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Perceptions and Experiences of Pakistani-Descent Female Adolescents Living in Canada, on Developing Sexuality and Self-Identity

Neelam Saleem Punjani ^{1,*}, Kathleen Hegadoren ¹, Saima Hirani ², Zubia Mumtaz ³, Margot Jackson ⁴ and Elizabeth Papathanassoglou ¹

¹ Faculty of Nursing, University of Alberta, Edmonton, AB T6G 2R3, Canada

² School of Nursing, The University of British Columbia, Vancouver, BC V6T 1Z4, Canada

³ School of Public Health, University of Alberta, Edmonton, AB T6G 2R3, Canada

⁴ Faculty of Nursing, McEwan University, Edmonton, AB T5J 4S2, Canada

* Correspondence: npunjani@ualberta.ca

Abstract: Immigrant adolescents make up a substantial proportion of newcomers to Canada. Most newcomer youth from South Asia aged 15 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, sexual health, and overall well-being as well as their 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 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 adolescents of Pakistani-descent, living in a large urban area in Canada. The study aimed to establish 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 of first- or second-generation Pakistan-descent was obtained. Participants included female adolescents aged from 14 to 19 years. Data were collected using a semi-structured interview guide and a timeline. A total of 21 first interviews and seven follow up interviews were conducted. The narratives and timelines presented in this study tell the story of female Pakistani adolescents, their narratives, and the timelines reflect the complexities of the sexuality of female adolescents 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, silence 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 reveal the complex interaction of factors that influence the behavior of female adolescents 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 the existing policies and create youth-friendly policies for immigrant youth to draw attention to the hidden voices of female adolescents and increase the awareness of ways to address issues arising in evolving sexuality.

Keywords: sexuality; female adolescents; well-being; gender; intersectionality; postmodern feminism; Pakistan



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1. Background

Adolescence is a critical period in the transition from childhood into adulthood, during which individuals aged between 10 and 19 years of age experience substantial physical, psychological, social, and emotional changes [1]. Some of the most marked developments in adolescence are in sexual identity, the capacity for sexual intimacy, and reproductive potential [2]. 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 [3,4]. Although the literature provides some preliminary evidence of potential links while developing sexuality such as social alienation and poor self-esteem [5,6]. 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 [7]. Bidirectional relations have been stated between the sexual self-concept and the sexual experiences, behaviors, and mental health of adolescents [8–13]. Thus, the various opinions and perceptions of adolescents of their identities are related to their precoital and coital experiences, intent to involve in sex, sexual satisfaction, casual and multiple partnerships, and mental health concerns including depression and anxiety [9,10,14,15]. 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 [16]. 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 [17]. Between July and September 2018, Alberta welcomed 10,412 immigrants, the highest third-quarter level since 2015 [18]. Of all of the newcomers to Canada, approximately 34% are under the age of 25 years. In Alberta, immigrant youth and children account for 31% of the total immigrant population [17,19]. 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 linked to unprotected sexual activity and the required skills needed to safeguard the protection of their sexual health [20]. Kumar et al. (2013) also found that sexually active Canadian young people regularly engaged in risky sexual behaviors involving unprotected sex, multiple sexual partners, and intercourse prior to the age of 15 [21]. Canadian young adults 15 to 24 years of age also have the country's greatest occurrences of chlamydia and gonorrhea infections [22]. Moreover, Canadian adolescents do not consider themselves at risk for HIV/AIDS, and their general understanding of the disease has deteriorated over the last two decades [21]. According to researchers, the SRH needs of immigrant young people in Canada have been essentially unmet and have increased in magnitude over the last few years [22,23].

Although no research has been found on the sexuality of immigrant female adolescents and their well-being in Canada, the researchers 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 that teens engaged in a wide variety of sexual behavior such as kissing, oral sex, and vaginal intercourse [24]. Furthermore, the majority of 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, the concern that services are not confidential, the perception that the services are not youth-friendly, parent/caregiver 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 [24]. Moreover, a study conducted by 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 significantly affected access to sexual health services among immigrant youth [25].

