

FILIPINO YOUTH SEXUALITY

Filipino-Canadian Youth's Experiences and Perspectives of Sexuality: A Focused Ethnography

By

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Abstract

Adolescent sexuality research has been reduced to the discussion of risky sexual behaviors (e.g., unplanned pregnancies and sexually transmitted infections) – missing is a discussion of what healthy sexuality means to youth. Even less is known about the sexual experience of youth from diverse ethnic backgrounds. This especially holds true for Filipino-Canadian youth. The purpose of this focused ethnography was to learn from Filipino-Canadian youth about their perspectives and experiences of sexuality with special attention to the influence of culture on their experiences. Youth's views on the ways to promote healthy sexuality were also explored. Nine Filipino-Canadian youth between the ages of 21 to 28 years participated in semi-structured interviews. Thematic analysis was used to unearth the commonalities of the experiences of the participants. Sexuality was perceived as a holistic concept involving the body, inner self, and relationship with partners. Culture, parents, religion, peers, and media influenced youth's experiences and perceptions of sexuality. Youth exhibited information-seeking behaviors outside of sexuality education in schools and recommended that parents, teachers, and health care professionals initiate conversations about sexuality with youth. Findings from this study has implications for the development and refinement of services and educational programs that help to promote healthy sexuality among Canadian youth.

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Dedication

I would like to dedicate this thesis to my family, my grandparents who are watching over me, and most especially to Sergio V. Barcelo Sr. my most influential teacher, my grandfather who engrained in me and all his grandchildren about the value of education.

Table of Contents

Abstract*..... *ii

Acknowledgements* *iii

Dedication* *v

List of Tables*..... *viii

Chapter One: Introduction*..... *1

 Purpose and Research Objectives *4*

 Definitions of Major Constructs *5*

 Assumptions and Preliminary Work..... *6*

 Significance of the Study..... *8*

 Chapter Summary *9*

Chapter Two: Literature Review* *10

 Adolescent Development..... *10*

 Youth Sexual Health Issues *17*

 Parent-Youth Communication on Sexuality *25*

 Youth’s Perceptions of Sexuality..... *30*

 Immigrant, Refugee, and Second-Generation Youth’s Perceptions of Sexuality *32*

 Impact of Culture *39*

 Chapter Summary: State of the Evidence..... *44*

Chapter Three: Theoretical Framework*..... *47

 Third Culture Model *47*

 Critique of the Model *48*

 Use in Practice..... *50*

 Use in Research *50*

 Implications of the Third Culture Model *52*

Chapter Four: Methodology* *53

 Research Methodology *53*

 Research Design *55*

 Data Analysis..... *59*

 Methodological Rigour..... *63*

Ethical Considerations..... 66

Chapter Summary 72

Chapter Five: Findings 73

Demographics 73

Findings..... 74

Youth Experiences and Perspectives of their Sexuality: A Series of Relationships 75

Culture and Factors that Shape Youth’s Experiences and Perspective of Sexuality 87

Recommendations: Promoting Healthy Sexuality Among Youth..... 106

Chapter Summary 115

Chapter 6: Discussion 116

Comparing the Findings to the Literature..... 116

Theoretical Framework 126

Strengths and Limitations 128

Recommendations 129

Chapter Summary 132

References 133

Appendices 152

Appendix A: Recruitment Posters 152

Appendix B: Recruitment Emails and Scripts..... 154

Appendix C: Demographic Form..... 157

Appendix D: Interview Guide 159

Appendix E: Consent Form 161

Appendix F: Withdrawal from Study Form..... 164

Appendix G: Request to Post Recruitment Poster for Library..... 165

Appendix H: Request to Post Recruitment Poster for Student Group 166

Appendix I: Ethics Approvals..... 167

List of Tables

Table 1: Filipino Youth Participants: Sample Description.....73

Chapter One: Introduction

Sexuality, a term that could have multiple meanings depending on an individual's context and cultural background—a concept that we interact with on a daily basis throughout our lifespan. In today's society, most would argue that sexual experiences begin during the teenage years. What is so important about this time period? Adolescence marks a period in a person's life where changes and development are experienced biologically, emotionally, cognitively, and socially (Bowers et al., 2015). The period of adolescence marks the development and solidification of identities which includes exploration of sexuality, gender, and romantic relationships, leading to the potential initiation of sexual activities, which could impact sexuality.

Much of the focus on youth sexuality and sexual health comes from a perspective that is largely focused on minimizing risk and preventing harm (Carpenter & DeLamater, 2012; Ross, 2013). Youth develop intimate relationships during this time period and engage in sexual risk behaviors (Centers for Disease Control & Prevention, 2017), this experimentation with new behaviors may lead to unintentional harm (Butler-Jones, 2011). Youth may be emotionally unprepared to enter relationships, ill-informed about the consequences of their actions, and lack the knowledge of how to protect themselves from unintended pregnancies and sexually transmitted illnesses (STIs) (Butler-Jones, 2011).

Early sexual intercourse has the ability to impact one's health behaviors, self-esteem, and social status (Bowers et al., 2015; Inchley et al., 2016). How initial sexual experiences are handled also dictate future sexual health behaviors (Inchley et al., 2016). It is imperative that youth are provided with the tools needed in order to facilitate the development of both healthy

relationships and sexual behaviors (Butler-Jones, 2011). Young people aged 15 to 24 have the highest risk of experiencing dating violence, especially among female youth (Butler-Jones, 2011).

Sexual minority and street-involved youth are more likely to experience sexual initiation at earlier ages, have multiple partners, and have lower rates of condom use (Butler-Jones, 2011). A large percentage of minority adolescents are sexually active and risk contracting STIs or having unplanned pregnancies (Inchley et al., 2016). The Centers for Disease Control and Prevention (CDC) (2016) found that youth and young adults between the ages of 15-24 experience higher rates of STIs due to behavioral, biological, and cultural reasons. Immigrant populations are unaware of how to navigate through the health care system, hence routine screening opportunities and treatments are missed (Butler-Jones, 2013). The prevalence of STIs among youth may be a result of the lack of access to health care resources, discomfort related to methods of testing, and privacy and confidentiality issues (CDC, 2016). Barriers to access may also be linked to religious and cultural attitudes towards sexuality and pre-marital sex, especially among adolescents (Inchley et al., 2016).

In a survey which examined perceptions of sexual health education, youth viewed Canadian sexual health education as fair and good, and the topics covered as “covered poorly” or simply “covered” (Byers et al., 2017). Youth still viewed their peers as a much more substantial source of sexual health information compared to schools (Byers et al., 2017). One Canadian study even found that male youth still did not feel comfortable discussing sexuality issues with other men (Shoveller et al., 2010).

In a study that asked youth to define sexuality, youth linked this concept to what it means to be a man or woman, sexual orientation, being in a relationship, and biological development (Macintyre et al., 2015). This area of research fails to acknowledge that sexuality goes beyond the sexual experience. Sexuality goes beyond sexual risk behaviours and the “negatives” and incorporates much more psychological elements, such as one’s thoughts, feelings, values and beliefs. Adolescent sexuality literature has been reduced to the discussion of risky sexual behaviors such as unplanned pregnancies and sexually transmitted infections (STIs) (Shoveller et al., 2004). Research is needed that looks at sexuality from a holistic lens—as something that we interact with on a daily basis—instead of looking only at the first three letters of sexuality.

We know even less when it comes to youth with diverse ethnic backgrounds, especially within the Asian Pacific Islander population. Youth sexuality among Asian cultures is heavily influenced by ethnic background, religion, and gender (Zaidi et al., 2014). Religion and cultural values in this context frown upon pre-marital sex, as such youth with lower levels of religiousness who identified with Western ideals had more experiences being in intimate relationships (Zaidi et al., 2014). Gender plays an important role in sexuality in Asian cultures. Female virginity is highly valued in this society, and therefore more restrictions are placed on the activities of female youth

Research is limited in its exploration of Filipino youth's perceptions of sexuality, with the literature in this area again focusing on risky behaviors and contraceptive use. After extensive searching of the literature only ten qualitative studies were found on immigrant and refugee's perceptions of sexuality (Griffiths et al., 2008; Hammer et al., 2010; McMichael & Gifford, 2009,

2010; Ngum Chi Watts et al., 2014; Omorodion et al., 2007; C. Rogers & Earnest, 2014a, 2015; Sinha et al., 2008; Wray et al., 2014). None of these studies included the perspectives of Filipino youth.

The missing voices of Filipino youth regarding their sexuality experiences should be a concern for Canada and especially Manitoba considering the growing number of Filipino youth in Manitoba. As reported by Statistics Canada, 20% of Canada's population are immigrants (Government of Canada, 2016). About half of those immigrants, 3.04 million, are of Asian descent (Pottie et al., 2015), more specifically there are 837, 130 Filipinos residing in Canada (Government of Canada, 2017). Philippines accounts for the second largest group of immigrant children and youth in Canada (Pottie et al., 2015). Based on the census profile of 2016, there are 83,530 Filipinos residing in Manitoba, accounting for 6.5% of the total provincial population (Government of Canada, 2017). Based on the above statistics, roughly one out of every ten Filipinos in Canada live in Manitoba (Government of Canada, 2017). Considering the growing population, we need to know more about how Filipino-Canadian youth view sexuality (Carpenter & DeLamater, 2012). Understanding how Filipino-Canadian youth perceive sexuality, and their experiences related to this concept is essential in order to develop appropriate services and programs to enhance their sexual well-being.

Purpose and Research Objectives

The purpose of this focused ethnography was to gain an increased understanding of Filipino-Canadian youth's perspectives of sexuality, intended to provide initial information to inform services and programs that enhance sexual well-being. The research objectives were:

1. To describe Filipino-Canadian youth's experiences and perspectives of their sexuality.

2. To explore how culture intersecting with other factors shaped Filipino-Canadian youth's experiences and perspectives of their sexuality.
3. To explore what Filipino-Canadian youth feel they and others (e.g. health professionals, parents, teachers) could be doing to promote healthy sexuality among youth.

Definitions of Major Constructs

For the purposes of this study the terms sexuality, culture and youth are defined.

Sexuality. The World Health Organization (2006), defines sexuality as:

A central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles, and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors. (p.5)

Through my work with the Sexuality Education Resource Centre (SERC), they concluded that one's sexuality is made up of five main elements: your body, gender, relationships, thoughts and feelings, and values and beliefs. Although, this is the prescribed definition of sexuality, Filipino youth in this study may associate sexuality with other meanings.

Culture. Culture is a collective way in which a group of people choose to live, which is expressed through their values, beliefs, attitudes, traditions, and material creations. It is a learned behaviour passed down from one generation to another (Boaz, 1911; United Nations Educational, Scientific and Cultural Organization, 2002). Culture is essentially a shared way of

living that is distinct to a particular society, and depicts the way in which a group of people cope with the world in which they reside in (Boaz, 1911). In this study, we paid particular attention to how Filipino and Canadian culture weave to influence how youth view the concept of sexuality.

Youth. Youth is defined as a transition period where individuals graduate from the dependency of childhood and begin to exert themselves as independent (United Nations Department of Economic and Social Affairs, n.d.). Performing a literature search on adolescent perceptions of sexuality revealed that researchers commonly used aged 14 as part of the inclusion criteria. The end point was not as clear as youth seemed to end from age 18 to a maximum of 36 years of age. For the purposes of this study, youth are designated to be individuals between the ages of 18-30. Youth can be born in Canada or in the Philippines, but the parent(s) or legal guardian(s) must have been born in the Philippines. Terminology used in place of youth such as young men/women, female/male youth, adolescents, and/or teens will adhere to this definition of youth unless otherwise stated.

Assumptions and Preliminary Work

I became interested in this area during my community rotation in my final year of my baccalaureate nursing program. At this time, I was exposed to the Family Life Curriculum, which discussed healthy relationships, contraceptives, and safer sex supplies. Having attended faith-based schools I have never been exposed to education on contraceptives and safer sex supplies.

The health curriculum at the educational institution that I attended was heavily influenced by religion. Accordingly, abstinence was preached and traumatizing pictures of STIs on genitals were shown, in hopes that this would deter students from engaging in pre-marital sex. Although this may have worked for some students, I also witnessed one of my peers who

contracted an STI, and others who experienced unintended pregnancies. Teenage parents, especially teen mothers within the Filipino community, faced much stigma. In my culture, discourses related to sex were not discussed, and this belief was carried throughout my social circle.

My integrative focus experience afforded me the opportunity to work with SERC. SERC provides sexual health resources across Manitoba, and facilitates non-judgmental sexual health information sessions to immigrants, refugees, aboriginals, older adults, youth, parents, and service providers. It was this practicum experience that broadened my views on sexual health. I learned that the concept of sexuality means more than just the absence of disease, use of contraceptives, and the health of sexual organs.

SERC is in the early stages of working with the Filipino population, having done two parent groups since starting their program, and disseminating sexual health education through a column in the 'Pilipino Express' newspaper. Having spent a majority of my practicum working among youth, I learned that SERC's sessions are more in-depth than what is taught in schools. In fact, one of SERC's strengths is providing a safe space for adolescents to explore their sexual identities. Through reading their annual reports, youth found safer sex and STIs, healthy relationships, consent and decision-making, pregnancy and contraceptives, and gender identity as the most relevant topics.

As I identify with the Filipino culture, I wanted to understand how Filipino youth growing up in two cultures understood the concept of sexuality. If Filipino youth are lacking this information from schools, and if this is not talked about in their home, how did they negotiate and embody sexuality within their daily lives?

