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**Perceptions and Experiences of Sexual and
Reproductive Health and Rights Education among
Students at Swedish for Immigrants – A qualitative study**

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Abstract

Background

The Human Immunodeficiency Virus (HIV) is a global public health issue. Sweden has a national strategy for prevention of HIV and other sexually transmitted infections (STIs), and migrants are one of the target groups. One strategy to prevent HIV/STI is to increase knowledge through education on sexual and reproductive health and rights (SRHR) in schools such as the Swedish language schools for immigrants (SFI).

Aim

The aim was to understand SFI students' in Skåne experiences and perceptions of education on sexual and reproductive health and rights.

Method

This was a qualitative study and nine interviews were conducted with SFI students in Sweden using qualitative content analysis to analyse the manifest and latent meaning of the data.

Results

One theme emerged from the data: Sexual and reproductive health and rights at SFI – A tool for HIV/STI prevention, but contingent upon various factors. Categories and subcategories supporting the theme described that SFI students recognized SRHR education as important for HIV/STI prevention and to increase knowledge. Other sources than SFI were the main sources of knowledge on SRHR among SFI students. Informants questioned the purpose of SRHR education to SFI students based on experiences as being treated as having no knowledge and that it is more important to educate young people than adults. Finally, informants preferred gender separated groups and qualified educators in delivery of SRHR education.

Conclusions

SFI is one arena where SRHR education can be provided together with other arenas. SRHR education at SFI is important to prevent HIV/STIs, increase knowledge, share knowledge to others and have a SRHR vocabulary useful for daily life. Education on SRHR needs to be based on the knowledge needs of the SFI students, and not based on teachers and educators' assumptions and prejudice. In addition, SRHR education can be provided in gender-separated groups with qualified educators that are competent, comfortable and respectful.

Table of contents

1. Introduction.....	1
1.1 Sexual and reproductive health and rights education	2
1.2 Swedish for immigrants and SRHR education	3
1.3 Aim	5
2. Methodology.....	6
2.1 Study design.....	6
2.2 Study setting	6
2.3 Sampling of informants.....	6
2.4 Data collection methods.....	7
2.5 Data analysis	8
2.6 Ethical considerations	8
3. Results.....	9
3.1 Sexual and reproductive health and rights education at SFI – A tool for HIV/STI prevention, but contingent upon various factors	10
3.1.1 Recognising education on sexual and reproductive health and rights as important	10
3.1.2 Other sources than SFI are the main sources of sexual and reproductive health and rights knowledge among SFI students	12
3.1.3 Questioning the purpose of education on sexual and reproductive health and rights to SFI Students.....	15
3.1.4 Preferring gender separated groups and qualified educators in delivery of education on sexual and reproductive health and rights	16
4. Discussion.....	18
4.1 Result discussion.....	18
4.2 Methodological Considerations	22
5. Conclusions and recommendations.....	24
5.1 Acknowledgements.....	25
6. References.....	26
Tables.....	31
Table 1: Overview of categories, subcategories and theme.....	31
Table 2: Examples of manifest content analysis.....	32
Table 3: Characteristics of informants.....	33
Appendices.....	34
Appendix 1: Interview Guide.....	34
Appendix 2: Information Letter	36
Popular science summary	37

1. Introduction

The Human Immunodeficiency Virus (HIV) is a global public health issue (WHO, 2016). In 2015 there were 36.7 million people living with HIV in the world with 1.1 million people dying of causes related to Acquired Immunodeficiency Syndrome (AIDS) (UNAIDS, 2016a). The World Health Organization (WHO) has called for improved provision of treatment and care along with prevention and challenging of stigma and discrimination related to HIV (WHO, 2016). HIV prevention includes a combination of different strategies such as comprehensive sexuality education and condom programmes (UNAIDS, 2016b).

In Sweden there are around 7 000 people living with HIV. Although successful medical treatment can reduce the viral load in the body, which means that life expectancy is not necessarily affected, prevention strategies remain important (The Public Health Agency of Sweden, 2014a). Between 2006 and 2015 there has been in average 455 reported new cases of HIV infections each year (The Public Health Agency of Sweden, 2015a). In Sweden cases of other Sexually Transmitted Infections (STIs), such as gonorrhoea and syphilis, increased with 26 respectively 35 percent from 2014 to 2015. In addition, chlamydia increased with 4 percent from 2014 to 2015 (The Public Health Agency of Sweden, 2015b)

Sweden has a national strategy for prevention of HIV/STIs, which states that HIV and other STIs rates can be decreased and prevented through raising knowledge and awareness, testing, counselling and facilitate behaviour changes (Social Department, 2005). One of the target groups in the strategy are migrants. In this thesis the word migrant can be understood as “any person who lives temporarily or permanently in a country where he or she was not born” (UNESCO, 2017). Other target groups are, for example, young people and men who have sex with men (MSM), and individuals can belong to more than one group (The Public Health Agency of Sweden, 2014b). The public health reasoning behind migrants being a target group is that many migrants originate from regions with high HIV prevalence, such as Somalia and Eritrea, which on a group level means that they have an increased risk for HIV infections (The Public Health Agency of Sweden, 2015c and SCB, 2016). HIV prevalence is high in Eastern and South Africa and Asia, and lower in Eastern Europe, central Asia and the Middle East (UNAIDS, 2016a). According to national HIV statistics, 80 percent out of the 450 new cases of HIV infections in 2015 were foreign born people and many of them contracted HIV before arriving to Sweden (The Public Health Agency of Sweden, 2015a). Additionally, many

migrants contracted HIV after arriving to Sweden and/or the rest of Europe (Desgrées-du-Loû, et al. 2015 and Fakoya, et al., 2016). The migration process in Europe, in terms of lack of resident permit, economic resources, and housing has impacts on sexual risk behaviours and increased risk of HIV infection (Desgrées-du-Loû, et al., 2016). Many of the cases of late HIV diagnosis are among migrants in Sweden. A person that is unaware of one's HIV status and does not have an adequate medical treatment, such as Antiretroviral therapy (ART), are more likely to transmit the virus than someone who is aware of being infected (Brännström, et al., 2016 and Marks et al., 2006). Individuals, who receive a late HIV diagnosis and treatment, are of risk of developing AIDS quicker which has adverse impacts on their health (Brännström, et al., 2016). It is therefore important with HIV prevention strategies targeting migrants. One prevention strategy is education.

1.1 Sexual and reproductive health and rights education

It is important to connect HIV/STI prevention with sexual and reproductive health and rights (SFI) to gain ultimate public health benefits (IPPF et al., 2009). The WHO defines sexual health and reproductive health as:

“Sexual health is 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” (WHO, 2006, pp.5).

“Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.” (WHO, 2006, pp.4).

HIV relates to different sexual and reproductive health aspects, such as pregnancy, safer sex practises, and other sexual transmitted infections. According to WHO “STIs increase the risk of contracting or transmitting HIV infection” (WHO, 2017). Interventions that link HIV to sexual and reproductive health can result in improved impacts on individuals’ health (IPPF et al., 2009). HIV and other sexual and reproductive ill-health issues are affected by different social determinants, “including poverty, limited access to appropriate information, gender inequality, norms and social marginalisation of the most vulnerable” (IPPF et al., 2009). In order for sexual health and reproductive health to be promoted and maintained, the sexual and reproductive rights of all people must be respected, protected and fulfilled (WHO 2010).

