the ultimate threat, the ultimate threat. So she kind of called his bluff or whatever and said no you won't. And he called her parents, he called her mum and he didn't go so far as to say that she slept with me but something about the fact that you know we have a relationship or something and very, very, very fortunately for this girl her mother refused to believe it. When I talked to colleagues about this it emerged that this is a common theme (Female worker 6).

The comments above came predominantly from the female workers working directly with young women. Although the male workers alluded to some of the same relationship concerns they perceived there to be a more equal stance between many young Pakistani men and women. Some of the female workers agreed and they described some young women as active, assertive and equal participants within their relationships. One interesting example of this was in reference to the monetary gifts that some young men make to their girlfriends and the way in which young women use this to their advantage:

Well a) they are being manipulated, b) they are manipulating. They want that money, they need to have the latest gadgets and this and that and make up. I mean each girl has on average seventeen different types of lip gloss, you know. So it's kind of convenient because a) you're cool because you have a boyfriend, b) great he's giving you money which means you can do this stuff (Female worker 6).

As outlined above, many young Pakistani women are described as hoping for a relationship to end in marriage. Interestingly however, the workers highlighted that the types of young men that many young women pursue or are in relationships with would not be considered typical 'marriage material' by either the young women themselves or by their parents. They described these young men as 'bad boys'. Bad boys are characterised as being generally older, having a style related to rap culture and as frequently driving a car. Some of the workers felt that they tended to be young men disengaged from formal education and sometimes involved in activities such as drug dealing or gangs:

It's not fair to say this but I've sort of historically found those who are more sort of the bad boys are not so good at academic study although they'll be a bit more, maybe socially aware, or community aware, they'd show that they're really brave, they'd have a couple of fights here and there and sometime drugs (Male worker 5).

When I asked the workers why they thought young women pursued young men of this type they referred to the aforementioned issues of popularity, status, credibility and the competitive social environment within which young women interact:

And they're driving BMWs with of course the heavy bass and the music and they'll park outside. And the girl whose boyfriend it is will have this gaggle of girls around her. It's a fantastic queen making process that, you see. And they're all oh-ing and ah-ing and this guy is kind of preening and thinking of how amazing he is. And this girl has immediately shot up in everybody's estimation because look this is her boyfriend, he's cool, he's older, he has a girl (Female worker 6).

It is important to clarify that the workers' concerns discussed earlier around manipulation, unequal relationship dynamics and pressure were discussed in general terms and not specific to a particular type of young man. Some of young men they referred to were bad boy types, but not exclusively.

7.2.1.3 How and where do relationships take place?

As described in the previous chapter, cultural and faith norms prohibit premarital relationships and there are varying consequences for a young person who has one and is discovered by their parents. It was therefore important to explore issues around disclosure and how young people circumvent these norms in order to have their relationships. As with other aspects of their lives (Chapter 6), the workers had a common perception that most young people keep their relationships discreet and secret, particularly from parents and the wider Pakistani community. They thought that a minority of parents would be accepting of premarital relationships but emphasised that the majority would severely disapprove and take action if their son or daughter was having one. Knowing about a relationship but denying or ignoring it was another common theme:

Sometimes families do know vaguely and it's like they'll either...sometimes families try and pretend OK I don't really know kind of stuff, but it is known. Or sometimes they will have issues and forbid the girl from seeing him and try and keep her safe that kind of stuff. But I think what ends up happening is that restrictions are placed because their parents are trying to keep them safe but then they rebel against that (Female worker 2).

The workers described a number of mechanisms that parents and others use to control and monitor the activities of young Pakistanis. The most common one was described in the previous chapter and is community policing. Community members become the extended ears and eyes of the parents:

And there have been a lot of cases of young women who have actually not got caught through their family but through someone who knows their family who's

actually gone and told their families. And that is actually something that's quite instilled within the Asian community. And if someone does see someone's son or daughter doing something it's unlikely they're not going to say anything! Even if they don't tell their parents directly they would tell someone who would. And then word gets round (Female worker 1).

Older siblings were depicted as sometimes reinforcing their parents' expectations and older brothers in particular were often described as controlling and monitoring the relationship activities of younger sisters. The workers highlighted the contradiction in the attitudes and behaviours of some of these young men:

The contradiction is that these boys want to see their girlfriends, but these girls are also someone's sister and yet they wouldn't want their sister doing what they are doing (Female worker 3).

Given this sibling control, it is unsurprising that many young Pakistanis keep their relationships discreet and secret. But as discussed in the previous chapter more surprising is that this secrecy is often extended to friends, particularly among young women:

I think young women become so adept at keeping some of those secrets internalised, they don't even share them for shame, for pride, for whatever, not even to those who are closest to them and I think that is dangerous because what on earth are they going to do as parents? (Female worker 7).

I once did a workshop with the girls just around personal safety and I asked them who would you go to for help? Most of them would not tell anyone. They said they'd come and speak to us for help kind of thing but as in if we weren't around they wouldn't even tell their mothers or sisters. And I tried to say would you go to your friends for support? Every single one said no as well and then someone explained to me, like you know, if you told your friend she might tell others and then everyone else is going to know you've been sexually active, you know, that kind of stuff. And just the view that they had towards other girls who've either been like...who have been raped or abused or that kind of stuff

isn't very nice either, it's usually like she's a sket, she asked for it. That's their word for slag, sket. That kind of stuff. And I remember I found it really sad they wouldn't even tell their best friend (Female worker 1).

The workers said that this secrecy had a number of implications. Some young women were thought to be so adept at internalising their secrets that they often endured circumstances alone rather than seeking support:

Problems or crises in a relationship for girl will often be kept hidden and will only be picked up if they access an organisation for something else (Female worker 3).

Boys, because they have a lot more freedom, can always fall back on friendship groups to take them out when they're low. The girls can't always do that, you know. And boys are more likely to have access to similar pursuits than the girls are. Girls are more likely to get labelled, same as in European cultures, you know. And for the girls their reputation is everything so they have to be so much more protective. When things go wrong, girls will become more unstuck than boys (Female worker 7).

Boys, on the other hand, were perceived as sharing far more amongst one another and as frequently covering for one another's activities. Many of the workers drew parallels with other young men, emphasising that their behaviour is similar to non-Pakistanis:

They share a lot of information amongst each other. So friendship groups are communally very respectful to their elders, which means that when they're out and about they can be getting up to all sorts and covering up for each other but because they're good boys or seen as good boys at home and they do all the things that's expected of them, they manage. I don't actually think that the way the boys operate is that different to boys in any cultural group including white young men. And I can think of drawing parallels where parents see their children in a particular light and yet they could be the most horrendous bullies outside but you wouldn't know because there's this whole notion of you protect your own and you respect your own. So that's all displayed and this is what I

mean about how you live two lives. There's a public face and then there's a private face. And I think young people who move across cultures are very adept at manipulating and managing them. You know you will see boys who will go every Friday to prayer in mosque and the same boys will be out you know canoodling in the twilight hours with at least one girlfriend if not more and playing the field. Their parents don't know (Female worker 7).

Given the secrecy within which relationships are conducted, it was interesting to find out where the workers thought young people met and socialised with their partners. The workers had a common perception that relationships are either conducted away from the local area in another part of London or very discreetly in parks, shopping malls and alleyways, away from the eyes of parents and community members. They also described two other common venues for young women who did not have the freedom to go out in the evening. The first was daytime parties and (night)clubs across London, and the second was 'underground' (illegal) *sheesha* cafes. These places were described as very popular among South Asian youth, providing discreet spaces within which to conduct relationships:

Particularly for Asian women, they can't go in the evenings so they go to these daytime raves and like this is from sort of February March onwards right up to the summer holidays. This is the season for daytime raves 'cause there's a lot of young people who will go to daytime raves now just after their exams (Male worker 5).

7.2.2 Sexual behaviour

7.2.2.1 Are young Pakistanis sexually active?

All of the workers described sexual activity as increasingly common among young Pakistanis. Some highlighted that relationships may not become sexual as quickly as relationships among other young people but that sex was nevertheless occurring:

I think Pakistani girls and boys maybe are not as pushy around sex in terms of it happening as quickly as it might do within other groupings. There isn't such a high expectation. There's more of an expectation that you persuade as opposed to well just expect it (Female worker 7).

Gender differences were highlighted in terms of perceptions that others had of young Pakistanis' behaviour. For example, the workers described a common perception among community members and among other health and community workers that Muslim young women would not and do not have premarital sex. However these workers, including those who were Muslim, said that they frequently worked with young sexually active Muslim Pakistani women:

And there's lots of issues around unsafe sex as well, we've come across a lot. I think there's a perception you know, Muslim girls are not going to be having sex, that can't be, so we don't have to deal with it. We've come across so many cases of girls, some referred to us, as in teachers or some other agency worried because there's a girl under sixteen having unprotected sex with an older guy and things like that. I remember one of the schools referring to me, it was a case of one Muslim girl, a Pakistani girl, she was at lunch times going out having sex in the park kind of stuff and all sorts of issues around that (Female worker 2).

The workers pointed out that it can be difficult for them to gauge sexual activity among Pakistani young women, even within specific workshops around sexual health issues, because of the importance that honour and reputation have for these young women. They described many young women as constantly trying to portray sexual innocence. Only over time were some workers able to develop enough trust and rapport with the young women to have a conversation about sexual issues. It then became clear to these workers that, contrary to what they had previously said, many young women were in fact sexually active.

The workers described many young Pakistani men as sexually active. Some even suggested that sexual experimentation before marriage is accepted or tolerated within the Pakistani community. The risks for young men in terms of their reputation were considered far smaller than for young women:

The boys have always again since time immemorial got away with it. Always. You know, they haven't got the stigma of pregnancy. In this culture a boy sowing his oats is elevated to manhood. So for a lot of them it's experimentation (Female worker 7).

7.2.2.2 First sexual experiences

The workers highlighted specific gender differences when discussing the circumstances around young Pakistanis' first sexual experiences. They often described young women's first sexual experiences in negative terms. Most were seen by the workers to be a result of sexual pressure from boyfriends rather than friends:

A lot of the time when they do enter into sexual relationships I feel there is a lot of pressure on them. It's not from friends, it's about what they're doing whatever they're doing with their boyfriend to keep him. It's from within the relationship. I've found that the majority of the time it's within the relationship (Female worker 3).

The workers described the sexual pressures put upon women by their partners as either subtle and in the context of 'if you love me then you will', 'we will marry one day so it's fine', or as more overt, such as a boyfriend threatening to leave the relationship or tell the family about the relationship if sex is refused.

The workers also attributed young women's sexual activity to the limited face-to-face interaction that they have with their boyfriends, thus making the relationships more urgent in nature and prompting them to seek intimacy more quickly:

There are huge constraints in terms of when they are in relationships and they have boyfriends, they are not able to see them more than maybe once or twice in two weeks because, well how do you actually get out of the house and find somebody to lie about where you are. A whole web of lies has to be built so that no matter who the parents ring everybody's story is right about where you are. So it's quite hard. So then when you do meet the boyfriend there's almost like

this urgency to the relationship. So the actual face to face interaction is very limited which I think drives them to desperation for like intimacy, sex or quality time or whatever for when they are together (Female worker 6).

The workers described young men's first sexual experiences differently and generally more positively. Sexual debut was primarily discussed in terms of natural desires and hormones, although as described earlier peer pressure or peer norms were also thought to play a role. Some young men were perceived as having mixed or confused ideals around the acceptability of premarital sex; they engaged in premarital sex but at the same time expected their future marital partners to have had no relationship experience and certainly not to have been sexually active:

Boys want to sleep around and it's considered fine to do so but then when it comes to marriage they want a pure girl to marry (Female worker 3).

7.2.2.3 Safer sex issues

The workers felt that the sexually active young Pakistanis they had come across were taking sexual and reproductive risks, primarily through poor and/or inconsistent condom use. The reasons mentioned for poor condom use varied. The workers said that some young men did not see the necessity of condom use if they thought their partner was a virgin. Ease of access to, and poor knowledge of, condoms were other barriers to use. The workers described young women as more aware than young men of the risks of sexually transmitted infections but as often unable to negotiate safe sex within their relationships. Poor condom use among young Pakistanis is perhaps surprising given the familial and community consequences of a premarital pregnancy. All of the workers described young Pakistani women they knew who had become pregnant outside of marriage and described a range of ways in which these situations had been dealt with. Some terminated their pregnancy, although the decision and ability to do so was complex. Others continued their pregnancy in spite of the threats to their reputation:

I certainly know of situations where pregnancies have taken place and in some case terminations have been an impossibility because of the conflicts of beliefs

in what your religion tells you and what you think might be more appropriate for your family and safety. You then end up in situations, like with the shotgun weddings and then you know you get breakdown because they're not really capable of looking after themselves never mind children and families. On the other hand some work out very well, you know they still stay true and parents get to accept them and things work out ok (Female worker 7).

She decided to have the baby. She went to her parents, she spoke to them and they were angry, they were upset but ultimately they supported them. You know there was advice for them to become married even though they were like seventeen and eighteen and from what I heard they did get married and they're living together now. But it was a great issue for them, for their friends, she was like frowned upon by her friends, she lost a lot of very close friends who disagreed that she should've been having sex at that age particularly because either she's a Muslim or she's an Asian girl or whatever it may have been. And then her community, her neighbours, she's got a bad reputation and so on so forth (Male worker 5).

The workers raised a few interesting points in relation to other forms of sexual contact. They described virginity at marriage, particularly for young women, as being of great importance within the Pakistani community. The workers said that some families assess a young woman's virginity on her wedding night by the extent to which she bleeds after first intercourse. Some of the workers felt that this misconception prompts some young women to engage in other forms of sexual contact such as oral and/or anal sex. Two of the workers referred to anal sex as a way of 'protecting virginity' and said that this was something local sexual health clinic staff had brought to their attention:

In terms of sexual relationships something that I was not aware of actually and I just discovered in the last couple of months is that apparently in Newham, particularly amongst young Asians and in terms of sexual health, there are large numbers of young Asian women engaging in anal sex which they don't see as sex because it retains their virginity. So obviously there seems to be some sort of confused understanding about what a sexual encounter is. As long as it's not penetrative sex in terms of your vagina and you've got virginity retained but yet

you're up to all sorts. You know it's those sorts of things. And not really understanding the risks around that. It came to light through the workers who run the clinics. Because what's quite interesting is that within Islam, anal sex, so the imams say, is not something that's condoned. So I just find it interesting they've gone for that in preference to being labelled a slag or a slut or whatever other name they may incur as a consequence of loss of virginity (Female worker 7).

One worker mentioned another way young people try to preserve their virginity. She described a sexual contact in the form of rapid, shallow, repeated vaginal penetration called by the young people 'doing shots'. In her experience this was primarily initiated by young men to persuade young women to have sexual contact without losing their virginity:

She said well my boyfriend he wants me to sleep with him but he's Muslim and he should understand I'm a Muslim girl and you know, he should respect my views but he wants me to sleep with him. And he says that we can do it and he said we can do shots. I said what do you mean shots, you mean drinking? She goes no, no, no don't you know what shots are? And then she explained to me it was like you have sex but they don't penetrate deeply and it's just very, very quick and that's what he wanted to do with her (Female worker 3).

In general the workers had concerns about the low levels of sexual and reproductive health information young Pakistanis received during their teenage years, and described many young people as lacking sexual health awareness and skills:

I think a lot of the time it happens because it's almost like a done thing, everyone's doing it and then they don't take into account the risks and consequences and being safe. And I think that is a huge issue, in terms of being safe and knowing the consequences (Female worker 2).

7.2.2.4 *Non-consensual sex*

Some of the workers working directly with young Pakistani women had come across instances of non-consensual sexual activity. They felt that some of the young women they worked with were heavily pressurised into unwanted sexual intimacy. Although not explicitly defined as forced or rape by the young women themselves, for some of the workers these sexual experiences constituted rape:

My view at the time was this was a clear case of rape. She obviously didn't want to do it, she was in tears, all that kind of stuff. There was a huge issue around...a lot of these girls think they're very assertive but it's actually aggression. So they think they're assertive and they think they're asserting themselves and they stand up for themselves but there's a huge self-confidence issue. So they don't let another girl swear at them, they have to beat them up or you know assert themselves with other girls but when it comes to boys they do not assert themselves at all. And this girl allowed herself to be treated very badly by this boyfriend because she was in love and, there were all sorts of things like self-esteem from hanging off the arms of this bad boy kind of thing. It was like, it was really sad to see it. I think it's really sad to see cases where these girls are basically getting... the fact is they're being raped but they don't identify it as such (Female worker 1).

The workers also described many young women as experiencing tremendous guilt in these types of situations:

One girl came to me, she couldn't actually speak, so she had written it down on a couple of A4 papers and she just handed it to me and said this is what happened to me. She couldn't speak about it. It was so awful for her. And it was the guilt at the end of it, right at the end it's like the guilt. You know, how did I get myself into this situation? You know, I've got my family, my family trust me, they love me, how could I do this to my family? And it was this guilt about doing something awful to her family. Her family didn't know though...rather than what it's done to her. It was such an awful experience for her (Female worker 3).

The workers highlighted that many young women often do not disclose negative sexual experiences or confide in someone because of the implications, as described earlier, for their own and their family's reputation. They emphasised that it took time for them to build a rapport of trust with young women in need of support.

7.3 The young people's relationship and sexual experiences

This section of the chapter presents the relationship and sexual experiences of the young Pakistanis who took part in the study. Where relevant I highlight the similarities and differences between their accounts and those of the community workers presented above. Twenty of the twenty-two young people who took part in the interviews had some experience of relationships. The number and type of relationship varied: some were experiencing their first ever relationship at the time of the interview, others had had quite a few. The nature of the relationships also varied considerably between the young people: some were in long-term, stable relationships and others had had casual, single encounters. The experiences and perceptions of these different types of relationships were diverse. For example, what represented a stable, long-term relationship to one person was quite different for another person. There was also considerable variation among young people of the same age. For example, among the 16-17 year old men, there was a young man with no experience at all and another who had had ten or more casual sexual encounters. The same was also true of the young women in their early twenties: some young women were having their first ever relationship and a few had had a number of relationships throughout their teenage years. The level of sexual intimacy these young people experienced also varied considerably. Despite all of these differences however, they did report a number of similar relationship issues.

The young people also talked in detail about the friends and siblings they knew who were having relationships. All of the young people had at least one brother or sister in a relationship and they all mentioned at least one friend also having similar experiences. There were a few examples of pregnancy and children outside marriage among siblings, and also of divorce and re-marriage. This demonstrates perhaps just how much more common relationships may actually be compared to some community and professional

perceptions which suggest that relationships are infrequent among Muslim Pakistani young people due to cultural and faith norms. There were particular gender differences in the experiences of relationships and sexual intercourse. For this reason and to ensure clarity I present the experiences of the young men and women separately, highlighting any similarities where relevant.

This section begins by presenting the young women's experiences of relationships and sexual activity. The main themes are presented under the following overarching headings: 1) Types of relationships; 2) How do relationships start?; 3) Who are young women having relationships with?; 4) Key relationship issues for young women; 5) How and where do relationships take place?; 6) Sexual behaviour; and 7) Sexual abuse.

7.3.1 Young women's experiences of relationships

All except one of the young women I interviewed had had or were in a relationship at the time of the interview. There was considerable variation between the young women in terms of experience and numbers of partners. Some had had relationships of varying number, intensity and duration during their teenage years and throughout secondary school. Others were having their first ever relationship and were in their early twenties. Regardless of these varying levels of experience, a number of common themes emerged and the young women reported very similar relationship issues. Two of the young women's experiences were however quite different to the rest. These young women had experienced sexual abuse. Their experiences highlight some of the issues young women face in extreme situations and how, because of the secrecy highlighted in the worker's accounts, some young women find themselves in situations where they are unable to access the support they require.

7.3.1.1 Types of relationships

A common theme among the young women was experience of what they called 'long-term' or 'serious' relationships (ranging from six months to six years long), as opposed to casual, single encounters. Although some of the young women described having had a number of very short relationships in their early teenage years, these were not

considered serious relationships. Seriousness was measured in terms of the expectations of a relationship, its intensity and its duration. Reflecting the community worker accounts, the majority of the young women described the ideal relationship as one for marriage. Even though some were no longer in their long-term relationships they still described having hoped at the outset that it would have ended in marriage:

I mean we were talking about marriage and you know stuff like that. We kind of committed ourselves to one another, meaning we wouldn't go anywhere, we'll always be there. I've had that talk from a previous boyfriend which only lasted three months but with him it felt more intense, it felt like he actually meant something and I wanted to make a go of it (Young woman 9 aged 22 years, recently separated from boyfriend of six years).

The desire to marry a partner was not limited to long-term relationships and seemed to characterise relationships of much shorter duration as well. The young women also described it as a common wish among young South Asian women in general:

With Asian girls, when they're with an Asian guy, they think straight away he's the one. My friend, she was in a relationship with this guy for three months and she was like, oh I want to marry him, I want his kids and it's always the same with every guy she's with, it's become the same story over and over (Young woman 19, aged 22 years).

It became clear that the decision to have a premarital relationship is a difficult one for young women. This difficulty is related to cultural notions of honour and respect, and as discussed in the previous chapter the young women are acutely aware of the need to maintain their own reputation and that of their family by not engaging in behaviours deemed shameful, particularly premarital relations. It is for this reason that the young women felt it important to aim for a marital relationship:

It's difficult for a girl to make a decision to have a boyfriend because if it ends she will have to go through it all. In the Asian culture it's best not to have a boyfriend, it's best to say I'm with him but I want to marry him at the end of the day. You have to keep that respect. In my head I would say look for him but then

marry him in the end because it's like being used and abused at the end of the day. You think it's not like that but when other people see you it is and plus a girl walks around with her respect. So if a girl is with one boy and then another person sees them with another one again, then that respect is gone. It won't come back (Young woman 5, aged 19 years).

7.3.1.2 How do relationships start?

The way in which young women began their relationships varied. In this respect their accounts were similar to those of the workers. For some, the opportunities arose once they started secondary school and began to spend more time away from home. For others, greater social freedom was experienced in college or university, and at that time they had more contact with young men, particularly if they had previously been to an all-girl secondary school:

Well basically about middle of year 7 I was a really quiet person, on my own sort of thing. Then I started meeting loads of girls and stuff in school...that's when I started meeting loads of people and stuff and then we got into this really big group at school, like they used to have these group names. Anyway we got into this group and started bunking school together and we got up to all the mischievous stuff and that's when I started smoking, tried cigarettes and then tried weed. I think it was in year 9, there was this boy you know, he was one of the friends. I had quite a few boyfriends to be honest. In year 9 there was this guy, he was like the cutest boy in the whole school and you know you just want him. I was in a relationship with him for about a year (Young woman 9, aged 22 years).

Confirming the perceptions of community workers, the young women primarily described meeting young men via their social networks. They described being approached by male friends or cousins with the details of an interested young man. Many progressed from an introduction into a more formal relationship. The young women frequently described having regular phone contact for a while before progressing onto actually meeting up and becoming boyfriend and girlfriend.

Although none of the young women directly described peer pressure in terms of having a boyfriend, some alluded to the fact that the norm was to have a relationship and so they did so as well:

It was just typical, obviously everyone had a boyfriend and with me, I'm not a conformist, but then I just felt this emptiness. I've always felt this emptiness. I'm okay now but before I felt like, look everyone's got a boyfriend so maybe I need a boyfriend to fill that void. I see everyone around me and they're with people and then you have this insecurity, like oh my God, who am I going to be with. I just thought, oh no, they've all got long term people, they've always got someone in mind (Young woman 18, aged 21 years).

Because you hang around a certain group, you've got certain rules to follow and one of them is you have to look good all the time, you have to have a boyfriend (Young woman 19, aged 22 years).

A few young women had met their boyfriends on the street where they had been approached and given a phone number or asked for their number:

I was walking up to my aunt's house and there's this shop on the corner of it and there's always really random boys standing there and they'd always make a comment when you walked past. And I was walking past and he must have said something like - girls like that shouldn't be walking the street, she's so buff and he called me and I carried on walking and so he came up to me. I was like oh my god, wow, he's so nice. I didn't even look at him because I was so shy and he was like so give me your number. I was like no you give me yours. And then he texted me one time saying you're right sexy and it went from there (Young woman 19, aged 22 years).

7.3.1.3 *Who are the young women having relationships with?*

Age, ethnic background and religion

In line with the community workers' experiences, the young women described boyfriends who were three to five years older than them. The majority of them had had or were having relationships with young men of South Asian origin, primarily Pakistanis. As discussed in the previous chapter this is reflective of their social networks and therefore the young men available to them but it is also reflective of their expectations of the relationship, i.e. that it will hopefully end in marriage. Some young women felt that having the same religion was more important than being of the same ethnic background:

With Asian girls it stays within the Asian community. When they think boyfriend, they think marriage so they keep it within the community. Either keep it to your own kind where you won't have difficulties in the future bringing him to the family or keep the religion the same. Got to try and keep the religion the same as much as you can 'cause then you can still work around the fact that he speaks a different language and so on (Young woman 8, aged 21 years).

The young women put forward another reason for having relationships with fellow Pakistanis: the need to keep the relationship discreet. A partner could be passed off as a male relative if they were seen out together. A few of the young women had had or were in relationships with men from other ethnic groups. Other people's reactions to these mixed ethnic relationships varied but in general the young women described having experienced negative reactions from friends:

With me, my first boyfriend, he was a white guy and the guy I was with recently, he's a Portuguese guy, black, so everyone, they're like, oh my God, no, you're Asian, you can't do that. And, I'm just like, well why not? The people I've told, they were like, they're always trying to put me down, oh no that's so wrong (Young woman 19, aged 22 years).

The young women described their experiences as differing to young Pakistani men, who were perceived as more likely to have relationships with non-Pakistani women. They described young men as not necessarily expecting their relationships to end in marriage, and as more open to casual encounters. Some young women related it to sex and thought that young men were more likely to get sex from non-Pakistanis. Some also thought that young men have a desire to preserve the virginity of Pakistani young women:

They try not to stick to their own kind, 'cause they think oh God, going to have to marry one of them one day so let's not, let's not pop our own. They have this idea, they have this idea like yeah, let's leave ours as virgins because you know! If we don't go out with them nobody else can go out with them, so let's leave it aside. Let's just find ourselves either a white, black for now (Young women 19, aged 22 years).

Even my male friend goes something like 'fuck a whore marry a virgin'. It's like they have these really disgusting sayings. Like it just pisses me off, it's like where did these Asians, like where do these people get off, so what if you've had sex? It doesn't make you a whore (Young woman 8, aged 21 years).

The 'Bad Boy' type

Some of the young women referred to past or current boyfriends or men they found attractive as 'bad boys'. This 'bad boy' type echoes the descriptions made by the workers and refers to both a particular image and to behaviour. For example, some young men were described as having a bad boy image, reflected in their style of clothes, language and attitude but not necessarily in their behaviour. The young women highlighted two particular images:

You have to have a boyfriend that's got money and a car and he has to look a certain way. He has to have the bad-boy look, you know with the spiked, gelled hair and nice car and tight trousers. And he has to look clean and pristine all the time, one of them boys (Young woman 19, aged 22 years).

He dresses as a bad-boy with baggy jeans, black football vest and big boots (Young woman 5, aged 19 years).

In contrast to these visual images, the young women described some young men in terms of the behavioural attributes of a bad boy. They characterised them as someone involved in gangs, sometimes dealing in drugs, as generally having antisocial behaviour such as fighting and as often without employment. The young women who depicted the young men in this way were those who previously had a long-term relationship with a bad boy and were able to reflect upon the relationship now that it was over. One young woman described her bad boy ex-boyfriend in the following way:

He's been jobless since I've known him. He don't claim no income support anything like that. Just sleeps, wakes up, goes out, sleeps, wakes up, goes out. He's part of gangs, has no job. You know, doing all the thug stuff, probably selling drugs because to be honest I've been with him six years and I've never known...I've always asked him where's his money come from, the money he has, where has it come from? And he's never once turned around and told me the honest truth. So I've assumed he's doing something alongside drugs, probably selling drugs. He had these gangs and it's just one of them things. I know most of his boys, I know most of the guys he hangs around with and they're all typically the same...doing all the wrong stuff and well known and that (Young woman 9, aged 22 years)

When I explored how and why the young women had embarked upon relationships with bad boys they explained the importance of popularity within school and college:

When you're a teenager that's what you're drawn to. You don't really notice all the quiet boys, you notice the loud ones 'cause you want to be popular you know amongst your school and college and stuff, you want to be popular... but it's just at this age where I've actually realised that you know what, I need something more supportive (Young woman 9, aged 22 years).

'Cause you're young you think God everyone knows him they're going to know me as well. So yeah that's why you'd want to go out with a bad boy. When you

get older you realise that hold on I can't marry somebody that's selling drugs or into crime or always going round beating people up or getting beaten up. You can't take somebody like that home (Young woman 8, aged 21 years).

One of the young women I interviewed had not had a relationship. This young woman differed to the other women in three main ways: she was younger (aged 17 years old at interview), her older brother and his friends closely monitored her behaviour within college, and she was always accompanied by her cousins when she went on social activities such as going to the cinema or a restaurant. In this way, this young woman experienced very little social freedom and therefore fewer opportunities for developing or pursuing relationships. In contrast, the other young women I interviewed were older (aged 19 years and above) and experienced more freedom away from their home environment either via college or where they worked. They also did not describe an extended family network of siblings and cousins with whom they spent time with.

7.3.1.4 Relationship issues for young women

A range of relationship issues emerged from the young women's accounts. Some young women described positive relationships with their boyfriends. Others described circumstances and partner behaviours and attitudes which were not characteristic of mutuality and equality within a relationship. In line with the worker accounts, the young women were quite relationship naïve in the sense that they often had very romantic and idealised expectations of their relationship: they described falling quickly in love and many expected and hoped their relationship would result in marriage. This contrasted with the young men they described having had relationships with. The young men that the women described did not seem to have the same expectations or perceptions (something which some of the older young women were able to reflect upon). The young women were also not equipped with adequate relationship skills and did not have the experience to cope with certain circumstances. The young men on the other hand were often described as having more relationship experience and were older. Within this context it is perhaps easier to understand how some of the young women found themselves experiencing particular situations. An example of this is captured in the account of a young woman describing a past relationship that lasted six years and in

which, because of differences in expectations, she found herself in a situation where she felt under-valued:

We had been together three years, and you know it was like I was madly in love with him and he, I don't reckon he felt the same. But I think he knew that he didn't have to show me that love and stuff because he knew that I wasn't going to go anywhere. Which I confronted him about and he kind of said yeah you know what it's true. Why should I put the effort in, you know, you're there already. It's like I was this doll in front of him that he knew he had possession of (Young woman 9, aged 22 years, talking about her 6 year relationship).

The young women sometimes referred to their partners being over-protective of them. When probed as to what this meant, they referred to the way in which partners stopped them from socialising with particular people or their friends or from going to particular places. One young woman accepted this over-protectiveness and described it as being for her own good:

Just little arguments we have over...he's over protective, but he says "I'm not". Outside he acts as if he was tough but he isn't. Let's say if he knows I might be going down the wrong path or if I might be doing something wrong because of the people I'm talking to or hanging around with, he wants me to stop completely. He wouldn't want me with them because then my impression, my reputation would be bad and I would be like them. I wouldn't want to be just on my own and have my own thoughts in my head. At least I know when I'm in danger he would be here to guide me. It's best to have someone overshadowing you sometimes (Young woman 5, aged 19 years).

