Perceptions and Experiences of Pakistani-Descent Female Adolescents on Developing Sexuality and its Relation to Psychological Wellbeing

by

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Abstract

Background: The sexual health needs of female immigrant adolescents in Canada have been largely unmet and have increased in magnitude over the last few years. For immigrant female adolescents of Pakistani descent, who are also considered racialized youth in Canada, the silence around issues of sexuality needs can affect their physical, emotional, and sexual health and well-being, and ability to reach their full potential. Evidence suggests that immigrant adolescents lack sexual and reproductive health knowledge and use fewer sexual health-related services and sex education resources than do non-immigrant youth. In Pakistani immigrant adolescents, this difference appears to be associated with socio-cultural and religious practices.

Purpose: The overarching purpose of this dissertation is to contribute towards improving sexual health of female immigrant adolescents living in Canada. The purpose of this study was to qualitatively explore the experience of developing sexuality and its relationship to developing identity and well-being in middle- to late- female adolescents of Pakistani-descent, living in a large urban area in Canada. This study sought to create space for dialogue and to explore the perceived cultural influence on issues of sexuality that often arise among individuals from different cultural backgrounds using the postmodern feminist lens.

Methods: An interpretive descriptive methodology complemented by an art-based strategy involving drawing timelines was employed. A purposive sample of 21 female adolescents who were of first- or second-generation Pakistani-descent was recruited. Data was collected using a semi-structured interview guide and having participants create a relevant timeline. This dissertation consists of four related papers: (i) a scoping review of associations between developing sexuality and mental health in heterosexual adolescents based on evidence from lower- and middle-income countries; (ii) a methodology paper on using timeline methodology to facilitate qualitative interviews that explored sexuality experiences of

Pakistani-descent female immigrant adolescent; and (iii) a qualitative paper on the perceptions and experiences of Pakistani-descent female adolescents on developing sexuality and self-identity, and (iv) a qualitative paper exploring the interplay between developing sexuality and well-being in the context of Pakistani-descent adolescents.

Findings: Participants included female adolescents aged from ages 14 to 19 years. A total of 21 first interview and 7 follow up interviews were completed. The narratives and timelines presented in this study tell the stories of the participants, reflecting the complexities of female adolescents' sexuality and how they perceive and attribute meanings to their experiences. The main findings of this exploration were: a) the intersection of gender and patriarchy have created layers of power and oppression in adolescent lives that tightly control their sexuality, b) silences around all aspects of female sexuality negatively affect the capacity for desire and pleasure; and c) living in a bicultural world can cause significant stress and anxiety among female adolescents, especially when making personal life decisions related to sexuality

Conclusion: This dissertation provides a rich in-depth exploration of female adolescents' experiences of developing sexuality and demonstrates the complex interaction of factors that influence female adolescents' behavior related to sexuality and sexual health. These stories demonstrate not only the need for cultural awareness while approaching each girl's experience, but also considering intersectionality factors such as race, ethnicity, culture, and religion. This study provides implications to policymakers to revise existing policies and create youth-friendly policies for immigrant youth to draw attention to the hidden voices of female adolescents and increase awareness about ways to address issues arising in evolving sexuality.

Preface

This thesis is an original work by Neelam Punjani. The research projects that comprise this thesis, received ethics approval from the University of Alberta Research Ethics Board.
Project title – "Exploration of adolescent Pakistani-descent girls' experiences of developing sexuality in relation to psychological well-being" #Pro 00096529 approved in January 2019.

Four papers in the dissertation have been submitted to journals for consideration. **Paper one** has been published as: Punjani, N., Papathanassoglou, E., Hegadoren, K., Hirani, S., Mumtaz, Z., & Jackson, M. (2022). Punjani, N. S., Papathanassoglou, E., Hegadoren, K., Hirani, S., Mumtaz, Z., & Jackson, M. (2022). Associations between Developing Sexuality and Mental Health in Heterosexual Adolescents: Evidence from Lower-and Middle-Income Countries—A Scoping Review. *Adolescents*, *2*(2), 164-183. **Paper two** has been submitted for publication as: Punjani, N., Hegadoren, K., Papathanassoglou, E., Mumtaz, Z., Jackson, M., & Hirani, S. (2022). Using Timeline Methodology to Facilitate Qualitative Interviews to Explore Sexuality Experiences of Pakistani-Descent Female Immigrant Adolescent. *Qualitative Research Journal.* **Paper three** has been submitted for publication as: Punjani, N.; Papathanassoglou, E.; Hegadoren, K.; Hirani, S., Mumtaz, Z., Jackson, M., & (2022) Perceptions and Experiences of Pakistani-Descent Female Adolescents on Developing Sexuality and Self-Identity. *The Canadian Journal of Human Sexuality.* **Paper four** is being prepared for submission as: Punjani, N., Hegadoren, K., Papathanassoglou, E., Mumtaz, Z., Jackson, M., & Hirani, S. (2022). Sexuality and Well-Being of Pakistani-Descent Female Adolescents living in Canada: Perceptions and Recommendations. *The Journal of Adolescent Health.* I was responsible for the conceptualization, participant recruitment, data collection, data analysis, writing, and submission of this papers. Dr. Papathanasoglou and Dr. Hegadoren were the primary supervisors for this doctoral research and provided key guidance on the conceptual development of this study. Drs Mumtaz, Hirani, and Jackson contributed to the conceptualization and intellectual development of the papers. All authors suggested substantive revisions of the paper and approved the final manuscript.

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Chapter 1. Situating the Research

Canada welcomed more than 321,000 immigrants in Canada in 2018 (Annual Report to Parliament on Immigration, 2019). Canada is among the most ethnically diverse countries in the world. In recent years, there has been an increase in South Asian immigrants in Canada with over 1.26 million people from specifically South Asian countries calling Canada their home, making up the largest culturally diverse population group (Banerjee & Shah, 2021; Statistics Canada, 2018). South Asian youth represents a large proportion of immigrants in Canada (Ali, DiClemente, & Parekh, 2021). Although much research on immigrant adolescents has focused on their wellbeing and the diversity of healthcare services available to them, an important and critical domain of sexual health remains neglected. The literature suggests that, despite the recognition of adolescence as an important developmental period, research on immigrant adolescent sexuality is scarce.

Immigrant adolescents come to Canada from all over the globe and they are characterized by diversity across races, languages, cultures, socioeconomic status, and culturally determined gender roles. Most of the immigrant youth are racialized, defined in Canada as non-Caucasian. In the 2016 census, around 79.2% of newcomer youth ages 15 to 34 identified as racialized (Statistics Canada, 2019), an increase of 6.8% since the 2006 census (Statistics Canada, 2014). Pakistan is considered to be the fifth largest country in the world and is located in South Asia (Statistics Time, 2021). According to the United Nation (2022), the current population of Pakistan is 228.1 million and approximately two-third of Pakistan's population is categorized as youth. Pakistani culture is very diverse. There are over 15 major ethnic groups in Pakistan, which differ in physical features, historical bloodlines, customs, dress, food and music. Apart from ancient ethnic elements, the religious influence of Islam has also strongly shaped Pakistani culture. Sex and sexuality are not commonly talked about in Pakistani households and are considered taboo topics. The cultural value systems of Pakistani families are unlike the Western lifestyle. Pakistani families have diverse cultural and religious perspectives on dating, relationships, adolescent

sexuality, gender roles and identity, and sexual orientation. These differences are particularly evident within Pakistani families that have migrated from Pakistan where they often hold values and beliefs that are more traditional, religious, and patriarchal, with respect to gender and sexuality. These important cultural differences often result in difficulties when adolescents are exposed to or socialized in western cultures (Zaidi et al., 2016). The number of immigrant population from Pakistan to Canada is growing rapidly, ranking Pakistanis among the largest foreign-born groups in Canada (Statistics Canada, 2021). In 2019, Pakistan was Canada's fifth-largest source of permanent residents (Government of Canada, 2021). Research has shown that adolescents who are living in bicultural settings are more likely to engage in risky sexual behaviors due to the contradictory messages they received related to sexuality (Pottie et al., 2015; Salehi et al., 2014). Neglecting these challenges facing adolescents could seriously affect their sexual and reproductive health, but also their physical, social, and psychological well-being.

To understand sexuality, it is critical to recognize the cultural context in which it occurs. Within the patriarchal paradigm of South Asian culture, conversations on female sexuality are regarded as taboo (Chakraborty & Thakurata, 2013). Taboos prohibit individuals' actions based on the belief that such behavior is too dangerous to undertake. In South Asia, most of the societies are predominantly patriarchal, where women are viewed as subordinates and promote control of female sexuality through stringent traditional social codes and gender role socialization (Patel, 2007). Women and girls in the South Asian context, usually refrain from expressing themselves as sexual beings, allowing themselves to experience sexual acts as pleasurable, or acting on their sexual desires. Predominantly, South Asian cultural values and societal norms also teach women and girls that female pre-marital virginity is expected, purity and chastity are required (Banerji, 2008; Devji, 1999; Kakar, 1989; Patel, 2007). Thus, South Asian females hesitate to speak about sex-related matters, and this is often combined with a sense of embarrassment, guilt, fear of being vilified, and concern that they are transgressing social boundaries (Gupta, 1999; Sharma & Sharma, 1998). Nowadays, although Pakistani women and girls have gained more independence, South Asian patriarchal socio-cultural practices continue to influence gender role

expectations (Hapke, 2013; Hussain, 2017; Kakar, 1989; Koening & Foo, 1992; Roy & Niranjan, 2004; Tenhunen & Saavala, 2012). Various studies concerning female sexuality speak to the way patriarchal discourse combines with culture to create values, norms, and beliefs that influence female sexuality and the conceptualization and expression of sexual desire and behavior (Lo & Ko, 2014; Imam, 2000; Janghorban et al., 2015 Rashidian, Hussain, & Minichiello, 2013; Taghipour, Abbasi, & Lottes, 2015). These gender role expectations within Pakistani culture allow men greater sexual freedom than women.

In terms of sexual health and sexuality research, very few studies have focused on South Asians, and specifically Pakistani, immigrant populations. Researchers have found that immigration influences adolescents' access to sexual health services. Immigration affects individual, social, and structural factors, which, in turn, affect how or whether adolescent immigrants' access Sexual and Reproductive Health (SRH) services (Meherali et al., 2021; Salehi et al., 2014). Individual factors such as what is considered acceptable sexual behavior, at what age, and for which gender can affect whether young people access SRH services (Salehi et al., 2014). In addition, it takes time for immigrant adolescents to learn a new language and make friends (Toppelberg & Collins, 2010). Thus, immigrant youth might have fewer support networks to navigate the needed services (Liban, 2007). In terms of structural issues, some immigrant youth might not have had access to sex education classes in their countries of origin (Salehi & Flicker, 2010). Socially, immigrant youth, especially racialized youth and recent immigrants, are at an increased risk for downward economic mobility post-migration (Ornstein, 2006), which can further influence their access to SRH services. These may have important implications for the sexual and psychological well-being of immigrant adolescents. Neglecting adolescents' SRH needs can affect their physical and mental health, economic well-being, and ability to reach their full potential (Chandra-Mouli, Camacho, & Michaud, 2013; Salam et al., 2016; WHO, 2011). Evidence suggests that immigrant youth lack SRH knowledge and use fewer SRH services and sex education resources than do non-immigrant youth (Flicker, et al., 2010; Salehi et., 2014; Homma et al., 2013). This difference appears to associate with religion and cultural practices (Shields & Lujan, 2018). However, to the best of my

knowledge, no research that explores the experiences of developing sexuality and its relationship to the well-being of Pakistani-immigrant female adolescent in Canada exists.

As Canadian society becomes more diverse, there is a need for research that will assist health care providers and service providers in becoming more sensitive and responsive towards the needs of the diverse groups that they serve. The area of sexuality among female immigrant adolescents in Canada has been one that has been neglected in both practice and research. This dearth in knowledge and in services has become even more evident for the Pakistani immigrant community, who represent a group with potentially unique and diverse needs related to sexual health. Moreover, the existing literature on socio-cultural issues, race, patriarchy, and the influence that they have on how first and second-generation Pakistani adolescent females perceive and experience their sexuality suggests that Pakistani female immigrant adolescents as a group warrant attention in research related to sexuality. The present study seeks to address the gap in our understanding about the sexuality experiences and needs of Pakistani-descent female adolescents living in Canada.

For the purpose of this dissertation, sexuality was defined as “a central aspect of being human throughout life and encompasses sex, gender identities, and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behavior, practices, roles and relationships” (WHO, 2006).

Philosophical, Epistemological, and Ontological Foundation

In my research, I have adopted a pragmatic epistemological position, supporting the integration of approaches, methods, and tools that may be helpful to improve nursing practice (Doane & Varcoe, 2005; McCready, 2010). From this perspective, knowledge gaps offer direction for research and theoretical development (Risjord, 2010). The use of Interpretive Description methodology is appropriate for researchers wishing to explore phenomena through co-creation of meaning with participants and is explicitly aimed at generating useful knowledge to improve practice (Thorne, 2016; Thorne et al., 1997). The philosophical tenets of Interpretive Description are influenced by naturalistic inquiry which implies

that both researcher and research participants are engaged in a natural setting of inquiry and generate a shared understanding and knowledge about phenomenon, in this case about adolescent sexuality and its relationship to well-being. Contextual subjective and experiential knowledge regarding the experiences of sexuality was generated and shared among the researcher and research participants. According to the Interpretive Description methodology, a priori theory cannot encompass multiple realities, but recognizes instead that the theory, which will helped clarify the phenomenon of sexuality-related well-being, must emerge from or be grounded in that phenomenon (Thorne, 2016). The generated knowledge served as a fundamental source of insight regarding developing sexuality and its relationship to well-being in the context of Pakistani female immigrant adolescents.

From an epistemological point of view, the Interpretive Description methodology affirms that the reality does not exist "out there" as an objective entity. It should only be understood through an individual's subjective experiences, which are often socially constructed (Thorne, 2008). The Interpretive Description does not advocate in generating "Truth" but a "tentative truth claim" is constituted based on what is common about the phenomenon being studied (Thorne, Kirkham, & O'Flynn-Magee, 2004). Based on this principle, the subjective experiences of participants in the study constituted a "tentative truth claim" to inform our clinical reasoning and broaden our insights about developing sexuality in relation to well-being among female adolescents, enabling us to make realistic decisions for youth-friendly approaches to health and well-being for immigrant Pakistani female adolescents. The ontological stance of the Interpretive Description approach is grounded in interpretivism, suggesting that there are multiple shared and constructed realities (Guba & Lincoln, 1994) that are often influenced by contextual and cultural considerations. Literature supports that cultural and socio-political environment influences experiences of adolescents' sexuality and their wellbeing (Kar, Choudhury, & Singh, 2015). Moreover, the meanings or realities linked with sexuality are commonly associated with the social context and are influenced by various factors such as race, class, gender, language, and culture (Kar et al., 2015). My major focus was on understanding and interpreting

the meanings and interpretations adolescents assign to their own experiences, actions, behaviors, and interactions with others within their contexts (Thorne, 2008). The Interpretive Descriptive approach enabled me to get in-depth contextual understanding of female adolescents' developing sexuality and its relationship to well-being, which informs future research and implementation of youth-friendly approaches for Pakistani female immigrant adolescents living in Canada. Through analysis of participants' narratives and timelines, the role of multiple levels of control over participants' sexuality became apparent, therefore a feminist intersectional lens was adopted to analyze their experiences.

An intersectionality approach guided our investigation. Intersectionality refers to the interactions between categories such as age, gender, race, and other aspects of identity that shape individual lives, as well as social practices, cultural ideologies, and outcomes (Davis, 2008). The underlying principles of intersectionality theory is the emphasis on visible minority groups with different backgrounds and experiences of marginalization. In this study, its first- and second-generation Pakistani female immigrant adolescents with different challenges and oppression with regards to their sexuality. The intersectionality approach views social identity as multiple and intersecting. This approach is well suited for this research in understanding how the intersection of different factors affect the experiences of female immigrant adolescent's sexuality and their well-being.

Thesis Structure

This thesis adopts a paper-based approach. It includes four distinct but related papers that form this dissertation focus on the perceptions and experiences of developing sexuality and its relation to well-being in middle to late female adolescence of Pakistani descent, living in Edmonton, Alberta. The papers have been formatted to the specifications of the journals to which they have been submitted or published.

Chapter two is a scoping review aimed at describing, evaluating, and synthesizing published data on sexuality-related mental health stressors among adolescents living in low- and middle-income countries and to identify knowledge gaps. The objective was to contribute to the knowledge about the experiences of emerging sexuality among adolescents. Chapter three is a methodological paper. This

paper describes the use of an art-based approach (timelines) in combination with the narrative interviews to increase the depth and richness of data collection in studies involving vulnerable population like adolescents to navigate personal matters of sensitive and taboo nature such as sexuality. To meet the research aim, Chapter four and five describe a qualitative inquiry that generated an in-depth exploration of female adolescents' perceptions and experiences of developing sexuality. In the following paragraphs, I offer a brief summary of each of the papers and highlight the connections between them. Chapter 5, the conclusion, summarizes the research and presents implications of the findings for future research and practice.

Paper 1

Overview: This review addressed the knowledge gap regarding the effects of developing sexuality on the wellbeing of adolescents from low- and middle-income countries (LMICs) like Pakistan. Although adolescents from LMIC are facing challenges in developing and experiencing sexuality, there was a little information on effects on their mental health and how to support them when dealing with sexuality related issues. Following a priori protocol to enhance transparency, we systematically searched published research and completed screening against our eligibility criteria. Data from 12 published research papers, including 8 qualitative studies, 3 quantitative studies, and 1 mixed method study, were systematically analyzed. Four major themes and 4 sub themes were identified regarding sexual health and mental health of adolescents: 1) Relationship of sexuality and mental health; 2) Social and cultural influences; 3) Challenges in seeking sexuality information and services among adolescents; and 4) Educational needs among adolescents related to sexuality.

Method: For this paper, I followed Arksey and O'Malley's established methodology for mapping out and identifying the extent, range and nature of research activity, and identifying research gaps in the existing literature. The process involves five stages, namely: (1) identifying the research question; (2) identifying relevant studies; (3) study selection; (4) charting the data; (5) collating, summarizing, and reporting the

data. A scoping review method was appropriate for this work as it addresses the overall broader research question and the aim of the study.

Connection: This first paper formed the foundation for subsequent research phases by systematically identifying and synthesizing the current evidence on the topic of adolescents' experiences of developing sexuality and its relation to well-being. The findings from the scoping review underscores the disconnect between sexual health and mental health. In addition, it is concluded based on the included evidence that lack of social support, unmet needs, poor access to adolescent-friendly sexual health services, counseling, and age-appropriate information may contribute to poorer mental health. It is likely that adequate understanding of the link between sexual and mental health will allow health care professionals to work closely with adolescents to develop and test effective youth- friendly sexual and reproductive health interventions.

Paper 2

Overview: Despite the increased use of visual methods, less attention has been given to the use of timelines in exploring lived experiences. This paper outlined the use of timelines in combination with narrative interviews to increase the depth and richness of data collection. Timelines are a graphic, arts-based data collection strategy that is acquired from a graphic elicitation designs framework. I found that the methodological combination of semi-structured interviews and timelines has the potential to advance knowledge regarding the experience of female immigrant adolescents' sexuality. Using the timeline strategy to collect data helped in building rapport with the participants, allowed the participants to become active partners and navigate the process, and helped them to think about future resolutions through reflection. Our study concluded that timelines have the potential to supplement interviews in investigating this sensitive, socially sanctioned and complex phenomenon.

Method: This is a method paper. Narrative interviews and timelines were thematically coded (King & Horrocks, 2010). Coding of timelines involved analysis of both *content* and *form*. Interviews were coded using NVivo 12 software and timelines were coded manually by hand. The thematic open

coding framework was developed to examine how timelines as a tool could assist the researcher in better understanding the experiences discussed by participants.

Connection: Paper 2 is designed to understand the potential of timelines to supplement interviews in investigating the sensitive, socially sanctioned, and complex phenomenon of sexuality. The results of from this paper detail how the use of timelines in our study provided participants with flexible and creative space to tell their stories for nonconventional and nuanced communication of meaning, struggle, emotions, and experience through a graphic depiction of meaningful events.

Paper 3

Overview: Exploring Pakistani female immigrant adolescents' experiences related to developing sexuality may offer a critical perspective towards improving overall immigrant adolescent sexual health and well-being. The purpose of this study was to understand and give voice to female immigrant adolescent's experience of developing sexuality and its relationship to well-being. This qualitative study used ID methodology to generate findings aimed at improving over sexual health and mental health of immigrant adolescents. One-on-one, in-depth interviews were completed either in person or through web-based teleconferencing to explore female immigrant adolescents' perspectives. Data collection and analysis occurred concurrently. Analysis of 28 interviews generated 4 major themes: Gender roles, Gender identity, Influence of patriarchy, Influence of religion and identified impacts of these themes on physical well-being, psychological well-being, and on developing sexuality.

Method: The analytic approach for this paper was informed by ID. According to Thorne (2016) ID as a methodology "offers a viable alternative to what we sometimes observe as modifying conventional phenomenology, ethnography, or grounded theory" (p.39). ID is aligned with a constructivist and naturalistic orientation of inquiry and is inspired by systematic ideas adopting an inductive, constant-comparative approach to analyzing qualitative data, iteratively 'interrogating' individual themes for their internal consistencies and variations and finding potential patterns.

Connection: The results demonstrate the complex interaction of factors that influence female adolescents' behavior related to sexuality and sexual health. These stories demonstrate the need for cultural awareness while viewing each participant's experience considering intersectionality factors such as race, ethnicity, culture, and religion. Finally, this study provides implications to policymakers to revise existing policies and create youth-friendly policies for immigrant youth to draw attention to the hidden voices of female adolescents and increase awareness about ways to address issues arising in evolving sexuality. The results of this proposed work were intended to provide valuable information about female immigrant adolescents' experiences of developing sexuality and to make contributions by providing evidence-based recommendations to support female adolesents in developing sexuality.

Paper 4

Overview: Understanding female immigrant adolescents' perspectives on developing sexuality and its impact on their health and overall wellbeing can contribute towards planning and implementing interventions to support healthy sexuality among immigrant adolescents. This paper also explicates female adolescents' opinions of their needs to support their sexuality while going through the adolescence stage.

Method: The analytic approach for this paper was informed by interpretive description. According to Thorne (2016) ID as a methodology "offers a viable alternative to what we sometimes observe as modifying conventional phenomenology, ethnography, or grounded theory" (p.39). ID is aligned with a constructivist and naturalistic orientation of inquiry and is inspired by systematic ideas adopting an inductive, constant-comparative approach to analyzing qualitative data, iteratively 'interrogating' individual themes for their internal consistencies and variations and finding potential patterns.

Connection: This paper outlines that immigrant female adolescents encounter mental health concerns because of confusing messages they received from their parents related to sexuality. Also, discrimination, exclusion from sex education classes, and lack of knowledge on sexual health can result in social exclusion, avoidance of health care, and poor mental health outcomes such as depression and

anxiety. This study provides preliminary qualitative evidence to involve, listen, and incorporate female immigrant adolescent voices when planning and implementing interventions to support healthy sexuality among immigrant adolescents.

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Chapter 2. Paper 1: Associations between Developing Sexuality and Mental Health in Heterosexual Adolescents: Evidence from Lower- and Middle-Income Countries

Paper one has been published as: Punjani, N., Papathanassoglou, E., Hegadoren, K., Hirani, S., Mumtaz, Z., & Jackson, M. (2022). Associations between Developing Sexuality and Mental Health in Heterosexual Adolescents: Evidence from Lower-and Middle-Income Countries—A Scoping Review. *Adolescents*, *2*(2), 164-183.

Associations between Developing Sexuality and Mental Health in Heterosexual Adolescents: Evidencefrom Lower- and Middle-Income Countries

Abstract

Background

During puberty and emerging sexuality, adolescents experience important physical, mental, and socialtransformations. In the process of dealing with these changes, adolescents can become potentially vulnerable to mental health problems.

Aim

The aim was to identify and synthesize published research evidence on sexuality-related mental health stressors among adolescent girls and boys, identify gaps (if any) in current knowledge, and contribute toknowledge about the experiences of emerging sexuality and health among adolescents, to further inform research, practice, and policy initiatives in sexual health.

Design

A scoping literature review of peer-reviewed articles published between 1990 and 2018. MEDLINE, CINAHL, EMBASE, PsycINFO, Global health, ERIC, and Sociological Abstracts databases were searched forresearch studies that reported experiences of sexuality related mental health issues and symptomatology of adolescents. We targeted studies conducted with adolescent populations between ages 11-24 years living in LMICs.

Results

Data from 12 published research papers, including 8 qualitative studies, 3 quantitative studies, and 1 mixed method study, were systematically analyzed. Four major themes and 4 sub themes were identified regarding sexual health and mental health of adolescents: 1) Relationship of sexuality and mental health; 2) Social and cultural influences; 3) Challenges in seeking sexuality information and services among adolescents; and 4) Educational needs among adolescents related to sexuality; and 4)Educational needs among adolescents related to sexuality.

Conclusion

Lack of social support, Unmet needs for accessible adolescent friendly sexual health services, counseling, and age-appropriate information may be associated with several mental health stressors and symptoms, such as sadness, depressive and anxiety symptomatology, regret, fear, embarrassment, low self-esteem, guilt, shame, and anger. Therefore, tackling sexuality-related stressors could play an important role in addressing the overall wellbeing of young people. Future studies need to generate a deeper understanding of the concept of sexual health and its relation to mental health in diverse contexts.

Implications for Practice

Health care professionals need to be aware of sexuality-related experiences of adolescent girls and boys by offering effective youth-friendly sexual and reproductive health education to support overall mental health and improve the experiences of emerging sexuality in adolescents.

Keywords: Sexuality, Mental Health, Adolescents, Experiences, Low and middle-income countries

Background

Adolescence is a critical period in the transition from childhood to adulthood, during the course of which adolescents aged 11 to 19 years take on new responsibilities and experiment with independence (Haberland, McCarthy, & Brady, 2018; Kar, Choudhury, & Singh, 2015; Kuzma & Peters, 2016). A great deal of research on this transitional period exists, in terms of physical, cognitive, psychosocial, and interpersonal development and how these developmental aspects affect adolescents' mental health and well-being (Kar et al., 2015). One of the less well-studied processes is adolescents' emerging sexuality and the development of the sexual self in the context of family, community, and society. The generalizability of this knowledge to other contexts from researchers who have explored this process depends on the country, culture, and social norms (Fatusi, 2016; Kar, Choudhury, & Singh, 2015; Kuzma & Peters, 2016; Mmari & Astone, 2014). Thus, it is important to add to this body of knowledge by exploring the development of sexuality across multiple adolescent populations across countries and cultures. As an initial step, this scoping review will highlight our understanding to date and identify current gaps in the literature.

The definition of sexuality has evolved over time (Ellis, 1900; Krafft-Ebbing, 1906; Sheerin & McKenna 2000; Westheimer & Lopater 2002; World Health Organization [WHO], 2006). However, for the purposes of this scoping review, WHOs' comprehensive and gendered description of sexuality guided us: Sexuality is a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behavior, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced

by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors. (para. 6)

A greater percentage of the population in developing countries is young compared to that of the developed countries of the world (Fatusi, 2016). According to the United Nations Population Fund ([UNFPA] 2014), today's cohort of young people aged 10 to 24 years is the largest in history; they number over 1.8 billion, and 90% live in low- and middle-income countries (LMICs). A large number of young girls and boys around the world are sexually active, and this percentage rises steadily from mid to late adolescence (Chandra-Mouli, McCarraher, Phillips, Williamson, & Hainsworth, 2014; Salam et al., 2016). Globally, 11% of childbirths and 14% of maternal mortality involve 15- to 19-year-old female adolescents, and 95% of adolescent births occur in developing countries (Patton et al., 2009; Salam et al., 2016; WHO, 2015a). Annually, 4 million female adolescents have unwanted pregnancies (Salam et al., 2016), and 3 million female adolescents undergo unsafe abortions (WHO, 2016). Worldwide, among people who live with human immunodeficiency virus (HIV), 1,300,000 are female adolescents and 780,000 are adolescent boys (Dick, & Ferguson, 2015; United Nations Children's Fund [UNICEF], 2015). Even though many countries have emphasized their commitment to eradicating early marriage, the tradition remains in numerous countries of the world. Early marriage corresponds with the prohibition of girls' rights to choose whom and when to marry (Banerji, Martin, & Desai, 2008; Santhya, Haberland, & Singh, 2006; Santhya et al., 2010). Thus, the data on adolescents' sexual activity can be difficult to interpret because of the early ageof marriage in some LMICs.