Education and information about SRHR is important for HIV/STI prevention, since lack of knowledge can result in people becoming more vulnerable to sexual transmitted infections and HIV. Sexual and reproductive health and right education can increase knowledge, individuals' possibilities to make informed decisions about their health, and have impact on sexual behaviours (UNESCO, 2009). It can be described as a process of learning and forming opinions about topics such as safer sex practises, contraceptives, HIV/AIDS, norms, gender identity, sexual orientation and relationships (Forest, et al., 2004 in Schmidt, et al., 2012). Therefore, SRHR education should be provided in schools, health services, workplaces and communities to reach people in different settings to prevent HIV. (WHO, 2010).

Previous qualitative research (Schmidt, et al., 2012) about perceptions on sexual health education among adult migrants from sub-Saharan Africa living in London, showed that education was perceived as important, but participants problematized how the information was provided. Language was perceived as a barrier, along with that the information did not consider cultural differences and needs of the target groups. Schmidt, et al. (2012) addressed the need for more research on perceptions of sexual health education among migrants, in order for policies and interventions to meet the needs of the target groups. Another study on Iranian migrant adults living in Canada, and their experiences and needs of sexual health services and education, showed that the participants did not receive sexual health education in their youth and wanted more information in their adulthood (Tyndale, et al., 2007). In addition, newly arrived women who received information on SRHR from health communicators in Sweden, perceived the information as important and a way of getting access to services and information resources about SRHR (Svensson, et al., 2016). Although, participants questioned the way information was given and wanted gender-separate groups, the information created a willingness to learn more and talk to friends and family about the subject (Svensson, et al., 2016).

1.2 Swedish for immigrants and SRHR education

According to the Swedish for Immigrants' (SFI) syllabus, which is part of the municipal adult education, "Swedish Tuition for Immigrants is advanced language instruction aiming to give adult immigrants basic knowledge of the Swedish language" (The Swedish National Agency for Education, 2012, pp.1). Following Statistics Sweden's (SCB, 2016), an immigrant is defined as a person with a reported intention to stay in Sweden for at least 12 months and have a

residence permit. SFI consist of four courses, A-D and according to the syllabus, “the education should provide language tools for communication and active participation in daily, social and working life” (The Swedish National Agency for Education, 2012, pp.1). According to Dahné (2013) SRHR education is regarded important in the ability to participate in daily life. Since 2011, teachers are responsible to include SRHR in different subjects and courses at adult education (The Swedish National Agency for Education, 2014).

In 2012 a questionnaire and interview study were conducted with Swedish language school students in northern Sweden. The result showed that fear of deportation was the main determinant of unwillingness to seek health care. Respondents with fewer years of education, and migrants from countries with low HIV prevalence, had low HIV knowledge and expressed stigmatizing attitudes towards people living with HIV. The conclusions highlight the need for improved information, to improve knowledge and health care seeking behaviours among SFI students. Interventions should target migrants from countries with low HIV prevalence and knowledge (Nkulu Kalengayi et al. 2012) since the migration process can also have an impact on being vulnerable to HIV infections (Desgrées-du-Loû, et al., 2016). Additionally, Pacheco, et al. (2016) addressed that SFI Students received insufficient health information in relation to the health assessments in Sweden. Only 30 percent of the informants reported that they received information about HIV/STI prevention and contraceptives. In addition, the information was not accessible and adapted to the heterogenic group that SFI Students constitute, in regards to nationality, gender identity, age and education level.

Splitvision Research (2014) described that SRHR education at SFI decreased knowledge gaps among the SFI students about sexual health care services, HIV testing, how HIV is transmitted, laws and rights about sexual and reproductive health, and improved the students’ vocabulary. In addition, students expressed greater willingness to talk to friends, partners and healthcare-staff about sexual and reproductive health. SFI students pointed out that the education was important and meaningful for them, and that all SFI students should get the information (Splitvision Research, 2014). Flodström (2012) explored young and newly arrived SFI Students from Iraq’s perceptions about information on SRHR. Informants describe that they have not received SRHR information, neither at SFI nor in Iraq. The information delivered in Sweden came instead from health communicators in the south of Sweden (Skåne).

Bredström (2005) examined booklets about sexuality and sexual health that were used at SFI schools and found how the booklets described Swedish identities and values about sexuality and relationships as the norm, and non-Swedish identities and values as different and not the right way of living. According to Bredström (2005), the health messages in the booklets were that SFI students need to follow 'Swedish sexual behaviours' in order to practise safer sex. In line with this research, Carlson (2003) conducted interviews with students and teachers at SFI and pointed out how knowledge at SFI was constructed around Swedish values as the norm, which resulted in a lack of possibilities for SFI students to participate and influence the content of the courses they participated in. The conclusion was that there is a need for more research on whether education provided at SFI can work as a possibility or a barrier to improve living conditions.

The public health relevance of this thesis relates to SRHR education as a HIV/STI prevention strategy. Some of the regions that SFI students originate from have high HIV prevalence, such as Eastern and South Africa (UNAIDS, 2016a and The Swedish National Agency for Education, 2016). In addition, studies showed that many migrants contracted HIV post-migration (Desgrées-du-Loû, et al., 2016 and Fakoya, et al., 2015). Given the current state of knowledge, the knowledge gap identified was a need for gaining more insight in SFI students' perceptions and experiences of SRHR education with a focus on HIV/STIs, in order to meet the knowledge needs of the heterogeneous group that SFI students form (Schmidt, et al., 2012, Flodström, 2012). Furthermore, the department of sexual health at Region Skåne requested this qualitative thesis with SFI students as the target group (Region Skåne, Tobias Herder, 2016/2017 [email, meetings]. Personal communication). The study was intended to provide recommendations to SFI teachers about how education on SRHR can be delivered to SFI students.

1.3 Aim

The aim of this study was to understand SFI students' in Skåne experiences and perceptions of education on sexual and reproductive health and rights. The specific research question was: What are SFI students' in Skåne experiences and perceptions of education on sexual and reproductive health and rights?

2. Methodology

2.1 Study design

In this study, qualitative research study design was used, including interviews as a data collection method. Qualitative methods are appropriate to understand peoples' lived experiences (Creswell, 2007 and Dahlgren, et al., 2007), and was chosen given the aim of this thesis. The study was based on empirical data and had an inductive approach (Dahlgren, et al., 2007). Qualitative content analysis, based on Graneheim and Lundman (2004) to describe, analyse and interpret the data was applied. The choice of qualitative content analysis was relevant since the aim was to understand the perceptions and experiences of individuals (Graneheim and Lundman, 2004).

2.2 Study setting

The study was set within SFI schools in the south of Sweden (Skåne). In Skåne, around 20,000 students were studying at SFI in 2015 (The Swedish National Agency for Education, 2016). In 2015, 53 percent of the total numbers of students at SFI in Skåne were women and 47 percent were men (The Swedish National Agency for Education, 2016). To be able to study at SFI, you have to be resident in Sweden. You should have reached the age of 16, based on the second half of the calendar, and you should also lack the basic knowledge in the Swedish language which the education aims to provide. A person that can study at SFI also has the right to study at SFI schools from other organizers than municipalities, such as Swedish public high schools and private SFI schools (The Swedish National Agency for Education, 2013). According to national statistic from 2015 of countries of birth among SFI students, the most common countries were Somalia, Iraq, Afghanistan, Iran, Poland, Syria, Eritrea, China, Thailand, and Turkey (The Swedish National Agency for Education, 2016).