One young woman also described being prevented from meeting her boyfriend's friends and having to hide her relationship from absolutely everyone, placing considerable emotional strain on her. Another young woman had experienced negative reactions from her boyfriend's friends who did not want him spending time with her. Another young woman described the way a boyfriend had disliked the way she looked and made her change it. This young woman also expressed concern in her interview that the young

man had wanted her to give him money and she talked about feeling unable to be entirely herself because of his demands.

When the young women described their relationships they sometimes referred to derogatory language or sometimes attitudes they experienced from their partners:

When there were people around, people we knew, he'd always put me down in front of them like, are you trying to look pretty today or what? Or, oh shut up you stupid little girl, stuff like that. I never used to say anything, I never used to argue with him about nothing, I just kept quiet. But when it was just me and him he was the sweetest guy ever, he was the nicest guy and it was just...why can't you be like that all the time? One time I was calling him because I was staying over at work... if you want to come stay with me, come stay with me at the hotel, because we can get time spent alone just us two. Finally when I got him, he goes to me, you were never my proper girlfriend and I just broke down in tears and it was kind of, like, I can't believe you just said that when you said you are my girl. And he goes you were just my little whore (Young woman 19, aged 22 years).

This young woman returned to the above relationship with the same young man, and, at the time of the interview, hoped that the relationship would progress further even though she was aware that he may be taking advantage of her:

I've never liked anyone like I like him. And, he knows that I'd do anything for him so I think he's trying to take advantage of that.

Some of the young women described situations in which they had felt pressurised to have sex, although none described having done so under pressure. One young woman talked about a young man she had recently met. He constantly pressurised her for sex. He was also threatening and derogatory in his language towards her:

A few times I went to his house and he's basically one of those people that just want to sleep with a girl and just leave her. He tried and tried and then he was just like, oh you are any dirty girl, don't even talk to me. He was open...if you

don't sleep with me he said, and if you get raped, I'm going to help them rape you and stuff like that (Young woman 18, aged 21 years).

For other young women the pressures occurred within longer-term relationships and sometimes were related to alcohol or drug use:

I remember when he was drunk or whatever he used to try it. I used to call people, oh my god, come and get me or I used to get a cab from his flat (Young woman 19, 22 years).

This guy, I was with him six months or something...by him I kind of felt pressured because he's obviously been there and he's done all that sort of stuff and I'm still a virgin and what not. It's like the way he came across to me was really harsh like you know he pushed me on the sofa and I kind of just said no, like what are you doing sort of thing? He still didn't give up but I managed to get free (Young woman 9, aged 22 years).

Confirming the worker's accounts the young women also thought that some South Asian young men use the threat of revealing a relationship to a young woman's family as a way of pressurising her into having sex:

With an Asian guy, he'd be like, look if you don't sleep with me then I'm just going to tell your brother that you were with me. So the girl's like, okay, so she'd do it. So it's kind of like that. It's not right, but that's the way it's done, that's why I don't like Asian boys because they know all the other Asian community and they will get your name in the dirt as fast as you can blink your eyes (Young woman 18, aged 21 years).

The experiences above describe the young women as passive, sometimes inexperienced partners within their relationships. However there were also circumstances in which the young women were much more active in terms of negotiating their needs and they described having had positive relationships. The young women also described the ways in which they influenced and/or encouraged their partners to change their behaviour in order to improve their relationship:

I asked him properly, I said do you want to get married to me? And he said yeah I would. So he got a job. I said change the way you dress, generally you're calling on twenty something so I think it's best if you change your image [from a bad boy image]and he goes fine. So he did. Since I came into his life he's actually progressing at college. He used to smoke [cannabis] but I made him stop too (Young woman 5, aged 19 years).

7.3.1.5 How and where do relationships take place?

As outlined by the community workers, the young people described keeping relationships hidden and secret from families. This secrecy relates to notions of respect and honour and the need for young women to safeguard their family's reputation and their own by not being seen to have a premarital relationship. None of the young women's parents knew of their relationships although some of their siblings did, but these were also often siblings who were having relationships themselves. The young women described the way in which they and their siblings shared information, but only when they both had something similar to hide. However, they talked about divulging very few details, particularly to brothers, who were perceived as having similar attitudes towards honour issues as their parents:

They (brothers) don't have a problem talking to me about things. 'Cause I'm a girl it's different, I wouldn't turn round and say to them oh you know I went out last night and got drunk, got laid...no! I wouldn't say that to my brothers 'cause they're brothers and in the Asian community they have this thing about honour and so I would tell them that I went out with my friends and that's about it. I wouldn't go into detail (Young woman 8, 21 years).

The secrecy many of the young women had with their families often extended to friends. For some, this meant keeping the entire relationship secret. For others, it meant keeping just intimate details a secret. The reasons for this varied. Reputation was a key factor but some of the young women also referred to not wanting friends to comment on or criticise aspects of their relationships:

I think it's better that way [keeping a boyfriend separate to friends]. They won't judge him. You know when you separate them, maybe it's me and I'm just being weak, but you don't get that criticism, you don't get like, oh, he's doing this wrong, or why are you with him, look what he's doing. Sometime you just don't need that, you know when people are negative (Young woman 18, aged 21 years).

When the young women talked about the need to keep their relationships a secret they did not always refer to the consequences of parents finding out (such as being grounded, disowned and/or removed from the family home or even married). Instead, they often worried about disappointing their parents and were concerned about how much it would upset them:

I don't ever want to see them upset. I think that's the biggest deal for me. I don't think my parents would ever beat me, but even if it did come into it, I wouldn't be scared of the beating or of being married off. It would hurt me most to see my mum cry or my dad cry and I could never take that...I would never want to see my parents hurt so I wouldn't do it [let them find out] (Young person 19, aged 22 years).

The young women talked about a range of possible consequences, but they were unsure about what would actually happen to them if a parent found out about their relationship. One young woman's sister had been disowned and prevented from returning home for having had a relationship and for drug use. This young woman's sister also had a child outside of marriage. The family did eventually take her back into the family home, but the situation there was one of constant conflict. Another young woman also talked about a girl she knew who, at the age of sixteen, had been taken to Pakistan to get married because her parents had found her having a relationship:

If they [parents] found out I had a boyfriend they wouldn't really take me back home [to Pakistan] and get me married off. So any guy that comes, you know, my family's not like that. I'm glad they've got a modern mind. But there are families that I know, there's a girl I know, she got married back home because she had a boyfriend. She was forced to go back home and get married to a guy

she doesn't even know. Like she had to stay there and she was only sixteen (Young woman 17, aged 18 years).

The desire to share an experience of a relationship sometimes overrode the fear of parents potentially finding out. However one young woman's experience highlights the potential complications of doing this and her experience reinforced her desire to keep her personal life discreet and secret:

Because I have no sisters and it gets to a point where you just want to share something with girls, so I was just like, okay I have to tell someone. So I told my cousin and it got out, everyone knows now. Recently my uncle found out and he was like, oh that's it, we're getting you married off. And I was just like, okay, you do realise that I'm not that stupid, I would never do anything. In our culture, virginity is the biggest thing to them. I said to them that I would never, ever sleep with anyone until I'm married. And, they don't believe that I'm still like that. So now I'm just like, you know, "I'm not with no one", keep it quiet (Young woman 19, aged 22 years).

The young women described the different ways in which they managed to keep their relationships hidden and how they met with their boyfriends. Common ways were: bunking school or college and using disused buildings, alleyways, parks, and friend's houses. The young women also talked of spending time away from the local area and, for those whose boyfriends had cars, there was more opportunity to do this. Some of the older young women whose friends were also having relationships covered for one another by pretending to stay at each other's houses when in fact they were with their boyfriends. The young women also described strategies such as standing separately on the bus or walking on different sides of the road until they reached where they would not be recognised.

7.3.2 Young women's sexual behaviour

7.3.2.1 Sexual experiences

Only one of the young women was sexually active and she was one of the two who had previously experienced sexual abuse. At the time of the interview this young woman was in a normal relationship and wanted to be sexually active. The other young women described sexual contact such as mutual touching. None had experienced oral sex and some considered this 'unnatural'. The young women described very nearly having had sex on a number of occasions with their partners. Getting carried away and desire were the most common reasons for this:

You know, we had sleepovers together and stuff like that but I told him from the beginning that if anything was going to happen I wanted it to happen after marriage and he respected that in a sense, like he really did respect that. I mean a few times it came to a stage where it kind of got out of control sort of thing but you know, he managed to pull back and I've managed to pull back and you know we've never actually got to that stage. You know it was temptation but I don't know how we managed to stop (Young woman 9, aged 22 years).

I think it [sex] might happen, which I'm really scared about, because I don't want it to. I've kept it in for 22 years, so I can keep it for, what, I'm sure is the next three, four years 'til I'll get married, so I'm sure can keep it in for that long. But if L's around me any more I think I'm just going to drop and do it because there's been plenty of times when I'm just like, okay I have to go home. And, he's like, you can't do that (Young woman 19, aged 22 years).

As outlined in the previous section some of the young women had experienced pressure to have sex from their partners. Some perceived this to be a normal part of many relationships:

It's a bit of a pressure innit. It's like if you've been going out with somebody for quite a while, even not a long while and you know, you believe that he loves you

yeah and sometimes things just happen! Sometimes things just happen. Yeah if you feel like the relationship's very secure. But if they do have sex it's all right if he's still going to be there, but in some cases no. Some guys are just there to, you know, get their things (Young woman 8, aged 21 years).

The young women's reasons for not having sex primarily related to the importance of their virginity. They often referred to their virginity as their pride and as something sacred, to be kept until marriage. Some young women related this directly to their faith and the importance in Islam of being a virgin until marriage:

I mean being Pakistani, it's more about being a Muslim than it is before being a Pakistani so with most girls the first thing that would bother them before anything, before family or anything is religion really. Whether they're strong on religion or they ain't strong on religion, it's the actual thing about religion that gets to you first. That's what I personally believe, that's the first thing that comes into a girl's, into my head (Young woman 8, aged 21 years).

It is really difficult because at the end of the day...like I've just turned around and told you that I'm not going to have sex due to the fact that it's because of my religion but then again I still smoke drugs, that's against my religion, I've drank alcohol, that's against my religion. I've had boyfriends, that's against my religion. So it's...I don't know how...I balance some things out by being...still doing things that are against my religion but then holding back a major thing [virginity] that means a lot to me. That's my pride, that's my whole pride and joy and everything, and I want to hold on to that. So I have religion in terms of that, something that I want to hold on to, I've used religion for it. Whereas other things like smoking drugs and drinking alcohol and going clubbing and having boyfriends and stuff they are major things but to me they haven't seemed like major things 'cause it's a common thing, do you know what I mean? Yeah so that's probably how I balance it out (Young woman 9, aged 22 years).

The young women also described the importance of their reputation and others' perceptions of non-virgins as impure:

If a girl is not a virgin or has even been intimate with a boy then she is impure (Young woman 8, aged 21 years).

Sex as something special was another key factor and prominent in the accounts of the young women. Some of the young women had concerns about the response of a future husband to them having had sexual relations with another man prior to marriage. This concern had prevented them from doing so:

I wouldn't want to do anything before marriage that would ruin my chances with another man if I'm not with him [current boyfriend]. Let's say I didn't marry him, then the other person would feel down if I'd lost my virginity to another man. So it's best to keep the most sacred thing to me to myself so then at least he [the future husband] would say OK she's been with another person but at least she's kept the most precious thing to herself. If I did have sex he would feel really gutted because I've lost my virginity to someone else and he'll be like what did I deserve? (Young woman 5, aged 19 years).

Echoing the accounts of the workers the young women also had concerns that loss of virginity could be discovered on their wedding night by their husbands and their family. They had misconceptions about women always bleeding on first intercourse, and that not doing so would be proof of their non-virginity:

What it is, like when you get married and you've got...they see it as when obviously a girl loses her virginity to a guy you bleed a bit and stuff and if you bleed you're alright, if you don't then the boy thinks you've done something before marriage. I know someone who has...she had a divorce 'cause of that. She wasn't that type of girl but he goes because you didn't bleed...her husband actually left her for that (Young woman 17, aged 18 years).

The reason I am going to wait until marriage is because in the Asian culture what they do is, if the mother-in-law is strict, say if I don't end up marrying the Portuguese guy, and my mother-in-law is really strict, what they do is, the night of the wedding, they bring out the sheet to prove the girl is a virgin. And if that was ever to happen, if she came back to my parents and showed the sheet and

there was no blood on it, it would be disrespectful for my family (Young woman 19, aged 22 years).

The young women did not only worry about future partners. They also described real concerns about how losing their virginity would make their parents feel if they found out. As mentioned earlier, they talked less about the consequences of parents finding out and more about the guilt they would feel for disappointing their parents:

Firstly it's religion, yeah that's one of my main reasons actually. Secondly you know if my parents were to find out...even if they don't find out or anything yeah, like it's kept a secret that you know what I broke my virginity and stuff. It's just the fact that I've got it at the back of head. My dad has like the world's most trust in me and to know that I've broken that trust, it would break me in a sense (Young woman 9, aged 22 years).

The young women frequently referred to differences between them and Pakistani young men. Young men were perceived as placing less value on their own virginity and as having had less pressure placed upon them to maintain family honour:

To be honest, a girl when she holds onto her pride, it means much more than to a boy. He'll do it in the click of a finger and it don't mean anything. I personally don't reckon religion comes into it, in their head, when they're about to have sex I don't think...whereas for a girl it does. So there's loads of young boys out there that are probably getting it, doing it and everything (Young woman 5, aged 19 years).

Because they're boys and they can't get pregnant and they don't apparently hold the family honour and things like that, they can get away with doing certain things. Even though there's a lot of boys out there where their mothers try very hard to, you know, teach them that "look don't treat women with disrespect and don't go round sleeping with other people's daughters it's wrong", but they do (Young woman 8, aged 21 years).

I think the biggest issue for parents is, if boys are sexually active they can't get pregnant and they don't have a bad name because with boys you can't really tell

if they're virgins or not. With girls it's a very blatant thing. That's why they don't let their girls go out. And, especially in the Asian community, say for example they see someone's daughter out at a certain time they're like, oh my God, she must be a bit of a whore or whatever. It just comes with part of the way the community is (Young woman 19, aged 22 years).

Although they themselves had not had sex the young women talked of other Pakistani girls they knew who were sexually active and there was a general perception that young women are increasingly becoming sexually active outside of marriage. They attributed this to pressure from partners, perceptions of being in love and sex as a normal consequence of this and that a relationship is perceived as progressing onto marriage. Some also felt that there had been a change in norms and perceptions of sex among South Asian young people generally:

Before, sex was a precious thing, for married couples, but now it's just turned into fun. Now people just use it to, let's say to boost their energy levels. They don't have that special thing between two people no more. My personal opinion, I think it's something that you should have. That's the most closest thing you could have to the person you want to get married to. But nowadays it's just turned into fun really (Young woman 5, aged 19 years).

All of the young women had older and younger siblings (both brothers and sisters) in premarital relationships and most of the older ones were thought to be sexually active. Some siblings had had children with boyfriends/girlfriends outside of marriage (there were four examples of this) and some older siblings were in long-term, non-marital relationships (five plus years) living away from home.

7.3.2.2 Experiences of sexual abuse

Two of the young women I interviewed had experienced emotional, physical and sexual abuse. Although these experiences may represent extreme examples, I give a brief overview of their life contexts to contextualise how these young women came to be

sexually abused, the very difficult circumstances they endured and how services failed to respond to their needs.

The first young woman's mother died when she was an infant and she spent her childhood years with her grandmother. When her grandmother passed away she went to live with her father who had remarried. She experienced physical and emotional abuse by her father and also her step-mother who resented her return to her father. At the age of 16 she ran away from home because of the continued abuse and also because her father and step-mother had arranged her marriage to a distant cousin in Pakistan:

My step mum was, you know, like Cinderella step mum, exactly the same. Like, worse. Cinderella's mum like maybe let her wash her clothes but my step mum... I'm not allowed to wash my face, I'm not allowed to brush my teeth, I'm not allowed to wash clothes. If I wear this, I have to wear this for a month and I will stink like hell and I go to school and I've no friends 'cause I smell. I'm fairer than her children so she...she didn't like that. And they were going to get me married to some...one of my cousins and I decided I don't want to end up like that. I want to make my own life. So I just ran away. I didn't know where I was going. She used to sexually harass me and she actually tried to take advantage of me. And even though she's Asian and you think Asian women don't do that, Asian women do, you know what I mean? And she tried to do that.

This young woman sought help to report the abuse from what she described as social services. She was interviewed by a lady of Pakistani origin. This lady contacted her father and she was returned home with no investigation into the abuse. The young women felt that the worker had acted on the basis of her own value system rather than professionally:

That lady in social services she was Pakistani. I feel like the girls who are Asian they shouldn't have a support worker from the same background because they work not as professionals, they use their ethnicity to make their decisions. They don't use...they don't use like proper professional...you know like if I'm Asian, being Asian, where I come from these are my rules, but they shouldn't decide on that basis.

She ran away again and went to the police station to get help. She was then directed to a homeless organisation and was told she was going to a refuge. However she misunderstood the meaning of a refuge:

I went to the police and they didn't help, nothing. And I went to this... in Brixton Hill, you know Brixton Hill there is a homeless thing there. They said they were sending me to refuge. But they didn't explain anything, I thought a refuge means a place where unwanted people go. So I didn't go. But they should explain more to younger people. And make it more friendly because we are afraid already, we left home and don't trust anyone.

She then managed to stay with friends until she was able to rent a cheap room in a friend of a friend's house, supporting herself financially through various part-time jobs. During this time the young woman's sister also complained of abuse at home, so she went to the police again to report the situation. The police visited the home but no further investigations were made.

The young woman realised that the owner of her shared house used some of the rooms for sex work. She immediately started looking for a new place to live. In the months that she lived there she had met a man twenty years older than her, who she became friends with. This man helped her and found her a room to rent in another house. She took the opportunity but did not realise that it was his house. When she found out she nevertheless decided to stay because she was struggling financially and to find another place to live:

But the thing is, when there were like those boys who used to come and go they were like maybe...I felt like maybe they think I'm like that as well, so I wanted to leave there. And that girl's friend, one of the friends, he was really nice so I said to him can you find me a place? And he goes yeah, I know a place and I was like OK I'm ready to move whenever. I trusted him, he was really nice...but he didn't tell me that it was his own house.

At some point she became unwell and was diagnosed with mild psychosis and depression. The man offered to look after her and it was then he revealed that he wanted a relationship:

And then one day he goes to me, I like you! And I was like shocked, I'm sixteen and he is old. He was...he's twenty years older than me. This is what happened...I had a choice...he didn't say I have a choice but in a way it was isn't it? I have a choice. If I don't go out with him then I might have to leave and I don't know where I'm going to. But if I go out with him, then I get safety so I know it's selfish, I decided to do that because I was ill.

She continued a non-sexual relationship with him for a while and then decided that it could not go on and she moved. She continued to work but turned to alcohol for comfort. She remained in touch with this man and he visited her. During this time she described drinking heavily. He took advantage of her and raped her. She did not remember the event but found herself pregnant:

I was really pissed because I used to drink, I became an alcoholic. I used to drink to go to sleep 'cause...like because of the psychosis I couldn't sleep, I was always up. And I had to sleep, I was tired so I used to drink to go to sleep. And he came and he ... I don't know like what happened. That time when I was drunk he said he did, he said he did. And that's true 'cause um, it's like he did and I got pregnant and I decided not to have the baby (Young woman 15, aged 19 years).

The second young woman also lived with her grandparents until the age of twelve. She then went to live with her mother who was separated from her father and whom she did not know. When she was sixteen her mother arranged an Islamic marriage for her, although it was not legally registered. She was forbidden to tell anyone about the marriage. The man came to live with her and her mother, and over the following few years this young woman experienced physical, emotional and sexual abuse. She then found out that he was having sexual relations with her mother. At this point she ran away from home and went to the police to report her abuse and situation. Unlike the

young woman above this young woman's situation was thoroughly investigated by the relevant authorities and she received immediate refuge and support.

In the next section of this chapter I now describe the young men's experiences of relationships and sex.

7.3.3 Young men's experiences of relationships

Similarly to the young women, all but one of the young men had had or were in a relationship at the time of the interview. There was variation in the types of relationships and level of sexual activity experienced both between young men of the same age, and also between the younger and older men. For example, some of the younger men (16-18 year olds) were experiencing their first ever relationship and described it as long-term and serious, while others of the same age described casual sexual encounters with many young women. The older young men (aged 19 years and over) described having had more relationships overall than the younger men, but they also described similar experiences to them in terms of relationships (i.e. some had had a number of long-term relationships, while others had had less serious, multiple, casual encounters). A range of common issues emerged in their accounts and some of their experiences reflect the accounts of the young women. The young gay men did not provide detail of their sexual encounters but rather focused their narratives on some of the general issues faced by them and other young gay men.

I present the young men's experiences under the following headings: 1) Types of relationships; 2) Who are young men having relationships with?; 3) How and where do relationships take place?; 4) Relationship issues for young men; 5) First sexual experiences; 6) Safe sex issues; and 7) Reasons for not having sex.

7.3.3.1 *Types of relationships*

The young men described a range of different types of relationships including one off sexual encounters, casual encounters (sexual and non-sexual) of short duration, and longer-term relationships that were considered stable and serious. In contrast to the young women, the young men who had experience of longer-term relationships had

different expectations of their relationships. Unlike the young women they did not necessarily expect or hope for that relationship to turn into marriage one day. This may in part reflect the fact that the majority of the young men interviewed were younger than the women, so that marriage may not yet have been of relevance. However the older young men did not describe their long-term relationships in terms of marriage prospects either, although many had in mind the type of young woman they wanted as a wife one day. The young gay men both had experience of relationships. One was in a long-term relationship at the time of the interview and described his desire to marry his partner one day.

Similarly to the young women, the young men who had experience of longer-term relationships described partners as generally from the same ethnic background, either of South Asian or Pakistani heritage. Apart from the few young men who described longer-term relationships, the majority of the young men's accounts and one of the young gay men's were characterised by descriptions of shorter-term relationships or casual encounters. Different types of casual encounters were described and were of varying intensity and duration but all were characterised as being non-serious and non-committal. These casual encounters can be categorised as: 1) non-serious relationships of short duration, 2) regular (but not continuous) short-term encounters with the same person at different time points (described by the young men as 'linking'), and 3) single, one off encounters (often sexual) with different people.

Non-serious relationships of short duration

The young men at college felt that their college environment had provided them with more opportunities than previously for meeting young women and they described multiple, casual (non-serious) relationships of a short duration. Some of these relationships and encounters, particularly for the older young men, became sexual. The reasons the young men gave for the casual nature of these relationships varied. Some attributed the short duration simply to things not working out. Other young men described their need to one day marry someone of their parent's choosing or someone of the same ethnic background and they therefore wanted to experience other relationships before getting married:

I've been out with white girls, mixed race girls, Asian girls. Someone said to me once when I was in school, why do you go out with white girls? I don't know why yeah. I think I went out with two Asian girls in school. Why are you always with like you know white girls or mixed race girls? I don't know, I'm going marry a Asian girl innit one day (laughs). That's how I think about it 'cause my mum wants me to bring an Asian girl home one day innit. Well Muslim girl should I say. I go yeah I'm going to bring home an Asian girl one day anyway, that's what I mean. I'll be stuck with her for the rest of my life, yeah, do you know what I mean, explore while you can kind of thing innit (laughs) (Young man 13, aged 20 years).

These sentiments confirm the young women's perceptions that some young men desire or prefer relationships with non-Pakistanis. They also confirmed the young women's perceptions that young men want to preserve the virginity of Pakistani young women:

Boys just think pussy [girls] and they think they'll have to marry an Asian at the end of the day so let's not pop our own (Young man 10, aged 17 years).

Regular (but not continuous) short term encounters with the same person

The young men also described regular (but not continuous) short-term encounters with the same person at different time points. They called this 'linking'. Linking involves meeting up with individuals who are available for single, casual encounters, often sexual in nature. The emphasis of linking is that it is irregular and non-continuous and each encounter with a person may be days, weeks or months apart. There is no commitment to these encounters and 'links' may be ex-partners or people met at clubs. There was also some notion that individuals self-identify as a 'link', thus making themselves available for sex:

Young man: If you say out front yeah, you're just a link, 'cause some girls we know say to us you're just a link innit, that's it. The way a guy likes sex, we like sex innit. We know a lot of girls like that yeah. I've got like one of them, my ex yeah and she's with her...she's got a man anyway. Apparently she's not doing

nothing else besides me, like she's not with anyone else, like on the side, besides me.

Interviewer: *So how often will it happen like if...?*

Young man: *Every few months.*

Interviewer: *How will it come about?*

Young man: *She'll call me, we'll just jam [relax]. I go to hers. 'Cause her man's from Harrow, he's from outside, not even in London innit that's north west. We'll just chill out whatever, whatever happens then like happens kind of thing, sex sometimes innit. We won't speak for a little while. Same thing a few months down the line (Young man 13, aged 20 years).*

Single, one off encounters with different people

The young men, particularly those who regularly went to parties and clubs, described single, one off encounters or 'one night stands'. Some of these encounters became sexual. The young men said that drugs or alcohol were contributory factors to the occurrence of these casual encounters:

Yeah I just meet them on the night. Like when we go to different parties we meet new people and then we just meet them on the night. Sometimes exchange numbers and that and I will sometimes become good friends with some of the people we meet. And other people we just meet them for that night and that's it. Like it depends. Mostly when I'm...if I'm high I'll probably do it but if I'm like normal I'll probably... depends on my mood. If I'm happy I'll maybe go into like...get physical and that but if I'm normal I'll just...maybe just dance with them and that's it. We just maybe...we start dancing and then later on I will go somewhere and then we'll have sex and that's about it (Young man 10, aged 17 years).

7.3.3.2 *Who are the young men having relationships with?*

The ‘wifey’ girl

In their accounts of relationships the young men made a distinction between the types of young women they had casual encounters with and the types of young women they would one day like to marry, who they commonly referred to as ‘wifey’ girls. They described casual relationships with young women from a range of ethnic backgrounds, including those of South Asian origin. Wifey girls on the other hand were primarily young women of the same ethnic and/or faith background and described as young women suitable for longer-term, serious relationships and marriage. A number of characteristics defined these young women. The young men expected them to be virgins, to have little or no experience of relationships, and to have limited experience of socialising in clubs and parties. Some of the young men also expected this type of young woman to play a role in making them ‘a better person’:

‘Cause like you know if a girl is like a good girl. For Asians yeah if their family’s good and she’s a good girl and she doesn’t play around with other boys, she doesn’t do this and that, that’s considered as like a marriage girl, like you want to take her to marriage and everything. So she’s like one of them girls. I think most Asian boys they want to have the girl that they want to keep as like, as a wifey and for later on as well. ‘Cause like some boys they just want to play around, but some Asian boys, most Asian boys they want that girl that’s going to mostly change their life and everything. You know like become a better person. You know that if you find that right girl she makes you become a better person, makes you do this, makes you do that. I’ve got one and like...but I want to keep her for future and everything ‘cause she’s a really sensible girl and everything, I know she won’t do nothing. So I’m like, hopefully I’ll take her to marriage and everything one day (Young man 12, aged 17 years).

The young men felt that where they meet a young woman is important in determining her character and suitability as a future wife. For example, many men implied that the

type of girl who goes to a nightclub would be unsuitable, and these young women were often described in negative terms:

It depends like where I know you from innit. Like if you meet a girl in a club yeah, like there's a saying "you can never turn a ho [whore] into a housewife". It's true. 'Cause you can't. 'Cause people say to me and I laugh, even my boys say to me, ah she's my wifey, she's my wifey. Where did you meet her? Oh in a club. She's your wifey, yeah? You met her in a club? You idiot! Wifey's are the ones you meet that you know haven't got much experience in you know, relationships and what not yeah. Not the ones that go clubbing left, right and centre yeah, you can't wifey them kind of girls! Do you know what I mean? They're going out to have fun, you're going out to have fun yeah and you meet them. You can't just like say, yeah that's the one I'm marrying, you can't do that. It's not going to work out 'cause the saying... we say it "you can't make a whore into a housewife" kind of thing, do you get it (Young man 13, aged 20 years).

The young men's accounts and perceptions of a 'wifey' girl are confirmed in the actual experience of one of the young women I interviewed. This young woman became more religious and started behaving and dressing conservatively. Following this change she described being frequently approached and asked to consider marriage:

Like Asian girls, like after 21, you're prospective marriage material...ever since I've been practicing, people have been asking me are you looking to get married, casually on the street. Because you look like a proper Muslim. Before, people used to think I was White or something, the way I used to dress. So obviously, they're going to assume, if you're wearing this long black thing and a headscarf, you're sort of wife material, because you're not going to be sleeping about (Young woman 18, aged 21).

Although none of the young men I interviewed self-identified as a 'bad boy' type, two of the young men I interviewed described experiences and had attributes that fit the young women's depictions.

Mixed ethnic relationships

For a minority of young men having a serious relationship and one day marrying someone of the same ethnic background was important, not because of the perceived characteristics of a suitable young woman or because of parental expectation, but because they had experienced the difficulties and complications of having a mixed ethnicity relationship. For one young man his negative experiences had changed his perception of relationships and he had decided to abstain from further relationships:

She was Indian Sikh, I'm Pakistani Muslim, that's the worst combination you can get. And her family started going a bit ballistic and stuff and they started hitting her and stuff... So there was fights with her family. I took her in, she went to foster care, I sorted that out for her. Went to Connexions, sorted out jobs for her and stuff because there was no way she could go to college in peace. Her family was round my house with samurai swords and all of that crap, it was crazy stuff. And I somehow thought I was a hero or something. I don't know what I was thinking but I was actually going back out with bats and it was dumb stuff. And then I'm not going to lie, there was police involvement. I got nicked and stuff because I was doing dumb stuff with them as well. You think you're invincible and you think ah Indian, Sikh, Muslim, Pakistani so what? Like they do it in the movies so we can survive this and that. But there's always limits that you cannot cross and if you do, then you're asking for a hard time. People do achieve it, people do make marriages like that work, they do defy all the odds but they're asking for a lot of trouble. So it's up to you if you want to take on that trouble in your lifetime then...or if your parents are rich and you're already set up then go for it 'cause you've got nothing else in your life that's stopping you. If you've got a lifestyle like people in Newham and you've got a lot going on then I advise you not to do anything that's going to make it harder for you (Young man 4, aged 20 years).

For the other, the experience of a mixed relationship had prompted him to embark upon more casual types of relationships:

It was like one of the best relationships kind of thing but then it got downhill 'cause where I'm Pakistani and she's Indian, that's where you fall 'cause like her family has issues with Pakistanis. Her mum got involved, her dad got involved and they were like...the two options was go with him and leave the family, or stay. And I said to her, do you know what yeah, there's no point coming to me yeah 'cause as much as it's going to hurt, even if you convert you're converting for me not converting for my religion innit. It's true to say yeah it's not going to work out. And your family can give you much, much more than what I can give you at the moment. And then we just broke up. And since we broke up I just thought fuck girls, so I went...just piss about while you can (Young man 13, aged 20 years).

7.3.3.3 How and where do relationships take place?

In line with the young women's and workers' accounts the young men described keeping relationships hidden and secret from parents. The main reason they gave for this was simply that culturally and religiously premarital relationships are forbidden. The young men felt that parents often assume that relationships involve sexual intimacy and for this reason are particularly strict in preventing them:

Parents think more or less if you're going out with a girl you're having sex, that's it (Young man 4, aged 20 years).

In general however, the young men described parents as being more lenient with boys than with girls and they also felt that the consequences of being found out would be less severe for them than for a young woman:

It's easier for a boy to get away with it because a girl has more to lose, like pregnancy and not getting married. Girls can bring more shame to the family so they are more restricted and punished (Young man 4, aged 20 years).