The emerging sexuality that accompanies puberty can cause challenges for adolescents (Crockett, Raffaelli, & Moilanen, 2003; Fergus, Zimmerman, & Caldwell, 2007), which arise from adapting to changes in appearance and functioning of a sexually maturing body, dealing

with sexual desires, encountering varied sexual attitudes and values, and desiring to experiment with certain sexual behaviors. Moreover, incorporating these feelings, attitudes, and experiences into a developing sense of self adds further challenges for adolescents (Crockett, Raffaelli, & Moilanen, 2003; Hensel, Nance, & Fortenberry, 2016; Sandfort, Orr, Hirsch, & Santelli, 2008). Adolescents who live in LMICs may be at an increased vulnerability to their social and environmental situations; for instance, strict socio-cultural norms, violence, and barriers to access to health care services (Lund et al., 2018; Patel et al., 2016). The social and cultural context in which young people live greatly influences their responses to these challenges. Psychosocial stressors have been linked to mental health issues such as depression and anxiety symptoms (Hensel, Nance, & Fortenberry, 2016; Sayers, 2001; Singh, Bassi, Junnarkar, & Negri, 2015). Adolescent girls and boys are also potentially at risk for participation in risky sexual activities, substance abuse, and violence associated with their well-being and mental health (Hensel, Nance, & Fortenberry, 2016; Sayers, 2001). The consequences of risky sexual behavior can be unintended pregnancy and sexually transmitted infections (STIs), including HIV infection (Hensel, Nance, & Fortenberry, 2016).

Although we assume a bidirectional link between adolescent sexuality and mental health, very limited literature exists on how sexuality-related issues influence the well- being of the adolescent population in LMICs. The majority of the published literature on adolescents' sexuality has focused on sexual activity and its consequences; very little has addressed the mental health aspects of sexuality (Anderson, 2013; Fisher et al., 2011). Furthermore, most existing studies from LMICs on adolescent sexuality have explored theirphysical rather than their psychosocial experiences during adolescence (Hensel et al., 2016). There is a paucity of information regarding associations between developing sexuality and mental health in adolescents in LMIC and for adolescents within families who have immigrated to other

countries. Given this knowledge gap and the multidimensionalnature of sexual and mental health, a scoping review is ideal to determine the volume and natureof the literature, as well as the current state of knowledge.

Aim of Review

The aim of this scoping review was to describe, evaluate, and synthesize published evidence on sexuality-related mental health stressors among adolescent girls and boys in LMIC, to identify gaps (if any), and to contribute to the knowledge about the experiences of emerging sexuality among adolescents. Although this thesis focuses on immigrant youth in a HIC, the scarcity of literature around the topic of interest suggested that focusing on LMICs was an advantageous first step. The ultimate goal is to inform research, practice, and policy initiatives on the associations between sexual and mental health.

Methodology

A methodical approach was used to guide the analysis of both theoretical and empirical literature to generate a comprehensive understanding of experiences of emerging sexuality and related mental health stressors among adolescents. Using this form of knowledge synthesis allows for the broad exploration of adolescent sexuality and mental health to map key concepts, evidence types, and gaps in research in a defined field. Furthermore, a scoping review makes use of a wide array of knowledge exhibited through empirical research and anecdotal accounts (Arksey & O'Malley, 2005; Levac, Colquhoun, & O'Brien, 2010; Colquhoun et al., 2014). This type of review process can add to the rich contextual component, which is necessary for the exploration of adolescent sexual and mental health in a broader context.

This scoping review employed the methodological framework proposed by Arksey and O'Malley (2005) and further refined by Levac, Colquhoun, and O'Brien (2010), and the Joanna Briggs Institute (Peters et al., 2015). A scoping review methodology was chosen since the area of adolescent sexuality

and its association with psychological wellbeing has not been reviewed comprehensively before in the context of LMICs. This methodology is particularly useful for examining a broadly covered topic, in order to comprehensively, systematically map the literature, and identify key concepts, theories, evidence, or research gaps (Arksey & O'Malley, 2005; Levac, Colquhoun, & O'Brien, 2010). The research question guiding this scoping review was: "What are the experiences of developing sexuality and its potential associations with mental health among adolescent girls and boys living in LMICs?" The research question was developed using the SPIDER (Sample, Phenomenon of Interest, Design, Evaluation, Research type) format as recommended by Cooke, Smith, and Booth (2012), as a relevant method for structuring qualitative research questions. (Table 1). The use of the SPIDER method helped refine the question and ensured that the appropriate evaluation measures were employed.

Spider tool	Justification
S – Sample	Adolescents (11-24 years)
PI – Phenomenon of Interest	Experiences of developing sexuality and associated mental health issues /psychological well-being
D – Design	Qualitative, quantitative, mixed methods
E – Evaluation	Experience and perceptions of adolescent girls and boys
R – Research type	Mixed method designs

Table 1: **Components of the Research Question using SPIDER Format**

The scoping review method includes six stages: (a) formulating the research question; (b) identifying relevant studies; (c) selecting the literature (an iterative process); (d) charting the data; (e) collating, summarizing, and reporting the results; and (f) developing a knowledge translation plan and consulting interested stakeholders.

Data Sources and Search Strategy

MEDLINE, CINAHL, EMBASE, PsycINFO, Global health, ERIC, and Sociological abstracts databases were searched for research studies that focused on the experiences of sexuality-related mental health stressors of adolescents. With the assistance of a librarian, the following search key terms were

mapped using the SPIDER tool and were used to locate pertinent articles: sexuality/sex/sexual health, mental health issues/stressors/anxiety/depression/psychological well-being, adolescents/teenagers/youth, puberty, and low and middle-income countries/developing countries (Table 2). The search terms were recorded for review purposes and for maintaining transparency of the selection process.

Spider tool	Search terms
S – Sample	"young" OR "teen*" OR "youth*" OR "low and middle-income countr*" OR "Developing countr*" OR "South Asia" OR "low and middle-income countr*"
PI – Phenomenon of Interest	"sex" OR "sexual health" OR "sexuality" OR "mental health" OR "puberty" OR "stress*" OR "anxiety" OR "mental disorder* OR "depress*" OR "psychological well being"
D – Design	"questionnaire*" OR "survey*" OR "interview*" OR "focus group*" OR "case stud*" OR "observ*"
E – Evaluation	"view*" OR "experienc*" OR "opinion*" OR "attitude*" OR "perce*" OR "belie*" OR "feel*" OR "know*" OR "understand*" OR "behave*" OR "emotion*" OR "feel*" Or "opinion*"
R – Research type	"quantitative" OR "qualitative" OR "mixed method*"

Table 2: Mapping Keywords using the SPIDER Tool

Study Eligibility Criteria

As recommended by Levac, Colquhoun, and O'Brien (2010), inclusion and exclusion criteria were developed at the beginning of the scoping process. These criteria served as a guide for the reviewers on which we based a decision about the literature to be included in the scoping review.

Inclusion criteria comprised: a) primary qualitative, quantitative or mixed methods studies addressing associations between sexuality and psychological well-being or mental health b) studies conducted in LMICs with adolescents and young adults (11-24 years of age); c) articles written in English; and d) articles published between 1990 and 2018. Although the adolescent population is defined as aged 11 – 19 years, since many studies target youth aged 15 – 24 years along with adolescents, we extended inclusion criteria to include studies that involved young adults along with adolescents.

Exclusion criteria included studies referring to lesbian, gay, bisexual, queer, and transgender population specifically, and those focusing exclusively on sexual abuse, HIV, rape, violence, homelessness, and substance users. Various filters were used to remove duplicates and those that did not

meet the inclusion criteria (written in a language other than English, publication dates outside set parameters). In addition to the databases, a hand search of various articles was carried out in order to identify references specific to experiences of adolescent sexuality and related mental health stressors among adolescent girls and boys.

Data Extraction and Synthesis

All the articles were read in detail and data were extracted from the methods and results section. Data on the types of sexuality-related stressors, associations between sexuality and mental health, and experiences of adolescent girls and boys during puberty were extracted and analyzed. Findings from each article were summarised in a table format and content analysis was performed to extract major themes. A descriptive synthesis table was formulated containing the textual descriptions of all the findings (Appendix I). Extracted data were grouped together and clustered into categories to formulate themes and subthemes. Conceptual mapping was performed to identify the relationships within and between study characteristics and results.

Content experts in the areas of sexuality, adolescent, and mental health were involved to generate critical reflections throughout the review process and to obtain a consensus over the generated themes. Figure 2 summarises the literature review process. All data were extracted by the lead author in consultation with the two co-authors.

Results

Characteristics of Identified Studies

The initial search retrieved a total of 2061 articles. After removing duplicates and articles in other languages and comparing abstracts against eligibility criteria, a total of 1544 studies were considered relevant. After reviewing title and abstracts, 1448 studies were excluded, as they did not meet eligibility criteria (not relevant to the main subject, study population were adults, full texts were not available, and

language other than English). Following a full-text review of 96 articles and consultation among the authors, 12 articles were included in the final review and analysis. Twelve studies examined associations between sexuality related stressors and mental health. A summary of the identified articles is provided in Table 3.

The majority of studies used qualitative descriptive design (*n* = 8) (Agampodi, Agampodi, & Piyaseeli, 2008; Aziato, 2016; Bello, 2017; Chrisler & Zittel, 1998; Crichton, Okal, Kabiru, & Zulu, 2013; Girod, Ellis, Andes, Freeman, & Caruso, 2017;; Lahme, Stern, & Cooper, 2018; van Reeuwijk & Nahar, 2013), a few studies used quantitative design (*n* =3) (Khopkar, Kulathinal, Virtanen, & Säävälä, 2017; Kyagaba, Asamoah, Emmelin, & Agardh, 2014; Ramathuba, 2015), and only one study used a mixed method approach (*n* =1) to examine the association between sexual health and mental health (Biney, 2016). Sample sizes ranged from 11 to 1,954 adolescent girls and boys depending on the research design. Some studies included adolescent girls and boys, parents/ caregivers, and health care providers in the sample, but this review focused on findings related to sexuality and sexuality related mental health issues among adolescents' girls and boys only.

The majority of studies were from African regions (*n* = 8) and the rest were from Asia (*n* = 5). The studies from Africa were based out of Ghana, Kenya, Uganda, Nigeria, Zambia, and Limpopo. The studies from Asia were conducted in India, Malaysia, Sri Lanka, and Bangladesh. All the studies were conducted with populations between the ages of 11 and 24 years. Overall, most studies included predominantly females as participants (n = 8), and the rest (n=4) both male and female participants. However, it was not possible to perform a gender analysis as gender-specific results were not reported in the primary studies. Out of 12 studies, seven employed purposive sampling, three studies convenience sampling, and only two studies used random sampling. Qualitative studies employed interviews and focus groups as a method of data collection. Quantitative studies employed self- administered questionnaires and survey as methods of data collection. Qualitative studies were descriptive in nature

and therefore lacked an in-depth interpretation of sexuality, experiences of sexuality, and a discussion of its relation to constructs related to mental health.

Of the 12 articles, eight did not specify mental health as a central focus of their study but included it as one of many experiences among adolescents in experiencing sexuality. Mental health symptoms were mentioned in all the articles, and the authors addressed different manifestations of mental health issues based on what they felt best served the purpose of their study. This introduced a challenge with respect to deducing the meaning of mental health stressors related to sexuality in these studies.

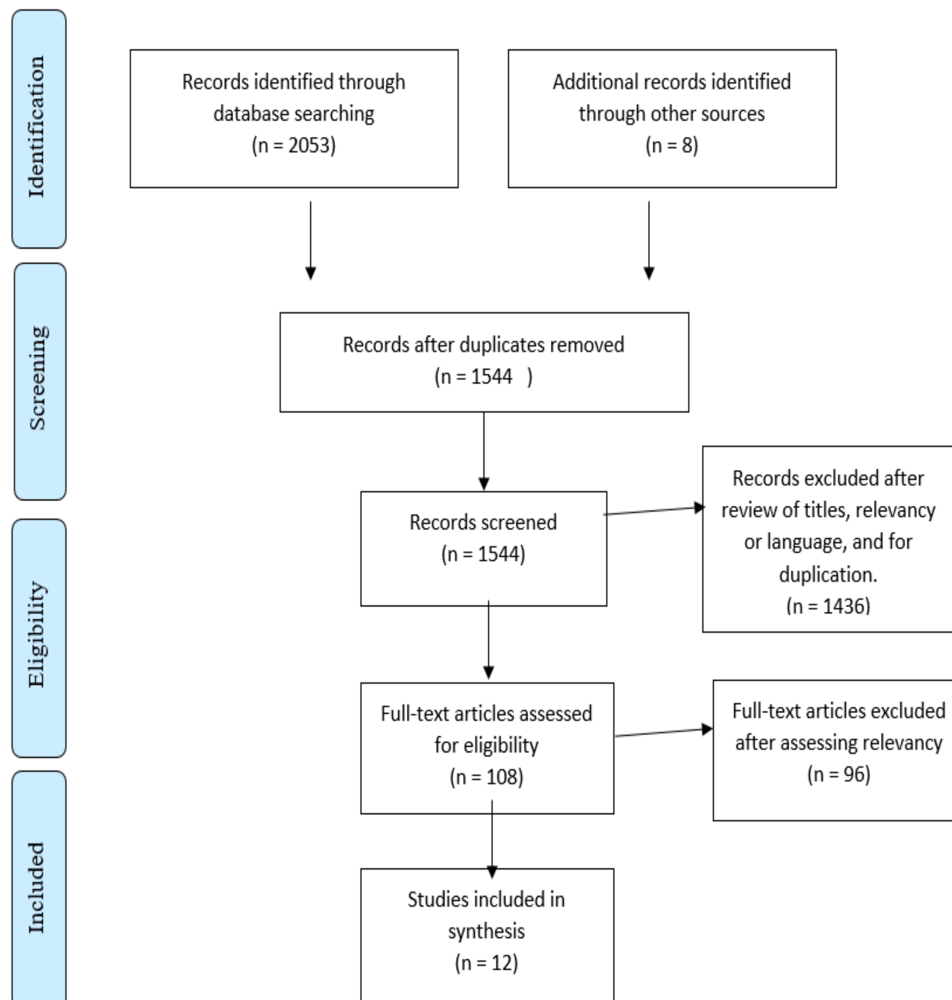

Figure 1. Literature Search Process: PRISMA Diagram

Quality Assessment

The methodological quality of each included study was appraised by the Mixed Methods Appraisal Tool (MMAT) developed by Pluye et al. (2011). The MMAT quality assessment process involved answering four questions that are appropriate to the study design regarding recruitment, randomization (if applicable), appropriateness of outcome measures, and attrition rate/completeness of data. Studies were scored using MMAT as follows: – (0% of quality criteria met); * (25% of quality criteria met); ** (50% of quality criteria met); *** (75% of quality criteria met) or **** (100% of quality criteria met). Nine studies met at least 75% of quality criteria whereas three studies met 50% of quality criteria. This tool was used to evaluate the quality of studies included, but no studies were excluded from the review based on low quality scores. Most quantitative studies had limitations with regard to external validity, and validity and reliability of the study instruments used. Most qualitative studies reviewed were descriptive in nature and therefore did not provide an in-depth interpretation of the findings.

Study Design	Selected Studies	Appraisal Score
Qualitative Studies	Crichton, Kenya, 2013	100% (****)
	Aziato et al, Ghana, 2016	50% (**)
	Girod et al, Kenya, 2017	100% (****)
	Joan et al, Malaysia, 1998	50% (**)
	Agampodi et al, Sri Lanka, 2008	50% (**)
	van Reeuwijk, Bangladesh, 2016	100% (****)
	Bello et al, Kenya, 2017	100% (****)
	Lahme et al, Zambia, 2018	75% (***)
Quantitative Studies	Kyagaba et al, Uganda, 2014	100% (****)
	Khopkar et al, India, 2017	75% (***)
	Ramathuba, South Africa, 2015	75% (***)
Mixed Method	Biney, Ghana, 2016	100% (****)

Table 3: Assessment of Methodological Quality According to the Mixed Methods Appraisal Tool (MMAT, Pluye et al., 2011)

Major Themes

The scoping review generated four major themes and a few sub themes: 1) Relationship of sexuality and mental health; 2) Social and cultural influences 3) Challenges in seeking sexuality

information and services among adolescents; and 4) Educational needs among adolescents related to sexuality (Table 3).

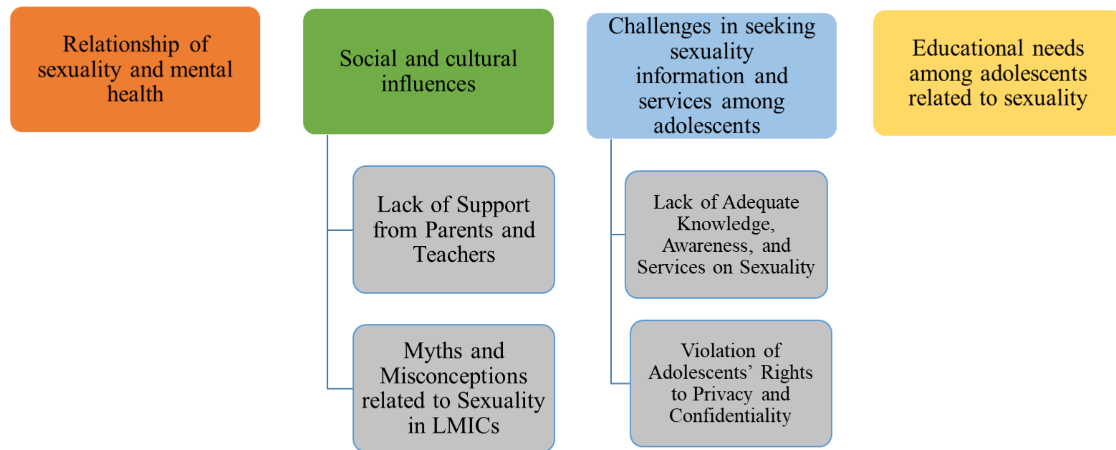

Figure 2: Diagram showing Themes and Sub-Themes

Relationship of Sexuality and Mental Health

In the identified studies, adolescent sexuality was often implicated in mental health responses as reported by participants. Although most adolescents may experience alterations in mood, regardless of sexuality, the identified studies support that adolescents and youth (11-24 years) experience altered mood and emotions in relation to developing sexuality (Agampodi, Agampodi, & Piyaseeli, 2008; Khopkar, Kulathinal, Virtanen, & Säävälä, 2017; Kyagaba, Asamoah, Emmelin, & Agardh, 2014). These included sadness, depression, regret, fear, anxiety, embarrassment, low self-esteem, guilt, shame, and anger (Agampodi, Agampodi, & Piyaseeli, 2008; Aziato, 2016; Bello, 2017; Biney, 2016; Chrisler & Zittel, 1998; Crichton, Okal, Kabiru, & Zulu, 2013; Girod, Ellis, Andes, Freeman, & Caruso, 2017; Kyagaba, Asamoah, Emmelin, & Agardh, 2014; Khopkar, Kulathinal, Virtanen, & Säävälä, 2017; Lahme, Stern, & Cooper, 2018; Ramathuba, 2015; van Reeuwijk & Nahar, 2013). If such responses persist, they may constitute risk factors for impaired mental health.

The adolescent period was expressed as a time when young girls and boys develop strong curiosity about the male and female body, virginity, sexual intercourse, menstruation, masturbation, sexual power, and sexually transmitted diseases (van Reeuwijk & Nahar, 2013). Most of the stressors which were associated with sexuality were related to the lack of knowledge and incomplete information about the physical change, the lack of preparedness to have sex, fear and worry about family members being aware of their sex lives, and unmet medical and sexual health counselling needs (Biney, 2016; Chrisler & Zittel, 1998; Crichton et al., 2013; van Reeuwijk & Nahar, 2013).

Psychological distress was experienced due to various reasons regarding the menstrual cycle and masturbation. For example, Biney (2016) examined the relationship between adolescents' self-concept and their sexual and mental health among Ghanaian youth and found that even the highly sexually confident adolescent girls and boys also exhibited poorer mental health. Particularly for female adolescents, unlike the other gradual changes that accompany puberty, menarche was considered as a sudden and conspicuous change and provides a dramatic demarcation between girlhood and womanhood (Bello, 2017; Girod et al., 2017; Khopkar et al., 2017). In addition, studies found that school-going adolescent girls face fear of security and harassment from boys while menstruating, which is harmful to their mental health (Girod et al., 2017; Lahme et al., 2018). Young girls reported discussing sexual health matters with friends in order to seek help. On the other hand, boys do not discuss and report their sexual health issues with anyone due to lack of trust (Girod et al., 2017; Lahme et al., 2018).

Social and Cultural Influences

Sociocultural norms may prescribe that unmarried adolescents be sexually inexperienced and ignorant (Roudsari, Javadnoori, Hasanpour, Hazavehei, & Taghipour, 2013). As a result, when adolescents face any sexual health problems, it is difficult for them to reveal the situation to family members, friends, and health care providers, who rarely respect their confidentiality (Shoveller, Johnson, Langille, & Mitchell, 2004). Aziato et al. (2016) used a vignette-based focus group approach to have

adolescents reflect on a scenario related to unwanted pregnancy. In reflection, the respondents believed that a pregnant adolescent would not tell her mother because the mother would be angry, mad, disappointed, unhappy, hurt, worried, disgraced, ashamed, and sad. They also thought that the mother would shout at, beat, or sack (tell her to leave the house). The studies also found that due to socio-cultural contexts of LMICs, many female adolescents were unable to get accurate information about what menstruation is and how to hygienically manage menstruation (Girod et al., 2017; van Reeuwijk & Nahar, 2013).

van Reeuwijk and Nahar (2013) found that, due to socio-cultural influences in Bangladesh, young girls and boys feared involvement in any kind of romantic relationship. Despite the strong interest and desire of young people to have love affairs, they were taught not to indulge in such activities as it will damage the reputation of their families. Hence, it will hamper their future marriage prospects (van Reeuwijk & Nahar, 2013). female adolescents also reported wearing burkha (veil) while dating, as they are afraid of being caught by family members (van Reeuwijk & Nahar, 2013).

Crichton et al. (2013), Lahme et al, (2018), and Ramathuba (2015) also found that cultural and social taboos and initiation ceremonies related to menstruation had detrimental implications for female adolescents' emotional well being. A study by Crichton et al. (2013) in Nairobi, provided testimony that negative emotional and psychosocial impacts of menstruation due to social stigma were an important concern for female adolescents and involved fear of stigma and feelings of embarrassment, anxiety, and low mood. Overall, mental health consequences of sexuality related stressors in resource-constrained countries in Asia and Africa remain unacknowledged.

Lack of Support from Parents and Teachers.

Open discussion of sexual matters in households, schools, and public places for adolescents is inhibited by personal embarrassment, and also by conservative social norms and religious prescriptions (Motsomi, Makanjee, Basera, & Nyasulu, 2016). This situation leaves many adolescents with

insufficient knowledge and skills to manage sexual health. Crichton et al. (2013) and Khopkar et al. (2017) found that adolescent psychological well-being was associated with a lack of information and guidance regarding sexuality from parents. Crichton (2013) reported that many female adolescents in their study in Nairobi described "psychological deprivation" due to lack of access to accurate information regarding sexuality, and limited emotional and practical guidance and support (p. 902). Many of the participants had heard about menstruation from family members, teachers, or friends before menarche, but the information they received was often vague or inaccurate (Crichton et al., 2013). Chrisler and Zittel (1998) also found that 22% of Sudanese participants in their study were completely unprepared for menstruation and did not know what it was when they first experienced it. The participants in the study reported that "their mothers or aunts had lied to them about menstruation, deliberately giving incorrect information, which increased their sense of being unprepared for the reality of menarche" (p. 306). Moreover, one participant mentioned in story that her aunt told her, "Don't flash your smiles to boys or else you might get pregnant" (Chrisler & Zittel, 1998, p.310).

Likewise, very little attention may be paid to female adolescent's sexuality needs in school. Girod et al. (2017) found that female adolescents in Nairobi, Kenya, once started menstruating, were told by their schoolteachers to be aware of men and boys implying that the female adolescents were now sexual objects and that boys were not accountable for their actions (Girod et al., 2017, p. 843). This discourse may lead female adolescents to believe that they are at fault if they are harassed, which may have serious mental health consequences (Girod et al., 2017). Similarly, in a study in Zambia, female participants reported that they were intimidated and embarrassed by the treatment they received from their male teachers and peers who teased, mocked and humiliated them, therefore they often opted to stay at home when menstruating, rather than exposing themselves to this harassment (Lahme et al., 2018).

Myths and Misconceptions related to Sexuality in LMICs.

The available data suggest the existence of several sexual health myths and misconceptions in adolescents. Most existing studies indicate that adolescents expressed a multitude of feelings in relation to sexuality, most notably, curiosity, desires and pleasure, and feelings of insecurity and concerns (Bello, 2017; van Reeuwijk & Nahar, 2013). Female adolescents expressed misconceptions and curiosity in relation to virginity, menstruation, sexual power, sexually transmitted diseases, and homosexuality (Biney, 2016; Kyagaba et al., 2014; van Reeuwijk & Nahar, 2013). Many female participants expressed worries and various misconceptions about the issue of virginity and were insecure about their ability to prove their own virginity. Some older female adolescents wanted to know of ways a girl could increase her sexual power to please men. The words "sexual-power" were used to express concerns or ideas about the ability to perform sexually and give/get pleasure (Biney, 2016; Kyagaba et al., 2014; van Reeuwijk & Nahar, 2013). The female adolescents were curious about this because they felt insecure about their ability to please their future husbands sexually. They related this to the concern that if a wife cannot satisfy her husband, the husband will go to a sex worker or have extramarital sexual relationships (Biney, 2016; Kyagaba et al., 2014; van Reeuwijk & Nahar, 2013). In addition, many female adolescents expressed misconceptions that a girl could become pregnant after kissing or hugging a boy (van Reeuwijk & Nahar, 2013). Chrisler and Zittel (1998) also reported that parents or family members perpetuated similar misconceptions.

On the other hand, boys had a strong curiosity about the female body and sexual intercourse (van Reeuwijk & Nahar, 2013). Adolescent boys expressed many myths and misconceptions about masturbation and wet dreams and about the size and shape of the penis and duration of intercourse (van Reeuwijk & Nahar, 2013). Curiosity about sexuality among female and male adolescents seemed to be driven by the insecurities, concerns, myths, and misconceptions that young people have about their own bodies and (future) ability to perform sexually (Chrisler & Zittel, 1998). Their insecurities and concerns,

in turn, encouraged adolescents to look secretively for sources of information on sexuality, for which they relied mainly on peers, the media (erotic books, music, films) and (for boys) street canvassers (Agampodi et al., 2008). In Bangladesh, street canvassers are con-artists who sell medicines (biomedical to herbs to amulets) in the streets (van Reeuwijk & Nahar, 2013). They are known for their charismatic way of selling and are very popular, predominantly with men and boys, as it is culturally inappropriate for women and girls to stand among men, while someone is talking about sexuality issues. The canvassers provide a range of unrealistic and false information regarding the size of the penis, duration of intercourse, masturbation, wet dreams, menstrual pain, signs and symbols of virginity, shapes of breasts, the hymen and so on (van Reeuwijk & Nahar, 2013). Street canvassers make use of misconceptions and exaggeration to sell their medicines, which they say will increase sexual power and penis size.

