

A PAVEE PERSPECTIVE -

Travellers' attitudes to sexual relationships and sex education

PAVEE POINT TRAVELLERS CENTRE
FUNDED BY THE CRISIS PREGNANCY AGENCY



SEPTEMBER 2011



Pavee Point
Travellers' Centre



ISBN 1 897598 29 7

'The opinions/views outlined in this report are not necessarily the opinions/views of the HSE Crisis Pregnancy Programme'

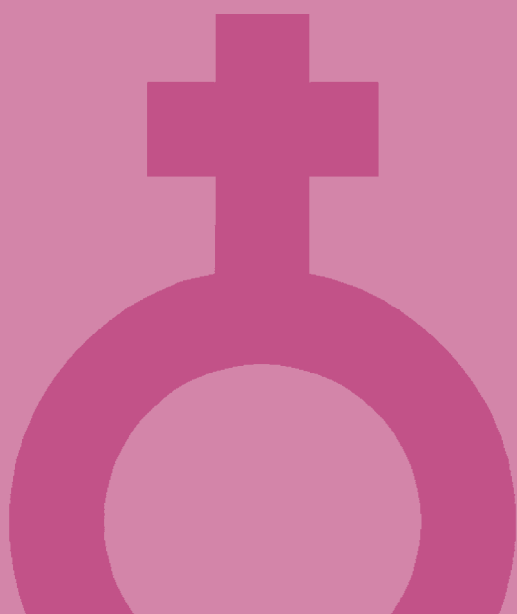
Author: Fiona McGaughey

Acknowledgements:

The author would like to acknowledge Pavee Point staff for their invaluable guidance and support with this project. All those who took part in focus groups and interviews for this research, and shared openly, played an essential role; as did the Traveller organisations who facilitated the focus groups. Thank you.

Contents

Introduction	3
Background and rationale	3
Research approach and methodology	4
Context	6
Traveller Health and Culture	6
Travellers and Education	7
Sexuality and Sex Education	8
Travellers and Sex Education	10
Focus Groups	13
Interviews	22
Conclusions and Recommendations	25
Recommendations	27
Appendix	29
Focus group discussion guide	29



Foreword

Pavee Point has been concerned for many years about the lack of knowledge among young Travellers about sex education. Most young people get their information about sexual relationships and sex education from school or parents. In Pavee Point we recognise that many Traveller parents often do not feel equipped to discuss these issues with their children. Traditionally it has been a taboo subject among Travellers, although this is changing. The fact that the majority of young Travellers are early school leavers also means that many of them do not have the opportunity of informing themselves in the formal education system.

This project was funded by the Crisis Pregnancy Agency and attempted to:

- Undertake research to capture the views of young Travellers and Traveller parents on their attitudes and knowledge about sexual relationships and sex education
- To develop and pilot culturally appropriate training modules for professionals (including youth workers and health service personnel) to deliver sexual relationship education to young Travellers and Traveller parents

This research report is the first time Traveller attitudes to sexual relationships and sex education has been documented and published as a discreet report. We see it as providing baseline information on attitudes and knowledge among Travellers and the findings have been used to inform the development of our training modules. We hope to build on this work in the coming years.

We would like to acknowledge the support and funding received through the Crisis Pregnancy Agency, now the HSE Crisis Pregnancy Programme, which has made this work possible.

Ronnie Fay, *Director*

Introduction

BACKGROUND AND RATIONALE

The Crisis Pregnancy Agency provided funding to Pavee Point Travellers Centre to develop culturally appropriate training modules and materials on sexuality and relationship education for Traveller young people and parents. These modules include general sexual health and relationship information within the context of the Traveller culture. It is anticipated that these modules will be piloted through a Training of Trainers programme regionally and will have the potential to be rolled out nationally subject to available resources in years two and three. A key component of the project was to conduct research on Travellers' attitudes to sexual relationship and sexual education.

The rationale for the project arose from the work of Pavee Point. Pavee Point is a voluntary, or non-governmental, organisation committed to the attainment of human rights for Irish Travellers. The group is comprised of Travellers and members of the majority population working together in partnership to address the needs of Travellers as a minority group experiencing exclusion and marginalisation.

The aim of Pavee Point is to contribute to improvement in the quality of life and living circumstances of Irish Travellers, through working for social justice, solidarity, socio-economic development and human rights. The work of Pavee Point is based on two key premises:

- Real improvement in Travellers' living circumstances and social situation requires the active involvement of Travellers themselves.
- Non-Travellers have a responsibility to address the various processes which serve to exclude Travellers from participating as equals in society.

Pavee Point's approach includes a youth work dimension and through our work with Traveller families across Ireland and with young Travellers in particular, it became clear that many Travellers often did not receive sex education in school, partly due to early school leaving patterns, and that many Travellers do not receive sex education in the home. Furthermore the existing provision of RSE in mainstream education and youth services needs to be more inclusive of Traveller ethnicity and culture in order to meet the needs of young Travellers. It was decided that a project aimed at improving awareness and fostering discussion was needed by targeting young Travellers and their parents in an out-of-school setting. To facilitate this, the project aims to develop the capacity of the Traveller community to deliver peer to peer training, to support the development of more inclusive practise in RSE education and to develop culturally appropriate workshop materials that can be re-produced to use with the Traveller community, or other minority groups.

RESEARCH APPROACH AND METHODOLOGY

Given the lack of research in this area specifically related to Travellers, this research will take the form of a preliminary scoping exercise aimed at establishing the context and specifically to inform the development of the pilot training modules. As a result, it is intended to contribute to the ongoing development and delivery of the training. The research will specifically:

- Discuss the sexual knowledge, attitudes and beliefs of young Travellers;
- Identify current information sources in relation to sexual relationships and sexual health;
- Explore the cultural context in relation to sexual relationships, marriage, families and gender roles within the Traveller community;
- Identify the sexual health education needs of young Travellers (and potentially other age groups within the Traveller community);
- Discuss the most culturally appropriate method(s) of meeting these needs.

The first stage of the research is a brief literature review of relevant literature related to Traveller health, and attitudes to sexual relationships and sex education within Irish society more generally. A qualitative methodology was selected for the second stage of the research as it is important to understand the cultural context of the Traveller community, which the qualitative method should enable; this method also allows the challenging of stereotypes and assumptions which can result from quantitative surveys.¹ Focus group discussions were used with reference to the focus group discussion guides used in another relevant study² and with the kind permission of the authors. These were tailored to suit the context of the current study.

Focus groups and interviews were held with the two Traveller target groups (young people and parents) and other stakeholders:

- Young Travellers aged 16 – 25 years (62% of Travellers are aged under 25)
- Traveller parents
- Health care professionals
- Youth workers
- Teachers

1.] Alderson, P. (2001) *On Doing Qualitative Research Linked to Ethical Healthcare*. The Wellcome Trust, London.

2. Mayock, P. & Byrne, T. (2004) *A Study of Sexual Health Issues, Attitudes and Behaviours: The Views of Early School Leavers*. Crisis Pregnancy, Dublin.

Both focus groups and interviews were held in three locations, two urban and one rural. The research was conducted with cognisance of the sensitive nature of the topic and possible cultural and gender sensitivities. The researcher worked closely with Pavee Point and local Traveller organisations in planning and arranging focus groups and interviews and identifying locations and participants. It was agreed that a researcher from the majority population would work best given the “taboo” nature of some of the content within the Traveller community. It was also agreed that the female researcher would facilitate the focus groups with young Traveller women and Traveller mothers; and that Traveller men or men working in Traveller organisations would facilitate the focus groups with young men. It was advised that note-taking as opposed to tape-recording of focus groups with Travellers would work best and this approach was taken.

Six focus groups were conducted with Travellers only. These were as follows:

- Young Traveller women, mainly married (urban area 1), five participants, aged over 18 years.
- Young Traveller men, mainly married (urban area 1), five participants, aged over 18 years.
- Traveller parents - female (rural area), nine participants, aged over 18 years.
- Young Traveller men (rural area), five participants, aged 15-17 years.
- Young unmarried Traveller women (urban area 2), four participants, aged 16-19 years.
- Young Traveller women, mainly married (urban area 2), four participants, aged over 18 years.

Focus groups were followed up with eight one-to-one interviews with:

- Youth workers;
- Traveller organisations;
- Teachers and other professionals delivering sex education to Travellers;
- Health care workers;
- Other related service providers (for example, women’s and sexual health services).

One interviewee was a Traveller and one other worked in a Traveller organisation; all had experience of working with / providing services to Travellers. The locations of these interviews were the same as locations for focus groups, and so individuals’ names and organisations have not been included here to protect anonymity of the focus group participants.

Consent forms were completed by interviewees and participants in focus groups. Young Travellers under 18 years of age returned completed parental consent forms to participate in focus groups.

