

Kreity Karu
Introducing Sex Education to Young
Asylum Seekers
Sex Education Model for Reception Centre

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Instructors	Mervi Nyman, Senior Lecturer Sylvia Tast, Senior Lecturer
<p>There are approximately 11 500 asylum seekers waiting for the residence permit in Finland at the moment. They are coming from different cultures with different levels of knowledge about sexual education. In order to understand and adjust to the Finnish way of thinking and legislation, there is a need for sex education in the reception centres since sex education for asylum seekers is inadequate.</p> <p>The purpose of this Bachelor's Thesis was to create a model for sex education workshop for young male asylum seekers between the ages of 18-29. The study was carried out in collaboration with private social and health services provider Luona OY in order to provide reception centre workers guidelines and tools on how to introduce sex education for asylum seekers in the reception centre.</p> <p>This Bachelor's thesis was carried out as a qualitative research. The theoretical framework concentrated mainly on the themes such as cultural sensitivity, empowerment, and identity building. The study material was collected by interviewing four young asylum seekers and addition to that two health workers from the reception centre in July 2018. The method used was a semi-structured interview, which provided an opportunity for the participants to explain their own subjective expectations and ideas about the topic. The collected material was transcribed and analyzed using the content analysis as a method. The results provided an insight of the interests and the needs of the asylum seekers in sex education topics. The results indicate that there is a great need for the sex education and after the interviews with asylum seekers and workers, compact model with tools and guidelines was constructed. The model includes three lessons with topics to discuss and share with participants, activities and practical exercises to try, and recommended instructions and guidelines for the workers on how to implement the lessons.</p>	
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<p>Tällä hetkellä Suomen vastaanottojärjestelmässä on noin 11500 turvapaikanhakijaa. Turvapaikanhakijat tulevat eri kulttuureista ja heidän seksuaalikasvatuksensa taso vaihtelee. Jotta turvapaikanhakijat voivat paremmin sopeutua Suomalaiseen lakiin ja järjestelmään, on tarve kehittää seksuaalikasvatusta vastaanottokeskuksissa.</p> <p>Tämän opinnäytetyön tarkoituksena oli luoda seksuaalikasvatuksen malli Suomeen tulevia 18-29 vuotiaita mies turvapaikanhakijoita varten. Tutkimus tehtiin yhteistyössä sosiaali ja terveysalan toimijan, Luona OY:n kanssa. Tavoitteena oli tuottaa ohjeita ja työvälineitä vastaanottokeskuksen työntekijöitä varten.</p> <p>Työssä käytettiin kvalitatiivista tutkimusmetodia. Teoreettinen osuus keskittyi kulttuurisen sensitiivisyyden, voimaannuttamisen ja identiteetin rakentamiseen. Työssä käytetty aineisto kerättiin haastattelemalla kesäkuussa 2018 turvapaikanhakijoita jotka asuvat vastaanottokeskuksessa sekä terveydenhoitajia jotka työskentelevät vastaanottokeskuksessa. Haastattelun pohjana käytettiin teemahaastattelua, joka mahdollisti haastateltavien kertoa omia subjektiivisia odotuksia ja ideoita aiheesta. Kerätty aineisto käytiin läpi ja analysoitiin sisällöllisesti. Tulokset tuottivat näkemyksen aiheista ja sisällön tarpeista turvapaikanhakijoiden seksuaalivalistusta varten.</p> <p>Tulokset osoittivat että tarve seksuaalikasvatusta kohtaan on suuri. Haastattelujen jälkeen luotiin tiivis malli seksuaalivalistukseen. Malli sisältää 3 oppituntia joissa keskustellaan seksuaalikasvatuksesta. Osallistujien kesken käydään läpi erilaisia harjoituksia sekä opastetaan työntekijöitä oppituntien läpiviemiseen.</p>	
<p>Avainsanat</p>	<p>pakolainen, turvapaikanhakija, seksuaalikasvatus, seksuaalisuus, vastaanottokeskus, voimaantumisen</p>

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LIST OF ABBREVIATIONS

Migri	Finnish Migration Service
UNHCR	United Nations High Commissioner for Refugees
WHO	World Health Organization
MSAH	Ministry of Social Affairs and Health of Finland
THL	The National Institute for Health and Welfare
UNESCO	United Nations Educational Scientific and Cultural Organization

1 INTRODUCTION

The number of people seeking protection in Europe has grown considerably in recent years. The war in Syria and Iraq and ongoing conflict in Afghanistan and Somalia have forced millions of people to leave their home and seek shelter outside their home country.

While Europe is currently dealing with the most pressing part of the crisis –providing food and shelter – much more needs to be done to support the integration of refugees into Europe. Asylum seekers are coming from a different culture with a different understanding about sexuality and gender equality. In order to understand and adjust Finnish way of thinking and the legislation with rights and obligations about sexuality and sexual equality, refugees need deeper knowledge about it and not just a guide book, but an open discussion and dialogue about it.

Sex education is the provision of information about sex, sexuality, and relationships, along with skills-building to help young people make informed decisions regarding sex and their sexual health. Sex education can also empower asylum seekers by giving them the understanding about values and ethics about sexuality, sexual culture, rights and responsibilities, and in equality matters. Sex education gives better preparation for being a respectful and responsible partner in the future (Gordon 2010). Sexual health and rights are essential parts of everyone’s life, including the lives of refugees.

The end result of the thesis is compact culture sensitive sex education workshop model for the reception center for young male seekers at the age of 18-29. This kind of knowledge strengthens the sexual self-determination of adolescent asylum seekers and helps them to integrate better into a new society.

As a social counsellor in the reception centre, I have a professional interest in this particular area. At my work I see a great need for a sex education since clients are often asking different sex related questions and are interested in gender equality in Finland. At the moment asylum seekers receive very little information about sex and

equality matters in Finland, however, asylum seekers themselves and workers in the reception centre agree that more information about sex and genders should be provided.

2 DEFINITIONS AND REFUGEE SITUATION IN FINLAND

In this chapter, the key definitions are introduced alongside current situation of refugees in Finland.

2.1 Definitions

In this subheading the definitions of asylum seeker, refugee, sexuality, sexual education and sexual equality are outlined.

2.1.1 Asylum seeker

A person who seeks protection and right of residence in a foreign state. An asylum-seeker is someone whose request for sanctuary has yet to be processed. An asylum seeker is granted refugee status if he or she is granted asylum. Therefore, an asylum seeker is not a refugee. An asylum seeker must demonstrate that his or her fear of persecution in his or her home country is well-founded. If an asylum seeker is granted refugee status or a residence permit on the grounds of a need for protection or some other grounds, they can stay in Finland (Finnish Immigration Service). Every year, approximately one million people seek asylum.

2.1.2 Refugee

A foreign national who has a well-founded fear of being persecuted for reasons of ethnic origin, religion, nationality, membership in a particular social group or political opinion. Most likely, they cannot return home or are afraid to do so. War and ethnic, tribal and religious violence are leading causes of refugees fleeing their countries.

Refugee status is granted to a person who has been granted asylum by a state or who is considered a refugee by UNHCR. Finland accepts as quota refugees persons who are considered refugees by the UN Refugee Agency UNHCR. Quota refugees are selected from among the persons proposed to Finland by the UNHCR. (Finnish Migration Service).

Both refugee and asylum seeker are within the scope of this literature review as they represent the same person in different stages of flight. The term refugee used throughout this thesis means both refugee and asylum seeker and vice versa.