2.3 Sampling of informants

SFI students were selected by using purposive sampling (Dahlgren, et al., 2007), in order to obtain a representation of the variation in a SFI class. Both women, men, and other gender identities were aimed to be included in the study. To facilitate informed consent from the participants, they had to be at least 18 years old. The informants had to study at SFI at the time of the interview, and if they had finalised their studies at SFI it had to be no longer than one year ago. Informants from all educational levels (A-D), different countries of origin, and

duration of time in Sweden and at SFI were aimed to be included. Additionally, a variation of organizers of SFI education was intended to be included.

The sampling procedure was conducted initially through contacting teachers and principals at SFI Schools in Skåne to find gatekeepers. Teachers and principals received an information letter (Appendix 2) about the study and the possibility to use an interpreter, along with a request about visiting the SFI schools. When visiting SFI schools convenience sampling was used and students were informed about the study verbally in Swedish. Students did not have to express their interest directly during the presentation, instead they received contact details to be able to contact the author afterwards. Some informants were reached through snowball sampling at a public library in Malmö.

2.4 Data collection methods

Individual interviews were relevant as a data collection method, since interviews can give descriptions of people's experiences and perceptions (Dahlgren, et al., 2007). Interviews were conducted in February and March 2017 by the author, and varied in time between 32 and 87 minutes. Interviews were conducted in private meeting rooms at SFI schools and at a public library. Locations were chosen by the informants (Dahlgren, et al., 2007) to ensure that they felt as comfortable as possible. Two of the interviews were done in both English and Swedish, five interviews in Swedish, and two interviews were conducted in Somali with two different female phone interpreters following the informants' preferences. The two interpreters were trained and certified working for the company 'Language service' in Skåne. In connection to the interviews with interpreters, informants and the interviewer were requested to speak in short sentences. The interpreters were requested to interpret in first person and word by word (Wallin, et al., 2006). One interview had to be excluded, due to that it was not a SFI student, but a student studying other courses at the adult education. Saturation was reached when nine interviews were performed, since the author assessed that no new substantial information would emerge from additional interviews (Dahlgren, et al., 2007).

The type of interview that was conducted was semi-structured. Kvale (1996) describe semi-structured interviews as having a set of themes and suggested open-ended questions (Appendix 1). Constructions of questions in the interview guide was organised in background questions, and questions regarding experiences, opinions and knowledge based on the aim (Patton, 2002).

Questions asked were about different SRHR topics such as experiences and perceptions of education on HIV/STI. During the interviews, additional probing and follow up questions were asked. The pilot interview was included in the study, since only minor adjustments were made in the interview guide after the pilot interview. All interviews begun with a presentation with information about the purpose of the interview and the use of a sound recorder and the interviews ended with asking for further questions. During the data collection period, the author took field notes (Dahlgren, et al., 2007) to make summaries and personal reflections about the interviews. The field notes were also useful for the data analysis. The data was transcribed by the author and identity codes were used instead of the informants' names.

2.5 Data analysis

The type of data analysis used in this study was qualitative content analysis based on Graneheim and Lundman (2004). Qualitative content analysis was chosen to be able to describe and interpret the data and excel was used to organise the data. According to Graneheim and Lundman (2004), the process of a qualitative content analysis consists of unit of analysis, which in this study were the interviews. The first step of the analysis process was to choose meaning units from the interview text, followed by condensed meaning units when the text was reduced. Condensed meaning units were abstracted and labelled which Graneheim and Lundman (2004) refer to as codes (Table 2). The meaning units were in Swedish and English, depending on language in the interview, but the codes were all in English. Meaning units used as quotes in the result were translated to English. Minor grammatical editing was done to the quotes. In order to get an overview of the data, the codes were organised in content areas based on similar content. The content areas were then used to create categories and sub-categories, which described the manifest level of the text (Table 1). Finally, categories were formulated into a theme, which illustrated the latent meaning of the text (Graneheim and Lundman, 2004).

2.6 Ethical considerations

The general ethical principles to consider were 'the principle of autonomy', 'the principle of beneficence', and 'the principle of non-malevolence' (CIOMS, 2002). In order to respect informants' autonomy, the participants received written and verbal information about that it was voluntary to participate and they could withdraw from the study at any time. Before the interviews started, the author received oral informed consent from all the informants, along with permission to use a sound recorder. Confidentiality relates to the principle of autonomy and the

principle of non-malevolence/no harm (Dahlgren, et al., 2007). Confidentiality was ensured through keeping the identities of the informants unrevealed in the thesis. The interpreters had professional secrecy in accordance with interpreters' qualifications stated by the legal, financial and administrative services agency (2016). The interview material was only accessible for the author and the supervisor and stored in safety. It will be destroyed by the end of the university course in June 2017. Contact details to sexual health care services and organisation were provided when participants wanted further information and support, which can count as actions that were taken to minimize harm. In addition, informants were not required to share private information concerning their sexual and reproductive health. The potential benefits of the study for the participants were that the SFI students had an opportunity to share their perceptions and experiences about SRHR education.

3. Results

Informants

The informants in this study were nine SFI students from five different SFI schools. In total, six schools were visited. Six of the informants were female and three were male. The informants' ages ranged from 22-47 years old with an average age of 35 years old. SFI courses represented, at the time for the interviews, were B, C and D. Informants' time at SFI varied from 1 month to 16 months with an average of 7 months. Two of the informants had finished their courses at SFI, one respectively three weeks ago from the date for the interviews. Three of the informants had completed studies at universities, four had completed studies in high schools, one had completed primary school up to grade 5 and one informant had no educational background before SFI. The SFI students' time in Sweden ranged from 7 months to 11 years with an average of 4 years. Countries of origin among the informants were: Syria, Kuwait, Iraq, Palestine, and Somalia. Some of the informants had also lived in other countries than their country of birth such as Turkey, Iran, Lebanon and Algeria (Table 3).

Result of Content Analysis

The qualitative content analysis resulted in one overarching theme: Sexual and reproductive health and rights education at SFI - A tool for HIV/STI prevention, but contingent upon various factors. Four categories with eight related subcategories supported the theme and described SFI students' experiences and perceptions on SRHR education. The main categories were: Recognising education on sexual and reproductive health and rights as important, Other sources

than SFI are the main sources of sexual and reproductive health and rights knowledge among SFI students, Questioning the purpose of education on sexual and reproductive health and rights to SFI Students, and Preferring gender separated groups and qualified educators in delivery of education on sexual and reproductive health and rights (Table 1).

3.1 Sexual and reproductive health and rights education at SFI – A tool for HIV/STI prevention, but contingent upon various factors

SRHR education at SFI as a tool for prevention of HIV/STIs was an overall theme that emerged from the data analysis based on the informants' perceptions and experiences. Education about SRHR was perceived as important for HIV/STI prevention and to increase knowledge. However, various factors had to be considered to provide useful SRHR education at SFI. Informants had brief or limited experiences of receiving education about HIV/STIs at SFI and primary sources of knowledge were other sources than SFI. Furthermore, informants questioned the purpose of SRHR education to SFI students. The informants preferred gender separated groups and qualified educators in delivery of information and education.

3.1.1 Recognising education on sexual and reproductive health and rights as important

This category describe experiences and perceptions on the importance and need for SRHR education and SFI and other places.

Using knowledge for prevention of HIV/STIs

All the informants perceived education about SRHR as important and the main reason, which a majority of the informants stated, was to prevent HIV/STIs. Many of the informants expressed that education about transmission of HIV/STIs, testing, protection, safer sex and treatment was suitable, necessary and helpful to receive at SFI. Using education on SRHR to share and pass on knowledge to friends and family was perceived as way to prevent HIV/STI, and to improve life in general and sexual life in particular.