The following assumptions of the researcher guided this study:

1. Filipino youth find discomfort in discussing sexuality with their parents.
2. As education is highly regarded in the Filipino culture, youth are conflicted that entering into a romantic relationship will be viewed as a deterrent by parents in completing one's education. Consequently, youth often hide relationships from their family.
3. Filipino youth are influenced by culture and religion, thus impacting their beliefs on pre-marital sex.
4. Filipino youth have minimal access to sexual health information or resources.

Initially this study aimed to look at Filipino youth's perceptions of the concept of sexual well-being. The term sexual well-being has been used academically and in theoretical papers. Four Filipino-Canadian youth who aided in piloting the interview guide seemed confused by the term. Only one participant, who held a Bachelor's degree in Athletic Therapy had heard of sexual well-being, but had difficulty defining it in their own words. When asked what terms they were familiar with, they referred to sex and sexuality. In order to mirror the language that youth use, the decision was made to explore their perceptions and experiences of sexuality instead of sexual well-being.

Significance of the Study

There is minimal research regarding the influence of culture on youth's perspectives of sexuality. In addition, there are minimal qualitative studies exploring Filipino youth's sexuality in the literature. This study adds to the body of literature on youth's perceptions of sexuality. This will be the first Canadian study to solely examine the voices of Filipino youth. Implications

for this study will inform future practice and increase awareness of the importance of open dialogue regarding sexuality for Filipino youth in Manitoba.

Chapter Summary

This chapter has provided an overview of the issue, along with the aims of the research study. A review of the literature surrounding the phenomenon under study will be explored in the next chapter.

Chapter Two: Literature Review

This section will provide a review of the extant literature to support the phenomenon under study. This chapter will outline adolescent development covering biological, cognitive, emotional, social, identity, and sexual development. Youth sexual health issues will be discussed followed by the cultural and parental impact on sexuality communication with youth. Next, youth's perceptions of sexuality from the perspectives of immigrant, refugee, and second-generation youth will be included. Lastly, literature exploring Filipino sexuality experiences will be analyzed. This chapter will conclude with an assessment of the current state of the literature.

Adolescent Development

Adolescent development will be discussed in order to explain the changes that occurs at this stage in one's life. In this section we will discuss biological, cognitive, emotional, social, identity and sexual development of youth. This is imperative to understanding how this may impact youth as they seek to establish their understanding of the concept of sexuality, and how they view themselves as sexual beings.

Biological development. Hormonal changes initiate biological maturation of sexual and reproductive organs among adolescents (Carpenter & DeLamater, 2012). The excretion of hormones results in the development of secondary sexual characteristics such as increased body odour, hair growth in the axillary, pubic areas, and facial hair for males, further development of reproductive organs (Carpenter & DeLamater, 2012; Wright et al., 2012), and changes in body composition such as height and weight (Bowers et al., 2015). Hormones also

impact the larynx in both biological sexes, however voice changes are more prominent among males (Wright et al., 2012).

Females usually experience puberty starting at the age of 10, while the onset of puberty for males is around 12 years old. For males, the testes grow until reaching mature, adult size within six years, followed by the growth of the penis. Sperm and hormone production occur within the first year of puberty (Wright et al., 2012). Development in females begins with the breasts followed by menarche (Wright et al., 2012). Menarche for females, or the first menstrual cycle commonly occurs two years after the onset of puberty (Wright et al., 2012). The development of reproductive organs in both biological sexes increases the possibility that vaginal intercourse will result in pregnancy (Carpenter & DeLamater, 2012). Subsequently, hormonal changes leads to the development of physical attraction among youth (Wright et al., 2012), thus increasing their desire for sexual activity (Carpenter & DeLamater, 2012).

Cognitive development. During adolescence, the ability to emotionally respond to stimuli and regulation of emotions develops (Bowers et al., 2015). The area of the brain responsible for emotional responses goes through maturation more quickly than the area of the brain that regulates emotions (Bowers et al., 2015). This rationale may explain why adolescents may experience difficulty in controlling their emotions as the area of the brain responsible for emotional regulation develops slower (Bowers et al., 2015). This idea also lends itself in explaining why adolescents report dating violence and aggression (Epstein-Ngo et al., 2013). One study found that 35% of youth reported being victims while 31% reported being perpetrators of verbal and/or physical dating violence (Haynie et al., 2013).

Elkind (1967) described the concept of adolescent egocentrism, to explain how adolescents feel and think about their place in the world. Adolescent egocentrism has four concepts (Elkind, 1967):

1. **Imaginary audience:** Adolescents feel that they are the center of attention, thus some adolescents feel self-conscious and are sensitive to criticisms.
2. **Personal fable:** Adolescents feel special and unique due to their belief that they are the center of attention.
3. **Invulnerability:** Adolescents believe they are invincible and that they are immune to the consequences of their actions. Therefore, their ability to think about long-term effects of their actions are diminished.
4. **Idealism:** Adolescents belief in their invincibility causes them to become idealistic. They become critical of those who oppose these ideals—this is the cause of conflict when it comes to their guardians.

According to Piaget (1952), adolescents develop the capacity to consider abstract problems or hypothetical situations and rationalize possible outcomes. This allows youth to begin to develop goals and ideas on sexuality and situate them in the context of society's rules and values. However, adolescents are more easily influenced by rewards gained as oppose to the consequences of their actions, this can be linked to their tendency to make risky decisions (Bowers et al., 2015).

Emotional development. During the adolescent period, youth may experience positive and negative emotional responses that are frequent, intense, and long, on their way to mastering the skill of displaying internal emotions externally in a socially appropriate manner

(Bowers et al., 2015). For example, youth may be extremely passionate about their goals but be challenged and frustrated when difficulties arise in achieving these goals. It is how youth handle their emotions when it comes to positive and negative stimuli that impact their development (Bowers et al., 2015).

Maturity occurs as adolescents understand the difference between internal emotions and external expressions of these emotions. Females are more likely to report emotional experiences and expressions, and more motivated and determined to resolving issues related to emotions compared to males (Bowers et al., 2015). On the other hand, females are also more likely to develop depression compared to males (Bowers et al., 2015). In a study looking at female weight perceptions, youth who perceived themselves as being overweight were more likely to have low self-esteem and depression, resulting in an increased risk of dating violence victimization (Farhat et al., 2015).

Social development. Youth begin to spend more time with their peers, who are similar to them, and less time with their guardians. As a result, peers also have more influence on youth's behaviors compared to their guardians (Bowers et al., 2015). Once relationships with peers are formed adolescents will adapt their behaviours in order to appease their peers—they will learn what actions will lead to approval or disapproval among their peers (Bowers et al., 2015). These behaviours impact youth's values both in a positive and negative manner.

Lower self-esteem among youth was found to be linked to risky behaviours such as: early sexual initiation, unprotected sex, substance abuse, and specifically adolescent girls had risky partners (history of HIV (human immunodeficiency virus) /AIDS (acquired immune deficiency syndrome), imprisonment) (Wright et al., 2012). Bullying or being a victim of bullying

was also correlated to lower academic achievement, and negative impacts on character and moral development (Bowers et al., 2015). Mentorship relationships with adults, aside from youth's guardians, was seen as a positive influence in identity development (Bowers et al., 2015).

Identity development. Establishment of one's identity occurs during adolescence. Identity development is influenced by youth's family, adults, community, and especially peers (Wright et al., 2012). The process of identity formation involves self-exploration, discovery, and creation as youth interact with and begin to understand their place in society (Bowers et al., 2015). Self-exploration is initiated as physical changes occur during puberty (Bowers et al., 2015). Interaction with the social world is manifested through youth's capacity to choose activities that interest them in association with their social groups (Bowers et al., 2015). Youth's engagement with social groups allows them to find their place in society (Bowers et al., 2015).

Adolescence during this time will seek and value independence, although they seek approval from their peers through exhibition of similar fashion sense, verbal expressions, physical appearance, and interest in activities (Wright et al., 2012). Multiple studies have stated that the decision to participate in sexual activities is influenced by this idea of wanting to 'fit in' with peers (Griffiths et al., 2008; Hammer et al., 2010; C. Rogers & Earnest, 2015). Furthermore, the fear of rejection from peers if one did not engage in sexual activities also played a role in influencing youth's behaviors (Hammer et al., 2010).

Erickson (1959) defined identity development as youth's attempt to understand who they are and their purpose in this world, he described this stage as identity vs. role confusion. According to Erickson (1959) identity is composed of psychological functioning, behaviour,

roles, values, and beliefs. Erickson (1959) believed that failure to establish an identity during adolescents leads to the inability to form intimate relationships later in life, thus not being able to biologically reproduce in middle adulthood. Emerging out of adolescence with stable identities has a positive impact on mental health (Bowers et al., 2015). According to one Canadian study, youth who had higher self-esteem were perceived by other youth as having greater control over their sexual behaviour (Shoveller et al., 2004).

Sexuality development. In adolescence, youth begin to develop and explore their sexual feelings and behaviour and have the cognitive maturity to reflect on such feelings. They also come to comprehend culturally appropriate sexual behaviors and expressions (Carpenter & DeLamater, 2012). Sexuality development among youth is defined by gender, sexual orientation, race, ethnicity, class, geography, personal histories, and biological development (Bowers et al., 2015). Youth's experiences with sexuality impacts their social, emotional, and cognitive skills which influence their ability to make healthy decisions and engage in healthy relationships (Bowers et al., 2015).

This aspect of adolescent development occurs as youth entertain and consider engaging in relationships and sexual activities, in addition to being exposed to sexual messages, and approached by individuals in a sexual manner (Bowers et al., 2015; Damas et al., 2012). Developing romantic and intimate relationships is a developmental milestone in adolescence, it teaches one about trust, communication, commitment, and appropriate emotional expressions (Carpenter & DeLamater, 2012). Positive outcomes such as, physical and emotional pleasure within a relationship has the potential to enhance one's health (Carpenter & DeLamater, 2012).

The ability to develop meaningful connections with others contributes positively to youth's development (Bowers et al., 2015). These intimate connections allow youth to enhance their sexual agency (which is one's self-efficacy in achieving their sexual needs) through negotiating sexual boundaries and initiation of using safer sex supplies. Positive sexual development enhances youth's skills in self-regulation and self-control in the context of relationships (Carpenter & DeLamater, 2012).

Part of one's sexuality includes the concept of gender. Gender is a socially constructed and constantly evolving idea of what it means to be a woman or a man (Carpenter & DeLamater, 2012). Youth experiment with gender by both breaking and following socially constructed gender stereotypes or roles, and revising their behaviours based on how individuals react to them (Carpenter & DeLamater, 2012). It is normal for adolescents to engage in sexual activities with the same and/or opposite sexes (Damas et al., 2012). When youth experience sexual attraction for the same sex, they realize that they differ from their heterosexual counterparts, this is a common experience for lesbian-gay-bisexual-transgender (LGBT) youth (Damas et al., 2012). LGBT adolescents embark on an additional "coming out" process where they come to terms with their sexual orientation and integrate this as part of their social and personal identity (Damas et al., 2012). One study commented that individuals who came out at younger ages appeared more comfortable with themselves, but faced increased risk of rejection from family and peers, compared to those who waited until young adulthood to come out (Saewyc, 2011).

Age of first sexual experience. Most Canadians become sexually active during adolescence (Butler-Jones, 2011; Wright et al., 2012). The average age of initial sexual

intercourse is between 16 and 17 years of age, as stated by 15 to 19-year-old adolescents. Furthermore, one in five youth in Canada have reported that they have engaged in sexual activity prior to the age of 16 (Butler-Jones, 2011). When considering lesbian-gay-bisexual-queer (LGBQ) youth, studies have alluded to an even earlier engagement in sexual activity reporting that some youth start before the age of 13 or 14 (Saewyc, 2011). Cross-culturally, African Americans tend to partake in sexual intercourse earlier and more frequently, use contraceptive methods less frequently, and have more sexual partners in adulthood in comparison to White and Mexican Americans (Carpenter & DeLamater, 2012). Asian Americans are less likely to experience negative sexual health outcomes compared to other racial and ethnic groups, because they often delay their first sexual experience (Carpenter & DeLamater, 2012). Early sexual activity can lead to negative outcomes (Butler-Jones, 2011), however research findings among youth in grades 11 and 12 conclude that as youth age sexual activity may actually have the potential to contribute positively to youth's development (Bowers et al., 2015).

Youth Sexual Health Issues

In today's world, roughly half the population is under the age of 25, with 1.8 billion between the ages of 10 and 24. It is a general trend that youth are reaching puberty earlier, partaking in sexual activity earlier, and marrying later. Historically, they are sexually mature longer before marriage. These factors influence one's physical and mental health, and can potentially result in long-term impacts on an individual, their families, and communities (Morris & Rushwan, 2015). Early sexual activity is commonly associated with negative health outcomes

for youth, especially if coerced, painful, resulted in STIs or unplanned pregnancies (Carpenter & DeLamater, 2012).

Sexually transmitted infections. Youth are highly impacted by STIs and HIV compared to other age groups (Centers for Disease Control & Prevention, 2017; Morris & Rushwan, 2015). On a global scale, youth between the ages of 15 and 24 account for 41% of all new HIV infections—approximately five million youth were living with HIV in 2009 (Morris & Rushwan, 2015). According to Centers for Disease Control and Prevention (2017), 81% of youth (aged 13-24) diagnosed with HIV were gay and bisexual males, this finding is echoed by Bell, Breland, and Ott (2013) who found higher rates of STIs and HIV among men who had sex with men. It was also found that people living in urban areas have a lower risk of contracting HIV compared to those in rural locations. According to one literature review, Caucasians experienced lower HIV prevalence as oppose to those of African descent, and female youth are at higher risk of contracting HIV than male youth (Macleod, 2017). As one can see HIV prevalence is impacted by location, race, and gender.