Challenges in seeking Sexuality Information and Services among Adolescents

Lack of Adequate Knowledge, Awareness, and Services on Sexuality.

The available studies indicate that, in general, knowledge about sexuality, sexual health-promoting behavior, and safer sex practices were low among adolescents who reside in LMICs (Agampodi et al., 2008; Aziato, 2016; Bello, 2017; Biney, 2016; Chrisler & Zittel, 1998; Khopkar et al., 2017; Lahme, Stern, & Cooper, 2018; Ramathuba, 2015). For example, many adolescents described lack of reliable access to sexuality information as a major cause of physical and psychological discomfort, embarrassment, anxiety, fear of being stigmatized, and low mood (Agampodi et al., 2008; Aziato, 2016; Bello, 2017; Biney, 2016; Chrisler & Zittel, 1998; Khopkar et al., 2017; Lahme, Stern, & Cooper, 2018; Ramathuba, 2015). To describe the emotional distress participants experienced related to sexuality, they used language like “feeling bad”, “feeling stressed”, or “fearful”, and “wanting to cry” (Crichton et al., 2013).

Many young adolescents have pointed out how the lack of knowledge on sexuality led to a lack of confidence in solving sexuality-related issues (Agampodi et al., 2008; Christer & Zittel, 1998; Reeuwijk & Nahar, 2013). Young people mentioned that their parents and their teachers deliberately made information on sexual health unavailable to them (Agampodi et al., 2008; Christer & Zittel, 1998; Reeuwijk & Nahar, 2013). Young boys and girls also mentioned that most of the sexual health-related issues would have been avoided if they were all well-given access to sexual health knowledge (Agampodi et al., 2008). They felt that these topics were usually kept away from them in school and libraries. Even though they had some sources of information, they were not exposed to them at the appropriate age (Agampodi et al., 2008). In most of the studies, knowledge of available services on sexual health was very limited among adolescents. The lack of knowledge about sexual health-related matters led to poor self-confidence among adolescents to discuss sexual health matters (Agampodi et al., 2008). Lahme et al. (2018) in their study in Zambia, found that neither parents nor teachers provided information to pre-menarche girls or psychological support when they started menstruating, at the time they needed it most. Although studies reported that adolescents are happy to accept sexual health services through public clinics and other health infrastructure, they also demand separate youth-friendly services and health care providers that can ensure their privacy (Agampodi et al., 2008; Aziato, 2016; Bello, 2017). Likewise, Kyagaba et al, (2014) assessed the unmet sexual health counseling needs among Ugandan University adolescent students (n=2,706) and found that unmet sexual health care needs were associated with poor mental health, experience of sexual coercion, and poor self-rated health.

Violation of Adolescents' Rights to Privacy and Confidentiality.

Bello et al. (2016) reported that a desire for privacy as a response to pubertal body changes increase in adolescents, and the absence of privacy could cause stress and fear. Some studies draw attention to the lack of confidence and trust related to sexuality among adolescents, which may be accentuated by poor adherence to privacy and confidentiality principles by health care providers,

teachers, and parents (Agampodi et al., 2008; Aziato et al., 2016). According to Agampodi et al (2008), one participant from Sri Lanka highlighted concerns about a doctor or nurse asking embarrassing questions in front of their mother, she mentioned "Doctor asked me embarrassing questions in front of my mother. As soon as we left the place, she started asking me various questions with a tone of blaming; I decided not to seek medical advice again and not to tell anything to my mother" (p. 5). This lack of confidentiality and privacy hinders adolescents from seeking professional help. In the study by Agampodi et al. (2008) a 17 year old boy reported lack of trust in health care professionals in accessing sexual and reproductive health services by saying that "No one cares about boys, but we have problems to discuss. We don't know whether these health care workers are good at solving our problems. The way they treat other illnesses made me feel uncomfortable to discuss sensitive reproductive issues with them" (p.5).

Confidentiality is the foundation of the therapeutic relationship with young people. However, health care professionals were not always seen as a source of support or unbiased advice, in fact, female adolescents suggested that they are likely to be judgmental and disrespectful (Aziato et al., 2016). Many adolescents in a study conducted in Ghana expressed distrust and doubt about health care providers and thought that most nurses, upon hearing that an adolescent was pregnant, would insult her and would tell other nurses about the pregnancy. A few participants also reported that some nurses would hit the adolescent during the delivery of the baby if she carried the unwanted pregnancy to term (Aziato et al., 2016).

Educational Needs among Adolescents Related to Sexuality and Mental Health

The identified studies suggested a lack of specific trials of interventions to manage mental health aspects of sexual and reproductive health problems in adolescents in resource-constrained countries. However, the authors have made general recommendations to improve adolescents' psychological well-being related to sexuality. According to Khoopkar et al. (2017), to ensure health promotion among

adolescents, health care organizations should provide integrated mental health along with other sexual and reproductive health services. Moreover, the authors suggested that youth centers and community centers should have the means to provide professional education and counseling on the culturally sensitive topic of sexual health for adolescents (Khoopkar et al., 2017). Aziato et al. (2016) emphasized that more effort is needed to train health care providers to help adolescents figure out their options in a safe and unbiased manner. In addition, school nurses should be made available to assist in enforcing sexuality education amongst female students with regard to menstruation, sex, teenage pregnancy, conception and contraception (Lahme et al., 2018; Ramathuba, 2015). Bello et al. (2017) also emphasized the importance of building the capacity of parents for effective sexual health-related communication with their young children before and during their pubertal years.

Studies concluded that more attention is needed to female adolescents' early experiences of menstruation, as misinformation related to menstruation increases negative stereotypes, which leads to poor mental health (Christer & Zittel, 1998). Ramathuba (2015) suggested that maturing female adolescents should be empowered to view menstruation as a normal physiological process and not to shy away or keep it a secret for fear of embarrassment amongst peers if they matured early.

Biney (2015) proposed that there is a need to acknowledge the role of sex education for both adolescents and adults in the community, in order to promote the sexual health of young people. One of the recommendations by van Reeuwijk and Nahar (2013) was to develop interventions by using modern media, as it is a popular source among adolescents to access sources of information on sexuality. Also, the need for curriculum-based programmes is echoed as a recommended strategy to improve sexual health of adolescents. It is also important to train schoolteachers to tackle these sensitive issues in order to gain adolescents' confidence by improving their mental health (Agampodi et al., 2008).

Discussion

In this scoping review, we identified 12 primary studies that addressed sexuality-related mental health stressors across LMICs in Asia and Africa. The identified studies offer evidence supporting a role for sexuality-related issues in shaping the mental health of adolescents. The results of this review could help health care professionals who practice in the area of sexual health to better understand the sexuality-related mental health issues and psychological well-being of adolescents, especially in the context of LMICs.

Our findings are in accordance with studies conducted in developed countries like the USA and UK showing that pubescent youth are susceptible to poor mental health outcomes because of the dearth of accessible adolescent-friendly health services and restrictions to access to appropriate and accurate knowledge, particularly for unmarried females (Fisher et al., 2011; Kalra, Ventriglio, & Bhugra, 2015). Researchers who have conducted studies in LMICs have suggested that the stigma attached to adolescent sexual behavior, unintended pregnancy, early childbearing, abortion, and STIs can result in risky and unsafe behaviors, and unfavorable health and social outcomes. This includes shame, social marginalization, violence, and mental health illness, which further restrict access to sexual health services (Hokororo et al., 2015; Lince-Deroche, Hargey, Holt, & Shochet, 2015). These findings are parallel to the findings of our review.

The results of this scoping review draw attention to several aspects of sexual health, including privacy, confidentiality, health care services, and sociocultural norms. Sexuality is a sensitive issue in any culture, and the norms that regulate sexual behavior vary from one geographical area to another, from one subculture to another, and even from one age group to another (Roudsari, Javadnoori, Hasanpour, Hazavehei, & Taghipour, 2013). The lack of open discussion of sexual matters with parents, teachers, and friends because of embarrassment, fear, shame, stigma, and conservative socio-cultural and religious norms contribute to adolescents' inadequate knowledge and skills to manage sexual health

issues (Fisher et al, 2011; Glasier et al., 2006). For example, we found that menstruation is usually associated with religious and cultural beliefs in Asian and African cultures (Chrisler & Zittel, 1998; Crichton at al., 2013), which may create challenges in accessing appropriate health care services and speaking openly about menstruation. The perpetuation of the cultural perspective that menstruation is 'dirty,' that it must be hidden and should not be discussed in mixed company deprives female adolescents of the opportunity for more information to take control of their sexual health and ensure their psychological well-being. However, studies conducted in four African countries in Burkina Faso, Ghana, Malawi and Uganda have shown that age-appropriate and informed discussions on sexuality between parents and adolescents make the youth in the community more sexually healthy (Biddlecom et al., 2009; Namisi et al., 2009).

The issue of confidentiality with regard to adolescent sexuality involves careful consideration of how to address adolescents; for example, to ensure the protection of their integrity and respect existing societal values and subculture values (Shirmohammadi, Kohan, Shamsi-Gooshki, & Shahriari, 2018). In our review, we found that adolescent girls and boys do not always consider health care professionals as sources of support or unbiased advice and in fact consider them judgmental and disrespectful. Moreover, studies examining attitudes of healthcare providers towards contraceptives for unmarried adolescents and factors affecting the adequate provision of these services to adolescents in Nigeria and Cape Town, South Africa corroborate these findings (Ahanonu, 2014; Jonas et al., 2018;).

In accordance with our findings, previous evidence from LMICs also demonstrates that sexual and reproductive health services that target adolescents are extremely disjointed, poorly synchronized, and low in quality (Hindin, Christiansen, & Ferguson, 2013; Mmari & Astone, 2014; Rankin, Heard, & Diaz, 2016). Additionally, our findings are similar to those of previous reports showing that health care professionals face numerous challenges in providing care to adolescents, because they need specialized skills and knowledge for consultation, interpersonal communication, and interdisciplinary care (Salam,

Das, Lassi, & Bhutta, 2016). This finding is understandable in view of previous studies that emphasized that the attitudes of health care professionals need to change to enable adolescents to seek help from qualified health care providers for safe sexual health practices (James et al., 2018). We also found that training and educating professionals, developing stakeholder interrelationships, and using evaluative and iterative strategies are frequently recommended strategies to introduce and promote change in adolescents' sexual health practices, which is similar to the findings of other studies conducted in Asian and African context (Salam at al., 2016).

In the sociocultural context of LMICs, sexuality is considered the privilege of older and married individuals, which makes it extremely difficult for young people to access sexual health counseling (Santhya & Jejeebhoy, 2015). Other studies have supported these findings and shown that the stigma of risky sexual behaviors and STIs, including HIV and AIDS, further restrict the access of those who are stigmatized to sexual health services. Families, communities, and the healthcare system can be agents of stigmatization through such behaviors as abusing, insulting, and deserting adolescents (Hall et al., 2018; Nyblade, Stockton, Nyato, & Wamoyi, 2017). Consequently, young people might use withdrawal as a coping strategy in the face of the perceived or experienced stigma. This could also explain the finding of a strong association between adolescent girls' and boys' feelings of loneliness and their failure to seek sexual health care when they need it.

The concern about the confidentiality of adolescents' personal information is a substantial hurdle to access to sexual healthcare services. A study conducted in Tanzania with young people has shown that adolescents may have a profound fear that their parents will learn about their accessing sexual health services (Wamoyi, Fenwick, Urassa, Zaba, & Stones, 2011). In agreement with our findings, previous researchers have shown that adolescents are concerned that family, friends, or other community people who are acquainted with their parents will recognize them in the waiting room. They might also worry that healthcare providers who have social connections with their parent(s) or guardian(s) might

purposefully or unintentionally reveal confidential information (WHO, Department of Maternal, Newborn, Child, and Adolescent Health, 2012). Alford (2009) found that if her adolescent participants' healthcare professionals notified their parents, 83% would discontinue access to sexual health services, whereas only 1% would abstain from sex.

Adolescents often require guidance in making decisions, especially in dealing with sexuality issues. Biddlecom et al. (2009) and Namisi et al. (2009) offered insight on the importance of sexuality education and recommended that adolescents should receive essential information and learn skills through comprehensive sexual and reproductive health education to prevent mental health problems. Biddlecom et al. and Namisi et al. also suggested that age-appropriate and informed discussions on sexuality between parents and adolescents improve the sexual health of youth in the community. However, more work is needed in LMICs to ensure that adolescents receive accurate education on sexuality to understand how to practice healthy sexual behavior eventually.

Our review revealed that persistent inequality among adolescents and restrictive gender norms can translate into a range of negative mental health outcomes, especially for young females. These findings are understandable in view of the work of Blum, Mmari, and Moreau (2017); in their study in 15 different countries of children aged 10-14 years, they found that boys are constantly encouraged to be strong and autonomous, whereas female adolescents are considered vulnerable and in need of protection. Moreover, with the onset of puberty, boys are expected to prove their toughness and sexual ability, and female adolescents are responsible for attracting male attention. In addition, their peers persecute and mock boys who do not achieve local masculinity standards, but female adolescents who transgress the social norms of sexual propriety are shamed and humiliated (Blum, Mmari, & Moreau, 2017; Hallman, Kenworthy, Diers, Swan, & Devnarain, 2015). Concerns about female sexuality and reputational risk cause parents to tightly control their daughters' behavior and freedom of movement, which can affect their well-being.

Sexuality embraces so much more than just the physical act and has both physical and psychosocial components (East & Hutchinson, 2013; Hensel, Nance, & Fortenberry, 2016). The ways in which individuals express their sexuality depend on a range of factors such as culture, religion, society, economics, politics, law, history, and spirituality (Hensel, Nance, & Fortenberry, 2016; WHO, 2000).

The current agenda for Sustainable Development 2030 recognizes the need for greater accountability, especially for the Global Strategy for Women's, Children's and Adolescents' Health (Kuruvilla et al., 2016). Our findings indicate a paucity of research regarding the association between sexuality-related stressors and mental health among adolescent populations. Most of the research that is available has focused on female adolescents, and there is a major gap in knowledge on the experiences of boys. This implies an urgent need for comprehensive research on the relationship between emerging sexuality and mental health in adolescents.

Limitations

This scoping literature review has several limitations. The findings of this scoping review are not generalizable to settings other than Asian and African LMICs or populations other than adolescents. Moreover, the review included only articles written in English. It is likely that valuable research on sexual health and mental health has been published in other languages. Also, the review did not cover sexual health knowledge among diverse groups such as lesbian, gay, bisexual, transgender, transsexual, and queer (LGBTQ), which could differ from that of the populations described in the primary studies that were included in the review.

Conclusion

This scoping review has identified several sexuality-related mental health issues among adolescent girls and boys in LMICs and their influence on shaping adolescents' overall mental wellbeing. Lack of social support, unmet needs of accessible adolescent-friendly sexual health services,

counseling, and age-appropriate information may contribute to poorer mental health. Therefore, addressing sexual and mental health concurrently could play an important role in addressing the overall wellbeing of young people. Future studies in diverse contexts are needed in order to achieve a deeper understanding of the concept of sexual health as understood by adolescents and its relation to wellbeing. Such an understanding will also allow health care professionals work closely with adolescents to develop and test effective youth-friendly sexual and reproductive health interventions.

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Table 4: Scoping Review: Summary of the 12 Studies Reviewed

S #	Title, Author, Country, and Year	Population sample and age	Purpose of the study	Study Design and Method	Main Findings
1	A Different Approach in Developing a Sexual Self-Concept Scale for Adolescents in Accra, Ghana **Authors:** Biney, A. A. E. **Country:** Ghana **Year:** 2016	Quantitative: • A total of 196 adolescents (102 girls and 94 boys), 12–19 years, participated in the survey. • 52% male, 48% females Qualitative: • 50 adolescents • 12–14 and • 15–19-year olds • 54 % males and 46% Female	To explore if there are significant relationships between adolescents' Sexual self-concept and their sexual and mental health?	Mixed Method: Quantitative: • Survey: finalizing the SSC scale items, and developing and Validating the scale. Qualitative: • focus group discussions and content analysis	Quantitative Findings: • The majority reported good mental health scores (Mean=25.5; halfway mark: 18). Qualitative findings: • Sexual fearlessness perceived as damaging to emotional wellbeing. Emotions of fear (or the lack of fear) associated with feelings of happiness, nervousness, hopelessness.
2	Mental Wellbeing and Self-reported Symptoms of Reproductive Tract Infections among Girls: Findings from a Cross-sectional Study in an Indian Slum **Authors**: Khopkar, S. A., Kulathinal, S., Virtanen, S. M., & Säävälä, M. **Country**: India **Year**: 2017	10 - 18 old adolescent girls (n= 85)	To assess the associations between socio-demographic variables, physical health indicators, and adolescent post-menarcheal girls' mental wellbeing.	Quantitative study: Cross-sectional personal interview survey	The mean and standard deviation of the mental wellbeing score (scale 0 to 12) were 8 and 3. Each postmenarchal girl in the inner-city slum was classified as having low (score 0 to 8) or high (score 9 to 12) score. 36 girls had low scores while 49 had high scores. The level of maturation gave an indication of potentially being related to worsening mental wellbeing scores. Nearly every other postmenarchal girl reported having experienced symptoms suggestive of Reproductive tract infections during the last twelve months.

3	Emotional and Psychosocial Aspects of Menstrual Poverty in Resource-Poor Settings: A Qualitative Study of the Experiences of Adolescent Girls in an Informal Settlement in Nairobi **Authors:** Crichton, J., Okal, J., Kabiru, C. W., & Zulu, E. M. **Country**: Nairobi, Kenya **Year**: 2013	Adolescent girls aged 12 to 17 years to ensure our sample reflected variations in age (12–14, 15–17 age groups)	To examine the impact of menstrual poverty on the emotional well-being of adolescent girls in an informal settlement in Nairobi, Kenya	Qualitative study purposive quota sampling open-ended interview questions 15 in-depth interviews (IDIs) and 10 focus group discussions (FGDs) A total of 87 girls participated in FGDs	Girls experienced psychosocial deprivations including limited access to information and lack of emotional and practical support with menstruation from parents and family members. Lack of reliable access to menstrual products was a major cause of physical discomfort, embarrassment, anxiety, fear of being stigmatized and low mood. Participants used language like “feeling bad,” feeling “stressed”, or “fearful” and “wanting to cry” to describe the emotional distress. Negative feelings were associated with menstrual poverty and caused anxiety during school days. Hormone-related symptoms of fatigue and mood symptoms including tension and depressed mood are highly prevalent among menstruating girls regardless of social context or menstrual poverty.

4	Unmet medical care and sexual health counseling needs-a cross-sectional study among university students in Uganda **Authors:** Kyagaba, E., Asamoah, B. O., Emmelin, M., & Agardh, A. **Country:** Uganda **Year:**2014	N = 1,954 students below age 24 56% male and 44% female	To investigate unmet medical care and sexual health counseling needs among the study population chosen (Ugandan university students) in order to see how these needs are associated with mental health, social capital, religion, and sexual behavior.	Quantitative Study self- administered questionnaire containing 132 items.	The majority of students (81%) reported having good self- rated health, but 51% said they had unmet medical needs, and 26% reported unmet sexual health counseling needs. Students with high mental health scores (i.e., poor mental health, p- value < .001) who practiced inconsistent condom use (p- value 0.0059, p- value 0.006), who had experienced sexual coercion (p- value < .001), and who had poor self- rated health (p- value < .001) had a higher prevalence of both unmet medical care and sexual health counseling needs. The association between risky sexual behaviors among men and unmet sexual and reproductive health service needs explained by the fear of being stigmatized or punished for sexual activity when seeking care. Poor mental health is highly stigmatized and individuals who are perceived as having a low mental health status seem to be less willing to seek health care.

5	Adolescents' Responses to an Unintended Pregnancy in Ghana: A Qualitative Study **Authors:** Aziato, L., Hindin, M. J., Maya, E. T., Manu, A., Amuasi, S. A., Lawerh, R. M., & Ankomah, A. **Country:** Ghana **Year:** 2016	92 Adolescents girls, aged 13-19 years	To investigate the experiences and perceptions of adolescents who have experienced a recent pregnancy and undergone a termination of pregnancy ??? clarify if the sample had indeed experienced pregnancy	Qualitative study A vignette-based focus group approach Fifteen FGDs	Adolescents reported that the characters in the vignettes would feel sadness, depression, and regret from unintended pregnancy. Most participants believed the parents of a pregnant adolescent in the vignette would not be happy about the pregnancy and the parents' potential reactions would range from sadness and annoyance to anger and abuse. Health care professionals are a source of stress as they are likely to be judgmental and disrespectful.
6	Menarche stories: reminiscences of college students from Lithuania, Malaysia, Sudan, and the United States. Authors: Joan, C. C., & Zittel, P. C. B Country: 26 Lithuanians, 27 Americans, 20 Malaysians, and 23 Sudanese Year: 1998	26 Lithuanian, 27 American, 20 Malaysian, and 23 Sudanese girls The Malaysian students were 19 to 20 years old The Sudanese women' s average age was 20 years old	This study aims to understand and analyses the experience of first menstruation, emotional reaction, preparedness, sources of information about menstruation, changes in body image, and celebrations of this rite of passage.	Qualitative study Women psychology students were invited to write the story of their first menstruation.	The most common emotions mentioned by the Malaysians were fear and embarrassment, followed closely by worry. The most common emotion mentioned by the Sudanese was fear; also common were anxiety, embarrassment, and anger.

7	Physical, Social, and Political Inequities Constraining Girls' Menstrual Management at Schools in Informal Settlements of Nairobi, Kenya. **Authors:** Girod, C., Ellis, A., Andes, K. L., Freeman, M. C., & Caruso, B. A. **Country:** Kenya **Year:**2017	Schoolgirls 6–11 post-menarcheal girls in grades 6–8,	This study documents differences between girls' experience of menstruation at public schools (where the Kenyan government provides menstrual pads) and private schools (where pads are not provided) in two informal settlements of Nairobi, Kenya.	Qualitative study focus group discussion (FGD) with girls	Girls experienced fear and anxiety due to harassment from male peers and had incomplete information about menstruation from teachers. Girls in every school had fear and anxiety about getting infections. They worried about negative health outcomes due to poor menstrual management, and they believed that urine splattering onto the vulva could cause urinary tract infections, gonorrhea, or infertility.
8	Adolescents perception of reproductive health care services in Sri Lanka. **Authors:** Agampodi, S. B., Agampodi, T. C., & Piyaseeli, U. K. D. **Country:** Sri Lanka **Year:** 2008	32 adolescents between 13 males and 19 females 17–19 years of age	The purpose of this study was to explore the perceived reproductive health problems, health seeking behaviors, knowledge about available services and barriers to reach services among a group of adolescents in Sri Lanka in order to improve reproductive health service delivery.	Qualitative study four focus group discussions	Psychological distresses due to various reasons and problems regarding the menstrual cycle and masturbation are the commonest health problems.

9	The importance of a positive approach to sexuality in sexual health programmes for unmarried adolescents in Bangladesh. **Authors:** van Reeuwijk, M., & Nahar, P. **Country:** Bangladesh. **Year:** 2013	young, unmarried adolescents 12–18 years	To explore the mismatch that exists between what unmarried adolescents in Bangladesh experience, want and need in regard to their sexuality and what they receive from their society, which negatively impacts on their understanding of sexuality and their well-being.	Qualitative study in-depth interviews, focus group discussion, observations, and content analysis	Many girls expressed worries and various misconceptions about the issue of virginity and were insecure about their ability to prove their own virginity. Boys were curious about masturbation and wet dreams and about the size and shape of the penis and duration of intercourse. Boys felt bad for having wet dreams and a number of felt guilty after masturbating.
10	Adolescent and Parental Reactions to Puberty in Nigeria and Kenya: A Cross-Cultural and Intergenerational Comparison. **Authors:** Bello, B. M., Fatusi, A. O., Adepoju, O. E., Maina, B. W., Kabiru, C. W., Sommer, M., & Mmari, K. **Country:** Nigeria and Kenya **Year:**2017	Sixty-six boys and girls (aged 11 to 13 years)	To assess the reactions of adolescents and their parents to puberty in urban poor settings in two African countries Nigeria (Ile-Ife) in West Africa, and Kenya (Nairobi) in East Africa and compared the experiences of current adolescents to that of their parents' generation.	Qualitative study	Adolescents' reactions to puberty-related bodily changes varied from anxiety, shame, to pride, and an increased desire for privacy.

11	Factors impacting on menstrual hygiene and their implications for health promotion. **Authors:** Lahme, A. M., Stern, R., & Cooper **Country:** Zambia **Year**:2018	51 respondents, aged 13–20 years	This paper explores the factors influencing the understanding, experiences and practices of menstrual hygiene among adolescent girls in Mongu District, Western Province of Zambia.	Explorative Qualitative study 6 Focus Group Discussion	Girls suffer from poor menstrual hygiene, originating from lack of knowledge, culture and tradition, and socio-economic and environmentalconstraints, leading to inconveniences, humiliation and stress. This leads to reduced school attendance and pooracademic performance, or even dropouts, and ultimately infringes upon the girls' human rights.
12	Menstrual knowledge and practices of female adolescents in Vhembe district, Limpopo Province, South Africa **Authors:** Ramathuba, D. U. **Country:** South Africa **Year**: 2015	14-19 years 273 secondary school girls doing Grades 10–12	This study sought to assess the knowledge and practices of secondary school girls towards menstruation in the Thulamela municipality of Limpopo Province, South Africa.	A quantitative descriptive study design	73% of girls reported having fear and anxiety atthe first experience of bleeding

Chapter 3. Paper 2: Using Timeline Methodology to Facilitate Qualitative Interviews to Explore Sexuality Experiences of Female Pakistani-Descent Immigrant Adolescents

Paper two has been submitted for publication as: Punjani, N., Hegadoren, K., Papathanassoglou, E., Mumtaz, Z., Jackson, M., & Hirani, S. (2022). Using Timeline Methodology to Facilitate Qualitative Interviews to Explore Sexuality Experiences of Pakistani-Descent Female Immigrant Adolescents. *Qualitative Research Journal.*

Using Timeline Methodology to Facilitate Qualitative Interviews to Explore Sexuality Experiences of Female Pakistani-Descent Immigrant Adolescents

Abstract

In qualitative research, there is a growing interest in understanding the use of timelines in combination with other qualitative methods. In this paper, we will address how the creation of timelines facilitated and informed the process of semi-structured interviews. In a qualitative study of understanding the perceptions and experiences of developing sexuality among female adolescents of Pakistani-descent, timelines were used as a part of the semi-structured interview process. Timelines were created in a participatory way in which girls were asked to recount significant events related to their sexuality. We found that the methodological combinations within qualitative research such as semi-structured interviews and timelines have the potential to advance knowledge regarding the experience of immigrant female adolescents' sexuality. Using the timeline strategy to collect data helped in building rapport with the participants, allowed the participants to become active partners and navigate the process, and helped them to think about future resolutions through reflection.

Key Words

Timelines, qualitative methods, immigrant, female adolescents, interviews, sexuality

Introduction

Qualitative researchers are constantly in quest of approaches that will produce in-depth and high-quality interview data. Integrating timelines complements a visual representation related to the experience that can anchor the interview and facilitate focus the participant on key elements. In the last decade, researchers have focused on using a wide variety of methods to promote participant reflection that might otherwise not be easily expressed in words (Gauntlett, 2007; Kolar et al., 2015; Shirani & Henwood, 2011; & Wheeldon & Faubert, 2009). Visual methods such as the use of art-based formats, photographs, films, and drawings have emerged as particularly promising. These methods gained attention in the 1980s and were largely used in the 2000s (Eisner, 1981; Fraser & Sayah, 2011; Heras & T´abara, 2014; Liamputtong & Rumbold, 2008). Timelines are one of the approaches of visual depiction of a life history, where events are displayed in chronological order. While the visual methods are gaining attention, less attention has been given to the use of timelines.