Some of the young men knew that their parents had found out about their relationships but these parents were described as simply 'turning a blind eye'. One young man

described his mother telling him to make sure that if he has a relationship he should conduct it away from the local area:

My mum always says people talk in the Asian community so it's best not to hang out with them in public spaces or local because people are going to give the family a bad name (Young man 10, aged 17 years).

The young men also described extended family members within the local community as the ones who gossip and in line with the workers' accounts referred to the 'community policing' of young people's behaviour, thus increasing the need for young people to be discreet:

Somewhere where no aunties and uncles can see you because they're the worst ones, they're the ones that spread all the lies! They just come up...they see you talking to each other and they will just expand it, like "ah they was doing this, they was doing that." It's stupid (Young man 7, aged 18 years).

The young men were uncertain as to what they thought the personal consequences might be should their parents find out about a relationship but did not think they would be severe such as having an arranged marriage imposed or being disowned and forbidden from staying at home. The young men expected their parents to be angry but felt that the worst scenario would be a severe reprimand and/or possibly being hit. The consequences were always described as being worse for young women:

Especially if you're Asian, because for us lot our parents are more strict and if they find out, say um...if I had a girlfriend and her parents find out she's got a boyfriend, either the family will try to look for me and try beating me up or they will do something to her. They'll chuck her out the house, take her back home in Pakistan, get her married off. That's what they do (Young man 1, aged 17 years).

Some young men thought that being disowned or prevented from returning to the family home were potential consequences for young men too:

The fear factor with my father...I think that was always a deterrent for me to stop me from going overboard 'cause I always have back of my mind, shit what if my dad finds out? Cor blimey! It's that uncertainty that kills you basically! That's what it was, that fear factor. 'Cause my father is like the oldest in his generation, oldest brother in terms of his family so he's got a lot of power kind of thing behind him. You name it, whatever the village politics are, it is very well done by him. So you know, if you put a stain on him, boy I don't know, you get kicked out. Obviously I don't know because I didn't face those consequences but it's the uncertainty that's probably one of the things, getting kicked out to be honest with you (Young man 14, aged 25 years).

Like the young women, though not to the same extent, the young men described keeping relationship issues hidden from some friends, and being economical in the amount of detail they divulged, particularly around sexual intimacy. The reasons they gave for this were respect for the young woman and fear of gossip:

And some of my friends I wouldn't want to tell as well. So I mean... 'cause then they start talking and then other people start talking so that's why it would be better if less people know about it (Young man 6, aged 17 years).

My other friends, they probably yeah do have a sex life as well with their girlfriends but it's not something we talk about between each other. It's because we know each other's girlfriend, we go out with them and it's uncomfortable knowing that oh this is what you've done to her and stuff. So it's not something we share between each other. So that's something we just keep to ourselves. Whatever happens between me and my girlfriend stays between us both (Young man 4, aged 20 years).

Normally it's fine but if it was to go a bit more intimate then you're very, very wary just what people might say about you. So if you got physical then you'd not say much. As a male point of view, people would bad mouth which isn't much of a big deal for males, their egos, but for a girl it's very, very bad. Very, very bad. 'Cause if it's...you must have heard honour killing, that kind of thing. I know we laugh about it or something but it's a serious matter to some people.

They might not end up killing but a severe beating which is bad enough to be honest with you (Young man 14, aged 25 years).

The young gay men talked about hiding their relationships and sexuality from their family. They also described keeping their sexuality a secret from most of their heterosexual friends:

Talking about coming out, that's the big issue. We're probably in the second, third generation, maybe even the fourth in some cases. It's interesting because you'd think that people are a bit more lenient towards it now that we're kind of integrated into the British society. But even my peers, some friends as it were, some of them who are married and have kids are very homophobic so coming out is still a big issue you know. Coming out is challenging 'cause there's so much to saying you're gay but then you have to come out in different stages to different people and reiterate it and challenge it all the time (Young gay man, aged 25 years).

The young men were far more descriptive than the young women in their accounts of the ways in which they managed to keep their relationships hidden and they had a variety of creative strategies for doing so. Parks, alleyways, shopping malls and *sheesha* cafes away from the local area were common meeting places. Prominent in all the accounts was the need to not be seen in public with a girlfriend:

On the bus couples will sit a few seats apart and in public we will try not to stand together (Young man 1, aged 18 years).

The younger men used the excuse of weekend tuition classes to negotiate time away from home to spend with their girlfriends and frequently described friends covering for one another:

You say you're going to a Saturday class or get friends to cover (Young man 7, aged 18 years).

The older young men described hotels and cheap bed and breakfasts as places they took partners for more intimate time. Some also described the way in which groups of friends

contributed to the monthly rental of an independent room in a shared house and effectively became tenants. Friends then used the room to meet one another or they took girlfriends there:

My friends, he had this cousin, she had been kicked out of home and she got some flat and so we tried doing it. You know when you apply to the council, someone writing a letter. We had this flat and it was all paid for and we used to charge people to use this flat, it was in Upton Park. And when you go in it's like one of them houses that go underneath and you've got a house, we had the top half. First floor we had a kitchen, a bathroom, the front room and an attic room. And both rooms had beds and sofas and all our mates used to always come back and just chill, that's where everyone used to smoke, everyone used to drink, take girls. Break time, lunch time if you were bunking yeah. We used to have income 'cause we used to charge people to go to the house and give them key! Used to charge them like one hour, it was five pounds and that's to pay for the gas and electricity on the key do you know what I mean and what not. That's how we used to do it anyway. But we had a few places innit (Young man 13, aged 20 years).

Like now you can rent a room, for a week it costs like forty five pound for a single room. What most of them are doing, what a group of friends are doing, a fiver a week to chill out in a room. Like you know private landlording. So if I owned a property what I would do, I would put rooms on rent. So you'd have rooms, double room, single room, they're all locked you've got your own key. Everywhere you go now that's how...everyone chips in a fiver or something and they go out of the cold, you're in your little room, double room, single room. Kit it out, bring your TV, put whatever in it. That's what a lot of people are doing now. They go home and sleep. But it'll be like that's where they will go and chill out with girls (Young man 13, aged 20 years).

This description of such a place echoes one of the young women's accounts in the previous chapter. Her sister frequently went to meet people in a room in a house and this was where she began using drugs and having boyfriends. One young man also

described a friend who was an estate agent and who provided him with keys to empty properties:

If you know people it's fine, 'cause one of my mates he's into estate agents, he's my best mate and yesterday he gave me the keys to a posh waterside, in Docklands yeah, fully furnished flat. He's got the keys for like a week yeah and he gave me them so I went there with a couple of girls, a couple of my mates we've gone up there, they're like woah! Know what I mean, like every month we all get different houses do you know what I mean. Like today we've got properties in Seven Kings and Chadwell Heath so I mean we just go and use them innit, we just go and chill out, have a smoke, take our own sheesha, watch TV, just chill out with some of our mates and that. Or if you want to take a girl you can go take a girl there whatever innit. So that's how it is with us like. Like we've got the house, even the cars, we hire cars to people (Young man 13, aged 20 years).

7.3.3.4 Relationship issues for young men

A number of other relationship themes emerged from the young men's accounts. Unlike the young women the young men did not talk in detail of the specific dynamics of their relationships, instead they frequently used simple adjectives such as good, strong, or tight to describe them. However some of the young men's accounts confirmed the issues with over-protectiveness as experienced and described by the young women. One young man's account of his reaction to a situation demonstrates this:

Young man: *'Cause I'm a moody person sometimes yeah I'm a bit protective. Like if you're going out with me I get over protective at certain times yeah.*

Interviewer: *What do you mean by over protective?*

Young man: *Like you're my girl innit, I don't want to see no other guy near you. I don't want to see you on the phone or friends with another guy, don't want to be hearing things. That's when like the honesty thing comes in play innit. And when she was there [at university] these guys were approaching her, talking to her and that was pissing me off.*

Interviewer: *What guys?*

Young man: *Just guys she knows from uni. I know like I'm her man, so we're just chilling there and we're just having a good time. She comes up to me and I'm pissed off and that, she goes what's wrong with you? Lighten up. I go, look yeah, you're my girl, you invite me to this uni party yeah when I could be out with my boys (Young man 13, aged 20 years).*

The young men highlighted two other themes relating to relationships: generational changes and locality differences. When talking about relationships the young men frequently referred to how they thought life would be different for their children:

Like parents, like from here and everything, they're brought up here 'cause they really know what goes on. Like they know all the old tricks and everything innit. Say if my kids yeah, if they have a girlfriend I would know yeah, 'cause like I've grown up in the society and everything. 'Cause my parents grew up back home in Pakistan and they're like, just get married, arranged marriage, girl will stay at home, boys go do the work, this that. It's different (Young man 10, aged 17 years).

Like a lot of people start drinking, they start smoking and they have sex and I think as time goes on it actually gets more and more. 'Cause we've got our cultural background, well I mean our parents' cultural background, so that restricts most of us from right and wrong. And for example our kids, when they grow up in this area they're going to have...they're not going to have our parents' cultural background they're going to have like our cultural background and in this area a lot of people started smoking and drinking and having sex at a young age so I reckon it's actually going to get worse as we get older (Young man 6, aged 17 years).

The young men referred to the perceived differences in behaviour between Pakistanis living in different localities, such as those from areas outside of Newham, both in neighbouring boroughs and nationally. For example, the young men perceived the Pakistani community in neighbouring Waltham Forest as closer knit and more cohesive compared to Newham, and some thought that this made premarital relationships more

difficult for young Pakistanis. In contrast some thought that young Pakistani men living in large Pakistani communities in the north and midlands of the UK were more likely to have relationships with white young women:

Bradford is proper Asian and they call it Bradistan up there yeah, there's so many Pakis, no Bengalis. Like majority, mostly all Pakistani boys 'cause I've got a few cousins out there. And when I go out there it's so different yeah 'cause you're walking and everywhere you go there's just gangs of Asian boys and they all know each other, do you know what I mean. And like in Halifax they were telling me yeah a lot of the Pakistani boys go for the white girls do you get it? Like all the relationships are like Asian boy and white girl do you know what I mean, it's different to here (Young man 13, aged 20 years).

7.3.4 Young men's sexual behaviour

Five of the eleven heterosexual young men interviewed were sexually active and had had sex. The majority of the younger men aged 16 to 18 years old had not had sex although there were two exceptions and these two young men (aged 16 and 17 years) described a number of casual sexual encounters. The older young men (over 19 years old) were all sexually active. Among those who had never had sex, sexual contact such as mutual touching was common. Oral sex was uncommon. One of the two gay young men had had sex and was sexually active. The other had experienced mutual genital touching but had not had anal sex. The young men described a range of sexual experiences from sex with long-term partners within steady relationships through to single, casual sexual encounters. Every young man had one or a few sexually active friends and they frequently described older brothers as sexually active. They also described the ways in which young men in general have different expectations to young women in terms of sex within relationships and alluded to young women often being pressurised into sexual intimacy:

I kind of think that girls don't really want it [sex]. There's some girls out there that do and it's mostly the boys that kind of push at the girls to want to have it. And mostly the girls, all they really look for is someone that they can really be

with for something like really long term, without having sex until they're really ready. They always look for anything else but sex where boys are always aiming for just that (Young man 2, aged 16 years, sexually active).

7.3.4.1 First sexual experiences

The circumstances around the young men's first sexual experiences varied. Some described sex as a planned decision and it occurred within a serious relationship. For others it was unplanned and occurred both within serious relationships and casual encounters. The young men put forward different reasons to explain why their first sexual encounters and subsequent ones were unplanned. The main reasons were: temptation and getting carried away; the influence of drink and drugs; peer and self-imposed pressure; and being young and hormonal.

Temptation and getting carried away

First ever was like, it was kind of weird. It wasn't my girlfriend or my friend, it was just someone I met. We just...we was getting carried away. 'Cause I thought I was doing something wrong but as I just said it was temptation. Just thought I'll just try this out but I don't really know this person, I'm not even sure I should do this 'cause I don't think I'm... I didn't know if I was there yet to do this kind of...but it happened (Young man 2, aged 16 years).

The influence of drink and/or drugs

We kissed and then we got more physical, had sex. It just happened out of the blue. I think it's 'cause we must have been a bit high and then from there it happened. But it wasn't planned it was just out of the blue (Young man 10, aged 17 years).

I wanted to do it before but I wouldn't ever... like I didn't want to ask them 'cause I wouldn't know their reactions. But 'cause I was high it was a bit

different then. So then I just asked her and she said OK. Not really asked but it just led on from one thing to another like that (Young man 4, aged 20 years).

Peer and self-imposed pressure to have sex

Not always pressurised into it but a lot of people are talking about having sex. One of them was so desperate he actually paid in Soho to lose his virginity. And I said to him, what was the point of that? Just 'cause his mates have lost their virginity and he never, do you get it? And he paid someone yeah. I said why are you going to pay, like you want to remember your first time kind of thing, do you get it?(Young man 13, aged 20 years).

I think it's just mostly from your...like how do you say...peers. So if my friends want to try something, like maybe if someone was to try drinking I might try it out too or maybe... 'cause I've started sex which I've got from them. And drugs I started with them. Clubbing I started with them. So if they want to try something I'd go along and try it with them. So I think it's from my friends and they get influenced from me too (Young man 10, aged 17 years).

I brought that kind of pressure on myself as in it's something I've got to do, as like kind of seeing my friends have done it, other people have done it and just...I thought, I think I need to (Young man 2, aged 16 years).

Although the young men described different kinds of pressure to have sex, when they talked about their friends they portrayed a great deal of respect for their friends' relationship decisions and seemed to accept one another's behaviours:

'Cause I know like for example one of my mates he's not into girls. A handsome boy... like a lot of girls like him. No man he says, girls are not my priority do you get me. Hate girls, get girls out! And he's like eighteen do you get me, and it's like with me my experience has been different, but we're all good with it (Young man 13, aged 20 years).

Being young and hormonal

The first was in year 9. The first is never going to be your last. When you're 17 things ain't that important, but when you're 22 you need to think about who you can spend your life with. But not at 17, you're young, you want to explore, be young (Young man 11, aged 17 years).

Boys just want to be a player, to have girls and money. Also boys are really hormonal and it gives you pleasure (Young man 12, aged 17 years).

Regretting first sexual experience

Two of the younger men (aged 16 and 17 years) were sexually active and described having had a number of casual sexual encounters. They described their first sexual experiences and subsequent ones as unplanned. For one young man the reasons for each sexual encounter were temptation and getting carried away. For the other it was the influence of drug use and being high. They both also referred to simply being young and enjoying themselves. However when probed in more detail about their first experiences these young men wished they had delayed their sexual debut and waited for a special person. This desire to have waited did not prevent them however from going on to have further casual sexual encounters and both had continued to be sexually active:

Like... first one I reckon the first one is what everyone remembers. And I feel like I should have saved it for...like someone else, maybe who I would've spent a bit more time with. Like 'cause I've only done it with her like for like two months and I feel I should have saved it for someone a bit more special but it's happened now so nothing I can do about it (Young man 10, aged 17 years).

Sexual misconceptions

Similarly to the young women some of the young men had the same misconception about young women bleeding on first intercourse and this being a proof of virginity:

It's like with our culture, making sure you're a virgin is very, very important, very important. I just feel sorry for the girl 'cause it's worse for a girl because if she marries her husband he will find out she's not a virgin on the wedding night more than for a bloke. It's more evident that way basically (Young man 14, aged 25 years).

7.3.4.2 Safe sex issues

Among the young men who were sexually active condom use was inconsistent or non-existent. Condom use was primarily related to the fear of pregnancy rather than to catching a sexually transmitted infection:

Yeah with the first one I used condom but then she was a bit scared like of pregnancy... and the others, some of them I haven't and some I have (Young man 10, aged 17 years).

The young men attributed their inconsistent or non-use to a number of factors. Issues of availability were common. The young men had anxieties about carrying a condom with them for fear of it being found by other family members. They therefore did not have access to one when needed. Some described the cost of condoms as prohibitive:

You wouldn't carry condoms around with you in case parents found them at home (Young man 6, aged 17 years).

'Cause I've never had it with me and then too... and then sometimes in the toilets it cost like money. So then I just leave it and do it for free (laughs)! (Young man 10, aged 17 years).

Not using condoms was also common among the young men who perceived their partners to be virgins and therefore 'safe' in terms of sexually transmitted infections:

My friend that does it, he goes most of the ones that he's done were virgins so there's no possible... this is what he said to me so they ain't got no diseases 'cause they're virgins (Young man 6, aged 17 years).

With my ex [girlfriend] nothing, we never used a condom at all but she was a virgin. And my first girlfriend we used condoms and then we stopped using condoms because I was her first and she was my first and we just experienced. Like my ex and my first, 'cause I know like they're clean innit (Young man 13, aged 20 years).

When probed further about not using condoms with women whose virginity status they did not know, the young men described the ways in which a young woman could be assessed as being 'clean' and therefore free from infection:

I know a girl is clean by the way she carries herself. If she's not too out there, not too mouthy or drinks too much. Also on her past experiences (Young man 13, aged 20 years).

A common theme and another reason the young men had for not using condoms was simply not thinking about the consequences of unprotected sex and getting caught up in the flow of the moment:

I try not to think about it too much 'cause then I wouldn't feel good. But I know it's wrong at the end of the day and I try stopping it at times but there's nothing I could do (laughs)! You don't really think about it at the time, you just feel like, find someone, dance with them and then you go have sex. But at the time you don't really think about it, you think... and then after you think... 'cause I didn't really think about the negative, like all the HIV, I didn't really think about that much until I met the Shine people (sexual health outreach). Since Shine, like next time I'll probably start carrying around a condom with me so next time I'll probably be safer sex and that'll be the only difference (Young man 10, aged 17 years).

Only the young man from the above quote had had a sexual health check-up via an outreach stand in college. The only reason this had happened was because he had been approached by an outreach worker, and at that time there was no one else around. Otherwise he said he would not have done it.

7.3.4.3 Reasons for not having sex

The young men who had not had sex had different reasons for not doing so. These included: the importance of Islam in their life and its prohibition of premarital sex, lack of opportunity, and because their girlfriends did not want to. The young men for whom religion was important did however believe it was acceptable to have a relationship and some of these men described sexual intimacy but not sexual intercourse.

This chapter has described the key issues for young Pakistani men and women in terms of relationships and sexual behaviour. Contrary to faith and cultural norm and compared to previous generations young Pakistanis are increasingly having premarital relationships. Along with this change however some young Pakistanis are at risk of poor sexual health. This is in relation to unwanted pregnancy and potential acquisition of STIs but also in terms of potentially poor emotional and psychological well-being stemming from poor access to relevant support when needed and a lack of key relationship skills more generally. However, the young people's narratives indicate that there are also protective mechanisms in place; values and behaviours that potentially preserve the sexual wellbeing and health of the young Pakistanis.

Five key themes emerged in relation to the above protective and risk issues and the young people's relationship and sexual health needs: 1) the role of religious and cultural values in constraining behaviour; 2) the role of secrecy in hindering support networks; 3) unequal relationship dynamics and issues of mutuality and consensuality; 4) inconsistent or non-use of condoms; and 5) access to learning and skill development in relation to sexual health. I discuss and interpret these key issues in more detail in Chapter 9. In the next chapter, Chapter 8, I conclude the qualitative data analyses and present an overview of the young people's learning and sexual health needs in more detail.

Chapter 8 Sexual health promotion for young Pakistanis

8.1 Introduction

The previous two chapters presented accounts of the young Pakistanis' life experiences, relationships and sexual activity. In this chapter I present the young people's and community workers' accounts of how young people learn about sexual health, relationships, and sexual issues. The chapter outlines the young people's specific needs for information and skills, as well as their perceptions of how well different services deliver sexual health promotion and support. It also describes the young people's and workers' thoughts on the role of parents and the wider Pakistani community in contributing to sexual health support.

The key findings are structured under six main headings: 1) Learning about sexual health in school: context and content; 2) Sexual health knowledge and skills: reported and perceived needs; 3) The role of youth services in providing sexual health promotion; 4) The role of clinical services; 5) The involvement of parents and the wider community; and 6) General social and life needs.

8.2 Learning about sexual health issues in school: context and content

The young men and women reported different ways in which they had learned about sexual health issues. Sex and relationships education (SRE) at school was the most common source of information, but friends and outreach services in college were also important sources. Some had obtained information via a youth group and others mentioned film and media. None of the young people had received information from their parents:

My parents, they would never talk to me about that. 'Cause my parents would have never told me, I know that for a fact. 'Cause like most Asian parents they don't like talking about like this sex and everything to their kids and everything (Young man 12, aged 17 years).

Though cited as the most common source of information, the young people and workers described school-based information as often inadequate and poorly delivered:

In the schools where they are receiving SRE, I think either the SRE delivery was just dismal or they may have had the possibility of decent SRE but parents pulled them out of it because it's optional, you can actually do that. So they're not obviously getting information at home, they're now being pulled out of SRE at school, but the stress factors and the external factors that impact on them are the same as anybody else. So they still have the boyfriends, they still have access to Cosmo and Glamour and all of this, they still have access to this thing about big boobs and what makes you sexually attractive and why would a guy fancy you (Female worker 6).

Not really [useful], because you're young. You're not really aware of stuff like that, you are, but you don't expect someone to just hand you out a condom, do you know what I mean? I don't know, it's just too blatant and in your face. I don't like...it's just silly. I don't really think it's helpful (Young woman 18, aged 20 years).

The young people in particular highlighted that the methods of delivery were inappropriate; emphasising the lack of anonymity and confidentiality in asking questions and in obtaining information within the sessions:

I think they would have told us, like with the condoms, like where to get them from. Like in school they go, if you want any, if you get any questions just feel free to ask but no one would really want to ask like in front of everyone...And then like the numbers on the phone and no one would really take out their phone take down the number 'cause then everyone else would see (Young man 10, aged 17 years).

The young people also felt that the focus and emphasis of the information provided at school was an issue. Few had received information that took into account their cultural and faith backgrounds:

Completely irrelevant I would say. It was a joke I would say. I don't blame the teachers to be honest with you I really don't. It's hard enough as it is for them to teach it but I just think it's a joke. It could be done in a so much better a way. I mean the way I see it, it could've been taught better from my religion point of view as well (Young man 4, aged 20 years).

The young people described the content of sex and relationships lessons as primarily focused on either not having sex at all or as focused heavily on safe sex and condom use, with little or no emphasis on relationship issues or emotional aspects of sex. They also thought that the safe sex information that young people received lacked information on sexually transmitted infections, focusing instead on unwanted pregnancy. The provision of free condoms was described as commonplace but also as inappropriate in the context of SRE. Many of the young people described feeling embarrassed or awkward at being seen getting condoms, as it implied they were sexually active. Some of the young men felt that the (over)emphasis on safe sex without also incorporating the benefits of delaying sex until ready actually encouraged young people to become sexually active:

Like they told us about...but they're mostly concentrating on the sex side and they used to tell us how you could get free condoms here and there, so people actually thought might as well try it out. But if they had spoken a lot more about the diseases first than the sex side of it, you'd have a lot of people that actually thought hang on let's not do it and this and that. They keep publicising yeah, "we give you free condoms" this and that so you'll always use a condom and so that's why...they actually...sometimes they actually encourage young people at times (Young man 6, aged 17 years).

The young gay men also emphasised that school-based information rarely takes account of Lesbian, Gay, Bisexual and Transgender (LGBT) issues:

A lot of people feel that there's such a lack of LGBT related sex education. And obviously that filters in with Pakistani communities because they find it so hard to talk about sex anyway, it filters into the attitudes of young people growing up (Young gay man, aged 25 years).

The young people described the delivery of information as video-based and didactic and many stated that they purposively missed the lessons. However they were forthcoming in their suggestions of ways in which to make the delivery of SRE more acceptable. Considerable emphasis was placed on making sexual health sessions more interactive and fun and on using methods that appealed to a diversity of young people, such as music, drama, poetry and sport:

It's always adults that are delivering the workshops which is why we do all of our workshops through young people. They take more passion, more joy into actually doing it. It's a young kid telling a young kid how, what, where, why to do it...It's more interactive learning than actually saying, this is a condom, this is what you should use when you're having sex. OK (laughs)! So same thing around drug use, it's what needs to be done. Just needs to get recreated. One single message, we done it through poetry, songs, dance, cultural dances, acts and little sketches and all, and just through sport. And we're all giving just the same message, but through different things. That's how young people are, everyone is different. They're all going to be thinking it but some people, they'll rather sit down and listen to a song, some will either watch action, or something like one-to-one, all different (Young man 4, aged 20 years).

The young people expressed differences in opinion as to the appropriate timing of SRE. Some felt that it should begin in primary school while others felt that the first few years of secondary school were crucial:

I never come across anything like that till I was about... 'cause year 7, 8, 9 I was in school it was just 10 and 11 when I started to skive. I never come across no sexual health training in the first three, which are probably your most vital years of your higher education. So that's where everything is built around, that's everything that you're embedding into your system...it's your first three years where whatever knowledge you're given is something that like gets embedded in you so I reckon that's the most important thing, the first three years where I would've liked to learn all of this stuff (Young man 4, aged 20 years).

The perspectives of the workers echoed those of the young people. The more emotional and social aspects of relationships and sex were perceived as lacking in most SRE programmes:

Well it's improved over the years but not improved universally. There's a lot more awareness, there's a lot more emphasis on relationships where it's dealt with and addressed well but there are also places that don't touch it at all. So it's just not adequately available and universally subscribed to. Or developed where it covers the whole spectrum and is treated as relationships education. The SRE training that Shine sexual health service offers in Newham is actually very good, they look at issues of peer pressure, they look at what it means to have gender and power relationships, they look at issues to do with homophobia, they look at issues to do... of confidence and self-esteem in terms of friendships and sexual partners, you know. So why aren't people doing this work?(Female worker 7).

The workers all felt that religious values should be incorporated into SRE, but that this type of information should not be prescriptive but reflect the way in which young people make choices and informed decisions; the emphasis should be on the development of good values more generally:

I think faith-based education is quite important but I see faith based education very much in terms of values education...everybody has values. Some people believe that those are rooted in organised religion, other people just believe it happens because you happen to have goodness in the character of human beings. But somewhere down the line, values, ethics, morality influence and impact on whatever we feel, think and do. Therefore if relationships is what we feel, think and do then values education is closely intertwined with relationships education. So I can't see why we're not considering it. And at the end of the day in European culture we're constantly taught that you do what is right for you, yeah. In faith you are taught that you obey the edicts and the laws of that particular faith. But at the end of the day people dip in and out and use the bits that suit them. So at the end of the day we all make choices. And I think if young people are taught that at the end of the day they have to be accountable for the

choice that they make, whether they feel they're accountable to their maker or whether they feel they're accountable to each other or themselves that is still an individual choice, that is still rooted in the whole concept of freewill and God. So therefore it makes no sense to separate the two, I think they should be part and parcel of SRE (Female worker 7).

You've got a choice you know, there's no compulsion in Islam, there shouldn't be in any religion that you can or you can't. But you know, here are all the facts and it's up to you to decide what you want to do as an individual and hopefully most individuals go oh well that looks a bit of a dodgy path I might just go down this path (Male worker 4).

8.3 Sexual health knowledge and skills: reported and perceived needs

When I asked what sexual health information they would like to have received in school or the information that they now needed, the young men and women highlighted a number of key areas, primarily focused on knowledge rather than on skill. They all expressed a desire for more information on the emotional and psychological aspects and consequences of relationships and sex:

I think if you just probably put more emphasis on the consequences of it, not physical consequences but the mental ones, about how you're going feel after and what kind of stuff you should seriously consider within yourself before going into it. Because I think that'll probably stop people a lot more than the physical stuff 'cause physical's always got a medical solution. But the mental stuff is just going to stick with you for life (Young man 7, aged 18 years).

When asked, few young people could name the most common sexually transmitted infections, even Chlamydia. Many remembered receiving information on HIV and AIDS although there were a number of misconceptions around HIV, such as there being a cure for AIDS and that other infections lead to HIV/AIDS. Wanting more specific information on different infections and specifically how to recognise their symptoms was a common theme among the young men:

When I was younger I would like them to tell us more about the diseases, different types of disease. And maybe like pictures of what they do to people, can you see the different ones on your thingy?(Young man 10, aged 17 years).

In addition to information about the consequences of sex the young people wanted more specific information on how to access sexual health services but also what happens once they get there. Finally the young people wanted to know where to obtain further sexual health information and support in a confidential, one-to-one manner. The young men also wanted more information on where to obtain free condoms and contraceptive advice anonymously. The workers also highlighted the above aspects of sexual health information, but were more specific in particular information areas and emphasised the need for messages to resonate with South Asian young people. For example, they suggested the need for health promotion messages to focus heavily on the infertility aspects of sexual infection due to the importance placed on fertility in South Asian cultures, and particularly by Pakistani communities:

Again messages around sexual health and STIs, you know we realised quite quickly that you can talk about Chlamydia and Gonorrhoea and whatever but one of the messages that seems to kick home or whatever, you know makes them sit up and say oh God is when you say Chlamydia can make you infertile. You may never be able to have children. Then they panic and say oh my God that is... because especially in the south Asian community childbearing is like a huge thing. And they all want to have children, this much they're sure of you know (Female worker 6).

The workers felt that young people have many misconceptions around sexual issues. The misconception that lack of vaginal bleeding on first intercourse is a sign of loss of virginity is an issue that was described by the young people themselves in the previous chapters and highlighted as particularly important by the workers:

Because we have this huge issue with girls being terrified that if I don't bleed on my wedding night I will get thrown out of my family. Boys being ignorant enough to not know that every girl will not bleed. So now this is not uncommon...where girls will have every type of sexual activity, oral sex, anal

sex everything, but not penetrative vaginal sex because the virginity must be preserved (Female worker 6).

The workers argued that sexual health promotion material needs to be made more relevant to Pakistani and South Asian youth. They described South Asian faces as rarely used in media material relating to sexual health and they perceived a need for mainstream messages and materials to be more ethnically diverse. In addition to the types of information young Pakistanis were thought to need, the workers outlined a number of important skills. Some were specific (such as correct condom use) and others were related to the need to address naivety and vulnerability issues within relationships, particularly among young women. Summarising the key skills, the workers highlighted the following as essential components of sexual health promotion: 1) Assertiveness and negotiation skills; 2) Knowing and exercising rights; 3) Conceptualising and understanding risk; 4) How to implement coping mechanisms and identify support structures; 5) Confidence to access support and services; 6) Mechanisms to improve and develop self-esteem; and 7) Specific skills in obtaining and using condoms and other contraception.

8.4 The role of youth services in sexual health promotion

The workers emphasised the potential role of youth services in delivering sexual health information to young Pakistanis. They highlighted a number of important issues and these are summarised under the following six themes: youth group access & appeal; recreational versus educational activity; ideal ethnicity of youth worker; training of youth worker; ethnic and gender specific sessions; and youth engagement.

8.4.1 Youth group access and appeal

The young people and the workers described youth groups as an important avenue for young people to receive sexual health promotion. However the workers had concerns about ease of access for Pakistani youth. In particular, they described young Pakistani women as rarely attending youth groups due to parental restriction and that parents

distrust what many youth groups provide. Few youth groups were thought to have female-only sessions which were perceived as essential for young South Asian women:

Girls don't go to groups because parents are concerned and almost no youth groups have girl only sessions (Female worker 2).

As long as it's an only girls youth club, which makes it sad because there's not many only girls groups around. Like some parents think, no they might corrupt my daughter or 'cause other people's parents have said that "oh yeah my daughter's friend went to that place and she ran away from home" and so it goes. That's the reason my dad didn't let me go out of the house when I was younger because my auntie said that to him (Young woman 8, aged 21 years).