Despite the importance of the SRH needs of immigrant female adolescents, very few studies have focused on South Asian, and particularly Pakistani immigrant adolescents. Investigators have learned that immigration impacts the access of adolescents to SRH services; that is, immigration affects individual, social, and structural factors, which, as a result, influence how adolescent immigrants access SRH services [25]. Individual factors, for instance, of what is deemed acceptable sexual behavior, at what age, and for which gender can impact whether adolescents access SRH services [25]. Additionally, it takes time for immigrant adolescents to learn a new language and make friends. Therefore, immigrant youth may have a small number of support networks to navigate the necessary services (Liban, 2007). Neglecting the SRH needs of adolescents can affect their physical and mental health and well-being [26–28]. Evidence indicates that immigrant youth lack SRH knowledge and use fewer SRH services and sex education resources than non-immigrant youth [23,25,29,30]. This difference appears to be associated with religion and cultural practices [31]. No known research, however, exists that explores the experiences of developing sexuality and its relationship to the well-being of Pakistani-immigrant female adolescents in Canada.

2. 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 [32]. Taboos prohibit the individuals' actions based on the belief that such behavior is too dangerous to undertake. South Asia's patriarchal value system views women as subordinates and promotes the control of female sexuality through stringent traditional social codes and gender role socialization [32]. Women and girls in the South Asian context usually abstain from expressing and voicing themselves as sexual beings, permitting themselves to experience sexual acts as pleasurable, and working on their sexual desires. South Asian cultural values and societal norms also instruct women and girls that female pre-marital virginity is required, and purity and chastity are compulsory [33–36]. Thus, South Asian females hesitate in speaking on sex-related matters and is often combined with a sense of embarrassment, guilt, fear of being disparaged, and fear that they are disobeying social boundaries [37,38]. In modern times, although Pakistani women have achieved much more independence, South Asian patriarchal socio-cultural practices continue to impact gender role expectations [36,39–43]. Numerous studies regarding female sexuality have discussed the way patriarchal discourse combines with culture to form values, norms, and beliefs that impact female sexuality and the conceptualization and expression of sexual desire and behavior [44–48]. These gender role expectations within Pakistani culture permit men to have superior sexual freedom than women. Pakistani female immigrant adolescents are considered racialized youth, however, 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.

3. Intersectionality in the Context of Immigrant Adolescent Sexuality

The concept of "intersectionality" arose from critical race theory. The word was originally coined to critically evaluate the relationship between gender and race [49]. The representation of intersecting roads was applied to define how gender and racial discrimination overlap 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) [50].

Intersectionality, as a theory, investigates how social identities are mutually constitutive [51]. In allowing or constricting the freedom of young people to approach sexual health knowledge, resources, and consequences 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 such as age, race, culture, religion, socioeconomic status, and other social categories interact with and co-constitute each other to affect outcomes, for example, health [52]. Originating with Black feminist scholars [53], intersectionality emphasizes the ways in which various facets of social identity come together to create specific experiences of marginalization. These structures and developments are dynamic, shifting across time and place [54–56]. Since health inequalities originate from socio-economic factors and discrimination, young people, who are previously socially and economically marginalized such as ethnic minorities, refugees, indigenous adolescents, and youth with disabilities, fail to receive equal health benefits when these dimensions are not considered.

4. 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 [57]. Female adolescent sexuality, in particular, is considered as rooted in and reflective of females attributed lesser social status in patriarchal societies [58]. Postmodern feminism is intersectional in its approach and therefore 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. 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, to understand the participants’ experiences using an ID approach, the intersectionality of social categories can be analyzed, for instance, race, gender, age, and sexual orientation, and how these connections influence how sexuality is experienced and expressed by female adolescents [57]. Moreover, the notion of control and power is also considered as central in the analysis of the issues of sex and gender [59].

5. Method

5.1. 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?

5.2. Study Design

The interpretive descriptive methodology, a qualitative research design, was used to examine and interpret the 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.