Timelines are a graphic, arts-based data collection strategy that is acquired from a graphic elicitation designs framework (Bagnoli, 2009; Sheridan, Chamberlain, & Dupuis, 2011; Umoquit et al., 2008). Timelines are developed from important life events of a study participant, positioned in a sequential fashion, with a visual demonstration of the importance or meaning attached to a particular event (Berends, 2011; Patterson, Markey, & Somers, 2012). The construction of timelines is one method for participants to reflect on the trajectory of their lived experiences. Timelines facilitate recollection and sequencing of personal events, and they are useful for combing the other sources of data to confirm or complete a life history or to place a particular research construct or clinical issue in the context of other events (Gramling & Carr, 2004). Sometimes, timelines for a group of individuals are aggregated to aid the detection of

patterns and sequences over time (e.g., Berends, 2011). Timelines can act as a tool to keep participants focused during the interview and facilitate them to better understand the scope of research. Combining visual timelines with narrative interviews can uncover the layers of experiences related to past and present which may not be readily represented through language alone (Gauntlett, 2007; Shirani & Henwood, 2011).

The use of narrative interviews can provoke anxieties when working on sensitive issues with vulnerable populations and can interfere in developing a rapport that can hinder the meaningful engagement with participants (Holland, 2007; Nicholls, 2009). Timeline development in combination with the narrative interviews has the potential to minimize participants' anxiety while sharing the potentially traumatic events or difficult experiences (Hollway & Jefferson, 1997). In recent times, researchers have adopted the timeline approach to understanding the stories of vulnerable youth and young adults on sensitive issues. Examples include exploring inpatient opioid treatment (Monico et al., 2020), studying the resilience of marginalized groups (Kolar et al., 2015), understanding the use of substance abuse and treatment (Berends, 2011), studying the process of weight loss (Sheridan et al., 2011), exploring the influence of financial incentives on clinical behavior (Umoquit et al., 2008) investigating health equity and people experiencing homelessness (Patterson et al., 2012). The available literature on the use of visual timelines suggests that the combination of narrative interviews and timelines may improve the data collection experience and data quality, particularly when researching sensitive topics or marginalized populations (Berends, 2011; Harper, 2003; Sheridan et al., 2011).

The purpose of our study was to explore the experiences of developing sexuality and their relationship to well-being in middle- to late- adolescence females of Pakistani-descent

living in Canada. In our study, the use of timelines facilitated discussion around issues of sexuality in relation to social categories such as race, class, gender, age, and sexual orientation. We propose that timelines in combination with narrative interviews could provide an opportunity for youth to tell their stories on sensitive topics, even when socially proscribed issues are explored, such as the development of sexuality.

Methods

Study Setting, Design, and Recruitment

This study was conducted in a large urban setting in Canada. A purposive sample of 21 female adolescents who were first- or second-generation Pakistan-descent was obtained via purposive sampling. The call for participation was circulated through recruitment material such as emails, flyers, posters, and social media platforms such as Twitter, Instagram etc. containing information about the study, eligibility criteria, and researcher name and contact information. Female adolescents who were willing to participate in the study contacted the researcher directly. Additionally, snowball sampling was used as a strategy to recruit female adolescent participants. The interpretive description approach, a qualitative research design, was used to examine and interpret sexuality experiences in female adolescents. Ethical approval for the study was obtained from the Human Research Ethics Board of the University of Alberta. Particular attention was paid to ethical issues across this study due to the vulnerabilities of this young population and the sensitivity of the topic due to the taboo attached to sexuality-related issues.

Data Collection

After the informed consent process, data were collected using a semi-structured interview guide and a timeline technique. A total of 28 in-depth interviews including follow-up

interviews were conducted. Initial 10 Interviews were conducted in person, organized in a private space in the university and all other 18 interviews were conducted via the Zoom video conferencing platform due to pandemic restrictions. Each interview lasted 90 minutes on average. Interviews were tape-recorded and transcribed. All the interviews were conducted in the English language.

As part of the interview process, the opportunity to create visual timelines was presented to study participants with a brief explanation of the timeline as an instrument to support better understanding the important life events and experiences of female adolescents during pubertal age. Female adolescents were then shown a few hypothetical sample timelines created by the researcher. The sample timelines were intended to encourage innovative engagement by study participants and to offer them a sense of flexibility in creating their own timelines. Different types of sample timelines were shown to participants comprising linear and nonlinear representations, for example, circular. During the in-person interview, participants were provided with some stationary and cardboard sheets and asked to create their own timelines. For Zoom interviews, participants were provided prior information about the interview process via email, and they were asked to keep A4 size paper and some stationaries to create timelines.

After introducing the study and obtaining informed consent, the participants then participated in interviews and developed timelines. The researcher explained the format of the interview to the participants and started with the timeline activity followed by questions on the experiences of sexuality. As an interviewer, I introduced the timelines to participants as a tool to allow them to start thinking actively about their sexuality experiences and to help the interviewer to better understand their experiences.

Data Analysis

Narrative interviews and timelines were thematically coded (King & Horrocks, 2010). The interview data included transcribed narratives of the participants and interviewer reflection notes. Coding of timelines involved analysis of both *content* and *form*. Interviews were coded using NVivo 12 software and timelines were coded manually by hand. The thematic open coding framework was developed to examine how timelines as a tool could assist the researcher in better understanding the experiences discussed by participants. The thematic coding of interviews and timelines were conducted by one team member first. This initial set of codes was then reviewed and refined by all other team members over the course of several group meetings before consensus on codes was reached.

Findings

Demographic Characteristics of Participants

A total of 21 Pakistani-descent female adolescents were included in the study. The mean age of female adolescent participants was 17 years [standard deviation (SD)=5.2], with 10% of the participants being in early adolescence (ages 14-15), 33% in middle adolescence (ages 16-17), and 57% were in late adolescence (ages 18-19 years). See Table 1 (Demographic Characteristics of Adolescent Girls).

Unique Approach to Develop Timelines

Female adolescents used distinct ways to create timelines in their unique ways. The two prominent styles that they came up with were list-like timelines and continuous timelines. In the list-like timelines, participants defined their life events related to sexuality chronologically. In continuous timelines, participants mentioned the list of years from the time they started experiencing their sexuality to the present, depicting the complex experiences (Refer figures 1,

2, and 3 to view different types of timelines). After the timelines were created, the participants were able to refer back to events discussed in the timeline during the subsequent interview. Moreover, the participants spontaneously shared contextual details while referring back to their timelines without being prompted, which increased the depth of understanding of their experiences. Regardless of the type of timelines they created, timelines helped in keeping female adolescents' stories central during the interview process and resulted in contextual depth. Also, a few participants initially hesitated to create timelines as they were not familiar with the visual methods, this was overcome through the researcher's encouragement. The researcher's reflection notes showed that more time helped participants to integrate timelines better during the interview process.

Rapport Building

While conducting the thematic analysis of timeline-facilitated interviews, we realized that using the timeline strategy helped us in building rapport with the participants. It also allowed the participants to become active partners and navigate the process and helped them to think about the future through reflection. During the creation of the timeline, participants choose a life story approach where they shared the significant life events, and the interviewer became an active listener of that story. This approach shifted the power dynamic away from the traditional approach of interviews and allowed participants to have more control over the direction of the conversation. For example, when Anum (pseudonym) created a chronological timeline, she mentioned the negative life event of having experienced sexual harassment, for which she did not provide details in verbal interviews. Aligning with the way Anum created a timeline framed chronologically, the interviewer was able to probe questions regarding the experience and coping strategies. By elaborating on the timeline, Anum had primary control

over the direction of the interview. Simultaneously, the interviewer was able to gain richer descriptions.

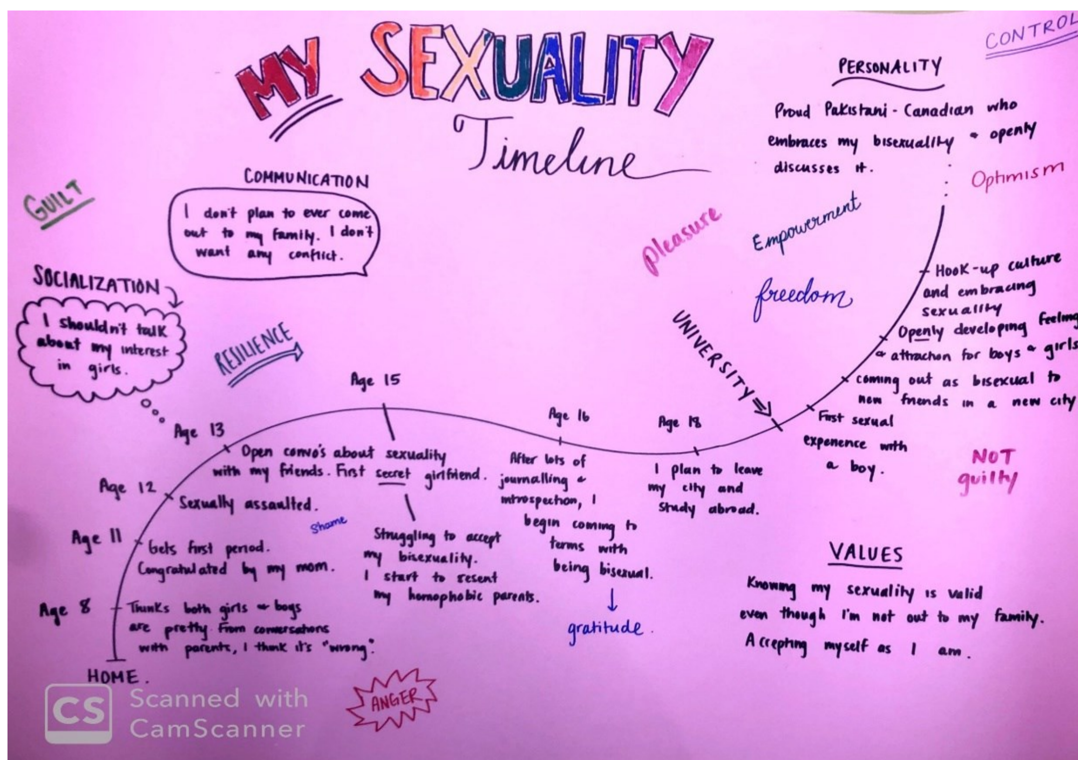

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Figure 1: Participant timeline 1

The notion of self-disclosure by the interviewer in showing their timelines helped to build rapport with the participants. For example, when the interviewer started explaining the timeline, the interviewer showed several examples to the participants on how to draw a timeline with hypothetical events. This interaction made female adolescents more comfortable and enhanced rapport building. For example, participants instantly connected themselves with the sample timelines and appeared more comfortable in sharing their personal stories. The interviewer also mentored and encouraged participants to reflect on the major events related to their sexuality in making their timeline. This was followed by the reassurance of not worrying about missing anything as they can always go back and add more details as needed. The

interviewer also facilitated participants in providing ideas as they explain their stories, for example

Sara: When I was in grade 5, my mother said I cannot attend the sex-education classes, I was feeling sad and angry.

Interviewer: Okay, you can write how you were feeling like "sad" or "angry" in a timeline.

Participant Engagement

The collaborative nature of the timeline improved participants' confidence in providing appropriate details and expanding on their descriptions. Participants' engagement during the interview process also yielded richer and more complete data. Moreover, the shift of topic strategy helped the interviewer to redirect participants from upsetting situations and to focus on other experiences of sexuality they have as immigrants and how they feel about it, which was the focus of the interview. For example, if the participants became visibly distressed due to any traumatic event, the interviewer used the timelines to subtly redirect the topic and pointed out the positive reflection and strategies that helped them to cope with the situation. This strategy allowed the interviewer to redirect participants away from highly distressing situations while keeping the intended focus of the interview.

Hina: Well, my mom was monitoring me. I started making other accounts, for a bit, I had to ghost my boyfriend [Participant crying]

Interviewer: I can see you reunited with your boyfriend [pointing out at the timeline], How did you cope with the situation.

Data Visibility and Transparency

Timelines not only made data visible to both researchers and participants but also facilitated the iterative research process. Timeline development increases participants'

engagement through the reflection of a significant life event that they can draw and see on the paper. A participant by the pseudonym Nida indicated "I have never seen my sexuality through a birds-eye view, this activity [referring to the timeline] is very helpful in reflecting my experiences and how I can make things better in the future".

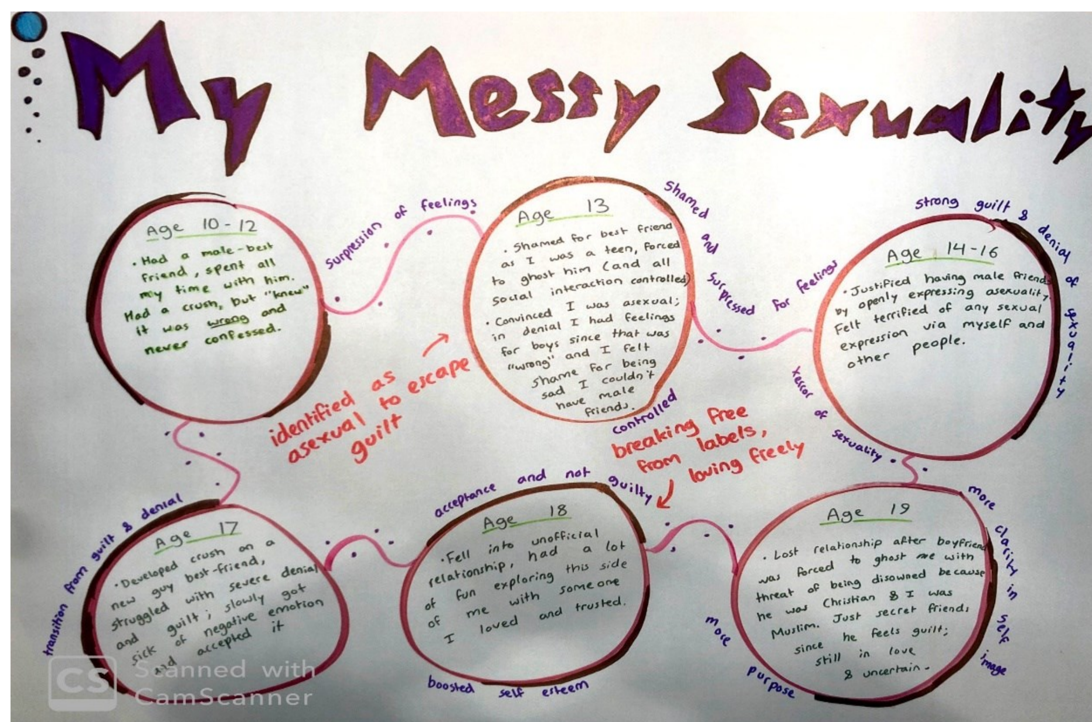

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Figure 2: Participant timeline 2

The act of reflection and making timelines while breaking down life events in a chronological manner allowed female adolescents to create a sense of direction of what and how much they want to share about their experiences during an interview. This gave participants control over their information and they became the navigators of their content. Apart from the events, the way the timelines were depicted also added richness to the data. For example, participants represented their life event in ups and downs (using dips or spikes) or expressed emotions by adding small diagrams for a particular event and highlighting the feelings attached with each sexuality event which they made in clouds such as "fear", "stigma",

"anger", "regret" etc. (Refer Figure 1, 2, and 3). This visual distinction of life events facilitated female adolescents to choose what they were comfortable talking about, and with this, they had the opportunity to take control of the interview content. For example, Reema shared her experience of hiding her sexual identity from their parents due to fear of resentment, and she expressed her emotions in the timeline by making a double sad-faced emoji. The interviewer also took additional notes during the interview process that provided detailed explanations of key events.

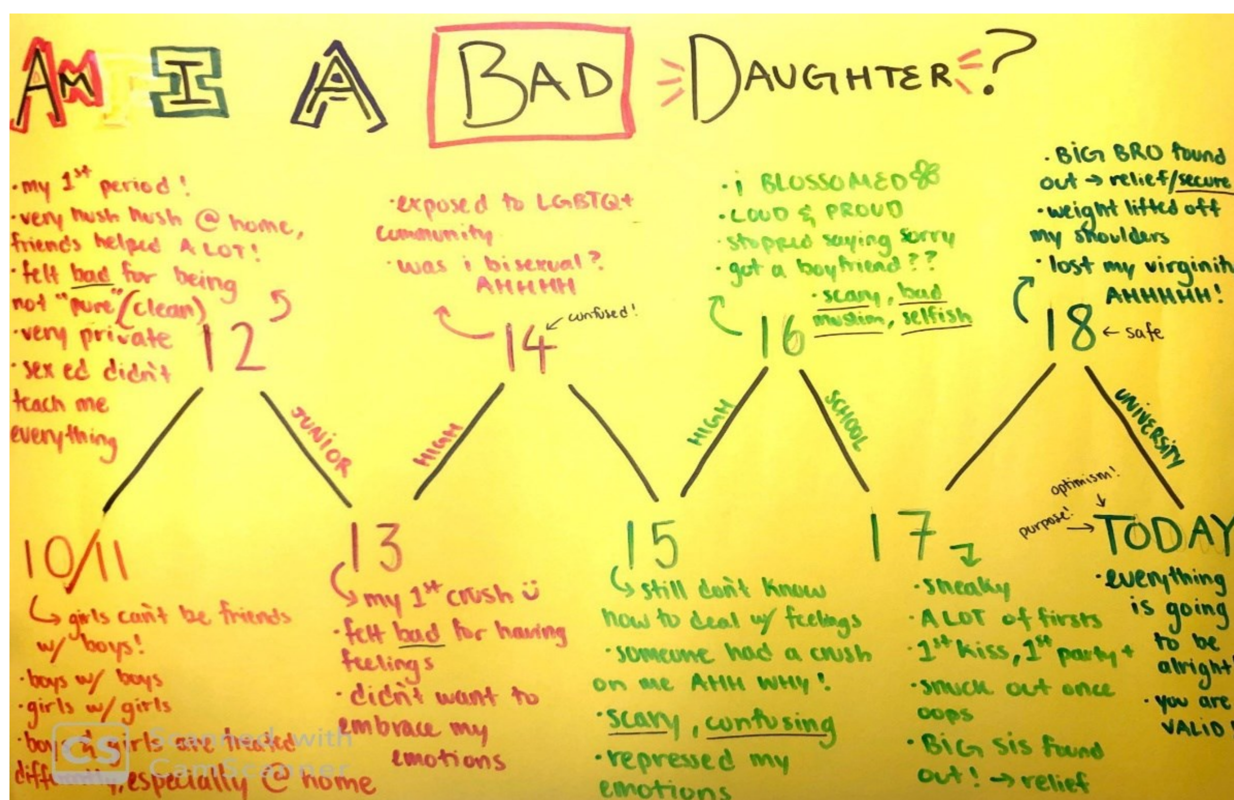

Figure 3: Participant timeline 3

Reflection towards Future Goals

The timelines helped female adolescents to acknowledge both pleasant and unpleasant events they have experienced, or they are experiencing in developing and exploring sexuality. Timelines also enable these participants to reflect on their future plans. In our study,

participants were not directly asked to think about their future plans but some of the participants added resolutions for the future, which facilitated positive closure of the interview. Anita in her interview expressed that "I don't want my parents to control my sexuality anymore, I want to be myself, I am glad I am starting university later this year, it will provide me more independence away from my parents to experience more". The interviewer noted that the female adolescents found the process of making future timelines on a piece of paper to visualize their sexuality to be therapeutic, and this created an enriching emotional shift that offered reflection towards future goals to the participants. As participants mentioned at the end of the interview.

Kinza: I found this activity (pointing towards timelines) very therapeutic; I have never thought about my sexuality in this much detail.

Meena: I never realized I have been hiding and suppressing so much about my sexuality; this reflection (pointing towards timelines) is very therapeutic for my mental health.

Discussion

We provide examples and evidence that the use of timelines in conjunction with semi-structured interviews can increase the depth and richness of data collection in studies involving youth as it helped to navigate personal matters of sensitive and taboo nature. The main advantages that timelines can offer include rapport building with the participants, improving participants' engagement, and ongoing reflexivity through an interactive approach. The development of timelines helped in building rapport among research and female adolescents as they worked collaboratively and iteratively to make the timeline accurately reflect their experience (Chen, 2018; Crilly et al., 2006; Kolar et al., 2015; Sheridan et al., 2011). We found out that female adolescents were comfortable to describe their life stories via timelines, serving as a memory aid and visual guide for them while sharing their narratives. Also, their timelines

assisted in improving the communication and openness of the participants while talking about a sensitive issue. As a result, timelines helped uncover sensitive details and experiences of sexuality that otherwise may have remained unspoken and consequently inaccessible to the researcher (Martsin, 2017).

The timeline approach helped participants to narrate their perceptions and experiences in a storytelling manner, which helped the researcher to understand their perception of sexuality as they grow from childhood to adolescence. The researcher encouraged participant's discussion by asking 'What's happening here when you were in grade 7?', or, 'This sounds interesting, tell me about this. These prompts helped participants in providing more information about the event and the researcher was able to connect the timeline with participants' narratives to facilitate data analysis later. Kolar et al. (2015) has observed that timelining facilitated to bring participants' life stories to the forefront and complement contextual richness. The use of narrative interviews while working on sensitive issues or with vulnerable populations can provoke concerns related to exploitative research relationships and can interfere in developing a rapport that can hinder the meaningful engagement with participants (Holland, 2007; Nicholls, 2009). Timeline development in conjunction with the narrative interviews has the potential to minimize participants' anxiety while sharing the potentially traumatic events or difficult experiences (Hollway & Jefferson, 1997). Therefore, in qualitative research, thoughtful selection of data collection methods can increase participants' engagement, decrease any undue distress, and facilitate the trusted relationship between researcher and participants (Holland, 2007; Nicholls, 2009). The combination of visual timelines with narrative interviews provides the possibility to address issues like participants' engagement and rapport building, which can increase the visibility of the participants' life experiences.

A primary concern for researchers exploring sensitive topics is to consider emotional trauma or distress among participants (Goodrum & Keys, 2007). This is particularly true when investigating topics like sexuality in a vulnerable population such as immigrant adolescents. The timeline technique helped the researcher to provide a safe and empathetic environment to the participants in sharing their experiences related to sexuality, and also allowed participants to switch to positive aspects of the event or other parts of timelines in case the discussion of a particular event becomes stressful (Horsfall & Titchen, 2009; Osei-Kofi, 2013). The interview approach combined with the timelines provided a safe and supportive space for participants to discuss any traumatic experience like violence, harassment, or rape. Furthermore, timelines acted as a goal-setting tool for the participants and provided them with the opportunity to reflect on their future possibilities related to sexuality. The researcher remained mindful of the emotional distress that could potentially be triggered by sharing difficult or socially unacceptable experiences. At the end of the interview, all the participants were provided with a hotline number where they can talk with a psychologist in the event of stress.

In the exploration of female immigrant adolescents' sexuality, timelines can be interpreted as the life story that is representative of intersections of social structure and individual experience. This approach helped the researcher in carrying out a comprehensive analysis of narratives and timelines. The different types of timelines developed by participants helped the researcher to see temporal relationships and how social structures influence how participants make meaning of the particular event. Similar findings were noted by Patterson and her colleagues (2012) who found that constructing timelines in conjunction with narrative interviews facilitated rich data and allowed them to examine trajectories of events and experiences. The use of timelines allowed for the more interactive interview as timelines

remained the central aspect of researcher-participant interaction. Also, participants use timelines as a map to walk the researcher through their experiences and life story.

We used several strategies suggested by Morse (2015) to ensure the validity of data such as prolonged engagement with participants, thick and rich description, debriefing, member checking. and triangulation. The use of timelines in our study also contributed to the triangulation of research data. Having more than one source of data collection strategy helps in getting a more complete sense of participants' experiences. Multiple data sources such as writing, drawing, and speaking can represent different aspects of the same stories that can be analyzed side by side, thereby creating triangulation for interpretive confirmation (Saarelainen, 2015). During the process of data analysis, the timeline helped the researcher in getting a full understanding of the interviews. Timelines allowed the researcher to compare and confirm immigrant female adolescents' perceptions and experiences of sexuality as they speak to it during interviews. The findings of the current study showed that the implementation of timelines and verbal interviews can inform one another in achieving rigor in a qualitative study (Berends, 2011).

The innovative approach of this research study guided our interest in using the timeline to act as a middle ground between the researcher and participant, giving immigrant female adolescents voices through nonconventional forms of communication by giving them control in directing the interview process using timelines. This data collection approach of using interviews in combination with timelines resulted in highlighting very critical aspects of immigrant female adolescents' sexuality, which usually remains unspoken given the sensitivity of the issues.

We identified few strengths and limitations in using timelines. In this study, the researcher did not plan to ask participants to reflect on the future in the timeline, however, it was noted during the data analysis process that participants found it helpful to make a future timeline to plan for future strategies in exploring their sexuality. Moreover, the use of timelines in our study contributed to the triangulation of research data and uncover novel aspects of phenomenon being studies. One of the limitations that the researcher found that being physically present during the interview process and during the development of timelines helped in developing rapport with participants. Due to COVID-19 restrictions, most interviews were completed via Zoom, so the researcher was unable to be physically present with the participants while they were making their timelines therefore, it took some time to make participants comfortable. Future research is needed to explore the full potential of timelines in combination with semi-structured interviews using online interview formats with other diverse groups to guide analysis and interpretations.

Conclusion

Our study concluded that timelines have the potential to supplement interviews in investigating the sensitive, socially sanctioned. and complex, phenomenon. The use of timelines in our study provided participants with flexible and creative space for nonconventional and nuanced communication of meaning, struggle, emotions, and experience through a graphic depiction of meaningful events. We identified several advantages of using timelines in combination with semi-structured interviews. Timelines helped develop rapport with the participants and engaged them in conversation about sexuality, which oftentimes is difficult otherwise. The use of the visual aspect of timelines gave participants control of the interview process and helped to minimize issues related to the power relationship between interviewer

and participants. Additionally, the iterative process of timelines facilitated participants to analyze their past within the context of social and interpersonal environment considering race, ethnicity, gender, sexual identity and help them envision their future. Timelines show great promise for extending and enriching qualitative interviewing therefore, more specific research and descriptions of timeline processes, adaptions, and applications are needed to overcome limitations.

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Table 1: Demographic Characteristics of Female Adolescents (N=21)

Characteristics		Number (N=21)	Percentages (%)
Age of the participant	14-15	02	10%
Mean: 17	16-17	07	33%
Standard Deviation (SD):	18-19	12	57%
5.2			
Gender	Female	21	100%
	Non-binary	00	0%
Education	Garde 10	02	10%
	Grade 11	05	24%
	Grade 12	08	38%
	Post-Secondary	06	28%
Language	English	21	100%
	Urdu	21	100%
Religion	Islam	19	90%
	Hindu	01	5%
	Christianity	01	5%
Parent's birthplace	Pakistan	17	81%
	Canada	04	19%
Parent's Education	None	00	0%
Mother	Less than high	04	19%
	school	02	10%
	High school	05	24%
	College	10	47%
	University		
Father		00	0%
	None	02	10%
	Less than high	02	10%
	school	05	23%
	High school	12	57%
	College		
	University		
Length of Stay in Canada	For all life	08	38%
	>10 years	06	28%
	4-9 years	05	24%
	1-3 years	02	10%
	<1 year	00	0%
Any Mental health Issue	Yes	05	24%
	No	16	76%

Chapter 4. Paper 3: Perceptions and Experiences of Pakistani-Descent Female Adolescents on Developing Sexuality and Self-Identity

Paper three has been prepared and will be submitted for publication as: Punjani, N., Papathanassoglou, E., Hegadoren, K., Hirani, S., Mumtaz, Z., & Jackson, M., (2022). *The Canadian Journal of Human Sexuality.*

Perceptions and Experiences of Pakistani-Descent Female Adolescents on Developing Sexuality and Self-Identity

Abstract

Immigrant adolescents make up a substantial proportion of newcomers to Canada. Most newcomer youth from South Asia ages15 to 24 are from racialized "visible minority" backgrounds. The sexual health needs of female immigrant adolescents in Canada have been largely unmet and have increased in magnitude over the last few years. For immigrant female adolescents, the silence around issues of sexuality needs can affect their physical, emotional, and sexual health and overall well-being, and ability to reach their full potential. Evidence suggests that immigrant adolescents lack sexual and reproductive health knowledge and use fewer sexual health-related services and sex education resources than do non-immigrant youth. In Pakistani immigrant adolescents, this difference appears to be associated with socio-cultural and religious practices. The purpose of this study was to qualitatively explore the experience of developing sexuality and its relationship to well-being in middle- to late- female adolescence of Pakistani-descent, living in a large urban area in Canada. The study sought to create space for dialogue and to bridge the perceived cultural divide on issues of sexuality using the postmodern feminist lens, which often arises between individuals from different cultural backgrounds. Using the interpretive descriptive methodology, a purposive sample of 21 female adolescents who were first- or second-generation Pakistan-descent was obtained. Participants included female adolescents aged from ages 14 to 19 years. Data was collected using a semi-structured interview guide and a timeline. A total of 21 first interviews and 7 follow up interviews were conducted. The narratives and timelines presented in this study tell the story of Pakistani female adolescents,

their narratives and the timelines reflect the complexities of female adolescents' sexuality and how they perceive and attribute meanings to their experiences.

