

# sexpressions

A MAGAZINE FOR INTERVENERS  
AND EDUCATORS WHO ARE OFFERING  
SEX-EDUCATION ACTIVITIES FOR YOUNG PEOPLE  
OF SECONDARY-SCHOOL AGE

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Here are some ideas to think about to make you more aware of the differences and nuances related to sexuality among the various cultural communities that make up contemporary Québec. The goal is not to criticize, judge or condemn the values and beliefs of other cultures pertaining to sexuality, but to bring you to question yourselves about your own personal and cultural references concerning sexuality. Another objective is to provide you with food for thought regarding the consequences for health and sexuality that arise from other cultures' values. Subsequently, you can share the fruit of your reflections with young people.

## EMBRACING OTHER CULTURES: Sex education for a multicultural clientele\*

BY  
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\*This title was inspired by the presentation given by Valérie Lépine, B.A. in sexology, entitled "Embracer d'autres cultures : santé sexuelle et dialogue auprès des populations multiethniques", a presentation of the Regroupement professionnel des sexologues du Québec.

Québec





The students noisily come back to class after lunch. “Rachid! Edeline! Carlos! Bruno! Quiet, please. We’re about to start,” the teacher calls out loudly. Then she adds, “Today, for our first sex education class, we will learn how to use condoms and find ways to integrate them into our sexuality.” A small group of girls at the back of the class reacts loudly. One of them says: “Miss, in our case, I don’t see why we need this course.” “Oh. And why not?” asks the teacher. Zakya answers instantly, “In our religion, it is strictly forbidden to have sex outside of marriage.”

Perhaps you have had to deal with this type of situation or heard colleagues talk about a similar situation. Maybe at that time you asked yourself how do we bring up the topic of sexuality with young people whose cultural values and religious beliefs differ greatly.

Familiarity with a particular culture, its codes, values and beliefs related to sexuality is a valuable asset for educators or other interveners in multicultural settings since they will constantly have to deal with this aspect. Moreover, this knowledge will help them in their sensitive work with young people of other ethnic origins.

Before looking at different cultural aspects linked to sexuality, let us have a look at the composition of contemporary Québec.

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The photographs in this magazine are used only to illustrate the topics discussed herein. The people that appear in them are models.

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### IMMIGRATION AND CONTEMPORARY QUÉBEC

The term ‘Quebecers’ includes some 700 000 immigrants from all parts of the world. Every year, Québec welcomes over 25 000 immigrants from about a hundred countries. Over the last decades, the origins of immigrants to Québec have become considerably more diverse. In the 1950s, over 90% of immigrants were of European background. In 2002, according to data from the ministère des Relations avec les Citoyens et de l'Immigration (2003), this proportion fell to 25%, while 36% of immigrants came from Asia, over 14% from America and nearly 25% from Africa. These statistics therefore reflect a major change in Québec society. Indeed, the increased importance of immigration has not only changed the face of Québec itself, but these newcomers are shaking up our ways of thinking and compelling us to reflect on the role of our institutions, and our beliefs and values in a number of spheres, more specifically as regards sexuality.

### CULTURE SHOCK AND ETHNOCENTRISM

Populations from other regions of the world bring with them incontrovertible cultural richness and dynamism. Culture reflects human collectivities and corresponds to a dynamic structure that includes a set of symbols, codes, knowledge, representations, rules, behavioural models, values and interests. It structures human experience in the ways in which an individual is and acts, and renews itself through daily practices and behaviours (Bibeau and Comité de la santé mentale du Québec, 1992; Proulx and Chiasson, 1996). The same applies to sexuality.

Thus, ethnocultural values constitute a determining factor in the establishment of male/female relationships as well as in matters concerning contraception and sexuality. Furthermore, these values can prove to be obstacles to sex education in multiethnic settings. Indeed, even if the educator has a flexible attitude and open mind regarding sexuality and cultural difference, these differences may still conflict with his or her own values and ideas.

According to Dascal (1991), as soon as individuals come into contact with other cultures, the shock they feel in the face of the customs and ethics of these other cultures is but a tendency to translate and explain them in terms of their own culture. Dascal also argues that the **culture shock** one experiences is felt both on the emotional and intellectual levels since the destabilization provoked by this shock can result in confusion as to which ideas or values should be favoured. Given that some individuals are immersed in their own cultural norms and values, they are sometimes unable to understand the cultures of different societies, and may even indulge in feelings of cultural superiority.