For young men, access issues related to the location of youth groups and their general appeal. The young men frequently referred to the gang, racial and territorial issues described in Chapter 6 and the way in which certain youth groups are dominated by particular groups of black and white young men and therefore inaccessible for many south Asian youths:

Like a lot of Asians don't attend youth clubs. They don't. The reason being is where they're based. For example Becton, Becton is a very closed off area. If you're not from Becton or the outskirts of East Ham you can't really come here. They would see it as a threat. And especially where the Asian community are set, there's no facilities for them to do it, there's nothing like in Forest Gate where they hang about, there's no youth centre there, do you know what I mean. Parts of Upton Park, there's one youth centre but it's in the park and that park is a hefty park like it's like where the white and black boys chill out. Asian kids they don't want to go to that centre 'cause they're threatened, they feel threatened (Young man 13, aged 20 years).

The workers also thought that youth groups appealed to only younger boys and they had concerns about how to engage with older youths:

You get younger boys going but then older boys hang around on street corners. At certain age clubs hold less appeal (Female worker 1).

8.4.2 Recreational versus educational activity

The young people and the workers highlighted that youth groups are generally about providing recreational services. Discussions about youth groups providing sexual health promotion highlighted the need to supplement current and on-going recreational activities. This was perceived as crucial to the success of any sexual health promotion initiative. For young men in particular, sporting activities were thought to be an ideal avenue for introducing sexual health:

The aim of youth groups is recreation and fun so you can't take away these activities to provide sexual health stuff, you need to add something into what is already happening (Female worker 1).

Football and boxing since Amir Khan is a good way to engage boys in sexual projects (Male worker 4).

The workers had concerns that some Pakistani youths may be prevented from attending youth groups because of their recreational nature and that educational activities are essential in order to secure parental acceptance of such services:

You see traditionally Asian young people are not visible in the youth service. I get a lot of them and I get them because this particular project, although it's not academic which is something that families and parents approve of, they don't like their kids at play, nevertheless it's a programme which is more structured, it has a distinct purpose. It's about being honourable, it's about being a citizen, it is if you like a respectable activity, yeah. So that means that the kids are more likely to be allowed to be able to attend, far more than just going to an ordinary youth club where the parents have horrendous images of the possibilities, really you know and danger. But the purpose of what the project stands for and how it might help or support them in terms of their own future development is

something I can sell more easily to parents and they [young people] can too you know (Female worker 7).

8.4.3 Training of youth worker

The workers highlighted the importance of adequate training provision for youth workers. It was felt that sexual health should be a compulsory component of training for all youth workers:

I think sexual health should be compulsory training for youth workers. It's not, it's an option. I think it's a mistake. I think it should be compulsory I really do. You know youth work is about the building of relationships, relationships span the whole spectrum. We don't spend enough time looking at the intricacies of different sorts of relationships that we have with our families, our friends, our sexual partners or prospective partners and our children. You know and I just think it is such an important area of development and education (Female worker 7).

8.4.4 Ethnicity of youth worker

There was some debate about the ideal ethnicity of a youth worker providing sexual health support. From experience, some of the workers had found that younger south Asian teenage girls preferred someone of the same ethnic background. However, as age increased and the young women entered their mid or late teens they preferred someone from a different ethnic background. The primary reason for this was fear of having their character and behaviour judged:

From about sixteen to about twenty they were like, no I don't want to go to anybody that's from, you know, from a South Asian background. I want to go to somebody who's non-South Asian, preferably white or black. And there is that change there. I guess when you're slightly older you have a few more inhibitions

and you've thinking that someone's going to judge you or there's issues around confidentiality (Female worker 1).

They have this sort of historical, not historical, but cultural, you know they don't go and speak to their elders, they find it really difficult or they think that information may come out, it may potentially destroy you know their reputation, their family's reputation and so on so forth. There's a huge concern around that (Male worker 5).

Concern about seeing someone of the same ethnicity was highlighted in the accounts of some of the young women I interviewed who attended youth services for sexual health information or other services for social support. Some of the young women I spoke to referred to experiences that they had not shared with their key workers. One young woman had been in close contact with her South Asian support worker for over two years but had not felt able to reveal that she had previously had a termination of pregnancy.

8.4.5 Ethnicity specific sessions

The workers expressed contrasting views around the need for specific groups or sessions on sexual health promotion for Pakistani young people. Some of the workers felt that it was crucial to have a specific group targeted for South Asian girls. It was perceived to be the only way to get young women to attend but also for the younger girls to obtain parental permission:

There are a lot of people that tend to ask "why are you just particularly working with South Asian women?" Are you secluding yourselves? And it's not about that, because we do work with the community and work with professionals, but you know a gap has been highlighted in service provision for a service to be culturally and gender specific and that's where our work does come in. So it's not about kind of taking them away and secluding them but it's about helping and supporting them with the issues that they're facing, where other services may not be able to have that sensitivity. So it is a specialist area of work. We

also have parents who support the group because it's for Asian girls (Female worker 1).

Others felt that it was important to evaluate what interventions work and agreed with the workers above that if a session works well with a particular ethnic group then it is important to pursue it:

It may be culturally sensitive, it may be culturally effective to a particular community but if it's something that works then it works. If it's working for the Pakistani community and not working for the Bengali community there's nothing wrong with that, let it work for the Pakistani community (Male worker 5).

In contrast others felt that segregating on the basis of ethnicity was problematic and that services should be universal for all young people. However these workers frequently referred to the needs of young men rather than young women:

I don't think we need to set up a specialist unit just to deal with it, because I think what you're doing then is isolating them on the basis of their ethnicity and their faith which in the climate that we have is horrendous. That's not going to help. I think the kind of things I'm talking about apply universally. And within that universal application to be looking at how young people interpret...because if I draw the parallel of young working class white kids, boys and middle class white boys their experiences are very different. They're negotiating around different things. The advantages the young middle class boys may have is that they may have access to and the skills to be able to find their support systems far more easily than the white working class kids. But it's not to say that both don't need them, they need them differently but they still need them. So what I'm saying is that the skills that can enhance one group can be a lifeline to another group but the skills and essence are the same. And we should be offering them across the way and universally (Female worker 7).

8.4.6 Youth engagement

The workers highlighted the importance of youth engagement in any sexual health promotion initiative. They described key aspects of successful youth engagement: a project should have a strong focus and purpose, and young people should be involved in decision-making processes and evaluation in order to foster ownership of the project. Involvement, acknowledgement and appraisal were described as enhancing motivation and as ensuring sustainability. Finally the workers emphasised that project outcomes should ideally be seen within the timeframe of the young person's contribution to the project (so that the young person sees the benefit of their contribution) and that projects should use a range of different mediums and approaches (e.g. drama, music, sport, etc.) in order to be acceptable to different youth. These key aspects are summarised succinctly by the following worker:

I think because there was a strong focus from the beginning and a purpose, it wasn't an open agenda. There was a very clear sense of purpose and the young people who got involved with it I suppose developed either a sense of belief or felt motivated enough to want to believe in it...

Interviewer: *Is there anything else other than the project's focus that's kind of made a difference?*

Worker: *I think part of what's made it, made it effective has been the... the kind of things that we've done have demonstrated to those that were involved that change within their own time span was possible. So, not that it was definite but that it was possible. And I think that then almost feeds its own cycle of development. And you know in the very beginning the young people had ownership of deciding the programme for a year ahead at a time and it became a regular ritual. So I think having ownership and at least believing that they have some control over the direction of what they want to do and then going through the whole process of evaluating on an annual basis, producing documentation to reflect on it using a variety of different performing arts to display their ideas and their thoughts and their feelings and getting acknowledgement from it. You know, all those little things as a regular ritual every year kind of makes you feel that it's yours (Female worker 7).*

8.5 The role of clinical and other services

When the young men and women were asked where they would go for sexual health testing, the majority did not know and few mentioned their local general practitioner (GP). When asked about how sexual health services should be provided there was a preference among the young men and women that they be situated within a hospital. There were real concerns about being seen by friends and family and, for this reason, some were reluctant to even attend outreach sexual health services situated within a college environment. Some workers felt that sexual health services could be attached to or situated within other services such as adult education centres or within other kinds of social services such as employment centres. Others however cautioned against sexual health services being associated with particular types of services, such as those for domestic violence. They stressed that sexual health initiatives should be delivered by mainstream, 'neutral' services:

Organisations which I suppose are for Asian women who suffer domestic violence because that's the extreme angle. When they go then to give a sexual message... because people may not be in that situation where they're suffering domestic violence etcetera, but if you've got that as your mind set and then you're talking about sexual education then I think that can go awry. You know, you need people who are mainstream maybe PCT or people of that nature to go into schools (Male worker 4).

It is clear from the data presented in Chapter 7 that some young Pakistanis are at sexual and reproductive health risk in terms of unwanted pregnancy and potential acquisition of STIs but also in terms of emotional and psychological wellbeing. However due to the implications for young Pakistanis having premarital relationships and the secrecy within which much is conducted the workers felt that many do not, and are unable to access relevant support and care when needed. Few thought that young Pakistanis would access general practice for support because of poor trust in the confidentiality of their family GP (often of South Asian descent) who they felt might tell parents of their situation:

Something that we've found a lot whether it's around sexual health or just generally across the board in relation to any issue is confidentiality. Because for example I'd say ninety nine per cent of the young women that we work with would never go to their family GP around anything in relation to sexual health because their family GP is someone who they've, you know, grown up with, seeing the whole family so it's likely that if they were to maybe speak to the GP then there's the fear of it getting back to the family so...I mean the huge issue is confidentiality for young people within the Asian community 'cause word of mouth and this person knows that person (Female worker 6).

For this reason the workers felt it imperative that services working directly with young people and the young people themselves be made aware of confidential mainstream services that are independent of general practitioners:

It's about creating enough alternative services and we ourselves are blue in the face telling all our young girls, saying you don't have to go to your family GP, you can go to A, B, C and D and your information will never be sent to your GP. Because if you don't create a space in the mainstream that is a hundred per cent safe for them to go to, whether it's for contraception, whether it's for abortions whether it's for whatever, they're not going to do it (Female worker 6).

Many of the issues around clinical services were the same for the young gay men. The youth support worker highlighted that many young gay men lack awareness of clinical services and need support to encourage attendance:

The thing about Pakistani boys is because of their insecurities and their issues around being homosexual they need someone to go with them to hold their hand. I mean the service users for my youth group, they need their hands held at various levels. You know, it's a scary daunting experience going to a sexual health clinic. The lack of awareness of the services is very high as well (Young gay man, aged 25 years, youth support worker and manager).

8.6 The involvement of parents and the wider community

It was clear from the young people's accounts that sexual health issues are rarely if ever discussed at home and some referred to parents restricting access to SRE and other sexual health promotion initiatives:

A lot of people restrict them from getting access to information be it parents, especially parents...not teachers but parents and even some teachers believe that oh if they, if they're not taught about it they're not going to want to do it (Young woman 8, aged 21 years).

I think we had one day of sex education, that was it. I think all the parents were like, no we don't want our daughters...I mean, I obviously didn't show my parents the letter, especially my dad. I wouldn't have shown it to him and my mum wouldn't have understood it so I just went, it's best not to say nothing. Obviously you need to learn about it and I know my parents will never give me the birds and the bees talk so I kind of just went, okay I'm going to make a grown-up decision, I'll learn about it (Young woman 9, aged 20 years).

The workers and the young people thought that involvement of parents and the wider Pakistani community in sexual health initiatives was difficult but achievable. There was a desire for Pakistani communities to begin discussing sexual issues more openly. The workers emphasised the need for faith leaders within mosques to play a role but also highlighted the need for community role models:

For those who are going to the mosques, they need the faith leaders talking about it. For those who are not going to the mosque they need role models within the community who are talking about it. It could be the youth workers, it could be seminars from business, it could be you know, ten minutes before class or school assemblies or whatever. They need people going in there, maybe even from you know their own cultural origin, from Pakistani background or Bangladeshi background whatever. It may be from an Asian background, to go and talk, inform them that these issues they are happening, they are apparent,

there are people doing it in secret and there is support out there if required (Male worker 5).

But we also need to be talking to the older generation because we can't just assume that these issues only affect one particular part of the population. And also if we're going to be looking at making any sort of real difference then that change has to come from both directions, we can't just focus on only one population (Female worker 6).

The workers described many misconceptions among older Pakistanis and that they do not see sexual and reproductive issues as relevant to them or their children. They highlighted that most parents had probably never discussed reproductive or sexual issues with anyone and therefore did not have the skills to discuss these issues with their children:

So we did actually do some focus groups with women between the ages of forty five to fifty five which was very interesting...I could tell that this was stuff (reproductive and sexual) they never talk about to anyone. It's just totally internalised and it's just a given that this is not stuff you talk about unless you are in huge amounts of pain or you're bleeding copiously or something is wrong in that sense. You just don't talk about it (Female worker 6).

In order to demonstrate the relevance of sexual health promotion to the Pakistani community some workers indicated the need to promote and publicise sexual health data:

In terms of health promotion I think health services don't... well they are now, but haven't until now done enough to actually publicise statistics within the Asian community (Female worker 2).

Information alone was not considered a solution. The workers felt that parents lack life skills to cope with particular situations especially those related to relationships, and therefore require support to navigate their way through sensitive issues:

We need more organisations out there informing young people and informing families. Not only informing young people but informing and helping the parents of that as well...having a parent's forum or something like that and where parents would be educated around these issues as well and have a chance to find ways to deal with it. That's important (Male worker 5).

The workers thought that some local and younger religious scholars and imams were tolerant of sexual health issues and willing to be involved in a sexual health dialogue. However they and the young people described many of the older imams who have considerable influence in particular mosques as critical of sexual health work, as lacking in understanding of the real issues faced by young people, and as having a poor command of English:

We need to find individuals who are committed and supportive to the community. Some of the younger imams or the students of knowledge, those who have a lot of Islamic knowledge, they're willing to speak about it and I've spoken to a lot of them myself, but the older imams, some of them have either language barriers or they're not willing to talk about it or whatever it may be. You have those who have recently come from Pakistan or Bangladesh, been here for five or ten years, they're still in Pakistan or Bangladesh mode about the issues that are over there. They think it's going to be exactly the same. Well no, things are different here...We need people who understand working with these young people in these communities. The majority of the people going to mosque will understand English so we don't need a Bengali or Urdu speaking imam, we need an imam who speaks English and possibly Bengali or Urdu for those who don't understand. But we need him to make appropriate...give the appropriate information, sources of information in a language that's understood, in a way that's understood and recognised and in a way that's you know, unbiased and doesn't make people feel bad (Male worker 5).

Although they had no specific suggestions about how to overcome the conservative attitudes of many of the local religious scholars and imams, the workers nevertheless emphasised the need to continue to engage with community leaders and parents. The

need to engage with religious groups of women as well as the mosques - which are more frequently male orientated- was also highlighted:

Get sister circles together where they can learn about sex but in a safe environment. They come to talk about Islam but that's never on the agenda. Either about marriage or you know...but that could be encouraged, as opposed to going to the mosque and saying to the blokes oh yeah talk about, you know, let's talk about sex. There's going to be a revolution! But if women are involved, especially with the parent groups etcetera and they encourage other young people you know, let's talk about it, a bit like breast cancer, it's not taboo, it's going to save your life, a similar thing. But it has to go through those circles because it will be more palatable for the community. If you only heard "oh the government's trying to educate us in sex", they'll be like who do they think they are? (Male worker 4).

The workers described three main issues that need to be considered when working with Pakistani and South Asian communities around sexual health: first, a need to recognise the heterogeneity of the British South Asian community and the diversity within individual ethnic groups:

It's not just an academic point, there is almost no such thing as a south Asian community. There are such huge differences. You know between ethnic groups, between cultures, between religion and culture. You know, within the same religious groups, between men and women. So sometimes the application of one generic term or one generic label to a very wide range of people can actually be a bit misleading. If you're going to talk about delivery of services it's very important to recognise the differences, you know. And the similarities, but don't try and do a magic bullet, one size fits all kind of thing because it won't work (Female worker 6).

Second, the workers emphasised that securing trust is crucial for the success and sustainability of any initiative, and that this trust can begin by the appropriate dissemination of information and use of sensitive language:

One thing that has been very important... which is the marketing of services. You know you can't say sexual health, you just can't, the door will be slammed in your face before you've finished. So you always have to sell your work and your services as general health, women's health and wellbeing. At most you can push it to reproductive health and children but it usually has to be around general physical, emotional health and wellbeing of women in order to convince parents and carers and adults and schools to at least start talking to you. And then you get into the nitty gritty of what it is that you actually want to do (Female worker 2).

Finally the workers highlighted the need for a respectful approach even when particular values are at odds with what is perceived to be right or the norm. They also stressed the need to find a balance between the needs of the young people and the expectations of their parents:

It's very hard but it's so important to be respectful no matter how objectionable or how difficult you find certain belief systems. But the fact is it has to be the right balance between confrontation and challenging and negotiating but also kind of getting them to think for themselves. And at the same time, in some cases especially when it comes to relationships, it's finding that ground where you're able to provide a supportive, confidential, safe space and a safe service to the young women without creating a situation where their families are ready to shoot you. We want to also talk to them about choices and empowerment and life and aspiration and education and careers and in a sense we want them to be able to think everything through for themselves. But at the same time we don't want that to then lead to a situation where they're at loggerheads with the parents. You know, because that's not ideal. That's not what we're aiming for (Female worker 7).

8.7 General life and social needs for young Pakistanis

In addition to sexual health needs the workers identified a number of more generic life needs for young Pakistanis. Life skills and support needs can be summarised under

three interlinked themes: 1) communication; 2) confidence/self-esteem; and 3) self-efficacy. These were perceived as the basis from which sexual health skills could develop.

The workers felt that the young people needed support to learn how to better communicate what they thought and believed, and how to negotiate their behaviours and attitudes around these thoughts and beliefs. They described what they saw as urgent need to encourage young people to reflect upon their thoughts and actions, and to find ways to promote the development of a positive sense of self. This was felt to be particularly important for young Pakistanis who needed to negotiate their behaviours around a range of diverse beliefs and values. The workers held a common perception that many young people and Pakistanis in particular struggle to articulate and understand the difficulties they sometimes face, and that this can hinder confidence and self-esteem. They described the development of communication skills and different innovative ways of channelling beliefs and ideas (e.g. through different art forms such music, art, drama, etc.) as essential for young people. Related to better communication the workers highlighted the need for young people to have the skills to build their own support structures and systems and to identify which ones work best for them in any given situation:

Huge, huge, huge amounts of communication. Time spent on the way that we communicate and the way that we negotiate around what we think and believe we desire, what we think and we believe is supposedly right in terms of ethics and morality. And some sort of understanding around how you negotiate your attitudes and your behaviour around them, particularly if it's different from those that you believe at a certain point in time. Those things don't get looked at. They're nowhere in a curriculum or a timetable. And I think it's really quite important because what I see often is patterns repeating. You know, kids who've been through this have a sense of what it might be like, they might talk to their children but they don't really know how to and then they end up repeating the same sorts of rituals. What good is that? So, learning to communicate, learning to understand what your difficulties are. Learning...I suppose learning to value and honour yourself in a way, be clear and also have some sense of how you develop and build support structures that will maintain and help you retain your

confidence and self-esteem. Your friendship group's really important like that but if you've got friendship groups where everybody's in the same mess what kind of guidance and support and help are you going to get? (Female worker 7).

Some of the young people's narratives, as outlined in the previous two chapters, confirmed the workers' perception that they need support in communication and self-esteem/confidence issues. Some of the young women gave the sense that they felt things did not always work out for them and that, for this reason, they were anxious not to plan ahead for fear of disappointment:

At the minute I'm doing it [planning life] as it comes, because if I plan too far ahead, it's just going to go all downhill so I'm just like, do it as it comes and then it will be so much easier (Young woman 9, aged 20 years).

I don't like planning stuff because I don't know...like what you anticipate, nothing ever goes according to plan. So I'd rather just pan it out and see how it goes (Young woman 19, aged 22 years).

With me, you know sometimes I'm just so incapable of being happy. With me, if I'm enjoying something I need to stand back a bit because it just doesn't feel right. I know that sounds really silly. Like sometimes I can't even enjoy myself because you're not in a constant state of happiness. You know when you've just had lots of shit happen, you just think, oh, you don't know how to adjust to your normal life and that's how I feel sometimes (Young woman 18, aged 21 years).

The perceived needs for young gay men were described as improved sexual health awareness, counselling, life direction and good role models:

What they need is sexual health awareness. Sexual health lessons or whatever, education. They need social groups where they can all meet and be themselves and not be afraid to talk. Some need counselling. I do find with a lot of them they need counselling...I feel they need direction. A lot of them lack direction and when you have a lack of direction in your sexuality and your personal life and who you are, it filters into other parts of your life. So they need direction and I suppose the support groups and stuff like that are helping. They need figures,

good role models too (Young gay man, aged 25 years, also a youth support worker and group manager).

The workers described a number of youth initiatives attempting to address these needs for young people, many with success. Contrary to the access barriers that I described above in relation to youth services for young Pakistanis, the services that some of the workers were providing had been successful in engaging Pakistani youth. A number of reasons for this success were put forward. One group engages with young Pakistani women. It is a group specifically for women and those of South Asian origin and it provides a safe environment for the young women to come together to take part in various life and health related workshops. Its gender and culture specific focus was felt to be crucial in encouraging young women to participate. A key feature of this group was the provision of transport home for many of the younger women after an evening session. In this way the group had been successful in gaining parental acceptance. Another group engages very successfully with young men. The key feature of this group is the provision of educational (e.g. extra school tutoring, environmental awareness) as well as recreational activities, thus making it more acceptable to parents. A third youth group also attracted Pakistani youth, and one of the key features of this particular group was the mentor who had over a long period of time developed significant trust and rapport with the local youth. Common to all these groups and others that seemed to attract large numbers of young people was the focus on youth engagement and participation. These groups also provided sexual health support.

The positive accounts of two young women highlighted the benefits of such youth initiatives and demonstrated the value of holistic approaches involving general life skills such as communication and confidence, as well as specific sexual health skills:

If we didn't have a group like this where they teach us... they don't tell us not to have sex and things like that, they teach us all the issues based around relationships, they go through it step by step yeah. That you know, these are the issues that you might face one day and these are routes that you can take and these are some of the consequences that you will get, yeah. You understand, it makes you think, hold on what benefit do I have in this and what could go wrong? So the next time you're put in that situation, you know even though

you're being pressured so much, you might remember and think you know what, I learned how to say no. I learned how to say no and I don't feel comfortable today, I don't feel comfortable with this and I learned how to say no. So these things do help, these things help so much it's unbelievable. Like he [past boyfriend] put me in...he took me out of my comfort zone by saying and doing stuff to me and a lot of girls don't even know what is your comfort zone, what is not your comfort zone. So they think oh this is it, I'm supposed to do these things. 'Cause they haven't got the skills, they haven't got the understanding, they haven't got the knowledge. 'Cause they're still naïve because their parents and schools kept them like this. You know groups like these are amazing, are an amazing benefit to people (Young woman 9, aged 21 years).

I tell you one thing, the person I am today, the way I think, the way I have a view about myself, the confidence that I have within myself, you know the self-respect I have, I got it from these people. It's like they honestly do teach you that you are worth something. Just because you're a woman and you come from an Asian community, a community where you're like a level lower than men, where women are actually oppressed and degraded, yeah. No, you're better than that. These people actually really did help me build my self-confidence. They really did help me build, build and make myself into what I am today (Young woman 8, aged 21 years).

This chapter has summarised sexual health promotion needs for young Pakistanis. The young people highlighted a number of relationship and sexual health topics on which they would like to have more information. However they frequently described SRE in school as inadequate and poorly delivered. Youth groups are perceived to be an important place for sexual health promotion, although concerns about access and youth worker training were highlighted. The community workers emphasised the importance of youth engagement in sexual health initiatives and outlined a number of key aspects that define successful projects. They also described the involvement of parents and the wider Pakistani community in sexual health initiatives as important and put forward a number of ways in which to work with South Asian communities more generally.

I discuss these issues in more detail in the next chapter, Chapter 9 which provides a synthesis and interpretative account of the data presented in Chapter 6, 7 and 8. In the final chapter, Chapter 10, I discuss the key findings in the context of existing research (Chapters 2 and 3), and the implications for future research and sexual health promotion provision for young Pakistanis.

Chapter 9 Interpreting and synthesising the qualitative data

9.1 Introduction

In this chapter I synthesise and provide an interpretative account of the key issues that emerged from the interview data presented in Chapters 6, 7 and 8. This account is structured into two sections: 1) The role of social and cultural factors in shaping relationships and sexual behaviour (this focuses primarily on data from Chapter 6, drawing where relevant on data from Chapters 7 and 8); and 2) Understanding sexual health among young Pakistanis (data from Chapters 7 and 8).

9.2 The role of social and cultural factors in shaping relationships and sexual behaviour

The narratives in Chapter 6 show that young Pakistanis' values, behaviours, and sense of identity (ethnic, religious, cultural, or societal), are experienced differently, dependent on a range of issues and social markers, and may change over time. Most notably there are gender differences at play, shaping and influencing the way in which young men and women experience their cultural heritage, religion and secular social world, as well as their interaction with one another.

Five key interrelated themes emerged from the workers' and young people's accounts and are important for understanding and contextualising young Pakistanis' relationships and sexual behaviour. These are: 1) the importance of individual and familial reputation and honour (*izzat*); 2) social restriction to maintain reputation; 3) discreet and secretive social activity to circumvent social restriction; 4) the development and pragmatic use of plural identities; and 5) variation and transition in religious practice and meaning. Within these central themes a number of novel and interesting issues arose. Here I discuss these issues and novel findings in relation to relationships and sexual behaviour among young Pakistanis.

It is clear from the young people's and workers' narratives that young Pakistanis experience many of the same individual and social issues that other youths face, and in

most cases these issues are simply the result of being a teenager and the process of developing an individual and social identity. However young Pakistanis face a range of additional complex life issues related to their cultural heritage and faith background. This was confirmed in the young people's accounts, when they talked about their familial relationships, especially their parents' expectations of them. The key issue for young Pakistanis is the need for them to uphold their own and their family's reputation or honour (*izzat*) in the Pakistani Muslim community. To do this, they need to avoid behaviours deemed culturally and religiously dishonourable, in particular premarital relationships. The young people's narratives highlight that they do however engage in these behaviours, even though they are unacceptable to their parents and the wider community.

It is clear from the data that young Pakistani women in particular are the main representatives of family honour or *izzat*, particularly in relation to premarital relationships, and for this reason their behaviour is often more restricted and scrutinised than that of their male counterparts. This restriction is to ensure that they remain relationship free, modest and honourable until they marry. There are also greater consequences for young women should they rebel against the wishes of their parents. In addition to parental scrutiny, older male siblings and other community members monitor the activities of young women, thus extending the boundaries of scrutiny and restriction.

One of the key consequences of the intense scrutiny of young people's activities and their need to uphold family honour and reputation is that they find discreet and creative ways to circumvent their parents' restrictions and conduct much of their socialising and relationships in secret. Relationships are hidden from parents and often from siblings too. Among young women the importance of maintaining individual, social and cultural reputation means that this secrecy is sometimes extended even to friends. The young people go to great lengths to gain privacy. Common places to conduct their relationships were disused buildings, alleyways, parks, shopping malls and friends' houses. The workers and young people also frequently described *sheesha* cafes as common places in which young Pakistanis met and socialised. Young men also articulated novel ways in which they managed to gain privacy, such as renting rooms in shared houses or flats. The young men described being able to obtain a rented room within a shared house, effectively becoming tenants of that room, which they then used

to socialise. A group of young men share the cost of the rental price, sometimes charging others a price to use it. This provides young men with the privacy they need to conduct their relationships, away from the scrutiny of their parents and community. The 'rented room' accounts of the young men were echoed in the descriptions given by the young women of a room in a house that they knew their older siblings used to meet one another and their boyfriends and to use drugs.

This secrecy has a number of important implications, particularly when combined with some of the other issues that the young people highlight in their narratives. For example, poor or limited communication with parents and siblings, lack of 'closeness' to family members, the importance of maintaining reputation and fear of disapproval means that young Pakistanis rarely turn to their parent or siblings for advice or help. They are even less likely to do so if they have been keeping their behaviours discreet and secret. This is exacerbated by the extension of secrecy to their friends and becomes problematic if and when things go wrong in the young people's lives and relationships because it limits their immediate support network. They simply have no safety net or direct access to support. For example, the workers highlighted that adverse relationship issues are sometimes only identified at later stages when a young Pakistani woman accesses or is referred to an organisation for something unrelated such as truancy from school.

This perhaps highlights how deeply ingrained and important are notions of individual reputation, shame and family honour (*izzat*). It also perhaps demonstrates the extent to which young Pakistani women fear the consequences of their relationship behaviour in terms of their family's reaction, because for some young women the potential for damage to individual and family reputation and of being disowned or disinherited from their family is real. In contrast to young women, young Pakistani men are more open about their relationships, particularly with their friends, and therefore potentially have better access to support if needed. It was also evident that parents of some of the young men often knew about their relationships, and although did not condone them, simply turned a blind eye to their son's activities, reflecting the different gender roles and dynamics between Pakistani men and women.

Central to understanding young Pakistanis' desire and need to uphold individual and family reputation, as well as their desire to socialise in ways that go against their

family's cultural and religious norms, is their experience of what they and the workers call multiple or plural identities, realities, or selves. A key theme from the young people's narratives is how they experience and manage their cultural and Islamic heritage and balance it with the more secular, British element of their identity. In Chapter 2, some authors suggested that, as a consequence of the multiple identities that young Pakistanis embody and experience, they suffer an inherent 'identity conflict'. However the experiences of the young people shows that actually many young Pakistanis are pragmatists with considerable personal agency who manage their different identities with relative ease, finding ways to span and embrace different value systems. The young people pick and choose different elements of their upbringing to make sense of the decisions they make and the world around them. Their sense of identity may change over time and take on different meanings. Young people used a variety of terms and expressions to describe their experience of having different identities. These included 'inside/outside self', 'split personalities', different and multiple selves, having 'a third lane' to live by, having 'different scales' to balance, and 'having two lives'.

Elements of the theories of cultural hybridity, diasporic space and new ethnicities (as outlined in Chapter 2) can be found in the narratives and experiences of the young Pakistanis and a fusion of identities more common than an opposition. The young people talked about mobilising and owning a 'new' culture, i.e. a version of Pakistani culture that is a fusion of Pakistani and British, as summarised by this young man:

Our culture's Asian British which is the new culture that's started, the mix of the music everything that's...you know, the food, how we live, how people talk and hang around 'cause we don't sound British and we don't sound Pakistani we sound our own. It's a new culture that's started, that's my culture and that's separate (Young man 7, aged 18 years).

This study did not aim to provide a detailed exploration of the young peoples' sense of identity, but rather to capture what relevance identity may have for understanding their relationships and sexual behaviour. The relationship with religion is one dimension through which young Pakistanis negotiate their hybrid identities. The young people have a transitional and flexible relationship with faith, picking and choosing elements to

guide their daily lives. This transitional perspective enables them to have the physical and emotional freedom to pursue elements of their lives that would normally be more constrained or prohibited by cultural and religious norms.