The study found that living in a bicultural world can cause significant stress and anxiety among female adolescents, especially when making personal life decisions related to sexuality. Moreover, silences around all aspects of female sexuality negatively affects the capacity for desire and pleasure. In addition, the intersection of gender and patriarchy have created layers of power and oppression in adolescent lives that tightly control their sexuality. The participants stories demonstrate the complex interaction of factors that influence female adolescents' behavior related to sexuality and sexual health. These findings establish the need for cultural awareness while viewing each girl's experience in relation to the intersectionality of social spheres such as race, ethnicity, culture, and religion. Finally, this study provides implications to policymakers to revise existing policies and create youth-friendly policies for immigrant youth to draw attention to the hidden voices of female adolescents and increase awareness about ways to address issues arising in evolving sexuality.

Keywords

Sexuality, female adolescents, well-being, gender, intersectionality, postmodern feminism, Pakistan

Background

Adolescence is a critical period in the transition from childhood into adulthood, during which individual aged 10-19 years' experience substantial physical, psychological, social, and emotional changes (Kuzma & Peters, 2016). Some of the most marked developments in adolescence are in sexual identity, the capacity for sexual intimacy, and reproductive potential (Suleiman et al., 2017). The integration of sexuality into personal identity and of sexual behavior into interpersonal functioning requires parallel growth in emotional regulation, social skills, self-regard, self-knowledge, and health awareness. Presumably, the association between developing sexuality and well-being is bidirectional because adolescents with mental health difficulties are potentially at risk for risky sexual activities, substance abuse, and violence (Sayers, 2001; Starr, Donenberg, & Emerson, 2012). Although the literature provides some preliminary evidence of potential links while developing sexuality such as social alienation and poor self-esteem (Becker, Cortina, Tsai, & Eccles, 2014; Vrangalova & Savin-Williams, 2011), there is a scarcity of research on the association between developing sexuality and well-being. This understanding is essential to address the psychological aspect of sexual and reproductive health (SRH) issues among female adolescents.

During adolescence, young people develop their sexual self-concept, which is their perception of their sexual self (Rostosky, Dekhtyar, Cupp, & Anderman, 2008). Bidirectional associations have been reported between sexual self-concept and the sexual experiences, behaviors, and mental health of adolescents and young people (Breakwell & Millward 1997; Buzwell & Rosenthal 1996; Holmes & O'Byrne, 2002; O'Sullivan, Meyer-Bahlburg, & McKeague, 2006; Savioja et al., 2015; Savioja, Helminen, Frojd, Marttunen, & Kaltiala-Heino, 2018). Thus, the various opinions and perceptions of adolescents of their identities are related to

their precoital and coital experiences, intentions to engage in sex, sexual satisfaction, casual and multiple partnerships, and mental health issues, including depression and anxiety (Buzwell & Rosenthal 1996; Holmes & O'Byrne, 2002; Impett & Tolman 2006; O'Sullivan et al. 2006). Their sexual self-concept influences their actions, which, in turn, affects their well-being.

In 2017, over 300,000 immigrants arrived in Canada, the largest number since 1971 (Immigration, Refugees, and Citizenship Canada, 2018). With the highest number of immigrants in Canada, Alberta faces unique challenges, including those of adolescent immigrants. Alberta has experienced a consistent influx of immigrants for the better part of a decade; between 2011 and 2016, approximately 208,000 people immigrated to Alberta—the highest number among all provinces (Statistics Canada, 2016). Between July and September 2018, Alberta welcomed 10,412 immigrants, the highest third-quarter level since 2015 (Alberta, 2018). Of all of the newcomers to Canada, approximately 34% are under the age of 25 years (Statistics Canada, 2016). In Alberta, immigrant youth and children account for 31% of the total immigrant population (Pottie, Dahal, Hanvey, & Marcotte, 2015; Statistics Canada, 2016). However, despite these large numbers, there is a scarcity of research on the SRH needs of immigrant adolescents.

Researchers have reported that youth residing in Canada lack comprehensive knowledge of the risk factors associated with unprotected sexual activity and the necessary skills required to ensure the protection of their sexual health (Boyce et al., 2003). Kumar et al. (2013) also found that sexually active Canadian teenagers commonly engage in risky sexual behaviors, including unprotected sex, multiple sexual partners, and intercourse before age 15. Canadian young adults 15 to 24 years of age also have the country's highest incidences of chlamydia and gonorrhea infections (Jayaraman, Totten, Perrin, Fang, & Remes, 2008). Moreover, Canadian youth do not

consider themselves at risk for HIV/AIDS, and their overall knowledge base on the disease has declined over the last two decades (Kumar et al., 2013). According to researchers, the SRH needs of immigrant adolescents in Canada have been largely unmet and have increased in magnitude over the last few years (Pole & Flicker, 2010; Salehi, Hynie, & Flicker, 2014).

Although no research is found on the sexuality of immigrant female adolescents and their wellbeing in Canada, the researcher identified some research on the SRH needs of immigrant adolescents. In 2007, Flicker et al. conducted a survey (N=1216) of Toronto teens, including youth from diverse ethnic backgrounds and immigrant youth which showed teens engage in a wide variety of sexual behavior, such as kissing, oral sex, and vaginal intercourse. Furthermore, the majority of Toronto teens have never visited a health care provider for any sexual health-related reason citing barriers such as are the fear of being judged or embarrassed by friends, the concern that services are not confidential, the perception that the services are not youth-friendly, parents'/caregivers' reactions, and the fear that staff will judge them. Flicker et al. (2007) also found that immigrant youth who had lived in Canada for three years or less had slightly lower levels of sexual health education at age 13 and significantly lower rates by the age of 18. Moreover, a study conducted by Salehi et al. (2014) explored the predictors of access to sexual health services among urban immigrant adolescents who live in Toronto through surveys of 1216 adolescents. The results of the study found that sexual activity, age, race, and social resources significantly affect access to sexual health services among immigrant youth.

Despite the importance of SRH needs of immigrant female adolescent, very few studies have focused on South Asian, and particularly Pakistani immigrant adolescents. Researchers have found that immigration influences adolescents' access to SRH services; that is, immigration affects individual, social, and structural factors, which, in turn, affect how or whether adolescent

immigrants' access SRH services (Salehi et al., 2014). Individual factors such as what is considered acceptable sexual behavior, at what age, and for which gender can affect whether young people access SRH services (Salehi et al., 2014). In addition, it takes time for immigrant adolescents to learn a new language and make friends. Thus, immigrant youth might have fewer support networks to navigate the needed services (Liban, 2007). Neglecting adolescents' SRH needs can affect their physical and mental health and well-being (Chandra-Mouli, Camacho, & Michaud, 2013; Salam et al., 2016; WHO, 2011). Evidence suggests that immigrant youth lack SRH knowledge and use fewer SRH services and sex education resources than do non-immigrant youth (Flicker, et al., 2010; Roxana, Hynie, & Flicker, 2014; Yuko, Saewyc, Wong, & Zumbo, 2013). This difference appears to associate with religion and cultural practices (Shields, & Lujan, 2018). No known research, however, exists that explores the experiences of developing sexuality and its relationship to the well-being among Pakistani-immigrant female adolescents in Canada.

Female Sexuality and Patriarchal Culture

To understand sexuality, it is critical to recognize the cultural context in which it occurs. In accordance with the patriarchal paradigm, conversations on female sexuality are regarded as taboo in South Asian culture (Chakraborty, 2013). Taboos prohibit individuals' actions based on the belief that such behavior is too dangerous to undertake. South Asia's patriarchal value system view women as subordinates and promotes control of female sexuality through stringent traditional social codes and gender role socialization (Patel, 2007). Women and girls in the South Asian context, usually refrain from expressing themselves as sexual beings, allowing themselves to experience sexual acts as pleasurable, and acting on their sexual desires. South Asian cultural values and societal norms also teach women and girls that female pre-marital virginity is

expected, purity and chastity are required (Banerji, 2008; Devji, 1999; Kakar, 1989; Patel, 2007). Thus, South Asian females hesitate in speaking on the sex-related matter and it is often combined with a sense of embarrassment, guilt, fear of being vilified, and concern that they are transgressing social boundaries (Gupta, 1999; Sharma & Sharma, 1998). In current times, although Pakistani women have gained much more independence, South Asian patriarchal socio-cultural practices continue to influence gender roles expectations (Hapke, 2013; Hussain, 2017; Kakar, 1989; Koening & Foo, 1992; Roy & Niranjan, 2004; Tenhunen & Saavala, 2012). Various studies concerning female sexuality speak to the way patriarchal discourse combines with culture to create values, norms, and beliefs that influence female sexuality and the conceptualization and expression of sexual desire and behavior (Lo & Ko, 2014; Imam, 2000; Janghorban, Latifnejad Roudsari, Merghati-Khoei, Ghorashi, Yousefi, & Smith, 2014, Rashidian, Hussain, & Minichiello, 2013; Taghipour, Abbasi, & Lottes, 2015). These gender role expectations within Pakistani culture allow men greater sexual freedom than women. Pakistani female immigrant adolescents are considered racialized youth, yet no study has examined how the interaction between sexuality and race-ethnicity functions as an underlying mechanism of unequal health outcomes among this population and its impact on their well-being.

Intersectionality in the Context of Immigrant Adolescent Sexuality

The concept of "intersectionality" arose from critical race theory. The term was initially coined to critically assess the relationship between gender and race (Crenshaw, 1989). The metaphor of intersecting roads was applied to define how gender and racial discrimination intersect in a multiple-axis framework. Zander et al. (2010) argued that "intersectionality is not a theory of power, but an analytic tool and a perspective, which can be used together with theories about power" (p. 459).

Intersectionality as a theory explores how social identities are mutually constitutive (Shields, 2008) in enabling or constraining the freedom of adolescents to access the sexual health knowledge, resources, and outcomes that are essential for them to have a better quality of life. An intersectional approach rejects the notion that 'gender' as a single category should be central to analysis, instead highlighting the ways in which disparities including age, race, culture, religion, socioeconomic status, and other social categories interact with and co-constitute each other to affect outcomes such as health (Hankivsky et al., 2021). Originating with black feminist scholars (Collins, 2002), intersectionality emphasizes the ways in which various facets of social identity come together to produce particular experiences of marginalization. These structures and processes are dynamic, shifting across time and place (Crawshaw & Smith, 2009; Fish, 2007; Weldon, 2008). Since health inequalities originate from socio-economic factors and discrimination, adolescents who are already socially and economically marginalized, including ethnic minorities, refugees and indigenous adolescents, and adolescents with disabilities fail to get equal health benefits when these dimensions are not considered.

Postmodern Feminist Approach

The analysis of the study findings was also informed by the Postmodern Feminist approach, which shares similar principles to intersectionality theory. This approach views sexuality as a complex, fluid phenomenon with sexual beliefs, attitudes and behavior constructed through sociocultural processes influenced by political, economic, and historical forces (Baber, 2000). Female adolescents' sexuality in particular are considered as rooted in and reflective of females ascribed lower social status in patriarchal societies (Amaro, Navarro, Conron, & Raj, 2002). Postmodern feminism is intersectional in its approach and therefore it considers the differences among the women on the basis of gender, race, and sexual identity and further

examines the way the social world affects women. The postmodern feminist theory also focuses on the role played by power and knowledge relationships in shaping the women's perception of the social world. Hence, in order to understand the participants' experiences using an ID approach, intersectionality of social categories are analysed such as race, gender, age, and sexual orientation and how these intersections affect how sexuality is experienced and expressed by female adolescents (Baber, 2000). Moreover, the notion of control and power is also considered central in the analysis of the issues of sex and gender (Baumeister et al., 2006).

Method

Study Purpose

The study aimed to describe the experience of developing sexuality in middle- to late-female adolescents of Pakistani-descent, living in a large urban area in Canada. The following research question guided the investigation: What are female adolescents' experiences of developing sexuality?

Study Design

The interpretive descriptive methodology, a qualitative research design, was used to examine and interpret sexuality experiences of Pakistani-descent female adolescents. The interpretive description methodology provided a contextual understanding of the phenomenon, that is, adolescent sexuality understudy, allowing the researcher to critically analyze and interpret the existing empirical knowledge around sexuality and to look for practical solutions to apply the learned concepts and experiences in the practice settings. Ethical approval for the study was obtained from the Human Research Ethics Board of the University of Alberta.

Sampling and Data Collection

A purposive sample of 21 female adolescents who were first- or second-generation Pakistan-descent was obtained. Participants were recruited via spreading call for participation using pamphlet, social media platform, and by using snowball strategy. Participants included female adolescents aged from ages 14 to 19 years. Data were collected using a semi-structured interview guide and a timeline. Timelines were introduced to participants prior to the interview through a brief description of the timeline as a tool to assist the researcher in better understanding the important life experiences of participants. Participants were then shown sample timelines created by researchers. These sample timelines were intended to help stimulate creative engagement by participants, and to provide them with a sense of the flexibility with which they could engage in creating their own timelines.

A total of 28 in-depth interviews including follow-up interviews were conducted. Initial 10 Interviews were organized in a private space and all other interviews were conducted via Zoom video conferencing platform due to the pandemic. Written informed consents and confidentiality agreements were obtained before the interview and ongoing verbal consent reinforced the anonymity of participants. Each interview lasted 90 minutes on average. Interviews were tape-recorded and transcribed, and visual timelines were kept by a researcher.

As per the Government of Alberta's guidelines, participants were informed about the duty to report, "Anyone who has reason to believe, that a child has been, or there is substantial risk that he or she will be abused or neglected by a parent/guardian, has a legal duty under the Child, Youth and Family Enhancement Act to promptly report the matter to a caseworker". All the participants willingly agreed with the statement before taking part in the interview.

Data Analysis

The research team included a researcher, Ph.D. supervisors, and a supervisory committee team who guided the process of research. Both interviews and timelines were analyzed and thematically coded (King & Horrocks, 2010). The interview data included transcribed narratives of the participants and interviewer reflection notes. An iterative and inductive analysis approach was used to analyze the data. Data analysis began soon after the first 2 participants' interviews. For detailed data immersion, each transcript was read multiple times, sometimes while listening to the recording, to understand, reflect, and get the feel of the tone, words, and emotions that the participants used in the interviews while describing their experiences of sexuality. Timelines were compared with the transcribed interview during data analysis. Ongoing feedback was obtained from supervisors who were content experts and provided constant support and guidance in peer debriefing and consensus-building during the whole research process. Ongoing reasoning, constant engagement with the data, regular guidance, and support from the supervisors helped the researcher to look for underlying meanings in the description and formulate emergent themes and patterns in the data. The in-depth analysis also brought conceptual creativity and the exploratory ''aha'' to the final product of analysis. A final interpretive account including a rich description of female adolescents' experiences of sexuality was generated. Data were recorded and transcribed by the researcher.

Findings

The demographic information of all the study participants are shown in Table 1 (Refer Table 1: Demographic Characteristics of female adolescents (N=21).

The findings of this study focus on female immigrant adolescents' experiences about sexuality and sexual health across their childhood and adolescent years, integrating principles

that underly ID, intersectionality, and postmodern feminism within a group of racialized youth. Four major themes were identified: (a) Gender roles, (b) Gender identity (c) Impact of patriarchy, and (d) Influence of religion. However, these themes are not mutually exclusive from each other. (Refer Figure 1: Graphical Representation of themes).

Gender Roles

Participants' narratives and the timelines they drew reflected the kind of messages they get from very early ages related to gender roles and sexuality. These messages intend to address and impose macro narratives (stories that are common across many cultures and contain universal themes and lessons) and discourses associated with cultural views of gender and sexuality that were inherited and followed by families, schools, friends, health care systems, faith communities, healthcare services, and information media. Participants in the study recounted many experiences relevant to the social, cultural, religious, and familial environments in which they are growing up. All the participants, whether of first-generation or second-generation Pakistani descent, mentioned that they come from rigid cultural backgrounds containing strict rules about female sexuality that were engraved in cultural laws, religion, and social traditions. None of the participants in the study mentioned that their families were open and permissive about sexuality.

Danger and Moral Responsibility

Irrespective of cultural background, social or religious circumstances, numerous cultural norms and local discourses about sexuality that were highlighted in the narratives focused on the dangers of pre-marital sexual activity, unplanned pregnancy, sexually transmitted infections, and sexual harassment. One participant recounted: *"My mother has somehow communicated to me regarding the dangers of unplanned pregnancy, sexually transmitted infections, sexual assault,*

these were all hush-hush messages" [16 years old]. Another girl mentioned that she was told by her mother *"Be aware of boys, do not make boyfriends... only things they want from a girl is sex."* [P12, 17 years old].

The participants talked of the mixed messages they got about the meaning of menarche and the related moral responsibility that emphasized the value of a girl's virginity and to remain a virgin until marriage. The participants felt that it is important to remain "pure", for the sake of their honour and the honour of their families. These messages were commonly conveyed from mother to daughter. One participant remembered the discussion that she had with her mother soon after having her first menstrual period. Although the participant thought that menarche should be something to be celebrated as they are entering into womanhood, she recalls her mother cautioning her that she was on the *"edge of womanhood"* and could now become pregnant. She further mentioned that *"I was so shocked and scared because a few days ago I saw on Instagram where my friend's family actually celebrated her first period"* [P,11, 15 years old]. Another girl in her story shared when I had my first period my mother emphasized that this new phase is *"all the more reason to be careful"*. Similarly, a 14-year-old girl expressed that *"My mother warned me after I had my first period, that I should not be friends with boys and play with them"* [P4, 14 years old].

Devoid of Sexual Desire and Pleasure

The messages that participants in this study received from parents and schoolteachers were lacking regarding the issues of female desire and pleasure. Even participants who attended the sex-ed classes in school mentioned that the information lacked some important aspects of desire and pleasure. An 18-year-old participant mentioned *"Although I was lucky enough to attend the sex-ed classes, but they never talked about desire and pleasure, and I didn't learn*

anything about sexual expression or practices in the sex-ed classes" [P1, 18 years old]. The participants in the study mentioned that they somehow found out about sexual desire and things like female masturbation through other sources like friends or the internet. These participants also discussed that desire and pleasure is something commonly talked about for boys, but for female adolescents, it is a big taboo. It can be inferred that most of the participants were knowledgeable about the female sexual desire and pleasure, but they were not provided with adequate and accurate information on these topics. Even though if these female adolescents want to learn and explore more on sexuality, social and cultural views were preventing them to do so. The messages that participants received during their adolescent years contained prescriptions and rules specific to being a "good girl" in their society. Not only do families and social systems of gender set out rules for appropriate female behavior but they often inscribe a girl's value within the context of being a virgin. The participants in the study commented on the cultural importance of maintaining "purity" until marriage. The influence of cultural views of gender embedded in the participants' stories reflected the notion of power and domination that influence female adolescents' lives and bodies. According to the particpants, they are less valued as compared to the boys in their families.

Gender and Sexual Identity

The narratives and timelines echoed participants' awareness of culturally embedded views of gender and sexuality along with the silences and taboos surrounding female sexuality that have and continue to influence their experiences, behavior, and beliefs related to sexuality and the meanings that they attribute to them. All the participants in the study identified themselves as "Female", but many were confused about their sexual identities. Several

mentioned that they had felt unsure at some point about which sex they were attracted to, and how they should describe their sexual orientation. An 18-year-old girl mentioned:

"When I was 15, I came across people with different sexualities, at that time, I questioned myself do I like girls too? And rejected guys who approached me because I have never been allowed to talk to them" [P17, 17 years old].

The same girl mentioned how she was terrified and in disbelief that she was asked out by girls, but she started dating a girl when she was 16, being still not sure if this is what she likes. Another mentioned:

"Since I was very young like from grade 3 or 4, I like girls and find them more attractive, I didn't know if a girl liking a girl is a thing, I am still not sure if I am lesbian?" [P8, 18 years old]

These narratives reflect that these participants were still in a phase of exploring their sexual identities, as they were sometimes confused or in denial that they were attracted to the same gender. This they think is because they had not enough knowledge about different sexual identities. A few participants reported some change as they grow, in the way they saw their own sexuality, perhaps classifying it differently. Some participants have reported such changes in their perception more than once. This change was more frequently reported by participants after getting more exposure such as from sex education classes or having to spend more time with boys during school time. Two participants in their narratives mentioned

"One of my friends who was bisexual hit on me, I really felt uncomfortable and sad, but I also questioned my sexuality for a bit that I am bisexual maybe for a year, but after I realized I only like boys" [P7, 19 years old]

"I struggled to accept my bisexuality, my parents are homophobic, however, at age 16, after a lot of journaling and introspection, I begin coming to terms with being bisexual" [P8, 18 years old]

A lot of participants mentioned the experience of identity confusion, being aware of same-sex attractions but in turmoil about it. Female adolescents mentioned that this confusion was influenced by the stigma attached to homosexuality, inaccurate knowledge, lack of role models, and minimal opportunity to socialize with other youth who have similar feelings. The confusion resulted in not acknowledging their orientation, avoiding thinking about it, or coming up with an alternate explanation for their feelings.

"My parents are homophobic, I grew up learning about a lot of hate and stigma around people with varying sexualities, I am very open about my bisexuality in front of my friends, but the thought of my parents knowing about it scares me" [P12, 17 years old]

Few participants also mentioned that they felt threatened and fearful isolated, ashamed, and afraid of being discovered, all of which were impacting their self-esteem and identity formation.

"At the age of 18, I finally came into terms that I am lesbian, but the very thought of being disclosed by desi [Pakistani] community gives chills down my spine, this is why I always feel uncomfortable around people" [P18, 19 years old]

"I was secretly dating a girl, but I broke up with her … due to my upbringing, I have internalized homophobia … I kind of have accepted that I will marry a guy, this will at least give me freedom from my family" [P20, 18 years old]

Participants who identified themselves as bisexual, lesbians, or asexual, were afraid to be harassed or threatened at school, which they thought hindered them to explore and further

ascertain their identities. They also mentioned that they were highly stressed and have not been able to disclose their orientation due to the fear of rejection, or being more likely to be kicked out of their homes and living on the streets:

"My sexuality is such a mess, I don't know If I like boys or girls, there are times where I am more comfortable around girls, I think I am still young and should take some time to explore what do I want, I can't discuss it with my parents, not with my friends, we are from a small town, if my parents would found out they will disown me and kick me out" [P5, 16 years old]

Social Expectations Around Sexuality and its Impact on Body Image

Some of the most compelling insights regarding body image emerged in the participant's discussions about the social contexts in which they were exposed to negative commentary about their appearances. The restrictions on female adolescents from families, function as a form of social control which often led to the internalization of feelings of inadequacy about their appearance, their bodies, and their social value as a girl. The lack of knowledge and sense of control that participants experienced related to their bodies lead to emotions like fear, shame, and embarrassment in the narratives that participants expressed in the interviews.

One of the participants mentioned her experience while attending a family social gathering and highlighted her frustration with how it is very normal for women to pass judgment on others particularly about appearance as it pertains to body weight or shape. One 18 years old girl described her memory from her childhood when she attended the social gathering with her family and would hear other women telling her mother about her appearance. She expressed that *"They [Pakistani people] would like a girl who's like super thin, super like fragile, girly … whereas when I come in, I am like full of energy like, I lack that softness, …."* [P2, 19 years old]

Another girl told her story about how she was judged in a social gathering and expressed

"she told my mom that how straightforward and bold I am when we went home my mother told me that I should behave softly and not to be too loud while in such gatherings … I was really upset" [P6, 18 years old]

Participants perceived that they needed to make themselves more physically attractive to increase their chances of being chosen to marry into a family with higher social status. Some participants also pointed out that there may be inherent physical traits that they cannot easily change themselves. Participants felt a great deal of pressure to achieve a socially determined ideal appearance and behavior which can eventually compromise their well-being. Several participants mentioned that they were not happy about how they look and feel about their bodies, and it impacts their sexuality. The major factors identified as contributing to body image dissatisfaction were related to sociocultural pressure, family pressure, peer pressure, and media influence. A participant shared: *"I never had a boyfriend because I was very uncomfortable with my own body. So, I didn't want to be naked in front of anyone"* [P7, 19 years old]

Moreover, some participants who matured earlier than their peers tended to experience the most body dissatisfaction, which may be a consequence of their bodies not conforming with those idealized in society. Some participants mentioned that due to early maturing, they experienced weight gain, and developed breasts and hips before their friends, leading to insecurity about their newfound bodies. This reflects that the notion of having an ideal body image creates an environment for participants in which they are vulnerable to the exertion of social pressures to look in a certain way for the sake of their families and society. These struggles during adolescence years can lead to a lifelong struggle with negative body image.

Impact of Patriarchy

participants' narratives on learning about sexuality and sexual health issues during childhood and adolescence reflected a culturally and socially imposed silence and taboos around these issues in female adolesents' lives. In response to my question about how they learned about sexual health growing up, they related that *"It was never talked about."* Or they said, *"It was not discussed in detail"*. Many participants felt uncomfortable and awkward while sharing their experiences and discussing sexuality. For many participants, the silence around sexuality at home and in schools makes it difficult for them to discuss their concerns with their parents or with friends, this is mostly enforced by the parents at home. A 14-year-old girl mentioned that *"my parents always change the TV channel whenever there is sexual content, this gives us [participant and her siblings] message that this is wrong"*. [P4, 14 years old] Many participants mentioned that their mothers or their older sisters were uncomfortable discussing sexuality with them. Another girl mentioned that *"my mother is very friendly, and she is my best friend, but she never talks with me on the topic of sexuality and that's why I don't discuss it too."* [P11, 15 years old]

Participants in the study highlighted that they are being trapped in various power relationships that control their lives and bodies. A19 years old remembered that having any kind of discussion around sexuality is strictly prohibited at her home: *"I grew up mostly based on fear of my parents, who have always micromanaged me, my parents have come from a very patriarchal society, no one is allowed to have discussion or argument If my father has said no to it, not even my mother"*. [P19, 17 years old]

The power relationships and dynamics for participants imposed by typically patriarchal systems of gender made some of the participants in this study vulnerable to psychological issues.

A girl in the study shared her experience "*It makes me upset, that my parents never allow me to go anywhere without permission... I feel like they control my mind and body ...*" [P5, 16 years old] Another girl added, *"My mom, she's like ... if I say I'm going with my friends for a school project or something she's like 'Don't talk to boys!"* [P11, 15 years old]

All the participants noted that their parents especially their mothers had either strict limits or asked them to abstain from "dating" and "interactions with boys". These restrictions become stricter over the females' interactions with "non-Pakistani" boys. These uncertainties and fear turn out in the form of a "discipline girl's body" that extended to restricted clothing, which participants related to issues of sexuality. Few participants in the study also mentioned that the main triggers for discussions around sexuality between female adolescents and their parents included the fate of other friends or community females that were victims of any inappropriate sexual activity or were disobedient to their parents. According to one girl, *"my mother started telling me about the story of other girls from our community whom she heard was sexually harassed when she was out late at night".* [P12, 17 years old]. This shows that parents would be reacting to a situation that occurred to another person, while also giving hidden messages to the participants such as in this case, telling them not to stay out at night till late.