2.1.3 Sexuality

Sexuality is a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships. According to THL (2018) individuals have a right to choose their sexual partner, have a right for good sexual health and right to receive sexual education.

While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors. (WHO, 2006a) In other words, sexuality is who we are when sex is something we do.

2.1.4 Gender equality

Sexual equality, also known as gender equality is achieved when women and men enjoy the same rights and opportunities across all sectors of society, including economic participation and decision-making, and when the different behaviors, aspirations and needs of women and men are equally valued. It does not mean that women and men will become the same but that women's and men's rights, responsibilities and opportunities will not depend on whether they are born male or

female. It is measured by looking at the representation of men and of women in a range of roles. Equal rights between men and women are the matter of social justice and human rights. (UN Women). While sex and its associated biological functions are programmed genetically, gender roles and power relations and the power relations they reflect are a social construct – they vary across cultures and through time, and thus are amenable to change. (MWIA 2002).

2.1.5 Sexuality education

Right to comprehensive sexuality education and understandable information about sexuality are declared sexual rights. Comprehensive sexuality education is age appropriate, scientifically accurate, gender-equal, positive to sexuality and pleasure, and culturally competent, grounded to human rights. Obligation to respect, protects and fulfil human rights apply also to sexual rights. (The World Association for Sexual Health 2014, International Planned Parenthood Federation 2008.) Sexuality educators, teachers and other practitioners related to the field have the responsibility to deliver comprehensive knowledge about sexuality, according to best of their ability.

2.2 Refugees and sexual health

According to UNHCR (2017) we are witnessing the highest levels of displacement on record - nearly 22.5 million refugees around the world have been forced to leave their homes. Most of the asylum seekers come from diverse cultures and they carry different values, traditions and understandings with them. Going to another country with a dissimilar culture can be challenging experience, even more challenging is the integration and adaptation of the host country values and orders. Sexual culture is one of the challenges.

According to WHO (2010) sexual health is fundamental to the physical and emotional health and well-being of individuals, couples and families, and to the social and economic development of communities and countries. It means that people have right to experience safe and pleasant sexual experiences without violence and forcing. This

right belongs to every human being together with a right to change the partner and get a good sex education (THL 2018). Also, asylum seekers have a right for good sexual health. Asylum seeker's sexuality and health is influenced by many factors like reason for immigration, education, language skill, age, cultural and religious background. Refugees experience more violence than others which influences their psychological well-being and through that their sexuality. Refugees may discuss and understand sexuality in a different way because of the cultural and religious background.

Cultural values and religious beliefs have an impact on how young people understand sexuality and manage their relationships. Sexuality education should be relevant to culture, so that young people have possibilities to review their attitudes and values and make informed choices concerning their sexual life. (UNESCO 2009, p. 2.)

2.3 Asylum seekers in Finland

In 2017, a total of 5,059 persons applied for asylum in Finland. Of them 2,139 applied for asylum for the first time, 1,858 submitted a subsequent application and the applications of 1,062 asylum seekers were transferred under the EU relocation scheme from Greece or Italy to Finland. The number of asylum applications has been decreasing compared to the previous years: 5,651 applications were submitted in 2016 and 32,476 in 2015 (Finnish Migration Services). At the moment, around 11,400 persons are within the reception system for asylum seekers. A total of 50 reception centres are maintained, seven of which are intended for unaccompanied minor asylum seekers. Approximately 4,000 asylum seekers are registered at reception centres but live in private accommodation (Finnish Migration 2018).

As mentioned previously, the total number of persons registered as asylum seekers in Finland is currently decreasing by several hundred persons per month. These asylum seekers are granted a residence permit and move from reception centres to Finnish municipalities, or they leave Finland or stop receiving reception services for other reasons.

Currently asylum seekers receive very little information concerning sex education. Finnish Migration Services produced a video together with Family Federation of Finland (2015) about sex culture in Finland for asylum seekers in different languages. Sexual education and gender equality are introduced together with other topics to asylum seekers at the Finnish Society course. The course is mandatory for all the asylum seekers and after the course they get a course certificate. During the course, they will learn about Finnish society in general, how the reception centre works, what they are expected to do, they learn about working life in Finland, equality and what kind of customs, rules and laws are in Finland.

Still, materials are general, and sexuality and gender equality are covered very little, there is a need for a more practical workshop, which opens up the topic more and leaves a space for discussions, especially about gender equality. There is no special sex education for youth in the reception centres at the moment.

3 LUONA OY

Luona OY is a privately-owned company which was established in 2014. Luona has all together 250 professionals in social and healthcare, customer guidance, security and Finnish language. Luona is a subsidiary of the domestically owned Barona Group.

Luona's operations started with homeless housing and subsidized housing services. In late 2015, when Europe faced a refugee crisis, Luona opened its first reception centers. The next major step in Luona's story began in the fall of 2016 when Mawell Care, a private health consultant and elderly service provider, became part of Luona. Its most known services are Helsinki metropolitan area Health Care Guidance and the Kotitori service for the elderly in Tampere. Luona provides social and health counseling, assessment of care and service needs, and service guidance for more than 2.2 million people, and supports more than 2 300 people in home or community-based accommodated people in need. Luona has three different service groups - Luona Arviointi, Luona Integraatio and Luona Polku.

3.1 Luona's services

Luona Arviointi is a virtual assessment of need for treatment and health counseling and it is advising 24/7/365. Assessment can be done also by phone. An experienced nursing staff will evaluate the need for care of a client, answer customers questions about his/her health issues, provide home care instructions, and direct the client to suitable care - emergency or non-emergency care. Many customers get the needed help right away, which helps health care providers by lowering the client lines and costs. Luona's clients are emergency offices, hospital districts, municipalities, occupational healthcare service providers, private healthcare providers and insurance companies.

Luona Arviointi's second service is health coaching. Employers, insurance companies and healthcare service providers can support employees when a lifestyle change is needed. The service can support employees in change, reduce sick leaves, and prevent premature retirements.

Luona Integraatio connects private, public and third sector services to seamless care and service entities. It provides focused social and health care counseling and guidance at a low threshold. The aim of the service is to support customers' own life and help them find solutions that fit their needs in one place. Advice and counseling will be provided through the help desk, telephone, chat and email. Solutions utilize publicly funded, self-funded, voluntary and organization-generated services.

Luona Integraatio provides also well-being technology, which improves the quality of life of its home-based customers. Well-being technology, such as security products and remote services, can help increase interaction, facilitate everyday life, bring security to the customer, and limit the cost of housing services at home. Municipalities, cities and counties can obtain a holistic wellness technology solution from Luona. There are also other services that Luona offers for people who live home and need some support. Luona is assessing, mapping, designing and organizing customers individual needs and publicly funded nursing and wellbeing services that customer needs. Workers check the customer's state of health, functional ability, social situation and services

already in use. Then needed services are offered to the customer. Provided services include regular home care and home support services such as security and cleaning services. Luona itself does not provide those services, for that Luona has partner organizations.

Luona Polku has three different services: crisis accommodation, reception centres and subsidized housing. With the help of a subsidized living, many people or families in need of support can live a good life on their own. Housing support, given after custom service plan, is made individually according to the needs, resources and starting points of each customer. The goal is the independent life to the customer with flowing everyday life, working or studying.