5.3. 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 a spreading call for partici-

pation using pamphlets, social media platforms, and the snowball strategy. Participants included female adolescents aged from 14 to 19 years. Data were collected using a semi-structured interview guide and a timeline. Timelines were introduced to the 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 the participants. The participants were then shown sample timelines created by the researchers. These sample timelines were intended to help stimulate creative engagement by the 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. The initial 10 interviews were organized in a private space and all other interviews were conducted via the Zoom video conferencing platform due to the pandemic. Written informed consent and confidentiality agreements were obtained before the interview and ongoing verbal consent reinforced the anonymity of the participants. Each interview lasted 90 min on average. The interviews were tape-recorded and transcribed, and visual timelines were kept by a researcher.

As per the Government of Alberta's guidelines, the 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.

5.4. Data Analysis

The research team included a researcher, PhD supervisors, and a supervisory committee team who guided the process of research. Both interviews and timelines were analyzed and thematically coded [60]. The interview data included transcribed narratives of the participants and the interviewer reflection notes. An iterative and inductive analysis approach was used to analyze the data. Data analysis began soon after the first two participants' interviews. For detailed data immersion, each transcript was read multiple times, sometimes while listening to the recording, in order to understand, reflect, and gain the feel of the tone, words, and emotions that the participants used in the interviews while describing their experiences of sexuality. The data analysis process involved inductive reasoning, constant engagement, testing, challenging the preliminary interpretations, and, finally, conceptualizing to understand the phenomenon [61]. A thematic analytic approach was used for data analysis [61]. After transcription, repeated immersions in the data identified emerging categories, linkages, and patterns in the data. NVivo 1.5 version was used for data analysis, and overarching themes were developed and discussed with the research team to further explore meanings. Timelines were compared with the transcribed interview during the data analysis. Ongoing feedback was obtained from the 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 the analysis. A final interpretive account including a rich description of the female adolescents' experiences of sexuality was generated. Data were recorded and transcribed by the researcher.

6. Findings

The demographic information of all the study participants is shown in Table 1 (Refer Table 1: The demographic characteristics of female adolescents ($N = 21$)).

Table 1. The demographic characteristics of adolescent girls ($N = 21$).

Characteristics		Number ($N = 21$)	Percentages (%)	
Age of the participant	14–15	02	10%	
	Mean: 17	16–17	07	33%
	Standard Deviation (SD): 5.2	18–19	12	57%
Gender	Female	21	100%	
	Non-binary	00	0%	
Education	Grade 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				
Mother	None	00	0%	
	Less than high school	04	19%	
	High school	02	10%	
	College	05	24%	
	University	10	47%	
Father	None	00	0%	
	Less than high school	02	10%	
	High school	02	10%	
	College	05	23%	
	University	12	57%	
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%	

The findings of this study focused on the experiences of female immigrant adolescents regarding 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.

6.1. Gender Roles

The participants' narratives and the timelines they drew reflected the kind of messages they received 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, health care 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 of the participants, whether of first-generation or second-generation Pakistani descent, mentioned that they

came 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.

6.2. 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 received 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 was important to remain "pure", for the sake of their honor and the honor 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 recalled 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." [P11, 15 years old].

Another girl in her story shared that "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].

6.3. Devoid of Sexual Desire and Pleasure

The messages that the participants in this study received from their 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 topics like female masturbation through other sources such as friends or the Internet. These participants also discussed that desire and pleasure was something commonly talked about for boys, but for female adolescents, it was 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 these female adolescents wanted to learn and explore more on sexuality, social and cultural views were preventing them from doing 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 participants, they were less valued compared to the boys in their families.