Hindin and Fatusi (2009) reported that the prevalence of HIV is higher among youth in Sub-Saharan Africa. Morris and Rushwan (2015) further stated that young women make up more than 60% of youth living with HIV, and this statistic is even higher at 72% in Sub-Saharan Africa. HIV prevalence among young women is estimated to be five to eight times higher than that of their male counterparts (Macleod, 2017; Morris & Rushwan, 2015). Even when it comes to STIs, the highest rates of infections occur among young women (Morris & Rushwan, 2015).

In Manitoba and across Canada, youth between the ages of 15-24 experience the highest reported rates of chlamydia, syphilis, and gonorrhea within the last ten years (Butler-

Jones, 2011; CHI & WRHA, 2015; Manitoba Health, Healthy Living and Seniors [MHLS], 2015).

In 2013, Manitoba reported the highest rate of newly diagnosed HIV cases at 9.2 per 100 000 as oppose to the national rate of 5.9 per 100 000 in the overall population. Historically, homosexual contact was a major factor in the HIV epidemic, now heterosexual contact is the cause of 35% of reported cases of HIV in Manitoba (MHLS, 2015).

In Canada, Indigenous people are 2.8 times more likely to be infected with HIV than a person who is non-Indigenous. Indigenous youth contract HIV at younger and higher rates compared to non-Indigenous youth. High rates of inconsistent condom use, STIs, and pregnancies contribute to Indigenous youth's risk of contracting HIV (Mill et al., 2008). Another contributing factor is youth's feelings of invincibility—where they do not believe that they can become infected (Damas et al., 2012; Mill et al., 2008).

Pregnancy. Unprotected sexual activity can also lead to unplanned pregnancies, unwanted childbearing, and unsafe abortions in female youth. Female youth also face a higher risk of complications including death as a result of pregnancy compared to older women (Macleod, 2017; Morris & Rushwan, 2015). Adolescent females are also at increased risk for complications such as HIV, STIs, and mental health disorders such as depression (Morris & Rushwan, 2015). As a result of unplanned pregnancies 4.5 million young women, worldwide, undergo abortions each year and about 40% of these are considered unsafe abortions (Morris & Rushwan, 2015).

Globally, 20,000 young women give birth every day (Macleod, 2017). Although teenage pregnancy rates are declining in Canada (Butler-Jones, 2011) and Manitoba, youth living in low-income areas continue to experience higher rates of teen pregnancy compared to the general

Manitoban population (CHI & WRHA, 2015). According to Saewyc (2011), the prevalence of becoming involved in a teenage pregnancy among LGBTQ youth is two to ten times more likely compared to heterosexual youth.

Sexual activity among youth regardless if it leads to unintended childbearing may negatively impact educational attainment, thus impacting socioeconomic status (Hindin & Fatusi, 2009; Macleod, 2017; Morris & Rushwan, 2015). Unplanned pregnancies among youth contribute to the vicious cycle of poverty and poor health (Macleod, 2017). These youth are more likely to be of low socioeconomic status, experience substance abuse, and receive inadequate prenatal care (Damas et al., 2012; Morris & Rushwan, 2015). Thus, infants among this subgroup have higher rates of premature deliveries, low birth weights (Damas et al., 2012; Morris & Rushwan, 2015), and perinatal and neonatal mortality (Butler-Jones, 2011; Macleod, 2017).

Risky sexual behaviours. Youth may engage in unprotected sex because they are ill-informed of contraception and are worrisome of possible side effects (Hindin & Fatusi, 2009; Macleod, 2017). Lack of access to contraceptives (Macleod 2017) and low socioeconomic status (Carpenter & DeLamater, 2012) are also barriers for youth in maintaining their sexual health. According to two literature reviews regarding trends in adolescent sexuality, youth are not concerned about becoming pregnant and believe that they are at low risk of conceiving (American Academy of Pediatrics, 2014; Hindin & Fatusi, 2009). The American Academy of Pediatrics (2014) reported that 57% of adolescent females used the withdrawal method as a form of contraception. Meanwhile, a study of youth from multiple countries found that 82% of

younger women (aged 15-19) were more likely to discontinue contraception a year after starting compared to older women (aged 20-49) (Macleod, 2017).

Condom use is heavily regulated by males in relationships, thus giving them greater control of sexual interactions. Difficulty in negotiating condom use (Macleod, 2017), and the partner refusing to use contraception (American Academy of Pediatrics, 2014) adds to difficulties for youth, especially for female youth, in protecting themselves against unwanted pregnancies and STIs. For young women, condom use discontinuation was associated with the concept of love—enhanced trust, intimacy, and pleasure—and a movement into a more committed relationship (Bolton et al., 2010; Macleod, 2017). A Canadian study found that all participants (n=13) used condoms the first time they had intercourse in the current relationship but over half (n=8) of the youth, did not use condoms at most recent intercourse (Bolton et al., 2010).

Research shows that youth also perceive that they are at low risk of contracting an STI (Bolton et al., 2010; Hindin & Fatusi, 2009; Mill et al., 2008). This perception is influenced by youth's beliefs that their partner is not infected (Mill et al., 2008). In addition, young women often assumed they were in monogamous relationships and thus felt no need to use condoms, thereby increasing the risk of unprotected sex with a partner who may have had multiple partners (Bolton et al., 2010). This study was done only with young women ages 18 to 24, and further research is needed on male attitudes and behaviours related to condom use (Bolton et al., 2010).

It is of no surprise then that youth do not frequently seek out STI testing. One Canadian study found that less than half of the 13 participants had received STI testing (Bolton et al.,

2010). Youth (aged 15-30) cited having sex without a condom and being pregnant or thinking that they were as common reasons for testing for HIV. The youth (aged 15-30) who had been tested for HIV were more likely to have a history of STIs, injection drug use, and anal sex compared to youth who had not been tested (Mill et al., 2008).

Unhealthy relationships. Unhealthy relationships involve non-consensual sexual encounters and dating violence or aggression. Young women face an increased risk of sexual coercion and violence (Morris & Rushwan, 2015). Early engagement in sexual activity and gap in age of partners increases the risk for non-consensual sexual activity, STIs, and unplanned pregnancies (American Academy of Pediatrics, 2014; Bell et al., 2013). In the U.S., eight to eleven percent of youth surveyed reported experiencing unwanted sexual activity, with females reporting being physically abused and males reporting forced sexual intercourse (American Academy of Pediatrics, 2014; Bell et al., 2013).

In the context of college or university, the phenomenon of sexual coercion is quite common especially among females. A report on sexual violence found that on-campus sexual assaults occur during the first eight weeks of classes, and 80% of offenders are known by the victim (The Canadian Federation of Students, 2015). This report also revealed that 60% of university-aged males would commit sexual assault if they knew that they would not be convicted of their crime (The Canadian Federation of Students, 2015).

A dating violence survey of 2,203 youth found that 31% experienced verbal and/or physical dating violence within the last year, with females reporting more involvement with verbal aggression (Haynie et al., 2013). Another study found that the most common reasons for physical dating violence among both young males and females were 'jealousy/rumours' or

'angry/bad mood' (Epstein-Ngo et al., 2013). A study completed in the U.S. of 3,548 young women between the ages of 18 to 28, found that women who were victims of intimate partner violence (IPV) had higher STI prevalence, were more likely to engage in unprotected sexual intercourse, and had non-monogamous partners compared to young women who were non-victims of IPV (Hess et al., 2012). Another study found that among 16-year-old girls, those who perceived themselves as overweight were more likely to experience physical and psychological victimization, this finding was non-existent when compared to boys (Farhat et al., 2015). Sexual minority young males reported experiencing higher rates of verbal, physical, sexual harassment and violence as compared to their heterosexual counterparts (Bell et al., 2013; Mustanski et al., 2011). Moreover, LGBTQ youth in the U.S. and Canada are more likely to report physical and sexual abuse (Saewyc, 2011).

Accessing resources. A study done among 368 youth aged 18-25 in Canada found that heterosexual youth learned more sexual health information within the context of schools or universities, whereas LGBTQ youth learned more sexual health information from educational websites or news outlets (Charest et al., 2016). The limitation of this study is that they did not include LGBT participants who were not enrolled in post-secondary education, which may have influenced the results (Charest et al., 2016). This is similar to a study completed on sexual minority young women (aged 18-28) who preferred utilizing online resources (apps, websites, blogs, and YouTube) as they experienced: less stigma and judgment from health care practitioners as a result of their sexual orientation; increased confidentiality due to an increase of anonymity; and ease of access to relevant information (Charest et al., 2016; Flanders et al.,

2017). It is evident that health care providers are rarely used a source of information regarding sexual health practices (Charest et al., 2016; Flanders et al., 2017).

There is a need for increased quantity and quality of sexuality conversations in the context of health care (Fuzzell et al., 2016). Youth (aged 12-31) have stated that it is rare for health care providers to ask them about puberty, romantic or sexual interests, and sexual orientation (Fuzzell et al., 2016). An Australian study exploring youth's perceptions of sexual and reproductive health services found that youth wanted to know more about contraception options and relationship advice (Matich et al., 2015). While a study completed in Canada found that youth wanted to know more about sexual activities, STIs, and safer sex information (Flanders et al., 2017).

According to Morris and Rushwan (2015), the barriers that youth have identified in this area are the health care provider's lack of confidentiality and respect, judgemental approach, and not taking patients' needs seriously. On the other hand, youth may also feel embarrassed or ashamed in sharing sexual health information, fear judgement from their physician, or are misinformed about sexual health practices (Morris & Rushwan, 2015). Alternatively, one study showed that youth viewed sexual health services, such as youth drop-in clinics, as a place where they could comfortably talk with adults about sex, as it was free of shame and judgement, and private (Shoveller et al., 2004).

Research shows that youth preferred staff and health care practitioners who were youth-friendly, non-judgemental (Matich et al., 2015; Morris & Rushwan, 2015), approachable, and attentive (Matich et al., 2015). Additionally, sexual minority youth discussed the importance of gender-inclusive safe spaces when visiting their health care providers (Flanders

et al., 2017; Fuzzell et al., 2016). When confidentiality was ensured by the health care provider it made youth more willing to share their sexual experiences (Fuzzell et al., 2016). Fuzzell et al. (2016) did not explore other racial or ethnic backgrounds in their study, and participants were asked to recall their past experiences with health care providers which could lead to missed details.

Parent-Youth Communication on Sexuality

Sexual health is heavily impacted by social, cultural, and economic factors (Morris & Rushwan, 2015). Social, cultural, and religious components impact discussions of sexual and reproductive health among youth as there is a general disapproval of sexual activity among this subpopulation. This is evident in voicing of sexual health concerns, such as STIs and its associated negative social consequence from parents (Morris & Rushwan, 2015). Furthermore, the lack of sexuality education received by parents and their discomfort with the topic also poses as a barrier in having these types of conversations (Hindin & Fatusi, 2009). This section of the literature review will first discuss studies from North America and Australia, and end with Pacific Islander literature. Studies under the latter heading involves research from China, Japan, Thailand, Singapore, and Vietnam.

North America and Australia. A meta-analysis found that parent-youth communication was positively correlated with contraceptive and condom usage (Widman et al., 2016). Another study also reported that better parent-youth communication pertaining to sexual health led to less risky sexual behaviours such as a decrease in sexual initiation, frequency of sexual intercourse, unprotected sex and increased sexual abstinence (Cederbaum et al., 2017). This finding is supported by a systematic review which explored parent-youth communication to

reduce at-risk sexual behavior (Coakley et al., 2017). Parent-youth communication was measured by increased frequency, depth and quality of conversations regarding sexual health (Coakley et al., 2017).

One study involving youth ages 13-18 stated that discussing sexuality led to increased motivations to engage in sex among youth (Cederbaum et al., 2017). An observational study, which looked at the association between quality of parent-adolescent communication about sex and adolescent sexual behaviour, found that parents lecturing about dating and sex was associated with an 86% likelihood that youth had engaged in sexual activity (A. A. Rogers et al., 2015). Coakley et al. (2017) also found studies where parent-youth sexuality communication was linked to an increase in sexual initiation (n=3 studies), number of partners (n=1 study), and frequency of intercourse (n=2 studies). This systematic review only had five qualitative studies, compared to the eighteen quantitative studies included (Coakley et al., 2017). Thus, more qualitative research looking at parent-youth sexuality communication is required, especially among male youth (Coakley et al., 2017).

Research shows that parents feel uneducated and uncomfortable discussing sexuality issues with youth (Coakley et al., 2017; Davis et al., 2013). According to a Canadian study, youth felt that education from parents concerning sexuality came from a more factual rather than emotional or intimate perspective (Shoveller et al., 2004). Mothers were most likely the providers of sexual health information (Coakley et al., 2017; Davis et al., 2013). A study done in Australia found that mothers that were highly religious were more likely to experience discomfort when discussing masturbation, condoms, abortion, sexual assault, and contraception compared to mothers who were not as religious (Farrington et al., 2014). On the

other hand, fathers faced increased discomfort especially when communicating with their daughters (Coakley et al., 2017). Overall, communication with mothers regarding sexuality was deemed more effective in preventing risky sexual behaviours and increased usage of safer sex supplies, compared to youth sexual communication with fathers (Widman et al., 2016).