“Yes it is good and important. You have to know everything about that information, about the body or for example if you are feeling ill, AIDS.” (Informant 4)

Informants perceived that knowledge could be used to change behaviours and prevent premature deaths and morbidity relating to HIV/STIs. Some of the informants had own experience of HIV/STI testing, contracting STIs or that family members were living with HIV, and therefore perceived prevention important.

“I had herpes [...] my parents used to say this is happening if you have a fever [...] then I brought a book and they said oh okey so we could prevent it. Then they start telling themselves like next time I will not kiss my son or daughter, maybe I should talk with my husband so when I'm having it we should keep apart from each other a bit until it goes. So imagine how many thousands of people they don't know about it. [...] and maybe you will lose your brother or mother or relative because of lack of information” (Informant 2).

One informant pointed out that there were needs for improved methods on delivering of education about HIV/STIs to make it possible to change individuals' behaviours. Informants based this on experiences of that even if individuals have knowledge about HIV/STIs, there are other factors that influence decisions about their sexual health, such as emotions. Informants perceived using condoms, especially when having sex with multiple partners, as important for prevention. Testing was perceived as important to know your partners' HIV/STI status and avoid being worried. Other means of prevention that were brought up were only having sex in marriage, abstain from sex to protect oneself, avoid having sex during period and other situations when transmission through blood is possible, and not use other peoples' toothbrushes.

Needing education at SFI and other arenas to increase knowledge

Informants addressed needs for regular education to SFI students to increase knowledge on SRHR, due to limited or unequal access to information, both in their country/countries of origin and in Sweden. In Sweden, not all SFI students attended the social orientation course according to the informants, and information received when newly arrived in Sweden could be difficult to remember after being resident in Sweden for a longer time. Informants perceived that there were differences among SFI students towards the normality of talking about SRHR at SFI, which was perceived as depending on previous knowledge and educational background. Some informants addressed that they, and other SFI students, had not received detailed SRHR information in their countries of origin. Limited access to information in country/countries of origin was perceived as problematic since it could result in stigmatizing attitudes. Increasing knowledge could lead to acceptance to talk about SRHR and acceptance towards

homosexuality, people living with HIV and changes in attitudes on gender expectations according to the informants.

“Very important, you have to know everything. Yes, you have to, you are adult. Sometimes we come here in Sweden, we look and we learn what we did not know in home country or in other countries. But when in Sweden it is important. You have to know everything. It is very important.” (Informant 3)

One informant described that having a vocabulary about SRHR to be active in daily life was as important as in other sciences and subjects at SFI. Informants pointed out that SFI students need words for SRHR to talk to hospital staff and information about organisations working with SRHR, such as gender-based violence. Informants wanted increased knowledge to understand the meaning of gender identity and sexual orientation and be informed about differences in laws and rights for LGBT-persons in different countries. Furthermore, informants requested information about the right to decide over your own body in relation to sexual consent and reasons for choosing to wear Niqab or Hijab. One informant wanted to understand if sexual activity/inactivity affects individuals' health.

In addition to SFI, informants also suggested other arenas that were suitable to deliver SRHR information. A course in social orientation for recently arrived persons in Skåne, along with other courses at adult schools on elementary and high school level, were mentioned. Furthermore, informants suggested that SRHR education can be provided at different places where many people are gathering, regardless of asylum status. This could take place at schools, kindergartens, midwife counselling and at centres for newly arrived migrants. Additionally, informants wanted information from books in Swedish, doctors, TV, documentaries, radio and newspapers.

3.1.2 Other sources than SFI are the main sources of sexual and reproductive health and rights knowledge among SFI students

The second category illustrates SFI students' experiences of receiving limited or general education about SRHR at SFI. Other sources were described as the main sources of knowledge about SRHR.

Receiving limited or brief education at SFI

The experience of receiving SRHR education at SFI varied among the informants. The majority of the informants had received limited or no information about HIV/AIDS, STIs and HIV/STI testing from SFI teachers or external educators. Some of the informants described that they had not received information about love, menstruation, SRHR organisations and sexual and reproductive rights at SFI. Informants pointed out that they had focused more on introducing Sweden and Swedish language than informing about SRHR.

“Yes, about family, but not so much about being in love, sexuality or family. They teach us about grammar, news and politics.” (Informant 7)

Some of the informants expressed that they had experiences of receiving general and brief SRHR education from SFI teachers. Overall the purpose of talking about SRHR subjects at SFI was, according to one student, to improve students’ language skills:

“[...] a movie she only showed to improve my language. So just a quick look. Very short, not to explain anything about gender, it's just something quick and not for speak about this thing in particular. In a quick way and she said this are gays and lesbians and whatever, and they have the same rights but we never talked about it in details or the specific information about them. We never. We never talked about politics in details, gender, religion and gender specially. We never talked about it in SFI School.” (Informant 1)

The informants associated sexual and reproductive health and rights with feeling healthy, accepting your body and yourself, sexual activity and being in a relationship. Furthermore, that sex, love and having a partner are a need for everyone, and that sex is a controllable need. Informants experiences of receiving education about sexual and reproductive rights were: reading, discussing and talking in general about human rights, sexual rights and freedom to love and choose to get married or not. Education about sexual and reproductive health was related to teachers or external educators who had talked or mentioned health, sexual orientation, gender, sexual consent and different family constellations. In addition, some of the informants had watched movies to improve language about sex, AIDS, and love. After watching movies, students and teachers talked and explained the movies. Informants had practiced writing letters to their families, and expressing needs and feelings in a love letter.

Receiving information from several sources in Sweden and countries of origin

In Sweden, many of the informants had experiences of receiving SRHR education from the social orientation course for recently arrived persons in Skåne.

“Yes, I have information. Yes. From school when I lived in my homeland and I read a lot about it and I got a little here at the social orientation course.” (Informant 5)

The course was described as covering information about HIV/STI transmission, treatment and prevention, and about people living with HIV. Further topics were family, parenting, gender, rights, equality, sexual activity, pregnancy, abortion, body, menstruation, offensive words towards lesbians, gays and transgender people, protection and SRHR organisations. Informants’ reflections about the information in the course were that there are differences in acceptance towards other relationship forms than heterosexual marriages and children born outside marriage in Sweden and in their countries of origin. Informants pointed out differences in words for gender, age of marriage and acceptance about homosexuality in Sweden and their country of origin. Other information sources in Sweden were from staff at primary health care centres and hospitals, where students had received information about HIV/STI testing, reproductive health, pregnancy and abortion.

Furthermore, many of the informants had received SRHR education from different sources in their countries of origin.

“At SFI no. Yes, maybe at the social orientation course, I’m not sure. But before also in my homeland they talked in school about, health and AIDS.” (Informant 8)

Information had been collected from hospitals, colleges, schools and governments about HIV treatment and transmission, unsafe sex, blood transfer, chlamydia, syphilis and hepatitis. Furthermore, informants described experiences of receiving information about relationships, puberty, anatomy, period, sperm, human rights, health, sexual life, prostitution, pregnancy and support with own sexual health. Both in Sweden and countries of origin, students referred to accessing SRHR information from using internet, reading books, watching news, TV-programs, movies and series. Talking to people in informants’ countries of origin and people resident in Sweden for a longer time had resulted in knowledge about right to your own body, right to freedom and HIV/STIs. Additionally, informants received information when their children learned about SRHR in school.