These attitudes form a behaviour designated in anthropology as **ethnocentrism** (McGrane, 1989). Ethnocentrism is a barrier for educators or interveners in multiethnic settings, whether they are old-stock Quebecers or from another country. Perceptions of sexuality are based on the values and experiences they inherited from their own culture and their interventions could be tainted with prejudice. In other words, educators or interveners experience feelings of confusion fed by both pedagogical and ethnic misgivings about which values to impart through sex education. Here are a few examples of questions that could be troubling to them when in multicultural settings:

- What do I want to communicate to my students who are from other cultures?
- Do I want to impose my culture's values, since to me, these values seem "better"?
- Should I adapt my lecture to each culture to avoid offending students from other backgrounds?

Culture shock does not spare newcomers either. The integration of new immigrants into Québec society does not necessarily go smoothly. The gulf that lies between the values, attitudes and cultural practices of immigrant communities and those of the host society can sometimes be very wide. According to Laperrière (1983), some of the values held by Quebecers, such as questioning authority, absence of a strong single morality, and a sense of egalitarian and libertarian values, not mean anything to some immigrants. He adds that family education practices in immigrant communities do not always match with values that are commonly accepted in Québec society like individual autonomy, creativity, self-expression and critical analysis.

Throughout the migration process, young people are often at the heart of the conflict between the "traditional culture" embodied by their parents and the host society, represented by the school, peers and institutions (Camilleri, 1990). In this context, what is the situation of young people born in Québec of immigrant parents? What are their value systems comprised of and what are their points of reference? Who or what do they identify with? How do they manage to construct their identities? How do they perceive themselves? These adolescents must come to terms with the values inherited from their double identity, which can, in turn, bring them to question their own value systems.

Thrust into this cauldron of diverse cultural values, at one time or another many of them risk being torn between the values of their original culture and those of the society in which they live. Lévy and Maticka-Tyndale (1992: 61) have demonstrated that respondents' perceptions of parental acceptance of sexual activity is more negative among young people from immigrant families: "The parents of French-Canadian respondents are significantly perceived as the most permissive; this differs from all other ethnic groups. Greek and Italian parents are perceived as the least permissive. Other groups are between the two extremes." Roy (1991) says that the majority of young people find solutions to these difficult situations. Some of them will choose to cut themselves off from their communities and reject the "traditional" institutions.



### SEX EDUCATION IN ETHNIC SETTINGS: HOW SHOULD IT BE DONE?

In such a context, sex education raises questions that prove difficult to answer. But does it mean that for educators or interveners in multicultural settings, the problem cannot be solved? Gravel (1994) states that an attitude of **cultural relativism** will help them curb, if not break with prejudices, and can help them find a balance between the extremes of trivialisation and a quest for the exotic. While **trivialisation** erases all cultural referents and adopts the ideology of a “universal being”, the **quest for exoticism** emphasizes only cultural differences. Cultural relativism considers variables between the two poles of similarity/difference to allow a more nuanced perception of other cultures to develop.

**Cultural relativism** presupposes flexibility and openness of mind with the objective to move away from stereotypes while the morals and values proper to a culture are still considered (Gravel, 1994). When we come into contact with people from other cultures, there is no room for tedious comparisons and value judgements. We should conclude that other cultures are different but these differences have no inherent hierarchical rank. Violence is one exception. In Québec, violence is not tolerated in any form, even if as part of a legacy of custom, rite or belief permitted in another culture.

Although cultural relativism appears to be the “most solid scientific argument against ethnocentrism and its offshoots” (Camillieri, 1988: 567, in Ouellet, 1994), it is not adequate, however, as a base to establish intercultural relations in “modern pluralist” societies like Québec. Camillieri suggests that cultural relativism rests on an inaccurate analysis of the complex and diverse relations that individuals develop in the “cultural realm” and, more specifically, in their own. Moreover, to focus on specific cultural characteristics as a basis of the theory of cultural relativism can also bring undesirable effects: when the “logic of specificity” is not closely linked to a “logic of equality” (Pagé, 1993, in Ouellet, 1994). The cultural relativist view provokes the following such effects:

- Locking individuals into a monolithic cultural identity that deprives them of their freedom to choose their own cultural model;
- Reinforcing boundaries around groups and accentuating risks of intolerance and rejection of others;
- Stigmatizing and marginalizing students from minority groups associated with cultural identities that are socially disparaged;
- Making a culture seem quaint, thereby diminishing its significance as a living reality;
- Splintering school programmes that integrate particularistic claims.