Parents who had children during adolescence were more likely to discuss the consequences of unprotected sex such as early parenthood, its impact on completing school, and emphasized the importance of education and sex after marriage (Grossman et al., 2016). Whereas parents who had children later focused more on discussing emotional readiness and relationship building with youth (Grossman et al., 2016). African-Canadian families' discussions surrounding sexuality were viewed more negatively among youth as parents disapproved of pre-marital sexual activity (Davis et al., 2013). Conversations with mothers focused on negative effects of unprotected sex, while fathers were more willing to talk about developing relationships with positive values (Davis et al., 2013). Davis et al. (2013) focused solely on African-Canadian youth in this study, which may or may not be generalizable to the experiences of other racial groups.

Female youth were typically on the receiving end of these conversations compared to male youth (Coakley et al., 2017). Thus, contraceptive and condom use was also higher among female youth (Widman et al., 2016). Mothers are more likely to discuss sexual morals with daughters as oppose to their sons (Carpenter & DeLamater, 2012). Discussion with young males revolved around how to obtain condoms, with less stress on abstinence, while young females were told more about protecting themselves with little discussion on contraceptives (Coakley et al., 2017).

Pacific Islander. Studies found that parents within this population viewed dating and relationships negatively often communicating negative sexual health consequences to youth (Kaljee et al., 2011; Liu et al., 2017; Nagamatsu et al., 2008; Rhucharoenpornpanich et al., 2012; Wang, 2016). Parents often communicated the risks of unprotected sex such as pregnancy and STIs (Liu et al., 2017), especially HIV/AIDS (Kaljee et al., 2011; Nagamatsu et al., 2008). They often shared stories of youth who suffered such consequences in hopes that this would prevent their offspring from dating and having sexual intercourse (Wang, 2016). Parents viewed entering relationships as negatively impacting their children's academic performance, and a deterrent to their studies (Liu et al., 2017; Wang, 2016). It is evident that education was highly valued in these countries. Parents also felt that youth were too young and immature to understand the responsibilities of being in a committed relationship (Wang, 2016). According to Wang (2016), the parents included in the study had relatively low levels of education which may have influenced the findings. The study further suggested that research is needed exploring sexuality communication in Asian countries (Wang, 2016).

One study in Thailand reported that parents felt comfortable talking to youth about body changes and dating compared to birth control and AIDS—parents believed that youth were not ready to hear these conversations and should concentrate on their studies (Rhucharoenpornpanich et al., 2012). This is comparable to a study completed in Vietnam where parents also experienced discomfort discussing sex, pregnancy, and birth control (Kaljee et al., 2011). In another study, 60% of Singaporean parents were comfortable talking about abstinence, consequences of pre-marital sex, and condoms; however only 8.3% actually had regular discussions regarding sexuality with their children (Hu et al., 2012). Higher levels of

education among parents were associated with increased frequency of sexuality communication (Hu et al., 2012; Kaljee et al., 2011).

Parents found it easier to talk about relationships and standards of behavior as this was a way to impart their cultural values onto the next generation (Kaljee et al., 2011). Young girls (ages 13-14) were educated on the importance of virginity, while young boys (ages 13-14) were taught about not getting the opposite sex pregnant (Rhucharoenpornpanich et al., 2012). Females were more likely to have these types of conversations compared to males (Rhucharoenpornpanich et al., 2012), and were expected to have “self-respect” (Liu et al., 2017). The study conducted by Rhucharoenpornpanich et al. (2012) involved interviewing one parent and child from the same urban Thai family. The dynamic of interviewing the parent and child from the same family may have created bias in answering the questions in a more desirable manner, also families from non-urban areas may share different perspectives regarding sexuality communication.

One study found that parents were generally more strict and controlling when it comes to raising their daughters in comparison to their sons (Fongkaew & Fongkaew, 2016). While another study stated that monitoring of both female and male youth by parents were found to delay initial intercourse (Nagamatsu et al., 2008). Female gender, level of parental religiosity, and parent’s perceptions of teen sexual activity are conditions which impact the frequency of sexual communication (Rhucharoenpornpanich et al., 2012).

Two studies exploring sexuality communication in Chinese families found that youth were widely aware of their parents’ disapproval of relationships and pre-marital sex (Liu et al., 2017; Wang, 2016). Parents expected complete obedience from youth (Carpenter &

DeLamater, 2012; Cense, 2014) and direct communication regarding sexuality was viewed as a method of monitoring instead of an opportunity for education (Carpenter & DeLamater, 2012). Thus, children would refrain from sharing information about relationships and sex with their parents to avoid disapproval, disappointment (Davis et al., 2013; Fongkaew & Fongkaew, 2016; Liu et al., 2017), and to reduce the amount of parental monitoring (Wang, 2016). One study cited that youth viewed sexuality communication as ambiguous due to the fact that parents would remind them not to do 'bad things' (Wang, 2016). Communication about sex from youth's perspectives were seen as embarrassing as this was a taboo topic, and preferred receiving information from the internet or peers (Wang, 2016). Although one study, stated that youth felt comfortable talking about relationships but not sex with their parents (Rhucharoenpornpanich et al., 2012).

One Canadian study concluded that it is the interaction of interpersonal, structural, environmental, and cultural factors that shape the interactions between parents and youth when it comes to sexuality discourses (Davis et al., 2013). In addition, gender also plays a role in who transmits sexuality information, what information is relayed, and who the recipient of that information is. The next section delves more into an exploration of youth's perceptions of sexuality.

Youth's Perceptions of Sexuality

Woodgate and Scarlato (2015) found that youth ascribed a healthy individual as clean, strong, and full of energy. Youth indicated that part of being healthy is having positive connections with others and recognized that a healthy environment had impacts on both physical and mental health (Woodgate & Skarlato, 2015). A Canadian study looking at socio-

cultural influences on youth's sexual development, found that youth thrived in environments where they had opportunities to participate in activities that were important to them, felt like they were heard, were recognized for their accomplishments, and were given support to make their own decisions (Shoveller et al., 2004).

Another Canadian study done on male youth stated that when male youth initiated discussions with their peers about getting tested for STIs they reported receiving positive feedback from these young males (Shoveller et al., 2010). In a Chilean study, youth acknowledged and were aware of the existence of the gender double-standard when it came to sexuality (Macintyre et al., 2015). With youth stating that sex was viewed as a risk for females, but for males it was simply referred to as part of their exploration (Macintyre et al., 2015). When it came to relationships, female youth in one study were able to identify emotional support as a vital part of a healthy relationship (Volpe et al., 2014). This study found that female youth possessed the skills of communication and negotiation when it came to their romantic partnerships (Volpe et al., 2014).

Macintyre et al. (2015) found that youth were aware of the fluidity of sexual diversity and did not view this as a taboo topic of discussion. In addition, these youth also viewed same-sex couples as a normal phenomenon (Macintyre et al., 2015). One of the weaknesses of this study, which could have impacted the results is the fact that the participants were anthropology students who may have had more accepting attitudes towards sexual diversity (Macintyre et al., 2015).

Immigrant, Refugee, and Second-Generation Youth's Perceptions of Sexuality

Immigrant, refugee, and second-generation youth's cultural views on sexuality are heavily intertwined with religion. Islamic and Christian religions proclaim that it is inappropriate to engage in sexual relations prior to marriage (McMichael & Gifford, 2009; Omorodion et al., 2007; Wray et al., 2014). Several studies reported that parents did not partake in discourses with their children concerning sexual and reproductive health matters (Griffiths et al., 2008; C. Rogers & Earnest, 2014a, 2015) due to the taboo nature of sexuality (C. Rogers & Earnest, 2015). Thus, following religious practices reduced opportunities for young people to socialize, discuss sexual matters, and initiate sexual relations (McMichael & Gifford, 2010).

Female virginity. The literature has alluded to the idea that youth perceive it is an expectation for females to maintain their virginity until marriage (Hammer et al., 2010; McMichael & Gifford, 2010; Omorodion et al., 2007; Wray et al., 2014). Abstinence was viewed as a way of maintaining one's 'good' reputation especially among women, as it demonstrated a female's high regard for her parents and cultural values (McMichael & Gifford, 2010; Wray et al., 2014). Wray et al. (2014) explored the importance of the essence of 'purity' among women. In their study, adolescent girls who suppressed their sexual urges, and avoided sexual discussion and information were considered innocent and 'pure' by societal standards. As this study limited itself to single, heterosexual, highly educated young women (Wray et al., 2014), it is imperative to explore sexuality from the perspectives of males, and gender non-conforming identities. Not engaging in sexual activities also ensured eligibility for marriage (McMichael & Gifford, 2010; Wray et al., 2014). This belief was confirmed by males who claimed that they would not marry a sexually experienced woman (McMichael & Gifford, 2010).

The literature points out greater consequences for women, in comparison to men, should they decide to partake in pre-marital sex (Griffiths et al., 2008; McMichael & Gifford, 2009, 2010; Omorodion et al., 2007; Wray et al., 2014). Muslim females who could not control their sexual urges were termed 'fallen women', faced social discrimination and labelled: 'corrupt', 'loose', (Wray et al., 2014) 'wild', 'slut', (McMichael & Gifford, 2010) 'immoral', 'bad', 'whores', and 'street workers' (Hammer et al., 2010). Having sex prior to marriage resulted in young girls getting 'kicked out' of their home, or being forced into marriage (Griffiths et al., 2008; McMichael & Gifford, 2009; Wray et al., 2014). Females who did not practice abstinence were also seen as bringing dishonour (Omorodion et al., 2007), shame (McMichael & Gifford, 2009, 2010; Wray et al., 2014), and embarrassment to themselves, family, and even their communities (Wray et al., 2014).

Male sexual practices. In contrast to young females, it is more culturally acceptable for men to have multiple sexual partners (Hammer et al., 2010; Omorodion et al., 2007), with one study labelling this belief as 'machismo' (Hammer et al., 2010). Young men viewed girlfriends as someone you engage in sexual activities with, while your 'wife-future' you do not have sex with until marriage (Sinha et al., 2008). Being in a new country also provided more opportunities to engage in sexual relations (Omorodion et al., 2007; Sinha et al., 2008). Meanwhile, young women were discouraged from interacting with men from different ethnicities or religions (Wray et al., 2014).

Young men who participated in risky sexual acts, and had multiple partners were viewed by young women as increasing their vulnerabilities in contracting STIs (McMichael & Gifford, 2010; Omorodion et al., 2007). Alternatively, young men complained that females were

transmitters of STIs and HIV. Henceforth, causing males to enter relations with younger women, aged 17 to 18, who they believed had shorter sexual histories (Omorodion et al., 2007).

Sexual Decision-Making. Most youth spoke of keeping their relationships a secret from their parents, and expressed concerns if their relationships were ever discovered (Griffiths et al., 2008; McMichael & Gifford, 2009). One study further indicated that youth felt guilty engaging in sex, because it meant that they were not living up to their parents' expectations (Griffiths et al., 2008). One study looking at the experiences of Canadian youth reported similar findings as youth cited their biggest fear was being rejected by their families, and the associated shame one would face as a result of a negative sexual outcome (e.g. unplanned pregnancy) (Shoveller et al., 2004).

At the same time, youth felt the need to do what was best for themselves. Youth rationalized that the decision to engage in premarital sex was based on personal choice and not due to a lack of religious values (Griffiths et al., 2008). This study was unique, compared to other studies in this literature review, as perspectives of young men (n=31) outweighed the shared experiences of young women (n=5) (Griffiths et al., 2008). Yet, this study conducted only focus groups, separated based on gender and age, which could potentially lead to the omission of experiences of other youth (Griffiths et al., 2008).

The decision to participate in sexual activities was influenced by external factors such as, societal and peer pressure (Griffiths et al., 2008; Hammer et al., 2010; C. Rogers & Earnest, 2015). Young men's desire to 'fit in' propelled them to engage in pre-marital sex (Griffiths et al., 2008). In addition, the fear of rejection from peers should they abstain from sex, also played a factor in decisions to participate in sexual activities (Hammer et al., 2010). Even a study

completed on Canadian youth found similar findings—youth feared being rejected by their peers if they did not have sex (Shoveller et al., 2004). Other reported reasons for why youth decided to engage in sexual relations were curiosity (Hammer et al., 2010) and the feeling that temptation overtakes rational decision-making in those moments (Griffiths et al., 2008).

Sexual pressures for women were commonly cited by studies as coming from their partners (Griffiths et al., 2008; Hammer et al., 2010; McMichael & Gifford, 2010; C. Rogers & Earnest, 2014a, 2015). Young girls found it hard to deny their male partners sex due to gender power imbalances (C. Rogers & Earnest, 2015). Adolescent females felt the pressure to have unwanted or unprotected sex to prove their love to a partner, which made it difficult to negotiate safer sex options (i.e. utilizing a condom was seen as mistrusting your partner) (McMichael & Gifford, 2010). Furthermore, the ‘taboo’ nature of discussing sexuality adds to the inability of young women to implement their sexual boundaries (Omorodion et al., 2007).