Crisis accommodation is temporary housing and support for housing in an acute emergency. Crisis accommodation is needed, for example, when the life situation changes suddenly, in a crisis situation or when the lease ends. The aim is to arrange housing within 24 hours. Luona and the municipality support the client's living, considering the customer's individual needs, resources and starting points. Many customers move after a crisis accommodation through subsidized housing to live independently in their own or into Luona's organized housing. If necessary, Luona also supports clients in finding employment and finding a place to study.

Third service in Luona Polku is reception centres. As mentioned earlier, in 2015 Luona's first reception centres were opened and on the high peak of the crises Luona had seven reception centres. Now, when refugee numbers in Finland are decreasing, Luona has 2 reception centres with all together almost 2000 asylum seekers. There is one reception centre in Vantaa, which accommodates men, women and also families with children. Second one is located in Nihtisilta and accommodates up to 500 male asylum seekers. Both centres are providing services up to 500 asylum seekers living in the municipality in the private addresses.

3.2 Nihtisilta reception centre

The purpose of reception services is to secure the livelihood and well-being of asylum seekers. An asylum seeker receives reception services from the reception centre where he or she is registered as a client. The Finnish law defines the reception services that asylum seekers are entitled to receive.

Reception services include accommodation, social and health services, reception allowance and spending money, interpretation, and work and study activities and voluntary return. At Nihtisilta reception centre meals are offered as a part of the reception services.

Reception centres also give information about legal aid and organize a basic course on the Finnish society. All the asylum seekers have an opportunity to study Finnish language, inside or outside the center. Nihtisilta reception center has approximately 1000 clients which makes it one of the two biggest reception centers in the Finland. Biggest nationalities represented in the reception centre are from Iraq, Afghanistan, Somalia, Iran. Most of the residents are between 20-30 years. Also different religions are represented amongst residents, most common are Muslims, Christians and converted Christians (previously Muslims). Different background and education level create diverse population in reception centre.

4 SEX EDUCATION IN FINLAND AND IN DIFFERENT CULTURES

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

attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled (WHO 2006).

Sex education is a professional action that comes to fruition by counselling, informing, teaching, or educating people in terms of sexual or gender issues (Bildjuschkin 2010).

Kontula and Meriläinen (2007) define sex education as a life- long process, where one gathers information, skills, and values of sexual relationships, identities, and intimacies. Sex education can be described also as "sexuality education", which means that it encompasses education about all aspects of sexuality, including information about family planning, reproduction, plus information about all aspects of one's sexuality including: body image, closeness, sexual orientation, sexual pleasure, values, feelings, decision making, communication, dating, relationships, sexually transmitted infections and how to avoid them, and birth control methods, norms and traditions and rights (De La Mare 2011).

Young people need a planned and comprehensive sex education, because it gives a comprehensive understanding of sexuality. A well taught sex education improves understanding, supervises one's behavior and decision making. It improves self-confidence and respect for others. It also supports the development of the young and increases their skills to communicate in relationships and prevents unwanted pregnancies and sexually transmitted diseases, thus promoting the health as a whole (Cowie, Boardman, Dawkins & Dawn 2004, p. 27).

4.1 Sex education in Finland

In the Finnish school system, sexuality education is an obligatory part of the health education and is included in the curriculum. Finnish Health Care Act (2010) states that municipalities must offer health counselling that includes sexual health counselling. According to THL (2015) sex education is a basic human right included in sexual rights. In Finland, formal sexuality education is given in schools by teachers, health care professionals and visiting professionals. Also, youth houses and child protection institutions talk about sexuality with youth. Unofficial sex education is being introduced

to youth at homes by family as well. Nowadays people talk about sexuality and sex related topics quite openly in Finland (Family Federation of Finland 2009, p. 11).

Sex education begins early in Finland, with some elements being provided in kindergarten and at grades one through six (ages seven to 12). In these grades, the sexuality education curriculum focuses on basic biological and emotional issues. Each school has their own educational programme with some variation in their approach to sex education. At grades seven to nine, sex education includes – in addition to the basic knowledge in sexual health – information on adolescents' physical, psychic and social development. It also helps students to understand communication, human relationships, responsibility and mutual care in human interaction and well-being. (Kontula & Meriläinen 2007). With proper sexual education, children learn to respect themselves and their body and to protect themselves from unwanted sexual acts. In sex education classes pupils get also information about changes in adolescence, but classes never teach students how to do sex.

Finland is well known as one of the world's leading countries in fostering gender equality. Finnish women were first women in Europe to be granted the right to vote. High levels of participation of women in education and the labor market after the second world war have left a heritage of strong, capable Finnish women who fulfil a range of obligations inside and outside the home. In history, Finland have had female president and also a female prime minister. Next to rights for education and work, sexual and reproductive rights were also a concern. In the 1970s abortion was permitted for social reasons, relationship and sex education was included in the primary school curriculum and legislation guaranteed birth control services. So sex education has almost 50 years history in Finnish education system. Also, LGBTI rights were brought into spotlight in Finland around that time and homosexual acts were no longer criminalized (MSAH). The debate on violence against women grew. However, for example rape in marriage was only made a crime in Finland in 1994, one of the last countries in Europe.

4.2 Sexuality in different cultures

Before introducing how sexuality is seen in different cultures, it is crucial to explain what a culture is. It is the social behaviour and traditions found in societies. In other words, it is repeated pattern and repetition of language, arts, religion, rituals, clothing, music and food (Zimmermann 2015). Culture is taught and learned and shared – there is no culture of one. There is a wide spectrum of beliefs and practices across many cultures – also, beliefs about sexuality.

Culture is not homogenic and it changes in time (Martikainen 2006, p. 13). Different groups, like women and men, young and old, with different educational background create their own view to world from their own perspective. New generations have new challenges, ideas, experiences and social contacts with other groups and replace the old non-functional ideas and understanding with new ones. This is how social groups and its culture will remain while the practices will change. (Gruenbaum 2005, 430-431.) Culture gives its members feeling of belonging somewhere, that they are part of the group because members share same values and understandings. In that way culture seems to play a role in creating, maintaining and changing an identity (Hall 2003, p. 85.) Each culture has different norms about premarital sex, the age of sexual consent, homosexuality, masturbation, and other sexual behaviors. Individuals are socialized to these norms from an early age by their family, education system, peers, media, and religion. Different cultures, however, have established distinctive approaches to gender.

In patriarchal societies men and women do not talk about sexuality and gender issues (Cohen & Burger 2000; Ahmadi 2003) and gender roles around sexuality are more stringent; sexual norms began focusing on sexual possessiveness and the control of female sexuality. Men are having more sexual power and freedom than women. The sociocultural context of society creates social norms, which dictate what is considered to be acceptable behavior; what is considered normal or acceptable in terms of sexual behavior is based on the norms, morals, and values of the particular society. Different cultures vary in regard to norms. They may understand and perceive sexuality differently and understand the relationship between gender and sexuality as well in a

different way. Also, interpretation of particular sexual behaviors like premarital sex or the age of sexual consent may be seen differently. Such societies that value monogamy, for example, are likely to oppose extramarital sex. In some cultures, sex is seen as a sacred act between a man and a woman that should only be performed within marriage; in others there is an understanding that sex should only be engaged in for the purpose of procreation. Some religions emphasize control over one's sex drive and sexual desire or dictate the times or conditions in which sexuality can be expressed. Religion has a lot of power on how sex is seen in individuals' eyes (Brusila 2008). In Islamic mentality sex is only a matter of married people and sex is a tool to get children, who are the gift from the god (Akar & Tiilikainen 2004).

