
What's Culture Got to Do With It?

— Attending to Diversity in Sexual
Health Education for Youth —

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Outline

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Effective Sexual Health Education for Youth

“Effective sexual health education maintains an open and nondiscriminatory dialogue that respects individual beliefs. It is sensitive to the diverse needs of individuals irrespective of their age, race, ethnicity, gender identity, sexual orientation, socioeconomic background, physical/cognitive abilities and religious background.”

(Canadian Guidelines for Sexual Health Education, 2008)

Key Terminology

- **Cultural sensitivity:** “awareness, understanding, and attitude towards culture and places the focus on the self awareness and insight.”
- **Cultural competence:** “a set of congruent behaviours, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations.”
- **Cultural safety:** “includes cultural awareness, cultural sensitivity and cultural competence and involves the recognition of unequal power relations to address inequities in health care.”

(Registered Nurses Association of Ontario, 2007)

Issues with the Present System

- Existing research shows:
 - Regional differences (within and between provinces) in sexual health education leading to gaps in knowledge (Hulme, Dunn, Guilbert, Soon, & Norman, 2015)
 - Significant gaps due to culturally irrelevant sexual health education delivered to certain populations across Canada (Hulme et al., 2015)
 - Lack of integration of knowledge into practice (Srivastava, 2008)
- Populations at risk for inadequate sexual health education:
 - Sexual minorities, individuals with disabilities, street-involved youth, youth living in poverty, youth living in rural areas and Aboriginal youth (Canadian Guidelines for Sexual Health Education, 2008; Maticka-Tyndale, 2008)
- Gaps in research:
 - Literature does not speak to how to practically and consistently implement guidelines
 - Not enough research on whether recommendations are being followed or outcomes of enforcing guidelines

Barriers: System Level

- Complexity of the healthcare system, especially for those with (Betancourt, 2006):
 - Limited English proficiency
 - Low health literacy
 - Limited trust/familiarity with Western medical model
- Institutions' policies and practices may make some patients feel unwelcome (Taylow & Lurie, 2004)
 - Signage, language translation services, etc.
- Resistance from schools in incorporation sexual health education (Kent, 2009)
 - Middle schools
 - Catholic Schools

Barriers: Care Process Level

- Healthcare professionals' low level of attention/skill in dealing with patients from diverse sociocultural backgrounds (Betancourt, 2006)
 - Poor communication, not using translation services
 - Clinical uncertainty
 - Stereotyping
- “Everyone has a culture, and providers' own cultural backgrounds may affect their communication in the care delivery process if they are unable to recognize or accept differences between themselves and their patients. This may manifest subtly in communication patterns perceived by the patient, or may subconsciously affect clinical decision making.” (Taylor & Lurie, 2004)

Barriers: Individual/Group Level

- Mistrust and discomfort voicing concerns or asking questions (Betancourt, 2006)
 - Feelings of intimidation
- Difficulty in finding culturally appropriate services (Flicker et al., 2009)
 - Significant lack of information and sexual education for “Black youth (particularly sexually diverse Black youth), trans youth, Muslim youth, youth living with disabilities, and youth in the sex trade
- “Bicultural gaps” between the home and environmental culture (Kao, 2006)
 - Asian American adolescents
 - Standard sexual health education being at odds with some cultural practices (e.g. opposition to new curriculum in Ontario)
- Impact of colonization on equitable sex education (Yee, 2009)
 - “... many of our [Aboriginal] communities are reluctant to go anywhere near the topic of sexual health because it is now viewed as ‘dirty,’ ‘wrong,’ or a ‘Whiteman’s thing’”

Nursing Recommendations

- Same gender provider (Kao, 2006; Rawson & Liamputtong, 2010)
- Build trust with patients and their families
- Approach taboo subjects respectfully
- Healthcare navigators (Betancourt, 2006)
- Advocate for:
 - Programs specific to vulnerable populations
 - A new identification process (Betancourt, 2006)
 - The expansion of cultural services (Betancourt, 2006)
- Provide information and knowledge in a culturally sensitive manner
- Connect to community leaders

Priorities of Young People

Communities of Young People	Their Top Priorities
Newcomer Youth	Staff who understand or speak their language
Immigrant Youth	Choose the gender of service provider
Transgender Youth	Providing Comprehensive services
Sexually diverse youth	Having an LGBTQ-positive attitude
Aboriginal Youth	Not having to make an appointment
South Asian Youth	Providing all the services I need
Youth in shelters or hostels	Not having to make an appointment
Youth living independently	Having free- or low-cost birth control
Muslim youth	Staff are sensitive to my religion

(Flicker et al., 2009)

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