Journal of Adolescent Health xxx (2017) 1–4

ELSEVIER

JOURNAL OF ADOLESCENT HEALTH

www.jahonline.org

Adolescent health brief

Attitudes and Beliefs Pertaining to Sexual and Reproductive Health Among Unmarried, Female Bhutanese Refugee Youth in Philadelphia

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Article history: Received March 23, 2017; Accepted June 5, 2017
Keywords: Adolescent; Refugees; Family planning services

A B S T R A C T

Purpose: We explored attitudes and beliefs pertaining to sexual and reproductive health (SRH) among unmarried, female, resettled Bhutanese refugees 16–20 years.
Methods: Fourteen interviews were analyzed using the constant comparison method, and major themes were identified.
Results: SRH was stigmatized for unmarried youth, making seeking information about SRH or accessing family planning difficult. There were many misconceptions about access to SRH.
Conclusions: Universal, culturally, and linguistically appropriate comprehensive SRH education is recommended for female Bhutanese refugee youth. Terminology used should take into account differences in conceptualization of concepts like dating. Educators and health care providers should clearly describe consent and confidentiality laws regarding adolescent SRH services.

IMPLICATIONS AND CONTRIBUTION

Stigma prevents female Bhutanese refugee youth in the U.S. from seeking sexual and reproductive health (SRH) education, and misconceptions about confidentiality and consent are barriers to seeking SRH services. Universal, culturally, and linguistically appropriate comprehensive school-based SRH education is needed as is universal education in health care settings.

Pediatric research on health following refugee resettlement has focused mostly on younger children, but ~12,500 refugees ages 10–19 years also resettle in the U.S each year [1,2]. Sexual and reproductive health (SRH) concerns are prominent for youth globally. In the U.S., they bear a disproportionate burden of

Conflicts of Interest: The authors have no conflicts of interest to disclose.

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1054-139X/
http://dx.doi.org/10.1016/j.jadohealth.2017.06.011

sexually transmitted infections and unplanned pregnancy [3]. Extant work suggests that refugee youth have limited knowledge of sexually transmitted infections and high unmet contraception needs [4–7]. No studies have focused on Bhutanese youth, a Nepali-speaking minority who are among the largest groups of refugee youth in the U.S. To address this gap, we conducted an exploratory study examining SRH attitudes/beliefs among unmarried, female, Bhutanese, resettled refugee youth.

Methods

We conducted fourteen semistructured individual interviews in Philadelphia from June to November 2015. Eligible individuals, recruited during community events, were ages 16–20 years, female, Bhutanese refugees, never married, and never pregnant. Eligibility was purposefully narrow, as SRH attitudes and beliefs are influenced by social and cultural background [8–10]. Recruitment ended after reaching thematic saturation, as determined by the primary investigator (C.P.D.).

The interview guide explored SRH attitudes and beliefs. C.P.D. and project interpreter/translator (D.K. a female, certified interpreter and Bhutanese refugee) translated questions into Nepali, pretested the interview with six youth, and iteratively revised the guide. Interviews—conducted in Nepali and English—were recorded, and English dialogue was transcribed. Transcripts were reviewed by C.P.D. and D.K. with attention to key phrases/nuances that may have been lost in translation. Textual data were analyzed using the constant comparative method: C.P.D. and D.K. iteratively developed a coding scheme using responses from the first three interviews; C.P.D. coded each transcript; C.P.D., D.K., and K.Y. identified key themes.

Participants $\geq$18 years provided written consent, and those $<$18 years provided assent with written permission from a guardian. The study was approved by the Children's Hospital of Philadelphia IRB.

Results

Participants (n = 14) were 16–20 years old (mean 17.4), born in refugee camps in Nepal, resettled in the U.S. from 2011 to 2014 (mode 2012) and preferred to communicate in Nepali.

Cultural norms influenced participants' attitudes toward SRH (Table 1). There is no semantic equivalent to the word "dating" in Bhutanese Nepali, and participants did not have a consensus definition. As one respondent noted: the first one is just talking, just getting with a friend. And that is a different kind of dating… And the other dating is having a relationship, like affair (#4). There was consensus that "Culturally we are not allowed to date"(#3).

SRH information was reportedly important for married women, but premarital sex was stigmatized. Hence, unmarried adolescents were not comfortable seeking SRH information or using hormonal contraception: "People feel shy when they are not married, and then they don't want to talk about birth control…"(#1).

Cultural norms also influence attitudes toward teen pregnancy out of wedlock: "In our culture, we believe that abortion is not allowed"(#14). However, the associated stigma was such that parents might encourage a young woman to have an abortion: "…when the family thinks about their prestige in the community, some of the parents, definitely they encourage her to go and have an abortion"(#14). Alternatively, a family might abandon their daughter to preserve the family's "prestige"(#6). Stigma could also make young women vulnerable to coercion into marriage: "What I have heard is he is going to blackmail her, saying…I have a relationship, physical relationship, with you…so she was forced to get married with him"(#5).

Knowledge about SRH was variable and depended upon where participants had attended high school: "…back in my country, Nepal, we have a subject…in each school that they used to teach about reproductive health"(#4). Others reported SRH was taught in their U.S. high schools, but some felt information was inadequate. Further, some respondents enrolled in English as a second language courses noted they were excluded from SRH classes. Nonetheless, most participants were aware of the male condom and knew where these could be obtained: "The only thing I know is about using condoms,…when I talk about safety, it means that to use condoms while having sex so that you will not get pregnant"(#14).

Participants had misconceptions about access to SRH services. Most assumed services were not available to unmarried adolescents or required parental consent: "When I am above 18, I can go and talk [to the doctor] by myself. But if I am below 18, under age, I definitely have to take my guardian with me"(#13). Respondents believed the male partner would need to provide consent for abortion: "to do an abortion, both partners have to sign the paperwork…. That's what I have heard"(#5).

Although gender roles were not the focus of the interview guide, respondents raised this topic. When describing community views on dating, one respondent stated, "they keep on blaming the girls [for dating] but not the boys"(#8). Other respondents were hopeful that in the U.S. the position of women would improve.

Discussion

SRH education is critical for resettled refugee youth. In the Bhutanese refugee community, seeking SRH education and services is stigmatized for unmarried youth. Therefore, safe, confidential spaces are needed for unmarried youth to receive knowledge and services. Most participants in this study reported that they would prefer education provided outside of the community through websites or other reading materials, individual education, or female-only group meetings. To this end, we recommend universal, culturally, and linguistically appropriate comprehensive school-based SRH education that includes discussion of gender roles and norms providing space for discussion in same-gender groups when appropriate. We also recommend that health care providers offer SRH education for all Bhutanese adolescent patients, regardless of "dating" history, and that they clearly describe laws pertaining to consent and confidentiality. Finally, screening for emotional abuse/coercion is important for Bhutanese refugee youth, as it is for all youth.

Although this study focused on a single ethnic community, certain lessons learned are likely to be applicable to other groups of refugee youth. For example, SRH programs working with other groups of refugee youth should identify words, phrases, and concepts commonly used for SRH education that lack one-to-one interpretations in young refugees' preferred languages or cultural contexts (e.g., "dating"). Programs should carefully develop strategies to explain these words or concepts. Similarly, it is unlikely that refugee youth recently