For example, the young women in this study explicitly described having a ‘strong faith’ in Islam, yet they simultaneously described behaviours that are characteristically un-Islamic, such as premarital relationships and drug use. Their expression of their faith varied considerably and it had different personal meanings. Some expressed an Islamic *identity* through the adoption of modest Islamic dress. For others, *prayer* was important irrespective of their identity or what they wore, and they did not feel that ‘immodest’ Islamic attire affected their faith or relationship with God. For others still, having a strong faith simply meant being a good and *moral* person and it did not mean performing the rituals of Islam. The common theme in these perspectives was the importance of having a ‘strong faith’– this strength of faith therefore in some way overriding or counterbalancing or even justifying their ‘un-Islamic’ or culturally ‘dishonourable’ behaviour. It also became clear that the young women’s relationship with their faith varied overtime and changed with their life circumstances - enabling the young women to make sense of their daily lives.

For the young Pakistani men in this study their relationship to Islam and their expression of faith was much more ambiguous and transitional. The young men emphasised living in and enjoying the present day rather than being confined to the principles of Islam. They did not place the same emphasis as the young women on ‘strength of faith’. However some described praying to God when they engaged in ‘dishonourable’ behaviour to ask for forgiveness and some became more devout during significant occasions such as Ramadan. The common theme among the young men’s perspectives was their desire to return to Islam one day, at an older age, and when married.

The ability of young Pakistanis to negotiate, mobilise and conceptualise different religious and/or cultural identities as and when needed opens up opportunity for *legitimising* premarital relationships within their own minds and perhaps among their peers, and demonstrates a level of relationship and sexual agency (Bell 2012).

For example, an interesting way in which young Pakistani women do this is in the way in which they embody and conceptualise their virginity. They describe their virginity as a religiously important and significant issue, both in terms of the tenets of Islam and on a personally religious level – as something ‘sacred’. They rationalise and legitimise having premarital relationships by emphasising that they maintain their virginity (or image of virginity) within these relationships. Through this emphasis they are also able to maintain among their peers their cultural reputation of ‘purity’. Non-virginal premarital Pakistani women are perceived as impure and dishonourable.

In this way they legitimise their non-cultural/non-religious behaviour i.e. having a premarital relationship, with damage limitations to their reputation and status. Being ‘pure’ (whether actual or simply a portrayal of), enables young women to maintain their future, good ‘marriageability’ status and their position as respectable young Pakistani women within their community. The young women are able to straddle their different worlds: they maintain the respect of their peers and by association the wider community, yet at the same time are able to have the social agency they desire.

They also legitimise their behaviours among their peers through emphasising *intentions* which are in line with religious and cultural expectation. For example this includes their declared *intention* to marry their current partner, hence legitimising the boyfriend status, even if they do not actually do so. The intention is crucial. Similarly for the young men, they justify their premarital relationships on the basis that they have the *intention* to one day become more devout and that one day they intend to marry someone from the same cultural and religious background, placing an emphasis on finding a wife in the future who will make them a better person both generally and in religious terms.

In this way young Pakistani men and women utilise their different value sets in creative and plural ways to rationalise and legitimise their relationship behaviour, whilst at the same time maintaining the very important notion of cultural reputation and honour. This plurality is also reflected in the meaning that young people attribute to their dual cultural identity. The young Pakistani men and women emphasised the benefits of having both cultures: describing the ‘Western’ way as allowing them to be independent and to ‘move forward’ and progress, and the Pakistani way enabling them to maintain self-respect.

9.3 Understanding sexual health and risk among young Pakistanis

It is clear from the interview data that some young Pakistanis are at risk of poor sexual health. This is in relation to unwanted pregnancy and potential acquisition of STIs due to poor or inconsistent condom use, but also in terms of potentially poor emotional and psychological wellbeing stemming from poor access to relevant support when needed and a lack of key relationship skills more generally.

The young Pakistanis' experiences highlight the need to think about sexual health, wellbeing and concepts of risk in broad terms and within the definition of positive sexual health articulated in Chapter 1. For example, as discussed, the young Pakistanis also experienced complex issues in relation to risks surrounding stigma, reputation and honour (*izzat*), and corresponding issues of access to support. However, the young people's narratives indicate that there are also protective mechanisms in place: values and behaviours that potentially preserve the sexual wellbeing and health of the young Pakistanis.

Five key themes emerged from the data in relation to the above protective and risk issues and the young people's relationship and sexual health needs: 1) the potential role of religious and cultural values in constraining behaviour; 2) the role of secrecy in hindering support networks (discussed in previous section); 3) unequal relationship dynamics and issues of mutuality and consensuality; 4) inconsistent or non-use of condoms; and 5) access to learning and skill development in relation to sexual health. I discuss these issues further below.

There are sometimes protective sexual health mechanisms in place, such as values and behaviours that potentially constrain sexual behaviour or preserve the sexual wellbeing and health of young people. For young Pakistani women in this study, one potentially protective mechanism is the cultural and religious value placed on virginity at marriage. As discussed above, the young women's reasons for abstaining from sex until marriage is linked directly to their perception that premarital sex is prohibited by their faith and many young women place considerable personal emphasis on virginity as part of being a good Muslim.

However, as mentioned, the young women's reasons for abstaining from sex were also about the importance of reputation and honour. Although they used notions of 'purity' to legitimise their relationships, the young women also expressed concerns about the need to maintain a reputation of purity and the likely negative reactions of future husbands, their parents and their peers should a loss of virginity be discovered. They are concerned that a future husband will reject them if they are non-virginal, but they are also concerned about disappointing him (by him not being her first sexual partner). There is a fear of the reaction of future in-laws should they discover their daughter-in-law's loss of virginity and the dishonour and shame this may bring to her own family. Yet there is also a genuine desire among the young people not to disappoint or break the trust of their parents by being 'impure'. Finally there is a concern about losing their reputation among their peers and of losing their future 'marriageability' status.

The value placed on virginity is reflected in the plurality of ways in which young Pakistani women strive to maintain their virginal reputation. On an overt level this can be seen in the way some young women strive to maintain a pure and modest image through the way they dress. The young women talked about the importance of modesty and the perception others had of young women who wore revealing clothes versus the perception they had of a young woman wearing modest or more Islamic attire. For example as one young woman described, her adoption of modest clothing and a head scarf had prompted people to approach her to ask about her about her potential marriageability status for their male relatives. This young woman described her new image as being in line with 'wife material'; confirming the young men's descriptions of the types of virginal and modest girls whom they would like to one day marry which they called 'wifey girls'. As described above, the young women also strive to maintain a reputation of purity among their peers by emphasising intentions (such as intending to marry a partner) in line with cultural and religious expectations. Finally they strive to maintain their reputation by ensuring their potentially 'dishonourable' activities are hidden and conducted in secret. In this way they maintain a public and overt, modest and pure reputation. As the workers described, they always strive for a 'portrayal of innocence' in order to protect their reputations. On a more subtle and private level the young women place considerable personal emphasis on virginity as part of being a good Muslim. They also describe their virginity as something personal and sacred and as

something which is theirs; perhaps an element of their life that they personally have control over.

The seemingly ‘protective’ sexual health effect of the religious value placed on virginity is therefore very complex. On the one hand, for some young Pakistanis it can be viewed in positive terms – it may help them with decisions around partner choices and the timing of their sexual debut and as a consequence it may potentially be protective in terms of exposure to STIs and unwanted pregnancy.

However, at the same time, and for other young Pakistanis, it may cause a strong tension between their ability to enjoy fulfilling relationships and cultural and religious expectation. In sexual health terms this tension potentially has implications in relation to the emotional wellbeing of the young people. It also highlights the importance of a holistic approach to sexual health that I articulated in Chapter 1. Sexual wellbeing is not just about the absence of infection but also about autonomous and pleasurable aspects of relationships and sexual health, for example the rights of individuals to decide whether to be sexually active or not and their rights to pursue a safe, satisfying and pleasurable sexual life if they want to. There is also a strong gender dimension to the issue of virginity and premarital sex – Pakistani men are considerably less likely to be punished for behaving outside of the norms of their community. The consequences, both physically and emotionally, for young Pakistani women are far greater.

The importance and value placed on female virginity at marriage was also a concern among community workers who suggested that it leads some young women to engage in other forms of sexual contact such as anal sex and shallow vaginal penetration (not considered sexual intercourse per se by some young people) in order to preserve their virginity, which carries with it obvious risk if this sexual contact is unprotected. Another key issue is the misconception that young women always bleed on first intercourse and that this is a visible sign of their virginity. The risks for some young Pakistani women should they not bleed when they first have sex with their husband were described as dishonour, being ostracised and divorce. The young women I interviewed had real concerns about this and some of the young men had the same misconception.

The protective sexual health effect that cultural and religious values may have therefore requires careful consideration. It is clearly not a straight forward mechanism and will be experienced differently by young Pakistanis.

The sexual health risks for young Pakistani women were also about the actual dynamics of their premarital relationships: wide age differences (with partners being older), different levels of experience (the men having more relationship and sexual experience), expectations and pressure of sexual intercourse, and issues of poor mutuality and equality are some of the factors making some Pakistani women more vulnerable to poor sexual health outcomes. Combined with a relationship naivety and a lack of necessary skills to assert or negotiate their needs, these relationship dynamics and differentials place some young Pakistani women at risk in terms of both physical and emotional well-being. The workers also had real concerns around non-consensual sex among the young Pakistani women they worked with and described young women as frequently under sexual pressure. Two of the young women I interviewed had experienced sexual abuse and their experiences highlighted the complex circumstances and vulnerabilities (such as dysfunctional family context, mental health issues, neglectful parents) through which a young Pakistani women may become vulnerable to abuse.

The sexual health and risk issues are different for young Pakistani men compared to young women. The workers had concerns about poor condom use and attributed inconsistent or non-use of condoms to access issues and to a lack of basic knowledge of their function and use. The young men's accounts confirmed these concerns and they described the following as reasons for non-use: lack of easy availability, fear of carrying one in case family members find it, high cost, not thinking about the consequences and getting caught in the flow of the moment. Non-use was also common among some young men who perceived their partners to be virgins and therefore 'clean' in terms of sexually transmitted infections. The young men described both planned and unplanned sexual intercourse. The reasons for unplanned sex included temptation and getting carried away, the influence of drugs and being high, peer and self-imposed pressure to conform, and being young and hormonal. Interestingly the young men who described these reasons for unplanned sex also described wishing they had delayed their sexual debut and waited for a special relationship. This highlights the health promotion mileage in addressing the issues around unplanned sex for young Pakistani men and the need for sexual health initiatives to take these into consideration.

It is clear from the young people's accounts that they lack particular relationship and sexual health skills. Chapter 8 highlighted that in addition to this lack of skills they also have relatively poor knowledge of sexual health issues. Sex and relationships education (SRE) in school was the most common source of sexual health information for the young Pakistanis I interviewed. However, the young people and the workers described it as inadequate and non-standardised. None of the young people had received information from their parents. From the qualitative data and the literature reviews in Chapters 2 and 3, a number of potential reasons for young Pakistanis not discussing sexual matters with their parents can be synthesised.

Issues of a sexual matter are generally taboo and inappropriate for discussion and premarital relationships are forbidden within Pakistani cultural norms. Maintaining and preserving reputation and honour are central to Pakistani life and the very intimate nature of sexual health matters, particularly if discussed outside of the context of marriage, would be considered dishonourable and as potentially damaging to reputation and status. This makes it very difficult for young Pakistanis to broach any subject around relationships and sexual behaviour with their parents.

It is also evident that few parents or older Pakistanis have had the opportunity to discuss reproductive and sexual health issues, and lack the knowledge and skills to discuss these with their children should they wish to. Furthermore, as the workers highlighted, in the wider Pakistani community sexual health issues receive little or no validation from those in influential positions such as religious leaders and imams. Although the young people and workers articulated that they were hopeful in the long-term that one day a sexual health dialogue would be sustained within the Pakistani community, in the short-term given that information from parents is limited or non-existent it becomes all the more important for young Pakistanis to receive relationships and sexual health information elsewhere, such as in school, college or other youth facilities. The role these services have in providing sexual health promotion for young Pakistanis is discussed in more detail in the next chapter.

In this chapter I have shown how different social and cultural factors may shape the relationship and sexual behaviour of young Pakistani men and women and their access to relevant support and information. It highlights the agency with which young Pakistanis negotiate their different identities in order to circumvent their parents' social

and cultural restrictions that aim to prevent them from having premarital relationships, whilst at the same time maintaining their honourable and modest reputation among their peers and wider community. However, it also shows how this new level of relationship and sexual agency is putting some young Pakistanis at sexual health risk. In the final chapter, Chapter 10, I highlight the implications of these key findings in terms of the provision of sexual health promotion and future research.

Chapter 10 Discussion

This thesis has explored the development of premarital relationships, experiences of sexual intercourse and sexual health promotion needs among Pakistani youth in an ethnically diverse part of London. I set out to determine whether there is unmet sexual health need among this population group. Compared with previous generations and perhaps contrary to some professional and community opinion, premarital relationships and sexual activity are becoming more commonplace among Pakistani youth. Along with this change it is clear that some Pakistani youth are increasingly at sexual health risk in terms of unwanted pregnancy and potential acquisition of STIs. However premarital relationships do not only pose risks for young Pakistanis in terms of these more obvious factors, but also more complex yet subtle risks in relation to stigma and damage to reputation and family cohesion. Some young Pakistanis are also at risk of poor emotional and psychological well-being within their relationships. This shapes how they conduct their relationships and has implications for sexual health promotion and support.

In this chapter I highlight the implications of the key findings articulated in the previous chapter in terms of sexual health promotion provision and future research. I begin with a discussion of the study's strengths and limitations.

10.1 Strengths and limitations of study

To date this is the first in-depth study to explore the sexual behaviours and needs of British Pakistani youth situated in a nuanced exploration of their social and cultural life contexts. It provides an understanding of some of the individual, social and structural issues or 'upstream' factors that may influence relationships and sexual behaviour among these young people. The opportunity to sample key community workers alongside the young people enabled the exploration of particular sexual health promotion needs and ways to move forward in this area. This also allowed the young people's accounts to be compared and to some extent validated. Their combined narratives provide a rich and detailed account. It was reassuring the extent to which the young people's experiences often mirrored the accounts and perceptions provided by

the community workers. This may reflect how well the workers engage with the young people they work with. It also provides some reassurance that the workers' perceptions are not based on stereotypical notions or on personal attitudes as individuals of South Asian heritage who share cultural similarities with Pakistanis, and who may, therefore, inadvertently present their perspectives as those of the young people. However the similarities in the accounts also reflect the greater understanding that the community workers have of some of the issues faced by young people because they *do* share some of the same cultural values.

There are, of course, several limitations. One of the challenges of this study was recruiting younger Pakistani women (16-17 years old) and slightly older young men (aged 19 years and over). The experiences of these younger women are therefore missing from this study. As detailed in Chapter 4, I recruited the older contingent of young men (those in their twenties) via community workers who introduced these individuals to me. This selection process is therefore subject to a degree of bias. For example, why did the key workers select these particular young men to introduce to me and why did they agree to participate? Did the contact with the community workers affect participation and the content of interviews, for example by making the young men censor some aspects of their lives because they might be concerned about my contact with the community workers and breaches of confidentiality? I was very aware of these issues during interviews with the young men and issues of social desirability bias. As detailed in Chapter 4, I therefore gave considerable emphasis to reassuring them and the other young people in the study of the confidentiality of the interview process and data collected. These young men did however provide rich and detailed accounts and I do not feel their relationship with the key workers adversely influenced their interview or the data produced.

In Chapter 4 I described the limitations inherent to conducting single, one-off in-depth interviews and the issues of obtaining private versus a public accounts. For logistical reasons it was not feasible to conduct multiple interviews with each respondent. To maximise authentic accounts and to minimise potential sources of bias I ensured the interviews were conducted appropriately and with rigour. I was reflexive about the research context and my role as a researcher. Although there will inevitably always be some level of ambiguity surrounding the public versus private nature of accounts in qualitative research, I feel that the single one-off interviews I conducted in this instance

still provided rich data on the young people's experiences and the meanings they attributed to them and their social world.

For logistical and practical reasons the research also took place in a single locality, in a single city, with a single population. To what extent are these findings therefore generalisable both to other Pakistanis in London and to those living in other parts of the UK? I suggest that some of the key findings of this thesis are to some extent generalisable. The young people themselves were fairly diverse in their experiences, yet similar and consistent themes emerged in each interview. Moreover, the high level of agreement between the community worker perspectives and those of the young people suggest that some experiences may be generalisable to young Pakistanis in the population from which the study sample was selected (i.e. Newham) and potentially to other parts of London that are similar to Newham socially and demographically.

Many of the sexual health findings and some of the cultural and social ones also confirm existing research that has taken place with South Asians in other settings suggesting some (though limited) generalisability outside of the study context. However, I am very aware that the experiences and identity formations of the young people I interviewed in Newham may differ to those living elsewhere, even in neighbouring London boroughs, and are dependent on issues such as local demography, community formation, composition and density, cultural norms, religious presence and the experiences of youth at that point in time. For example, my sample captures a particular socio-economic demographic living in a fairly deprived part of London. As Chapter 2 highlights there is always a need for caution in assuming behaviour and attitudes based simply on ethnicity and on particular faith and cultural norms and of generalising within groups without due consideration of wider social and structural factors, including issues of wealth and class. Nonetheless the strength of this research is that it situates the young Pakistanis' relationships and sexual experiences within an account of their social and cultural life context, research that hitherto had not been carried out. As such this study provides a foundation for future sexual health research among British Pakistanis and is a resource for practitioners involved in the development of services and sexual health promotion for Pakistani youth.

10.2 Addressing young Pakistanis' sexual health needs: implications for sexual health promotion and services

As detailed in the previous chapter, the key issue for the young Pakistanis in this research was their need to conduct the greater part of their social life, including their relationships, in secret. Stemming from the need to maintain both individual and family reputation and honour, the main consequence of this secrecy is that it affects their access to support when needed. Fear of family and community disapproval (and corresponding consequences) and damage to both individual and family reputation overrides the need to seek relevant support.

Young Pakistanis, and particularly young women, therefore need discreet, easy and supportive avenues for seeking help. Services need to be aware of the complex issues and decisions they face and have a real understanding of, and not just a tokenistic approach to, issues such as the importance of family honour, reputation and familial expectation and the way in which these influence their behaviour. This need was clearly seen in the narratives of the young woman who experienced abuse and who did not receive adequate support and understanding from the services she accessed; the services failed to understand the complexity of the young woman's family context. This finding is echoed in other research which suggests that some minoritised women, such as those from South Asian communities, do not access traditional services because of fear of discrimination or lack of understanding – a fear sometimes grounded in culturally racist clinical and social work practices (Reavey et al. 2006).

Although highly relevant for frontline social services, these findings are also particularly important for clinical services such as general practice and family planning. For example, as the data in Chapter 8 and the review in Chapter 3 show, even though some South Asians, including Pakistanis have a distrust of the confidentiality of general practices, for ease of access and issues of anonymity many have also reported it as their preferred service for sexual health issues. Moreover, GUM clinic studies have found that a high proportion of their South Asian attendees are referred from general practice and family planning suggesting these services are the first port of call for many seeking sexual health support. It is essential that there is collaboration and integration between a broad range of organisations, both health and social, in order to meet the needs of these

young people and to ensure that they obtain the best possible care pathways that are sensitive to their particular needs (Department of Health 2013). As Dhar and colleagues (2010) found, South Asian women in particular were less willing to wait for an appointment if they could not get into a clinic quickly, suggesting they may be particularly vulnerable to incomplete care pathways.

Compounding the young people's access to support, particularly young Pakistani women's, is the finding that they also have relatively poor relationship and sexual health skills. There is a clear need for the development of negotiation, communication and assertiveness skills among Pakistani young women to enable them to better manage their needs within relationships. There is also a clear need for skills that enable young Pakistanis to build support structures around themselves – supportive care pathways are futile if young people feel unable to access them in the first place. Accessing young Pakistani women to promote the development of such skills is complex and potentially hindered by the very discreet and secret nature of their relationships and the complex issues of honour and shame that prevent young women from revealing or admitting to their relationships and sexual activity. This indicates the importance of culturally competent school-based learning and skill development and is discussed further below. There is also a need for community-based relationship and sexual health initiatives that specifically target young Pakistani/South Asian women. The positive experiences of the young Pakistani women who attended such an initiative that focused on issues specific to South Asian communities and that secured parental approval for daughters' attendance are detailed in Chapter 8. There is a need to learn more about what makes these initiatives successful and for mechanisms to promote learning and sharing of good practice between organisations and schools.

In the previous Chapter I highlighted the importance that Pakistanis place on premarital female virginity. However this leads some young people to engage in other forms of sexual contact such as anal sex and shallow vaginal penetration (not considered sexual intercourse per se by some young people) in order to preserve their virginity. This carries with it obvious risk if unprotected. I was unable to confirm whether anal sex occurred among the young people themselves however it was clear many of the young people if not engaging in penetrative sex were engaging in some form of sexual genital contact.

The suggestion that South Asian youth engage in anal sex as a means to preserving virginity is found elsewhere (Testa and Coleman 2006). The misconception that young women always bleed on first intercourse and that this is a visible sign of their virginity also needs to be addressed and re-iterating my discussion of existing literature in Chapter 3, there is a need for an improved understanding of anal sex among these youth and the extent to which it is actually occurring. This is also an important consideration for relevant clinical services in the development of sexual history protocols and training.

The sexual health issues were slightly different for young Pakistani men compared to young women. Consistent with existing research with South Asian youth in the UK and in line with my Natsal-2 analyses showing that approximately two thirds of Pakistani men reported being in non-marital relationships at first sex, the young men in this study were more sexually active than the young women and were more likely to pursue sexual and non-sexual casual relationships with both Pakistanis and non-Pakistanis (Bradby and Williams 1999; French et al. 2005).

Inconsistent or non-use of condoms was a key issue and the young men's accounts of condom non-use resonate with other studies of South Asian youth (Bradby and Williams 1999; French et al 2005). The assessment of sexual partners as sexually 'clean' based on their presumed virginity status echoes a range of qualitative research with young people from around the world, which repeatedly shows that young people subjectively assess the risks from sexual partners on the basis of whether they are 'clean' or 'unclean' (Marston and King 2006). There are obvious risks to condom non-use in terms of both infection and unplanned pregnancy. However the young men who admitted to inconsistent or non-use did not express concern about these risks, perhaps prioritising the experience of sex over any risk. If, as described by the young men, I interviewed casual sexual relationships are becoming more commonplace, and these encounters are unprotected, then there is of course real potential risk of infection spread.

In addition to poor sexual health skills the young people and the young men in particular had relatively poor knowledge of sexual health issues generally. For example, as has been found elsewhere among South Asian youth (Testa and Coleman 2006) few young Pakistani men could even name chlamydia. All respondents desired more specific information on a range of important relationship and sexual health topics including the emotional and psychological aspects of relationships, infections and how

to recognise their symptoms, how to access services and what happens once there, obtaining confidential information and support in a one-to-one manner, and obtaining free condoms. This data confirms existing research which has found poor sexual health knowledge among South Asian youth (French et al. 2005; Sinha et al. 2005; Testa and Coleman 2006) and the desire for more sexual health information (Griffiths et al. 2008). It also confirms my analyses of Natsal-2, which found that a high proportion of Pakistanis felt they had needed more information about sexual issues when they had first had sex.

Of concern is that given the above sexual health needs as well as poor parent-child communication of relationships and sexual health, the young people described school-based information (often the only source of information for many Pakistani youth), as poorly delivered, inappropriate and inadequate. The young people's relatively poor knowledge of sexual issues confirms to an extent the inadequacy of the SRE they had received. The workers also highlighted that SRE is neither universal nor standardised and in many cases fails to take account of the diversity of its student population in terms of cultural heritage and religion. There was also concern that sexual health promotion material rarely uses the faces of South Asian individuals, thus limiting its appeal and relevance for South Asian youth.

Sex and relationships education (SRE) development is an on-going issue in the UK. In 2008 a review of SRE in schools by the former government's independent steering group emphasised the need for SRE to be inclusive. It recognised that existing SRE provision did not always take sufficient account of issues such as sexuality, disability, ethnicity and faith (DCSF 2008). The independent review also recommended that personal, social and health education (PSHE) (within which the teaching of SRE is recommended) be made a statutory subject.

At present there is a complex statutory situation in regard to PSHE. The frameworks and programmes of study (PoS) of PSHE remain non-statutory (i.e. individual schools decide (within the parameters of the framework) what they specifically deliver in relation to PSHE and how they deliver it). However some content has been made statutory. For example, the provision of sex education is now a statutory requirement for state-run secondary schools but what schools include within their sex education

programme remains a matter for local determination. Schools across the UK therefore remain varied in their approach to SRE and levels of inclusivity.

In March 2013 the Department of Health published its Framework for Sexual Health Improvement in England. In relation to young people, this framework emphasises the need to build knowledge and resilience (the ability to ‘enjoy life’, survive challenges, and maintain positive wellbeing and self-esteem) and to prioritise prevention. However the Framework does not suggest the need for a standardised approach to SRE. The findings from this research therefore re-iterate the need for the development of a statutory, universal and standardised programme of SRE, and one which incorporates a variety of teaching methods, recognises the potential for different points of views and levels of experience and which, importantly, is culturally and religiously competent (Blake and Katrak 2002; Newby et al. 2012).

The emphasis on ‘cultural competence’ is crucial for the young men and women in this study. In the same way that social and clinical services need to understand the complexity of family dynamics and issues of honour that prevent some young Pakistanis from accessing relevant support, SRE programmes need to be cognisant of the way these issues shape their relationship and sexual behaviours and they need to be aware of the barriers and facilitators (as described in the previous chapter) to support for these young people and ensure that these are addressed in their teachings and methods used. For example in terms of delivery, the young people consistently described the way in which they were asked to note down any information help lines and service details which were placed onto classroom boards. For young people for whom reputation, modesty and displays of innocence are essential, this public method of providing support and information simply is not going to work. In the same way, the public provision of condoms within the class room, where taking one implies sexual activity, is misguided for these young people.

Non-school based sex and relationships education was also perceived as important and the young people and workers discussed the relative merits of youth groups and services in providing sexual health promotion. The location of youth service sexual health promotion may however need to be carefully considered based on the young men’s accounts of the race, gang and territory issues in Newham and how some youth groups are restricted for South Asian young men (for fear of gang rivalry) even if they live in

proximity to them. A number of important youth worker training needs, quality issues and delivery factors were also highlighted. The workers and young people highlighted concerns about adequate sexual health training for youth workers and it was felt that sexual health should be made a compulsory component of youth worker training and qualification. Moreover, youth engagement was perceived as crucial for the success of any sexual health initiative. Key aspects of successful projects included: 1) a strong focus and purpose; 2) young people should be involved in the decision making processes and in evaluation in order to foster ownership; 3) involvement, acknowledgement and appraisal enhances motivation and ensures sustainability; 4) change needs to be seen within the lifespan of the young person's contribution; and 5) projects need to use a range of different mediums to take account of the different ways in which young people learn. Finally, both the community workers and young people emphasised the need for sexual health sessions to be a part on of ongoing recreational activities within youth services, rather than as standalone initiatives, thus increasing their appeal to young people.

Young Pakistani men and women socialise in small single-sex friendship groups primarily consisting of friends of the same ethnic background. Trust is a common theme and many of the young people, particularly young women, described being economical with the truth about their relationships and other activities with their friends. This has implications in terms of the types of group sexual health promotion activities that may work best for these young people and particularly the young women for whom reputation is crucial. Careful consideration may need to be given to group compositions and how health promotion information is imparted and delivered and may need to be tailored to local need.

In contrast to the young women, the young men's narratives revealed a high level of respect and tolerance for friends' individual decisions regarding behaviours such as drug taking, drinking, relationships/sex and religious practice even if these contrasted with their own behaviours and values. This perhaps indicates that group-based sexual health promotion among friendship groups may work well for young men in non-school settings. Furthermore, the young men frequently identified a group leader or dominant group individual to whom the rest of the friendship group turned to. Identifying and engaging with these key individuals for peer education activities may have some sexual health promotion mileage.

However there is a lack of convincing evidence that peer-led approaches are effective and that they improve sexual health outcomes (Kim and Free 2008; Medley et al. 2009; Tolli 2012). Reviews of peer-led interventions demonstrate varied success: some improve sexual health knowledge yet others show no effect on the incidence of STIs (Kim and Free 2008; Medley et al. 2009). Commentators suggest the need for more work to determine the factors that may contribute to program success, and that an intervention peer education should not yet be ruled out (Kim and Free 2008; Tolli 2012). Such work has taken already place among other Muslim ethnic minority youth in the UK (Voluntary Action Camden (VAC) 2010) and many lessons have been learned from approaches in developing countries (Family Health International (FHI) 2010). Future approaches among Pakistani youth should build upon examples that have shown success in terms of improved sexual health knowledge, and should be rigorously evaluated in order to contribute to the evidence base.

Sexual health promotion needs to be considered within the wider context of the Pakistani community. There is an emphasis in SRE policy on the need to engage with and involve parents in sex and relationships education (DCSF 2008). However, as detailed in the previous chapter, there are a number of barriers to overcome. First, the discussion of sexual health issues, particularly out of the context of marriage, is generally considered dishonourable and as damaging to reputation and status. Second, few parents or older Pakistanis have had the opportunity within their own lives to discuss reproductive and sexual health issues and therefore lack the skills and knowledge to address sexual issues for their children should they even wish to. This echoes the experiences and sentiments of Bangladeshi parents (Griffiths et al. 2008). Thirdly, sexual health receives little or no validation from those in influential positions within the Pakistani community such as religious leaders and imams. Older imams were described as having considerable influence in some of the local mosques but a lack of understanding of the issues faced by young British Muslims. However, some younger religious scholars and imams were thought to be tolerant of sexual health initiatives and willing to engage in a dialogue.

Some solutions were put forward. Workers suggested the need to engage with Muslim women involved in religious groups or meetings. This was perceived as potentially easier and more effective than engaging directly with the male leaders within mosques. Ways in which to work with faith communities and leaders around sexual health issues

is gaining ground and many lessons can be learned from the HIV literature (Fakoya 2009; Kagimu et al 2007). The workers also highlighted the need to promote data and relevant statistics within the Pakistani community in order to make parents aware of youth issues including relationships and sexual behaviour. However, information alone is not enough. Parents were described as needing emotional and communication skills to cope with relationship and sexual health issues among their children and the need for culturally competent parental forums providing support and training for parents was emphasised (Blake and Katrak 2002).

There are important issues to be considered when working with South Asian communities around sexual health and it is worth reiterating the key issues that the workers highlighted in this study. First, there is a need to recognise the heterogeneity of the South Asian community and even the diversity within individual ethnic groups. Second, trust is crucial for the success of any initiative and its sustainability and should begin with the appropriate dissemination of information and use of language. Third, there is a need for a respectful approach even when particular values are at odds with what is considered the norm. Finally, there is a need to balance the requirements of young people with the expectations of their parents in order to avoid and minimise conflict between them.

There are clearly differences and disadvantages that made some of the young women in this study more vulnerable to risk in individual, social and cultural terms. They are more vulnerable in terms of the actual dynamics of their relationships (unequal status), the potential consequences should their family discover their relationship (loss of reputation and honour) and the implications if things go wrong (no support structure). Some of the key social and cultural forces and expectations that shape this vulnerability are not however exclusive to Pakistani young people. For example, an international review of factors which shape young people's sexual behaviour found that women's sexual freedom is universally restricted compared to men's, although the exact nature of what is deemed inappropriate and the penalties for transgression vary both within and between societies (Marston and King 2006). Women's virginity at marriage is more highly valued than men's and women are universally expected to be chaste until marriage. Men on the other hand are often expected to be sexually active (or it is accepted that they are), marking the transition from boyhood to manhood. Reputation

and social displays of sexual activity or inactivity therefore become highly important (Marston and King 2006).