Misconceptions about STIs and HIV. Immigrant and refugee youth lacked knowledge of the types of STIs, symptoms, and modes of transmission (Hammer et al., 2010; McMichael & Gifford, 2010; Wray et al., 2014). Two studies stated that most youth were aware of HIV and AIDS, but were unfamiliar with gonorrhea, syphilis, chlamydia, and herpes simplex virus (Hammer et al., 2010; McMichael & Gifford, 2010). These studies were conducted using focus groups which limits the potential for ‘other’ or differing experiences to be shared. In addition, both of these studies asked questions to measure what youth knew about sexual health and limited the conversation to the discussion of STIs, unwanted pregnancies, and methods of prevention (Hammer et al., 2010; McMichael & Gifford, 2010). One study stated that youth knew of the asymptomatic nature of some STIs (Hammer et al., 2010), while another study

stated that most youth were unaware of this fact and believed symptoms were always visible (McMichael & Gifford, 2010). Youth listed symptoms such as: vaginal/penile discharge, itchiness, stinging, pain, bleeding, vomiting, headaches, fever, weight loss, changes to menstrual cycle, feeling weak, tired, and sick (Hammer et al., 2010; McMichael & Gifford, 2010).

Youth were well aware that unprotected sexual contact increases your risk of contracting an STI or HIV (McMichael & Gifford, 2010). It was known among youth that safer sex supplies reduced the risk of unintended pregnancies and protected against STIs (Hammer et al., 2010; McMichael & Gifford, 2010; C. Rogers & Earnest, 2014a). However, there were many misconceptions that youth had when it came to discussions concerning the modes of transmission. Participants felt that the risk of HIV was low or non-existent in the country they migrated to, since only those that were deemed 'healthy' were allowed in the country (McMichael & Gifford, 2010; Omorodion et al., 2007; C. Rogers & Earnest, 2014a). Youth believed that HIV can be transmitted through saliva via kissing, through sharing cooking utensils, breathing the same air as someone with HIV, and regular physical contact with an HIV-positive individual (Hammer et al., 2010; McMichael & Gifford, 2010).

Contraception. Immigrant and refugee youth were uninformed about contraception, specifically with respect to how to use them, how they work, and the different types (Ngum Chi Watts et al., 2014; C. Rogers & Earnest, 2014a; Wray et al., 2014). Condoms and oral contraceptives were the most widely used and known contraceptives as cited by the participants (Hammer et al., 2010; McMichael & Gifford, 2010; C. Rogers & Earnest, 2014a; Wray et al., 2014). Youth were aware of which biological sex used the condom and birth control

pill, and it is of no surprise that females knew more about the pill than males (Hammer et al., 2010). Interestingly enough, abstinence as a form of birth control was only mentioned in two studies (Hammer et al., 2010; McMichael & Gifford, 2010), despite the fact that religion plays a major factor in how youth view sexuality.

The literature reported many misconceptions youth had regarding the birth control pill (Hammer et al., 2010; McMichael & Gifford, 2010; Ngum Chi Watts et al., 2014; C. Rogers & Earnest, 2014a; Wray et al., 2014). The most prominent belief that young women held, cited across multiple studies, was that contraceptives led to infertility (Hammer et al., 2010; Ngum Chi Watts et al., 2014; C. Rogers & Earnest, 2014a). Some adolescents believed that you can get pregnant while on the pill (C. Rogers & Earnest, 2014a; Wray et al., 2014), while others thought that you cannot get pregnant even when taking the pill inconsistently (Ngum Chi Watts et al., 2014). Lastly, youth viewed condoms as a better form of protection, and falsely believed that using more than one condom led to greater protection (Hammer et al., 2010).

Gender power imbalances also affected how youth perceive contraception. Male youth believed that their partner's use of contraceptives meant their partner was sexually unfaithful (Ngum Chi Watts et al., 2014). On the other hand, young men felt that females should be more concerned about contraception because they were the ones at risk of pregnancy (McMichael & Gifford, 2010).

Second-generation immigrant youth. Second-generation immigrant youth can be defined as youth born in the country where their parents migrated to (Kao et al., 2007). Literature within this population, echoed the beliefs of the value of virginity for young women (Hendrickx et al., 2002; Skandrani et al., 2010). Females who had sex outside of marriage ruined

their social standing and were gossiped about (Cense, 2014; Manderson et al., 2002; Yu, 2008). From the perspectives of second generation youth, young men were found to be more sexually active (Cense, 2014; Hendrickx et al., 2002; Orgocka, 2004; Yu, 2008). In fact, male youth received praises for engaging in premarital sex, and were thought of as 'real men' or 'cool' for doing so (Hendrickx et al., 2002; Orgocka, 2004; Yu, 2008). One Canadian study echoes these findings, as both female and male youth in Canada agreed to ascribing to these gender norms when it came to sexuality (Shoveller et al., 2004). This study notes that older youth's experiences during their early adolescent years has led to negative judgement of females if they exhibited sexual behaviour that did not live up to their conservative, 'virginal' image (Shoveller et al., 2004).

When it came to sexual decision-making, two studies simply reported that youth needed to 'be ready' prior to having sex (Yu, 2007, 2008). These two studies explored a very specific population of British-born Chinese youth, and their perspectives of their ethnicity on their sexual behaviour (Yu, 2007, 2008). However, these two studies did not acknowledge how British culture influenced their views as well, especially having been raised in a country different from their parents. These studies suggested that youth viewed sexual activities and relationships as delaying their educational aspirations (Cense, 2014; Yu, 2007, 2008).

Pre-marital sex was also forbidden among this sub-population (Hendrickx et al., 2002; Yu, 2007, 2008), and discussions about sexuality were also viewed as 'taboo' among these youth (Hendrickx et al., 2002; Luo, 2008; Manderson et al., 2002; Skandrani et al., 2010). To compare this population to Canadian youth, one study found that youth learned to hide their sexual experiences from parents and adults even if they needed advice, as they were often

indirectly told that they were not supposed to be engaging in sexual activities (Shoveller et al., 2004).

Immigrant and refugee youth coexist within two cultures with different expectations causing contradicting discourses between youth and their parents (Champion & Roye, 2017; DeSantis et al., 1999). Studies of young female immigrants from various ethnic groups have identified that parental monitoring on their activities is the root cause of strains on parent-youth relations. Furthermore, second-generation literature has revolved around the tensions between immigrant parents and their children over sexual behaviours (Carpenter & DeLamater, 2012). Thus, the expectation of virginity among youth becomes a symbol of belonging, or not belonging to their parents' culture (Skandrani et al., 2010).

Impact of Culture

Asian culture. In most Asian cultures, sexuality is associated with procreation in the context of marriage, thus sexuality outside of this context is deemed inappropriate (Okazaki, 2002). Modesty, good social and moral conduct, along with restrained sexuality are valued, (Okazaki, 2002) especially for females (Liu et al., 2017). A key trait of Asian cultures is their collectivist and patriarchal nature, as a result females who are open with their sexuality or experience a teenage pregnancy disrupts the social order and tarnishes the family reputation (Liu et al., 2017; Okazaki, 2002). LGBT Asian youth face challenges as well—same-sex partnerships are a threat to the familial value of procreation in the context of marriage and religious beliefs contradict same-sex relations (Damas et al., 2012).

A study done in Canada among East Asian youth (Grades 7 to 12) found that youth who had stronger ethnic identity were less likely to report that they had engaged in sexual

intercourse (Homma et al., 2015). This study was carried out using a survey and did not allow for further exploration of how ethnic identity may have impacted the sexual health and behaviour of Asian youth. Immigrant and Canadian-born youth who spoke English at home were twice as likely to report experiences of sexual intercourse, compared to immigrant adolescents who spoke their native tongue (Homma et al., 2013, 2015). Although less than 10% of East Asian youth had ever had sexual intercourse, roughly 70% of East Asian youth that were sexually experienced reported high risk behaviours such as multiple partners, and not using condoms at last intercourse (Homma et al., 2013). These findings are similar to a study done in the US where Asian students (ages 18 to 24) were found to have a relatively high rate of unplanned pregnancies and low rates of HIV testing compared to the general student population (Trieu et al., 2013). One study reported that Asian youth in North America were less knowledgeable when it came to STIs and transmission of infections as oppose to other ethnic groups (Homma et al., 2013).

Filipino culture. A study, conducted in the US, found that Filipino parents expressed their dissatisfaction with how the American culture has caused youth to disrespect their parents leading to verbal disagreements and weakened relationships (Chung et al., 2007). From the perspectives of Filipino youth in this study, they stated that the American culture allowed them the freedom to express themselves verbally, and did not view this as a sign of challenging parental authority (Chung et al., 2007). This study had a large sample of 120 pairs of Filipino-American parents and youth (Chung et al., 2007). However, data collection was limited to a survey and challenges that youth may have had in regards to sexuality communication was not explored.

Filipino women are raised to be modest, caring, virginal, and domestic, unlike American women who were defined by Filipinos as 'liberal' (Le Espiritu, 2001). Similar to other Asian cultures, Filipino young women had restrictions placed on their actions and behaviours in order to preserve their virginity (Le Espiritu, 2001; Manderson et al., 2002). Parents viewed young women as needing to be protected. Since young men did not have to ascribe to the same virginal image as young women, they were allowed more privileges (Le Espiritu, 2001). This served as a source of frustration for second-generation female youth who witnessed that their brothers did not face the same restrictions on their movements and activities as they did (Carpenter & DeLamater, 2012; Le Espiritu, 2001). In many cases, female youth hid their whereabouts and dating activities (Carpenter & DeLamater, 2012; Le Espiritu, 2001). Ironically, although dating is prohibited among female youth they are still expected to marry and bear children eventually (Le Espiritu, 2001).

In an Australian study, it was reported that Filipino young women faced barriers discussing sex with older adults because of the associated shame and dishonor it would bring to their family (Manderson et al., 2002). As a result female youth had a lack of access to resources and information of how to prevent STIs (Manderson et al., 2002), and most youth turned to their peers for advice (de Irala et al., 2009; Manderson et al., 2002). The study conducted by Manderson (2002) utilized mixed methods and thoroughly explored concerns of Filipino young women in regards to their sexuality. However, young males were excluded from this study, which may have offered differing perspectives on this topic.

It was found that less parent-adolescent communication about sex was associated with a higher level of youth disagreement regarding Asian values, which may explain one US study's

findings where only 22% of Filipino-American youth have regular discussions of sex with their parents (Chung et al., 2007). However, another study found that although young women would raise their future-daughters in the context of open conversations of sexuality, 65% of these female youth still agreed with the Filipino value of abstinence prior to marriage as oppose to the Western ideals (Manderson et al., 2002). Overall, both male and female Filipino youth want to know more about how to manage their feelings and emotions and the notion of falling in love (de Irala et al., 2009).

Catholicism has impacted the Filipino cultural views on sexuality in its prohibition of premarital sex (Gipson et al., 2014; Okazaki, 2002), contraceptive use, and abortion (Okazaki, 2002). In the Philippines, sexual initiation occurs around 17 years old for female youth (World Health Organization, 2016). Young females reported earlier emotional relationships compared to their male counterparts, while young males had sex at earlier ages (Upadhyay et al., 2006). Among Filipino youth, sexual initiation was higher among youth who were not religious (Osorio et al., 2012). Young males' sexual initiation was positively associated with higher household wealth (Gipson et al., 2014). For young females the more educated the mother was the lower the incidence of initial sexual intercourse (Gipson et al., 2014).

A mixed-methods study completed in the Philippines reported that one of the reasons youth decided to engage in sexual activity was due to curiosity about what sex was like (Gipson et al., 2012). Another study exploring initial sexual experiences of youth in the Philippines, Peru, and El Salvador supported this previous finding, and added that being in love was also a common reason for sexual initiation cited by Filipino youth (Osorio et al., 2012). Females reported external pressure from peers or their partner as reasons for initial participation in sex

(Delgado-Infante & Ofreneo, 2014; Osorio et al., 2012). One study found that when females (aged 19-26) chose to have sex to satisfy their own needs they felt pleasure from the sexual experience (Delgado-Infante & Ofreneo, 2014). Whereas females who initially had sex as a result of getting carried away with their emotions and giving in to their partner's demand felt more emotional and physical discomfort with the sexual experience (Delgado-Infante & Ofreneo, 2014). This study only reported on highly educated, upper class, female perspectives, and lacked heterogeneity in their sample. According to Osorio et al. (2012), approximately 22% of Filipino youth regretted their first sexual experience.

In the US, Filipino-Americans have the highest rates of HIV and adolescent pregnancy in comparison to other Asian Pacific Islanders (Chung et al., 2007). There were 844 newly diagnosed HIV cases in the Philippines, which is the highest number of cases reported since 1984. Of these cases, 31% of new cases were among youth between the ages 15-24 (Epidemiology Bureau, Department of Health, 2017). Moreover, 79% of all reported cases in the Philippines have occurred in the last 5 years (Epidemiology Bureau, Department of Health, 2017).

In the past 35 years, there has been an increasing trend of teenage pregnancy in the Philippines, which is not surprising as only 24% of 15 to 19 year old's reported the use of contraception during their first intercourse (Natividad, 2013). More teenagers are getting pregnant compared to earlier generations due to earlier menarche, and increased acceptance and practice of pre-marital sex (Natividad, 2013). According to WHO (2016), 68.7% of unmarried, sexually active Filipino female youth aged 15-19 are not using a method of contraception. Those in sexual relations commonly identified using withdrawal in place of

contraceptives (World Health Organization, 2016). Cited reasons for not using contraceptives are: fear of side effects, infrequent sex, abstinence (World Health Organization, 2016), stigma received when purchasing condoms, and/or associated infidelity with condom use (Lucea et al., 2013). Filipino young adults (aged 21-30) were found to associate condoms more with contraception rather than a method to prevent STIs (Lucea et al., 2013).