Context

TRAVELLER HEALTH AND CULTURE

Travellers are an indigenous minority, documented as being part of Irish society for centuries. Travellers have a long shared history and value system which make them a distinct group. They have their own language, customs and traditions.³

The recently published All Ireland Traveller Health Study, commissioned by the Department of Health and Children and carried out by researchers at University College Dublin in partnership with Pavee Point and Traveller organisations throughout Ireland, included a census of the Traveller community. This found that there were 36,224 Travellers living in the Republic of Ireland at the time of the census in 2008.⁴

The study presented stark findings in relation to mortality rates and life expectancy:

- Traveller males die (on average) 15 years before their counterparts in the general population, and females 11 years earlier.
- Since 1987, for males, the gap in mortality has widened between Travellers and the general population; while for the women the gap has remained nearly the same. For Travellers as a whole the gap has widened.
- Infant mortality in Travellers is 3.6 times higher than in the general population.

3. http://www.paveepoint.ie/pav_culture_a.html

4. Kelleher et al (2010) *Our Geels All Ireland Traveller Health Study*. University College Dublin, Department of Health and Children.

The study also describes the strong gender culture emphasising important differences between the lifestyles of men and women. It states that Traveller culture is characterised by proud patriarchal dominance and that the wife and children must be loyal to the father and women to obey men in the family.

The need for young women to be “beyond moral reproach” was also described in the study. During participatory research with young people, the girls performed a roleplay making up the narrative as they went along. In the roleplay, one girl was seen by the group to be mixing with boys. The rest of the girls gathered around whispering about the other girl and shunned her as she tried to join them, to use their own words, to avoid being “scandalised”.

Issues affecting men described in the report included low self-esteem and feelings of negative self-worth. “We have lost our thick skin”.

There were also reports of young Travellers hiding their identity to get access to social facilities. Comments included:

“ *I have seen young girls glammed enough that they could walk on the red carpet in Hollywood and they are not let into the pictures*”.

“ *Traveller girls will dress down to get into a disco, but they don't take on settled person's ways*”.

TRAVELLERS AND EDUCATION

It is widely documented that Travellers experience disadvantage in a number of areas. In relation to education, according to the 2006 Census:

- 12.36% of Travellers surveyed had finished lower second level education;⁵
- 2.82% of Travellers surveyed completed upper second level education;
- 0.25% of Travellers had a third level qualification.

A 2006 survey by the Department of Education and Science found that Traveller enrolment in primary schools has improved in recent years, with almost all Traveller children enrolling in primary school. However just over 10 per cent of Travellers who enrol in post-primary schools complete their post-primary education (this contrasts with over 85 per cent of students generally). Low attendance levels of Traveller children at school, and low achievement levels in reading and mathematics were also identified as issues.⁶

In the All Ireland Traveller Health Study, education emerged as a key need. It found that Travellers do not achieve a full primary school education in sufficient numbers and that the relevance and appropriateness of the education system deserves scrutiny. It also found cross-generational deprivation whereby some parents cannot help with their children's school education and younger people question their elders about the value of education when they see community members who are failing to find employment despite having some level of education.⁷

The All Ireland Traveller Health Study also included Travellers' reports of discrimination in a number of areas, including discrimination in education, such as putting Traveller children to the back of the classroom 'to colour in':

5. Census 2006. Available at: <http://beyond2020.cso.ie/Census/TableViewer/tableView.aspx>.

6. Department of Education and Science (2006) Survey on Traveller Education Provision. Available at: http://www.education.ie/servlet/blobServlet/des_insp_travellers_foreword_te.htm

7. Kelleher et al (2010) Our Geels All Ireland Traveller Health Study. University College Dublin, Department of Health and Children.

“...You see, it’s one thing having an Anti-Racism Code of Practice in the schools but if people’s attitude and prejudices towards any one community it is going to impact on the service they deliver to the community. As in the way that teacher will teach your child. That’s what I mean.”

The authors note that it is now recognised that equality and diversity are central to promoting health gain and wellbeing.

SEXUALITY AND SEX EDUCATION

Irish society has undergone dramatic changes in recent years, not least in the change of attitudes to sex. Co-habiting and children born outside of marriage are now commonplace. In the third quarter of 2009, 32.4% of all births were registered as outside of marriage and 17.4% of all births were to unmarried parents with the same address.⁸ Other changes include the fact that until 1985 contraception was only available on prescription from a doctor; homosexuality was illegal until 1993 and divorce was only legalised in the Family Law (Divorce) Act, 1996.⁹ In tandem with decreasing support for the Catholic Church, media portrayal of sex has increased.

The 2006 Irish Study of Sexual Health and Relationships¹⁰ notes that between 1975 and 2005, the proportion of Irish people agreeing that sex before marriage is ‘always wrong’ fell from 71% to 6%. In 2006, for 18-24 year olds, the average age of first sex was 17. The median age of first vaginal intercourse at the time of that study (2006) was 18 for men and 19 for women. This age has been falling steadily across age cohorts; for example, the median age for men currently aged 60 to 64 was 22; for women, it was 23.

In Ireland, the aim of Relationships and Sexuality Education is stated as helping children to “acquire a knowledge and understanding of human relationships and sexuality through processes which will enable them to form values and establish behaviours within a moral, spiritual and social framework”.¹¹

Sex education is also about promoting good sexual health, which the World Health Organisation has described as follows:

“ 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.”¹²

The human rights of children are set out in the UN Convention on the Rights of the Child (CRC), to which Ireland is a signatory. Recognising the ongoing development of children, some rights within the convention are aimed at protecting children (for example freedom from discrimination); whereas others empower children (for example freedom of expression). The arguable right to sex education does both. It protects young people by ensuring they are aware of unplanned pregnancy, Sexually Transmitted Infections (STIs) and so forth and also by raising awareness of healthy relationships and developing self esteem to protect against abuse. The right to sex education also fits with Article 13(1) of the CRC which empowers children, giving them the right to freedom of expression, including the right to information:

8. Central Statistics Office (2010) Vital Statistics 3rd Quarter 2009. Available at: http://www.cso.ie/newsevents/pressrelease_vitalstatisticsquarter32009.htm

9. Mayock, P. & Byrne, T. (2004) A Study of Sexual Health Issues, Attitudes and Behaviours: The Views of Early School Leavers. Crisis Pregnancy, Dublin.

10. Layte, R. et al (2006) The Irish Study of Sexual Health and Relationships. Crisis Pregnancy Agency, Dublin.

11. Department of Education (1997) Relationships and Sexuality Education: Policy Guidelines. Dublin: Department of Education.

12. World Health Organisation (2004) Progress in Reproductive Health. Geneva, WHO.

“ The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child’s choice.” (Emphasis added)

Some sex education, particularly based on international literature, is aimed at preventing teenage pregnancy and reducing risk-taking potentially leading to sexually transmitted diseases and infections. UNICEF has described the objective of delaying pregnancy as follows:

“...the incentive to avoid early parenthood stems from a stake in the future, a sense of hope, and an expectation of inclusion in the benefits of living in an economically advanced society. Building in that sense of inclusion where it is now absent is a task that requires action on a much broader front.”¹³

In Ireland, Section 4 of the Rules and Programme for Secondary Schools requires schools to have an agreed policy for Relationships and Sexuality Education (RSE) and a suitable RSE programme in place for students at junior and senior cycle. At junior cycle, the RSE programme is part of Social, Personal and Health Education (SPHE).

In 1995 and 1996 the Department of Education and Science issued circulars to post-primary schools¹⁴, requesting that they begin the process of developing their policies to include RSE and wider aspects of SPHE in their curricula for all students from first year to sixth year. Subsequent circulars required schools to introduce the SPHE Junior Cycle Curriculum on a phased basis, with full implementation by September 2003.¹⁵

A survey published in May 2010 found that the majority of young people (88%) received SPHE classes in 2009 and SPHE is timetabled as a class in almost all schools surveyed (97%). In contrast, almost three-quarters of young people (74%) did not receive RSE classes during the year and RSE is timetabled in only 15% of schools surveyed.¹⁶ Note that this refers to one year only as opposed to the entire school life-time as used in other studies.

The 2006 Irish Study of Sexual Health and Relationships¹⁷ found that most under-35s have received sex education to some degree and that 88% of men and 93% of women under 25 have received some sex education. People reported being primarily taught about biological aspects of sex and sexual intercourse (51%) and least likely to receive information on sexual feelings, relationships and emotions (27%). Under-25s were the group most likely to report finding sex education useful; however 42% of men and 34% of women in this age-group still found sex education “unhelpful”.

A study with early school leavers, of particular relevance given early school leaving patterns among Travellers, found that over three-quarters (78%) of the young people had received some form of sex education while attending either primary or secondary school and there was general consensus that school-based sex education was inadequate, too biological and did not address broader emotional, moral or social issues.¹⁸ Also, young people have been found to lack knowledge of terms such as contraception and to lack awareness of sources of information and knowledge about condom use.¹⁹

13. UNICEF (2001) *A League Table of Teenage Births in Rich Nations*.

14. http://www.education.ie/servlet/blobServlet/m04_95.doc and http://www.education.ie/servlet/blobServlet/m20_96.doc

15. <http://www.education.ie/robots/view.jsp?pcategory=10815&language=EN&ecategory=41670>

16. Dáil na nÓg (2010) *Life skills matter – not just points. A survey of implementation of Social, Personal and Health Education (SPHE) and Relationships and Sexuality Education (RSE) in second-level schools*. Office of the Minister for Children and Youth Affairs.