Sexual culture consists cultural elements such as customs, values and beliefs related to sexual relations. It is created through human interaction and it goes from one generation to another. Sexual culture sets rules to sexual behaviour and says what is considered appropriate sexual behaviour in the community and what is not. Sexual culture is obtained from family, but also from the surrounding environment (Bildjuschkin & Ruuhilahti 2016; United Nations Educational, Scientific and Cultural Organization's 2009, p. 2.)

Sexuality itself is a broad concept that is central to human being and should not be only interpreted as behaviour related to sex. Sexuality is experienced physically, psychologically and socially and it develops throughout the life. Sexuality comprises sex, gender identities and roles, sexual orientation, eroticism, intimacy, pleasure and reproduction. (Federal Centre for Health Education 2010, p. 17; UNESCO 2009, p.2.)

According to Brusila (2009, 32-33) and Elonheimo & Vuorelainen (2013) lack of knowledge about sexuality exposes youth to sexual maltreatment. Introducing sex education and sexuality topics for clients coming from a different cultural background can be challenging. Lack of common language, sensitivity of the topic and not knowing the other culture can bring out some prejudices in both - clients and workers (Wathen 2007, p. 39-41.) To ease and utilize the work of sex educators, WHO (2010, p. 20) has created standards for sex education to follow in Europe. According to these standards, sexuality education means learning about the cognitive, emotional, social, interactive

and physical aspects of sexuality. The education should include skills, positive values and information that primarily empower people to enjoy sexuality and have safe, responsible and fulfilling relationships; and secondly prevent sexual illness.

4.3 Cultural sensitivity

For better success in sex education for asylum seeker youth there is a need for a culturally sensitive approach. It must respect the cultural characteristics of sexuality while sharing the information with the refugee youth. Culture sensitive sex education emphasizes diversity as part of humanity and cultures, it makes no assumptions of gender, sexuality or culture (THL, 2015).

Culture sensitivity means being aware that cultural differences and similarities between people exist without assigning them a value and also knowing that they have an effect on values, learning, and behavior (Stafford, Bowman, Ewing, Hanna, & Lopez-DeFede, 1997).

Culturally competent social work practice was developed to meet the needs of ethnically and racially diverse clients and to address the issues of oppression, racism and identity. It has now developed to involve the differences in gender, sexual orientation, religion, age, ability, language, nationality and other intersecting factors related to cultural background. (Logan 2015).

5 EMPOWERMENT AND IDENTITY BUILDING

5.1 Empowering asylum seekers

Empowerment is a broad theoretical concept, which is used in different contexts. According to Luttrell, Quiroz, Scrutton & Bird (2009), empowerment refers to the consciousness of individuals and the power to express and act on one's desire. Asylum seekers live in an environment in which their agency is restricted and access to many

services and resources is limited. The empowerment of young asylum seekers, so they would gain power and control over their own lives, involves awareness - raising, building self-confidence and expansion of choices, also increased access to information and other resources. Education can be seen as one of the most powerful tools for empowerment of community.

The process of empowerment is as important as the goal. Luttrell et al. (2009) discuss that participation can be empowering on its own. Being more active makes individuals enhance their social well-being. Participation makes a person feel valued and included which have a direct impact on their mental health. (Luttrell et al. 2009, p. 5.). Adams (2008, p. 29) suggests that participation and empowerment are connected to each other and they go hand in hand. He says that one can participate because one is empowered and other way around. Räsänen (2006, p. 81) explains that by involving individuals in planning and organizing action, participants empowerment will be increased. Adams (2008, p. 30-31) argues that involvement and participation are similar concepts, but still they do not mean the same thing. Involvement can be used to simply describe that a person takes part in a process. Participation on the other hand refers to the active dimension of involvement, where people are more active, have a greater choice, are able to use their power and contribute to decision-making.

According to Räsänen (2006, p. 99) empowerment cannot be given directly to anybody since it has to come from people themselves, but safe and supportive environments are positively influential.

Asylum seekers are in a place of uncertainty where they lack access to major decisions taken upon their own future which can cultivate passivity and depression, says Enoranta (2007). Empowerment can occur even though all needs in one's life would not be fulfilled. It can be assumed that asylum seekers have faced difficulties and gained life experience from them, and this is the starting point for building new skills. Enoranta (2007, p. 8-9.) says that developing new knowledge and skills can raise self-confidence and support becoming active and can lead to empowerment.

Resources of the reception centres are usually enough to meet basic needs like food, living and language studies. However, many of the asylum seekers will become a members of Finnish society and they need more knowledge and skills to integrate better. At the moment pre-integration is not utilized as effectively as possible and the participation of the asylum seekers in the society is low. Tom Erik Arnkil (2003) stresses that the aim of early intervention could empower the involved persons and networks to constrain the worsening situations. The purpose of early intervention is to counteract processes that point to exclusion. (Arnkil 2003, p. 2.)

In this paper two different approaches to view empowerment is being brought out. In the first approach, empowerment is an outcome where an individual's capacities, knowledge and confidence are improved. In the workshop asylum seekers will gain needed knowledge about sexuality and gender equality in Finland. The second approach sees empowerment as a process in which the participants are involved in the organizing action. Asylum seekers will be a part of the planning process and they will be interviewed. The goal of involving them into planning the workshop is to gather information what kind of information is needed and increase the interest of the topic in participants. With clients participation in planning and implementing part makes the project more client-oriented and accessible. (Cimade, 2007, p. 22).

5.2 Identity building

According to James (2015) identity is the qualities, beliefs, personality, looks and/or expressions that make a person (self-identity) or group (particular social category or social group). In other words, identity is the concept one develops about oneself that evolves over the course of one's life. This may include aspects of one's life that one has no control over, such as where one grew up or the color of one's skin, as well as choices one makes in life, such as how one spends time and what one believes. One demonstrates portions of one's personal identity outwardly through what one wears and how one interacts with other people. One may also keep some elements of one's personal identity to oneself, even when these parts of oneself are very important. Weinreich (1986) stresses that a person's identity is defined as the totality of one's self-construal, in which how one construes oneself in the present expresses the continuity

between how one construes oneself as one was in the past and how one construes oneself as one aspires to be in the future.

Young asylum seekers face many changes and cultural differences when they arrive to Finland. Finnish society, laws, regulations, values and understandings may seem strange and it takes time to get used with that. Mandatory Finnish Society Course and workers in the reception centre give slight overview about life in Finland, however, most of the research must be done by asylum seeker oneself. Emigration into another country into different culture, religion and society is enormous change and influences person's identity. Old understandings and beliefs may be questioned, some new statements and ideas may occur.

Sex education aims to build a strong foundation for lifelong sexual health by acquiring information and attitudes, beliefs and values about one's identity, relationships, and intimacy (WHO 2006). Sex education can be a good tool for building an identity. With proper information and dialogue new values and understanding may be created.

6 AIM AND THE STUDY QUESTION

The purpose of thesis is to create, based on the current original research, workshop model to provide sex education to young asylum seekers in the reception centre.

Workshop provides knowledge about sexuality, sexual rights and laws, responsibilities and sexual maltreatment and explains gender equality and rights.

Two health workers from the reception centre and four asylum seekers themselves were part of the planning the workshop to gain better results. Health workers and asylum seekers were interviewed and based on answers, compact sex education workshop model will be created.

The study questions are:

1. What kind of information sex education workshop should include?
2. How this information should be brought to participants?