## EXPLORATION OF DIMENSIONS OF HUMAN SEXUALITY

Human sexuality encompasses various dimensions and is coloured by a range of cultural aspects. Thus, beliefs, values, religion, education and the cultural milieu itself are some of the factors that influence sexual behaviour. An exploration of **dimensions of human sexuality** proves to be a good way for educators and interveners in multicultural settings to draw a detailed picture of cultural differences in the area of sexuality, but also to understand and explain them. Badeau (1978) assigns **six distinctive dimensions** to human sexuality:

- sociocultural;
- psychological;
- biological;
- cognitive;
- moral, spiritual or religious;
- affective.

Of course, these dimensions are interconnected and interact constantly. We will now examine each of them in greater depth, with examples that relate mostly to male/female relations, sexually transmitted infections (STI), pregnancy and homosexuality.

## SOCIOCULTURAL DIMENSION

In matters of sexuality, the sociocultural dimension focuses on male/female roles, stereotypes, norms, representations and behaviours common to a society or culture. Tabet (1998) suggests that the first and foremost cultural distinction to make is gender inequality in sexuality. This first distinction proves to be all the more important in that it has an effect on all other aspects of human sexuality. A number of authors, including Tabet, define gender as a notion that goes beyond an individual's sex. Indeed, within a specific culture, gender refers to the norms and expectations related to appropriate behaviours for a man or a woman as well as to their attributes and roles. Overall, gender is a social and cultural construct that distinguishes women from men and defines ways in which they relate to each other. Since gender is a concept linked to culture, there are therefore marked differences between what men and women can do from one culture to another.

However, Véron (1997) argues that there is a constant that links all cultures: the clearly established distinction between the roles assigned to women and men in terms of power. In this regard, socioanthropological research has demonstrated the existence of significant variations, in a transcultural perspective, as regards feminine and masculine roles and sexual division of labour. These variations give rise to gender-based inequalities that help keep women in inferior socioeconomic and political positions (Lévy and Maticka-Tyndale, 1992). Indeed, in several cultures women are considered to be responsible for reproduction and running the household. For centuries, women have been taught to be submissive and dependent.

As a rule, men are considered as providers, heads of the family, and decision-makers. In short, they represent power. Men are taught to dominate. Among other authors, Adrien et al. (1991) have shown that in some cultures, men enjoy superior status than women; the latter are perceived as a way of enhancing the status of the male identity, both on the social and sexual levels.

The notion of power is an essential constituent of gender and sexuality. Bisilliat (2000) notes that the power generally attributed to men overdetermines their sexuality. The unequal relationships involved in gender relations, and that favour men, translates into a power struggle in heterosexual relationships where male pleasure prevails over female pleasure. Moreover, men exercise greater power than women on the time, place and manner in which the sexual act will come to pass.

In a number of societies, a widely held belief relative to virility is that variety in sexual relations cannot be dissociated from the male nature and that men seek a multiplicity of partners to release their urges (Reynaud, 1983). Similarly, social norms dictate that women be passive and remain ignorant of sexual issues (Benkheira, 1996). A study conducted by Blackden and Bhanu (1998) shows that women have less access to certain resources, such as income, property, credit and education, than do men. Consequently, sex education for women can be almost nonexistent. Indeed, the sociocultural dimension plays a determining role in human sexuality since it transcends the other dimensions.

### MORAL, SPIRITUAL OR RELIGIOUS DIMENSION

The moral, spiritual or religious dimension is composed of rules of conduct, values and beliefs recognized by a society or culture in matters of sexuality. In some cultures, religion is omnipresent and rules the lives of individuals, specifically their sexuality. Thus, rules, values and beliefs will dictate their sexual behaviour. For example, the prohibition of sex outside marriage is common in a number of cultures (Westermarck, 1945). This prohibition might be explained by an existing patriarchal ideology that is based on sexual repression as a means of preserving the value of honour linked to virginity (Lévy and Maticka-Tyndale, 1992). Thus, a young woman offers her virginity to her husband to keep up the family's honour as well as her own dignity, and to consolidate the marriage.