These key issues were continually highlighted by the young people and workers in this study and will ultimately continue to influence young Pakistanis' sexual attitudes, experiences and access to support, as well as the way in which appropriate services respond to their needs.

10.3 Concluding remarks: what and where next?

The research in this thesis fills an important research gap and contributes to the evidence base on the sexual behaviour of Pakistanis and South Asians in the UK. The findings provide a foundation for the development of further sexual health research among British Pakistani youth, and are a resource for those wishing to develop sexual health promotion with these young people. Although this work suggests that young Pakistanis are becoming more sexually active compared to previous generations and some are at sexual health risk, there is a real need to determine the extent to which this is the case among British Pakistanis across the UK. The third national survey of sexual attitudes and lifestyles (Natsal-3) which began in 2010 did not this time over-sample ethnic minorities. Natsal-2, which was conducted in 2000, therefore remains the most reliable source of sexual behavioural and attitudinal data available for Pakistanis and Indians in Britain. This is now a decade old, and without data from Natsal-3 we are unable to explore changes that may have occurred over this time. I suggest there is a need for a comprehensive survey of sexual attitudes and behaviours among South Asians in the UK with sufficient power to enable comparison with Natsal-2 data, but also to detect differences both within and between the individual South Asian ethnic groups. The findings from this thesis could serve to inform the development of such a survey. Set against other public health priorities, I suspect that in the current economic climate the funding of such work may be difficult to obtain. I would argue that prevention is better than cure and there is a need to not only determine sexual health risk among this population group but to also learn more about the factors that may be protective in terms of sexual risk and how these may be used in sexual health promotion.

I suggested above that some of the key findings from this work may be generalisable to other young Pakistanis. There is nevertheless a need for further qualitative work to establish whether the themes derived from this study hold true for others living in different social and demographic environments. It would be useful to take the findings back to different groups of young people for validation; an exercise I was unable to carry out within this thesis. For example, although my analyses show that the young women in this study perhaps experienced gender disadvantage on a number of levels, this does not necessarily mean that all Pakistani women have difficult relationship issues or are subject to strong familial expectations around honour issues and reputation. Further work would also perhaps benefit from more detailed questions. For example, how do young Pakistani men who delay early sexual activity differ from those who are sexually active? What characterises young women in ‘positive’, ‘healthy’ relationships and who are able to access support? What can we learn from this and apply to sexual health promotion more generally? In other words, to reiterate the above, in addition to identifying sexual health need, what more can we learn that is ‘protective’ in terms of sexual health risk among this population?

In the absence of resources and time for detailed ethnographic work and to avoid unnecessary duplication, future community-based research may need to take the form of rapid assessments (Power 2000; Stimson et al 2003) using these findings as a guide. Marston and King (2006) for example suggest that the seven key themes² they derived from their important review of factors that influence young people’s sexual behaviour provide a useful evidence-based checklist of social influences that can be a starting point for local needs assessments and programme development. This checklist, combined with the recent Department of Health (2013) ‘Framework for Sexual Health Improvement in England’ (designed to be used by local organisations to provide local sexual health provision), and the research in this thesis would enable the development of local sexual health profiles for Pakistanis and other populations and would be a step closer to applying in practice what we already know – as Whelan (2010) states “while

² The seven themes are: 1. Young people subjectively assess the risks from sexual partners on the basis of whether they are “clean or “unclean”; 2. Sexual partners have an important influence on behaviour in general; 3. Condoms can be stigmatising and associated with a lack of trust; 4. Gender stereotypes are crucial in determining social expectations and behaviour; 5. There are penalties and rewards for sex from wider society; 6. Reputations and social displays if sexual activity or inactivity are important; 7. Social expectations hamper communication about sex.

there is a need for new research and approaches, there is also an imperative to apply and implement existing knowledge” (Atkin et al. 2010 p. 118).

This thesis has shown that alongside changes in sexual behaviour there are other, perhaps larger, socio-cultural changes occurring among second and third generation Pakistani youth. These young people are experiencing these various influences (both positive and negative) and products of ‘cultural hybridity’, and are finding new ways to embrace their Islamic heritage. However, at a time when media and political focus includes not only the ‘terrorist’ ‘fundamentalist’ image but also the ‘Asian’ sex gang predator, honour-based violence and issues around forced marriages, young British Pakistanis find themselves in an increasingly complex diasporic space - an environment where their ethnic, cultural and religious identity is heavily politicised and constantly debated.

As researchers we need to remain objective and ensure our work avoids the perpetuation of inaccurate stereotypes. For those of us exploring sexual health we need to be mindful that sexual health is just one part of, and intrinsically linked to, a much wider and complex array of issues that young British Pakistanis experience at an individual, group and structural level. In Chapter 1, I outlined the WHO’s (2006) definition of positive sexual health and wellbeing and articulated broader concepts of risk that go beyond STI acquisition and pregnancy. The experiences of the young Pakistanis included in this study show the value of supporting that definition and the need, as researchers and practitioners, to continue to encompass broad conceptualisations and understandings of sexual risk and wellbeing.

Bibliography

Adamson, J. & Donovan, J.L. 2002. Research in black and white. *Qualitative Health Research*, 12, (6) 816-825.

Ahmad, F. 2006, "The scandal of 'arranged marriages' and the pathologisation of BrAsian families," *In A Postcolonial People, South Asians in Britain*, N. Ali, V. S. Kalra, & S. Sayyid, eds., London: Hurst and Company, pp. 272-288.

Ahmad, F. & Modood, T. 2008, *Muslims in Bristol and Britain, FAQs, Myths and the Facts*, University of Bristol & Bristol City Council, Bristol.

Ahmed, B., Reavey, P., & Majumdar, A. 2009. Constructions of 'Culture' in Accounts of South Asian Women Survivors of Sexual Violence. *Feminism & Psychology*, 19, (1) 7-28.

Alam, M. Y. & Husband, C. 2006, *British-Pakistani men from Bradford: Linking narratives to policy*, Joseph Rowntree Foundation, York.

Alexander, C. 2004. Imagining the Asian gang: ethnicity, masculinity and youth after 'the riots'. *Critical Social Policy*, 24, (4) 526-549.

Alexander, C. 2006, "Imagining the Politics of BrAsian Youth," *In A Postcolonial People, South Asians in Britain*, N. Ali, V. S. Kalra, & S. Sayyid, eds., London: Hurst and Company, pp. 258-271.

Anthias, F. 1998. Evaluating 'diaspora': Beyond ethnicity? *Sociology-the Journal of the British Sociological Association*, 32, (3) 557-580.

Anthias, F. 2001. New hybridities, old concepts: the limits of 'culture'. *Ethnic and Racial Studies*, 24, (4) 619-641.

Anwar, M. 1979. *The Myth of Return: Pakistanis in Britain*. London, Heinemann.

Archer, L. 2001. 'Muslim brothers, black lads, traditional Asians': British Muslim young men's constructions of race, religion and masculinity. *Feminism & Psychology*, 11, (1) 79-105.

Atkin, K., Bradby, H., Harding, S., Gerrish, K., Nazroo, J., & Whelan, A.K. 2010. Editorial. *Ethnicity & Health*, 15, (2) 113-120.

Back, L. 1996. *New Ethnicities and Urban Culture* London, UCL Press.

Bakhtin, M. 1981. *The Dialogic Imagination, trans.* Austin, Texas, University of Texas Press.

Ballard, R. 1994. *Desh Pradesh: The South Asian Presence in Britain* London, Hurst and Company.

- Baraitser, P. 1999. Family planning and sexual health: understanding the needs of South Asian women in Glasgow. *Journal of Ethnic and Migration Studies*, 25, 133-149.
- Basit, T.N. 1997. 'I Want More Freedom, but Not Too Much': British Muslim girls and the dynamics of family values. *Gender and Education*, 9, (4) 425-440.
- Beck, A., Majumdar, A., Estcourt, C., & Petrak, J. 2005. "We don't really have cause to discuss these things, they don't affect us": a collaborative model for developing culturally appropriate sexual health services with the Bangladeshi community of Tower Hamlets. *Sexually Transmitted Infections*, 81, (2) 158-162.
- Berthoud, R. 2001. Teenage births to ethnic minority women. *Population Trends*, 104, 12-17.
- Bell, S.A. 2012. Young people and sexual agency in rural Uganda. *Culture Health & Sexuality*, 14, (3) 283-296.
- Bhabha, H. 1990. *Nation and Narration* London, Routledge.
- Bhabha, H. 1994. *The Location of Culture* London, Routledge.
- Bhopal, K. 1997. *Gender, Race and Patriarchy: A Study of South Asian Women* London, Ashgate.
- Blake, S. & Katrak, Z. 2002. *Faith, Values and Sex and Relationships Education* London, National Children's Bureau.
- Bolognani, M. & Mellor, J. 2012. British Pakistani women's use of the 'religion versus culture' contrast: A critical analysis. *Culture and Religion: An Interdisciplinary Journal*, 13, (2) 211-226.
- Bradby, H. & Williams, R. 1999. Behaviours and expectations in relation to sexual intercourse among 18-20 year old Asians and non-Asians. *Sexually Transmitted Infections*, 75, (3) 162-167.
- Bradby, H. 2006, "Understanding honour and religion as resource and constraint for young British Asians," *In Theorising Religion, Classical and Contemporary Debates*, J. A. Beckford & J. Walliss, eds., Avebury: Ashgate, pp. 132-148.
- Bradby, H. 2007. Watch out for the Aunties! Young British Asians' accounts of identity and substance use. *Sociology of Health & Illness*, 29, (5) 656-672.
- Brah, A. 1996. *Cartographies of Diaspora* London, Routledge.
- Brah, A. 2006, "The 'Asian' in Britain," *In A Postcolonial People, South Asians in Britain*, N. Ali, V. S. Kalra, & S. Sayyid, eds., London: Hurst and Company, pp. 35-61.
- Brightman, J. 2003, 'Mapping methods for qualitative data structuring (QDS)', *In Strategies in Qualitative Research: Methodological issues and practices using QSR NVivo and NUD*IST conference*. Institute of Education, London, 8-9 May 2003. Banxia Software Ltd. Available from: www.banxia.com/pdf/de/Map_for_qual_data_struct.pdf. [Last accessed: 21.04.2013].

Campbell, C. & McLean, C. 2003. Social capital, local community participation and the construction of Pakistani identities in England: Implications for health inequalities policies. *Journal of Health Psychology*, 8, (2) 247-262.

Chattoo, S., Atkin, K., & McNeish, D. 2004, *Young People of Pakistani Origin and their Families: implications for providing support to young people and their families*, Centre for Research in Primary Care, University Leeds in collaboration with Barnardo's.

Cliffe, S., Mortimer, J., McGarrigle, C., Boisson, E., Parry, J.V., Turner, A., Mithal, J., Goldberg, D., & Nicoll, A. 1999. Surveillance for the impact in the UK of HIV epidemics in South Asia. *Ethnicity & Health*, 4, (1-2) 5-18.

Clifford, J. 1994. Diasporas. *Cultural Anthropology*, 9, (30) 302-338.

Cohen, R. 1997. *Global Diasporas: An Introduction* London, UCL Press.

Coleman, L.M. & Testa, A. 2008. Sexual health knowledge, attitudes and behaviours: variations among a religiously diverse sample of young people in London, UK. *Ethnicity & Health*, 13, (1) 55-72.

Collumbien, M., Datta, J., Davis, B., & Wellings, K. 2012, "Structural influences on sexual health," K. Wellings, K. Mitchell, & M. Collumbien, eds., Maidenhead, England: Open University Press, pp. 114-124.

Collumbien, M. & Macdowall, W. 2012, "Promotion of sexual health," *In Sexual Health: A Public Health Perspective*, K. Wellings, K. Mitchell, & M. Collumbien, eds., Maidenhead, England: Open University Press, pp. 139-147.

Connor, H. C., Tyers, C., Modood, T., & Hillage, J. 2004, *Why the Difference? A Closer Look at Higher Education Minority Ethnic Students and Graduates.*, Department for Education and Skills, London, Research Report 532.

Cowburn, M., Gill, A.K., & Harrison, K. 2014. Speaking about sexual abuse in British South Asian communities: offenders, victims and the challenges of shame and reintegration. *Journal of Sexual Aggression: An international, interdisciplinary forum for research, theory and practice*, DOI 10.1080/13552600.2014.929188.

Cressey, G.R. 2002. Followers of Tradition, Products of Hybridity, or Bearers of Change? British Pakistani and Kashmiri young people. *Sociale Wetenschappen (Social Sciences)*, 45, (2) 44-60.

Department for Children Schools and Families (DCSF). 2007, *Teenage Parents Next Steps: Guidance for Local Authorities and Primary Care Trusts*, DCSF, London.

Department for Children Schools and Families (DCSF). 2008, *Review of Sex and Relationship Education (SRE) in schools: A report by the External Steering Group*, DCSF, London.

Department of Health. 2012, *Abortion Statistics for England and Wales: 2011*, Department of Health, London, Crown Copyright.

Department of Health 2013, *A Framework for Sexual Health Improvement in England*, Department of Health, London.

Dhar, J., Griffiths, C.A., Cassell, J.A., Sutcliffe, L., Brook, G.M., & Mercer, C.H. 2010. How and why do South Asians attend GUM clinics? Evidence from contrasting GUM clinics across England. *Sexually Transmitted Infections*, 86, (5) 366-370.

Doerner, R., McKeown, E., Nelson, S., Anderson, J., Low, N., & Elford, J. 2012. Sexual Mixing and HIV Risk Among Ethnic Minority MSM in Britain. *Aids and Behavior*, 16, (7) 2033-2041.

Dougan, S., Elford, J., Rice, B., Brown, A.E., Sinka, K., Evans, B.G., Gill, O.N., & Fenton, K.A. 2005. Epidemiology of HIV among black and minority ethnic men who have sex with men in England and Wales. *Sexually Transmitted Infections*, 81, (4) 345-350.

Dwyer, C. 1999. Veiled Meanings: young British Muslim women and the negotiation of difference. *Gender, Place & Culture*, 6, (1) 5-26.

Dwyer, C. 2000. Negotiating Diasporic Identities: Young British South Asian Muslim Women. *Women's Studies International Forum*, 23, (4) 475-486.

Dwyer, R. 2006, "Planet Bollywood," *In A Postcolonial People: South Asians in Britain*, N. Ali, V. S. Kalra, & S. Sayyid, eds., London: Hurst & Company, pp. 362-370.

Edwards, W. & Coleman, E. 2004. Defining Sexual Health: A Descriptive Overview. *Archives of Sexual Behavior*, 33, (3) 189-195.

Elam, G., Fenton, K. A., Johnson, A., Nazroo, J., & Ritchie, J. 1999, *Exploring Ethnicity and Sexual Health*, Social Community Planning Research (SCPR), London.

Elam, G. & Fenton, K.A. 2003. Researching sensitive issues and ethnicity: Lessons from sexual health. *Ethnicity & Health*, 8, (1) 15-27.

Elford, J., Doerner, R., McKeown, E., Nelson, S., Anderson, J., & Low, N. 2012. HIV Infection Among Ethnic Minority and Migrant Men Who Have Sex With Men in Britain. *Sexually Transmitted Diseases*, 39, (9) 678-686.

Erens, B., McManus, S., Field, J., Korovessis, C., Johnson, A., Fenton, K., & Wellings, K. 2001, *National Survey of Sexual Attitudes and Lifestyles II: Technical Report*, National Centre for Social Research, London.

Eskild, A., Nesheim, B.I., Busund, B., Vatten, L., & Vangen, S. 2007. Childbearing or induced abortion: the impact of education and ethnic background. Population study of Norwegian and Pakistani women in Oslo, Norway. *Acta Obstetrica et Gynecologica Scandinavica*, 86, (3) 298-303.

Fakoya, I. 2009, *Faith and HIV in Action - A Training Workshop for Christian Faith Communities. Evaluation Report*, UCL Centre for Sexual Health & HIV Research, London.

Family Health International (FHI) 2010, *Evidence-Based Guidelines for Youth Peer Education*, FHI, USA.

Fenton, K.A., Mercer, C.H., McManus, S., Erens, B., Wellings, K., Macdowall, W., Byron, C.L., Copas, A.J., Nanchahal, K., Field, J., & Johnson, A.M. 2005. Ethnic variations in sexual behaviour in Great Britain and risk of sexually transmitted infections: a probability survey. *Lancet*, 365, (9466) 1246-1255.

Frances, G. 2010, *Teenage Pregnancy Independent Advisory Group: Final Report*, Teenage Pregnancy Unit, Department for Education, London.

French, R. S., Joyce, L., Fenton, K., Kingori, P., Griffiths, C., Stone, V., Patel-Kanwal, H., Power, R., & Stephenson, J. 2005, *Exploring the Attitudes and Behaviours of Bangladeshi, Indian and Jamaican Young People in Relation to Reproductive and Sexual Health*, Department for Education, Teenage Pregnancy Unit, London.

Garg, M. 1998. Uptake of family planning services among an ethnically mixed population in a general practice setting. *British Journal of Family Planning*, 24, (2) 82-83.

Gilroy, P. 1993. *The Black Atlantic* London, Verso.

Gilroy, P. 2000. *Against race: Imagining Political Culture Beyond the Colour Line* Boston, Harvard University Press.

Gohir, S. M. 2013, *Unheard Voices: The Sexual Exploitation of Asian Girls and Young Women*, Muslim Women's Network UK.

Greater London Authority. 2005, *2001 Census Profiles: Pakistanis in London, DMAG Briefing 2005/4*, Greater London Authority, London.

Green, J. & Thorogood, N. 2014. *Qualitative Methods for Health Research*, Third ed. London, Sage Publications.

Griffiths, C., French, R.S., Patel-Kanwal, H., & Rait, G. 2008a. 'Always between two cultures': young British Bangladeshis and their mothers' views on sex and relationships. *Culture Health & Sexuality*, 10, (7) 709-723.

Griffiths, C., Gerressu, M., & French, R.S. 2008b. Are one-stop shops acceptable? Community perspectives on one-stop shop models of sexual health service provision in the UK. *Sexually Transmitted Infections*, 84, (5) 395-399.

Hall, S. 1990, "Cultural Identity & Diaspora," *In Identity: Community, Culture and Difference*, J. Rutherford, ed., London: Lawrence & Wishart, pp. 222-237.

Hall, S. 1993, "Cultural Identity & Diaspora," *In Colonial Discourse & Post-Colonial Theory: A Reader*, P. Williams & L. Chrisman, eds., London: Harvester, Wheatsheaf, pp. 392-401.

Hall, S. 1996, "New Ethnicities," *In Stuart Hall: Critical Dialogues in Cultural Studies*, K. H. Chen & D. Morley, eds., New York: Routledge, pp. 441-449.

- Health Protection Agency 2008, *STIs and Young People in the United Kingdom: 2008 Report*, HPA, London.
- Health Protection Agency 2012a, *Sexually Transmitted Infections in SE England, 2011 data*, HPA, London.
- Health Protection Agency 2012b, *STI Data Tables. Table 3: Number of selected STI diagnoses in England, 2009-2011*, Health Protection Agency, London.
- Hennink, M., Cooper, P., & Diamond, I. 1998. Asian women's use of family planning services. *British Journal of Family Planning*, 24, 43-52.
- Hennink, M., Diamond, I., & Cooper, P. 1999a. Contraceptive use dynamics of Asian women in Britain. *Journal of Biosocial Science*, 31, (4) 537-554.
- Hennink, M., Diamond, I., & Cooper, P. 1999b. Young Asian women and relationships: traditional or transitional? *Ethnic and Racial Studies*, 22, (5) 867-891.
- Hewison, J., Green, J.M., Ahmed, S., Cuckle, H.S., Hirst, J., Hucknall, C., & Thornton, J.G. 2007. Attitudes to prenatal testing and termination of pregnancy for fetal abnormality: a comparison of white and Pakistani women in the UK. *Prenatal Diagnosis*, 27, (5) 419-430.
- Hopkins, P.E. 2006. Youthful Muslim masculinities: gender and generational relations. *Transactions of the Institute of British Geographers*, 31, (3) 337-352.
- Hopkins, P. 2007. 'Blue squares', 'proper' Muslims and transnational networks - Narratives of national and religious identities amongst young Muslim men living in Scotland. *Ethnicities*, 7, (1) 61-81.
- Hutnyk, J. 2005. Hybridity. *Ethnic and Racial Studies*, 28, (1) 79-102.
- Jayakody, A., Sinha, S., Curtis, K., Roberts, H., Viner, R., & Research with East London Adolescent Community Health Survey (RELACHS). 2005, *Culture, Identity, Religion and Sexual Behaviour among Black and Minority Ethnic Teenagers in East London. Paper 4.*, Department for Education, Teenage Pregnancy Unit, London.
- Jacobson, J. 1997. Religion and ethnicity: Dual and alternative sources of identity among young British Pakistanis. *Ethnic and Racial Studies*, 20, (2) 238-256.
- Jacobson, J. 1998. *Islam in Transition: Religion and Identity among British Pakistani Youth* London, Routledge.
- Jeffery, P. 1976. *Migrants and Refugees: Muslim and Christian Pakistani Families in Bristol* Cambridge, Cambridge University Press.
- Johnson, A.M., Copas, A.J., Erens, B., Mandalia, S., Fenton, K., Korovessis, C., Wellings, K., & Field, J. 2001a. Effect of computer-assisted self interviews on reporting of sexual HIV risk behaviours in a general population sample: a methodological experiment. *Aids*, 15, (1) 111-115.

Johnson, A.M., Mercer, C.H., Erens, B., Copas, A.J., McManus, S., Wellings, K., Fenton, K.A., Korovessis, C., Macdowall, W., Nanchahal, K., Purdon, S., & Field, H. 2001b. Sexual behaviour in Britain: partnerships, practices, and HIV risk behaviours. *Lancet*, 358, (9296) 1835-1842.

Kagimu, M., Walakira, Y., & Said, K. 2007, *Islamic Approaches to HIV/ADS, Enhancing the Community Response: Training Guidelines for Imams, Community Educators and Mosque Communities*, Islamic Medical Association of Uganda, International Centre for Promotion of the Islamic Approach to HIV/AIDS (ICPIAA), Kampala, Uganda.

Kim, C.R. & Free, C. 2008. Recent evaluations of the peer-led approach in adolescent sexual health education: A systematic review. *Perspectives on Sexual and Reproductive Health*, 40, (3) 144-151.

Legard, R., Keegan, J., & Ward, K. 2003, "In-depth Interviews," *In Qualitative Research Practice: A Guide for Social Science Students and Researchers*, J. Ritchie & J. Lewis, eds., London: Sage Publications, pp. 138-169.

Lewis, J. 2003, "Design Issues," *In Qualitative Research Practice: A Guide for Social Science Students and Researchers*, J. Ritchie & J. Lewis, eds., London: Sage Publications, pp. 47-76.

Lewis, P. 2002. *Islamic Britain: Religion, Politics and Identity among British Muslims* London, I.B.Tauris.

Lynn, P. & Clarke, P. 2002. Separating refusal bias and non-contact bias: evidence from UK national surveys. *Journal of the Royal Statistical Society Series D-the Statistician*, 51, 319-333.

Majumdar, A. 2007. Researching south Asian women's experiences of marriage: Resisting stereotypes through an exploration of 'Space' and 'Embodiment'. *Feminism & Psychology*, 17, (3) 316-322.

Macdowall, W., Wellings, K., Mercer, C.H., Nanchahal, K., Copas, A.J., McManus, S., Fenton, K.A., Erens, B., & Johnson, A.M. 2006. Learning about sex: Results from Natsal 2000. *Health Education & Behavior*, 33, (6) 802-811.

Marston, C. & King, E. 2006. Factors that shape young people's sexual behaviour: a systematic review. *Lancet*, 368, (9547) 1581-1586.

Mcavoy, B.R. 1990. Contraceptive Services for Asian Women in the UK - a review. *Family Practitioner*, 7, 60-64.

McKeown, E., Nelson, S., Anderson, J., Low, N., & Elford, J. 2010. Disclosure, discrimination and desire: experiences of Black and South Asian gay men in Britain. *Culture Health & Sexuality*, 12, (7) 843-856.

Mclean, C.A. & Campbell, C.M. 2003. Locating research informants in a multi-ethnic community: Ethnic identities, social networks and recruitment methods. *Ethnicity & Health*, 8, (1) 41-61.

- Medley, A., Kennedy, C., O'Reilly, K., & Sweat, M. 2009. Effectiveness of Peer Education Interventions for HIV Prevention in Developing Countries: A Systematic Review and Meta-Analysis. *Aids Education and Prevention*, 21, (3) 181-206.
- Meer, N., Dwyer, C., & Modood, T. 2010. Embodying nationhood? Conceptions of British national identity, citizenship and Gender in the 'Veil Affair'. *The Sociological Review*, 58, (1) 84-111
- Mohee, S. 2011. *Young British South Asian Muslim Women: Identities and Marriage*. PhD (Thesis). University College London.
- Mitchell, K., Wellings, K., & Zuurmond, M. 2012, "Young People," *In Sexual Health: A Public Health Perspective*, K. Wellings, K. Mitchell, & M. Collumbien, eds., Maidenhead, England: Open University Press, pp. 73-84.
- Nazroo, J.Y. & Karlsen, S. 2003. Patterns of identity among ethnic minority people: Diversity and commonality. *Ethnic and Racial Studies*, 26, (5) 902-930.
- Newby, K., Wallace, L.M., Dunn, O., & Brown, K.E. 2012. A survey of English teenagers' sexual experience and preferences for school-based sex education. *Sex Education: Sexuality, Society and Learning*, 12, (2) 231-251.
- NSPCC. Gillick Competency and Fraser Guidelines: NSPCC fact sheet July 2012. 2012. London, National Society for the Prevention of Cruelty to Children (NSPCC).
- Office for National Statistics 2002, *Social Focus in Brief: Ethnicity 2002*, Her Majesty's Stationary Office (HMSO), London.
- Office for National Statistics 2006, *National Statistics, Focus on Ethnicity and Religion*, Crown Copyright, Her Majesty's Stationary Office (HMSO), UK.
- Patel, G., Orhan, A., & Maharaj, K. 1999, *Hard to Reach, Hard to Teach: Research into the sexual health needs of South Asian men who have sex with men*, Naz Project London, London.
- Poonia, J. 2008, *South Asian Sexual Health: Scoping Study*, Department of Health, London.
- Power, R. 2000. The empirical and methodological comparative value of the rapid assessment of drug use patterns. *The International Journal on Drug Policy*, 11, (1-2) 181-191.
- Power, R. 2002. The application of qualitative research methods to the study of sexually transmitted infections. *Sexually Transmitted Infections*, 78, 87-89.
- Raleigh, V.S., Almond, C., & Kiri, V. 1997. Fertility and contraception among ethnic minority women in Great Britain. *Health Trends*, 29, 109-113.
- Rashid, J. 1983. Contraceptive use among Asian women. *British Journal of Family Planning*, 8, 132-135.

- Ramji, H. 2007. Dynamics of religion and gender amongst young British Muslims. *Sociology-the Journal of the British Sociological Association*, 41, (6) 1171-1189.
- Reavey, P., Ahmed, B., & Majumdar, A. 2006. 'How Can We Help When She Won't Tell us What's Wrong?' Professionals Working With South Asian Women who Have Experienced Sexual Abuse. *Journal of Community & Applied Social Psychology*, 16, 171-188.
- RELACHS (Research With East London Adolescent Community Health Survey) Team. 2005, *Methods Paper*, Teenage Pregnancy Unit, London.
- Richardson, D. & Goldmeier, D. 2005. Premature ejaculation - Does country of origin tell us anything about etiology? *Journal of Sexual Medicine*, 2, (4) 508-512.
- Richardson, D., Wood, K., & Goldmeier, D. 2006. A qualitative pilot study of Islamic men with lifelong premature (rapid) ejaculation. *Journal of Sexual Medicine*, 3, (2) 337-343.
- Ritchie, J. 2003, "The Applications of Qualitative Methods to Social Research," *In Qualitative Research Practice: A Guide for Social Science Students and Researchers*, J. Ritchie & J. Lewis, eds., London: Sage, pp. 24-46.
- Ritchie, J. & Lewis, J. 2003. *Qualitative Research Practice, A Guide for Social Science Students and Researchers* London, Sage.
- Ritchie, J., Spencer, L., & O'Connor, W. 2003, "Carrying out Qualitative Analysis," *In Qualitative Research Practice: A Guide for Social Science Students and Researchers*, J. Ritchie & J. Lewis, eds., London: Sage, pp. 219-262.
- Ross, J.D.C., Copas, A., Stephenson, J., Fellows, L., & Gilleran, G. 2006. Public involvement in modernising genitourinary medicine clinics: using general public and patient opinion to influence models of service delivery. *Sexually Transmitted Infections*, 82, (6) 484-488.
- Saeed, A., Blain, N., & Forbes, D. 1999. New ethnic and national questions in Scotland: post-British identities among Glasgow Pakistani teenagers. *Ethnic and Racial Studies*, 22, (5) 821-844.
- Salgado-Pottier, R. 2008. A modern moral panic: the representation of British Bangladeshi and Pakistani youth in relation to violence and religion. *Anthropology Matters Journal*, 10, (1) 1-17.
- Saxena, S., Copas, A.J., Mercer, C., Johnson, A.M., Fenton, K., Eren, B., Nanchahal, K., Macdowall, W., & Wellings, K. 2006. Ethnic variations in sexual activity and contraceptive use: national cross-sectional survey. *Contraception*, 74, (3) 224-233.
- Saxena, S., Oakeshott, P., & Hilton, S. 2002. Contraceptive use among South Asian women attending general practices in southwest London. *British Journal of General Practice*, 52, (478) 392-394.
- Scott, P. 1999, "Black People's Health: Ethnic Studies & Research Issues," *In Critical Issues in Social Research*, S. Hood, B. Mayall, & S. Oliver, eds., Birmingham: Open University Press, pp. 80-93.

- Sethi, G., Lacey, C.J., Fenton, K.A., Williams, I.G., Fox, E., Sabin, C.A., Shaw, A., & Kapembwa, M. 2004. South Asians with HIV in London: is it time to rethink sexual health service delivery to meet the needs of heterosexual ethnic minorities? *Sexually Transmitted Infections*, 80, (1) 75-76.
- Shah, B., Dwyer, C., & Modood, T. 2010. Explaining Educational Achievement and Career Aspirations among young British Pakistanis: Mobilising 'Ethnic Capital'? *Sociology*, 44, (6) 1109-1127.
- Shah, S. 2006. Leading Multiethnic Schools: A New Understanding of Muslim Youth Identity. *Educational Management Administration & Leadership*, 34, (2) 215-237.
- Sharma, S. 2006, "Asian Sounds," *In A Postcolonial People: South Asians in Britain*, N. Ali, V. S. Kalra, & S. Sayyid, eds., London: Hurst & Company, pp. 317-326.
- Shaw, A. 1988. *A Pakistani Community in Britain* Oxford, Basil Blackwell.
- Shaw, A. 2000. *Kinship and Continuity, Pakistani Families in Britain* Amsterdam, Harwood Academic Publishers.
- Silverman, J., Gupta, J., Decker, M., Kapur, N., & Raj, A. 2007. Intimate partner violence and unwanted pregnancy, miscarriage, induced abortion, and stillbirth among a national sample of Bangladeshi women. *Bjog-An International Journal of Obstetrics and Gynaecology*, 114, (10) 1246-1252.
- Sinha, S., Curtis, K., Jayakody, A., Viner, R., & Roberts, H. 2006. Family and peer networks in intimate and sexual relationships amongst teenagers in a multicultural area of East London. *Sociological Research Online*, 11, (1).
- Sinha, S., Curtis, K., Jayakody, A., Viner, R., Roberts, H., & Research with East London Adolescent Community Health Survey (RELACHS). 2005, *Starting Sex in East London: Protective and Risk factors for Starting to have Sex Amongst Black and Minority Ethnic Young People in East London. Paper 1.*, Department for Education, Teenage Pregnancy Unit, London.
- Sinha, S., Curtis, K., Jayakody, A., Viner, R., & Roberts, H. 2007. 'People Make Assumptions About Our Communities': Sexual health amongst teenagers from black and minority ethnic backgrounds in East London. *Ethnicity & Health*, 12, (5) 423-441.
- Siraj, A. 2011. Meanings of modesty and the hijab amongst Muslim women in Glasgow, Scotland. *Gender, Place & Culture: A Journal of Feminist Geography*, 18, (6) 716-731.
- Skinner, C.J., Saulsbury, N.K.G., & Goh, B.T. 2002. Sexually transmitted infections in Bangladeshi resident in the UK: a case-control study. *Sexually Transmitted Infections*, 78, (2) 120-122.
- Spencer, L., Ritchie, J., & O'Connor, W. 2003, "Analysis: Practices, Principles and Processes," *In Qualitative Research Practice: A Guide for Social Science Students and Researchers*, J. Ritchie & J. Lewis, eds., London: Sage, pp. 199-218.
- StataCorp. Stata Statistical Software:Release 9.0. 2005. Texas, Stata Corporation.