7 METHODOLOGY

Qualitative research was implemented to gather needed information for the workshop. Qualitative methods' characteristics are suitable for the model's aims; more value can be given to the participants' thoughts and there is no need for an accurate hypothesis of the findings. (Eskola & Suoranta 2000 p. 13-24.) I was more interested in getting to know asylum seeker's and worker's ideas and thoughts related to the topic, so I decided to choose qualitative method for my study. According to Hirsjärvi and Hurme (2001, p. 43) one must take care of few issues before entering the interview. Researchers need to know their theoretical framework, plan the interviews in advance, guarantee confidentiality and guide the interviewee during the whole process. As I have studied the topic and decided which theory to use, I choose to collect the data by using an interview.

7.1. Interview

Interviews are useful in gaining in-depth qualitative data and facilitate the clarification of any further issues that may arise as a result of the answer provided by the respondent (Maltby J. 2010, p. 56). Interviews were conducted as a means of gaining qualitative data concerning the information from the asylum seekers and also workers. Semi-structured interviews were applied because they assist in diminishing the distance and assist in establishing a more genuine interaction between the interviewer and the interviewee (Maltby J. 2010, p. 56). Sensitive topic lead to the choice of covering the areas of interest whilst leaving room for clarification and expansion of the responses by the interviewee. Through this approach, more information became available; information that was not directly linked to the questions presented. (Maltby J. et al.

2010, p. 56). A semi-structured interview does not include accurate questions, but it does have some structure as there are themes, which will guide the interview. One needs to think about the themes in advance, and within an interview all the themes will be gone through. An advantage in this type of an interview is that the interviewees can get their voices heard, and the discussion can be fluent. It is important to remember that the meanings the participants' give and how they use the language are essential parts of the analysis of the data. (Hirsjärvi & Hurme 2001, p. 48.)

Practical issues played a major role in selecting which clients to interview. Since many inhabitants of the reception centre do not speak English or Finnish and translator fees are high, interviews were held only with English speaking residents. Group-interview with health workers in the center was held in Finnish since both of them are native Finnish speakers. Transcription was later translated into English. According to Nikander (2010) translating the transcriptions can be challenging since some words cannot be translated, and the meaning of the word can unfortunately lose its original meaning and get an additional spice on it. As Nikander (2010) points out, one must consider the cultural references where there is impossible to find equal terms in another language. (Ruusuvuori, Nikander & Hyvärinen eds. 2010, p. 440.)

Four male asylum seekers were interviewed and addition to that two health workers were group-interviewed. Interviewed asylum seekers were from Afghanistan, Iran, Iraq and Gambia in the age of 18-27. Interviewees had different native languages and religious backgrounds. One interview took approximately 25 minutes. Interviews included approximately 15 questions, some additional questions were asked from interviewees if needed. Interviews were carried out in the reception center in the client meeting room. Each interviewee was interviewed separately because of the sensitivity of the topic. It was important for interviewer that clients feel safe and are willing to share their thoughts openly. Before the interviews took place, participants were again reminded on the purpose of the interview.

8 ETHICS OF THE STUDY

I have followed the guidelines of responsible conduct of research in the thesis and in the different phases of my thesis work. According to the guidelines of responsible conduct of research, the outcomes and results of the research or a study can be ethically reliable and accepted only if one follows the guidelines of the responsible conduct of research. The main concepts and principles such as accuracy, honesty and integrity, openness and responsibility, must be considered in all phases of the work process of the research. (The Finnish Advisory Board on Research Integrity 2012, p. 30.)

The theoretical background of the thesis has been carefully chosen and the information used has been referred with respect for the original publication, and citing has been conducted according to the written work instructions (2017) of Metropolia University of Applied Sciences. (The Finnish Advisory Board on Research Integrity 2012, p. 30.)

8.1 Research permission

Research permission, which would permit interviewer to interview the workers and the clients of reception centre, was given and signed by Luona OY representor before I started planning my interviews. In addition, my supervisor was also informed about my study. I made a conscious effort to be as overt as possible in describing my motives and the application of the data gathered.

8.2 Consent

While enlisting participants into my study, I applied overtness and coherency and study aims and methods were clearly and closely presented to participants. Berg (1998 cited in David and Sutton, 2011, p. 43) describes informed consent as the knowing consent of individuals based on their choice and uninfluenced by deceit, duress or similar manipulation.

8.3 Privacy, anonymity and confidentiality

Central considerations that were carried out in the interviews were privacy, confidentiality and anonymity. My consideration for the interviews was to gain insight on the subjective experiences of the workers and the clients. This did not necessitate the disclosing of the name or any other such detail that reveal the identification of the interviewee. With client interview I did not ask any information that could directly identify the client e.g. name, address etc. Personal details of the workers were not included in the study neither. I also made a conscious effort to assure the respondents that no one else apart from us would have access to the questionnaires. Furthermore, the participants had privacy while answering the questions since there were no more other individuals in the same room that time than interviewer and interviewee. I guaranteed that transcription of the interviews would be done in private and that only I have access to the recorded material and the transcribed data. Recorded materials will be destroyed after the study is published, transcribed data will be kept in a private safe place.

The interviews were recorded and transcribed. The interviewees agreed to participate anonymously, and confidentiality agreement was signed between interviewee and interviewer, it was also agreed that audio and written material once the thesis is completed, will be destroyed.

The transcription of the interview was exact, everything that was related to the current study was written down. I used the basic level transcription, which left out the fillers, small talk, repeats and cut-off words and concentrated on the utterances.

After transcriptions, I divided answers into theme groups and kept all the different answers related to a specific theme in the same place. With that it was easier to see different viewpoints interviewees had on each theme. As Hisrjärvi and Hurme (2001, p. 141-142) stress, using the themes in the analysis process is one option for making sense of the transcription.

I used content data analysis method for analyzing the data since it would help me to come out with different themes that I got from the data. Content analysis aims to clearly describe the investigated phenomenon (Tuomi & Sarajärvi 2009, p. 108) and it is known also to be the most common way of analyzing qualitative in the field of social sciences. Content analysis involves reducing data exploration and data processing. Data processing includes coding which involves organizing data into categories, for example, meaning unit, condensed meaning unit, codes, categories, and themes. Content analysis is a tool used to determine the presence of certain words within a text. (Moule & Goodman 2009, p. 343).

As a researcher, I feel that the information I gained from structuring the transcription gave me all the information needed for creating the model. The direct questions about the topic for the model also made it easier to get the information needed.

Interviews took place at the Nihtisilta reception centre in July 2018. Interviews took place in a private room to ensure the privacy and for the means to follow the ethical principles. All the possible participants were informed of the reasons and methods of my thesis work. The interviewees were informed and asked to write an agreement beforehand, and they were also informed that they have the right to refuse or cancel their involvement anytime. Presentation and evaluation of my study results are done using integrity and manner of meticulousness and accuracy as the research ethics require. (The Finnish Advisory Board on Research Integrity 2012, p. 30–31.)

9 RESULTS

In this chapter the results of the study will be presented. The results are collected from five different interviews with six people. First part of the results part introduces asylum seekers' interview results and second part focuses on the group-interview with health workers. However, the answers do not represent a collective view instead I have raised the essential matters from three themes.

9.1 Results from asylum seekers

I present the results one theme at the time. First theme is about background of the respondents.

9.1.1 Background of the respondents

All four asylum seekers are coming from various countries - Iran, Iraq, Gambia and Afghanistan and with diverse religious background. It is compelling to highlight that amongst respondents Christianity, Islam and non-religious were represented. According to respondents they all have received different level of sex education, some from school, some from parents, some have been reading about it themselves and some admit that they have not received any sex education at all.