3.1.3 Questioning the purpose of education on sexual and reproductive health and rights to SFI Students

This category describes experiences and perceptions on being treated as having no knowledge of SRHR and questioning of the purpose of providing SRHR education to adults at SFI.

Being treated as having no knowledge

Informants questioned SRHR education to migrants at SFI schools, the social orientation course and hospitals in Sweden. Informants felt frustrated over assumptions about migrants' knowledge needs and being treated as having no knowledge about SRHR and health.

“What is the goal? Do you do this for Swedish people also? Swedish adults also or only to refugees and why? [...] always look at us as if we don't know nothing about these things. We know. [...] the social orientation courses for example, they treat us as if we can't even brush our teeth, so they show us how to take care of our teeth and our body. I know when I have my period I should this and this, I know with husband what to do and what not to do.” (Informant 1)

The information received at the social orientation course were perceived as basic and based on assumptions and not on the knowledge needs of the target group. Assumptions about migrants being close-minded about sex was opposed by one of the informants. One informant perceived information about HIV/STIs as unnecessary due to that SFI students had previous knowledge. One informant perceived that it was more important to focus on learning Swedish when you are newly arrived in Sweden, than to receive information on SRHR.

Educating young people are more important than educating adults

Some of the informants perceived that there were a lack of interest, unwillingness and no need for additional SRHR information among SFI students.

“[...] and there are many people, both men and women, and most of them are not interested. Reasons can either be that they are thinking that they are embarrassed, or that they can't speak the language or that they think that we already had children and we know that we are healthy, and after that they don't want to learn more.” (Informant 6)

Some informants perceived that SFI students have knowledgeable about SRHR from being adults, married, pregnant and parents. Talking about SRHR, and specifically about sexual life,

was perceived as private. Informants pointed out that SRHR information other than HIV/STIs were unnecessary at SFI.

“To us at SFI, no I’m not sure. Everyone is married, everyone knows about sexuality. It is more important with infections. Everyone know. Everyone are adults. They know how you can, how you should do. But infections are more important. Yes.” (Informant 7)

SRHR education was perceived as more important for young people than adults and informants wanted own children to receive SRHR information in school. Information to young people was also considered appropriate from 15 years old in high school and university and information to younger children was perceived as inappropriate.

3.1.4 Preferring gender separated groups and qualified educators in delivery of education on sexual and reproductive health and rights

The last category illustrates perceptions and experiences of providing SRHR education in gender separated groups with qualified educators at SFI.

Feeling uncomfortable in mixed-gender groups

In order for the SRHR education to be useful, informants suggested that information should be provided in separated groups at SFI. SRHR education, with female teachers educating women and male teachers educating men, could enable students to speak freely about SRHR.

“Perhaps it is like you have to man and women together and talk, but perhaps first better if only women talk a little bit about sexuality. They talk and there is no problem, free. But when they are with men, perhaps from other land, Poland or other land they can’t talk free. [...] They a little bit shy and then they said, haram.” (Informant 3)

A majority of the informants identifying as women described that they perceived talking about love, sexuality, sexual life, condoms and menstruation as difficult and uncomfortable, due to lack of respect and open-mindedness in mixed-gender groups at SFI and in the social orientation course. Informants felt shy and embarrassed to ask questions in SFI classes with mixed-genders and religion, and referred to culture and traditions about sexuality. One informant described how she felt embarrassed to watch a movie about sex in a mixed-gender group at SFI, but also obligated to stay and watch the movie for learning purposes. In addition, informants had previous experience of receiving SRHR information in separate groups at schools in their

countries of origin. Education about pregnancy was perceived as belonging to women and not to men, by one of the participants. Informants perceived differences in interest of SRHR topics between men and women, such as sexual violence.

Wanting competent, comfortable and respectful educators

The overall quality of information at SFI was expressed as pretty good and depending on teacher and subject. Informants preferred receiving education from teachers over using internet. Internet was perceived as giving invalid and subjective information. Many of the informants wanted SFI teachers to be comfortable and willing to inform about SRHR and interact with students. Informants perceived that SRHR education was delivered in an uncomfortable way at the social orientation course, in the sense that the educators were talking too fast, gave subjective information and were uncomfortable to interact with. One informant received offensive comments when asking questions about SRHR in the social orientation course and stressed the importance of that the educator should have controlled and handled the situation better.

“I think in the social orientation course or any other health care, let's say group or municipality if they try, if they want to put a person to talk about this [...] they should choose a person who will talk about it exactly as it is supposed to be talked about, not jumping, cutting not shy. So they can really build a good image and a good information inside those people head.” (Informant 2)

Informants wanted educators to be respectful in the sense that they inform in a decent way and not through for example porn movies. Respectful also relates to wanting educators to be democratic and improve their understanding of different cultural views and perceptions of SRHR. Informants pointed out that teachers need to have an understanding of that talking about SRHR can be assumed by students as relating to private issues with students' health. Informants expressed that they felt comfortable, curious and enjoyed talking about SRHR with teachers when they were respectful and non-judgemental.

“There are differences between the respected way we look at sex in our countries and here in Sweden and how we deal with it. [...] If you know the other culture that we came from that will make it easier for the one who give the information to understand how we perceive them, so he will not offend us or impose things to us.” (Informant 1)

In addition, informants addressed the importance with competent educators. Teachers should be knowledgeable about SRHR before talking to students, to be able to deliver trustworthy and scientific education. Informants also suggested being informed by external educators specialised in SRHR at SFI.

“When it comes to fire, they hire people from fire companies or fireman and, so they will have to do the same thing, so hiring someone from somewhere for SRHR information.” (Informant 9)

According to some of the informants, it was important to receive SRHR information in both Swedish and SFI students’ mother tongue, to enable understanding. Interpreter could be used along with that educators speaking slowly and explaining information, according to one informant. This was based on that informants addressed difficulties and limitations for newly arrived persons in Sweden to access and understand SRHR information, because of language barriers and difficulties with accessing suitable translating tools.

4. Discussion

4.1 Result discussion

In relation to the aim and the research question, the main findings described SFI students’ experiences and perceptions of education on sexual and reproductive health and rights. The result indicated that SRHR education at SFI could be a tool for HIV/STI prevention, since informants’ perceived SRHR education important and useful for HIV/STI prevention and to increase knowledge. However, it was contingent upon various factors. SFI students had received limited or brief education about HIV/STI and other SRHR topics at SFI. Informants’ knowledge was obtained from other sources in Sweden and in their countries of origin. Some informants questioned being treated as having no knowledge about SRHR and perceived SRHR education at SFI as unnecessary, due to that SFI students are adults. Informants preferred gender separated groups with competent, comfortable and respectful educators in delivery of SRHR education at SFI and other arenas.

Sexual and reproductive health and rights education at SFI – A tool for HIV/STI prevention, but contingent upon various factors

In relation to a broader context of public health, the main findings contributed to an understanding on how SRHR education at SFI could be a tool to prevent HIV/STI, if various factors are considered. SRHR educations in different settings are used globally to improve knowledge and change sexual behaviours to prevent HIV (WHO, 2010). In this thesis, informants were students at Swedish language schools. Their perceptions and experiences of SRHR education could be useful in order to develop SRHR education, based on needs of the target group. SRHR education at SFI was mainly perceived as important to prevent HIV and other STIs and share knowledge to others. Furthermore, it was perceived important to increase knowledge on several SRHR topics to cover up knowledge gaps and decrease stigmatizing attitudes that exist due to lack of information or unequal access to information, both in countries of origin and in Sweden. Informants wanted increased knowledge about HIV/STI, laws and rights relating to SRHR and an improved SRHR vocabulary. These findings support result in previous studies on purposes of providing SRHR education to adults and SFI students. Tyndale, et al. (2007), Nkulu Kalengayi, et al. (2012), and Pacheco, et al. (2016) pointed out the importance of education to adult migrants, due to limited access of information in the participants' youth and countries of origin and from health care services in Sweden. Furthermore, Svensson, et al., (2016) and Splitvision Research, (2014) described that increased knowledge was important and resulted in that participants wanted to share knowledge with friends and family, in line of the result in this thesis. Informants perceived SFI as an arena that can deliver education about SRHR, together with other places in Sweden such as the social orientation course and places where many people are gathering. Perceptions of SFI as a suitable arena for education on SRHR in this thesis are in line with the report from Splitvision Research (2014).