The narratives and timelines indicated their awareness of females having lower status in society and the consequences that this position had for their lives. A girl mentioned her perceptions of a sexual double standard: *"I believe, as a girl, you don't express your feelings to the extent that you want sometimes… Not like a boy, I have seen my brother who is a year older than me, he can watch anything on TV or talk with girls or anything he wants he could do it and it does not count against him. But as a girl, I face so many limitations"* [P2, 19 years old]

Most female adolescents suggested that girls and boys need to be treated equally by their parents and need to be educated about the adverse impacts of gender inequality. Some participants also mentioned that they did not get equal opportunity as their brothers while growing up. It was interesting to note that despite the silence, stigma, and taboo around the topic of sexuality, curiosity and a desire for information were also common patterns among participants' experiences. Most of the participants described themselves as being curious about issues of sex and sexuality as they are growing up. A 19-year-old girl mentions, as a teenager, *"I am always curious about sexuality issues and read books or look up to the internet on the subject"*. [P17, 17 years old]. Another adolescent girl described her curiosity. She said, *"In school, I sometimes talk with my girlfriends who are Canadian because I have no sexual experience. But my friends, they have. So, they tell me something about that."* [P12, 17 years old]. When I further inquired if she also asks her friends questions, she laughed and responded, *"YEAH! (Participant emphasis) I ask basic things not too much in detail, I always learn something from them but not a lot."* [P12, 17 years old]. At the same time participant expressed an interest in learning more about sexuality, she also expressed shyness and hesitations in asking too many details. A 15-year-old girl describes her experience with learning about sexuality growing up summarizes the notion of taboo and culture of silence well *"I am from a very conservative family, talking to a boy, no one does that, if you have attained puberty, you have now so many restrictions. I have never talked about sexuality even with my close friends. But the curiosity was always there of course … learned nothing from home, I never knew people had normal sex [says this in a hushed voice] until recently."* [P11, 15 years old]

The analysis showed that for female adolescents, exploring sexuality was a major stressor during the pubertal phase. Sexuality and sexual health concerns were evident in the daily lives of the female adolescents which were causing psychological distress and discomfort.

Influence of Religion

Participants in the study talked about how religion intersected with gender and the impact this had on female adolescents. Pakistani family values were highly regarded, and guided participants' actions related to sexuality. Practices such as dating, sexting, having sexual relationships, even talking about sexual health were considered against religion and cultural norms. A few participants said that their parents prefer to send their children to Islamic sex education classes over school sex education classes due to religious reasons. One of the participants commented:

"In Islamic sex-education class, we mainly talked about periods, wet dreams, cleanliness, and briefly about pregnancy. Nothing was talked about in-depth. I felt like if it wasn't discussed then maybe it wasn't that important." [P9, 18 years old]

Most of the participants also mentioned that they respected and valued the teaching of their parents regarding religion, but they expressed contradiction with a lot of their parents' teachings. *"I basically ended up living two different lives. One was my real life where I did everything my mom wanted and then the internet."* [P7, 19 years old]

A 17-year-old girl recalled what she has learned from the vague conversations with her mother that boys' sexual behavior is not risky but a girl's engagement in sexual behavior is considered unethical or promiscuous in Islam. A 15-year-old girl shared her frustration by expressing that *"My mother always gives me a lecture on how to be a good Muslim by practicing*

right things and don't indulge in inappropriate sexual behavior, but there is nothing for my brother ... he is allowed to have a girlfriend" [P11, 15 years old]

Participants spoke of the difficulty they had adjusting within their schools and society where sexuality is expressed freely and where sexual messages were visible in public interactions, comparing their Pakistani-culture home where there is no open, public discourse about sexuality due to religious restrictions.

One girl mentioned that as per the religious teaching they got from their parents, they were forbidden to talk with boys in school, except for the school projects, they always had a feeling of terror, as mentioned by one girl *"So I had a lot of like terror and scares ... the terror I felt of being caught by parents with guy friends was unreal"* [P6, 18 years old]. Another girl supported this thought by mentioning that as she remembered while growing up when it came to anything related to sexuality, how she had to behave and react differently when she is with her parents as compared to what she is in school with her friends *"I kind of had to switch my whole personality right, to feel okay… And that took a lot of effort on my part because it didn't come to me naturally".* [P8, 18 years old].

Female adolescent who came to Canada very young, expressed concerns about the expectations their parents placed on their sexuality, based on religion, which they feel violates their rights to explore sexuality freely. The participants also mentioned how they never see their parents at home showing affection for each other in front of their children, as one girl mentioned: *"In our culture [Pakistani], we won't really see our parents show affection towards each other in front of us. So, I did not know until like an abnormally older age that, you know, you could kiss your spouse, which was like, strange to think about now."* [P5, 16 years old]

Family, family values, and relationships are highly regarded and valued by the teenage girls as they said following cultural and religious norms are an integral part of their lives. Respect for parents was the utmost priority in most participants' lives. Here is a sample of participant quotes about honouring their family's dignity.

"I look at other girls and their sexuality, I know that I'm different [in terms of religion and cultural values] and I know that they're different… I've kind of accepted that, never really brought it up and, I've been okay with that …. I never really thought about it in a way that I would challenge these differences or ask my parents that, why are we like this? … because I don't want to embarrass them" [P8, 18 years old]

A few participants in the study indicated that they were enrolled by the parents to the Islamic sex education classes but are excluded from the school sex education classes. Participants described these classes as sex-segregated and the sexual health information tailored to female adolescents' perceived proximity to marriage. For instance, one girl explained that the information about intercourse within the context of marriage was offered at the age of 17 or 18, the assumption being that these participants would marry soon. However, participants in the study said they are not satisfied with what they learn from the Islamic sex education classes as they mostly receive information about female roles and responsibilities towards home, how a girl should dress and behave, or regarding spousal relationships. However, the age-appropriate curriculum on sexuality education was missing. On the other hand, there were participants, who got an opportunity to learn more regarding sexuality from their friends, but all of it came with lots of guilt and fear where they felt they are doing something iniquitous as their religious teaching do not allow them. As one participant shared her point of view

“Because there's this kind of like two-faced kinds of feeling … especially in grade nine, because I did explore my sexuality a lot at that point in time because of my best friend and just kind of like seeing, like talking to her a lot, I had a, like a gay friend as well, that was really close to, and I was talking to him a lot as well. … So, I definitely felt like there was two sides of myself where one was the like more open, like, um, I don't know. I feel like there was like resentment towards the other side of me because of not being able to actually truly explore what I wanted to without continuously feeling guilt, not necessarily because, my family or anything, but from the religious point of view, it’s like, I'm doing something sinful or wrong by even thinking” [P9, 19 years old].

While discussing the incongruence between their developing sexuality and religious expectation or cultural pressure, Hijab was brought up. One participant mentioned, *“Growing up, wearing the hijab was not solely my choice either—there were a lot of environmental and cultural pressures that made the decision for me.”* [P13, 18 years old]. Another girl explained her hesitancy of wearing hijab, but she eventually took this decision to please God and keep them from the community’s judgment. The girl mentioned

“I was very hesitant to start Hijab. Took me years to prepare myself mentally. I kept making duaa [Prayers] to Allah [God] to give me the confidence as I wanted to start hijab to seek his pleasure, I was afraid of others judgment”. [P16, 18 years old]

Participants also believed that wearing Hijab or covering their heads suppresses their sexuality. According to one of the participants, wearing a hijab can be sometimes frustrating and can make things complicated, especially when it comes to dating. She vented *“Wearing the hijab can make dating harder because people will make assumptions about your sexual experience, what sort of relationship you’re looking for, and even what type of person you are,”* [P13, 18

years old]. This notion was supported by another girl who frustratingly expressed that her modesty somehow translates to asexuality, she said

"I think one of the biggest misconceptions is that if I am wearing hijab or other people who wear it might choose to abstain from sex, but it doesn't mean they aren't exploring their sexuality or dating or falling in love." [P20, 18 years old]

The analysis of the findings and excerpts of female adolescents show that Pakistani socio-cultural values and religious restrictions played an important role in their lives and their experiences of developing sexuality.

Discussion

This study was one of the first research projects in Canada to create space for dialogue and to explore the experiences and needs of Pakistani-descent female adolescents related to developing sexuality. It incorporated an arts-based approach to highlight the diversity of participants' experiences in relation to the intersectionality of social spheres such as race, gender, age, and sexual orientation. In taking this approach, this study was able to highlight the diversity of female adolescents' experiences related to sexuality and sexual health. The main findings of this exploration were: a) living in a bicultural world can cause significant stress and anxiety among female adolescents, especially when making personal life decisions related to sexuality, b) silences around all aspects of female sexuality negatively affects the capacity for desire and pleasure; and c) the intersection of gender and patriarchy have created layers of power and oppression in adolescent lives that tightly control their sexuality.

Postmodern and feminist perspectives reflect sexuality to be complex, fluid and constructed through a gendered socio-cultural process shaped by political, economic, and historical forces (Baber, 2000). These perspectives' view women and girls as an extremely

heterogeneous group for which there seems to be no one unified experience of sexuality (Daniluk, 1998). Moreover, intersectionality presents researchers with a strong analytical approach to understanding and examining the interconnectedness of various socially constructed identities such as race, gender, sexual orientation, class, etc. as they collectively influence the lived experiences of individuals and groups. As intersectionality has advanced and distinguished itself across numerous disciplines, common foundations of the theory include the assumption that all individuals (immigrant female adolescents) have multiple identities that unite, and within each identity is a dimension of power or oppression (e.g. patriarchy, Pakistani values and beliefs, and socio-cultural norms), and identities possessed by individuals are also generated through socio-cultural context and is variable (e.g. religious and socio-cultural influence) (Else-Quest & Hyde, 2016). As echoed in previous work, socio-cultural factors play an important role in the formation, perception, and expression of sexuality and sexual health at an individual level (Lewis, 2004; Davidson et al., 2002; Serrant-Green, 2005). Our respondents' narratives revealed how cultural values, the silence surrounding issues of sexuality, and culturally embedded views of gender interacted with female adolescents' perceptions and experiences related to sexuality. As reflected in the literature, socio-cultural factors play a significant role in the formation, perception, and expression of sexuality and sexual health both at an individual and group level (Lewis, 2004; Davidson et al., 2002; Serrant-Green, 2005). In this study, for most of the participants, cultural, religious, and family norms strongly influenced their sense of identity, their personal values, and beliefs, as well as the way they experienced their sexuality. Others decided to move beyond the social boundaries governing female sexuality and sexual behavior, albeit their influence remained. This finding was somewhat opposite of what would be predicted of South Asian females given the limited access to sexual health knowledge, restricted sexual

activity and sexual behavior, as well as sexual guilt, anxiety and shame associated with South Asian cultures (Kellogg et al., 2014; Heinemann et al., 2016; Rosenbaum, 2009; Aneja et al., 2015). This may reflect the acculturation to mainstream (Canadian) culture. For these participants, the subjective and intersubjective meaning-making process resulted in the conceptualization of personal meanings, values, and beliefs that fell outside of their cultural, religious, and familial values related to sexuality. Likewise, for some participants, internalization of the silences and taboos surrounding issues of sexuality made certain issues extremely difficult or impossible to talk about. Conversely, others felt confident and assured discussing these issues despite their awareness of cultural and social taboos, which might be partially related to their older age.

The participants' narratives highlighted the way participants experienced and assigned meanings to messages around the perceived dangers of female sexuality as conveyed by their family and social environment. Previous research with South Asian women have documented their negative sexual experiences due to heritage cultural values significantly influence an individual's sexual attitudes, beliefs, behavior, functioning, and health (Ahrold & Meston, 2010; Brotto et al., 2005; Brotto et al., 2008; Meston & Ahrold, 2010; Woo & Brotto, 2008; Woo et al., 2011). Many participants remembered parents, schoolteachers, and peers conveying fear about the consequences of early sexual activity and others recalled being told to be "watchful" upon attaining puberty. Often their stories reflected an absence of sexual desire and pleasure elements when discussing sexuality, as some stated that these issues were simply "not talked about." The silences that surround female bodies and sexuality are universal and cross-cut differences in culture, ethnicity, and religion. While culturally specific constructions of sexuality may differ, young females around the world share the experience of lacking information about their bodies at

various points in their lives. Previous research with girls and women of different cultural, ethnic, and religious backgrounds has acknowledged this phenomenon (Amaro et al., 2002; Davila, 2005; Dawson & Gifford, 2001; McCormick, 1993). Our participant's related stories reflected silences around all aspects of female sexuality including puberty and menstruation, sexual intercourse, fertility, sexual harassment and dating violence, contraception, body image, gender role and gender identity, and most noticeably the capacity for desire and pleasure. This lack of information also caused emotions of fear, shame, and embarrassment for participants at different times. Additionally, control over female bodies, behavior, and lack of knowledge about their bodies contributed to low self-esteem.

According to Blackwood (2000), conversations about sexuality are incomplete without discussing gender. Cultural views of gender prescribe a range of acceptable behavior for both genders and crosscut all other social categories (Blackwood, 2000; Emami et al., 2001). In the present study, participants' understandings of views of gender in the areas where they grew up were integral aspects of their narratives. The participants explained the forces of power and oppression that these held over their bodies and their lives. They were also very mindful of the consequences if they disobeyed the limitations of acceptable behavior prescribed by these culturally embedded systems. Additionally, they revealed how the intersection of gender and patriarchy have created layers of power and oppression in female adolescents' lives. Family reputation is paramount for Pakistani families (Khan, 2020), and second-generation immigrants living in Canada are mostly socialized according to these cultural expectations. However, this can create conflict between parents and children. The participants explained that living in a bicultural world can cause significant stress and anxiety, especially when making personal life decisions related to sexuality. Sometimes, female adolescents are forced to position themselves

as per their family's expectations over their own desire. This results in confusion and tension for the female adolescents who are living between two cultures.

Traditional Pakistani gender roles also shape the way female adolescents understand and explore their sexuality. Utilizing intersectionality as a theoretical lens was particularly beneficial as it allowed researchers to consider and account for the influence of sociocultural forces of marginalization on experiences of female adolescents' sexuality and understand the immigrant female adolescent identities as multidimensional and interdependent at each stage of the data analysis. In Pakistani households, girls and boys are usually raised differently and those cultural norms are often transferred over to second-generation immigrant children, reinforced by religion, family, and community structures. In Pakistani families, "Historically and traditionally women and girls were kept in the home and raised to be nurturing, responsible, and obedient women (Khan, 2020). The domain of boys was outside the home where they learned to achieve and be self-reliant, becoming the breadwinners of the family" (Zaidi et al., 2014, p. 31). In this study, participants explained how different roles are defined for female adolescents than males, and female adolescents' behavior is highly controlled and monitored compared to males. Female adolescents are taught by their parents and community to be nurturing, obedient, and well-behaved. Our participants revealed that they are often not allowed to go out of the house on their own with friends or extracurricular activities. In many traditional families, female adolescents are asked to stay at home to avoid any sexual misconduct and to prevent the family's image from any violation (Zaidi et al., 2014). Moreover, participants explained that family honour *[Izzat]* is enormously central to Pakistani families. Thus, to violate cultural norms is to threaten the entire family. These gender roles are obligatory in more traditional families, but these attitudes are changing over time. However, Khan (2020), argues that there is a growing number of South

Asian immigrant parents who encourage their daughters to pursue higher education and follow their careers. Although these types of gender norms, at least for girls and women, may be declining within Pakistani families who have immigrated into Westernised cultures, the narratives revealed that their powers of control persist.

The literature reveals that conversations on sex and sexuality within Pakistani households have long been marked by shame, blame, and neglect. According to Ali-Faisal (2018), many Muslim parents are reluctant to communicate with their children openly regarding sexual issues, but they convey their sexual attitudes through cultural teachings and observed behavior. In this study, participants' status as female, immigrants, religious, and often ethnic minority results in them getting contradictory messages regarding sexuality from their religious, cultural background, and mainstream North American culture, resulting in the experience of unique sexual health challenges. The mixed messages can often cause confusion and challenges such as sexual guilt and sexual anxiety. Ali-Faisal (2018) defines sexual guilt as "a type of self-imposed punishment one assigns for either violating or anticipating the violation of one's own standards of proper sexual conduct." and sexual anxiety as the expectation for punishment from others for violating standards of sexual behavior. Participants' narratives clearly reflected the experience of sexual guilt and sexual anxiety while discovering one's sexuality.

Religion imposes certain cultural norms. Our participants voiced how things like dating, specific dress codes, drinking, premarital sex are prohibited and considered forbidden *[haram]*. The only religiously accepted way to consider sexual relations permissible *[halal],* is to be married. Female adolescents are often asked to repress their sexual desires as any deviancy from religious norms can bring guilt and shame to families. As a result, female adolescents who dishonour their families by having any sexual relationships before marriage have consequences

like increased parental control, poor prospects for arranged marriages, accelerated arranged marriages and being disliked (Zaidi et al., 2014). Previous studies have established that strong religious beliefs limit women's access to sexual knowledge, restrict sexual activities and behavior, and can contribute to sexual dysfunction, guilt and anxiety or shame (Kellog et al., 2014; Heinemann et al., 2016; Rosenbaum, 2009; Aneja et al., 2015). Zaidi et al. (2014) reported that lower religiosity is related to better approval of and involvement with intimate cross-gender relationships. Besides, in Muslim Pakistani societies, there is also an intolerance for any LGBTQ+ relationships because homosexuality is considered haram. According to our participants, LQBTQ+ individuals in Pakistani communities must hide who they truly are to refrain from being shunned by their families. Participants who self-identified as bisexual or lesbian shared their fate would be ending up marrying someone they do not want to, to delight their parents.

Conclusion and Implications

This study was one of the first studies in Canada to explore the Pakistani-descent adolescent girl's perceptions and experiences of developing sexuality. The use of a qualitative approach, an art-based approach, and a postmodern feminist and the intersectional lens allowed this exploration to highlight the experiences of immigrant female adolescents. Our research suggests developing sexuality can be a major source of stress and anxiety among Pakistani-descent female adolescents, due to the intersections between female gender and socio-cultural spheres of control. Our findings suggest health care providers be mindful of the significance of religion, gender orientation, sexual identity, and culture that can impact the experiences of sexuality among female adolescents. Moreover, given the value-laden nature of the issue of sexuality, schoolteachers, counsellors, community workers and health care providers dealing

with immigrant female adolescents should engage in value-clarification training where they can explore their own values and beliefs related to sexuality, and explore how this can impact their work with immigrant female adolescents.

Participants in the study discussed the role of religion in their lives with most indicating that their religious beliefs were extremely important to them. Indeed, places of worship were mentioned by several as key spaces to connect with other Pakistani immigrant youth, such as in Islamic sex education classes. However, these classes do not follow any specific sex education curriculum. Therefore, networking of sexuality educators with faith groups and institutions can help improve the relevancy and effectiveness of sexual health information and make age-appropriate comprehensive sexuality education curriculum available for female adolescents. This eventually can help in contributing to the breaking of silences around issues of sexuality.

According to the participants in the study, immigrant parents who raise their children in a multicultural society face many challenges due to the "cultural" generation gap, over the competing value systems. Differing ideas surrounding religion, education, sexuality, or dating can often result in tension in relationships. Parents should be supported to promote an atmosphere of open communication with their female adolescents about sexual health-related issues to aid them in making personal life choices and decisions. Moreover, culture and social expectations play a huge part in why female immigrant adolescents are less likely to reach out for mental health support (Burosch, 2009; Delara, 2016; Gopalkrishnan, 2018). The present study suggests that appropriate and timely access to sexual health information and mental health support can help reduce psychological issues such as stress and anxiety among female adolescents caused by cultural and religious factors. This can be achieved when parents allow their daughters to make informed decisions related to their own sexuality.

Further longitudinal research is needed at various intervals of the early, middle, and late adolescence stages to identify similarities or variations in the experiences of sexuality. Also, future work can be done in exploring the perspectives and experiences related to sexuality among adolescent boys, challenges of immigrant parents, and healthcare professionals dealing with immigrant populations. Including immigrant female adolescents in the planning and development of relevant interventions that are culturally sensitive to their needs related to sexuality can be a powerful strategy for making information and services culturally relevant to this group within a multi-cultural society. This will empower female adolescents and will give voice to their concerns. For instance, a participatory action research approach with immigrant adolescents would allow researchers and participants to work together to understand their perspectives and needs and build skills that can be used by female adolescents experiencing sexuality-related stressors to improve their well-being.

This study provides preliminary qualitative evidence of an association between experiences of immigrant adolescent sexuality and wellbeing. Future quantitative studies can be conducted to establish those associations between experiences of adolescent sexuality and wellbeing. Finally, this study provides implications to policymakers to revise existing policies and create youth-friendly policies for immigrant youth to draw attention to the hidden voices of female adolescents and increase awareness about ways to address issues arising in evolving sexuality.

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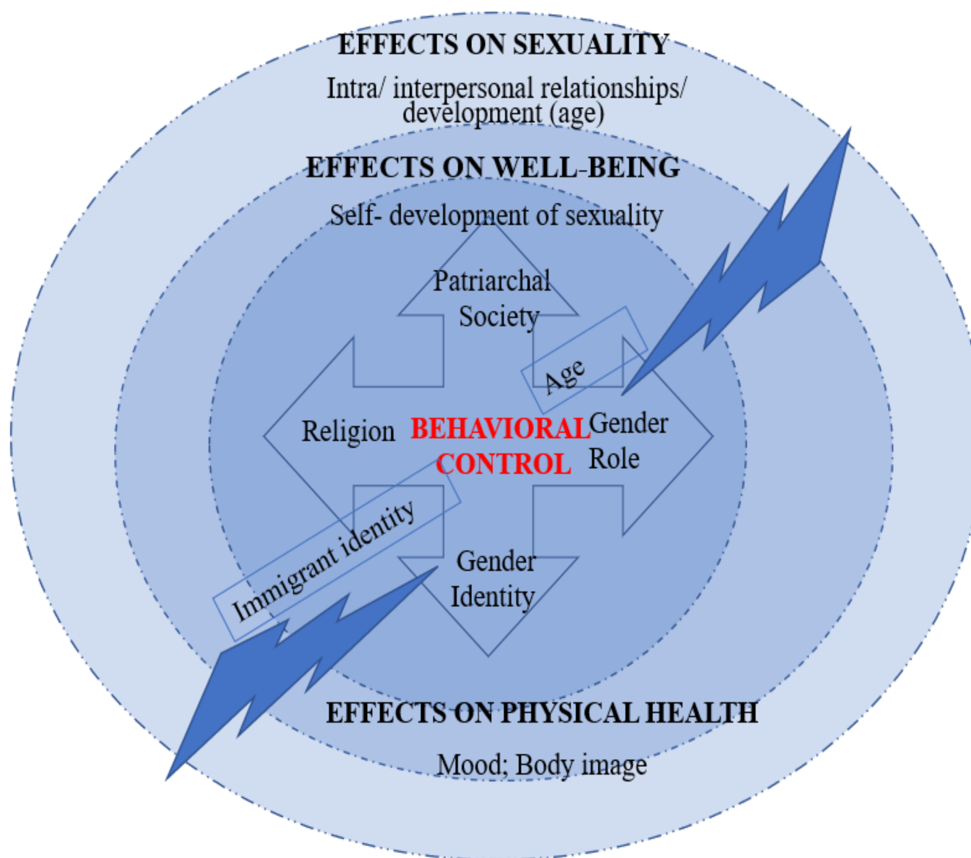
Table 1: Demographic Characteristics of Adolescent Girls (N=21)

Characteristics		**Number (N=21)**	**Percentages (%)**
Age of the participant Mean: 17 Standard Deviation (SD): 5.2	14-15 16-17 18-19	02 07 12	10% 33% 57%
Gender	Female Non-binary	21 00	100% 0%
Education	Garde 10 Grade 11 Grade 12 Post-Secondary	02 05 08 06	10% 24% 38% 28%
Language	English Urdu	21 21	100% 100%
Religion	Islam Hindu Christianity	19 01 01	90% 5% 5%
Parent's birthplace	Pakistan Canada	17 04	81% 19%
Parent's Education Mother Father	None Less than high school High school College University None Less than high school High school College University	00 04 02 05 10 00 02 02 05 12	0% 19% 10% 24% 47% 0% 10% 10% 23% 57%
Length of Stay in Canada	For all life >10 years 4-9 years 1-3 years <1 year	08 06 05 02 00	38% 28% 24% 10% 0%
Any Mental health Issue	Yes No	05 16	24% 76%

Figure 1. Graphical Representation of Themes



Chapter 5. Paper 4: Sexuality and Well-Being of Pakistani-Descent Female Adolescents living in Canada: Perceptions and Recommendations

This paper is being prepared for submission as: Punjani, N., Hegadoren, K., Papathanassoglou, E., Mumtaz, Z., Jackson, M., & Hirani, S. (2022). Sexuality and Well-Being of Pakistani-Descent Female Adolescents living in Canada: Perceptions and Recommendations. (2022). *The Journal of Adolescent Health.*

Sexuality and Well-Being of Pakistani-Descent Female Adolescents living in Canada: Perceptions and Recommendations

Abstract

The sexual health needs of female immigrant adolescents in Canada have been largely unmet and have increased in magnitude over the last few years. Evidence suggests that racialized immigrant adolescents lack sexual and reproductive health knowledge and use fewer sexual health-related services and sex education resources than do non-immigrant youth. In Pakistani immigrant adolescents, this difference appears to be associated with socio-cultural and religious practices. This paper aims to describe how first-or-second generation Pakistani-descent female adolescents, living in Canada, describe their perspectives on developing sexuality and well-being. In addition, this paper explicates female adolescents' perceptions of their needs to support their sexuality while going through the adolescence stage. Using a qualitative interpretive descriptive design, individual interviews were conducted in combination with drawing timelines. A purposive sample of 21 female adolescents who were first- or second-generation Pakistani-descent was obtained. A thematic analysis approach was used for data analysis. Findings suggest that immigrant female adolescents encounter mental health concerns as a result of confusing messages they received from their parents related to sexuality. Also, discrimination, exclusion from sex education classes, and lack of knowledge on sexual health can result in social exclusion, avoidance of health care, and poor mental health outcomes such as depression and anxiety. The participants' experiences are potentially influenced by the lack of communication with parents about sexuality and lack of health care providers who can understand and speak to their needs and realities as immigrant individuals. Female adolescents expressed their need to break the silence around the topic of sexuality, to have a non-judgemental and blame-free

attitude from adults, and for open, honest, and stigma-free conversations. This study used principles from both Intersectionality and Postmodern feminist theories to increase our understanding of the interplay between experiences of developing sexuality and overall well-being in female immigrant adolescents of Pakistani descent. It is crucial to involve, listen to, and incorporate female adolescents' voices when planning and implementing interventions to support healthy sexuality among immigrant adolescents.

Keywords

Female Adolescent, Immigrant, Sexuality; Girls Voices, Well-being, Pakistani

Background

Important developmental tasks in adolescence include developing a sense of identity, building relationships, and acquiring the skills to cope with stress and life challenges (Ginsburg, & Carlson, 2011; Sawyer et al., 2012). Globally, a significant number of adolescents are sexually active, and this proportion rises progressively from mid-to-late adolescence (Chandra-Mouli et al., 2014). In 2010, The International Planned Parenthood Federation stated that all adolescents should be able to explore, experience and express their sexuality in healthy, positive, pleasurable, and safe ways. This is only possible when young people's sexual rights are understood, recognized, and guaranteed. However, immigrant adolescents particularly female adolescents face unique challenges that prevent them from experiencing sexuality in a positive, healthy, and safe manner, this can have implications for their overall health and well-being.