17. Layte, R. et al (2006) *The Irish Study of Sexual Health and Relationships: Summary Report*. Crisis Pregnancy Agency, Dublin.

18. Mayock, P. & Byrne, T. (2004) *A Study of Sexual Health Issues, Attitudes and Behaviours: The Views of Early School Leavers*. Crisis Pregnancy, Dublin.

19. Mayock et al (2007) *RSE in the Context of SPHE: An Assessment of the Challenges to Full Implementation of the Programme in Post-primary Schools*. Crisis Pregnancy Agency, Dublin.

There are various approaches used in delivering sex education, both in Ireland and internationally, including use of external facilitators, teacher-led or peer-led classes and alternative approaches such as use of drama and use of internet.²⁰ In the recent Dáil na nÓg report, young people indicated that their preferred RSE teaching methods were discussions (25%), followed by group work (10%).²¹

In the Irish Study of Sexual Health and Relationships²² 80% of people who support sex education advocated it being taught at home and around 90% advocated it being taught in school. Among early school leavers, when sex education was given at home, it was given by the mothers, mainly to their daughters with a focus on risk of pregnancy.²³

Research with second-level students throughout Ireland found that most participants in the research did not discuss sex with their parents. If it was discussed, different messages were conveyed based on gender, with boys being told about protection from unwanted consequences and girls being told about abstinence and chastity.²⁴ Another study found that 46% of individuals felt talking to their mother about sexual matters was 'difficult' and 45% that talking to their father was 'difficult'; whilst both men and women found talking to their mother easier than talking to their father about these matters.²⁵ There is widespread parental support of sex education in schools in Ireland.²⁶

In relation to gender, highly gender-defined stereotypes of sex roles and behaviour have been found among teenagers in Ireland.²⁷ It has been found that young men and young women attach different social meanings to sex and contraception and these meanings influenced their sexual behaviour; for example young women were reluctant to buy or carry condoms as it implied they were interested in or prepared for sex, which could undermine their good reputation.²⁸ Also, both young men and women were aware of a 'double standard' of sexual behaviour whereby young men were expected to be sexually active and experienced but young women were not or not to the same extent.

TRAVELLERS AND SEX EDUCATION

*“There has been little research into the sexual health needs of young Travellers”.*²⁹

As identified by Pavee Point and part of the rationale for this project, there is a lack of information about Travellers' sexual health and sex education needs. There is also a reluctance to discussing such issues within the community. The lack of information is exacerbated by the fact that data is not routinely collected, for example by using an ethnic identifier, by state agencies and service providers. An ethnic identifier, including membership of the Traveller community, is used in the national Census. There is some level of data collection in certain areas, for example some services relating to violence against women and some educational data. In large mainstream research projects, the attitudes, behaviours or needs of Travellers, or indeed other minority groups, is very rarely taken into account.

20. See Fullerton, D. (2004) *Promoting Positive Adolescent Sexual Health & Preventing Teenage Pregnancy - A Review of Recent Effectiveness Research*, Crisis Pregnancy Agency Report No. 2, and De Vries, J. et al (2009) *A Review of the International Literature on the Role of Outside Facilitators in the Delivery of School-based Sex Education*. Crisis Pregnancy Agency, Dublin.

21. Dáil na nÓg (2010) *Life skills matter – not just points. A survey of implementation of Social, Personal and Health Education (SPHE) and Relationships and Sexuality Education (RSE) in second-level schools*. Office of the Minister for Children and Youth Affairs.

22. Layte, R. et al (2006) *The Irish Study of Sexual Health and Relationships: Summary Report*. Crisis Pregnancy Agency, Dublin.

23. Mayock, P. & Byrne, T. (2004) *A Study of Sexual Health Issues, Attitudes and Behaviours: The Views of Early School Leavers*. Crisis Pregnancy, Dublin.

24. Hyde, A. & Howlett, E. (2005) *Understanding Teenage Sexuality in Ireland*. Crisis Pregnancy Agency, Dublin.

25. Layte, R. et al (2006) *The Irish Study of Sexual Health and Relationships*. Crisis Pregnancy Agency, Dublin.

26. Morgan, M. (2000) *Relationships and Sexuality Education: An Evaluation and Review of Implementation*. Dublin: Department of Education and Science.

27. Hyde, A. & Howlett, E. (2005) *Understanding Teenage Sexuality in Ireland*. Crisis Pregnancy Agency, Dublin.

28. Mayock, P. & Byrne, T. (2004) *A Study of Sexual Health Issues, Attitudes and Behaviours: The Views of Early School Leavers*. Crisis Pregnancy, Dublin.

29. National Youth Council of Ireland (2004) *Sense & Sexuality, A Support Pack for Addressing the Issue of Sexual Health with Young People in Youth Work Settings*, p.26.

Travellers' sexual health was first addressed in a policy context in the National Traveller Health Strategy 2002-2005 where specific actions included:

- Greater access to and uptake of family planning and sexual health services will be encouraged by Health Boards through improved primary care services. Where appropriate, special Health Board clinics should be held at which the necessary services can be provided.
- Peer-led educational and awareness programmes on family planning and sexual health should be considered by Health Boards, as should other means of communication such as videos, which may be more appropriate to Travellers' needs than written materials.

The National Youth Council refers to unpublished research with Travellers carried out by the Midland Health Board in 2000.³⁰ This found that young Travellers marry at a younger age than the general population and have more children. This research and ongoing work with Travellers is credited as highlighting the impact of cultural beliefs and traditional practice on Travellers' sexual health and well-being. Issues which emerged included:

- There are clear gender divisions within Travellers' sexual health;
- Contraception and family planning are essentially seen as female issues;
- Travellers have a low level of awareness about safer sexual health practices, their knowledge of STIs is low and the use of condoms is not normalised behaviour for Traveller men or women;
- Travellers' knowledge of the reproductive anatomy is generally poor;
- Travellers source much of their knowledge on sexual health, family planning and contraception 'through word of mouth' within their own community. The GP is identified as the next most likely source of information on contraception etc.;
- Traveller women identify the lack of choice in relation to female GP services as a barrier in their access and use of women's health services.

The All Ireland Traveller Health Study found a reported lack of much needed culturally relevant information for both 'straight' and LGBT Travellers in the area of sexual health and sexual orientation generally and it was recommended that any attempts to increase knowledge in the Traveller community around sexual health needed to be done thoughtfully and in consultation with Traveller organisations and Gay Traveller support groups.

In light of the dearth of research in relation to Travellers and sex education, it is interesting to consider research with minority ethnic groups in other countries.

In an appendix to a review of the role of external facilitators³¹ entitled Immigrant Adolescents and/or those from an Ethnically and Culturally Different Background, the issue is dealt with for the first time in any detail in an Irish context. The author states that research has identified that children whose ethnic or cultural background is at variance with the prevailing culture may need special consideration if relationship and sexuality education is to be effective for them and mentions that there are various approaches to the provision of a 'culturally sensitive' sex education. For example, a study on sex education for Muslim Bangladeshi young people in the UK³² found that there were two key factors enhancing Bangladeshi youth's risk of infection and unwanted pregnancy: inadequate parental understanding about sexual health and limited sex education in the home; and patchy provision of culturally appropriate, school-based sex education.

30. National Youth Council of Ireland (2004) *Sense & Sexuality, A Support Pack for Addressing the Issue of Sexual Health with Young People in Youth Work Settings*, p.26.

31. De Vries, J. et al (2009) *A Review of the International Literature on the Role of Outside Facilitators in the Delivery of School-based Sex Education*. Crisis Pregnancy Agency, Dublin.

32. Fernandez, T., Chapman, J., and Estcourt, C. S. (2008) *Joint-working as a policy for reducing inequalities in access to information: developing culturally appropriate sex and relationships education for young Bangladeshis in London*. *Sex Education* 8 (2): 187-200.

Sex education was affected by the fact that it was culturally rooted in perceptions of sex/sexuality and by the limited participation of stakeholders, (religious leaders, parents), in the development and delivery.

The conclusion was that the development and delivery of culturally appropriate sex education requires community engagement and collaboration among stakeholders in young people's health and well-being.

Minority groups are obviously not homogenous however, and suitable approaches, content and delivery need to be designed, or at least adapted, for each. A study on preferences towards sex education and information from a religiously diverse sample of young people found a number of similarities across the practising religious groups such as preferences for more information on sexually transmitted infections and how to make sex more satisfying.³³ However, there were also significant differences across the religious groups. For example, Hindus showed a higher preference towards someone of similar age, and also the least preference for someone of the same religion; whereas Muslims reported a higher preference for religious compatibility on the premise that such a person could "identify with" their own religious and cultural beliefs.

In Ireland, the need to develop appropriate teaching resources and materials to reflect the needs of various groups, including children from diverse (ethnic, linguistic and/or religious) backgrounds emerged from the 2007 report on the implementation of RSE.³⁴

33. Coleman, L. (2008) *Preferences towards sex education and information from a religiously diverse sample of young people. Health Education 108 (1): 72-91.*

34. Mayock et al (2007) *RSE in the Context of SPHE: An Assessment of the Challenges to Full Implementation of the Programme in Post-primary Schools.* Crisis Pregnancy Agency, Dublin.