One difference with previous findings was that a majority of the informants in this thesis highlighted HIV/STI prevention as the main reason for the importance of SRHR education. This implies that in order for SFI to be an arena that can provide education as a tool for HIV/STI prevention, there has to be information on SRHR available to all SFI students. However, according to the informants in this study there was limited education on SRHR available at SFI. Overall, the experiences and perceptions of receiving education on SRHR was that SFI was not the main knowledge source. Informants had received brief or limited information about sexual

rights, love, sexual orientation, gender, family and HIV/STI at SFI. Other sources than SFI were the social orientation course, schools and health care services in countries of origin and in Sweden. These findings are in line with Flodström (2012) and Svensson, et al., (2016) where the participants had received information on SRHR from health communicators and not SFI. This means that it would be useful to consider how additional education on SRHR, and on HIV/STI in particular, could be provided at SFI.

In order for SRHR education at SFI to be useful for SFI students, there were various factors to consider. Some of the informants questioned the purpose and need of providing SRHR education to SFI students, since SFI students are adults and therefore were perceived to have knowledge compared to young people. Some informants perceived that information about HIV/STI were important, but not other SRHR topics. Informants had experiences of being treated as having no knowledge and perceived that education about SRHR should be based on the needs of SFI students and not on assumptions. Carlson (2003) and Bredström (2005) discussed how knowledge at SFI was constructed around Swedish values and way of living as the norm in comparison to non-Swedish values. SRHR education needs to be understood in relation to a broader socio-political context, where migrants are expected to adapt to Swedish culture, identities and values regarding for example sexuality. Swedish values are perceived as the norm and different from immigrants' 'backward' cultures, identities and values on sexuality (Bredström, 2005). This was reflected in perceptions from informants in this study, which questioned assumptions of migrants as being close-minded about sex in media and education in Sweden. These findings show that it is important to provide SRHR education based on SFI students' knowledge needs and not on teachers' assumptions and prejudice.

Finally, informants in this thesis pointed out gender separated groups, competent, comfortable, and respectful teachers and educators who are able to deliver trustworthy information, as important factors for education on SRHR to be fruitful and relevant for SFI students. Informants in this study felt uncomfortable talking about SRHR topics such as love, sexuality, sexual life, condom and period in mixed-gender groups. SFI students are a heterogeneous group and previous studies highlight the importance of education interventions to meet the needs of migrants as a heterogeneous group (Pacheco, et al., 2016). This can be done by providing education on SRHR in gender separated groups (Svensson, et al., 2016) and with qualified educators in terms of having an understanding for different perceptions and cultural norms regarding sexuality (Schmidt, et al., 2012). In addition to respectful educators, informants in

this thesis pointed out that teachers and educators should be competent, comfortable to interact with students and give trustworthy information, which were different from previous studies. Informants perceived that there were barriers in uptake of information on SRHR among SFI students, such as language barriers, which could be solved by using interpreters. In relation to previous studies, Schmidt, et al., (2012) also addressed language as a barrier to SRHR information. The findings in this thesis indicate that it is important with interactive education on SRHR, conducted by competent and respectful teachers. Gender separated groups should be considered to be used in discussions of some SRHR topics based on the students' preferences.

Health belief model

The health belief model can be used as a broader theoretical public health framework to understand SFI students' experiences and perceptions on SRHR education at SFI, in relation to migrants as a target group in HIV/STI prevention strategies (Social Department, 2005). According to the health belief model, individuals will take actions to promote health if "they perceive themselves to be susceptible to a condition or problem; they believe it would have potentially serious consequences; they believe a course of action is available that will reduce their susceptibility or minimise the consequences; and they believe that the benefits of taking action outweigh the costs or barriers" (Nutbeam, 2010, p. 9). Informants perceived SRHR education at SFI and other arenas as useful to prevent HIV/STIs and to increase knowledge. Informants pointed out that it is important to provide SRHR education at SFI due to limited or unequal access to SRHR education in Sweden and students' countries of origin. Lack of information was perceived as problematic, as it can lead to that individuals contract/transmit HIV/STI. This could indicate that the informants perceived that SFI students can be susceptible to HIV/STI and that there are consequences with HIV/STI infections. Furthermore, improving knowledge through SRHR education at SFI was one action that informants perceived as beneficial and could reduce susceptibility to HIV/STIs. However, some informants perceived that there was no need for additional knowledge about SRHR and HIV/STI to SFI students, since informants perceived that many SFI students are adults, married and parents. Informants perceived the risk of contracting and transmitting HIV/STIs as limited when you are married, only have sex with one partner and know your partners' HIV/STI status. Furthermore, informants in this thesis questioned the assumption that migrants lack knowledge of SRHR and pointed out the importance of educators being respectful and do not make assumptions about the knowledge need of the target group. Bredström (2005) and Mulinari, et al. (2015) problematize the use of migrants as a broad category and target group in public health and

HIV/AIDS policies, since migrants are a heterogeneous group and therefore have different knowledge needs. Bredström (2008) point out the need for analysis of how norms relating to gender, sexuality, class and ethnicity intersect in HIV prevention interventions, which was not conducted in this thesis, but relevant to explore in further research. These aspects relating to the health belief model, can be considered in SFI teachers' formulation of purposes of providing SRHR education at SFI. It can also be useful in the development of SRHR education at SFI based on expressed knowledge needs of SFI students.

Informants pointed out other factors than knowledge, such as emotions, affects individuals' sexual behaviours. These perceptions illustrate the limitations of the health belief model, which are a lack of understanding of structural factors that affect the possibilities for individuals to improve their health and change health behaviours (Nutbeam, 2010). Education about HIV/STI at SFI in terms of providing information to individuals about safer sex practises and other means of protection to change health behaviours are important and necessary, but there are other factors that have impacts on health behaviours (Nutbeam, 2010). According to Nkulu Kalengayi et al. 2012, fear of deportation has impacts on health care seeking behaviours and HIV prevention. In addition to knowledge, other factors that influence sexual health behaviours could be interesting to explore in further studies.

4.2 Methodological Considerations

In qualitative studies, there are four criteria's for assessing trustworthiness of the results, which are credibility, transferability, dependability, and confirmability (Dahlgren, et al., 2007). A strength related to credibility was that the sampling resulted in informants from different SFI Schools, SFI courses, genders, ages, countries of origin and length of time in Sweden. This contributed to a representation of a variety of SFI students' experiences and perceptions in the results. One limitation of the study related to credibility was that by using convenience sampling (Dahlgren, et al., 2007), some of the informants included in the study were the ones who were most willing to participate and potentially most interested of SRHR. This impacted the result along with that a majority of the informants had previous education from university and/or high school. Strategies used to increase credibility were to cite the informants in the result to support the authors' descriptions and interpretations of the informants' statements. Furthermore, the author received feedback on the analysis of the data through peer debriefing from one other student at Lund University and from the supervisor. The duration of the data collection was

rather short, but action for prolonged engagement (Dahlgren, et al., 2007) was taken to increase credibility by visiting SFI schools to understand informants' context. Since the author did not have experience of migration or studying at SFI, there were however limitations in the ability to understand the informants' context. This could have had implications on the data in the sense that the informants did not answer all the questions or answered what they perceived was expected of them to answer. At the same time, the result showed that some of the informants expressed critical opinions, which indicate that they felt that it was possible to be critical about SRHR education to SFI students.