A significant proportion of young people in Canada are immigrants with unique health needs in the context of physical, emotional, and social well-being (Statistics Canada, 2017). According to Statistics Canada (2017), almost one in every 3 newcomers was under 24 years of age and about half of these youth are from Asia (Statistics Canada, 2017). The number of immigrant population from Pakistan to Canada is growing rapidly, ranking Pakistanis among the largest foreign-born groups in Canada (Statistics Canada, 2021). In 2019, Pakistan was Canada's fifth-largest source of permanent residents particularly youth population (Government of Canada, 2021). Despite the recognition of adolescence as an important developmental period, research on the experiences of Pakistani immigrant adolescents' sexuality and its potential impact on their well-being is scarce.

Adolescent youth face a dearth of accessible adolescent-friendly sexual health services and restrictions on the delivery of appropriate and accurate knowledge, particularly to unmarried

females (Morris & Rushwan, 2015). Adolescents often have inadequate knowledge and skills to manage sexual health issues, potentially because of the difficulty of the open discussion of sexual matters with parents, teachers, and friends; the inhibitions of embarrassment, fear, shame, and stigma; and conservative socio-cultural norms and religious values (Fisher et al, 2011; Glasier et al., 2006). Moreover, stigma attached to adolescents' sexual behavior, unintended pregnancy, early childbearing, abortion, and STIs can have unfavorable health and social outcomes, including shame, social marginalization, violence, and mental health illness (Hokororo et al., 2015; Lince-Deroche, Hargey, Holt, & Shochet, 2015), which can have short- and long-term adverse effects on the overall well-being.

Racialized immigrant youth face various unique struggles and barriers in achieving optimal level of health due to the intersecting effects of race, age, gender, and immigrant status that influence their experiences. No research evidence was found on the sexuality of Pakistani female immigrant adolescents and their overall wellbeing in Canada, however, some research on the Sexual and Reproductive Health (SRH) needs of immigrant adolescents was identified. In 2007, Flicker et al. conducted a survey (N=1216) of Toronto teens, including youth from diverse ethnic backgrounds and immigrant youth which showed teens engage in a wide variety of sexual behavior, such as kissing, oral sex, vaginal intercourse. Furthermore, most Toronto teens have never visited a health care provider for any sexual health-related reason, citing barriers such as the fear of being judged or embarrassed by friends, concern that services are not confidential perceptions that the services are not youth-friendly, parents'/caregivers' reactions, and the fear that staff will judge them. Flicker et al. (2007) also found that immigrant youth who had lived in Canada for three years or less had slightly lower levels of sexual health education at age 13 and significantly lower rates by the age of 18. Moreover, Salehi et al. (2014) explored the predictors

of access to sexual health services among urban immigrant adolescents who lived in Toronto through surveys of 1216 adolescents. The results of the study found that sexual activity, age, race, and social resources affect access to sexual health services among immigrant youth. Also, a 2009 review conducted by the World Health Organization (WHO) identified the relationship between women's SRH and their mental health. However, many of the participants of this review were married women of childbearing age and very few adolescents from middle- and high-income countries.

Sexual activity and experimentation are normal aspects of adolescent development that may, together, be associated with undesirable health outcomes, including resultant sexually transmitted infections (STIs), unplanned pregnancy, dating violence, or abortions (Leung et al., 2019). Immigrant adolescents aged 10–19 years struggle to access necessary sexual and reproductive health information and services in Canada due to multiple barriers (Meherali et al., 2021). Although the effect of SRH events on adolescents' physical health and well-being is acknowledged, the global mental health burden that may be associated with the outcomes of the negative experiences of sexuality is not well understood. The purpose of this paper is to explore the perceptions of the relationship between developing sexuality and well-being of Pakistani descent female adolescents, living in a large urban area in Canada. In conducting our study, we opted for the term "sexuality" instead of 'sex", in order to understand the holistic approach to the subject, not limited to the sphere of sexual reproductive health, but which includes various themes for instance critical thinking, gender roles and stereotypes, relationships and emotions, different sexual orientations and identities, etc. (Barr et al., 2014, 398).

There is no unanimity around a particular description of well-being, but there is a broad understanding that at minimum, well-being consists of the presence of positive emotions and

moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfillment, and positive functioning. According to WHO (2012), well-being exists in two dimensions, subjective and objective. It encompasses an individual's experience of their life together with a comparison of life circumstances with social norms and values. For this study, well-being is defined as the combination of feeling good and functioning well; the experience of positive emotions such as happiness and satisfaction as well as the development of one's potential, having to control over one's life, having a sense of purpose, and experiencing positive relationships with regards to one's sexuality.

Method

We conducted a qualitative study to describe perceptions and experiences of developing sexuality in middle- to late- female adolescence of Pakistani-descent, living in an urban center in Canada. To explore the complex phenomena of adolescent sexuality, an interpretive descriptive (ID) approach was used to explore the contextual and experiential knowledge adolescent sexuality and their well-being (Thorne, 2016). The qualitative study included individual interviews with first- or second-generation Pakistan-descent female adolescents ($n = 21$). This paper reports qualitative findings regarding participants' perceptions on developing sexuality and well-being and their views on how their sexuality experiences can be supported during the adolescence years. This study received ethics approval from the University of Alberta Research Ethics Board.

For this study, we used principles underlying both postmodern feminist and intersectionality approaches. Both theories examine how social and cultural categories interact on several and often simultaneous levels. During the data analysis, these principles enable us to

identify how injustice and inequality exists on a various level for racialized youth that affects female immigrant adolescent sexuality and their well-being.

Sample and Data Collection

A purposive sample of 21 female adolescents who were first- or second-generation Pakistan-descent was obtained. The call for participation was circulated through recruitment material such as emails, flyers, posters, and social media platforms such as Twitter, Instagram etc. containing information about the study, eligibility criteria, and researcher name and contact information. Female adolescents who were willing to participate in the study contacted the researcher directly. Additionally, snowball sampling was used as a strategy to recruit female adolescents. The interpretive description approach, a qualitative research design, was used to examine and interpret sexuality experiences in female adolescents. Ethical approval for the study was obtained from the Human Research Ethics Board of the University of Alberta. Participants included were female adolescents aged from ages 14 to 19 years and were willing to share their experiences with the researcher.

Data were collected using a semi-structured interview guide and a timeline. Timelines are developed from important life events of a study participant, positioned in a sequential fashion, with a visual demonstration of the importance or meaning attached to a particular event. A total of 28 in-depth interviews including 7 follow-up interviews were conducted. Initially ten interviews were organized in a private space and all other interviews were conducted via an online video conferencing platform due to the Covid-19 pandemic restrictions. Written informed consent and confidentiality agreement were obtained before the interview and ongoing reminders regarding consent by the researcher reinforced the confidentiality of participants. Interview

lasted 90 minutes on average. Interviews were audio-recorded and transcribed with any identifying information removed.

Data Analysis

Interpretive description offered an inductive approach toward understanding the phenomena of adolescent sexuality and well-being. The data analysis process involved inductive reasoning, constant engagement, testing, challenging preliminary interpretations, and, finally, conceptualizing to understand the phenomenon (Thorne, 2016). A thematic analytic approach was used for data analysis (Thorne, 2016). Soon after the second interview, data transcription and translation began. Upon completion of transcription, repeated immersions in the data identified emerging categories, linkages, and patterns in the data. NVivo 1.5 version was used for data analysis, different categories, linkages, and patterns in the data were identified. Overarching themes were developed and discussed with the research team to further explore meanings. Trustworthiness and credibility were maintained in the study through constant engagement with the data, and by maintaining an audit trail of all the methodological and analytic decisions made during the study

Findings

The narratives revealed participants' concerns about their physical and psychological wellbeing intertwined with their experiences of developing sexuality. Especially lack of exposure to adequate sexual health education affected them in several ways by shaping their physical, psychological, and sexual health. Participants also talked about the need for and importance of having access to information about these issues and voiced their concerns about having parental participation in better supporting their sexuality.

Sexuality and Wellbeing

Participants described various challenges related to experiencing various controls over their behavior and sexuality. Participants expressed that the messages received about sex and the body were often negative or ambivalent. Indirect communication from parents led some participants to feel unsure about themselves and their bodies. Participants mentioned that mobility restrictions followed by menarche isolated them socially and make them lonely without support and guidance; *"I have nobody to share my feelings and experiences with"* [P4, 14 years old]. This lack of autonomy to make choices was triggering hopelessness among participants.

Due to the lack of knowledge about puberty, the majority of participants expressed that menarche was an unpleasant experience. The start of puberty makes female adolescents ashamed of physical and sexual changes; *"the start of my menstruation was an abrupt and upsetting incident for me"* [P12, 17 years old]. Another girl mentioned that *"I was shocked after my first period; it was a terrible feeling. … I avoided my mother because I was too embarrassed to talk about it with her."* [P11, 15-year-old girl].

One of the participants in our study who grew up in Pakistan mentioned the use of drugs under the influence of her boyfriend and how it affected her physical and mental wellbeing. She mentioned that

"I was in my first relationship with my best friend's brother … he used to do drugs and forced me to do it too … he used to threaten me… I didn't know back then about the importance of consent … I was too scared to tell my parents … this affected my health, social life as well as my education" [P9, 19 years old]

According to the participants in the study, a lack of knowledge and skills to protect themselves from sexual harassment makes them fragile and weak. To avoid being blamed,

participants usually remain silent about sexual harassment. Early marriage and consequent loss of freedom worry them. Participants expressed that all kind of control over their sexuality leads to frustration that ends up in problems like disturbed sleep and dietary pattern along with anxiety, stress and in extreme cases even depression.

The majority of participants experienced psychological changes associated with puberty that were related as experiences of anxiousness, sadness, depression, nervousness, and misery. Communicating anything related to sexuality with parents was viewed as problematic by most participants. One of the participants mentioned that *"there is no point of talking with my parents on sexuality issues, as they wont trust me, I always prefer to turn to my friends on such things".* Participant's narrative revealed they believe that their parents are unable to recognize their concerns as well as they do not want to comply with parental advice, want independence, lack trust in the family, feel confused about their role, and prefer to be with peers.

In their narratives, participants expressed their awareness of the consequences they can face for disobeying the boundaries of acceptable behavior within their cultural system. Participants in the study expressed their disappointment that their sexual rights were tightly controlled by their parents by setting certain limits on them due to cultural differences such as prohibiting them from dating, talking with boys, or from any sexual activity. For example, many participants spoke of their parents' denial to allow them to sleep over at friends' houses, even for all-girl parties. All the participants mentioned similar limitations, that is, parental restrictions over their physical mobility that they believe is to control of their bodies.

One participant who was 14 years old mentioned that "my mother does not allow me to wear like short skirts or tank tops, even in summer she wants me to wear full-cover clothing... Another girl expressed that, *"I guess my mother think if I wear short clothes boys will look at me*

or do something wrong." [P14, 17 years old]. These were some controlling measures that were forced on participants by their parents.

While apprehensions among young people and parents are a common aspect of adolescence, not unique to the immigrant experience, these tensions became more acute regarding culturally specific issues. For example, A few participants were in conflict with their parents about attending their school's junior prom night. The parents had forbidden their daughters to attend any such parties, over what the participants perceived as fears of an unfamiliar culture. As a girl noted,

"*My father explicitly said, I can't go to prom or parties because of what my parents think might happen after, like getting drunk or have sex"* [18 years old]. This view was supported by another girl *"I really wanted to go to prom as all of my friends were going, but my parents didn't allow it as they think what might happen after the dance, this is what they see in movies and heard stories about …. But these were not my intentions … I only wanted to enjoy with my friends"* [P17, 17 years old]

Parental control also led some participants to hide their interactions with others and use of communication devices. One of the participants while remembering one of the events expressed how her mother used to scrutinize her chats and monitor everything, she said

"Well, my mom was monitoring me. I started making other accounts like I made an art account and that wasn't allowed, but she didn't know that existed … whenever she wasn't around, I just go incognito mode … hang out on that account. I had stopped playing online games for a bit, so she couldn't really scrutinize that." [P3, 18 years old]. She further mentioned

"I used to like hide everything, I had an iPod. They [parents] used to think I just use it for music and, um, mobile games because I used to be very extreme in hiding things. I had ways to hide the

apps. I had locks on top of those hidden apps … I would always log out of my every single account." [P3, 18 years old].

These unpleasant experiences let this girl suppress her feelings for girls or boys to prevent herself from any kind of judgment from her parents. She spoke

"*I think I am, or I have become asexual; I was very open about my asexuality because … it was sort of like an anti-shame thing for me … it was less shameful for me to be like asexual than like anything else, even straight."* [P3, 18 years old]

One participant who identified herself as bisexual shared her experience of hiding her sexual identity from their parents due to fear of resentment as she thought their parents would disown her, she mentioned that

"I don't want them (parents) to know just out of like, just knowing that or like the thought of them not supporting it. It's like better to not risk that in my opinion. I don't know, because I depend on them financially and like for support in other ways, like emotional support and just like the way that you do depend on families. So, for me, keeping that like to myself is worth it." [P12, 17 years old]

The feelings of fear of family rejection were also described by another participant who identified as a lesbian, and shared that fear and stigma of being lesbian and being rejected by parents has caused her stress and depression.

"I've actually been to therapy for two years now… and I'm also on medication. So yeah, all of that really helped and like kind of, I've also been to support groups, like survivor groups that have helped" [P18, 19 years old]

One girl while mentioning the unfortunate situation where her mother found out about her boyfriend, and she had to end her relationship sadly expressed

"I don't think I got over that crush, even though I denied it for like several years and it's only very, very, very recently that I kind of snapped out of my denial. But I'll probably get into that later. Um, but yeah, that guilt was very strong. But throughout junior high, I had a lot of secret friendships." [P10, 19 years old]

The participates shared that these sexuality-related experiences and the need to hide them from their parents were accompanied by negative emotions such as fear, apprehension, distress and an overall reluctance to reveal their thoughts and actions to their parents. The stories of participants reflected that throughout their adolescence age, parental control and expectations had continued to influence their experiences, behavior, and beliefs related to sexuality and the meanings that they attribute to them.

According to participants in the study, control over their sexuality leads to many negative consequences on their sexual health. Participants indicated that the lack of sexuality education, knowledge, and skills had harmful impacts such as decreased sexual desires, getting involved in risky sexual behavior, and resulting STIs, and impact on future relationships. The availability of information about sexuality and sexual health was a huge concern for the female adolescents in this study. Few participants raised questions about being able to make informed decisions about their sexuality. A 19-year-old participant expressed her worry saying that

"Very soon my parents would want me to marry without having any information on family planning methods, I think this could be very harmful to my future relationship with my husband". [P12, 17 years old]

A 19-year-old participant indicated that *"My all elder sisters got married by age 22, I know that's my fate too, but I am not ready for it, as I have no confidence in making sexual and emotional choices"* [P18, 19 years old]. Most of the participants mentioned that they have never

been, or they never want to be in any kind of sexual relationship before marriage. However, lack of knowledge prevented female adolescents from making informed sexual health choices.

The stories that participants told indicated that the lack of access to information and services related to sexuality impacts their sexual health and ambivalence about acceptance of culturally prescribed role. Many participants shared that they had to go through various types of sexual harassment and dating violence due to the lack of knowledge about consent. They also shared that they were not able to share the incident with their parents due to fear of being blamed.

Another participant talked about her reluctance in seeking medical help when she was facing an irregular period. She described her story when she was unable to tell her mother that she hasn't had her period in the last 4 months, she said "*despite not being in any sexual relationship, I thought that my mother would think that I am pregnant".* She further expressed *"I don't know what I was thinking, I was just going through PCOs, I was finally diagnosed when I was 17".* [P9, 19 years old] She suggested that this situation would have been easily avoided if her mother had simply kept such conversations normal at home.

In their narrative, participants indicated that due to the silence around sexuality at home and fear from parents in speaking about sexuality, they have started to suppress their concerns related to sexual health. A participant in a study mentioned that *"I have just started to ignore my concerns related to sexual health … because I know there is no one who can listen and answer my questions without judgment… I am scared of asking questions from my parents"* [P8, 18 years old].

The analysis indicated that controlling immigrant female adolescents' sexuality played a significant part on the participants experiences of well-being.

Female Immigrant Adolescents' Perceptions and Suggestions

female adolescents' voices are presented with reference to their perceptions and suggestions about how their parents could help to normalize and support their sexuality experiences during the adolescent years. Despite many complex challenges, female adolescents faced regarding their sexuality, they felt that they got minimal or inadequate support from adults on how to navigate resources with regard to their sexuality. The key themes that emerged under the study are breaking silence around sexuality, non-judgemental and blame-free attitude, and sexuality conversations: open, honest, and free from stigma.

Breaking Silence Around Sexuality

Female adolescents in the study expressed their concern about the taboo and silence around the topic of sexuality from their parents. Many participants share their disappointment by saying that their parents are great role models and educate them about every aspect of their lives, yet they are very reluctant and unwilling to talk about sexuality with female adolescents. A 17-year-old girl shared

"I think sometimes they [parents] can definitely make an effort to talk about these things [sexuality], but like what I saw with my parents, they tried, but it was very vague, and it was like very general … I just feel very judged. Like they felt like if I did this, I would feel very judged Like I would be doing something wrong in their eyes." [17 years old]

Similarly, a couple of participants who had difficulty discussing about sexuality stated her views about parents to be more open in discussing sexuality

"I've definitely had like some conversation with my parents about like how we need to be a lot more open. … In Pakistani culture, there's the whole idea of getting married at very young age

and then not having the sense, not having like any education before that. And I think at least before you get married, you should have a very explicit talk about sex and like consent and all of that and how that plays a role into your romantic life and your future life in general" [18 years old]

"My mother sometimes gives me hidden messages, which are never explicit by giving me examples of other girls in the community like what they did wrong and its consequences, I get some idea, but my questions are always unanswered. I eventually end up searching for my answers on google and get a lot more information on sexuality, I feel guilty as I think I am too young to know too much" [16 years old]

Female adolescents indicated that the silence or hidden message about sexuality they receive at home affects their lives negatively. The participants also mentioned that as a result of negative connotations attached to sexuality, they are going through feelings of shame, fear, and regret after being exposed to sexual experiences. A 19-year-old girl who had faced sexual harassment at a very young age expressed that

"*Child should feel like they could be able to approach their parents no matter what and be able to talk to them. Like how I wish I would have my mom the whole time" [19 years old]*

Most participants who had an opportunity to discuss sexuality with their parents indicated that it was usually only briefly touched. Participant's voices strongly proposed that the female adolescents perceive parents to be most uncertain to discuss the topic of sexuality with them and that many parents entirely avoid this topic or move the responsibility onto others such as aunts and schoolteachers.

Non-Judgemental and Blame Free Attitude

Study participants reported that attempts to indulge in discussions about sexuality often resulted in a judgemental attitude or that parents make justifications not to talk about sexuality. This gives way to female adolescents starting to doubt themselves, leaving them with questions on whether they are allowed to talk to parents and the consequence of such conversations. As one of the participants mentioned that

"If I discuss anything with my mother, it is mostly about menstruation or physical bodily changes, other than that its hard to find words to discuss things around sexuality … because I put myself in trouble once when she found some posters in my bag which I got from high school fair, and she started asking questions in a very judgmental manner" [15 years old]

Another girl expressed her worry about how desperately she would like to speak to her mother, but how she was countered by numerous internal questions that they ask themselves about whether they can trust parents enough to open up to them without being met with confrontation and judgement.

"I always think twice If I have any questions in my mind regarding sexuality … like what if she will judge me forever about what I tell her? Is it acceptable to talk about it? Can I tell her? I think its better to use the internet to find my answers" [14 years old]

Participants further mentioned that parents usually perceive questioning about sexuality as an indication that their daughters are sexually active or have a desire to be. This kind of behavior from parents prevents female adolescents from exploring more on sexuality and make it very difficult for female adolescents to view sexuality in a positive way. A 17-year-old girl who identified herself as lesbian expressed her views on how parents should facilitate their children's choices

"Parents should let them [children] explore and the child find out who they are and letting their child be who they are, is so important and … telling them that any part of them is wrong is isn't okay. This makes the child to hate themselves, makes your child like have psychological issues. And it's something that not just like people here in general are sick or do something wrong, the fact is that it's normal [LGBTQ community], it's normal and it shouldn't be shamed, and it should not be taboo." [19 years old]

Participants in the study explicate that they want their parents to approach the topic of sexuality in a way that is non-judgmental and free from blame. This will provide opportunity to female immigrant adolescents to explore their queries and get adequate information on sexuality.

Sexuality Conversations: Open, Honest, and Free from Stigma

Immigrant female adolescents may benefit from frequent conversations about their sexuality that is non-judgmental and complete and allow them to engage more deeply. However, it seems as if parents only talk because they have to and stop the conversations when female adolescents still have the need to hear more, which leaves female adolescents feeling upset. It could be that parents stop conversations about sexuality with children the moment they become uncomfortable talking about it.

"It's like my mother is always scared to talk about it. Generally, she avoids any such [sexuality] conversation or she wants to get it over abruptly. She will just say you are not attending sex-ed class, it is rubbish and then she won't answer any questions. And if I ask anything, my mom say, 'No, I don't want to talk about it', or something like that." [17 years old]

Participants in the study indicated that they would prefer to be approached by their parents in an honest and open way and prefer these discussions to happen gradually at home and during routine check-ups, frequently. Participants also mentioned that they want trusted and

respected relationships with their parents and health care providers, so they don't feel shame while discussing sexuality.

"I think parents need to be more open and approachable because you are bringing up your kids. They're not just coming here [to Canada] for education … you can't have education without socialization or like, meeting new people. And I feel like coming to Canada, you're not just getting the education, you're getting the people, you're getting the values again, the beliefs." [17 years old]

Participants clearly do not want parents to talk in understatements and to step casually around the topic of sexuality. Participants would like these conversations to be open so that they can be adequately informed in order to make their choices. A 19-year-old girl who was constantly pressured by their parents to follow Pakistani culture and values voiced her views

"As much as you [parents] want your kids to grow up like you grew up in Pakistan, like family values wise … But you need to understand that this is a whole new community that your child is exposed to, they will never be exposed to your culture [Pakistani culture], they will like listen about it but they'll never like lived through it. So, I feel like just being more understanding of what a child is going through, although it may be a little difficult to have certain conversations, … it is necessary to have them with the child or else you like in the end … your child is feeling distant from you." [18 years old]

Another girl who had a similar experience while growing up stated that

"You[parents] came here for a reason it's for education. Right? But like you have to sacrifice some things. because you're growing up in an area [western world] where people are more open, things are talked about unlike in Pakistan. I didn't go to school in Pakistan, but I don't know the sex ed was like a big thing there, but I don't think it is. And here you're more open to it,

you are put into a school with boys and girls, and you have recess with boys and girls and stuff like that. And I feel like people need to be aware of that. And there's no such thing as girls with girls, boys with boys here. because they're trying to bring you up into an equal and fair world. Parents should be more open to expecting change from their kids and accepting the change too" [18 years old]

The study participants believed that immigrant parents are ignorant about the broad topic of sexuality because they think that their children would forget their culture and religion and will eventually adopt western values. A 17-year-old girl expressed her views

"there's that concern that you're going to forget about your culture and religion. And I think that's on the top of the mind of every parent that they're going to forget about religion and culture. That's why they opt them out of these things to basically like hide them or conceal everything religion doesn't agree with. But I think you have to accept that this is just biology. It's not even just, it's not even culture, it's just biology and you just have to learn about it" [17 years old]

An 18-year-old also articulated that

"Parents have this perspective that it's the Canadian people here that are going to ruin your children and are going to teach them all this stuff [about sexuality] and that you have to keep them away from these people. Whereas I feel like this society has probably helped me more than my own community, ... the idea that it's the Canadians or the Americans or the Western world that's going to guard, your child, or whatever like mess your kid up. It's probably not, I think just need to be more open and have more discussions to prevent kids from going off the track" [18 years old]

A 19-year-old participant who according to her suffered a lot while growing up in terms of dealing with differences with parents in learning about sexuality stated her advice for immigrant female adolescents that

"For adolescents, I would say, even if you're not allowed to go to sex-ed class because of your parents or whatever, it's so easy to educate yourself these days, um, through the internet or through university or whatever, it's just you keep yourself informed. Don't be ignorant. Like, don't just keep your eyes close to these things because that's not going to make them disappear." [19 years old]

It is noteworthy to mention that participants in this study expressed their desire regarding their parental presence and listening ears to have conversations about sexuality. They explicitly highlighted the need for support and guidance from trusted adults particularly their parents to discuss sexuality more frequently, comfortably, openly, explicitly and with confidence.

Discussion

The findings of this study relate to the ways that Pakistani immigrant female adolescents connect their sexuality experiences with their overall well-being. Their narratives suggest a complex process that requires consideration of contextual, systemic, and individual factors with and beyond the influence of culture. Immigrant female adolescents living in Canada are much more likely to experience mental health concerns due to mixed messages they received about sexuality (George et al., 2015). Similarly, discrimination, exclusion from sex education classes, and lack of knowledge on sexual health experienced by these participants can result in being excluded from social spaces, avoidance of health care, and poor mental health outcomes. At the same time, physical and mental health issues linked to sexual health can go without treatment or care due to fear and lack of communication with parents about sexuality, or because they cannot

find a provider who can understand and speak to their needs and realities as immigrant individuals. This finding is consistent with the previous literature, for South Asian females, where discussion related to sex is often associated with embarrassment, guilt, fear of being vilified, and concerns related to transgressing social boundaries (Sharma & Sharma, 1998; Smith-Hefner, 2000). Moreover, experiences of homophobia or transphobia, when growing up in traditional Pakistani household and the resultant loss of community and family support that would likely come from revealing culturally unacceptable gender identities can result impact over all well-being of immigrant adolescents. Having support from parents and the community can result in better health outcomes across the board and help minimize the experiences of loneliness and isolation among these female adolescents. The behavioral control over sexuality that these female adolescents experience in their daily lives give rise to issues like lack of confidence, low self-esteem, self-conscious, insecurity, fear and anxiety. It is clear from the data that due to control over their sexuality, immigrant female adolescents often feel vulnerable to poor psychological health (American Psychological Association, 2007; Mayer, 2003).

The intersectionality perspective entails an explicit recognition of the essentialized norms of power and privilege, as well as norms of inequity and oppression (Azmitia & Thomas, 2015). The intersectional approach helped us in identifying silencing and invisibility of immigrant female adolescents' sexuality in order to demand their voice and inclusion. Our study participants also spoke about how their sexuality-related needs can be supported, emphasizing the importance of listening to their voices (Beyers, 2013). Participants expressed that their parents are generally unwilling to speak about sexuality. As a consequence of this silence, adolescents are left ignorant, uninformed, and vulnerable to exploitation. Similar to previous studies, participants identified the notion of adults blaming and shaming them for wanting to talk

about sexuality and most of the time adults (parents or schoolteachers) instil fear in them by focusing strongly on the detrimental outcomes of sex (Koch et al., 2019). Furthermore, the participants are mindful of the hints of anger and resentment when they try to communicate about sexuality. Participants felt adults are likely to assume that adolescents who talk about sex are sexually active, a situation that they probably resent based on their opinions about abstinence from sex (Biswas et al., 2020) Participants emphasized what they want from adults when talking about sexuality; 1) parents, schoolteachers, and health care workers to be less ignorant about the sexual health topic 2) to develop positive relationships and trust to allow open conversations around the topic of sexuality in an age-appropriate and timely manner, and 3) conversations related to sexuality be free of interrogation and be accurate without sneaking around the topic and 4) to provide open discussion about striking a balance between exploring sexuality and the boundaries of social and cultural values. Generally, we found that female adolescents expressed interest in learning more about sexuality in open, honest, and non-judgmental ways. Research also suggests that parents are an influential source of information about sexuality to their adolescents and have the ability to shape these values and behaviors. Therefore, we recommend that parents should have training opportunities to learn adequate information on sexuality so they can acquire effective skills to communicate these issues with their children. Moreover, adults particularly sexual health educators like parents or schoolteachers should be confident when discussing the issue of sexuality with adolescents. To achieve this, it is important for adults to be self-aware of their own values that hinder them in promoting healthy sexuality among female adolescents (Mekonen et al., 2018; Sagnia et al., 2020). As a result of this, female adolescents will have the liberty to explore, embrace, and responsibly enjoy their sexuality, and this will prevent them from any kind of negative health outcomes.