6.4. Gender and Sexual Identity

The narratives and timelines echoed the participants’ awareness of culturally embedded views of gender and sexuality along with the silence 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, still not sure if this was what she liked. 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 did not have enough knowledge about different sexual identities. A few participants reported some changes as they grew in the way they saw their own sexuality, perhaps classifying it differently. Some participants reported such changes in their perception more than once. This change was more frequently reported by participants after obtaining 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]

Many 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, the lack of role models, and minimal opportunity to socialize with other youth who had 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]

A few participants also mentioned that they felt threatened and fearful, isolated, ashamed, and afraid of being discovered, all of which were impacting on 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 from exploring and further ascertaining their identities. They also mentioned that they were highly stressed and had 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]

6.5. Social Expectations around Sexuality and Its Impact on Body Image

Some of the most convincing perceptions regarding body image appeared in the participant’s discussions regarding the social contexts in which they were subjected to negative commentary about their physical appearances. The restrictions on female adolescents from families function as a form of social control, which often results in the internalization of feelings of hopelessness about their physical appearance, their bodies, and their social value as a girl. The lack of knowledge and sense of control that the participants experienced related to their bodies led to emotions such as fear, shame, and embarrassment in the narratives that the 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 regarding their appearance as it pertains to body weight or shape. One 18-year-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 look more physically attractive to boost their prospects of being selected to marry into a household with a higher social status. Some participants also pointed out that there may be inherent physical traits that they could not easily change themselves. The participants felt a great deal of pressure to achieve a socially determined ideal appearance and behavior, which could eventually compromise their well-being. Several participants mentioned that they were not happy about how they looked and felt about their bodies, and it impacted on 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 adolescent years can lead to a lifelong struggle with negative body image.

6.6. Impact of Patriarchy

The 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 the lives of female adolescents. In response to the question of how they had 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 made it difficult for them to discuss their concerns with their parents or with friends, which was mostly enforced by their 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 were being trapped in various power relationships that controlled their lives and bodies. A 19-year-old girl remembered that having any kind of discussion around sexuality was 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 of 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 became stricter over the females' interactions with "non-Pakistani" boys. These uncertainties and fear show in the form of a "disciplined 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 the parents would react 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 until late.

The narratives and timelines indicated their awareness of females having a 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 needed to be treated equally by their parents and needed to be educated about the adverse impacts of gender inequality. Some participants also mentioned that they did not receive the same opportunities 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 the participants' experiences. Most of the participants described themselves as being curious about issues of sex and sexuality as they were growing up. A 19-year-old girl mentioned that 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 asked 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, a participant expressed an interest in learning more about sexuality and also expressed shyness and hesitation in asking for too many details. A 15-year-old girl described her experience with learning about sexuality growing up and summarized 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.

6.7. Influence of Religion

The 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 the participants' actions related to sexuality. Practices such as dating, sexting, having sexual relationships, even talking about sexual health, were considered against the religious and cultural norms. A few participants said that their parents preferred 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 learnt from the vague conversations with her mother that the sexual behavior of boys was not risky, but a girl's engagement in sexual behavior was 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]

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

One girl mentioned that as per the religious teaching they received from their parents, they were forbidden to talk with boys in school, except for school projects, and 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 by mentioning that she remembered, while growing up, that when it came to anything related to sexuality, how she had to behave and react differently when she was with her parents compared to what she was like at 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 adolescents who came to Canada when they were very young expressed concerns about the expectations their parents placed on their sexuality, based on religion, which they felt violated their rights to explore their sexuality freely. The participants also mentioned how they never saw 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 were highly regarded and valued by the teenage girls; as they said, following cultural and religious norms were an integral part of their lives. Respect for parents was the utmost priority in most of the participants' lives. Here is a sample of participant quotes about honoring 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 their parents in Islamic sex education classes but were excluded from the school sex education classes. The participants described these classes as sex-segregated and the sexual health information tailored to the female adolescents' perceived proximity to marriage. For instance, one girl explained that the information on 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 that they were not satisfied with what they learnt from the Islamic sex education classes as they mostly received information on female roles and responsibilities toward the 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 received the opportunity to learn more regarding sexuality from their friends, but all of it came with lots of guilt and fear where they felt that they were doing something iniquitous as their religious teaching did not allow them to. 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, the 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 the hijab, but she eventually made the decision to please God and keep them from the judgment of the community. One girl mentioned:

“I was very hesitant to start Hijab. Took me years to prepare myself mentally. I kept making dua [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]

The participants also believed that wearing the hijab or covering their heads suppressed their sexuality. According to one of the participants, wearing a hijab could be sometimes frustrating and make things complicated, especially when it came 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 translated 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.