Transferability of the results to other settings is up to the reader to decide (Dahlgren, et al., 2007). It is a small study with nine informants, but the data were represented by a variety of SFI students' experiences and perceptions, in order to be able to give recommendations to staff working with education at SFI. Thick descriptions of the context, methods and informants along with the findings were provided, in order for the reader to make an informed decision about whether the results are applicable and useful for other context and groups of SFI students. Dependability has been handled by providing descriptions of the sampling procedure, data collection including the interview guide and the information letter, and examples of the data analysis. The themes and questions in interview guide were followed with the exceptions of a variation in follow up questions in the interviews. Field notes have been used to reflect about potential needs for minor adjustments in the interview guide and sampling of informants, since qualitative studies follows an emergent design (Dahlgren, et al., 2007). Finally, confirmability which relates to neutrality of the data (Dahlgren, et al., 2007) have been ensured through quoting informants, transcribing the interviews and discussing the data analysis with the supervisor. The author had pre-understanding of the topic in the thesis and experiences of working with SRHR in organisations in Sweden. Pre-understanding was put 'within brackets' during the data collection and the first steps of the data analysis, to make sure that it did not impact the result (Dahlgren, et al., 2007).

Using interpreters had impacts on the trustworthiness of the thesis. Two different interpreters were used, which might have resulted in different interpretations and had impact on the credibility and the dependability of the data (Wallin, et al., 2006). One limitation was that the data from the interviews conducted with interpreters were not as rich as the data from the other interviews, due to that the interviews with interpreters were not as relaxed as without interpreters. Using phone interpreters could have affected the data in the sense that phone

interpreters could be perceived as more anonymous, compared to if the interpreter would have been in the room (Dubus, 2016). Actions taken to increase credibility were to hire trained and certificate interpreters. Furthermore, one limitation of the study relating to the interviews conducted without interpreters, were that there might have been misunderstanding about the meaning of SRHR due to language barriers and the questions asked by the author. This could have impacts on the data. Actions taken to avoid misunderstandings were to give examples and describe SRHR to all informants based on the interview guide.

5. Conclusions and recommendations

The public health contributions of this study indicated that SRHR education at SFI could be a tool for HIV prevention, but not without considering various factors that have impacts on the usefulness of the education. SFI is one arena where SRHR education can be provided together with other arenas. SRHR education at SFI is important to prevent HIV/STIs, increase knowledge, share knowledge to others and have a SRHR vocabulary useful for daily life. Education on SRHR needs to be based on the knowledge needs of the SFI students, and not based on teachers and educators' assumptions and prejudice. In addition, SRHR education can be provided in gender-separated groups with qualified educators that are competent, comfortable and respectful.

SFI teachers should base the content of the SRHR education on their students expressed knowledge needs and discuss the purposes of providing SRHR education at SFI. This is to avoid that the educator makes assumptions about SFI students' knowledge needs. It should be made clear that student do not have to share private experiences relating to sexual and reproductive health. Gender separated groups can be used in information and discussions about SRHR based on the students preferences. Teachers need to consider their own competence, knowledge and perceptions about SRHR, in order to be able to deliver relevant education in respectful and comfortable way to SFI students.

Further studies could focus on specific subgroups among SFI students to explore experiences and perceptions on SRHR in those particular groups. SFI students' perceptions and experience on SRHR education from additional SFI schools in Sweden and other courses at adult education could be also be explored. In addition, it could be relevant to conduct long-term studies to understand how SRHR education at SFI can contribute to prevention of HIV/STIs.

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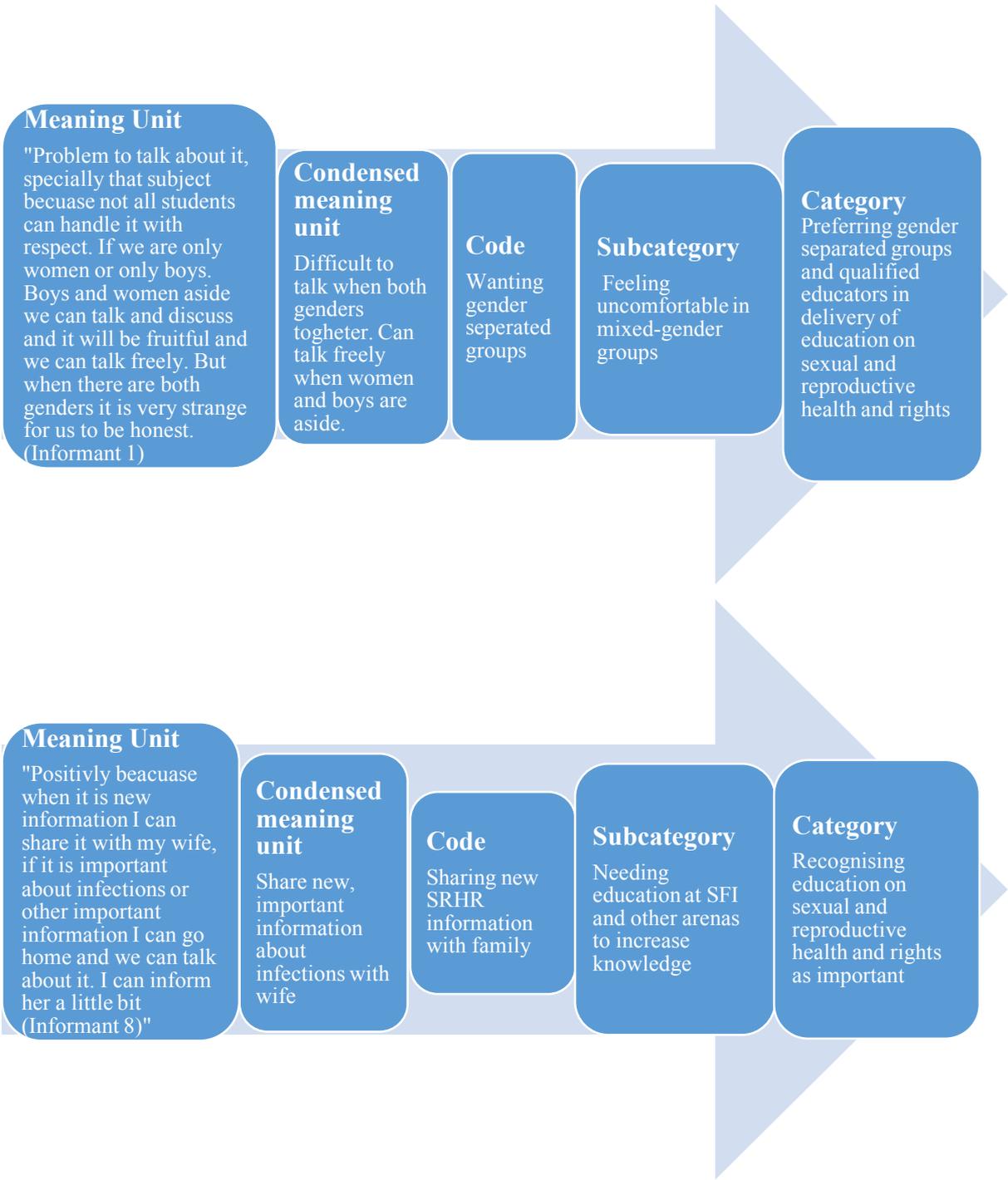
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Tables