While the same services and supports are available to all youth, the low level of service utilization among immigrant youth is an indicator of service accessibility barriers (Hernandez, Nesman, Mowery, Acevedo-Polakovich & Callejas, 2009). For racialized youth, the fear of stigmatization from health care providers and disclosing their sexual or gender identity prevent them from receiving care. In addition, culture and social expectations play a huge part in why female immigrant adolescents are less likely to reach out for sexual and mental health support (Burosch, 2009; Delara, 2016; Gopalkrishnan, 2018). The present study suggests that appropriate and timely access to sexual health information and mental health support can help reduce psychological issues such as stress and anxiety among female adolescents caused by cultural and religious factors. This can be achieved when parents allow their daughters to make informed decisions related to their own sexuality. This study provides preliminary qualitative evidence that experiences of immigrant adolescent sexuality can impact their wellbeing and that support from their parents can play a critical role in enhancing their wellbeing. Future qualitative and quantitative studies are necessary further delineate strategies that can attenuate the negative experiences of adolescent sexuality as described in this study and improve communication between Pakistani immigrant adolescents and their parents. However, we acknowledge the fact that in some cultures having a dialogue about sexuality is taboo especially in countries with strict gender roles such as Pakistan. It would be uncomfortable or inappropriate for parents with strong religious beliefs to discuss sex or sexual health with their children openly.

Conclusion

Developing sexuality can be a major source of stress and anxiety among Pakistani-descent female adolescents, due to the intersections between female gender and socio-cultural spheres of control. Our study provides evidence of the potential intersection between female

immigrant adolescents' experiences with sexuality and its impact on their overall well-being. The female adolescents' voices in this study indicated that when planning and implementing interventions to support immigrant female adolescents' sexuality, it is crucial to involve, listen to and incorporate female adolescents' voices on how they need adult support with regard to sexuality. We suggest that successfully learning to navigate emerging sexuality may strengthen the self-regulatory competencies that female adolescents can use to make better decisions about their physical, sexual, and psychological health. This study also argues the existing assumptions about the mutual exclusivity of "sexuality" and "mental health" in adolescence, and we suggest that parents, health educators, and health care providers can leverage sexuality to support the health promotion of immigrant female adolescents more effectively.

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Chapter 6. Discussion and Conclusion

Overview of Findings

My dissertation focused on understanding the experience of developing sexuality of immigrant female adolescents in order to ultimately improve their sexual health and wellbeing. Adolescent sexuality has been overlooked historically despite the challenges young people face across the world including developing sexual and gender identity, lack of access to comprehensive sexuality education, lack of knowledge related to contraception, pregnancy, abortion, and STIs (Leung, Shek, Leung, & Shek, 2019; WHO, 2015). Through this research, I found that despite the importance of sexuality as an intrinsic element of human health, there was a knowledge gap in the research literature on how Pakistani-female immigrant adolescents experienced and understood sexuality and its impact on their overall mental health. The cumulative results from this dissertation make a substantive contribution towards improving the experiences of developing sexuality among immigrant female adolescents by providing recommendations for parents, schoolteachers, researchers, and policy makers. In this concluding section, I provide an overview of the knowledge that developed from the four dissertation papers in relation to the previous gaps in the fields. I then present the strengths and limitations of the work and conclude by outlining directions for future research.

Our research suggests that developing sexuality can be a major source of stress and anxiety among Pakistani-descent female adolescents, due to the intersections between female gender and socio-cultural spheres of control. The study recommends that parents, schoolteacher, and health care providers need to internalize the significance of intersectionality such as race, religion, gender orientation, sexual identity, and culture that can impact the experiences of sexuality among female immigrant adolescents.

Knowledge Synthesis

Firstly, from the scoping review, I established that research specifically exploring immigrant female adolescents' experiences related to sexuality and its potential link with their well-being was scarce. Sexuality is a fundamental aspect of overall health and well-being, and positive approach towards sexuality plays an important role in childhood and adolescence as those experiences significantly affect sexual health and relationships in adulthood. Several of the included studies measured the sexual and reproductive health (SRH) knowledge aspect among adolescents, while this captured that lack of information and misinformation related to SRH among young people, it was difficult to understand how to translate this information to improve the experiences of female adolescents.

Despite the small number of studies identified in our scoping review, findings across the studies were consistent. Concerningly, the results of our scoping review draw attention to several aspects of sexual health, including privacy, confidentiality, health care services, and sociocultural norms. Although, sexuality is a sensitive issue in any culture, and the norms that regulate sexual behavior vary from one geographical area to another, from one subculture to another, and even from one age group to another (Roudsari, Javadnoori, Hasanpour, Hazavehei, & Taghipour, 2013). The lack of open discussion of sexual matters with parents, teachers, and friends because of embarrassment, fear, shame, stigma, and conservative socio-cultural and religious norms contribute to adolescents' inadequate knowledge and skills to manage sexual health issues (Fisher et al, 2011; Glasier et al., 2006). For example, the scoping review found that menstruation is usually associated with religious and cultural beliefs in Asian and African cultures (Chrisler & Zittel, 1998; Crichton at al., 2013), which may create challenges in accessing appropriate health care services and speaking openly about menstruation.

Similarly, the results of our scoping review suggested that SRH services that target adolescents are extremely disjointed, poorly synchronized, and low in quality (Hindin, Christiansen, & Ferguson, 2013; Mmari & Astone, 2014; Rankin, Heard, & Diaz, 2016). Additionally, our findings are similar to those of previous reports showing that health care professionals face numerous challenges in providing care to adolescents, because they need specialized skills and knowledge for consultation, interpersonal communication, and interdisciplinary care (Salam et al., 2016). This finding is understandable in view of previous studies that emphasized that the attitudes of health care professionals need to change to enable adolescents to seek help from qualified health care providers for safe sexual health practices (James et al., 2018). It was also found that training and educating professionals, developing stakeholder interrelationships, and using evaluative and iterative strategies are frequently recommended strategies to introduce and promote change in adolescents' sexual health practices, which is similar to the findings of other studies conducted in Asian and African context (Salam et al., 2016)

Lastly, our scoping review has identified several sexuality-related mental health issues among adolescents and their influence on shaping adolescents' overall mental wellbeing such as lack of social support, unmet needs of accessible adolescent-friendly sexual health services, counseling, and age-appropriate information may contribute to poorer mental health. Therefore, addressing sexual and mental health concurrently could play an important role in addressing the overall wellbeing of Pakistani immigrant adolescents living in Canada.

Methodological Implications

I have addressed how the creation of timelines have facilitated and informed the process of semi-structured interviews. The use of narrative interviews can provoke anxieties when

working on sensitive issues with vulnerable populations and it can interfere in developing rapport that eventually hinders the meaningful engagement with participants (Holland, 2007; Nicholls, 2009). In our study, I aimed to capture the experiences of Pakistani immigrant female adolescents on a very sensitive topic of sexuality. The timeline development in combination with the narrative interviews has the potential to minimize participants' anxiety while sharing the potentially traumatic events or difficult experiences (Hollway & Jefferson, 1997). In recent times, researchers have adopted the timeline approach to understanding the stories of vulnerable youth and young adults on sensitive issues. Examples include exploring inpatient opioid treatment (Monico et al., 2020), studying the resilience of marginalized groups (Kolar et al., 2015), understanding the use of substance abuse and treatment (Berends, 2011), studying the process of weight loss (Sheridan et al., 2011), exploring the influence of financial incentives on clinical behavior (Umoquit et al., 2008) investigating health equity and people experiencing homelessness (Patterson et al., 2012). The available literature on the use of visual timelines suggests that the combination of narrative interviews and timelines may improve the data collection experience and data quality, particularly when researching sensitive topics or marginalized populations (Berends, 2011; Harper, 2003; Sheridan et al., 2011).

I identified several advantages of using timelines in combination with semi-structured interviews. The use of timeline strategy to collect data on sensitive topic like sexuality helped us in building rapport with the participants, allowed the participants to become active partners and navigate the process, and helped them to think about future resolutions through reflection. Additionally, the iterative process of timelines facilitated participants to analyze their past within the context of social and interpersonal environment considering race, ethnicity, gender, sexual identity and help them envision their future.

Qualitative Inquiry – Part 1

Building from the results of the scoping review, I conducted a qualitative inquiry using interpretive description methodology to further explore first of second-generation Pakistani immigrant female adolescents' experiences of developing sexuality. Our findings from this study of immigrant female adolescents' experiences with exploring and developing sexuality echoed results from previous research in the field. The *Toronto Teen Survey* reveled that adolescent population from recent immigrant communities were least likely to receiving sexual health education (Flicker et al., 2009). This study also found that Muslim youth were significantly less likely to want more information compared with other youth with no religious affiliation (Causarano, Pole, Flicker, & the Toronto Teen Survey Team, 2010). A Canadian study involving Muslim students who received sexual health education expressed that, while they valued the factual information, they also felt that sexuality education in schools overlooked their religious and cultural values and their lived experiences (Zain & Muhammad, 2010). The similarity of our findings reveled that problematic encounter among immigrant female adolescents while growing up and experiencing sexuality are a longstanding issue. Prevalence of immigrant youth population in Canada, particularly in Alberta, is increasing rapidly, so health care providers and policy makers should seemingly anticipate making changes in policies and practice to improve sexual and mental health of adolescent population.

Our main findings from our study were that for most of the participants, cultural, religious, and family norms strongly influenced their sense of identity, their personal values, and beliefs, as well as the way they experienced their sexuality. In addition, for female adolescents, internalization of the silences and taboos surrounding issues of sexuality made certain issues extremely difficult or impossible to talk about. Our participant's related stories reflected silences

around all aspects of female sexuality including puberty and menstruation, sexual intercourse, fertility, sexual harassment and dating violence, contraception, body image, gender role and gender identity, and most noticeably the capacity for desire and pleasure. This lack of information also caused emotions of fear, shame, and embarrassment for female adolescents at different times. Additionally, control over female bodies, behavior, and lack of knowledge about their bodies contributed to low self-esteem.

Our study suggests that appropriate and timely access to sexual health information and mental health support can help reduce psychological issues such as stress and anxiety among female adolescents caused by cultural and religious factors. This can be achieved when parents allow their daughters to make informed decisions related to their own sexuality. Our study also provides implications to policymakers to revise existing policies and create youth-friendly policies for immigrant youth to draw attention to the hidden voices of female adolescents and increase awareness about ways to address issues arising in evolving sexuality.

Qualitative Inquiry – Part 2

This paper reports qualitative findings regarding participants' perceptions on developing sexuality and overall well-being and their views on how their sexuality experiences can be supported during the adolescence years. The narratives revealed participants' concerns about their physical and psychological wellbeing intertwined with their experiences of developing sexuality. Especially lack of exposure to adequate sexual health education affected them in several ways by shaping their physical, psychological, and sexual health. Participants also talked about the need for and importance of having access to information about these issues and expressed their concerns about having parental participation in better supporting their sexuality. Our study provides evidence of the potential intersections between female immigrant

adolescents' experiences with sexuality and its impact on their overall well-being. The female adolescents' voices in this study indicated that when planning and implementing interventions to support immigrant female adolescents' sexuality, it is crucial to involve, listen to and incorporate female adolescents' voices on how they need adult support with regard to sexuality. I propose that successfully learning to navigate emerging sexuality may strengthen the self-regulatory competencies that immigrant female adolescents can use to make better decisions about their physical, sexual, and psychological health.

Implications for Research and Practice

Growing up in Canadian society as an immigrant involves unique challenges for female adolescents. This research makes a unique contribution towards understanding the perceptions and experiences of developing sexuality among Pakistani immigrant female adolescents. Bringing female adolescents' perspectives to the forefront of practice provides an avenue to improve care for immigrant female adolescents and create opportunities to better support them.

Moreover, given the value-laden nature of the issue of sexuality, schoolteachers, counsellors, community workers and health care providers dealing with immigrant female adolescents should engage in value-clarification training where they can explore their own values and beliefs related to sexuality and explore how this can impact their work with female adolescents. This training is vital for issues of sexual orientation and sexuality that fall outside of Pakistani cultural, religious, or social norms. The training should further include the complex ways that female adolescents construct meaning related to sexuality together with the complex interaction of factors such as patriarchy, power, and gender oppression.

Participants in the study discussed the role of religion in their lives with most of the participants indicating that their religious beliefs were extremely important to them. They further

discussed the influences religious perspectives had on their attitudes, beliefs, and behavior related to sexuality. Indeed, places of worship were mentioned by several of the study participants as key spaces to connect with other Pakistani immigrant female adolescents such as in Islamic sex education classes. However, these classes do not follow any specific sex education curriculum. Therefore, networking with faith groups and institutions can help improve the cultural and religious relevancy of sexual health information for female adolescents and help in contributing to the breaking of silences around issues of sexuality.

According to the participants in the study, immigrant parents who raise their children in multicultural society face many challenges due to the "cultural" generation gap, over the competing value systems. There is often a barrier between immigrant parents and their children because they have led different lives. Differing ideas surrounding religion, education, sexuality, or dating can often result in tension in relationships. These female adolescents are mostly receiving mixed and contradictory messages and information on sexuality and strict behavioral control by parents cause stress and anxiety among them. Thus, parents should be supported through parental education programs to promote an atmosphere of open communication with their female adolescents about sexual health-related issues to support female adolescents in making personal life choices and decisions. Moreover, culture and social expectations play a huge part in why immigrant female adolescents are less likely to reach out for mental health support, the present study suggests that appropriate and timely access to sexual health information and mental health support can help reduce psychological issues such as stress and anxiety among female adolescents caused by cultural and religious factors. This can be achieved when parents allow their daughters to make informed decisions.

This research has offered a unique contribution by exploring the experiences of developing sexuality among Pakistani-descent female adolescents living in Edmonton, Alberta. Further longitudinal research can be done at various intervals of the early, middle, and late adolescence stages to identify similarities or variations in the experiences of sexuality among these female adolescents. Also, future work can be done in exploring the perspectives and experiences related to sexuality among adolescent boys, challenges of immigrant parents, and healthcare professionals dealing with immigrant populations. In addition, based on the recommendations from this study, interventional studies can be done to improve the immigrant adolescents' sexual health and over all well-being.

Including immigrant female adolescents in the planning and development of relevant interventions that are culturally sensitive to their needs related to sexuality can be a powerful strategy for making information and services culturally relevant to this group within a multi-cultural society. This will empower Pakistani immigrant female adolescents and will give voices to their concerns. For instance, participatory action research can be conducted, whereby researchers and participants work together to understand a problematic situation and change it for the better. Participatory Action Research will allow strengthening knowledge and building skills that can be used by female adolescents experiencing sexuality-related stressors to improve their well-being.

This study provides preliminary qualitative evidence of an association between experiences of immigrant adolescent sexuality and wellbeing. Future quantitative studies can be conducted to establish those associations or causal relationships between experiences of adolescent sexuality and wellbeing. Finally, this study provides implications to policymakers to revise existing policies and create youth-friendly policies for immigrant youth to draw attention

to the hidden voices of female adolescents and increase awareness about ways to address issues arising in evolving sexuality.

Strengths and Limitations of the Study

In the qualitative study (paper 1 and 2), I had significant success with online recruitment through various social media platforms and pamphlets. I was pleased to have a strong interest from Pakistani descent female adolescents and felt the interviews generated rich data; however, self-selection of participants may have created a potential sampling bias. In addition, middle female adolescents' perspectives were underrepresented in the qualitative study. Despite additional efforts to recruit female adolescents from age 14-16, the sample was mostly late female adolescents. For the older age adolescents, the experiences could be different as compared to young adolescents.

Based on the methodological recommendation (Thorne, 2016), one of the key strengths of the study is adequate sample size of 21 participants and 28 interviews including 7 follow-up interviews to generate significant knowledge of the phenomena. Another key strength of this research is the use of art-based approach using visual timelines in combination with narrative interviews. I recognized that visual timelines helped participants in reducing their anxieties when they were reflecting and sharing potentially traumatic and difficult experiences. In the Winter 2020, while I was doing my data collection, our world changed dramatically with the emergence of COVID-19 global pandemic. Due to the lockdown, I had to complete my data collection via electronic teleconferencing. I submitted an amendment to my research ethics application to change it to the online format. In the summer of 2020, I began to recruit additional participants. Most interviews were completed via Zoom, due to which I was unable to be physically present with the participants while they were making their timeliness. In that case, it took time and extra

efforts to make participants comfortable in making timelines and sharing their stories on a sensitive subject of sexuality while they were home and surrounded by other family members. The findings of this study should be interpreted under the context of immigrant female adolescents living in Edmonton, Alberta. Experiences of immigrant youth may be different from those who live in other parts of Canada.

Conclusion

This study was one of the first research projects in Canada to create space for dialogue and to explore the experiences and needs of Pakistani-descent female adolescents related to sexuality and their wellbeing. It also incorporated an arts-based approach to highlight the diversity of participants' experiences in relation to the intersectionality of social spheres such as race, class, gender, age, and sexual orientation. With the use of feminist lens and a qualitative approach, my dissertation has generated a comprehensive understanding of Pakistani-descent female adolescents' experiences related to developing sexuality in light of traditional Pakistani gender roles. The participant's stories reflected silences around all aspects of female sexuality including puberty and menstruation, sexual intercourse, fertility, sexual harassment and dating violence, contraception, body image, gender role and gender identity, and most noticeably the capacity for desire and pleasure. This lack of information caused emotions of fear, shame, and embarrassment for female adolescents at different times. Additionally, control over female bodies, behavior, and lack of knowledge about their bodies contributed to low self-esteem. Participants' narratives also reflected the experience of sexual guilt and sexual anxiety while discovering one's sexuality.

This study provides preliminary qualitative evidence of an association between experiences of immigrant adolescent sexuality and wellbeing. In addition to developing

knowledge, my research can help draw practical recommendations for parents, schoolteachers, health care providers, and policymakers. Moreover, the results of this study provide an insight into the role of culture, religion, familial, and other factors play in immigrant female adolescents' understanding and experiences related to sexuality. Finally, it is hoped that the findings of this study will contribute to emerging views and understandings of female adolescents' sexuality as contextualized within the complexities of their immigrant experiences while providing concrete suggestions for improving the ability of young female adolescents to control their bodies and their lives.

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Appendix A: Consent/Assent Form and Information Letter

Title of Study: Exploration of Adolescent Pakistani-Descent Girls' Experiences of Developing Sexuality - An Interpretive Description Approach

Principal Investigator: Neelam Punjani, BScN, MScN, PhD Student

Co-Supervisors:
Elisavet Papathanasoglou, Kathy Hegadoren

This letter outlines important information to help you decide whether you would like to take part in this research

Background

Psychological, physical, and social well-being are three vital strands of human life that are deeply interconnected. My research will explore the experience of developing sexuality and psychological well-being in middle- to late- adolescence girls of Pakistani-descent, living in Edmonton, Alberta.

Study Procedures

If you agree to take part in this research, I will ask you to participate in an interview. During the interview, we will talk about your experiences regarding the sexual health and related stressors. The interview will take around 45 min to 1 h of your time. During this time, I will also ask you to create a simple drawing of events in your life that you consider important. Interviews will be held at a time that is convenient to you at a private room within the ICWA space.

Potential Benefits

There will be no direct benefits to you from your participation in the study. However, your participation will help us to understand the experiences of developing sexuality in adolescent girls and any effects on their well-being. The study will eventually help healthcare professionals to provide better services to young people.

Potential Risk

There are no known risks to you from participating in this study. However, it is possible that you may feel uncomfortable talking about your experiences. If you need to take a break or stop completely you will be able to do so, with no questions asked. We will provide you with an opportunity to debrief after the interview. In the case that you feel emotionally distressed will be referred to the Support Centre helpline.

Confidentiality

Part 1 (To be completed by the researcher)	
Title of Project: Exploration of Adolescent Pakistani-Descent Girls' Experiences of Developing Sexuality - An Interpretive Description Approach	
Principal Investigator: Neelam Punjani	Phone Number: +1 780-983-7247
Co-Supervisors: Elizabeth Papathanassoglou	Phone Number: +1 780-492-5674
Kathleen Hegadoren	Phone Number: +1 780-492-4591

The interviews will be audio-taped and then typed. All information you provide in the interview will be kept confidential. Information that reveals your identity (e.g. Your name) will be removed from the records. Your name will not be used in the tape, notes and typed interviews. Instead, you will be assigned a code which is only known to the principal investigator. Your name will be recorded only on the consent form. The consent form will be locked in a separate place than the interview data.

Voluntary Participation

Your participation in the study is voluntary. You may withdraw from the study at any time without giving me a reason. You are free not to answer any part of the study. You can ask me to stop the interview at any time and you may refuse to answer any question, without any questions asked.

Future Use of Data

The information collected for this study will be used to publish papers or presentations. The data may be used for future research. Your name will never be used in any of these situations. We can share with you reports and publications of this study if you so wish.

Additional Contacts

If you have any questions about the study, feel free to contact any time. You may ask questions to Neelam Punjani, Tel: +1 7809837247 or e-mail at npunjani@ualberta.ca or Dr. Elizabeth Papathanassoglou, Tel: (780)492-5674or Dr. Kathy Hegadoren Tel: (780)492-4591.

The plan for this study has been reviewed by a Research Ethics Board at the University of Alberta. If you have questions about your rights or how research should be conducted, you can call (780) 492-2615. This office is independent of the researchers.

Please keep a copy of this letter for reference.

Participant initials: __________________ Witness initials: __________________

Part 2 (to be completed by the research participant)

	Yes	No
Do you understand that you have been asked to be in a research study?	☐	☐
Have you understood the information about the study?	☐	☐
Do you understand the benefits and risks involved in taking part in this research study?	☐	☐
Have you had an opportunity to ask questions and discuss this study?	☐	☐
Do you understand that you are free to withdraw from the study at any time, without giving a reason and without affecting conditions of your employment?	☐	☐
Has the issue of confidentiality and anonymity been explained to you?	☐	☐
Do you understand that the conversations will be recorded?	☐	☐
Do you understand that the portions of the final research may be published in professional journals or presented at conferences?	☐	☐

Who explained this study to you?

____

I agree to take part in this study: Yes ☐ No ☐

(Printed Name) ________________________ Telephone: ____________

Date _________________________

Signature of Witness ____________________________________

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

Signature of Investigator _______________________ Date ______________

Appendix B: Confidentiality Agreement

Title of Study: Exploration of Adolescent Pakistani-Descent Girls' Experiences of Developing Sexuality - An Interpretive Description Approach

This form is intended to further ensure confidentiality of data obtained during this research study. Do you understand that this interview will be recorded on audiotape?

Yes No

Do you agree not to talk about information relating to this study Yes No

or interview with anyone outside of the researcher?

This study was explained to me by: ____

I agree to take part in this study.

_________________________ ____________ __________________________

Signature of Research Participant Date Witness

_________________________ ____

Print Name Print Name

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

_____________________________ ________________

Signature of Researcher Date

Appendix C: Demographic Form for Immigrant Adolescent Girls

1. How old are you?

○ 14 Years old ○ 15 years old ○ 16 years old
○ 17 years old ○ 18 years old ○ 19 years old

2. Are you…? (please check all that apply)

○ Female ○ Male ○ Transgender ○ two-spirited

3. What languages are most often spoken in your home? (Please check all that apply)

English ------ Urdu-----

Other (Please specify) --------------------

4. Were you born in Canada

Yes-----

No: Please tell us what country you were born in -------------

5. How long have you been in Canada? -------------

6. What grade are you in?
   - Grade 10
   - Grade 11
   - Grade 12
   - Post-secondary school (e.g. college, university, etc.)
   - I don't go to school

7. Where were your parents born?

Mother: Canada---- Elsewhere (please specify) -------
I don't know------
Father: Canada----- Elsewhere (please specify) --------
I don't know-----

Appendix D: Open Ended Questionnaire

1. What does sexuality mean to you?
   (Below definition will be used in case if participants will request for more explanation on sexuality)
   Operational Definition of Sexuality:
   1. Sexuality includes body parts and sex.
   2. Sexuality includes our gender identity (the core sense that we are female or male).
   3. Sexuality includes gender role (the idea of how we should behave because we are a female or male).
   4. Sexuality includes our sexual orientation (heterosexual, homosexual, or bisexual).
   5. Sexuality includes how we feel about our bodies i.e., "body image".
   6. Sexuality includes our sexual experiences, thoughts, ideas, and fantasies.
   7. Sexuality includes the way in which the media, family, friends, religion, age, life goals, and our self-esteem shape our sexual selves.
   8. Sexuality includes how we experience intimacy, touch, love, compassion, joy, and sorrow.
2. How has developing sexually been for you? (Describe if it has affected your life, feelings, relationships, etc.)
   - Elaborate if sexuality has affected your confidence, meaning in life, life goals, accomplishments, and maintaining and retaining relationships, etc.
3. Can you draw a timeline, illustrating your important experiences/ life events related to developing sexuality in a sequential fashion?
   (Researcher will share some samples of timelines to encourage innovative engagement by study participants and to offer them a sense of the flexibility to create their own creative timelines).
   - Can you explain your timeline and the meaning every particular event has for you in your journey of developing sexuality?
4. How do you feel when you think about sexuality? Why do you think you feel this way?
   - Did it affect your relationship with parents/ family/ peers?
5. Are you able to discuss sexuality with someone?
   - If yes, why and with whom?
   - If no, why?
6. In your journey of developing sexuality, what are some things that you found helpful, or what supports would you wish to have?
7. Any other comments or suggestions?

Appendix E: Permission Letter from ICWA

June 26, 2019
Amrita Mishra
Project
Director,
Indo-Canadian Women's

Association Dear Dr. Mishra,

I am Neelam Punjani, a doctoral student at the University of Alberta Faculty of Nursing, Edmonton, Canada. I am conducting a study entitled "*Exploration of Adolescent Pakistani- descent Girls' Experiences of developing sexuality– An Interpretive Description Approach"* under the supervision of Dr. Elisavet Papathanasoglou (Associate Professor) and Dr. Kathy Hegadoren (Professor) at the University of Alberta.

The purpose of the proposed project is to explore the experience of developing sexuality in Pakistani adolescent girls and its effect on their psychological wellbeing The data will be obtained through confidential face to face interviews with adolescent girls, lasting up to 1 hour.

I would like your permission to approach and recruit Pakistani adolescent girls through ICWA. The findings will provide insight for future recommendations aiming at increasing healthcare providers' ability to recognize the significance of adolescent sexuality and its effects on well-being. Informed consent and assents from participating adolescents will be obtained from all study participants. The interview is completely confidential and participation in the study is voluntary. The one to one interview will take 45-60 minutes. The data from this study will be treated as confidential and kept in a locked filing cabinet inside a locked office, while the soft data will be in a password protected file throughout the completion and publication process of the research. Access to the data is restricted to only me and my supervisors. The identity of the participants will be kept confidential. If permission is granted, the data collection will be during Jan 1, 2020 – April 2020 after obtaining the ethics committee approval from the University of Alberta.

The salient features of the study are outlined in this request. Please find below an executive summary of the proposed study.

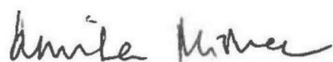
Thank you for considering this request. Should you have any further questions or require additional documentation please do not hesitate to contact me at npunjani@ualberta.ca or my supervisor Dr. Elzabeth Papathanassoglou at papathan@ualberta.ca.

I look forward to your support in this

regard. Sincerely,

Neelam Punjani
Ph.D. Student
University of
Alberta Faculty of
Nursing

I Dr. Amrita Mishra, Project Director, Indo-Canadian Women's Association am granting permission to Ms. Neelam Punjani to conduct the data collection with support from our organization. She will be getting support in the circulation of recruitment material and recruitment of participants through ICWA staff, such as staff in the Youth Program, and through ICWA network contacts. ICWA expect that recruiters will be compensated for their time in accordance with University policy and research funds availability. Terms of compensation will be decided between the recruiter and the researcher.



Dr. Amrita Mishra
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