As mentioned earlier, all asylum seekers have received basic Finnish Society Course which also includes sexuality and gender equality part, so they have an idea what it is. All respondents have stayed in Finland from eleven months up to almost three years. However, one respondent said that even though he had some sex education classes in home country, it is not enough. Knowledge gained from the class was basic and there was no proper curriculum for that. In the university some sex education classes were provided as well, however, according to respondent it was not enough. Another respondent said that there is no sex education in his home country and no one talks about sex or sex education, that they don't have that culture.

All the respondents agreed that sex education in the reception centre is needed and asylum seekers living in the centre could benefit from knowing more about the topic.

“Sex will happen anyway, so it is good that people have more knowledge about it.”

9.1.2 Planning the groups

Almost all respondents agreed that the groups size should be rather small, mainly because of the sensitivity of the topic, but also because in a smaller audience it is better to follow. Only one interviewee said that the size of the group does not matter, that topic is really important, and it is essential that everybody know how to protect themselves. However, average group size based on the interviews could be ten persons in one group. How to divide people into groups got contrasting statements.

“Definitely by nationality, not because of the language. If you come from different nationality you have different ideas and understanding about sexuality, different knowledge about sexuality, and you have to teach everybody on the base how much they already know about it. For example, we Iranians have a little bit more of sex education as Afghanistan people, so i think it is better to separate different nationalities.”

“Whoever wants to come. Religion is also important; some religions don’t allow to talk about sex education. You can’t ask questions openly; for example, I think Muslims don’t want to talk about it in public.”

Others suggested that based on the language is good. One added that age should be also taken into consideration and that groups should not be divided by religion.

Interviewees’ suggested that there should be more than one class for a group, but not too many hours per one time. They said that it is hard to focus and listen for more than three hours. One interviewee suggested that it should happen once or twice in the week and one hour per time.

“It should not be only one day, it should be like a process - every now and then, just to make people aware.”

“Better to do it slowly, more than one day. At first it could talk about life, relationships, how to meet people, how to interact, how is the culture in Finland. Then after that could come the real topics.”

When asylum seekers were asked about the lecturers, who those people could be and would the sex of that person matter, all interviewees had the same idea. It does not matter at all.

“It does not matter, just a person with knowledge. It could be anyone.”

9.1.3 Input of the sex education class

According to the interviewees' most suitable way of getting the information would be open forum where participants could discuss different topics and ask questions from professionals.

“Forum where everyone can share opinions would be good. Lecturer would be there as well as a professional who knows more about the topic and can teach others.”

Interviewees also suggested that classical slideshow could also be used as a tool to teach. It is easy to follow, and it is possible to show pictures and videos. Asylum seekers suggested many topics for the sex education classes. Two main interests are safe sex and law in Finland.

“Laws about Finland that are important. People come from different countries and they have different laws and culture. For example, it is possible that the meaning of rape is different in other countries than here, concept of the word is just different. It is very important for people to know about the law.”

Interviewees' were interested how to protect themselves and how to have pleasurable sex life. Even though that some of them have basic information about sexually transmitted diseases, interviewees pointed out that they would like to get more deeper knowledge about that. For example, what is the difference of the AIDS and HIV and what it can do to human being.

Interviewees' were also interested in gender equality, what does that mean in Finland for a male partner and society. What is woman's role here?

“I would like to know how girls are in Finland, how guys can meet and talk to them, where to start from. Our culture is different and Finnish girls are sensitive, all the girls are sensitive. But mainly, how to talk with the girls, that there won't come any problems. Also, how to have sex, what to use, what is safe sex, how women are here, how relationships are, women role in the family.”

One of the interviewees has a history of being a sexually abused since he was a small child and he suggested that sexual violence should be one theme to introduce the others.

Interviewees' suggested that also sexuality itself should be introduced properly, what does sexuality mean.

Many various topics were brought up by residents in the reception centre. Interviews revealed that asylum seekers have a clear vision what and how they want to learn sex education.

9.2 Results from health workers in reception centre

Health workers results are presented in themes as well. However, more focus is on the input.

9.2.1 Background of the health workers

Both workers have been working in the reception centre as nurses in health team for approximately three to four months. They agree that sex education is needed in the reception centre. Since workers religion and age was not relevant, it was left out from the study.

9.2.2 Planning the classes

According to health workers groups for one class should be small since the topic is sensitive and it is easier to open up, ask questions and participate. Religion did not have that enormous role in dividing the groups in health worker answers as it had in asylum seekers answers. According to health workers non-heterosexuals should have their own sexual education classes.

“Similar clients with similar background can relate more and provide more support to each other. It would keep the function of the peer support group.”

9.2.3 Input for the class

Health workers had more wider topics compared to asylum seekers. Some topics were same - like sex, safe sex, how to use condoms, sexually transmitted diseases, equality, dating, relationships and marriage. But in addition to that health workers suggest that it is also important to teach them basic human anatomy, how do bodies look like, what is normal.

According to health workers it is crucial to talk about homosexuality and other sexual orientations. Compared to asylum seekers they see that as important topic to discuss.

“Clients usually don’t come with straight questions, they start with something else and come with a round to the real topic. They are afraid that someone will find out about it. Some feel that they are homosexuals. It is also hard for them to talk about it since in their home country it is a really bad thing and they do not even have a proper dictionary about it. In their home countries they had to hide it, it was punished by death. There is a lot of fear. It is good to tell them that here in Finland it is perfectly ok to be gay and for example two men can have a family and live normal life, and there are laws to protect them. It is good to bring it out to them that they would know.”

Family planning and porn were also emphasized by health workers. It is essential for both - men and women to know their rights about having or not to having children. People should also be aware of the impact of watching porn, how porn affects our understanding of sex. Sexual violence should be presented as well since many clients may have history with that.

“One topic that comes into my mind is rape victims, there are many men here who are rape victims. Maybe it is good to mention that as well.”

Comparing the results, many suggested topics were same, however, health workers have wider concept of sex education. Nurses explain that clients usually come to them with those questions, so it seems that clients are lacking the knowledge in those particular topics.

10 CONCLUSIONS

Asylum seekers in Finland receive very little sex education at the moment. Finnish Migration Services has created Finnish Society Course, which introduces briefly Finnish society and the culture, also working in Finland to asylum seekers. Gender equality and sexuality are also represented in this course, but in a really vague and informative way leaving many important topics out and does not leave much space to open up the topic or go deeper. After interviews it was also clear that asylum seekers themselves are more interesting in other topics than which are included now.

Also, tools to implement the model were chosen. Workshop is a suitable tool to organize a setting for discussions, open dialogue and participation. Idea for the workshop is to get asylum seekers participate, not to have the traditional subject and object setting of students being just recipients of information but to learn from interaction and from others. This can be supported by the social learning theory which states that dialogue and interaction between participants is highly important for the learning process (Pritchard & Woollard 2010, p. 14.) since workshop's bidirectional learning help to acquire new behaviours (Bandura 1971). Second tool chosen for the model was Sexual health toolbox from Hivpoint, which supports sex education workers with practical tools, so the participants can discuss and critically think about existing norms, assumptions and understandings.

Empowerment, identity building and cultural sensitivity are the basis for the theoretical background in this paper. Since the target group of the model is young male asylum seekers, it was important to choose the theoretical background carefully and in sensitive manner.

