

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

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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 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. These participants related experiences are potentially contributed 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 provides preliminary qualitative evidence of the interplay between experiences of developing sexuality and overall well-being, particularly psychological wellbeing in female adolescent immigrants. It is crucial to involve, listen to, and incorporate adolescent girls' voices when planning and implementing interventions to support healthy sexuality among immigrant adolescents.

Keywords

Adolescent girls, Immigrant, Sexuality; Girls Voices, Well-being, Psychological Health, 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 sexualities 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 girls face unique challenges that prevent them from experiencing sexualities 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 particular health needs (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 overall and psychological 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.

No research evidence was found on the sexuality of Pakistani immigrant adolescent girls 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 behaviours, 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, in particular, psychological 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).

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 psychological well-being (Thorne, 2016). The qualitative study included individual interviews with first- or second-generation Pakistan-descent adolescent girls ($n = 21$). 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 (Approval number: Pro 00096529).

Sample and Data Collection

A purposive sample of 21 adolescent girls 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. Girls who were willing to participate in the study contacted the researcher directly. Additionally, snowball sampling was used as a strategy to recruit adolescent girls. The interpretive description approach, a qualitative research design, was used to examine and interpret sexuality experiences in young girls. Ethical approval for the study was obtained from the Human Research Ethics Board of the University of Alberta (Approval number: Pro 00096529). Participants included were adolescent girls 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 psychological 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 sexualities.

Sexuality and Wellbeing

Physical 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 girls 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.

Psychological Wellbeing

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 won't 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 behaviour 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 participants 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, behaviours, and beliefs related to sexuality and the meanings that they attribute to them.

Sexual Wellbeing

According to participants in the study, control over their sexuality leads to many negative consequences on their sexual health. Girls indicated that the lack of sexuality education, knowledge, and skills had harmful impacts such as decreased sexual desires, getting involved in risky sexual behaviour, and resulting STIs, and impact on future relationships. The availability of information about sexuality and sexual health was a huge concern for the adolescent girls 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 adolescent girls 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 showed that controlling immigrant female adolescents’ rights to exercise their voice, choice, and control over their sexuality was disempowering participants and preventing them from achieving the optimal level of physical, psychological, and sexual health.

Immigrant Adolescent Girls’ Perceptions and Suggestions

Adolescent girls’ 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, adolescent girls 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

Adolescent girls in the study expressed their concern about the taboo and silence around the topic of sexuality from their parents. Many girls 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 girls. 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 girls 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]

Adolescent girls indicated that the silence or hidden message about sexuality they receive at home affects their lives negatively. The girls 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 adolescent girls who had an opportunity to discuss sexuality with their parents indicated that it was usually only briefly touched. Adolescent girls’ voices strongly proposed that the girls 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 girls 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 girls mentioned that

“If I discuss anything with my mother, it is mostly about menstruation or physical bodily changes, other than that it's 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 it's better to use the internet to find my answers” [14 years old]

Adolescent girls further mentioned that parents usually perceive questioning about sexuality as an indication that girls are sexually active or have a desire to be. This kind of behaviour from parents prevents adolescent girls from exploring more on sexuality and make it very difficult for girls 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]*

Girls 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 allow adolescent girls to explore their queries and get adequate information on sexuality without being embarrassed.

Sexuality Conversations: Open, Honest, and Free from Stigma

Girls are evidently in desperate need of 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 girls still have the need to hear more, which leaves adolescent girls 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]

Adolescent girls 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. Girls 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]

Girls clearly do not want parents to talk in understatement and to step casually around the topic of sexuality. Girls 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 girl 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 adolescent girls 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 adolescent girls 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 girls 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 girls. The behavioural control over sexuality that these girls 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 sexualities, immigrant female adolescent girls often feel vulnerable to poor psychological health (American Psychological Association, 2007; Mayer, 2003).

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 adolescent girls 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 sexualities among adolescent girls (Mekonen et al., 2018; Sagnia et al., 2020). As a result of this, adolescent girls will have the liberty to explore, embrace, and responsibly enjoy their sexuality, and this will prevent them from any kind of negative health outcomes.

In addition, 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 girls 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.

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 girls' voices in this study indicated that when planning and implementing interventions to support immigrant adolescent girls' sexuality, it is crucial to involve, listen to and incorporate adolescent girls' 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 adolescent girls 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 adolescent girls more effectively.