Focus Groups

Focus groups were carried out as described in the methodology section of this report. The profile of these groups was as follows:

- Young Traveller women, mainly married (urban area 1), five participants, aged over 18 years.
- Young Traveller men, mainly married (urban area 1), five participants, aged over 18 years.
- Traveller parents - female (rural area), nine participants, aged over 18 years.
- Young Traveller men (rural area), five participants, aged 15-17 years.³⁵
- Young unmarried Traveller women (urban area 2), four participants, aged 16-19 years.
- Young Traveller women, mainly married (urban area 2), four participants, aged over 18 years.

Focus groups started with an explanation of the research and purpose of the focus group. In particular, the fact that participants would be anonymous in the research report was stressed. In some cases the focus group started with an ice-breaker exercise, such as a discussion of "your ideal man" with the young Traveller women. Two men working in Traveller organisations (one Traveller, one non-Traveller), and well-known to the group, facilitated the focus groups with young Traveller men.

Findings are presented under the headings below, reflecting the topics from the focus group discussion guides, adapted from guides used in another relevant study³⁶.

35. As discussed in the methodology section, those under 18 years of age had signed parental consent forms.

36. Mayock, P. & Byrne, T. (2004) *A Study of Sexual Health Issues, Attitudes and Behaviours: The Views of Early School Leavers*. Crisis Pregnancy, Dublin.

A. SOCIAL ENVIRONMENT

The general picture emerging from discussions around social environment was one of greater freedom for Traveller boys than Traveller girls (before marriage). There is at least an expectation that Traveller girls will spend more time at home and with family than socialising outside of the family. This is closely linked to the reputation of the Traveller girl, who above all else, should not bring shame on her family. This was a recurrent theme in every focus group. Activities that could bring shame range from being seen out socialising with young men, to being pregnant before marriage. Young women stated that a girl's name could be "put out" that she has done something seen as inappropriate with a boy and that this could damage her reputation. It was stated that this is sometimes done maliciously by other Traveller girls and is very damaging. Participants expressed anxiety about this happening to them.

The Traveller parents group generally agreed that young Traveller girls from the age of puberty until marriage are very much confined to the home or are chaperoned. Some participants felt this was appropriate, others felt that this level of pressure on young girls was unfair and might lead to young girls getting married in order to have "freedom".

However, to some extent this may be an expectation rather than a reality as some young women stated that they do socialise outside of the family and go to pubs and discos. Some of the participants stated that they drink alcohol but that their parents would not be aware of this. Some participants also stated that they do have boyfriends and in some cases go on holiday with friends and without their parents (although this was seen as unusual). They said their parents were not aware that they were "dating" and would only find out when the boy would approach the girl's father to seek permission to marry. Other participants cited going to the cinema with friends and babysitting as social activities and do not drink alcohol or go to pubs and discos. Some girls also go to youth groups. Some stated that they prefer "Traveller only" groups as settled girls are so different and have different beliefs and ambitions; for example, they have more freedom in terms of socialising, smoking, drinking and discuss topics such as living with boyfriends and going to college. Some Traveller girls felt they could not relate to these topics. Others said they would be happy to attend youth groups or other activities with both Travellers and settled girls.

Young men's social activities as identified by them, include football and other sports, going to "pubs and clubs" (among the over 18 year old group) and drinking alcohol two to four times per week. The under 18 year old group discussed spending time with their friends, mainly male but sometimes girls or girlfriends from the settled community. They spend their time in youth clubs, the pool hall and at each other's houses. At home they spend their time relaxing, playing computer games and texting. There is some level of alcohol consumption which is taken from home without parents' knowledge or bought for them by an over 18 year old.

Although there were general trends in the discussions and often broad agreement, there were diverging opinions within groups and significant regional variations in discussions; particularly in relation to how conservative or liberal the groups were. For example, one participant in a young woman's group stated that young men and women would not "date" as such but would perhaps socialise within a larger group of Travellers. In other focus groups however, it became clear that some young Travellers do "date". For young women, this was mainly with a Traveller boy. For Traveller boys, it was with both Traveller and settled girls but often their parents would not know.

In one young men's group, participants agreed they started "going out" with girls from aged 9-14 years, the other young men's group said they were around 12 or 13. One group said it felt good to have girlfriends and made them feel "macho". One group of young men (aged over 18 years now) said 12-14 was a good age to start having sex.

Gender Roles

Gender roles were discussed in most groups and there was general consensus that a clear division of roles exists in the home. The woman's role is generally seen as "staying at home", "cleaning, cooking, shopping and looking after children". One group of young women described the woman as the "head of the household". The man's role was seen in various groups as being the provider and "taking his wife to the shops". Some groups stated that men were "lazy" that their role was "sitting watching telly" and in one case "sitting back rolling a joint". Some groups, including one group of young men, felt that the roles should be more even. The other younger men's group stated that "girls know no different". A young women's group stated that if men do help out around the home, they are seen as less "manly".

B. KNOWLEDGE AND SOURCES OF KNOWLEDGE

There were a wide range of experiences of sex education (or lack thereof) among focus group participants. Some had had no sex education in formal education. Some had received sex education in school, sometimes in biology or religion classes, with their parents' consent. Some participants said they found it useful, others did not and said that Traveller girls would laugh and giggle during class whereas settled girls would ask questions and seemed to know more about the topic. One of the young men's groups could not remember anything they had learned in the classes.

Quite a few focus group participants, both male and female, had attended school in Northern Ireland or England for a period of time, and had received sex education there. One participant stated she felt she had learned more in England than she would have in Ireland. Others were not allowed to participate in sex education classes at school as their parents did not consent and so they were excluded from the class "I had to sit in the computer room... I would like to have been in the class". In some cases classes had been regular, for others it was a "once off".

Some young women were told about the facts of life ("them other things" as one participant said) by a family member, including mothers, a father (in one case), aunts and sisters. Sometimes it was seen that older sisters were more keen on preserving a younger sister's reputation and so would give limited information and could not be trusted as they would "rat on you" to your parents if you wanted to know too much. Girls sometimes discuss sex with their friends and share information in that way. Some people also mentioned the internet as a source of information. In some cases, young women felt they had received information from their General Practitioner, for example in relation to contraception. This was not a source identified by young men. Other sources of information on sex for both males and females included television.

Aside from classes in school, both young men's groups said they accessed information about sex mainly from TV. Other sources included pornographic websites, magazines and from friends. Generally the young men said sex was not talked about at home, perhaps with the exception of fathers warning them not to get anyone pregnant or older brothers asking "if you are getting any".

Some groups initially rejected any notion of parents talking to their children about sex and younger participants expressed embarrassment at the thought of such a conversation taking place as it was "shameful". Upon reflection, one group felt that perhaps a mother could talk to their daughters and perhaps their sons, but that fathers certainly could not. As outlined in this section, this was not universally agreed upon amongst the groups.

The Traveller parents' (mothers) focus group generally agreed that sex education should be delivered in schools, and participants had generally had a positive experience of sex education for their children. They were glad that parental consent was sought in advance for sex education classes. There were a couple of participants who were less enthusiastic about sex education in school and felt they wanted more control as parents over the topic. It was generally agreed that parents had a role to play in relation to sex education in the home; some mothers said they would be happy to talk to both their sons and daughters about sex and relationships, and some had already done so. Others were less comfortable talking to their sons but might talk to their daughters; they felt the fathers should have more of a role in educating boys.

Their own experiences of sex education growing up as Traveller girls were poor and they felt that they did not get enough support, advice or information. It was felt by some that this left them vulnerable, for example when child sex abuse occurred and they did not understand what was happening or what to do about it.

The Traveller parents' focus group also expressed concern about the level of access their children have to mobile phones, laptops, computers and in particular to the internet and social networking sites such as Facebook and Bebo. They felt that these information sources were very influential on their young people and that significant time was spent on mobiles and computers. The influence of the media, TV and films was also of concern. There were marked differences within the group in relation to how capable mothers felt of monitoring young people's usage of these different types of media. Some mothers felt that they had the skills necessary to check browsing history to see what sites their children have been on and also some felt that placing 'nanny net' on computers was a useful tool. Another stated that they kept the family computer in the living room so that they could supervise computer usage. Others, however, felt that they had little or no control over what sites their children are accessing, and what material they are viewing, receiving and sending over their phones.

Several participants stated that they were aware that their teenage children had accessed pornography on the TV, the internet or via their mobile phone. However, there was a marked difference within the group in relation to their attitudes to their children viewing these types of material. Some mothers felt that when it came to boys there was very little they could, or needed to do, once they had reached the age of 12 or 13. However, all parents expressed concern about young teenage girls viewing this type of material.

C. ROMANTIC RELATIONSHIPS: ATTITUDES AND BELIEFS

Some aspects of romantic relationships have been discussed under "social environment" above.