Carpenter & DeLamater (2012) stated that those who value virginity typically delay sexual initiation and develop few partnerships outside the context of a committed or marital relationship. The downside to this is that there are less opportunities to learn about communication with partners which can both benefit or hinder future relationships (Carpenter & DeLamater, 2012). Most cultures and societies do not equip youth with adequate knowledge about their sexuality and how to handle it in the context of a relationship (Carpenter & DeLamater, 2012).

Chapter Summary: State of the Evidence

This literature review consisted of qualitative (n=34), quantitative (n=24), and mixed methods studies (n=6); along with books (n=7), literature reviews (n=6), systematic review (n=1), and reports (n=6). Articles came from the US (n=29), Canada (n=16), Australia (n=9), Philippines (n=9), UK (n=7), China (n=2), Netherlands (n=2), Thailand (n=2), Belgium (n=1), Chile (n=1), France (n=1), Japan (n=1), Vietnam (n=1), Singapore (n=1), Spain (n=1), and Switzerland (n=1). A great deal of the literature focused on the problems of teenage or premarital sexual activity (e.g. unintended pregnancies and/or STIs). The body of literature found reported on gender power imbalances, with young males having an increased sense of control, while young females reported having difficulty negotiating sexual boundaries and condom usage. Female

youth have had more conversations with their guardians surrounding sexuality and are given more protective messages in comparison to their male counterparts. Studies lacked male and gender non-conforming perspectives on sexuality. Additionally, less is known about the nature of sexual relationships and behaviours in childhood and long-term adult partnerships (Carpenter & DeLamater, 2012).

Within the Filipino literature, there is a huge focus on exploring the usage of contraception. Half of the studies completed in the Philippines reported on a longitudinal national health survey which was conducted in 1998 to 2002 (Gipson et al., 2012, 2014; Upadhyay et al., 2006; Upadhyay & Hindin, 2006). There was very little literature found exploring Filipino youth's perspectives of sexuality, perhaps this is due to the conservative nature of the Filipino culture when it comes to talking about sexuality. The literature that was found viewed sexuality in a negative light—as something that adolescents should avoid, which is not so different from literature found globally. There is limited amount of literature regarding sexuality among the Filipino population in North America.

Biomedical and epidemiological research on youth sexuality focuses on risk behaviors, such as teen pregnancy and STIs, ignoring the social context behind these behaviors (Shoveller et al., 2004) and how youth come to make decisions related to sexuality. Behind the numbers and statistics what is evident is the cultural clash experienced by youth who are trying to find their place between pleasing their parents and their home culture, while adopting the ideals and values of the host culture (Manderson et al., 2002). There is a lack of literature exploring how culture impacts the sexuality of children in different racial and ethnic backgrounds (Carpenter & DeLamater, 2012). As Canada increasingly becomes more multicultural, it is of

great importance that we study the experiences of all racial and ethnic groups (Carpenter & DeLamater, 2012).

The youth of today are living in a hypersexualized world as they interact with media that is littered with both negative and positive sexuality messages. The impression left by the literature is that sexuality should be feared, and that pre-marital sex is associated with negative consequences. What happens when youth become adults and enter long-term partnerships? What happens to their perceptions of sex when they have been previously told to avoid it? How do they begin to communicate about sex with their partners, when they were never taught how? If youth are able to negotiate sexual boundaries, develop healthy relationships, and demonstrate use of protection, sexual activity can be viewed as contributing positively to one's development (Bowers et al., 2015). The following chapter will present the third culture kid (TCK) framework, which has influenced how the literature review has been conducted and was used to guide the research methodology.

Chapter Three: Theoretical Framework

This chapter will introduce the Third Culture Model and how it relates to the proposed qualitative study. How it has been used in practice and research will also be outlined. This chapter will conclude with plans on how it will be used in the research study.

Third Culture Model

The Third Culture Model was introduced in 1996 by Ruth E. Van Reken (Pollock et al., 2017). The model consists of three circles which contain the concepts of first, second, and third culture. First culture refers to home or passport culture of the child's parents, while second culture is the host culture to which the parents have moved to (Pollock et al., 2017). Dr. Ruth Useem, an anthropologist and sociologist, defined third culture as, "life created, shared, and learned by persons who are in the process of relating their societies, or sections thereof, to each other" (Useem, 1993, p. 1). Children formed this third culture through the amalgamation of certain attributes from the home (first) and host (second) culture (Purnell & Hoban, 2014). Pollock et al. (2017) has defined third culture as a way of life that is altogether different from the home culture and host culture and proposes that it is a lifestyle characterized by shared experiences by those living in the same way.

One of the concepts underlying this model is the third culture kid (TCK). This term was developed in the 1950s by Dr. Ruth Useem, who defined TCK as "children who accompany their parents into another culture" (Useem, 1993, p. 1). Fanning and Burns (2017) found that TCKs were usually children in Western civilizations going to non-Western countries. Pollock et al. (2017) expanded on the concept of TCK as a person who has spent a majority of their

developmental years (first 18 years of life) in a culture that is different from at least one of their parent's home culture.

It is a common phenomenon that TCKs build connections to the home and host cultures through the integration of elements from each culture, while not embracing either culture in its totality (Gilbert, 2008; Pollock et al., 2017). TCKs culturally identify with those who have experienced this similar phenomenon (Pollock et al., 2017). On the other hand, Gilbert (2008) argues that some TCKs self-identify as being part of the host culture, but also claim to have psychological and emotional connections to their home culture. While others strongly identify with the host culture and disregard their home culture altogether (Gilbert, 2008).

The effects of third culture on a child is influenced by the following factors: time, child's age when they migrate, child's personality, parental attitude and behaviour, how the host culture received or interacted with the family, policies of the host culture or sponsoring agency, and child's participation in the host culture (Pollock et al., 2017). In reference to the child's age and developmental year, greater impacts of third culture are experienced when children are beginning to form their identities, worldview, and learning how to develop relationships with others (Pollock et al., 2017). The length of time needed to see the impacts of the host culture is difficult to determine, however Pollock et al. (2017) has suggested that the person must be exposed for longer than two months in order for the impacts of third culture to take place.

Critique of the Model

Dr. Useem who reviewed the Third Culture Model stated that models are not static but are ever-changing based on the knowledge gained from current global events (Pollock et al., 2017). Fanning and Burns (2017) critiqued the model as implying that one belonged to no

particular culture and would want to return to their home culture. Historically, TCKs came to the host country with the intent on returning home (Pollock et al., 2017), thus there is this negative connotation that gave preferences to the home culture, which was historically a Western country (Fanning & Burns, 2017). Alternatively, there has been a trend of immigrant families moving to the host country with no intentions of returning home (Pollock et al., 2017).

According to Pollock et al. (2017), questions arising from their model are: how does the concept “third culture” which is variable and diverse exist, when culture means a group of people that have a shared way of living? Additionally, can all individuals who grew up in multiple cultures be considered TCKs? In an inter-connected world, what is considered a true TCK (Pollock et al., 2017)?

To answer the first question, Pollock et al. (2017) reiterates Dr. Useem’s ideals which is that culture is an evolving concept, therefore third culture can be viewed as a new way to define culture that is characterized by shared experiences. With regards to the latter questions, some experts would consider that all individuals with cross-cultural experiences are TCKs, because the commonality exists in which individuals have experience living in more than one culture and not fully identifying themselves as belonging to one (Pollock et al., 2017). However, Podolsky (2004) adds that the term TCK fails to acknowledge the individuality of experiences that the children have gone through. Grouping all individuals under the label TCK ignores the context of certain groups and may lead to untailed research methodologies (Pollock et al., 2017). For example, a refugee with cross-cultural experiences will have different perspectives compared to a wealthy immigrant (Pollock et al., 2017).

Use in Practice

An adapted form of this model has been used by SERC as part of their explanation to youth transitioning to Canadian culture. They posit that youth have one foot in their home culture, and one foot in the Canadian culture, and that they can decide what aspects of each culture they will incorporate into their third culture. This model has been used in the areas of psychology, sociology, and education (Cockburn, 2002; Pollock et al., 2017). It is important for professionals working with children and youth to understand how transitioning to a different culture impacts one's identity development, and how we might support these individuals (Pollock et al., 2017).

Awareness of this model may also prove useful for those working in mental health fields so that they can understand the characteristics of TCKs and the challenges this may pose for their mental health (Cockburn, 2002; Limberg & Lambie, 2011). Specifically, Limbert and Lambie (2011) outlined school counseling strategies that coincide with the transitional stages of TCK students. Through Purnell and Hoban's (2014) research on TCK transition, they were able to develop the "Third Culture Kid transition into University Model". This model depicts four stages of the transitional experience outlining the practical, social, and emotional stories of TCKs. This model can also be used to help support TCKs during their transition (Purnell & Hoban, 2014).

Use in Research

There are ample amounts of literature studying TCKs without reference to the Third Culture Model, mostly in the field of education, but also in areas such as psychology, counseling, and sociology. Studies in this area looked at the phenomenon of transition, such as the factors that positively and negatively impacted transitions (Purnell & Hoban, 2014). Several

of the studies explored the issue of identity uncertainty among TCKs (Bonebright, 2010; Cockburn, 2002; Gilbert, 2008; Podolsky, 2004); adult TCKs were found to have challenges with identity formation (Bonebright, 2010; Walters & Auton-Cuff, 2009). Literature also focused on the loss and grief experiences of TCKs (Gilbert, 2008; Podolsky, 2004). Losses were categorized as: people, places, opportunities, objects, identity, freedom, and sense of belonging during the transition process (Cockburn, 2002; Gilbert, 2008). Meanwhile, Dewaele and Oudenhoven (2009) studied TCKs experiences with depression.

Research involving TCKs also compared them to a control group that were not TCKs (Dewaele & Oudenhoven, 2009). Sheard (2008) compared TCK characteristics to gifted children. Dewaele and Oudenhoven (2009) found that TCKs scored higher than non-TCKs when it came to questions measuring open-mindedness and cultural empathy and scored lower on emotional stability. Podolsky (2004) compared the TCK concept to “Kaigai/Kikoku-shijo,” which is a term used for Japanese children who were re-entering Japan after accompanying their parents abroad. In this area of research, the Japanese focused on the adaptation of these children as they attempted to reintegrate themselves into Japanese society (Podolsky, 2004). The differences between these two concepts is that TCK is an all-encompassing term tied with shared experiences, meanwhile “Kaigai/Kikoku-shijo” seeks to compartmentalize the experiences that these children go through (Podolsky, 2004).

The literature studying TCKs are usually written from the perspectives of adult TCKs, or non-TCKs who have witnessed the experiences of TCKs (Podolsky, 2004). A large body of research has been completed on TCKs in the school setting (Bonebright, 2010; Pollock et al., 2017), and families originally from Western countries (Cockburn, 2002; Cottrell, 2005).

Cockburn (2002) urges researchers to consider studying minority cultures that move to more westernized countries, as this population will likely share similar characteristics experienced by TCKs from Western countries.

Implications of the Third Culture Model

The Third Culture Model, primarily used in the area of education, seemed to be applied to youth who were at an age where they are cognisant of what their life was prior to moving to the host culture. Hence, experiences, difficulties, and consequences as a result of the transition are apparent in the literature. For the purposes of this study, the Third Culture Model is applied to youth who interact with two cultures (Canadian and Filipino). Specifically, the aspects of each culture they consider or do not consider when it comes to defining sexuality.

This model has influenced the literature review in terms of the examination of culture. The literature review compared the perceptions of immigrants, refugees, and second-generation youth regarding the concept of sexuality. Furthermore, the framework had implications for the inclusion criteria. It is vital that youth with cross-cultural experiences during their years of development be included, in addition to having parent(s) who identify the Philippines as their home culture. The interview guide has been shaped by this model as the impact of culture was examined using open ended questions. Lastly, the Third Culture Model shaped data analysis and discussion chapters of this study, as it ensured that special attention was paid to the role of culture and its impact on perceptions of sexuality. Further information on the methodology used to conduct the research study will be presented in the following chapter.

Chapter Four: Methodology

This chapter describes how focused ethnography was used to carry out the study. The research design includes: the sample, setting, data collection methods, and methods used to analyze the data. Methodological rigour and ethical considerations will be discussed in the latter part of this chapter.

Research Methodology

The overarching research aim of this proposed study was to gain an increased understanding of Filipino-Canadian youth's perspectives of sexuality. This study was approached from the qualitative paradigm as it gave youth the opportunity to share their stories and perspectives (Fetterman, 2010; Munhall, 2012). Qualitative research also allowed for the exploration of the meaning of being within and among various cultures (Munhall, 2012). Since the notion of culture carried weight in this study, the ethnographic approach, particularly focused ethnography served as the research methodology. Ethnography sought to describe and understand the meaning behind social interactions within cultures (Munhall, 2012).

Focused ethnography is a branch of ethnography that focuses on a small part of a culture, as it is situated in the context of a specific situation, activity, or action (Cruz & Higginbottom, 2013; Knoblauch, 2005). This methodology allowed for the exploration of how a group of people perceive health practices and beliefs about a particular phenomenon and how participants incorporated that into their daily lives (Cruz & Higginbottom, 2013). Focused ethnography allowed the researcher to understand the interactions between an individual and their physical and social environment, based on the emic (participant's point of view)

perspective (Cruz & Higginbottom, 2013; Knoblauch, 2005). In the study, it examined how youth navigated and interacted with two cultures and how this influenced their sexuality.