Steggall, M.J., Pryce, A., & Fowler, C.G. 2006. Is ethnicity and religion an aetiological factor in men with rapid ejaculation? *Sexual and Relationships Therapy*, 21, 429-437.

Stimson, G. V., Donoghoe, M. C., Fitch, C., Rhodes, T. J., Ball, A., & Weiler, G. 2003, *Rapid Assessment and Response Technical Guide*, World Health Organisation, Department of Child and Adolescent Health and Development, Department of HIV/AIDS, Geneva.

Strauss, A. & Corbin, J. 1998. *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory*, Second ed. London, Sage.

Sumathipala, A., Siribaddana, S.H., & Bhugra, D. 2004. Culture-bound syndromes: the story of dhat syndrome. *British Journal of Psychiatry*, 184, 200-209.

Survey of Prevalent HIV infections Diagnosed (SOPHID) 2012, *Numbers of HIV diagnosed persons seen for HIV care in the UK by country and SHA of residence, ethnic group and sex: 2011*, Health Protection Agency, London.

Tariq, S., Edwards, S.G., Nalabanda, A., Ward, H., Allen, E., Fenton, K., Mercey, D., & Sethi, G. 2007. Sexual health services for South Asians in London, UK: a case-control study. *International Journal of Std & Aids*, 18, (8) 563-564.

Teenage Pregnancy Unit 2002, *Diverse Communities: Identity and Teenage Pregnancy, A Resource for Practitioners.*, Department of Health, London.

Testa, A. & Coleman, L. 2006, *Sexual Health Knowledge, Attitudes and Behaviours Among Black and Minority Ethnic Youth in London. A Summary of the Findings*, Trust for the Study of Adolescence, London.

The Change Institute. 2009, *The Pakistani Muslim Community in England; Understanding Muslim Ethnic Communities*, Department for Communities and Local Government, London.

Tolli, M.V. 2012. Effectiveness of peer education interventions for HIV prevention, adolescent pregnancy prevention and sexual health promotion for young people: a systematic review of European studies. *Health Education Research*, 27, (5) 904-913.

Vadher, K. & Barrett, M. 2007, National and ethnic identifications and acculturation practices in British-born Indian and Pakistani adolescents, *In Society for Research in Child Development Biennial Meeting*, Boston, MA, USA, March 29-April 1, 2007. Available from: www.surrey.ac.uk/psychology/people/prof_martyn_barrett/index.htm [last accessed:21.04.2013].

Vertovec, S. 2007. Three meanings of 'diaspora', exemplified among South Asian religions. *Diaspora: A Journal of Transnational Studies*, 6, (3) 277-299.

Voluntary Action Camden (VAC) 2010, *Peer education project for young people of Bangladeshi and Somali origin*, VAC, London.

Wallman, S. 1986, "Ethnicity and the boundary process in context," *In Theories of race and ethnic relations*, Rex J & Mason D, eds., CUP Cambridge.

- Wellings, F., Nanchahal, K., Macdowall, W., McManus, S., Erens, B., Mercer, C.H., Johnson, A.M., Copas, A.J., Korovessis, C., Fenton, F.A., & Field, J. 2001. Sexual behaviour in Britain: early heterosexual experience. *Lancet*, 358, (9296) 1843-1850.
- Wellings, K. 2012, "Sexual health: theoretical perspectives," *In Sexual Health: A Public Health Perspective*, K. Wellings, K. Mitchell, & M. Collumbien, eds., Maidenhead, England: Open University Press, pp. 3-15.
- Wellings, K. & Collumbien, M. 2012, "Researching sexual behaviour," *In Sexual health: A Public Health Perspective*, K. Wellings, K. Mitchell, & M. Collumbien, eds., Maidenhead, England: Open University Press, pp. 175-187.
- Werbner, P. 2004. Theorising complex diasporas: Purity and hybridity in the South Asian public sphere in Britain. *Journal of Ethnic and Migration Studies*, 30, (5) 895-911.
- Werbner, P. 1997, "Introduction: The Dialectics of Cultural Hybridity," *In Debating Cultural Hybridity: Multi-cultural Identities and the Politics of Anti-Racism*, P. Werbner & T. Modood, eds., pp. 1-26.
- Werbner, P. 2002a. *Imagined Diasporas among Manchester Muslims: The Public Performance of Pakistani Transnational Identity Politics* Oxford, James Currey.
- Werbner, P. 2002b. *The Migration Process: Capital, Gifts and Offerings among British Pakistanis* Oxford, Berg Publishers.
- Werbner, P. 2005a. Honour, shame and the politics of sexual embodiment among South Asian Muslims in Britain and beyond: An analysis of debates in the public sphere. *International Social Science Review*, 6, (1) 25-47.
- Werbner, P. 2005b, "Pakistani Migration and Diaspora Religious Politics in a Global Age," *In Encyclopedia of Diasporas: Immigrant and Refugee Cultures Around the World*, vol. 1 Overviews and Topics I. A. Skoggard, C. R. Ember, & M. Ember, eds., pp. 475-484.
- Werbner, P. & Modood, T. 1997. *Debating Cultural Hybridity: Multi-Cultural Identities and the Politics of Anti-Racism* London, Zed Books.
- Weston, H.J. 2003. Public honour, private shame and HIV: issues affecting sexual health service delivery in London's South Asian communities. *Health & Place*, 9, (2) 109-117.
- WHO 2006, *Defining Sexual Health: A Report of a Technical Consultation on Sexual Health, 28-31 January 2002*, Geneva, World Health Organisation, Geneva.
- Yip, A.K.T. 2004. Negotiating space with family and kin in identity construction: the narratives of British non-heterosexual Muslims. *Sociological Review*, 52, (3) 336-350.
- Zaklaman, M.S. 1984. The Asian Community in Leicester and the family planning services. *Biology & Society*, 1, 63-69.

Zokaei, S. & Phillips, D. 2000. Altruism and Intergenerational Relations among Muslims in Britain. *Current Sociology*, 48, (4) 45-58.

Appendices

Appendix A: Sexual Health Literature Review Tables (Chapter 3)

Appendix B: Interview Topic Guides (Chapter 4)

Appendix C: Data Tables from analyses of Natsal-2 (Chapter 5)

Appendix D: Published Papers

Appendix A: Literature review tables (Chapter 3)

Author(s)	Year	Aims	Methods	Findings
Ahmed et al.	2009	To explore the ways in which British South Asian women survivors of sexual violence construct the effects of culture within their accounts of sexually violent experiences.	One part of a national qualitative study: semi-structured interviews (n=18) with South Asian women survivors of sexual violence, aged between 20 and 50 years old and from Pakistani, Indian and Bangladeshi backgrounds. For the purposes of this article, only the experiences of 8 women are analysed: these are British born women or women who had lived most of their lives in the UK and were fluent English speakers.	The authors discuss how a discourse of ‘culture as problematic and unchangeable’ is both accepted and challenged simultaneously. Culture is presented as the reason why family and community members hold problematic views about sexually violent experiences. However, the women simultaneously resist this discourse through demonstrating their disappointment and ambivalence with their family and community held views. The women demonstrated an embodied resistance by trying to tackle the problem by either physically escaping the abuse or at least by trying to access services as a way of seeking help.
Beck et al.	2005	To identify barriers to accessing sexual health care among the Bangladeshi community of East London.	Qualitative study using one-to-one interviews (n=12) with sexual health service users (20-52 years) and focus group discussions (n=6) with non-service users in community settings. All respondents of Bangladeshi origin.	Four themes were reported as impacting on access to sexual health services: confidentiality concerns, relevance of services & sexual health to Bangladeshi community, problems discussing sexual issues & problems with previous health promotion. Community values regarding premarital sex were an important underlying factor in participants’ responses.
Cowburn et al.	2014	To explore barriers to reporting sexual violence in South Asian Communities in England and Wales.	In-depth interviews (number unspecified – ongoing to December 2014) with South Asian women victims of sexual abuse. British Academy-funded project (ref no: SG122150).	Preliminary findings suggest that cultural dynamics have a significant impact on how sexual matters, including sexual abuse, are discussed in British South Asian communities. The ways in which these communities talk about sexual violence often reinforce patriarchal norms and values, especially those concerned with honour and shame. Victims are either silenced or the blame for the sexual violence they have suffered is laid at their own feet. The authors suggest that addressing the fact that these problems are rooted in patriarchal norms and values is key to understanding how to tackle sexual offending effectively in South Asian communities. Also, both retributive and restorative justice are necessary in responding to sex crimes.

Elam et al.	1999	To understand the factors that influence sexual lifestyles among ethnic minority communities.	Qualitative: 63 in-depth interviews with African-Caribbean (Jamaican), South Asian (Indian, Bangladeshi) and African people (Nigerian, Ugandan) aged 16-45 years.	Formal learning about sex was limited among Indians and Bangladeshis as was informal access to information on sexual matters. Early sexual experience was also infrequent and first sexual experience largely confined to marriage. There was however some evidence of change among young, UK-born Asian males in the nature of their sexual lifestyles and among UK-born Asians (men and women) regarding level of contact with members of the opposite sex and their attitudes towards sexual relationships.
French et al.	2005	To describe the attitudes and behaviours of Bangladeshi, Indian and Jamaican young people relating to sexual behaviour, contraceptive use, pregnancy and young parenthood.	Qualitative study using in-depth interviews with 75 young people (25 per ethnic group) and 13 focus group discussions with professionals, community representatives, young people and parents. Data collection took place in Birmingham, Manchester, and London.	Four main themes were identified: knowledge and attitudes, sexual experience, teenage pregnancy and parenthood and sexual and reproductive health services. Bangladeshi and Indian young people had relatively poor sexual health knowledge. Sex and relationships was rarely discussed at home and school was the only source of information. However, sex and relationships education was found to take little account of culture and faith. Some Indian and Bangladeshi men were sexually active but few women had experience of sex outside of marriage. Evidence of behaviour change, with more young Indians and Bangladeshis reporting sex before marriage than their parents. Sexual health service use was found to be poor.
Griffiths et al.	2008	To evaluate one-stop-shop models of sexual health service provision.	Multi-method national evaluation of one-stop shop models of sexual health service provision assessing effectiveness, acceptability, accessibility and efficiency. One component was to assess the acceptability of different models of sexual health service provision. Qualitative interviews (n=28) and focus group discussions (n=13) were conducted with young men, gay men and black and minority ethnic groups (black African, black Caribbean, (South Asian n=14)).	South Asian individuals preferred the idea of general practice for sexual health and therefore a GP one-stop shop. Many thought that it would simply be more convenient and importantly the reason for the visit would not be obvious or stigmatising (like GUM). General practice was particularly important for Bangladeshi individuals who did not feel that they could travel to town centres to use specialist services and familiarity of the service was important. This preference was not the case for all, and Indian respondents in particular expressed reservation about accessing a local family GP for fear that they may disclose confidential information to other family members.
Griffiths et al.	2008	To explore the sexual health perspectives of	Qualitative: Between April and September 2006, 36 young people and 25 mothers of Bangladeshi young people	Mothers expressed concern about premarital sex but felt unable to control out-of-home activity. Feelings of isolation, lack of control and communication difficulties were key issues for them. Young people

		young British Bangladeshis and their mothers and the implications for the development of appropriate sexual health education.	were interviewed through seven focus group discussions. Groups were gender and age specific (16-18 years, 19-20 years and mothers). Recruitment took place in community-based organisations in an inner city London borough.	had varied perspectives on premarital sex. Some experienced emotional conflict between what was expected of them in terms of their faith and their engagement in intimate relationships. Both the young people and mothers highlighted the need for sex and relationship education to take account of cultural perspectives and the involvement of parents and the wider community. However, parents and community representatives require information and communication support to enable this involvement. Sex and relationships education content needs to be inclusive, have both secular and faith perspectives and engage where relevant with local communities.
Gohir	2013	To better understand the sexual exploitation of Asian/Muslim children and young women.	Qualitative study: 73 interviews were carried out with key informants (across a range of health and social sectors) who had detailed knowledge about the experiences of sexual abuse victims. From these interviews 35 case studies of sexual abuse victims were collected. Data were collected from different geographical regions in England.	South Asian/Muslim young women and children are vulnerable to online and street grooming and sexual exploitation. They are most vulnerable to offenders from their own communities; the majority of offenders were from the same background as the victims. These young people have specific vulnerabilities associated with their culture which are exploited and also constitute a barrier to disclosure and reporting.
Hennink et al.	1998; 1999	To investigate patterns of contraceptive use and influences on contraceptive decision making among married Asian women from Indian, Pakistani & Bangladeshi backgrounds.	Qualitative: 29 in-depth interviews were completed with women (18-55 years); 21 at community groups and eight through a snowball sample of professional working women. Regions: Southampton and Portsmouth, UK.	Two distinct contraceptive ‘lifecycles’ were found. Non-professional women had little knowledge of contraception until after first birth, when condom use is most prevalent. These women are influenced by their extended family, religion and cultural expectations on their fertility. Professional women show a different pattern of contraceptive behaviour. They are more likely to have knowledge about contraception before marriage and to use some form of contraception during their child-bearing years and cite personal, practical or economic considerations in their fertility decisions rather than religious or cultural.
Hennink et al.	1999	To understand social and sexual relationships	Qualitative: 36 interviews with Asian girls from Indian, Pakistani and Bangladeshi backgrounds aged 15-18	Asian teenage girls conformed to different behavioural norms than their white peers and were influenced by cultural traditions, religious obligations, family loyalties and community expectations. Few girls

		among Asian teenagers and the influence of cultural traditions, religious beliefs, family, community expectations.	years. 25 interviews with white British girls aged 15-18 years. 10 interviews with unmarried women 18-30 years. South and west health Authority Region, UK.	were sexual active. However, once removed from the parental home the girls experienced an independence, which often involved relationships and sexual activity.
McKeown et al.	2010	To explore the cross-cutting identities and discourses in relation to being both gay and from an ethnic minority background.	Qualitative email interviews conducted as part of a wider national survey investigating the sexual health of minority ethnic men who have sex with men (MESH Project). 20/47 participants of South Asian origin (Indian n=7, Pakistani, n=8, Indian & white n=5).	Cultural barriers limit disclosure of sexuality to family and wider social networks; experiences of discrimination by White gay men that included exclusion as well as objectification, a lack of positive gay role models and imagery relating to men from minority ethnic backgrounds. A major theme was regret at being unable to fulfil family expectations regarding marriage and children.
Poonia	2008	To provide insight into the sexual attitudes and behaviours of young South Asians.	Qualitative scoping study involving in-depth interviews with 15 stakeholders (clinicians, youth leaders, advisory workers) who have regular contact with South Asian youth.	Stakeholders suggested that sex before marriage is rising among young South Asian men and women. Some suggest that the first sexual encounter for young South Asian men is with white young women because there are fewer cultural consequences and they are perceived as more willing to engage in sex. South Asian young women were perceived as increasingly becoming sexual active and some stakeholders described South Asian women seeking emergency contraception and advice about pregnancy and terminations.
Reavey et al.	2006	To examine service providers' theoretical and therapeutic models to understanding the nature and experience of sexual abuse.	One part of a national qualitative study: 37 professionals were interviewed from a range of services – psychological, psycho-sexual, victim support, rape crisis, family counselling centres.	The authors suggest that professionals face a series of dilemmas when working with South Asian women survivors. They highlight the tension between individualised models of personhood in many psychological therapies and the challenge to these by South Asian communities who hold a more relational view of the person. One strategy the professionals use to work with the tension of culture vs. the reality of the women's pain is the translation of women's distress into symptoms of mental disorder. However this raises serious issues, including further pathologisation and stigma.

Richardson et al.	2005	To generate themes around the etiology of premature ejaculation with particular reference to men from Islamic backgrounds.	Qualitative semi structured interviews were conducted with 10 individuals with a clinical diagnosis of premature ejaculation.	A number of themes emerged from the interviews related to premature ejaculation: anxious first sexual experience (with sub-theme: fear of being discovered and wanting to finish early); sex before marriage, sex outside of marriage; religion; stress; exposure to Western images; living in the UK and the feeling of freedom.
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Table 2: Quantitative studies on the sexual & reproductive health of South Asians in the UK.				
Author(s)	Year	Aims	Methods	Findings
Bradby & Williams	1999	To map reported behaviours and attitudes of young Britons of South Asian origin that may have implications for sexual health.	Quantitative: A cross-sectional survey (n=824) using self-report measures in a self-complete section of a social survey in Glasgow, Scotland. 492 Asians and non-Asians aged 18-20 years interviewed in their own homes. Measures of sexual behaviour and attitudes elicited through a self-complete questionnaire filled out in the presence of, and returned to, a trained social interviewer.	Asians, particularly Asian women, were far less likely to report having had heterosexual intercourse. Asian women more likely to have sex for the first time at an older age, and with an older partner and were less likely to report using the pill than non-Asian women. Asian men were less likely than non-Asian men to use condoms. Sexual abstinence was reported to be for religious reasons.
Cliffe et al.	1999	To determine whether, because of the extensive recent spread of HIV infection in South Asia, South Asians resident in the UK are at increased risk of HIV infection	Analysis of: ethnic grouping and probable country of infection recorded on voluntary confidential reports of AIDS cases and newly diagnosed HIV infections; blood donation testing data; reports of imported gonorrhoea infections, country of birth data from the unlinked anonymous (UA) survey of Sexually Transmitted Disease (STD) clinic attendees; district of residence data from the UA survey of pregnant women; ethnic grouping of prevalent diagnosed HIV infection.	Few reported AIDS cases or HIV infections were found in people of South Asian ethnic origin and few reported gonorrhoea infections were associated with exposure in South Asia.
Dha et al.	2010	To describe reasons for attendance at GUM clinics among individuals of South Asian origin relative to patients of other ethnicities.	4600 new attendees (South Asian =226) at seven socio-demographically and geographically contrasting GUM clinics across England completed a questionnaire which were linked to routine clinical data.	South Asians were more likely than other groups to be signposted to GUM by another health service. Women also reported that they would be less likely to go to a clinic if their symptoms resolved spontaneously compared to other women. However relative to other clinic attendees no differences in the proportions of South Asians who had acute STIs diagnosed at clinic were noted.

Dougan et al.	2005	To examine the epidemiology of HIV among black and minority ethnic (BME) men who have sex with men (MSM) in England and Wales.	Ethnicity data from two national HIV/AIDS surveillance systems were reviewed (1997-2002 inclusive). Undiagnosed HIV prevalence among MSM attending 14 GUM clinics participating in the unlinked Anonymous Prevalence Monitoring Programme and having routine syphilis serology was examined by world region of birth.	Between 1997-2002, BME MSM accounted for just over 1 in 10 new HIV diagnoses among MSM in England and Wales. Of 1040 newly diagnosed men, 8% were of Indian, Pakistani and Bangladeshi origin.
Elford et al.	2012	To examine HIV infection among MSM from different migrant and ethnic minority groups.	A diverse sample of MSM were recruited via websites and invited to participate in an online survey. Questions were on HIV status, HIV testing and sexual behaviour.	Self-reported seropositivity was lower among men of South Asian ethnicity compared with white British men. However the differences could not be explained by corresponding differences in sexual behaviour or other individual risk factors for HIV.
Fenton et al.	2005	To investigate the frequency of high-risk sexual behaviours and adverse sexual health outcomes in five ethnic groups in Great Britain.	Stratified probability sample survey of 11,161 men and women residents of Britain, which was undertaken 1999-2001. Ethnic boost sample was obtained with stratified postcode sampling using 1991 Census data on the density of registered ethnic minority population at the end of the main survey. Computer assisted face-to-face and self-complete. Ethnic groups: Indian and Pakistani, Black Caribbean, Black African, White.	Indian and Pakistani men and women reported fewer sexual partnerships, later first intercourse and substantially lower prevalence of diagnosed STIs than did other groups. Increased proportion of Pakistanis reported a new sexual partner from outside the UK in the past 5 years compared with the ethnic majority. Whether this presents an opportunity for increased HIV and STI transmission will be dependent on risk behaviours before arrival or while abroad, and on the prevalence of infection in the country of origin.
Garg	1998	To explore the uptake of family planning services within an urban general practice with a mixed ethnic population	A descriptive study of 194 patients aged 16-45 who had not attended the practice for family planning advice during three months from August 1 st 1996 to October 31 st 1996. Of the 294, 108 were Asian, 51 European and 35 of other ethnic background.	22 at risk patients were identified (sexually active and not wanting to become pregnant but not using contraception) and 11 had not returned for intrauterine device (IUD) checks. The Asian women showed a greater preference for condom use than did non-Asian women. There was poor uptake of family planning services among 16-25 year old Asian patients.

Jayakody et al. Research with East London Adolescents Community Health Survey (RELACHS) team	2005	To explore culture, identity, religion and sexual behaviour among black and minority ethnic teenagers in East London.	<p>Quantitative: school-based epidemiological survey of a representative sample of 2789 adolescents (11-14years) attending 28 schools in East London. Sample: 235/2672 (8.8%) Asian Indian, 178/2672 (6.7%) Asian Pakistani, 666/2672 (24.9%) Asian Bangladeshi.</p> <p>Qualitative: 31 group interviews and 3 individual interviews with 140 teenagers. 10 Indian, 10 Pakistani, 32 Bangladeshi.</p>	Traditional cultural identification, as indicated by friendship choices, was protective, particularly among Bangladeshi young men, against starting sex. However once such young men had started sex, they were at increased risk of having unprotected sex.
Raleigh	1997	To examine fertility patterns and contraceptive use among ethnic minority women in Great Britain.	Analyses of data from annual General Household Surveys of 1991-95 inclusive, which related to women aged 16-49 years. Ethnic groups examined: white, Indian, Pakistani, Bangladeshi, African-Caribbean. Analyses based on 5 years' pooled data. Number of respondents: Indian 269, Pakistani/Bangladeshi 160.	Fertility patterns in Indian mothers were similar to those in White mothers. Fertility in Bangladeshi and Pakistani women was more than double that of white women, with one in four mothers being of 5+ parity. Use of contraception (current and previous) among those at risk of pregnancy was lower among Bangladeshi and Pakistani women compared to white women. Use of condoms and intra-uterine device (IUD) was higher among Asian women than white women.
Richardson & Goldmeier	2005	To undertake a retrospective analysis of men identified with a clinical diagnosis of premature ejaculation.	Demographic and clinical data were collected retrospectively: parameters of patients seen in the previous 18 months were identified including self-defined ethnicity and age.	123 patients were identified with a diagnosis of premature ejaculation. 59 (48%) described themselves as being from a country within Asia. 15 were from north African countries where Islam is the predominant religion. In summary 74 men (60%) with premature ejaculation described themselves as being from an Asian or Islamic country.
Ross et al.	2006	To determine which of the options available to modernise GUM clinics in the UK are most acceptable to patients and potential patients	Clinic (n=202) and community (n=542) based questionnaire exploring the acceptability of different ways of delivering sexual health care.	Individuals of Asian ethnicity were less likely than other respondents to want to see their general practitioner for sexual health care. In the questionnaire patients were given the option of seeing <i>their</i> GP rather than <i>a</i> GP.

Saxena et al.	2002	To examine prevalence of contraceptive use among South Asian women attending general practices in Southwest London.	Quantitative: a cross-sectional survey of contraceptive practices was conducted among 180 South Asian women aged 16-50 years, attending inner-city general practices.	Overall prevalence of contraception use was 63% and ranged from 70% in South Asian teenagers to only 50% in women over 30 who had completed their family. These findings suggest that, despite cultural expectations of sexual abstinence, young teenage women are sexually active and seemingly able to access contraception. They also suggest that women who have completed their families are at risk of unplanned pregnancy.
Saxena et al.	2006	To compare data on contraceptive use in relation to reported sexual activity in women from different minority ethnic groups	Stratified probability sample survey of 11,161 men and women residents of Britain which was undertaken 1999-2001. Ethnic boost sample was obtained with stratified postcode sampling using 1991 Census data on the density of registered ethnic minority population at the end of the main survey. Computer assisted face-to-face and self-complete. Ethnic groups: Indian and Pakistani, Black Caribbean, Black African and White.	Fewer women from the UK's four main ethnic groups reported recent sexual activity compared to white women. Among sexually active women, contraceptive use was significantly lower in all ethnic minority groups than in white women, but this pattern differed according to marital status. In ever-married or cohabiting women lower contraceptive use was reported by Indian (78%) and Pakistani women (78%) than by other groups.
Sethi et al.	2004	To collect information on demography, mode of first presentation and clinical stage of HIV infection among adults self-defining as of Indian, Pakistani, Bangladeshi or Sri-Lankan ethnicity.	Case note review of all adults of self-defining South Asian ethnicity diagnosed HIV positive from January 1985 to December 2002 attending four HIV treatment centres in London. 117 patients were identified – 30 women and 87 men.	The number of new diagnoses among South Asians increased by more than threefold over the period 1996-2002 compared to earlier years (25 diagnoses before 1996, 90 diagnosed from 1996-2002). 45 patients had originated from Africa (38%), 28 from India (24%) and 18 from the United Kingdom (15%).
Sinha et al. & RELACHS Team.	2005	To explore the protective and risk factors associated with early and risky sexual	Quantitative: school-based epidemiological survey of a representative sample of 2789 adolescents (11-14years) attending 28 schools in East London. Sample: 235/2672 (8.8%) Asian	Bangladeshi, Pakistani and Indian young people of both sexes were least likely of all ethnic groups to report ever having had sex. Influence of ethnicity, culture and family varies within as well as between ethnic groups. Little evidence that socio-economic status was associated with having

		behaviour amongst black and minority ethnic young people.	<p>Indian, 178/2672 (6.7%) Asian Pakistani, 666/2672 (24.9%) Asian Bangladeshi.</p> <p>Qualitative: 31 group interviews and 3 individual interviews with 140 teenagers. 10 Indian, 10 Pakistani, 32 Bangladeshi. 15 interviews with professionals including teenage pregnancy co-ordinators, youth workers and sexual health workers to explore sexual attitudes and behaviours.</p>	had sex. Teenagers across all ethnicities described difficulties in talking with parents about sex. Bangladeshi, Pakistani and Indian young people least likely to talk to their parents about sex. Sex education at school was reported as being ineffective, embarrassing or badly taught or managed.
Skinner et al.	2002	To evaluate the prevalence of sexually transmitted infections and mode of presentation in patients originating from Bangladesh and resident in the UK compared with non-Bangladeshi patients attending an inner city genitourinary medicine clinics	A retrospective, cross sectional study with comparator group in an open access GUM clinic in East London. 104 consecutive newly attending Bangladeshi men (aged 16-69) were compared with 199 non-Bangladeshi men and 115 consecutive, newly attending Bangladeshi women compared with 218 non-Bangladeshi women.	Bangladeshi men and women were more likely than non-Bangladeshis to be referred by their general practitioner or other medical service to GUM. Men were more likely to present with sexual dysfunction and the prevalence of STIs was broadly similar across the study groups, however syphilis was more common in the Bangladeshi men.
Stegall et al.	2006	To perform a retrospective analysis of men who had sought treatment for rapid ejaculation over the last 3 years.	116 patients were identified and demographic and clinical data were collected from the notes. Self-reported ethnicity, occupation, intravaginal ejaculatory latency time (IELT) and age were identified.	89% of patients who reported rapid ejaculation reported their religion as Muslim; 72% were from Bangladesh. Reasons for this are unclear. The authors contend that possible aetiological features include psychosocial and environmental factors.

Tariq et al.	2007 In Press	To evaluate mode of referral to GUM, number of sexually transmitted infections diagnosed in patients of South Asian ethnicity	A retrospective case-control study in two London GUM clinics between January and September 2003 of patients who identified as South Asians. Controls were defined as subsequent new presentations self-identified as non-South Asian.	Data collected on 250 cases and 250 controls. South Asians were more likely than non-South Asians to be referred to GUM services by other health providers than self-referred. Non-UK born South Asians were more frequently referred to GUM compared to their UK born counterparts.
Testa & Coleman	2006	To identify and explain sexual health knowledge, attitudes and behaviours among black and minority youth in London.	<p>Quantitative: cross sectional, self-administered questionnaire among students (aged 15-18 years) attending secondary schools in Greater London. Sample size: 612/2926 (20.9%) Indian; 121/2926 (4.1%) Pakistani; 125/2926 (4.3%) Bangladeshi.</p> <p>Qualitative: 50 semi-structured interviews conducted with BME youth in community youth groups, youth sexual health clinics and volunteers from the self-completion questionnaires. 14/50 'Asians' interviewed.</p>	Quantitative: Particular knowledge gaps identified among Bangladeshi males and Pakistani males and females. Asian females were found to hold the most conservative attitudes to sexual issues. Asians least likely of all ethnic groups to report experience of sexual intercourse, especially Asian females. Although less likely to have sex, among those who did have sexual intercourse, 28% Asian males and 19% of Asian females reported experience of anal sex. A high proportion of Asians considered sexually incompetent at first intercourse. Qualitative: conflicting norms and values between family and/or community and self. Asian Muslims referred to the Qu'ran frequently and explicitly when describing personal or community views.

Appendix B: Methodology materials (Chapter 4)

Interview Topic Guide: Young Pakistanis

1. Background

I'm going to start off asking you a few general questions about yourself, your family and your friends. Then move on to talk about sexual issues.

Can you tell me a bit about yourself?

Prompt

- Age
- School/employment/training/qualifications
- Where born
- Languages spoken in family home
- Ever visited Pakistan/how often
- Where and Who live with/1st part of your postcode

Where they live

- What's it like?

Family

- Where parents born and occupation
- Type of relationship with/similar or different to them
- Type of marriage parents had (arranged vs. love)
- Siblings, relationship with etc.

Friends

- Who? Age? Ethnicity? Culture? Scene?
- How do you know them? School? Youth group? Family? Work?
- How important to you are your friends?
- What do you have in common?

Leisure time

- Where do you hang out?
- What's it like?
- What do you do? Youth groups? Bars/clubs? Home? School?
- When? How often? Who with?

2. Life issues/narratives

Tell me a bit about how your life has been over the past few years.....

- Pressures & worries & coping strategies
- Important things?
- job/money/education
- family/friends/marriage
- crime/drugs

3. Identity

- How would you describe yourself?