Marriage was generally discussed in a positive light and was often seen as inevitable. Some young men said that marriage was about love, support, friendship and commitment. Young Traveller women became animated when discussing weddings, dresses and so forth. In all focus groups it was agreed that Travellers, particularly Traveller women, get married young. One female participant stated that she was told she was "left on the shelf" when she still had not married at the age of 20. For some young women whose parents are strict about their socialising, marriage was seen as "freedom"; others disagreed that this was the case. One male participant felt that Travellers get married too young and wanted to wait.

Although traditionally, many Traveller marriages were arranged ("matched"), participants felt that this was much less common now and that young men and women had more say in whom they got married to. It was felt that arranged marriages still occur within some family groups; some participants stated that some more traditional Traveller families had "match made" marriages, particularly where the parents and grandparents had had an arranged marriage. In the Traveller parents' focus group, some mothers stated that young people should be able to choose their own spouse; a minority felt that arranged marriages can work out and that the parents put a lot of effort into choosing the right person. Some participants expressed concern that women had entered into abusive relationships as a result of arranged marriages and that they felt more obliged to remain in the relationship because their parents had chosen the man and they might not be supported if they left.

There was still a strong sense in the young women's groups that parental, and in particular, paternal consent was very important in a proposed marriage. There was much discussion in the same urban location of "running away to get married" if the families did not approve of the match or if the young woman was pregnant. Some participants felt it would be disrespectful to their parents to get married if they did not approve of their boyfriend or fiancé and that their parents were just trying to protect them, for example from domestic violence.

Marriage is seen as being for life, although there were discussions that this was changing. Infidelity in marriage was also viewed very negatively although again, it was felt that this is probably happening to some extent. It was felt by some participants that even following separation, people will get back together again. Marriage is also seen as involving the wider family and not just the two individuals. It was stated that Travellers generally marry another Traveller but that sometimes a young Traveller man will live with a settled woman, particularly if she gets pregnant. Many participants said "living together" was not something they would want to do themselves. In one young women's group it was agreed that if you ran away with a young man or lived with him you could be "left back" when he decides he doesn't want you; your reputation would be ruined and you would have brought shame on your family.

As discussed elsewhere, pregnancy before marriage is seen as unacceptable and there may even be a level of denial that this takes place. One focus group included participants who had become pregnant before marriage and who felt rejected by their families and ostracised by their community. In some cases it was felt that women felt under pressure to get married or to leave home. This was reiterated in a few focus groups. Young men also expressed concern about unplanned pregnancies and the possible repercussions for them.

Some participants felt young Traveller couples feel under pressure to have children as soon as they are married; others felt that this had changed and that there was no pressure on them personally. In a young men's focus group, one participant felt children would "tie you down", other young men were keen to become fathers. Traveller women discussed using contraception. Some felt that they could be open with their husbands or future husbands about this; others did not and said you "could hide the pill in a cupboard". There was a feeling among some participants in two of the young women's groups that men were more likely to want "lots of babies", perhaps in order to prove their manhood, but that it would be women doing all the hard work. Some participants felt that when women stayed at home looking after children, their relationship with their husband changed and you are seen as "just a mother".

The young men's groups discussed contraception (condoms). Some said they used condoms "for safe sex", and some said they were aware it provided protection but that you did not get the same sensation when having sex. Others did not use condoms, one said "I won't carry a condom, it's her responsibility".

Problems in Relationships

There was discussion in all the groups about what caused problems in relationships and marriages. Only one group did not bring up the topic of domestic violence of their own accord (this group showed resistance to the topic and so it was not pursued). The Traveller parents' group expressed concern young Traveller women tolerate rape and violence within marriage and do not feel they have a choice. They were also worried that young unmarried girls might have this view and see it as inevitable. The group was unanimous that domestic violence is wrong and should not be tolerated; however they recognised that they had all been involved with a Traveller organisation in some capacity and so had a raised awareness and a common understanding that not all Traveller women might have. The fact that there is still a certain level of acceptance within the community was seen as something that needed to be challenged.

The concerns that Traveller mothers had about the views of unmarried girls in relation to domestic violence were to some extent confirmed in the young women's groups. Most participants in one group felt that there was violence "in every marriage": "All men are violent, settled men as well, but more so Traveller men. There is no solution to this." On the other hand, one participant said that she had never been hit by her father and would not tolerate being hit within a marriage either. The over 18 year old group also felt that violence within marriage was a problem but were more challenging of it saying that "the woman needs to put her foot down".

One young men's group felt that problems within marriage such as arguments, violence and divorce, were caused by "falling out of love", "no trust", "jealousy", or other issues such as drugs and gambling. The other young men's group felt that violence is broadly acceptable as a way of dealing with conflict or arguments in relationships. It was felt that violence was acceptable where "she pushes you physically or verbally, then you can hit them" or "if she shames you".

The young women's groups also discussed violence in other relationships, for example being told by their father that if they ran away to get married both they and the young man would be physically punished. In one case when discussing young men "shaming" young women, it was suggested by the group that the girl's father should "beat him". One young women's group, showed a high level of familiarity with violence several times during the discussion. For example, they discussed what they would do in self-defence if their husband or someone else was violent towards them, or if they needed to retaliate against someone or get retribution for something that had been done. There were discussions about leaving a scar and different ways/techniques to cause scars and also discussions about whether/when it was acceptable to scar the face as opposed to other parts of the body. Some of the participants said they would intervene to stop their brother being violent towards his wife but would attack his wife if she had scarred him.

Sexual abuse of children was mentioned during two focus group discussions and participants were adamant that it should not happen and that children need to be protected.

D. LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT): ATTITUDES AND BELIEFS

There were mixed views about homosexuality within the groups. It was agreed amongst all the groups either that there are "gay Travellers", or if they did not know any personally "there must be gay Travellers". One young women's group felt that LGBT people would not generally be accepted by the Traveller community, especially by older Travellers. In particular, cohabiting on a halting site would be seen as problematic. They did feel that there was more awareness of homosexuality, for example through television, and were aware of the "Gay Traveller" group and website³⁷. The group themselves were generally sympathetic if not entirely accepting ("they can't help it"). Another group of women felt that LGBT Travellers would probably try to hide their sexuality and it would never really be acceptable in the community. A younger women's group discussed Travellers they knew who had had a very difficult time because of their sexuality. This group generally agreed that they "don't mind gays"; however one went on to say it was "disgusting" and even more disgusting to be a lesbian.

One young Traveller men's group also said they knew "gay Travellers" with the majority of the group expressing support for them and stating that they were treated badly. The younger men's group said they knew people who were gay, some participants said they were "quite sound", others "wouldn't chat to them". They said that gay couples were treated differently from other couples and that the topic of homosexuality was not covered in sex education classes.

Traveller parents felt there was a significant stigma associated with homosexuality within the Traveller community and felt that children should be challenged when they engage in homophobic name calling. There was no consensus within the group as to how they would react if one of their children identified themselves as LGBT. Some parents expressed the view that they would be supportive of their children and accept their sexuality as something they did not have a choice in. Others felt that although they did not have a problem accepting others as being LGBT, it was not something that they wanted for their children or felt that they could accept. Participants challenged each other on these issues, while some felt that as Travellers they should recognise and identify with discrimination against LGBT people and show solidarity with them, others felt that having an LGBT child would be a problem for them at a personal level.

E. SEXUALLY TRANSMITTED INFECTIONS: KNOWLEDGE AND UNDERSTANDING

Generally the area of sexually transmitted infections (STIs) was one where there was a lack of knowledge and understanding, often expressed by the participants themselves. One young women's group said that even where they had received information about sex, it did not include topics such as STIs or HIV and that they had no knowledge about these things. Another group felt that it was not a topic of concern for them as they were not "sleeping around" and had not previously considered the possibility of men catching an STI from someone and passing it on to them. During this focus group, one young woman was very curious about HIV and how you could catch it. In another young women's group, some participants said they would talk to the future husbands about their sexual history and discuss tests for STIs etc.; others felt they would not be able to broach this subject and asked "is that what other people do?".

37. www.lgbtpavee.com

Both young men's group knew the names of STIs but very little else about them, such as symptoms and treatment. In relation to HIV one group agreed "it kills you".

Traveller parents, some in particular, were concerned about their children's exposure to STIs and felt that both boys and girls need information and education in relation to risks from about the age of 13. Other participants felt that Traveller girls did not need this type of information as they should not be sexually active before marriage. There was no agreement within the group on this issue.

All groups agreed that STIs was a topic they would like more information about.

F. PREFERENCES REGARDING SEX EDUCATION / TRAINING

The final part of the discussion related to what information (if any) people felt was needed for Travellers and how they would like it to be provided.

Some participants in two of the young women's groups initially rejected the idea that any information, education or training was required. With further probing, all identified information or training that they felt was needed and ironically some participants in both groups displayed high levels of curiosity about some of the topics under discussion and used the focus group as a way of getting information about these or other topics. A number of myths were discussed during the focus groups; misinformation and lack of information on certain topics were also evident. Some felt information on contraception, "periods and babies" was available on the internet or from a GP or other healthcare providers but that young Traveller women would benefit from self-esteem, confidence and assertiveness building. They felt that young men were very assertive already but could learn to "listen, relax, don't lose your cool, don't be too proud".