Cruz and Higginbottom (2013) and Knoblauch (2005) identified a number of features of focused ethnography which included:

1. Problem-focused and context-specific
2. Focus on discrete community/organization/social phenomenon
3. Short-term visits with intensive data-collection and analysis
4. Focused on small elements of one's society
5. Data is impacted by perspectives of the researcher and other knowledgeable individuals

It is ideal to use this methodological approach when looking at a particular topic or an occurrence shared by a group of people, and allowed us to explore how sexuality is viewed through the cultural lens (Cruz & Higginbottom, 2013).

Epistemology. As previously stated, culture is a shared way of living that is specific to each society; this includes the ways in which a group of people cope with the world in which they reside in (Boaz, 1911). Ethnography is based on four assumptions: people learn about, share, and construct culture; culture is used to develop and transfer knowledge; knowledge is generated, given meaning and then disseminated through language; and individuals decode experiences and take part in behaviour relative to the culture (Knoblauch, 2005). Based on this definition of culture and the principles of ethnography, the constructivist paradigm best reflected the ideologies of this study. This viewpoint acknowledged that reality is constructed by individuals interacting with their environments, and through these interactions individuals create meanings of that reality (Crotty, 1998; Wener & Woodgate, 2013). Crotty (1998) and

Fetterman (2010) also added that different people have different perspectives regarding the same phenomenon, which explains why multiple meanings or truths of reality exists.

Research Design

Sampling and recruitment. Purposive sampling was used to recruit participants for this study. Participants were chosen based on their knowledge about the topic under study, along with the researcher's knowledge about the population (Polit & Beck, 2012). Purposive sampling was able to target individuals who have similar features, such as common behaviours and experiences (Cruz & Higginbottom, 2013).

Potential participants were between the ages of 18 to 30, whose parent(s) or legal guardian(s) were born and raised in the Philippines. This age range was chosen as it is likely that youth have been exposed to the Canadian sexual health curriculum, hence Canadian views on sexuality were more likely to have been imparted on them. Older youth were more likely to have had the time and maturity to reflect on their lived sexual experiences, and increased ability to articulate the factors driving their insights (Shoveller et al., 2004).

Parent(s) from the Philippines were more likely to transmit Filipino cultural values and beliefs during the upbringing of their children; thus, participants were exposed to both Filipino and Canadian culture. Recruited individuals were born in the Philippines or Canada, however youth must have lived in Canada for at least five years. In order for the third culture impact to take effect the individual must be exposed to the culture for longer than two months (Pollock et al., 2017). Participants were able to read, comprehend, and speak English. Exclusion criteria included: one parent/legal guardian that is not of Filipino descent, or legal guardian(s) or parent(s) who were raised in a different country during their years of development. Since we

are studying the intersection of the Canadian and Filipino culture, the addition of another culture impacts the participants' cross-cultural experience.

Sample sizes in qualitative studies involved a limited number of participants compared to quantitative studies (Cruz & Higginbottom, 2013). In the literature review, qualitative studies that utilized one-to-one interviews and explored adolescent perceptions of sexuality had sample sizes ranging from 5-25. The suggested sample size was 10 to 15 participants (Munhall, 2012). The key in qualitative studies is the richness of data provided by the participants. The quality of the data collected was the determining factor as to how many participants were needed.

Recruitment for the sample occurred using multiple avenues. A physical location for recruitment was the West End Public Library and Sir William Stephenson Library. These establishments were located in areas inhabited by the Filipino population. The University of Manitoba Filipino Students Group was also approached. The last method of recruitment involved social media platforms such as the Filipino Facebook group, "204 Filipino Marketplace"—which had 37,000 Filipino members at the time of recruitment—as well as Instagram. A poster was developed for all avenues (see Appendix A) and were distributed to the appropriate avenues once ethics approval was obtained for the study.

For the libraries, posters were delivered personally by the researcher along with a letter (see Appendix G) requesting permission from staff for the poster to be posted. The University of Manitoba Filipino Students Group was contacted via email with the attached recruitment poster (see Appendix A and H), which the researcher requested to be forwarded to the members of this group. With regards to the Facebook group, an account was developed for the

purposes of this study, and posts containing the recruitment poster were posted on the “204 Filipino Marketplace” group site. The poster was posted once a week for three weeks. It is likely that Filipino youth of this age group are engaged in social media, thus Facebook would be an appropriate medium to reach the target population. For Instagram, a post (containing the poster in Appendix A) was created on the researcher’s page to recruit the participants. Participants then shared this image to their social networks.

Interested participants were directed to contact the researcher via email as stated on the recruitment poster. Names and preferred method of contact were obtained and an email followed which outlined further information about the study along with reiteration of eligibility criteria (see recruitment letter and telephone scripts in Appendix B). If the individual had shown continued interest in participating in the study and met all eligibility criteria, the participant then determined a time and location to meet with the researcher. At this initial meeting study information was reiterated, and consent forms were explained and completed. Participants were interviewed at home or at a local café close to their home. One participant who was born and raised in Canada was sent the interview and probing questions, as they were out of the country during the study.

Data collection methods. The methods used to collect data for this research study were: the demographic forms, interviews, and field notes. The demographic form (see Appendix C) was used to keep track of data such as: age, gender, sexual orientation, education, and employment status. This form took the participants five minutes to complete.

The purpose of data collection in ethnography was to portray the culture as accurately as possible through the eyes of those who knew most about the phenomenon (Munhall, 2012).

Ethnographic methods usually entailed doing interviews, participant observation, and subsequent event analysis (Munhall, 2012). In focused ethnography, participant observation is not necessarily required (Cruz & Higginbottom, 2013). For the purpose of this study, participant observation and event analysis were not appropriate as the research study focused on sensitive matters, and this subject was deemed culturally taboo by participants. Interviews constituted as the main source of data. Interviews were the most vital source of information as it uncovered an individual's perception of reality in the most direct way (Fetterman, 2010).

Participants were asked to take part in a maximum of two semi-structured, digitally recorded, one-on-one interview that took between 60 to 90 minutes each. A second interview was not conducted for further questions or clarification of results, due to time constraints. The interviews were primarily face-to-face. Interviews occurred at a place and time that was convenient and comfortable for the participant. Interviews were conducted by the same researcher, and the thesis advisor provided feedback after reading the transcripts and reflective journals.

Semi-structured interviews were appropriate as it ensured that the questions aimed to address the study's objectives (Cruz & Higginbottom, 2013; Fetterman, 2010; Morse & Field, 1995). An interview guide (see Appendix D) was used in order to facilitate the conversation with the participants and garner their insight regarding the subject area (Fetterman, 2010). Subsequent interviews consisted of a modified version of the interview guide, which was based on the findings from the previously conducted interviews. Changes to the interview guide included: re-ordering, adding, or deleting questions. Open-ended questions were primarily used as it required the participants to reflect and share their thoughts of the phenomenon under

study with no limitations, probes were used if further details were needed (Fetterman, 2010). With these interviews, the researcher was able to compare responses and situate them in the cultural beliefs about the phenomenon (Fetterman, 2010).

Lastly, field notes were added to the data collected through the demographic forms and interviews. Field notes were written as the researcher described their observations while interviewing the participant (Knoblauch, 2005). Field notes included the description of events, and in the earlier stages of data analysis helped identify relationships within the data (Morse & Field, 1995). These notes expanded on the physical setting, impressions, emotional responses, non-verbal cues of the participant, key words, or phrases that stood out during the interview (Morse & Field, 1995). Field notes gave insight into the researcher's thoughts about what was happening as the process of data collection occurred (Fetterman, 2010). These notes took into account observations and information from the interviews, and extrapolated on them with the researcher's personal assumptions, narratives, and reflections (Fetterman, 2010). Field notes served as quality control as it uncovered biases that the researcher held, which may have impacted the interpretation of the findings (Fetterman, 2010). The field notes were transferred to a word document and each one was labelled using the participants' alias name and date of the interview.

Data Analysis

In ethnography, what was important to understand was that the participants had already learned a set of rules through their culture. The role of the researcher was to then uncover that knowledge and how the individual organized such knowledge (Spradley, 1979). The purpose of data analysis was to examine a phenomenon by separating it into its "parts"

and finding the relationships among them in order to put the pieces back into a meaningful whole (Spradley, 1979).

Interviews were transcribed verbatim after each interview. Each transcript was reviewed, via listening to the digital recording, to ensure the accuracy of the transcription (Morse & Field, 1995). Pauses, change in participant's tone, laughter, crying, or any changes in emotion was also noted in the transcript (Morse & Field, 1995). Each line of the transcript was numbered, the document containing the transcript was split up into two columns—one section contained the transcript, the other section was for domains (Morse & Field, 1995).

The researcher's comments or critiques of the interview was included in the field notes, which were written after each interview. During this process, the researcher was able to identify additional probes to use, what questions were helpful or not helpful, and evaluate the topics discussed. Additions to field notes to describe the context of the interview were written at this time (Morse & Field, 1995). Data collection and analysis occurred simultaneously (Fetterman, 2010; Morse & Field, 1995; Spradley, 1979). Transcription was an important step in engaging and immersing oneself in the data. It is vital that you generally understood the data through repeated readings of the transcripts. Through this step, early patterns were identified which was important to take an account of through field notes (Braun & Clarke, 2006). Field notes were used as an initiation point in the formation of categories and themes.

Once transcription was complete, domains were identified (Streubert & Carpenter, 1999). Transcripts were read line by line in order to identify words or phrases that resonated or stood out with the researcher, persistently appeared in the transcripts, or related to the research objectives (Braun & Clarke, 2006; Morse & Field, 1995; Munhall, 2012). It is these units

of meaning that are labelled domains (Streubert & Carpenter, 1999). Domains appeared as comments on the right-hand side of the Word document, which corresponded to a highlighted portion of the transcript.

The next phase of data analysis involved searching for larger categories to which domains belonged to (Streubert & Carpenter, 1999). In this step, the main ideas were identified and domains were sorted based on these categories (Braun & Clarke, 2006; Morse & Field, 1995). Domains that were similar or related were grouped together to form categories (Streubert & Carpenter, 1999). Categories formed were distinct from other categories (Braun & Clarke, 2006; Morse & Field, 1995) and interview excerpts supported each sub-theme (Woodgate, n.d.).

A table of contents document assisted in organizing domains into categories. Initially the similar domains were grouped based on experiences of participants, or context of what they were speaking to. Initially there were three documents corresponding to each objective. For example, all domains in which participants spoke about how they perceived sexuality were copied into one document which symbolized one potential theme. Further on in the process of data analysis, and with consultation with the advisor, this entire theme was broken down further to reflect the differences found in the interview excerpts.

Thematic analysis was used in order to unearth the commonalities that were experienced by the participants (Morse & Field, 1995). Thematic analysis was not only used to reflect the realities of the participants but also went further in uncovering the meanings of the individual's reality (Braun & Clarke, 2006). The purpose of analyzing common categories was to find and explore the patterns of that culture (Streubert & Carpenter, 1999). Themes

represented a repeated occurrence in the data and were broader than domains and categories. Additionally, themes may link categories together (Morse & Field, 1995). Morse and Field (1995) suggested that looking for themes involved reflecting and looking at the bigger picture to discern the message the data was attempting to convey.

Themes were not concrete once they were formed. Some themes were combined, some broken down further, while some themes did not have enough data to support them and were dissolved (Braun & Clarke, 2006). This idea was similar to how sub-themes were finalized. To review the developed themes, domains under each sub-theme were read to see if a pattern was seen; then, sub-themes under each theme were reviewed to ensure it fit under the overarching theme (Braun & Clarke, 2006). Next, themes were reviewed to ensure accurate representation of the entire data set. Reviewing the themes can potentially lead to breaking down, remodelling, or creating new sub-themes or themes (Braun & Clarke, 2006). Once the themes were created it was essential to understand how the themes fit together (Braun & Clarke, 2006). At the end of data analysis, it is important to reflect on what the themes meant and the role they played in the stories of the participants (Braun & Clarke, 2006).

According to Braun and Clarke (2006) the thematic analysis was classified as inductive and latent thematic analysis. In inductive thematic analysis, the themes were directly informed from the data (Braun & Clarke, 2006). Therefore, themes did not necessarily reflect the interview questions (Braun & Clarke, 2006). Through latent thematic analysis, the researcher goes beyond describing the realities of the participant and stating themes, but also interprets what meanings the theme may have held in the context of the participant's stories (Braun & Clarke, 2006). In a comprehensive sense, thematic analysis is a process whereby researchers

identified, scrutinized, manipulated, and interpreted parts of the data in order to discover patterns as related to the phenomenon under study (Braun & Clarke, 2006). Finally, collaborative analysis with my thesis advisor, Dr. Woodgate, occurred at each step in the data collection, transcription, and analysis phase of the research process to ensure an accurate description and interpretation of what youth share was reported.

Methodological Rigour

The methodological rigour of the data is based on the trustworthiness of the data, or how well we can trust that the researcher's findings are true (Petty et al., 2012). The trustworthiness of the data was based on the following criteria: credibility, dependability, confirmability, and transferability (Petty et al., 2012). Each of these criteria will be discussed in relation to how this study ensured the trustworthiness of the data. These four criteria are interrelated and one cannot exist without the other.

Credibility. As part of the completion of this study, the academic advisor has reviewed the transcripts, field notes, findings, and collaboratively analyzed the data with the researcher. This ensured that methods were accurately carried out and that the interpretation of the data resembled the participant's experiences. In addition, part of establishing credibility in the study was reporting findings as close to the perspectives of the participants as possible (Morse & Field, 1995; Polit & Beck, 2012). Using excerpts of interviews were vital in preserving the study's credibility as it allowed readers to determine if the researcher's conclusions were adequately supported by the data (Fetterman, 2010). At multiple points during the writing of the findings, the researcher went back to the transcripts to ensure context of quotes were correct, thereby

reducing researcher's misinterpretation and ensuring the participant's perspectives were captured accurately and reflected by the sub-theme or theme.