7. Discussion

This study explored the experiences and needs of female adolescents of Pakistani-descent living in Canada related to developing sexuality. It incorporated an arts-based approach to highlight the diversity of the participants’ experiences in relation to the intersectionality of social domains such as race, gender, age, and sexual orientation. Using an intersectionality approach, this study has drawn attention to the diversity of female adolescent 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) silence 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 economic, political, and historical forces [57]. These standpoints view women and girls as an extremely diverse group for which there appears to be no one unified experience of sexuality [62]. Moreover, intersectionality presents researchers with a robust methodical approach to examine the interconnectedness of various socially constructed characteristics such as race, gender, sexual orientation, class, etc. as they together influence the experiences of individuals and groups. As intersectionality has progressed and distinguished itself across numerous disciplines, common foundations of the theory include the assumption that all individuals (immigrant female adolescents) have multiple personalities that unite, and within each individuality is a dimension of power or oppression (e.g., patriarchy, Pakistani values and beliefs, and socio-cultural norms), and the identities acquired by individuals are also generated through socio-cultural context and are variable (e.g., religious and socio-cultural influence [63]. 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 [64–66]. The narratives of our respondents revealed how cultural values, the silence around the topic of sexuality, and culturally embedded views of gender interacted with the perceptions and experiences of female adolescents 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 [64–66]. In this study, for most of the participants, cultural, religious, and family norms deeply affected their sense of identity, their personal values, and beliefs, and the way they experienced 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 their 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 [67–70]. This may reflect the assimilation to mainstream (Canadian) culture. For these participants, the subjective and intersubjective meaning-making process resulted in the conceptualization of individual meanings, values, and beliefs that was not part of their cultural, religious, and familial values related to sexuality. Likewise, for certain participants, the incorporation of the silence and taboos around the topic of sexuality made some matters very complicated or impractical to talk about. Conversely, others felt positive and confident debating these concerns, regardless of 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 on South Asian women documented their negative sexual experiences due to heritage cultural values significantly influencing an individual's sexual attitudes, beliefs, behavior, functioning, and health [71–76]. Many participants remembered parents, schoolteachers, and peers conveying fear about the outcomes of early sexual activity, and others recalled being told to be "watchful" upon attaining puberty. Often, their stories indicated the lack of sexual desire and pleasure aspects when discussing sexuality, as some stated that these concerns were merely "not talked about." The silence that surrounds female bodies and sexuality are worldwide and cross-cut variations in culture, ethnicity, and religion. Even though culturally specific interpretations of sexuality may vary, young females across the world share the experience of lacking knowledge about their bodies at different times in their lives. Previous research on girls and women of different cultural, ethnic, and religious backgrounds has

acknowledged this phenomenon [58,77–79]. The stories from our participants echoed the silence around all facets 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 importantly, the capacity for desire and pleasure. This dearth of knowledge also caused feelings of fear, shame, and embarrassment for the participants at various times. Additionally, control over female bodies, behavior, and a dearth of information about their bodies resulted in low self-esteem.

According to Blackwood (2000), conversations about sexuality are incomplete without discussing gender. Cultural views of gender impose a variety of appropriate behavior for both genders and crosscut all other social classifications [80,81]. In the current study, the participants' perceptions of views of gender in the regions where they were brought up were important parts of their tales. 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 imposed by these culturally embedded systems. Additionally, they revealed how the intersection of gender and patriarchy have created layers of power and oppression in the lives of female adolescents. Family reputation is paramount for Pakistani families [82], and second-generation immigrants living in Canada are mostly socialized according to these cultural expectations. However, this can create conflict between the 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. Applying intersectionality as a theoretical lens was mainly helpful as it allowed the investigators to deliberate and account for the impact of sociocultural forces of marginalization on the experiences of female adolescent sexuality and understand immigrant female adolescent individualities as multidimensional and codependent at all phases of the data analysis. In Pakistani households, girls and boys are usually raised differently and these 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 [82]. The domain of boys was outside the home where they learned to achieve and be self-reliant, becoming the breadwinners of the family.” [83].