Norms are generally stricter for women than for men when it comes to issues like premarital virginity and sexual faithfulness, as has been demonstrated by several researchers, including Durand (1980). For example, there are laws, in certain countries, that sanction women found guilty of adultery. Moreover, Roth and Fuller (1998) reveal that paradoxically, the traditional norm of virginity imposed on young girls or young women increases the risk of contracting HIV and other STI because they do not dare to seek out information out of fear of having people suspect they might be sexually active. Their virginity also puts them at risk of being raped and subjected to sexual constraints since in many countries there is a belief that having sex with a virgin can cure an infection (Benkheira, 1996). The lust for virgin women is also aroused by erotic fantasies linked to innocence and passivity. Furthermore, in cultures where virginity is highly valued, some young women have no choice but to have anal relations. These types of relations increase the risk of contracting HIV and other STI (Benkheira, 1996; Roth and Fuller, 1998). These norms of virginity combined with the culture of silence surrounding sexuality greatly stigmatize women, especially when they require treatment for an STI.

Female genital mutilation is also practiced in a number of countries. Data from the World Health Organization indicates that in 1998 there were between 100 million and 140 million girls and women who had undergone genital mutilation. According to researchers, 2 million girls are at risk of this practice every year. One of the reasons most often stated to justify this intervention is related to a religious dogma or rite associated with premarital virginity. The most common form of female genital mutilation is excision of the clitoris and labia minora. In its most extreme form, which has been performed on about 15% of excised girls and women, genital mutilation consists of sewing together the labia majora to prevent any sexual relation. This procedure is called infibulation.

Female genital mutilation is practiced mostly in Africa but is also a tradition in several countries in Asia and the Middle East. Furthermore, genital mutilation is increasingly practiced in Canada and the United States, mostly among immigrant communities whose members come from countries where excision and infibulation are traditional practices (WHO, 1998). However, the Québec Charter of Human Rights and Freedoms as well as other legislation currently in force condemns all forms of violence (e.g. sexual harassment, assault and abuse, conjugal violence, and genital mutilation) with the purpose of protecting the integrity and dignity of individuals and groups.

The health consequences of genital mutilation are discernible on the physical, psychological and sexual levels. Since genital mutilation is usually done without an anaesthetic, an immediate effect is severe pain. In some cases of infibulation, thorns are used to suture the excised lips; the girls' legs are bound together to limit her movements until a scar that closes the vaginal opening has formed. Depending on the skills of the practitioner, the quality of surgical instruments and the struggle put up by the young girl, large blood vessels can be cut during the procedure, causing trauma to adjacent organs. Abundant bleeding following the intervention can trigger significant shock and also cause death. Moreover, the risks of infection in the wound can lead to infection elsewhere in the reproductive system and to chronic pelvic pain (Dorkenoo and Elworthy, 1992; Elsaadawi, 1980; Hosken, 1993).

Genital mutilation, especially infibulation can have long-lasting effects, such as the formation of hardened scar tissue, keloids and cysts around the wound and suture line, and shrinking of the artificial opening left in the vagina. Another long-term effect is painful urination. As a result, a young girl who has undergone genital mutilation can take a long time to urinate or even be totally unable to do so (Lightfoot-Klein, 1989). Women who become pregnant sometimes experience extreme pain since the artificial vaginal opening is too narrow for normal delivery. Prolonged labour during delivery can damage the bladder and neighbouring organs, and cause genital and rectal lesions (lacerations between the vagina and the bladder or between the vagina and the rectum). As for the baby, prolonged delivery can cause brain lesions or even death (Lightfoot-Klein, 1989).

The psychological and psychosexual consequences of genital mutilation have rarely been studied. However, sudden pain during the procedure surely stays in a woman's memory. In addition, sexual relations are often painful. In cases of infibulation, women must sometimes be cut before penetration becomes possible during sexual relations (Armstrong, 1991; Elsaadawi, 1980; Lightfoot-Klein, 1989). Furthermore, men who fear they will be unable to penetrate their partner seem to become impotent (Lightfoot-Klein, 1989; World Health Organization, 1986).