In order to find out what to include to the guide, data was collected by using a qualitative method. All together six interviews were conducted in July 2018. The data was analyzed and based on that model was created. Model includes three workshops with different topics all related to sex education. Each time theory, discussions and practical exercise/games are included.

The aim of the sex education model is to provide compact tool for reception centre workers to implement sex education classes for male asylum seekers. Model provides recommended topics and tools; however, workers can adjust and change the order, also add or leave out input if needed.

11 DISCUSSION

The process of writing this thesis has been more time-consuming than I expected. However, creating this sex education model has been really engaging and I feel that it has also increased my motivation at workplace. I am really grateful from the trust and open-mindedness from my employer and working life partner Luona OY and for giving me freedom to create and later also implement that sex education model for asylum seekers. Luona OY have provided me support and supervision throughout my thesis process. As a worker there I can test the model and see how it works in real life and make some corrections if needed.

Created model can be a great tool for the workers in the future. It was created based on the suggestions from asylum seekers and health workers. Model consists three lessons (two hours each) on separate days. Similar topics are selected for one lesson so that themes would be divided logically, and related topics would be presented on the same day. Two-hour lessons are long enough to open the topics, but not too long for the participants to follow and engage. Groups can be divided according to language skills; however, the presence of an interpreter is needed for the better communication. If possible, age would also been taken into consideration while making groups. Groups should be small, up to 10 members in one group. One or two workers per one group is enough. If possible, same workers will continue with the same group all three lessons since it would be easier to participants to open up and continue with workshops. Workers should take time to get familiar with materials and to prepare for classes.

First class starts with introduction and rules of the lesson will be introduced. Next, plan for the first meeting will be presented. First meeting will include topics like what is

sexuality, different sexes, bodies, feelings, love, relationships; what kind of relationships there are, how to meet girls and how to talk and approach them, dating. Topics about the next class will be introduced. Participants can suggest topics and ask questions that interest them at the end of every class in case something interesting for them was left out from the class.

Second lesson starts with the reflecting on the first lesson and what do participants remember. Next, workers will explain the topics and the plan for the second meeting. Second meeting will cover topics like sex, safe sex and sexually transmitted diseases, how to use the condom, porn - what influence it has. At the ending part participants can bring out some interesting new knowledge they received. Topics about the next class will be introduced at the very end.

At the beginning of the last lesson workers will ask what participants remember from previous lessons, what was surprising, what was new, what did they already know. At the last lesson participants will get more information about important laws to know in Finland and sexual violence, what is gender equality - how it affects us, history and gender equality in Finland. Also, marriage will be discussed together with family planning, pregnancy and family life. At the end of the class there is a space for longer reflection. Class will end with giving feedback to workers and thanking the participants. Topics of the lessons are flexible and may be replaced if needed. Using different teaching methods during the lessons is recommended. For example, games like bingo and alias with words coming from sex education dictionary. Also teaching participants how to use the condom by using dildos and condoms. The idea is to provide participants chance to have some practical exercises and learn in an honest and open environment. Hivpoint's sexual health toolbox will be used as one tool since it includes, for instance, two dildos, 120 alias cards and twelve different sex cards (showing pictures of different ways of having sex). More precise guidelines will be presented in the appendixes.

As a development idea from created model I see peer support groups for sexual minorities and victims of the sexual violence. After doing this study I feel that there is a bigger need for similar workshops for different minorities in the reception centre. With

almost 1000 clients in the Nihtisilta reception centre those minorities may not get that much needed attention. Workers there do their best and are highly motivated to help and improve the lives of the residents, but as always there are limitations that restrict them. This study focused on young male asylum seekers in reception center since the study was held in reception centre meant for male asylum seekers. In the future there could be sex education classes for female asylum seekers as well. Created model can be base for that with some correlations.

As one limitation in my study I would like to highlight that participants were chosen by their English language skills. As mentioned earlier translator fees are high and the topic itself sensitive, so it was more reasonable to make these interviews with asylum seekers who are able to have a conversation in good English. However, it is important to bring that issue out as criticism since all the residents in the reception centre did not have the chance to participate in the questionnaire.

Another criticism about the study can be that the focus is only on young men. Women, sexual minorities, older male and underaged asylum seekers have been left out. I felt that making the target group too wide, would lose the focus and since the model was created firstly for Nihtisilta reception centre, which accommodates male asylum seekers, young male asylum seekers as a main target group seemed smart decision. However, sizeable group of asylum seekers were excluded from the study.

As an interviewer I sensed that it was hard to get more detailed suggestions for the input of the sex education class since the terms like sexual education and sexuality were not that clear to respondents. Before every interview when the study itself was introduced to participants I explained also the terms, still, I feel that it may have not been enough.

Since I am working as a social counsellor in the reception centre, it also may have influenced interviews. It is possible that it helped respondents to be more open about the topic, but it also may have hold them back or make them answer in a different way since I know them.

On the other hand, I feel that as a worker in the reception center it was easier to find participants for the interviews and also to make them open up and talk about such a sensitive topic. I felt that by asking their opinion and ideas and including them to the planning process, I facilitated their empowerment by giving them the chance to be a part of it and create something for themselves. It was not hard to find participants, I believe each of them had his own reason for participation and all of them were sharing many great ideas with me.

I feel that the qualitative research and semi-structured interviews were the right methods to use in my study because they provided the most extensive material of interviewees' own subjective opinion. My study results are reliable as they relate to the interviewees' opinions and I have followed the ethical guidelines.

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Consent form

Title of project: Sex education and gender equality workshop model for the reception centre

Purpose and significance of the study: The purpose of thesis is to create, based on the current original research, sex education workshop model for young asylum seekers. Workshop will give better understanding about sexuality, values and ethics about sexuality, sexual culture, rights and responsibilities and gives more knowledge in equality matters. Sex education gives better preparation for being a respectful and responsible partner in the future.

Publication

Study will be published as a thesis and made available for everyone with access to the Metropolia University of Applied Sciences library and website.

- I confirm that I have read and understand the information above concerning the study.
- I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
- I understand that my participation is voluntary and I am free to withdraw and time, without giving any reason.
- I understand that I am participating in this study as a private person, not as a representative of any organization.
- I understand that in any report on the results of this study my identity will remain anonymous.
- I agree to this interview being audio-recorded.
- I agree to take part of the above study.

In Espoo,

.....
Participant

.....
Signature

.....
Interviewer

.....
Signature

Interview questions*To asylum seekers*

Age

Religion

How long have you stayed in Finland

Have you had any sex education in your home country? At school? In your family?

If yes, could you please tell me more about it?

Do you think there is a need for sex education in the reception centre?

Why do you think like that?

In what form sex education should be? Lectures/ Brochures/Film/ something else?

How to make groups? How many people? Based on what? Religion? Language?

Why would you group them like that?

Length?

What should definitely be included?

Is there something that should be left out?

Lecturer? Man, or a woman? Worker from the centre or someone outside?

Is there anything else you would like to add?

To workers

Profession

Education

How long have you been working in the reception centre?

How often clients come with sex education related topics to see you?

What are the main reasons?

Do you feel there is a need for sex education in the reception centre?

Why?

What do you think, in which form sex education should be performed in the reception centre?

What should be included? What should not be included?

How to make groups?

Is there anything else to add?