In this study, the participants explained how different roles are defined for female adolescents than males, and that the behavior of female adolescents 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 were often not allowed to leave their 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 [84]. Moreover, the participants explained that family honor [*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 [82]. Although these types of gender norms, at least for girls and women, may be declining within Pakistani families who have immigrated into Westernized 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 teenagers openly on the

subject of sexual issues, but they convey their sexual attitudes via cultural teachings and observed behavior [84]. In this study, the participants' status as female, immigrant, religious, and often ethnic minority resulted in them receiving contradictory messages about sexuality from their religious, cultural background, and mainstream North American culture, which caused them to experience 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" [84]. The 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 such as dating, specific dress codes, drinking, and premarital sex were 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 dishonor their families by having any sexual relationship before marriage have consequences such as increased parental control, poor prospects for arranged marriages, accelerated arranged marriages, and being disliked [84]. 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 [67–70]. Zaidi et al. (2014) reported that lower religiosity is related to better approval of and involvement with intimate cross-gender relationships [83]. Furthermore, in Muslim Pakistani societies, there is also an intolerance for any LGBTQ+ relationships because homosexuality is considered haram. According to our participants, LGBTQ+ 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 that their fate would be ending up marrying someone that they did not want to, in order to please their parents.

8. Conclusions and Implications

This study was one of the first studies in Canada to explore the perceptions and experiences of adolescent girls of Pakistani-descent on developing sexuality. The use of a qualitative approach, an art-based approach, and a postmodern feminist and intersectional lens allowed this exploration to highlight the experiences of immigrant female adolescents. Our research suggests that developing sexuality can be a major source of stress and anxiety among female adolescents of Pakistani-descent due to the intersections between the female gender and socio-cultural spheres of control. Our findings suggest that health care providers be mindful of the significance of religion, gender orientation, sexual identity, and culture, which can impact the experiences of sexuality among female adolescents. Moreover, given the value-laden nature of the issue of sexuality, school teachers, counselors, community workers, and health care providers dealing with immigrant female adolescents should undertake value-clarification training where they can discover their own values and beliefs about sexuality, and explore how this can influence their work with immigrant female adolescents.

The participants in the study talked about the role of religion in their lives, with most implying that their religious beliefs were particularly valuable to them. Certainly, places of worship were stated by many participants 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 between sexuality educators with faith groups and institutions can help improve the relevancy and effectiveness of sexual health information and develop an age-appropriate comprehensive sexuality education curriculum that is available to female adolescents. This can eventually help in contributing to the breakdown of silence 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 [85–87]. 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. Additionally, future work can be conducted in exploring the perspectives and experiences related to sexuality among adolescent boys and the challenges of immigrant parents and health care 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 an effective approach for developing information and essential services that are culturally pertinent to this group within a multicultural society. This will empower female adolescents and 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.

There were a few limitations in this study. During the recruitment process, we had great interest from female adolescents of Pakistani-descent and felt that the interviews generated rich data; however, the self-selection of participants may have created a potential sampling bias. In addition, the perspectives of middle-adolescent females were underrepresented in the qualitative study. Despite additional efforts to recruit female adolescents from the age of 14–16, the sample was mostly late-adolescent females. For the older-age adolescents, the experiences could be different compared to young adolescents. Moreover, due to the pandemic, half of the interviews were completed via Zoom, due to which the researchers were unable to be physically present with the participants while they were making their timelines. In this case, it took time and extra effort to make the participants comfortable in making timelines and sharing their stories on the sensitive subject of sexuality while they were home and surrounded by other family members.

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

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