One young woman said she really enjoyed the focus group discussion and would prefer that information was provided in that way as opposed to using drama or music as it sometimes done in other projects. Another young women's group also said they would like a small group discussion comprising just themselves and not other Travellers. They said they would also like to watch DVDs on the topic or look at materials but that the facilitator would have to take them back as they could not keep them. A young men's group also said they would like a workshop on the topic.

Young men all expressed a need for more information, generally focusing on the act of sexual intercourse and the topic of STIs. One young men's group expressed frustration at not being taken seriously when they tried to discuss the topic either with settled people or Travellers and were not aware of any services for their age group.

To summarise, topics identified by young people during discussions included:

- STIs (where do they come from, how do you catch them, how would you know if you had something, what treatment would you need etc.);
- HIV and AIDS;
- Screening services and support networks;
- Body parts and demonstrations (e.g. putting on a condom);
- Sexual intercourse for the first time (e.g. what happens to the hymen?);
- Periods (e.g. can you get pregnant by having sex during your period?, use of products such as tampons);
- Discussion of myths about these topics.

An appropriate age to start sex education varied according to participants, but was generally in the teenage years, ranging from 12-14 years. Some participants felt that Travellers should receive sex education early as they are more likely to leave school earlier than the majority population and so may miss out on sex education. In the Traveller parents' group, some participants expressed the opinion that education about the body should begin with children from a very young age. Reasons for this included fostering respect for their own bodies from an early age, knowing what is appropriate in terms of touching, knowing what adults it is appropriate to change your clothes in front of and encouraging young children to talk about their bodies appropriately. The group acknowledged that in the majority of cases where children are sexually abused the abuser is a member of the family or close family friend. Therefore, children should be encouraged to talk to their parents about their bodies and parents need the skills to be able to talk to their children. The group recommended developing an age appropriate DVD for young Travellers – it was felt that this may be very useful for parents who do not feel they have the necessary skills to talk to their children.

Both the Traveller parents' focus group and some participants in a young women's focus group felt that Traveller parents should be targeted, as well as young Travellers. The Traveller parents' group recommended developing an information pack for Traveller parents in partnership with Traveller organisations. This should cover a range of topics including the following:

- Domestic violence
- Contraception
- Sexually transmitted diseases
- Celebrating and respecting our bodies
- Healthy images including body image, weight etc.
- How to deal with disclosures of abuse

This information should be age appropriate and culturally appropriate for Travellers. It was also suggested that a DVD for parents covering the issues above would be useful.

There were varied opinions about who could provide information or deliver training on sex education for young Travellers or Traveller parents. One young men's group said they would like a workshop on the topic within the Traveller youth programme they participate in. The facilitator of this group has planned follow up workshops to answer questions the young people put forward along with a list of screening services and support networks. The Traveller parents group also saw a role for Traveller organisations in clearly articulating their intolerance of domestic violence within their workplaces; through posters, leaflets, and the promotion of key messages.

One young men's group said the topic was difficult to talk about and they would prefer to discuss it with a stranger than with someone they knew and one young women's group was emphatic that it would have to be a settled woman and not a Traveller woman delivering training or giving information. They felt that a Traveller would disapprove of what they were talking about and would be doing it reluctantly. It was felt that single sex groups would work better for this topic.

Interviews

Focus groups were carried out as described in the methodology section of this report. The profile of these groups was as follows:

- Youth workers;
- Traveller organisations;
- Teachers and other professionals delivering sex education to Travellers;
- Health care workers;
- Other related service providers (for example, women's and sexual health services).

One interviewee was a Traveller working in a national Traveller organisation, and one other worked in a Traveller organisation; all had experience of working with / providing services to Travellers.

Many of the findings from the focus groups were reiterated in the interviews with professionals.

Those who had delivered sex education in classes that had included Travellers (one teacher in a school with a significant Traveller population and two facilitators who had visited schools or training centres, one in a urban location, one rural), reported similar findings in relation to the Travellers in their groups. Travellers, particularly Traveller girls, are extremely embarrassed at the mention of the topic of sex education. One person said the Traveller girls would visibly squirm at the thought of having to ask their parents to sign a consent form to participate in the class. One facilitator found resistance to attending the session by the young people themselves; however, they did take part in the end and really appeared to be absorbing all the information. The teacher interviewee and another facilitator said young Travellers are "fascinated" and "hanging on every word", even though they may not say much or ask questions. It was noted that young Travellers did not take any materials from the classes / sessions away with them and one said she could not be seen to be carrying that sort of thing around.

One facilitator commented that she felt mixed (Traveller and settled) groups work best because settled girls are asking all the questions but that Travellers are learning as a result and would have been too embarrassed or inhibited to have asked the questions themselves. Where the issue of parental consent came up, most interviewees said Traveller parents do or would consent; some mentioned the importance of talking to Traveller parents about what is being taught as consent forms may not be appropriate where there are literacy issues.

It was felt by some that mainstream education (schools) have a key role to play but that young people from all backgrounds are being failed by that system in relation to sex education and so it could not be relied upon. Also issues of poor attendance of Traveller pupils and early school leaving were discussed as barriers to full participation of Traveller pupils in classes such as SPHE or RSE when they are taught in schools. Largely reflecting their own work experience, there were a range of views among interviewees about how information on sexual health and sexual relationships could be provided to Travellers. Some felt that youth groups around the country could play a key role but were unsure whether there is actually Traveller participation in these groups. Others felt that Traveller organisations, through Primary Health Care for Traveller Projects, Traveller youth projects and so forth should play a key role; although one interviewee expressed doubt about the availability of funding for such a targeted approach. Those working in sexual health or women's services or working as sex education facilitators felt very strongly that an experienced facilitator was required who understood the context, risks for participants and could offer or refer to relevant supports where sensitive topics had raised issues for young Travellers.

A number of professionals reported misconceptions and myths discussed by young Travellers during sex education classes or in youth work; this also emerged during focus groups. Some interviewees were very concerned about the lack of information about basic health matters among many young Travellers and some felt that it was unfair that people would not understand what was happening to them; for example when a girl got her first period or when a woman was having her first baby. Other areas of concern for interviewees in relation to young Travellers or Traveller families included domestic violence, rape, and incest, all of which they reported encountering in the course of their work. Violence was reported as being within the wider family circle and not just within a marriage. For example, violence by mothers-in-law against their daughters-in-law was discussed. A facilitator also commented that violence was often proposed as a solution during classes when discussing behaviour seen as unacceptable, for example getting pregnant before marriage. It was felt that domestic violence and sexual violence should be challenged but that care was needed around the language used and that Travellers would not want to feel they were being targeted based on negative stereotypes.

Some interviewees pointed out that issues they were discussing such as lack of information, domestic violence and other issues also occurred within other communities that they have interaction with. Some felt that there is a plethora of materials available for sex education that could be used, or adapted for Travellers and that new, dedicated resources would not be required. For example the Crisis Pregnancy Agency and National Youth Council of Ireland are rolling out "delay training" called B4Udecide, based on the UK "Delay" programme but being adapted for the youth sector in Ireland. It focuses on delaying sex until you are ready, focusing on building positive friendships, communication skills and having sex when it is ready and right for you. A Traveller interviewee on the other hand felt that existing materials and terminology may not always be suitable for Travellers.

A similar view of gender roles was discussed as emerged from focus groups with Travellers; for example the acceptance that young men will socialise more widely and may be sexually active before marriage, whereas young women are not expected to socialise away from family and even the hint of sexual activity before marriage would bring shame on her family. One interviewee said she knew that young Traveller men had taken risks in their sexual activity and identified lack of free condoms as an issue.

Many interviewees were critical of these gender roles. Some service providers reported that Traveller women had to hide the fact that they were getting contraceptives from other members of their community and sometimes from their husbands. They felt that Traveller women are expected to get married young and have children. A teacher who invited anonymous written questions during sex education classes reported that a Traveller girl asked "Why does God keep sending more babies when you can't look after the ones you have?". The sexualised dress of Traveller girls which belies their lack of sexual experience was commented on by a few interviewees. The effect of one girl in a family bringing "shame" on her sisters and their reputation was also discussed.

Some interviewees felt strongly that Traveller girls were particularly disadvantaged by the gender roles in the community and that this had to be challenged. One person commented of young Traveller women: "the most punishing thing they have to endure is the lack of choice". Another interviewee felt that any challenge of the gender roles needed to come from the community themselves and wondered what the objective of the current project was, questioning "are we trying to fix them?". Travellers in the focus groups were generally less challenging of the gender roles than the interviewees, many of whom were not Travellers.

In terms of what people had found worked well (or not), or what they thought would work for sex education training modules and materials, interviewees made a number of recommendations, although several commented that there was no uniform solution and that what was required would vary by group.