Table 1: Overview of categories, subcategories and theme

Categories and Subcategories	Theme
<p>1. Recognising education on sexual and reproductive health and rights as important</p> <ul style="list-style-type: none"> - Using knowledge for prevention of HIV/STIs - Needing education at SFI and other arenas to increase knowledge 	<p>Sexual and reproductive health and rights education at SFI – A tool for HIV/STI prevention, but contingent upon various factors</p>
<p>2. Other sources than SFI are the main sources of sexual and reproductive health and rights knowledge among SFI students</p> <ul style="list-style-type: none"> - Receiving limited or brief education at SFI - Receiving education from several sources in Sweden and countries of origin 	
<p>3. Questioning the purpose of education on sexual and reproductive health and rights to SFI Students</p> <ul style="list-style-type: none"> - Being treated has having no knowledge - Educating young people are more important than educating adults 	
<p>4. Preferring gender separated groups and qualified educators in delivery of education on sexual and reproductive health and rights</p> <ul style="list-style-type: none"> - Feeling uncomfortable in mixed-gender groups - Wanting competent, comfortable and respectful educators 	

Table 2: Examples of manifest content analysis



Several meaning units and codes resulted in the categories and subcategories, these are two examples.

Table 3: Characteristics of informants

Identity code	Gender	Course at SFI	Time at SFI	Countries of origin¹	Educational Background	Time in Sweden
1	Female	D	4,5 months	Syria	College	1,5 years
2	Male	C	6 months	Kuwait	University	7 months
3	Female	D	1 month	Iraq	High School	11 years
4	Male	C	4 months	Palestine	University	3 years
5	Female	D	11 months	Syria	High School	1,5 years
6	Female	C	4 months	Somalia	Primary School (grade 5)	10 years
7	Female	D	4 months	Palestine	High School	3 years
8	Male	D	12 months	Palestine	High School	2, 5 years
9	Female	B	16 months	Somalia	No previous education	2 years

Informants' ages was excluded from the table due to ethical considerations.

¹ Does not necessarily reflect countries where informants grow up.

Appendices

Appendix 1: Interview Guide

Presentation:

Johanna, MPH student, Lund University

Participate in the study is voluntary, choose whether or not answer the questions, and may choose to withdraw from the study whenever.

Recorded material only used for the study, only researcher will have access and information and names will be kept private.

Information about Purpose of the study.

The themes and interview structure.

Questions?

Oral informed consent

Ok to use recorder?

Background:

Which SFI School do you study at?

How long have you been studying at SFI?

Education before SFI?

How old are you? (Age)

Do you identify as: Women/girl, Man/boy, Other?

What is your country of origin?

How long have you been in Sweden? (months)

Introduction

What do you think about SFI?

Theme 1: Knowledge about SRHR and HIV/STIs

Can you tell me about what you know about sexual and reproductive health? (examples: *sexuality, body, relationships, family, marriage, norms, sexual orientation, gender identity, contraceptives, pregnancy, safer sex practices.*)

Can you tell me what you know about sexual and reproductive rights? (*right to your own body, right to not be discriminated/ experience violence due to sexual orientation, gender identity etc.*)

Can you tell me about what do you know about HIV/AIDS?

Can you tell me about what do you know about other sexual transmitted infections (STIs)? (*Examples: chlamydia, gonorrhoea, syphilis*)

What does HIV prevention mean to you?

Can you please describe for me if there is anything you need more knowledge/ information about SRHR?

Theme 2: Source of knowledge

Where did you get the information/education about SRHR from?

Can you give example on other sources to get information about SRHR?

How was your education about SRHR and HIV/STIs before you arrived to Sweden?

Can you talk to family and friends about SRHR?

Theme 3: Usefulness of the education

What do you think about the education about (SRHR)?
How important is education about (SRHR)?
How is the education about SRHR affecting you?
What are your wishes about SRHR education?

Theme 4: SFI as an SRHR arena

Have you received SRHR/HIV/STIs information at SFI?
(If yes) How was it for you to get education about SRHR/HIV/STIs at SFI?
(If no, but received information at other places): How was it for you to receive education/information about SRHR/HIV/STIs?
How is SFI as a place to get education about SRHR from?
How do you want to be informed/educated in SRHR? (*Content? Who should educate? Read? Language? In classroom?*)

Theme 5: SRHR- Organisations/Health Care- Services

What do you know about organisations and health care services that work with SRHR in Skåne?
What do you know about HIV/STI testing in Skåne?
Where did you get the information?

Ending

Is there anything else you want to tell me?
OK if I come back to you in case of need for clarification?
Contact details.
THANK YOU

Appendix 2: Information Letter



LUND UNIVERSITY

Faculty of Medicine

Request for participation in a study on experiences and perceptions of education on sexual and reproductive health and rights.

My name is Johanna Selander and I'm a student of the international Master's Programme in Public Health (MPH) at Lund University. This semester I'm writing my thesis and I would like to interview you as an SFI student about your experiences and thoughts about sexual and reproductive health and rights education.

I would like to conduct the interview during February/ March. I estimate the interview to last for approximately 60 minutes. I'm open for suggestions if you would like to suggest a suitable place where you feel comfortable and relaxed, and where we can conduct the interview in private without risk of being interrupted by others. Alternatively, we can have the interview in a private room at the Clinical Research Centre (CRC) in Malmö.

Your participation is on entirely voluntary basis, which also means that you have the right to not answer questions that you do not want to answer. Additionally, you also have the right to withdraw from the study at any time, if you prefer to not continue the interview you don't have to tell me why. Your name will never appear in any of my material, and the material will be handled with confidentiality throughout the process.

Please contact me if you want to participate!

Best Regards

Johanna Selander

johanna.selander@gmail.com

0709-282427

Popular science summary

HIV is a public health issue and if individuals do not get treatment for HIV it will result in higher risk of dying of causes related to AIDS. Therefore, it is important to prevent individuals from getting HIV and one of the target groups in Sweden are migrants. One way of preventing HIV is through improving knowledge by educating students about sexual and reproductive health and rights at schools, such as the Swedish language schools for immigrants (SFI). The aim of this study was to understand SFI students' in Skåne experiences and opinions about education on topics such as HIV and other sexually transmitted infections (STIs), sexuality, love, relationships and condoms. Nine interviews with SFI students showed that SFI students thought that education on sexual and reproductive health and rights were important to prevent HIV/STIs and to get more knowledge about the subject. Students' experiences of getting education were mainly from other places than SFI, which means that in order to prevent HIV/STI there need to be information available at SFI. Students also thought that education and information about sexual and reproductive health and rights was unnecessary to SFI students since they are adults and perceived that SFI students already have knowledge about SRHR. Informants had experiences of being treated as having no knowledge about SRHR. It is important to think about these factors and make sure that education provided at SFI is based on SFI students' knowledge needs. Finally, this study contributed with perceptions about teachers who inform and educate SFI students should have knowledge about SRHR and be comfortable and respectful when teaching. It is preferred that teachers divide the SFI class in one group with women and one with men when talking about sexual and reproductive health and rights at SFI.