References

- American Psychological Association. (2007). Sexualization of Girls is Linked to Common Mental Health Problems in Girls and Women-Eating Disorders, Low Self-esteem, and Depression. *APA Task Force Reports*.
- Beyers, C. (2013). Sexuality educators: Taking a stand by participating in research. *South African Journal of Education*, 33(4), 1-14.
- Biswas, U. N. (2020). Adolescent Reproductive Health in South Asia: Issues and Challenges. *Gender Equality; Leal, W., Filho, AM, Azul, L., Brandli, A., Salvia, L., Wall, T., Eds*, 1-10.
- Burosch, S. (2009). The Sexual Health Education Experiences and Needs of Immigrant Women in Kitchener-Waterloo.
- Chandra-Mouli, V., McCarraher, D. R., Phillips, S. J., Williamson, N. E., & Hainsworth, G. (2014). Contraception for adolescents in low and middle income countries: needs, barriers, and access. *Reproductive health*, 11(1), 1-8.
- Delara, M. (2016). Social determinants of immigrant women's mental health. *Advances in Public Health*, 2016.
- George, U., Thomson, M. S., Chaze, F., & Guruge, S. (2015). Immigrant mental health, a public health issue: Looking back and moving forward. *International Journal of Environmental Research and Public Health*, 12(10), 13624-13648.
- Ginsburg, K. R., & Carlson, E. C. (2011). Resilience in action: an evidence-informed, theoretically driven approach to building strengths in an office-based setting. *Adolescent Medicine: State of the Art Reviews*, 22(3), 458-81.
- Gopalkrishnan, N. (2018). Cultural diversity and mental health: Considerations for policy and practice. *Frontiers in Public Health*, 6, 179.
- International Planned Parenthood Federation, & International Planned Parenthood Federation. (2010). Do They Match? Young People's Realities and Needs Relating to Sexuality and Youth Friendly Service Provision in Bangladesh. *International Planned Parenthood Federation*.
- Koch, R., Yates, H., & Kitching, A. E. (2019). Adolescent girls' voices on their need for sexuality education: A cry for mutual sexual emancipation. *HTS Teologiese Studies/Theological Studies*, 75(1).
- Leung, H., Shek, D. T., Leung, E., & Shek, E. Y. (2019). Development of contextually relevant sexuality education: Lessons from a comprehensive review of adolescent sexuality education across cultures. *International Journal of Environmental Research and Public Health*, 16(4), 621.
- Meherali, S., Salami, B., Okeke-Ihejirika, P., Vallianatos, H., & Stevens, G. (2021). Barriers to and facilitators of South Asian immigrant adolescents' access to sexual and reproductive health services in Canada: A qualitative study. *The Canadian Journal of Human Sexuality*, 30(3), 329-338.
- Mekonen, M. T., Dagnew, H. A., Yimam, T. A., Yimam, H. N., & Reta, M. A. (2018). Adolescent-parent communication on sexual and reproductive health issues and associated factors among high school students in Woldia town, Northeastern Ethiopia. *Pan African Medical Journal*, 31(1).

- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674.
- Sawyer, S. M., Afifi, R. A., Bearinger, L. H., Blakemore, S. J., Dick, B., Ezech, A. C., & Patton, G. C. (2012). Adolescence: a foundation for future health. *The lancet*, 379(9826), 1630-1640.
- Sagnia, P. I., Gharoro, E. P., & Isara, A. R. (2020). Adolescent-parent communication on sexual and reproductive health issues amongst secondary school students in Western Region 1 of The Gambia. *African Journal of Primary Health Care and Family Medicine*, 12(1), 1-7.
- Sharma, V., & Sharma, A. (1998). The guilt and pleasure of masturbation: A study of college girls in Gujarat, India. *Sexual and Marital Therapy*, 13(1), 63-70.
- Smith-Hefner, N. J. (2000). Emerging Voices: South Asian American women redefine self, family, and community. *Journal of Gender Studies*, 9(2), 230.
- World Health Organization, United Nations Population Fund, & Key Centre for Women's Health in Society. (2009). Mental health aspects of women's reproductive health: a global review of the literature.
<https://www.who.int/reproductivehealth/publications/general/9789241563567/en/>