- The importance of parental involvement in sex education was stressed by some interviewees and it was felt that this was currently very weak in the Traveller community. Engaging with Traveller parents first was recommended by some who had taken this approach.
- A few people suggested using drama and some felt that Travellers have a strong culture of storytelling and that this could perhaps be used to greater effect. It might also be a way of opening dialogue on some of the topics between older and younger Travellers.
- Engagement with the local Traveller community was seen by some as the first step, even if that engagement is through sport for young people or training courses for Traveller men. One interviewee commented that there had been a lot of work done with Traveller women but not as much with Traveller men and that this was a gap. It was felt that when people became involved with an organisation (such as a Traveller organisation or youth group) that the door was open to introducing other topics (such as sex education) through workshops etc.
- Materials and approaches that were recommended included DVDs, posters and workshops. One facilitator noted that a DVD of the baby's development in the womb was very popular with Traveller girls; another felt that some DVDs were too graphic for Travellers.
- Topics that were recommended included "the absolute basics" in relation to your body and your health; STIs (and the fact that young women who have not been sexually active could catch them from their husband if he has been sexually active before marriage); power and violence; self-awareness and assertiveness. Also what services are available (for example, screening services) but when recommending services for Travellers, it was felt that some work might be required with service providers to ensure the service was accessible to and suitable for Travellers.
- It was commented that health is a very well accepted topic in Traveller communities, perhaps due to the success of the Primary Health Care for Traveller Projects, and that the topic could be introduced in that way.

Conclusions and Recommendations

This scoping exercise has revealed that there is a general lack of information about sexual health among young Travellers. Sex and sexuality remain taboo subjects in many cases; and although young Travellers, particularly girls, may show some resistance to the topic and display embarrassment, given the opportunity to learn about sex, they show a keen interest. This emerged during focus groups with young Traveller men and women and was also reported by teachers and sex education facilitators. Sex is often not spoken about at home, although some Traveller mothers do tell their children about sex. Traveller fathers are much less likely to do so.

Irish society and attitudes to sex have changed greatly in the last forty years. For example, co-habiting and children born outside of marriage are now commonplace. In many ways Travellers' attitudes have not changed at the same rate; co-habiting, pregnancy outside of marriage and sexual activity before marriage (at least for Traveller girls) are not generally seen as acceptable. However, that does not mean that these behaviours are not taking place.

Many of the findings of this research are mirrored in mainstream society. For example, young people in mainstream society have also been found to lack knowledge of terms such as contraception, and to lack awareness of sources of information and knowledge about condom use.³⁸ Also, research with second-level students found that most students did not discuss sex with their parents. If it was discussed, different messages were conveyed based on gender, with boys being told about protection from unwanted consequences and girls being told about abstinence and chastity.³⁹ Young men and women in mainstream society are also aware of a 'double standard' of sexual behaviour whereby young men were expected to be sexually active and experienced but young women were not or not to the same extent and were aware of not undermining their good reputation.⁴⁰

38. Mayock et al (2007) *RSE in the Context of SPHE: An Assessment of the Challenges to Full Implementation of the Programme in Post-primary Schools*. Crisis Pregnancy Agency, Dublin.

39. Hyde, A. & Howlett, E. (2005) *Understanding Teenage Sexuality in Ireland*. Crisis Pregnancy Agency, Dublin.

40. Mayock, P. & Byrne, T. (2004) *A Study of Sexual Health Issues, Attitudes and Behaviours: The Views of Early School Leavers*. Crisis Pregnancy, Dublin.

Nonetheless, there remain marked differences between mainstream society and culture and Traveller culture. For example, Travellers are generally married young (for example, around 18 years of age for young Traveller women or younger in Northern Ireland and elsewhere in the UK where marriage is legal from 16 years of age); and often have children early in married life; therefore requiring information about sexual health and pregnancy. Where women use contraception in marriage, it may be without the knowledge of their husbands.

Sex education is an important part of young people understanding their bodies and human relationships. It can also promote good sexual health that is safe and free from coercion and violence. Children have the right to seek, receive and impart information as set out in the UN Convention on the Rights of the Child. Although Irish schools are required to deliver sex education through RSE and SPHE, some Travellers, in common with the majority population, have had no sex education in school. Others have had some to varying degrees and with varying levels of effectiveness. For some, this education was received in Northern Ireland or England. However, young Travellers are more likely than the majority population to miss out on sex education in mainstream education due to higher levels of early school leaving and absenteeism, and in some cases due to parents' refusal to grant consent to attend sex education classes. Those delivering sex education classes felt that Travellers benefitted from mixed (Traveller and settled) classes as settled pupils were more open and asked questions that Travellers were afraid to ask.

Both young Traveller women and men cited the television as a source of information about sex. Other sources of information about sex for young Traveller men include pornographic websites, magazines and talking with friends. Young women were more likely to mention mothers or other family members as sources of information, also friends, their General Practitioner, or the internet. Traveller parents expressed concern at children accessing unsuitable information via the internet.

There is a strong gender culture in the Traveller community. Within marriage, this means women and men have distinct roles, with the women taking care of children, cooking and cleaning and the men being the provider and responsible for the upkeep of the family. Before marriage, the reputation of Traveller girls is paramount and they are expected to spend time at home and with family rather than socialising outside of the family, unless chaperoned. Some young Traveller women said that they do socialise at pubs and clubs and do date young (Traveller) men, but generally with the expectation of marriage. They felt their parents may not be aware of this behaviour. Among focus group participants and from interviews with professionals, it is clear that young Traveller women are very focused on marriage and excited by the prospect. Young Traveller men have more freedom to socialise and report being sexually active from a fairly young age. Both Travellers and professionals report risk taking among young Traveller men who may not always use condoms. There is also evidence of under-age alcohol consumption, particularly among young men. This means that there are sexual health risks in relation to STIs and unplanned pregnancy and could also have implications for Traveller women where the man later gets married and may not be aware that he is carrying an STI. This scenario was not one that young Traveller women in focus groups had thought about. In general among all groups, knowledge and understanding of STIs emerged as a key gap in knowledge and one that people wanted to know more about.

There was discussion in all but one focus group about domestic violence. Traveller parents expressed concern at the level of acceptance of violence within marriage and were worried about young women who may even expect violence when they get married. Young men sometimes saw violence as a solution to problems within marriage, including being "shamed" by their wives. Young women displayed familiarity with violence and "techniques" for inflicting violence. Violence within the wider family and not just between husband and wife was also discussed in Traveller focus groups and came up in interviews with professionals. Violence, rape and incest were serious issues of concern for several of the professionals interviewed.

Some focus group participants, most notably Traveller mothers, and many interviewees, felt that domestic violence is unacceptable and needs to be challenged. Some interviewees and a smaller number of Traveller focus group participants also felt that gender stereotypes within the Traveller community needed to be challenged and that young women were currently being disadvantaged. It was felt that by not being allowed to socialise, some girls see marriage as a means of escape or to find freedom. Early marriage was also discussed by teachers/facilitators who said young Traveller women had no incentive to stay in school as they were not encouraged to pursue a career outside of the home. There were recommendations in relation to self-assertiveness and empowerment for Traveller girls. However, the issue of domestic violence is unlikely to be resolved in isolation without considering the broader context in terms of women's power in relationships. This starts in childhood with different rules and levels of supervision for Traveller boys and girls, and this part of Traveller culture was generally viewed by Travellers as very acceptable and important in preserving girls' reputation.

Homosexuality was also generally seen as incompatible with Traveller culture. Even those focus group participants who expressed support for LGBT Travellers felt that it was still not generally seen as acceptable to the wider Traveller community.

RECOMMENDATIONS

It is clear that any training modules or materials on sex education would have to be adapted to suit different regions and groups. There was evidence of regional variations in Traveller culture and differences in relation to how conservative or liberal the groups were. Also, focus group participants showed preferences for a few different approaches, rather than one uniform approach.

- There is a need to clearly articulate for Travellers what the benefits are to receiving sex education.
- Given the sensitive nature of some of the topics and the issues identified by both Travellers and interviewees working with Travellers, it is essential that highly experienced facilitators are involved in delivering any training. For the same reason, it is important that information on support services is provided. Facilitators should first ensure that these services are welcoming and accessible for Travellers, by engaging with them first if needed.
- There was resistance in some focus groups to Travellers delivering training, given the taboo nature of the topic and feeling that they might be judgemental about the discussions. Where Travellers are delivering training, this perception should be addressed at the start of the training and training should be delivered in a non-judgemental way.
- Single sex groups would work better for this topic; also married and unmarried men and women might work better in separate groups. Confidentiality of information shared is key.
- Given the strong Primary Health Care for Travellers Projects network around the country and the progress made in these projects, it is recommended that training and materials be rolled out to these projects, particularly for Traveller parents. Traveller youth projects are also strong in some areas and already working with young Travellers and building trust; they should also be included in any training.
- There is also a need to ensure that mainstream sex education classes are suitable for Travellers. Culturally appropriate materials and approaches to delivering sex education, including parental engagement, for Travellers should be disseminated to schools and training centres.