Model for sex education classes

- Groups are divided according to language and the presence of an interpreter needed for the better communication.
- Up to 10 participants in one lesson.
- There are three lessons which last 2 h.
- Two workers as instructors (from instruction, social or health team)
- Tools needed: Hivpoint's sexual health toolbox, computer & technology for slideshow, papers & pens to participants for notes
- Participants and workers will be seated in a round

First lesson (2h):

Introduction/rules of the lesson (one person talks at the time, no wrong ideas, sharing ideas, everything stays in the room, what are the feelings & expectations), explaining the topics & plan for the first meeting.

- What is sexuality? What do participants think and know already? Showing some slides about definitions.
- Sexes - men, women and others. Showing pictures in Powerpoint.
- Bodies. Showing pictures in Powerpoint of different naked bodies, also breasts, penises, with different sizes and figures.
- Feelings. Love. What do participant think? Discussion.
- Relationships - what kind of relationships there are. How to meet girls? How to talk/approach to them? Dating. Participants start with their thoughts, workers will continue. Role playing in pairs about first date.

Participants ask questions about first meeting or suggest topics for the next meeting at the end of the class, workers can find answers for them for the next time. Topics about the next class will be introduced.

Second lesson (2h):

Reflecting on the first lesson. What participants remember. If there are some questions, answering to them. Explaining the topics and the plan for the second meeting.

- Sex. What is sex? Showing Hivpoint's cards with pictures about having sex in a different way. Discussing cards, how to protect myself in different ways.
- Safe sex. Sexually transmitted diseases (chlamydia, gonorrhea, syphilis, hiv and AIDS, HPV and genital warts, herpes, hepatitis), how it spreads, signs and symptoms, when and how to test, how to treat it.
- How to use the condom (using dildos participants can try to put the condom on).
- Porn. What influence porn has. What kind of image it gives? What participants think? Workers will introduce current studies about it. Discussion.

Participants can ask more questions at the end of the class, instructors can find answers for them for the next time if they do not know. Participants can suggest topics that interests them for the next time. Topics about the next class will be introduced.

Third lesson (2h):

Reflecting on the second lesson. What participants remember. If there were some questions, discussing/answering to them. Explaining the topics and the plan for the next meeting.

- Important laws to know in Finland, e.g. age of consent in Finland, Sexual violence. What is rape. Discussion. Slides with materials will be used.
- Gender equality - what does it mean. How it affects you? History. Gender equality in Finland. Discussion, how participants see it? How is it in their home country?
- Marriage. Who can get married? Divorce. Discussion.
- Children. Family planning, pregnancy, family life

Questions. Reflection - what did we learn. Each participant can bring out one new/surprising thing for him. Feedback for instructions. Thanking the participants.

If there is an extra time at the end of the classes, sex education alias cards can be used in a game or sex education bingo can be played as well (using the same cards).

	B	I	N	G	O
1	sex	identity	Feelings	penis	condom
2	love	transgender	Sexuality	feelings	marriage
3	media	intercourse	Hiv	woman	breasts
4	limits	equality	Body	homosexual	family
5	man	orgasm	Fantasy	hormones	erection

	B	I	N	G	O
1	kissing	media	Sexuality	penis	condom
2	love	transgender	Feelings	bisexual	dating
3	pleasure	hiv	Sex	children	clitoris
4	woman	discrimination	Breasts	unprotected sex	family
5	orgasm	anal sex	conversation	hormones	culture

	B	I	N	G	O
1	man	media	Feelings	penis	pleasure
2	dating	body	Clitoris	culture	discrimination
3	love	intercourse	Hiv	closeness	breasts
4	nurse	orgasm	Body	bisexual	family
5	sex	fantasy	Kissing	hormones	marriage

	B	I	N	G	O
1	limits	identity	Feelings	stereotype	marriage
2	love	porno	Fantasy	hiv	condom
3	media	intercourse	Sex	woman	breasts
4	man	oragsm	Sexuality	homosexual	unfaithfulness
5	nurse	body	sexual health	penis	erection

4(4)

	B	I	N	G	O
1	sex	friendship	Pregnancy	penis	breasts
2	porn	bisexual	Limits	gay	abortion
3	media	anal sex	safe sex	divorce	marriage
4	sexuality	equality	Body	heterosexual	erection
5	family	orgasm	Fantasy	sexual rights	man

	B	I	N	G	O
1	sexual rights	identity	Marriage	porn	condom
2	love	children	Sexuality	gay	identity
3	respect	feelings	Dating	woman	breasts
4	limits	equality	Body	bisexual	family
5	kissing	orgasm	Trust	sex	friendship

	B	I	N	G	O
1	sex	kissing	Feelings	penis	condom
2	marriage	man	sexual rights	pleasure	dating
3	children	fantasy	Breast	woman	friendship
4	porn	body	Pregnancy	homosexual	family
5	limits	orgasm	Hormones	respect	identity



1. Opinnäytetyön tekijää koskevat tiedot

Suku- ja etunimet: Karu Kreitty

Luonan palveluksessa: kyllä/ei

sähköposti/puh: kreitty@hotmail.com

Ammattikorkeakoulu: Metropolia AMK

2. Opinnäytetyn ohjaaja oppilaitoksessa

Opinnäytetyön ohjaaja(t) ja yhteystiedot (s.posti ja puh)
Mervi Nyman mervi.nyman@metropolia.fi, Sylvia Tast
040 6418219

p.

3. Luonan vastuuhenkilön tiedot

Suku- ja etunimi sekä yhteystiedot:

Julia Larkka julia.larkka@luona.fi

4. Opinnäytetyötä koskevat tiedot

Opinnäytetyön nimi julkisessa muodossa: How to introduce sexuality and gender equality to young asylum seekers. Sex education model for reception centre.
Suomeksi: Miten seksuaalisuus ja sukupuolten tasa-arvo tutustutetaan nuorille turvapaikanhakijoille.

Lyhyt kuvaus aiheesta: Opinnäytetyön tarkoituksena on luoda nykyisen alkuperäisen tutkimustyön perusteella työpajamalli nuorten turvapaikanhakijoiden kouluttamiseksi seksuaalisuuteen ja sukupuolten tasa-arvoon. Työpaja on myös pakolaisnuorisotorjunnan ehkäisemisen muoto, joka tarjoaa tietoa seksuaalisista oikeuksista ja laeista, vastuista ja seksuaalisesta pahoinpitelystä.

Vastaanottokeskuksen terveysalan työntekijä ja 4 turvapaikanhakijaa osallistuvat työpajan suunnitteluun. Haastattelun vastausten ja maahanmuuttoviraston ohjeiden perusteella suunnitellaan ja toteutetaan kompakti sukupuolikasvatus työpaja.

Työpajassa käsitellään seksuaalista itsemääräämisoikeutta, sukupuolten tasa-arvoa, seksuaalista monimuotoisuutta, seksuaalisia oikeuksia ja vastuuta, seksuaalisen pahoinpitelyyn liittyviä lakeja ja tukipalveluja.

Opinnäytetyö koskee Luonan liiketoiminta-aluetta: polku/

arviointi

Tutkimuksen kohderyhmä: alle 30-vuotiaat turvapaikanhakijat

Tutkittavien määrä: 4 turvapaikanhakijaa, 1 terveydenhoitaja

Aineiston keruumenetelmä: laadulliset haastattelut

Onko muita ulkopuolisia yhteistyötahoja: Ei

Aiheuttaako opinnäytetyö kustannuksia Luonalle: Ei

Opinnäytetyön hyödyt Luonalle: Sukupuolten tasa-arvo ja seksuaalisen koulutuksen malli nuorille turvapaikanhakijoille.