The moral, spiritual or religious dimension is manifestly of major importance in many cultures. Further exploration of this dimension will help us understand certain behaviours, ritual or beliefs pertaining to sexuality.

### BIOLOGICAL DIMENSION

The biological dimension concerns STI, reproduction and contraception. Established standards of virility, combined with beliefs that women must remain passive and sexually ignorant, promote confusion and perplexity among some new immigrants in the face of the permissiveness that prevails in Québec today. Thus, the standards inherited from the culture of origin could be one of the possible reasons for underutilization of contraceptive and preventive methods, if studies by Courtenay (1998), the Joint UNAIDS programme (2003) and Haub (2003) are exact.

Indeed, traditional representations of masculinity are closely associated with a wide range of risk behaviours. A nation-wide study conducted in the United States among 15- to 19-year-old adolescents has shown that young people who fully accept these stereotypes are more inclined to use drugs, have violent or delinquent behaviours, and adopt risky sexual behaviours (Courtenay, 1998). Stereotypes have catastrophic repercussions on the populations concerned not only in the United States but around the world. There are some 1.9 million people living with HIV in Latin America and 8.2 million in Southeast Asia (Joint UNAIDS programme, 2003). But it is in Sub-Saharan Africa that the epidemics are most virulent. In this region, 28.2 million people are infected with HIV. Moreover, in this region, 6.5% of people aged 15 to 49 are HIV-positive.

Africa and Asia have both the highest birth rates and lowest rates of condom use in the world. Africa's birth rate is 38 per 1000 (an average of 4.86 births per woman), while 15% of the population uses condoms. In Asia, the birth rate is 41.42 per 1000 (an average of 5 births per woman), while only 2% of the population uses condoms. However, emigration to Canada and more specifically to Québec from either of these continents, among others, is considered desirable since their arrival contributes to increasing the local birth rate, and consequently offsets the negative effects of an ageing population (Boileau, 2002). Indeed, not only does Canada have a low birth rate of 14 births per 1000 (an average of 1.60 births per woman), but a significant portion of its population is ageing (Haub, 2003). However, it appears that new immigrants tend progressively to reproduce the model set by the average Québec family, that is, they have a similar number of children.

The percentages of the population who use condoms in Africa (15%) and Asia (2%) differ immensely from those in Canada, where 73% of the population use condoms regularly (Joint UNAIDS programme, 2003; Haub, 2003). Although populations in these regions of the world are familiar with condoms, they are clearly resistant to their use. Several factors can explain such resistance. Condoms are associated with extramarital relationships or to a lack of trust between partners. If a woman has condoms, she can be perceived to be a prostitute. In addition, custom advocates that it is the man who decides on its use during sexual relations. Whether rightly or wrongly, the unpopularity of condoms is justified by its effect on sexual satisfaction. Finally, another factor explaining resistance to condom use is its price (Adrien and Cayemittes, 1991; World Bank, 2000).

Resistance to condom use perseveres. Indeed, beliefs linked to sexuality, and more specifically to condom use, are often anchored so deeply that they persist over space and time.





### COGNITIVE DIMENSION

The cognitive dimension refers to the information received within a society or culture about sexuality. How are male/female, male/male and female/female relationships, and prevention and contraceptive methods perceived? As we saw earlier, women, and especially adolescent girls, are often ill informed on all aspects of sexuality and reproduction because social norms dictate that women be sexually passive and remain ignorant of sexual issues (Roth and Fuller, 1998). Moreover, stereotypes that apply to virility means that men are expected to know more about issues related to sexuality and to have greater sexual experience. Courtney (1998) notes that this context predisposes men, especially young men, to a risk of infection since it prevents them from admitting they are ignorant about matters of sexuality or protection. Men are induced to have sexual relations at risk, often at an early age, to prove their virility.