4. Drugs & Alcohol

- Experiences of

5. Relationships & Sex

- Have you ever had a girlfriend/boyfriend?
- How many girlfriends/boyfriends have you had?
- What kind of relationships have these been?

Can you tell me a bit about your last partner....

Prompt:

- Age
- Ethnicity
- Type of person
- How and where met
- How long together
- Where hang out/where go together
- Where do you see this relationship going

Who knows about the relationship?

- Family – parents or siblings
- Friends
- If kept secret – why and how? Consequences if found out?
- If mention religious/cultural prohibitions – ask how they feel about them? e.g. premarital relationships or sex

What other relationships have you had?

What type of relationship?

- Casual/regular?

Have you ever had sex with any of these partners?

- Who/how many?

Can you tell me a bit about the first time you ever had sex.....

- How old?
- How did it come about? Why did you decide to have sex?
- Who initiated it?
- Who with?
- Where?
- Was it what you wanted?
- How did you feel about the experience? Ready/happy?
- Was it something you talked about with your partner? In what ways?

What about other experiences since then?

- Reasons for sex?
- What kind of sex?
- What other types of physical contact have you had?

Tell me about your experiences of using condoms....

- Have you ever used a condom?
- Why do you use them?
- Why don't you use them?

Pressures – to have relationship or sex?

6. Sexual health awareness

- Can you name any STIs?
- Do you feel at risk of STIs? Why/why not?

- Where have you ever learned about sexual health issues?
- school/home/parents/youth group/friends/media/internet (where use?)

- What did you learn about?

- How did you find this information?
- Useful, informative vs. basic, useless – why or why not?

- What would you like to have been taught about/know more about?

7. Have you ever been to a sexual health clinic?

- Tell me about that experiencewhy did you go/what did you go for? What type of clinic did you go to? Where was the clinic? OUTCOME?
- What would stop you going to a clinic/getting help or information?
- Do you know where to go to get help?

8. Influences on behaviour generally

- What role does religion play in your life?
- How important is religion to you?

- How do you make decisions or balance your faith with your lifestyle?

- How would you say your views or experiences that you have expressed so far are similar or different to other young Pakistanis that you know?

- What do you think mainly affects whether some Pakistanis have relationships/sex?

- religion, culture, family, community, gender, aspirations
- Is this the same for girls and boys?
- What are your views on sex before marriage?
- Do you think young Pakistanis experience difficulties or have issues about premarital relationships and/or sex in relation to their religion or culture?
- If so – what are these issues? What affect do they have on the person?

9. Support needs

- Indicate that interview is now coming to an end – just a few more questions....
- What do you think young Pakistanis need in relation to sexual health information?
- Facts, skills, mental/emotional health support, etc.
- How do you think this should be done?

Can you tell me your aspirations for the next couple of years - where do you see yourself in 5 years/in your 20s – what doing, where living?

10. Experiences of interviews

- Do you mind if I ask you a few questions about the interview experience?
- How did you initially feel about taking part in the interview?
- How did you find the interview?
- What do you think about this kind of study being done?
- Is there anything that you would change about the interview?
- Are there any things that could have been done differently?
- What about use of language – are there any words or terms that you use among your friends that I haven't used?
- How easy was it to be honest? Was there anything that you found too embarrassing/difficult?
- Do you have any questions at all or anything else that you would like to add that I may have missed?

Big Thanks!

Thank you for your time!
Explain what happens next.

Interview topic guide for youth workers

Young People of Pakistani origin: understanding social and cultural influences on sexual health

About them and their work

Can you tell me a bit about your work, your role as a youth worker in Newham?

- Who work for
- How long
- Aims of job /priorities
- Roles, responsibilities and activities
- Comparable to other jobs?
- Local situation in Newham – issues specific to Newham

More about the young people they work with

Can you tell me a bit about the young people you work with?

- Who, gender, what ages, ethnicity

What about social issues – can you tell me a bit about any of the issues for young people in Newham?

- Social, educational, drugs, crime etc
- What are the priorities?
- What is Newham like for young people and Pakistanis in particular?

General socio-cultural and health issues for young Pakistanis

Can you tell me a bit about what from your experience are some of the issues faced by young Pakistanis living in Newham?

- school/education, job opportunities, drugs, crime, family pressures, marriage pressures, religious/cultural issues, identity, relationships, sexual health, pregnancy, mental health, self-harm
- Explore pressures, difficulties, coping strategies
- Differences between boys and girls
- What do the Pakistani kids in Newham tend to do after leaving school education?

Peer groups, socialising and locality issues

Who do the young Pakistanis you see generally hang out with/form friendship groups with?

- Mixed ethnicity friendship groups vs. more homogenous groups
- Mixed gender groups
- Age ranges
- Differences between boys and girls
- What's the general kind of 'scene'?

Where do young Pakistanis hang out / spend their free time?

- Youth groups, streets, clubs, pubs, home

- What do they do?

Relationships

What about relationships?

- Who with? Ethnicity and age
- How are they conducted?
- Different for boys/girls?

What issues have you seen around relationships among young Pakistanis?

- Familial objections
- 'Hidden world'

Can you tell me about any issues related to arranged or forced marriages?

- What is your experience of this?

What about premarital sex? Is it happening?

- How do you know?
- Again, what issues have you come across in relation to this?

What do you understand by peer pressure?

- peer pressure vs. young people positively/consciously seeking out the norms of high status individuals
- Issue for Pakistanis?

Sexual health

Are young Pakistanis at risk of poor sexual health /sexual ill-health? Why/why not?

- Pressures
- Knowledge
- 'Hidden world' & 'Two lives'
- Contraceptive use
- Types of sex

Support needs for young people

Can you tell me a bit about any services that you know of in Newham providing sexual health support? (advice, information, clinic)

Where, from what you know, do Pakistani young people go to get sexual health help (if at all)?

- local services and type
- travel outside borough

What other kind of support do you think young Pakistanis need?

Support needs for youth workers

Do you think your organisation is equipped to be involved in any sexual health initiative? Why/why not?

What support do you think youth workers would need?

Experience of interview & Thank you!

Appendix C: Data tables from analyses of Natsal-2 (Chapter 5)

Table 12: Attitudes to religion, premarital sex and abortion: A comparison of Pakistanis born and brought up in the UK and Pakistanis born and brought up in Pakistan/South Asia, men

	Comparison 1: Place of birth				Comparison 2: Place of upbringing				
	All Pakistani men % (95% CI)	Pakistanis born in UK/Europe % (95% CI)	Pakistanis born in Pakistan/South Asia % (95% CI)	<i>p</i> -value ³	Adjusted OR ⁵ (95% CI) Pakistanis born in Pakistan/South Asia vs. born in UK (ref)	Pakistanis born in UK & those moved to UK before 16 years % (95% CI)	Pakistanis who moved to UK aged at least 16 years % (95% CI)	<i>p</i> -value ⁴	Adjusted OR ⁵ (95% CI) Pakistanis who moved to UK 16+ years vs. those born in UK/moved to UK <16 years (ref)
<i>Denominator</i> ^{1,2}	168	88	80	-	-	125	43	-	-
Importance of religion				<i>p</i> =0.3606	<i>p</i> =0.236			<i>p</i> =0.0563	<i>p</i> =0.019
Very important	57.1 (45.5-67.9)	52.8 (36.0-63.7)	63.1 (47.9-76.1)		1.83 (0.67-5.02)	51.6 (38.1-64.8)	75.1 (54.2-88.5)		3.60 (1.24-10.48)
Attitude towards sex before marriage				<i>p</i> =0.0038	<i>p</i> =0.009			<i>p</i> =0.0072	<i>p</i> =0.025
Premarital sex is wrong	75.6 (65.0-83.8)	66.0 (50.0-79.0)	89.0 (79.6-94.3)		6.86 (1.64-28.7)	69.7 (57.1-80.0)	91.3 (78.3-96.8)		4.90 (1.22-19.6)
Attitudes towards abortion				<i>p</i> =0.7643	<i>p</i> =0.715			<i>p</i> =0.8147	<i>p</i> =0.765
Abortion is wrong	97.1 (92.2-98.9)	96.7 (88.1-99.2)	97.6 (90.2-99.4)		0.55 (0.02-13.8)	97.0 (90.7-99.0)	97.6 (84.0-99.7)		0.62 (0.03-14.70)

Table 13: Attitudes to religion, premarital sex and abortion: A comparison of Pakistanis born and brought up in UK/Europe and Pakistanis born and brought up in Pakistan/South Asia, women

	Comparison 1: Place of birth				Comparison 2: Place of upbringing				
	All Pakistani women % (95% CI)	Pakistanis born in UK/Europe % (95% CI)	Pakistanis born in Pakistan/South Asia % (95% CI)	<i>p</i> -value ³	Adjusted OR ⁵ (95% CI) Pakistanis born in Pakistan/South Asia vs. born in UK (ref)	Pakistanis born in UK & those moved to UK before 16 years % (95% CI)	Pakistanis who moved to UK aged at least 16 years % (95% CI)	<i>p</i> -value ⁴	Adjusted OR ⁵ (95% CI) Pakistanis who moved to UK 16+ years vs. those born in UK/moved to UK <16 years (ref)
<i>Denominator</i> ^{1,2}	180	104	76	-	-	146	34	-	-
Importance of religion									
Very important	70.0 (61.0-77.7)	69.1 (57.8-78.6)	71.6 (55.5-83.5)	<i>p</i> =0.7887	<i>p</i> =0.615 0.78 (0.29-2.09)	69.6 (60.3-77.4)	71.0 (41.7-89.3)	<i>p</i> =0.9185	<i>p</i> =0.490 0.61 (0.15-2.51)
Attitude towards sex before marriage									
Premarital sex is wrong	76.6 (66.4-84.5)	77.5 (65.1-86.4)	75.2 (56.1-87.8)	<i>p</i> =0.8153	<i>p</i> =0.965 0.98 (0.31-3.01)	78.1 (68.1-85.6)	71.6 (39.1-90.9)	<i>p</i> =0.6403	<i>p</i> =0.702 0.74 (0.16-0.58)
Attitudes towards abortion									
Abortion is wrong	95.7 (88.6-98.5)	94.3 (82.9-98.3)	98.1 (93.2-99.5)	<i>p</i> =0.1893	<i>p</i> =0.336 2.77 (0.34-22.5)	94.8 (86.4-98.1)	100	<i>p</i> =0.3569	n/a n/a

Notes for Tables 12 & 13:

1. Unweighted denominators; weighted percentages.
2. Denominator is all Pakistani men/women respondents aged 16-44 years.
3. *p*-value for difference between Pakistani men/women born in UK/Europe & Pakistani men/women born in Pakistan/South Asia.
4. *p*-value for difference between Pakistani men/women born in UK/Europe & those who moved to UK before 16 years and Pakistani men/women born in Pakistan/South Asia but moved to UK at least aged 16 years.
5. Odds ratio (OR) adjusted for age only.

Table 14: Circumstances of first sex: comparison of Pakistanis, Indians and the general population: men

	All men % (95% CI)	Pakistani % (95% CI)	Indian % (95% CI)	<i>p</i> -value ³	Adjusted OR ⁴ (95% CI) Pakistani vs. other ethnicities (ref.)	Adjusted OR ⁴ (95% CI) Indian vs. other ethnicities (ref.)	Adjusted OR ⁴ (95% CI) Indian vs. Pakistanis (ref.)
<i>Denominator</i> ^{1,2}	4610	139	143	-	-	-	-
Main Reason		<i>p</i> =0.132	<i>p</i> =0.861	<i>p</i> =0.566	<i>p</i> =0.349	<i>p</i> =0.52	<i>p</i> =0.924
Peer pressure	9.2 (8.3-10.2)	6.2 (2.5-14.6)	9.9 (3.8-23.4)	}	}	}	}
To please partner	0.1 (<0.0-0.3)	0.0	0.0	}	0.60 (0.21-1.74) ⁵	0.67 (0.19-2.29) ⁵	1.10 (0.14-8.5) ⁵
Drunk	4.7 (4.0-5.5)	0.0	1.2 (0.3-5.4)	}	}	}	}
Rape/forced	<0.1 (<0.0-0.2)	0.0	0.0	}	}	}	}
Wanted to lose virginity	10.8 (9.7-11.9)	7.6 (3.5-15.6)	6.9 (2.7-16.4)				
In love	8.6 (7.8-9.6)	11.8 (5.1-25.0)	10.5 (5.2-20.0)				
Felt ready	<0.1 (<0.0-0.2)	0.0	0.0				
Natural follow-on in relationship	28.7 (27.2-30.2)	13.5 (7.4-23.5)	22.8 (14.6-33.8)				
Curious	27.9 (26.4-29.5)	37.2 (24.7-51.8)	35.5 (24.0-49.0)				
Carried away	8.3 (7.4-9.3)	21.3 (12.3-34.3)	12.6 (6.7-22.6)				
Other	0.3 (0.2-0.6)	1.5 (0.2-10.2)	0.0				
Can't remember	0.2 (0.1-0.4)	0.3 (<0.0-2.1)	0.0				

Table 15: Circumstances of first sex: comparison of Pakistanis, Indians and the general population: women

	All women % (95% CI)	Pakistani % (95% CI)	Indian % (95% CI)	<i>p</i> -value ³	Adjusted OR ⁴ (95% CI) Pakistani vs. other ethnicities (ref.)	Adjusted OR ⁴ (95% CI) Indian vs. other ethnicities (ref.)	Adjusted OR ⁴ (95% CI) Indian vs. Pakistani (ref.)
<i>Denominator</i> ^{1,2}	6369	141	194	-	-	-	-
Main Reason		<i>p</i> =0.176	<i>p</i> =0.075	<i>p</i> =0.300	<i>p</i> =0.291	<i>p</i> =0.521	<i>p</i> =0.062
Peer pressure	8.2 (7.4-9.0)	15.0 (3.2-48.4)	3.2 (1.0-10.1)	}	}	}	}
To please partner	0.5 (<0.3-0.7)	0.0	0.0	}	4.11 (0.30-56.7) ⁵	1.40 (0.51-3.85) ⁵	0.23 (0.05-1.08) ⁵
Drunk	0.4 (3.3-4.3)	0.0	2.3 (0.5-9.1)	}	}	}	}
Rape/forced	0.9 (0.6-1.2)	1.4 (0.2-9.7)	1.4 (0.2-9.7)	}	}	}	}
Wanted to lose virginity	2.2 (1.8-2.6)	0.0	1.9 (0.5-6.4)	}	}	}	}
In love	21.3 (20.2-22.5)	41.0 (27.3-56.2)	41.0 (27.3-56.2)	}	}	}	}
Felt ready	0.1 (<0.0-0.3)	0.0	0.5 (<0.0-3.3)	}	}	}	}
Natural follow-on in relationship	32.7 (31.3-34.0)	29.8 (12.7-55.4)	25.4 (15.7-38.2)	}	}	}	}
Curious	21.0 (19.9-22.3)	26.6 (10.6-52.7)	13.9 (7.2-24.9)	}	}	}	}
Carried away	7.4 (6.7-8.1)	0.0	8.5 (2.3-27.4)	}	}	}	}
Other	0.6 (0.4-0.8)	0.0	1.4 (0.2-9.7)	}	}	}	}
Can't remember	0.3 (0.1-0.5)	6.6 (0.9-35.2)	0.3 (<0.0-1.9)	}	}	}	}

Notes for Tables 14 & 15

1. Unweighted denominators, weighted percentages and adjusted odds ratios.
2. Denominator is respondents who reported having had sex aged 13+.
3. *p*-value for difference between Pakistanis and Indians. *p*-values in previous two columns refer to the difference between respondents in the specific ethnic groups and respondents of other ethnicities.
4. Odds ratio (OR) of reporting outcome adjusted for the sociodemographic variables in Table 2 and 3 (Chapter 5) and age at first intercourse.
5. Adjusted OR of reporting non-autonomous circumstances at first sex (peer pressure, drunk, to please partner, raped/forced) vs. autonomous circumstances (wanted to lose virginity, felt ready, in love, natural follow on in relationships, curious, carried away).

Table 16: Circumstances of first sex: A comparison of Pakistanis born and brought up in UK/Europe and Pakistanis born and brought up in Pakistan /South Asia, men

	Comparison 1: Place of birth				Comparison 2: Place of bringing				
	All Pakistani men % (95% CI)	Pakistanis born in UK/Europe % (95% CI)	Pakistanis born in Pakistan/South Asia % (95% CI)	<i>p</i> -value ³	Adjusted OR ⁵ (95% CI) Pakistanis born in Pakistan/South Asia vs. born in UK (ref)	Pakistanis born in UK & those who moved to UK before 16 years % (95% CI)	Pakistanis who moved to UK aged at least 16 years % (95% CI)	<i>p</i> -value ⁴	Adjusted OR ⁵ (95% CI) Pakistanis who moved to UK 16+ years vs. those born in UK/moved to UK <16 years (ref)
<i>Denominator</i> ^{1,2}	168	88	80	-	-	125	43	-	-
Status of partnership									
Married	32.7 (21.7-45.8)	16.8 (8.7-30.0)	49.4 (32.6-66.4)	<i>p</i> =0.0014	<i>p</i> =0.060 2.84 (0.96-8.41) ⁶	17.3 (9.9-28.5)	67.0 (45.2-83.3)	<i>p</i> <0.0001	<i>p</i> =0.000 6.92 (2.55-18.76) ⁶
Timing									
Should have waited longer	22.5 (14.8-32.8)	31.7 (18.2-49.1)	12.9 (6.5-24.1)	<i>p</i> =0.0408	<i>p</i> =0.221 0.37 (0.07-1.90) ⁷	25.3 (14.9-39.6)	15.3 (7.0-30.2)	<i>p</i> =0.2871	<i>p</i> =0.595 0.71 (0.19-2.58) ⁷
Willingness									
Partner or respondent more willing	15.3 (7.7-28.2)	22.4 (9.6-44.1)	7.7 (3.3-17.0)	<i>p</i> =0.0618	<i>p</i> =0.124 0.36 (0.10-1.33) ⁸	20.6 (10.2-37.0)	2.2 (0.3-14.7)	<i>p</i> =0.0072	<i>p</i> =0.031 0.10 (0.01-0.80) ⁸

Table 16 (continued): Circumstances of first sex: A comparison of Pakistanis born and brought up in UK/Europe and Pakistanis born and brought up in Pakistan/South Asia, men

	Comparison 1: Place of birth				Comparison 2: Place of upbringing				
	All Pakistani men % (95% CI)	Pakistanis born in UK/Europe % (95% CI)	Pakistanis born in Pakistan/South Asia % (95% CI)	<i>p</i> -value ³	Adjusted OR ⁵ (95% CI) Pakistanis born in Pakistan/South Asia vs. UK (ref)	Pakistanis born in UK & those moved to UK before 16 years % (95% CI)	Pakistanis who moved to UK aged at least 16 years % (95% CI)	<i>p</i> -value ⁴	Adjusted OR ⁵ (95% CI) Pakistanis who moved to UK 16+ years vs. those born in UK/moved to UK <16 years (ref)
<i>Denominator</i> ^{1,2}	168	88	80	-	-	125	43	-	-
Contraception used				<i>p</i> =0.0435	<i>p</i> =0.881			<i>p</i> =0.0070	<i>p</i> =0.066
None/did not use reliable contraception	50.8 (38.8-62.7)	39.2 (24.9-55.5)	63.1 (45.3-77.9)		1.08 (0.39-2.95) ⁹	38.8 (26.8-52.2)	80.8 (51.6-94.3)		4.29 (0.90-20.33) ⁹
Sexual competence				<i>p</i> =0.7732	<i>p</i> =0.516			<i>p</i> =0.5268	<i>p</i> =0.527
Sexually competent	25.8 (16.4-38.2)	24.4 (14.7-37.8)	27.3 (13.5-47.4)		1.40 (0.50-3.92) ¹⁰	28.0 (17.8-41.1)	19.6 (5.8-49.3)		0.62 (0.13-2.83) ¹⁰

Notes for Table 16:

1. Unweighted denominators, weighted percentages.
2. Denominator is Pakistani men respondents who reported having had sex aged 13+.
3. *p*-value for difference between Pakistani men born in UK/Europe & Pakistani men born in Pakistan/South Asia.
4. *p*-value for difference between Pakistani men born in UK/Europe & those who moved to UK before 16 years and Pakistani men born in Pakistan/South Asia but moved to UK aged 16+ years.
5. Odds ratio (OR) of reporting outcome adjusted for age only.
6. Adjusted OR of reporting being married at first sex vs. not married.
7. Adjusted OR of reporting “wish waited longer” vs. reporting “about the right time” or “should not have waited so long”
8. Adjusted OR of respondent more willing or partner more willing vs. equally willing.
9. Adjusted OR of not using reliable contraception (withdrawal, rhythm method, respondent not using but partner may have done, neither partner using) vs. using (reliable) contraception (condom and/or ‘other’ including the pill).
10. Adjusted OR of respondent being sexually competent vs. not sexually competent at first sex.

Table 17: Circumstances of first sex: A comparison of Pakistanis born and brought up in UK/Europe and Pakistanis born and brought up in Pakistan/South Asia, women

	Comparison 1: Place of birth				Comparison 2: Place of upbringing				
	All Pakistani women % (95% CI)	Pakistanis born in UK/Europe % (95% CI)	Pakistanis born in Pakistan/South Asia % (95% CI)	<i>p</i> -value ³	Adjusted OR ⁵ (95% CI) Pakistanis born in Pakistan/Asia vs. Pakistanis born in UK (ref)	Pakistanis born in UK & those moved to UK before 16 years % (95% CI)	Pakistanis who moved to UK aged at least 16 years % (95% CI)	<i>p</i> -value ⁴	Adjusted OR ⁵ (95% CI) Pakistanis who moved to UK 16+ years vs. those born in UK/moved to UK <16 years (ref)
<i>Denominator</i> ^{1,2}	180	104	76	-	-	146	34	-	-
Status of partnership				<i>p</i> =0.3118	<i>p</i> =0.274			<i>p</i> =0.5715	<i>p</i> =0.505
Married	77.2 (64.8-86.2)	72.2 (53.8-85.3)	82.7 (65.5-92.3)		1.86 (0.60-5.73) ⁶	74.7 (60.6-84.9)	82.6 (49.9-95.8)		1.66 (0.37-7.50) ⁶
Timing				<i>p</i> =0.7413	<i>p</i> =0.968			<i>p</i> =0.7792	<i>p</i> =0.990
Should have waited longer	21.4 (13.1-33.1)	23.0 (12.0-39.7)	19.7 (9.2-37.4)		0.98 (0.29-3.30) ⁷	22.2 (13.0-35.2)	18.5 (5.0-49.7)		0.99 (0.23-4.35) ⁷
Willingness				<i>p</i> =0.8622	<i>p</i> =0.491			<i>p</i> =0.9157	<i>p</i> =0.571
Partner or respondent more willing	22.2 (13.8-33.6)	21.4 (11.8-35.6)	23.1 (10.9-42.3)		1.56 (0.44-5.57) ⁸	21.6 (13.5-32.7)	23.1 (6.2-57.9)		1.67 (0.28-10.10) ⁸

Table 17 (continued): Circumstances of first sex: A comparison of Pakistanis born and brought up in UK/Europe and Pakistanis born and brought up in Pakistan/South Asia, women

	Comparison 1: Place of birth				Comparison 2: Place of upbringing				
	All Pakistani women % (95% CI)	Pakistanis born in UK/Europe % (95% CI)	Pakistanis born in Pakistan/South Asia % (95% CI)	<i>p</i> -value ³	Adjusted OR ⁵ (95% CI) Pakistanis born in Pakistan/South Asia vs. born in UK (ref)	Pakistanis born in UK & those who moved to UK before 16 years % (95% CI)	Pakistanis who moved to UK aged at least 16 years % (95% CI)	<i>p</i> -value ⁴	Adjusted OR ⁵ (95% CI) Pakistanis who moved to UK 16+ years vs. those born in UK/moved to UK <16 years (ref)
<i>Denominator</i> ^{1,2}	180	104	76	-	-	146	34	-	-
Contraception used									
None/did not use reliable contraception	55.2 (42.3-67.4)	43.2 (25.6-62.8)	68.1 (49.5-82.3)	<i>p</i> =0.0689	<i>p</i> =0.077 3.07 (0.88-10.65) ⁹	54.0 (39.9-67.6)	60.0 (32.8-82.2)	<i>p</i> =0.6978	<i>p</i> =0.903 1.08 (0.29-4.01) ⁹
Sexual competence									
Sexually competent	23.3 (13.8-36.5)	39.6 (23.1-58.9)	5.4 (2.2-12.9)	<i>p</i> =0.0000	<i>p</i> =0.000 0.07 (0.17-0.30) ¹⁰	30.1 (18.4-45.5)	1.2 (0.2-8.9)	<i>p</i> =0.0000	<i>p</i> =0.002 0.03 (0.03-0.26) ¹⁰

Notes for Table 17:

1. Unweighted denominators, weighted percentages.
2. Denominator is Pakistani women respondents who reported having had sex aged 13+.
3. *p*-value for difference between Pakistani women born in UK/Europe & Pakistani women born in Pakistan/South Asia.
4. *p*-value for difference between Pakistani women born in UK/Europe & those who moved to UK aged <16 years and Pakistani women born in Pakistan/South Asia but moved to UK aged 16+ years.
5. Odds ratio (OR) of reporting outcome adjusted age only.
6. Adjusted OR of reporting being married at first sex vs. not married.
7. Adjusted OR of reporting “wish waited longer” vs. reporting “about the right time” or “should not have waited so long”
8. Adjusted OR of respondent more willing or partner more willing vs. equally willing.
9. Adjusted OR of not using reliable contraception (withdrawal, rhythm method, respondent not using but partner may have done, neither partner using) vs. using (reliable) contraception (condom and/or ‘other’ including the pill).
10. Adjusted OR of respondent being sexually competent vs. not sexually competent at first sex.

Table 18: Learning about sex: A comparison of Pakistanis born and brought up in UK/Europe and Pakistanis born and brought up in Pakistan/South Asia, men

	Comparison 1: Place of birth				Comparison 2: Place of upbringing				
	All Pakistani men % (95% CI)	Pakistanis born in UK/Europe % (95% CI)	Pakistanis born in Pakistan/South Asia % (95% CI)	<i>p</i> -value ³	Adjusted OR ⁵ (95% CI) Pakistanis born in Pakistan/South Asia vs. born in UK (ref)	Pakistanis born in UK & those who moved to UK before 16 years % (95% CI)	Pakistanis who moved to UK aged at least 16 years % (95% CI)	<i>p</i> -value ⁴	Adjusted OR ⁵ (95% CI) Pakistanis who moved to UK 16+ years vs. those born in UK/moved to UK <16 years (ref)
<i>Denominator</i> ^{1,2}	168	88	80	-	-	125	43	-	-
Main source of sex education				<i>p</i> =0.0008	<i>p</i> =0.472			<i>p</i> =0.0012	n/a
Lessons at school	28.1 (18.1-41.0)	39.4 (24.4-56.7)	12.2 (6.2-22.5)		0.67 (0.22-2.02) ⁶	36.7 (24.1-51.4)	0		n/a
Communication with parents about sex in adolescence				<i>p</i> =0.1244	<i>p</i> =0.368			<i>p</i> =0.8090	<i>p</i> =0.179
Did not discuss	91.6 (80.9-96.6)	88.5 (70.8-96.1)	96.1 (89.5-98.6)		1.63 (0.56-4.80) ⁷	90.7 (76.6-96.6)	92.1 (79.8-97.2)		0.48 (0.16-1.41) ⁷
Adequate information at first sex				<i>p</i> =0.3215	<i>p</i> =0.047			<i>p</i> =0.0099	<i>p</i> =0.000
Needed more information, grouped ⁸	73.9 (63.2-82.3)	77.1 (64.3-86.3)	68.7 (52.6-81.3)		0.35 (12.6-98.7)	79.3 (68.4-87.2)	53.2 (33.7-71.8)		0.15 (0.06-0.40)

Notes for Table 18:

1. Unweighted denominators; weighted percentages.
2. Denominator is all Pakistani men respondents aged 16-44 years.
3. *p*-value for difference between Pakistani men born in UK/Europe & Pakistani men born in Pakistan/South Asia.
4. *p*-value for difference between Pakistani men born in UK/Europe & those who moved to UK aged <16 years and Pakistani men born in Pakistan/South Asia but moved to UK aged 16+
5. Odds ratio (OR) adjusted for age only and age at first intercourse.
6. Adjusted OR of reporting lessons at school as main source of sex education vs. all other sources.
7. Adjusted OR of reporting 'did not discuss' vs. easy/difficult/depended on topic.
8. Denominator is respondents who reported having had sex aged 13+.

Table 19: Learning about sex: A comparison of Pakistanis born and brought up in UK/Europe and Pakistanis born and brought up in Pakistan/South Asia, women

	Comparison 1: Place of birth				Comparison 2: Place of upbringing				
	All Pakistani women % (95% CI)	Pakistanis born in UK/Europe % (95% CI)	Pakistanis born in Pakistan/South Asia % (95% CI)	<i>p</i> -value ³	Adjusted OR ⁵ (95% CI) Pakistanis born in Pakistan/South Asia vs. born in UK (ref)	Pakistanis born in UK & those who moved to UK before 16 years % (95% CI)	Pakistanis who moved to UK aged at least 16 years % (95% CI)	<i>p</i> -value ⁴	Adjusted OR ⁵ (95% CI) Pakistanis who moved to UK 16+ years vs. those born in UK/moved to UK <16 years (ref)
<i>Denominator</i> ^{1,2}	180	104	76	-	-	146	34	-	-
Main source of sex education				<i>p</i> =0.0745	<i>p</i> =0.497			<i>p</i> =0.0000	<i>p</i> =0.002
Lessons at school	46.1 (35.7-56.8)	52.3 (39.0-65.3)	35.3 (22.5-50.7)		0.74 (0.31-1.77) ⁶	54.7 (34.1-57.0)	9.0 (2.7-26.2)		0.10 (0.02-0.43) ⁶
Communication with parents about sex in adolescence				<i>p</i> =0.0336	<i>p</i> =0.213			<i>p</i> =0.3188	<i>p</i> =0.963
Did not discuss	79.0 (69.6-86.2)	73.5 (60.3-83.5)	88.8 (78.4-94.5)		2.04 (0.66-6.29) ⁷	77.1 (66.2-85.3)	86.2 (67.8-94.8)		0.97 (0.24-3.90) ⁷
Adequate information at first sex				<i>p</i> =0.6640	<i>p</i> =0.831			<i>p</i> =0.9297	<i>p</i> =0.857
Needed more information, grouped ⁸	62.9 (51.4-73.1)	61.2 (45.6-74.8)	65.6 (50.5-78.0)		1.14 (0.35-3.71)	62.3 (49.2-73.9)	63.4 (41.3-81.0)		1.11 (0.34-3.71)

Notes for Table 19:

1. Unweighted denominators; weighted percentages.
2. Denominator is all Pakistani women respondents aged 16-44 years.
3. *p*-value for difference between Pakistani women born in UK/Europe & Pakistani women born in Pakistan/South Asia.
4. *p*-value for difference between Pakistani women born in UK/Europe & those who moved to UK aged <16 years and Pakistani women born in Pakistan/South Asia but moved to UK aged 16+.
5. Odds ratio (OR) adjusted for age only and age at first intercourse.
6. Adjusted OR of reporting lessons at school as main source of sex education vs. all other sources.
7. Adjusted OR of reporting 'did not discuss' vs. easy/difficult/depended on topic.
8. Denominator is respondents who reported having had sex aged 13+.