- Traveller parents are key to ensuring their children receive sex education at home and in school or other settings (such as youth groups). They should be engaged with prior to delivering sex education to young Travellers. Ideally, culturally appropriate materials would be developed for parents, helping them to understand key topics and giving them more confidence in talking to their children about them. Topics suggested in the parents' focus group include: domestic violence, contraception, STIs, celebrating and respecting our bodies, healthy images including body image, weight etc., and how to deal with disclosures of abuse. The parents' group suggested a DVD would be useful.
- Although there were suggestions from professionals in relation to using drama, young Travellers did not always show as much enthusiasm for this but did ask for focus groups or discussions. Interestingly, in the recent Dáil na nÓg report, young people indicated that their preferred RSE teaching methods were discussions (25%), followed by group work (10%).⁴¹ One option that would fit with this and might engage both older and younger Travellers would be to use storytelling. Other materials and approaches that were recommended by a number of people included DVDs, posters and workshops.
- There is a need to engage with Traveller men as there has been more focus on working with Traveller women in the past. Recommendations include engaging Traveller men in training courses or social groups through Traveller organisations and building trust before introducing some of the topics discussed here.
- Topics required for inclusion in training and materials include:
 - Your body and your health;
 - Understanding your body, for example the female reproductive cycle, periods, sanitary products;
 - Understanding sexual intercourse, what happens to your body;
 - Contraception – how to use it and where to get it;
 - STIs - where do they come from, how do you catch them, how would you know if you had something, what treatment would you need etc.;
 - HIV and AIDS;
 - Homosexuality and discrimination;
 - Healthy relationships – love and romance, power in relationships, assertiveness, non-violent conflict resolution.
 - Sexual health services, including screening and access to condoms; and support services.
- Tackling domestic violence will involve Travellers and Traveller organisations engaging in dialogue about aspects of Traveller culture that may disempower women, particularly young Traveller women, and how these can be tackled. There is also a need to offer non-violent ways of resolving conflict in relationships.
- As international research has shown and according to interviewees in this report, some of whom had experience of working with communities from other cultures, culturally appropriate sex education may be an issue for many minority ethnic communities in Ireland and there may be opportunities to establish links with these groups in future work.

41. Dáil na nÓg (2010) *Life skills matter – not just points. A survey of implementation of Social, Personal and Health Education (SPHE) and Relationships and Sexuality Education (RSE) in second-level schools.* Office of the Minister for Children and Youth Affairs.

Appendix

FOCUS GROUP DISCUSSION GUIDE

Introduction (5 mins)

- Thanks. Introduce self and explain what the study is about (to understand Travellers' attitudes to sex education and sexual relationships, that this is important to understand this so that sex education suitable for Travellers can be developed, this in turn should lead to better health and well-being, for example: building self-confidence and the ability to have positive relationships, awareness of sexually transmitted infections, unwanted pregnancy etc.).
- The study is being carried out by Pavee Point with the researcher and funded by the Crisis Pregnancy Agency.
- Say the group will last up to about 90 minutes, you will be asked to talk about topics such as relationships and sex education.
- Everything you say is strictly confidential and anonymous. You don't have to talk about anything that you will find uncomfortable. This is not a test so there are no wrong answers. The discussions will not be recorded but notes will be taken.
- Ask people not to talk about the details of the discussion to others afterwards, to keep it confidential.
- Ice-breaker exercise (for example, what is your ideal man / woman?)

Social Environment

1. How do you all spend their free time? (probe: with whom, males and females together)
2. What kinds of things do people your age do in your free time? (probe: film, sport, what time of day, why is this entertainment popular).
3. What is your favourite way to spend a night out?
4. Do you usually drink when you go out with friends? Can you tell me about that (where you buy alcohol, where you go to drink etc.)?
5. How often do you socialise at night time with your friends?
6. Are any of you in relationships / married / living with someone?
7. Do any of you have children? (what age you were when baby born etc.)
8. What do you do when you're at home?
9. Are you in any youth clubs or sports clubs (e.g. GAA)?
10. Are these with settled people and Travellers? Do you mix with settled people much? How do you find that?

Gender roles

11. What is your role in the family (as a man / woman)?
12. Do your mother and father have different roles? Can you describe these?
13. What do you think about these roles?

KNOWLEDGE AND SOURCES OF KNOWLEDGE

School-based sex education

1. Did you have sex education classes in school? If not, do you know why not?
 - a. *Did you have these classes in primary or secondary school?*
 - b. *How often did you have sex education classes?*
 - c. *What did you learn?*
 - d. *What was good about the classes?*
 - e. *Did you discuss relationships?*
 - f. *Overall, would you say that the sex education classes were helpful?*
 - g. *What would have made the classes better?*
 - h. *Did you attend FÁS or youthreach or any other places for young people (e.g. youth club)?*
 - i. *If yes, did you learn anything about sex there?*
 - j. *What did you learn?*
 - k. *What was good about the classes?*
 - l. *Did you discuss relationships?*
 - m. *Overall, would you say that the sex education classes were helpful?*
 - n. *What would have made the classes better?*

Home-based sex education

2. Did your parents or older brothers/sisters talk to you about sex?
 - a. *What was that like? Did it feel awkward?*
 - b. *Do you / will you talk to your own children about sex? What will you say?*
 - c. *What, do you feel, is the best way to learn the things you need to know about relationships and sex?*

Other sources of knowledge/information

3. What other kinds of places did you learn about sex and relationships?

Discuss each:

- a. *What about TV?*
- b. *Magazines?*
- c. *Internet (e.g. social networking)?*
- d. *Porn?*
- c. *A doctor/your local chemist?*

General re. knowledge and information

4. Do people your age know about HIV, AIDS, STDs?
5. Do you think it's important for people your age to know about HIV, AIDS, STDs?
6. Do you think that you have enough information about sexual health?
7. Do you know of any sexual health services that are available for people your age?
8. Do you find it easy or difficult to talk about these issues with the people you mentioned?
9. Who would you prefer to talk to about these issues?
10. Where would you say you have learned the most (e.g. from TV, internet, social network sites, porn, magazines, friends, school, parents etc.)

ROMANTIC RELATIONSHIPS: ATTITUDES AND BELIEFS

1. When did you start going out with boys / girls?
2. Did you have many boyfriends or girlfriends?
3. What do you think about that?
4. What is your opinion on getting married?
5. What is your opinion on having children?
6. What can be good about marriage and relationships? Problems in relationships
7. What can go wrong? (probe: sometimes people can argue, sometimes it can be physical)
8. Why do you think that happens? (probe: what is the man's role, what is the woman's role?)
What do you think about that?

LESBIAN, GAY, BISEXUAL & TRANSGENDER (LGBT): ATTITUDES AND BELIEFS

1. Do you know people who are 'gay'?
2. What do you think about gays and lesbians?
3. Do you think they are treated the same as male/female couples?
4. Was homosexuality covered in sex education classes?

SEXUALLY TRANSMITTED INFECTIONS: KNOWLEDGE AND UNDERSTANDING OTHER SEXUALLY TRANSMITTED INFECTIONS

1. Do you know the names of any sexually transmitted infections?
 - a. *If NO, have you ever heard anybody talking about STDs?*
 - b. *If YES, can you tell me what you know about them?*
 - c. *What do you know what to do to try to avoid getting STDs?*
 - i. *Where did you learn about STDs?*
 - ii. *Would you like to have more information about STDs?*

HIV/AIDS

1. What do you know about HIV/AIDS?
2. How do you think people get infected with HIV?
3. What kind of people – do you think – get infected?
4. Do you think it could happen to you?

ROMANTIC/SEXUAL RELATIONSHIP: PERCEIVED MEANINGS, PERCEIVED RISKS

1. What do you think it means to have a boy/girlfriend? (probe: someone you feel comfortable with, 'hang out' with, have sex with).
2. Do you think there are different kinds of romantic relationships? For example, is there a difference between a 'steady' relationship and something more casual, say a one-night stand?
3. Does having a boyfriend/girlfriend mean having sex at some stage?
4. Do you think there is a "good time" or a "good age" to start having sex?
5. Do you think some people experience pressure to have sex? If yes, can you tell me more about this?
6. Do you think that being put under this kind of pressure is a bad thing? Is this a difficult situation to deal with?
7. Do you think men and women want the same things from relationships? If yes, what kinds of things do they want? If no, what are the differences?
8. Do you think that sex is something that should happen early in a relationship or later on? Why do you think so?
9. Is an unplanned pregnancy something that you worried about when you were younger or something you worry about now? Why? What supports are available?
10. Do you think there is any difference between settled peoples' relationships and Travellers' relationships?
11. Do Travellers and settled people have relationships? Can you tell me about this?

SEX EDUCATION / TRAINING:

1. What would you like to receive in terms of sex education?
2. How should it be delivered? Would any particular approach work (e.g. classroom, role, drama, DVDs etc.)?
3. Would you prefer a Traveller or settled person to teach it?
4. Would classes be mixed Traveller and settled person?
5. Would classes be mixed male and female?
6. When should it be delivered? For example, if there is a risk that people will leave school early, where could they get the information?



Pavee Point
Travellers' Centre

“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.”

WORLD HEALTH ORGANISATION (2004), PROGRESS IN REPRODUCTIVE HEALTH



Pavee Point
Travellers' Centre

Pavee Pont Travellers' Centre, 46 North Great Charles Street, Dublin 1, Ireland
Telephone: (+353) (0) (1) 878 0255 Email: info@pavee.ie