In addition, the notion of virility, which emphasises sexual domination of women as a characteristic of the male sex (Bisilliat, 2000), contributes to homophobia and the stigmatization of men who have sex with men. This attitude, and the resultant fear, forces homosexuals to go underground. They have little choice in any case since homosexuality is illegal in 25 out of 53 Muslim countries; it is even punishable by death in 6 of these countries, while elsewhere heavy sentences are imposed (Murray, 1997). In Québec, homosexuality is not the object of such charges although it can still provoke negative attitudes sometimes if it is perceived as immoral. Indeed, Québec society is rather favourable to homosexuality (Adrien, Dassa and Leane, 1998; Leane, Adrien and Dassa, 2003), as is reflected in its policies: Québec was the first Canadian province to forbid sexual orientation as grounds for discrimination in the Charter of Human Rights and Freedoms adopted in 1977, and the first to grant, in 2002, full recognition to unions of same-sex partners, on equal footing with heterosexual unions. Nonetheless, homosexuality continues to be the object of discrimination and a number of researchers, including Ryan and Frappier (1999), have shown that persistent negative attitudes towards sexual orientation are among the principal causes of suicide among young Quebecers.

Overall, as has been demonstrated in the scientific literature, sex education varies considerably among different cultures, all of which show certain particularities concerning the dissemination of information about sexuality and access to this information. People who make up our society, and consequently your own groups, have varying knowledge in matters of sexuality.

### PSYCHOLOGICAL AND AFFECTIVE DIMENSIONS

The psychological dimension includes masculine and feminine identity, self-esteem, body image, communication, sharing and intimacy, eroticism, and imagination, to name a few. The affective dimension is linked to expression of feelings and emotions such as love, tenderness, shyness, shame, fear and aggressiveness. Thus, in numerous cultures, men tend to express feelings and emotions through physical force rather than communication, which is associated with feminine behaviour. Taking recourse to physical force is the most troublesome form of male power. Studies conducted worldwide among reference populations reveal that 16% to 50% of women have been subjected to physical assault committed by their partners (WHO, 2002); just over a third of these attacks were sexual assaults.

A review of the literature on the relationship among violence, risky behaviours and ability to reproduce in American populations demonstrates that people who have been victims of sexual abuse are at greater risk of exposing themselves to unprotected sexual relations, having multiple partners, and exchanging sex for money or drugs (Heise, Pitanguy and Germain, 1994). This correlation is also highlighted in a study conducted in India, where it appears that men who have extra-marital relations are 6.2 times more at risk than other men of abusing their wives (Rege and Robert Schuman Centre, 1996).

Other studies reveal that physical violence, apprehension of violence and fear of abandonment often prevent women from asking their partner to use a condom, talking about faithfulness with their partner, or breaking off a relationship they perceive as risky (WHO, 2002). Moreover, a study conducted in Africa shows that for some women, experiencing violence could be a significant predictor of HIV infection. In this study, among women who used the services of a testing centre, those who were HIV positive had experienced 2.6 times more violence at the hands of their partners than women who were not infected (World Bank, 2003).

Sexuality covers several dimensions that are heavily marked by culture. An exploration of these dimensions leads to the conclusion that sex education in multicultural settings can take various forms and include a range of contents since many of the educator's cultural references may differ from those of his or her students.



## DIRECTIONS TO CONSIDER

Sex education targeting a multiethnic clientele requires skills that go beyond simple adaptation such as using words or expressions common to a particular culture or altering the discourse according to that culture's values. Sex education in a multiethnic setting requires that educators or interveners first recognise themselves as carriers of a culture and that they be able to pinpoint their own cultural and personal references related to sexuality. Some things to consider are listed in the box below. These items are designed to help you:

- define what characterises sexual behaviours in your culture in relation to those in other cultures;
- become familiar with cultural differences pertaining to sexuality;
- clarify your own values and beliefs regarding sexuality.

### MY VALUES AND BELIEFS RELATED TO SEXUALITY

1. **At home and at school, what kind of sex education did I receive?**  
(What place did it occupy? Did I get enough information about contraception, prevention, and sexually transmitted and bloodborne diseases?)
2. **At home and in class, how was sexuality talked about?**  
(What beliefs and values were passed on to me?)
3. **In our society, what were the beliefs and values that were extolled in matters of sexuality?**
4. **During adolescence, what questions did I have about sexuality?**  
How would I have liked to be answered?
5. **How did my parents and teachers react when I asked questions about sexuality?**
6. **In our society, what sexual stereotypes still exist?**
7. **What are the roles of men and those of women in our society?**
8. **What sexual behaviours are accepted and prohibited in our society?**
9. **What are the rules and norms in our culture in matters concerning sexuality?**
10. **What representations of sexuality are we given?**
11. **What elements of knowledge about sexuality should I pass on to young people from different cultures?**
12. **Are there subjects related to another culture's sexuality that would make me uncomfortable and which I would prefer not to discuss?**
13. **What subjects pertaining to sexuality could embarrass or indispose young people from other cultural backgrounds?**
14. **What subjects are most likely to challenge the values of young people from other cultures?**
15. **How do I feel about the idea of talking about sexuality with young people from other cultures? To young people from the same culture as I am?**  
Does the idea of talking about sexuality raise any apprehensions for me?

According to Cohen-Emerique (1993) even if introspection helps clarify one's values and beliefs in matters of sexuality, cultural referents emerge in a more tangible fashion in situations where one is dealing with another culture. While deeper knowledge of a given culture is an asset for sex education, it is somewhat unrealistic to hope that all interveners have extensive knowledge of all cultural codes. Several value systems corresponding to a phenomenon of intracultural variance coexist within a culture (Bédard, 1994). Two women from the same culture and of the same age will not necessarily have the same value system, for example, if one is from an urban region and the other from a rural area.

Sex education designed for a multiethnic clientele will be a fascinating challenge for some of you, while others among you may find it to be a perplexing puzzle. No matter how you perceive sex education in such a context, the odds are you will experience culture shock. Although you may adopt a flexible attitude and an open mind to

cultural difference in matters of sexuality, you may at one time or another feel that your own values and personal and cultural beliefs are being challenged. Your capacity to accept these cultural differences without trying to compare them to those of your own culture while not judging or condemning them will be your greatest challenge.

Adopting an attitude of cultural relativism can allow you to free yourself from a stereotypical or biased teaching approach. Such an attitude can help you circumvent two common stumbling blocks: trivialisation and a search for the exotic. However, to gain a more accurate perception of the values, beliefs and practices of the diverse ethnicities of students in your group, you will have to take into account the variables that oscillate between these two extremes of similarity/difference. For instance, to accept the genital mutilation of young girls and women, on the pretext that this practice is common in another culture, would be an example of trivialisation. We should not forget that Québec has a Charter of Human Rights and Freedoms that protects individuals and groups. Its legislative framework condemns all forms of violence (sexual harassment, assault, sexual abuse, genital mutilation, conjugal violence, etc.). Conversely, we should not attempt to put into the limelight cultures that consider certain forms of sexual violence to be acceptable.

# Teaching activity

## CLIENTELE

Secondary IV  
and V students

## OBJECTIVES

1. Understand sexual roles and the difference between gender and biological sex.
2. Make a list of the roles assigned to men and women in one's culture.
3. Compare the roles allotted to men and women in one's culture with those of another culture.
4. Become aware of cultural differences related to sexuality.
5. Think about the effect, in a person's life, of cultural differences concerning sexuality.
6. Find out about one's own references related to sexuality.

## Culture, gender and biological sex

1

### « BRAINSTORMING »

#### A. Explain to the group

- We are now going to do an exercise where I say a word and you say what other words come into your mind. There are no right or wrong answers.
- What are the first words or expressions that pops into mind when I say the word WOMAN.

Make sure the group understands that this exercise is not a test and all they have to do is say the first word that comes into their minds. Write the participants' words or expressions on the board under the heading WOMAN. Here are some examples of possible responses:

Mother, pregnancy, cooking, raising children, love, cleaning the house, weakness, beauty, breasts, vagina, strong, teacher, caregiver, breastfeeding, etc.

#### B. You can say:

- Now, I will ask you to do the same thing for the word MAN. Tell me any words or expressions that come to mind.

Again, write the words or expressions participants give on the board under the heading MAN. Possible responses include:

Father, leadership, decision-making, education, authority, money, work, power, sperm, intelligence, penis, violence, sport, sex, politics, family decisions, driving a car, force, etc.

#### C. Now let's look at the lists of words and expressions

Choose some of the words and expressions and ask if they are physical characteristics-such as penis or the capacity to have children-or societal norms or expectations. Choose certain words given by the students and ask if these words apply to men as well as to women. Point out that there is no biological or natural justification to the fact that social norms apply exclusively to men or women. On a social level, men and women are on equal footing.

2

### DEFINITION OF "BIOLOGICAL SEX"

#### A. You can say the following to the students:

- As we saw earlier, some of the characteristics of men and women are biological. These are the ones we are born with, like the capacity of women to bear children.
- Other characteristics such as (take a few examples from the list of words or expressions given by the students) are not physical. Individuals have been taught them by society.
- Depending on the physical/biological attributes you were born with, you are either a man or a woman.

#### B. Write the definition of biological sex on the board and read it out loud:

"A person's BIOLOGICAL SEX refers to masculine or feminine characteristics such as male or female reproductive organs."

3

### DEFINITION OF "GENDER"

#### A. You can say the following to the students:

- Now let's look at what the term "gender" means. Why did you put certain roles under the word MAN and certain others under the word WOMAN?
- Can you give me the definition of "gender"?

#### B. Help the students formulate a definition such as:

- A person's GENDER consists of what society or the culture expects from you, depending on whether you are a man or a woman.
- Contrary to biological sex, gender is determined by the culture. It is what the culture expects from you, in terms of behaviour and ways of thinking, depending on whether you are a man or a woman.
- As we saw earlier, all cultures have certain ideas and expectations regarding men and women and the behaviour they must display in different situations. These ideas and expectations are acquired, taught by family members, friends, religion, school, the media, etc.
- Because of the roles and behaviours we learn, women and men are exposed to different types of inequalities (also based on age, social class, ethnic origin and religion).
- Men and women are conditioned by these roles and stereotypes that refer to gender, and imitate them.

#### C. Ask the group to give examples of ways in which women replicate sexual roles. Then ask for examples of the ways that men reproduce these same roles. Show that sexual roles can differ from one culture to another.

- As we saw earlier, there are certain differences as regards men's and women's roles in various cultures.

Point out that there are also cultural differences in behaviours, values and beliefs related to sexuality.



#### PEDAGOGICAL APPROACH

Using presentations on various terms related to sexuality and their definitions, the educator or intervener asks the young people to give their points of view on their perceptions of sexuality, according to their own cultures.

#### MATERIAL

Board and chalk

#### DURATION

90 minutes

4

#### SCENARIOS

**A. Ask students to form mixed teams of five or six and to name a spokesperson.**

**B. Give the teams the scenarios outlined below.**

**C. Ask students to discuss the scenarios with the people in their respective teams to answer the following questions:**

- What do you think of these situations?
- What is attributed to stereotypes, prejudice or different sexual values?

① Emmanuella is 16. She tells you that at school, she feels like a Quebecer and wants to be like her friends. But at home, she feels Italian and knows very well that she could not tell her parents that she has a boyfriend.

② Sophie has been going out with Rodolphe for a few weeks now. Rodolphe is of Haitian origin. Sophie's friends want to warn her of the dangers of going out with a 'Black' guy. "They're all pimps\*, you know. At first he'll be very loving but before long he'll ask you to sleep with all his friends. It's like that in their culture."

③ The students noisily come back to class after lunch. "Rachid! Edeline! Carlos! Bruno! Quiet, please. We're about to start," the teacher calls out loudly. Then she adds, "Today, for the first sex education class, we will learn how to use condoms and find ways to integrate them into our sexuality." A small group of girls at the back of the class reacts loudly. One of them says, "Miss, in our case, I don't see why we need this course." "Oh. And why not?" asks the teacher? Zakya answers instantly, "In our religion, it is strictly forbidden to have sex outside of marriage."

\*The term 'pimp' refers to someone whose makes money from someone else engaging in prostitution.

5

#### PLENARY

With the help of the following questions, encourage the young people to question themselves about the beliefs and values of their own culture in matters of sexuality:

- In my culture, are there accepted and forbidden sexual behaviours? If so, what are they?
- What are the rules and norms conveyed in my culture concerning sexuality?
- Are we allowed to talk about sexuality in my family? In my culture?
- In my culture, where does sexuality fit in? Are we allowed to have sexual relations or not?
- What are the differences in the values of my country of origin (or that of my parents) and the ones in the host country, as regards sexuality?
- Are there behaviours and attitudes concerning sexuality that are not permitted, no matter what your ethnic origin is?

6

#### CONCLUSION

The way we perceive ourselves, as men or women, depends on our background, family and cultural values, and life experiences, and influences the way we interact with others. Diversity and respect for others are great assets for the whole community. And non-violence is everyone's responsibility.

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