Field notes were also used as a method to ensure the credibility of the study, which were accomplished through reading and reflecting on the transcribed interviews (Fetterman, 2010; Petty et al., 2012). Triangulation was also used to maintain credibility, this involves comparing findings with the literature (Munhall, 2012; Petty et al., 2012). Petty et al. (2012) mentioned that attempting to verify experiences that do not necessarily depict the pattern through a second interview, adds to the credibility of a study in its ability to recognize the range of perspectives. Although there was no time to conduct a second round of interviews, differences of perspectives were shared during the write up of the findings under each theme.

Confirmability. Similar to credibility, confirmability ensures that the data were interpreted in a way that stays true to the stories of the participants, without the influence of the researcher's assumptions and biases (Morse & Field, 1995; Petty et al., 2012). To adhere to this criteria, assumptions and biases of the researcher were written prior to the start of the study and through field notes during the data collection process. This was done so that the researcher was aware of how their biases and assumptions may have impacted the data collection process and generation of the findings (Morse & Field, 1995; Petty et al., 2012).

Field notes also proved that the findings did not stray away from the perspectives of the participants. This was used to keep track of the researcher's decisions, choices, insights, and biases during the analytic phase (Morse & Field, 1995). For example, if a theme was developed there was a corresponding field note outlining when this theme was initially discovered, the thoughts the researcher had, and what units of data were associated with it (Morse & Field,

1995). Maintaining confirmability also involved collecting data from a variety of perspectives (triangulation) (Petty et al., 2012).

Dependability. A study is dependable if the study is replicated and similar findings are found (Morse & Field, 1995). Field notes kept track of the procedures used for the study (Petty et al., 2012). This enabled the advisor to see how the study was conducted. In addition, field notes kept track of the changes in methods such as questions or probes used and the rationales for these changes (Morse & Field, 1995). This transparent process allows other researchers to understand the choices made during the data collection phase and how this has shaped the findings (Petty et al., 2012). Field notes and transcripts were reviewed by the advisor after each interview conducted.

Transferability. Transferability refers to the ability of the study to extend its findings to other areas, groups, or contexts (Morse & Field, 1995; Polit & Beck, 2012). Purposive sampling was used to garner a range of perspectives (Petty et al., 2012). Additionally, thick descriptions of findings were written so that other professionals can discern if findings can be applied to their prospective field (Petty et al., 2012). Munhall (2012) stated that non-participants who have knowledge of the culture can read and comment on the study's applicability to other settings.

Authenticity and reflexivity. Authenticity is the ability of the research to show a range of perspectives. An authentic research report is able to illustrate the emotions and feelings of the participant's experiences (Polit & Beck, 2012). Purposive sampling was used to gain a wide range of experiences. Additionally, experiences that did not fit the "pattern" were included in the findings. Quotes from the interviews were often used when writing the findings to

showcase the truth of the stories of the participants. Reflexivity acknowledges that the researcher influences all aspects of the research as much as one tries to report findings objectively (Cruz & Higginbottom, 2013; Fetterman, 2010). Field notes were used to maintain transparency about how the researcher's perspectives have influenced the data collection process, data analysis, and interpretation of research findings (Cruz & Higginbottom, 2013).

Ethical Considerations

Nurse researchers have an ethical obligation to their clients to promote informed decision-making, protect the patient's privacy, and assess the impact of the research in terms of benefits and risks to their clients (Canadian Nurses Association, 2017). This section discusses how ethical practices was maintained in regards to the principles of autonomy, non-maleficence, beneficence, justice, and confidentiality. Risks and benefits to the participant will also be outlined.

Regulatory requirements. As required by the university, I have completed the "Tri-Council Policy Statement (TCPS 2): Ethical Conduct for Research Involving Humans Course on Research Ethics (CORE)". As a nurse, I have also signed and completed education concerning the Personal Health Information Act (PHIA), which is in accordance with the principle of confidentiality in keeping client's health information from becoming public knowledge. Under the Association of Registered Nurses of Manitoba, we are also under obligation to practice ethically-sound research (CNA, 2017). Lastly, this study was reviewed and approved by the Education/Nursing Research Ethics Board (ENREB) at the University of Manitoba (see ethics approvals in Appendix J), whom follows the ethical policy according to TCPS 2.

Autonomy. Respecting the client's autonomy means giving them complete information and allowing them the freedom to make informed decisions (Canadian Nurses Association, 2017). In order to proceed with data collection, participants provided written consent. Consent was voluntary, which respects the individual's human dignity in that they have chosen to participate because of their personal values and beliefs (Canadian Institutes of Health Research et al., 2014; Polit & Beck, 2012).

Consent is an ongoing process (Canadian Institutes of Health Research et al., 2014). At each step of the research process the researcher assured the participant that taking part in the study is voluntary, and that they could withdraw at any point during the study without any repercussions (Canadian Institutes of Health Research et al., 2014). Participants could have requested withdrawal of their data, if at the time of their request it was still reasonable to do so (Canadian Institutes of Health Research et al., 2014).

Prior to the first interview, the researcher introduced themselves and explained the details of the study via email. As interested youth were in direct communication with the primary researcher it was important not to coerce individuals into taking part in the study. Reiteration of the purpose of the study, what will be asked of the participants, and voluntary nature of the study were stated throughout the process of recruitment (refer to Appendix B for the recruitment emails/telephone scripts). Contact information of the researcher and thesis advisor were also provided throughout the consent process in case the participant had any concerns or questions about the study.

All information pertaining to the study were disclosed to the participant so that they were able to make an informed decision of whether they would like to participate (Canadian

Institutes of Health Research et al., 2014). At the first interview, the researcher explained and asked the participant to sign the consent form (see form in Appendix E). This form included: purpose of the study, risks and benefits, data collection methods, how findings will be disseminated, researcher and advisor's contact information, contact information of the presiding ethics board, and other pertinent information (Canadian Institutes of Health Research et al., 2014). Copies of the consent form were given to the participants (Morse & Field, 1995).

Due to the sensitive nature of the study, the researcher was explicit about what will be discussed during the study. Participants did not have to answer all the questions asked of them and could stop the interview at any time. Honorariums were provided, however the amount was not advertised to limit the influence this may have had on coercing individuals to participate (Polit & Beck, 2012).

Beneficence and non-maleficence. The principles of beneficence and non-maleficence work together to ensure that the participant is protected from undue discomfort (Polit & Beck, 2012). As researchers and nurses, we have an ethical obligation to our clients to do no harm (CNA, 2017). Participants have a right to protection from exploitation and freedom from harm (Polit & Beck, 2012).

To preserve the welfare of the participant, the researcher ensured that participants were well-informed about the study and that consent was continually asked throughout the research process. Participants were informed of the topic to be explored ahead of the first interview through the recruitment poster, emails, and telephone conversations. Explanation of risks were also explained before the signing of consent forms. Participants determined when

and where the interview occurred. Individuals received an honorarium at the beginning of the first interview and a summary of the findings.

Participants also determined the length of interview. Individuals were told that they could refuse to answer a question if they felt uncomfortable and could stop the interview at any time. If the participant exhibited behavior or body language that expressed feelings of discomfort the researcher would have stopped the interview and assessed the situation by asking if the participant would like to continue (Woodgate et al., 2017). If the participant gives consent and feels comfortable the interview may continue. At the end of interview, the researcher may assess the participant's supports and provide additional resources such as the phone number to the Klinik Crisis line. Participants would also be given the contact information of the researcher and advisor should they have concerns after the interviews. No incidences pertaining to the previous statements occurred during any participant interviews. Regardless of what occurred during the interview the researcher debriefed with each participant at the end of each interview, asked participants if they had questions for the researcher, and thanked them for their time.

Justice. This principle refers to the participants' right to their privacy and fair treatment (Polit & Beck, 2012). Everyone who met the inclusion criteria had an equal right to participate. Had they chosen to withdraw from the study, they would have been treated with the same dignity and respect shown to those who chose to remain in the study. Filipino youth was the focus of this study because this age and ethnic background is largely under-researched, especially in the field of sexuality.

Confidentiality. Researchers have the duty to protect the participant's personal information that they provide us (Canadian Institutes of Health Research et al., 2014). Since interviews were done face-to-face, complete anonymity was not possible. The consent form did include a clause whereby shared personal information will be kept private, and the participant was aware that only the researcher and advisor will have access to their personal information. Consent forms also described the researcher's plan for dissemination with the assurance that the participant's identity will be protected.

After each interview the data was immediately secured and locked away. Only the researcher and advisor had access to the participant's personal information. Once transcription was completed and verified by the researcher and thesis advisor digital recordings were destroyed. Only the advisor and researcher had access to the digital recordings and transcribed interviews. Demographic and consent forms that contained identifying information were kept in a locked drawer. Consent forms were stored separately so as to ensure the anonymity of the participants. Demographics table, transcripts, and field notes were password protected as an electronic document.

Personal identifiers were removed immediately during the transcription process. During the transcription process, personal identifiers were removed and replaced either by " ____ " (blank line) followed by the classification of descriptor, such as friend, location...etc. (Morse & Field, 1995). Each interview document was labelled with the participants' alias name and date of the interview. The file containing the participant's name and their corresponding alias name was password protected.

Discussions about the content of each interview were solely discussed by the researcher and advisor. During the dissemination of findings, participants' identifying information will not be provided and no one will know of their participation in the study. After completion of the study, the data will be kept for five years and will be destroyed after that timeline. Publications or any forms of dissemination of the findings will leave out any personal identifiers which connect the participant to the study (Morse & Field, 1995). However, there are circumstances where confidentiality cannot be maintained. Nurses have the ethical obligation, under the Child and Family Services (CFS) Act and The Protection for Persons in Care Act, to report cases of abuse (Polit & Beck, 2012; Woodgate et al., 2017), and activities that put youth or others at risk (Canadian Nurses Protective Society, 2014; Woodgate et al., 2017).

Risks and benefits. There is no undue risk to the participants. If there were reports of sexual abuse or dating violence that would have been reported accordingly and appropriate care would be given to the participant. There was a potential risk of psychological discomfort or emotional distress regarding the culturally taboo topic of sexuality. The researcher and advisor's contact information were provided along with the Klinik Crisis Line if participants felt the need for additional support. After each interview the researcher debriefed with each participant.

Benefits of this study included comfort in being able to talk about sexuality issues with a friendly, objective person (Polit & Beck, 2012). Participants may have also benefited from an increased knowledge about themselves through the ability to reflect on their experiences during the interview, which is proven to be therapeutic for youth (Polit & Beck, 2012;

Woodgate et al., 2017). Participants were also given a summary of the research findings and an honorarium to acknowledge the time they have spent contributing to the study.

Youth may feel a sense of self-worth in being able to help others with the information they provide (Polit & Beck, 2012). In working with youth, Woodgate, Tennent, and Zurba (2017) suggested having a mindful presence to holistically improve the care of youth participants through empathy and understanding the context of where they came from. During the research process, having a mindful presence ensured that youth played an active role throughout the research process, thus positively impacting their self-esteem (Woodgate et al., 2017).

Chapter Summary

Focused ethnography was used in order to explore Filipino-Canadian youth's perspectives and experiences of sexuality. Ethnography assisted the researcher in focusing on the influence of culture in regards to the phenomenon of sexuality. Inclusion criteria included Filipino youth ages 18-30 whose parents were born and raised in the Philippines during their years of development. Interviews, demographic forms, and field notes constituted as the methods of data collection. Data analysis involved categorizing and subsequent theme development and occurred concurrently with data collection. To enhance the trustworthiness of the data, collaborative analysis, data triangulation, and field notes were utilized. Ethics approval was obtained in November 2018, and the study began shortly thereafter. Interviews were conducted from November 2018 until January 2019.

Chapter Five: Findings

The first section of this chapter describes the demographics of the participants. The second section summarizes findings from the interviews and field notes. The findings of this study are organized that aligned with the aforementioned objectives. The findings include the youth’s perspectives and experiences of their sexuality, how culture and other factors influence their perspectives and experiences of their sexuality, and recommendations to promote healthy sexuality among youth.

Demographics

Nine youth were recruited via social media and snowball technique. Eight participants were female, and one was male. Ages of the participants ranged from 21 to 28 years. Seven participants were born in Canada; the two who immigrated to Canada have been living in Canada for five and 21 years. Six of the participants identified their gender as the sex they were born with, and six stated they were straight. All participants had between one to three siblings, and almost half of the participants (n=4) claimed to be the oldest child in their family. All participants were either currently in or have completed post-secondary education, and all but one participant was employed at the time the interview was conducted. About half of the participants (n= 5) stated they were dating, the rest were single (n=4). No participants had children. For further information about the participant characteristics please see Table 1.

Table 1: Filipino Youth Participants: Sample Description

Characteristic (n=9)	Number (%)
<u>Age</u>	
Age range	21-28
Mean age (SD)	24.3 (±2.36)

<u>Gender Identity</u> Man Woman Gender-free/Gender neutral Chose not to answer	1 (11%) 5 (56%) 2 (22%) 1 (11%)
<u>Sexual Orientation</u> Heterosexual (straight) Bisexual; or queer Chose not to answer	6 (67%) 2 (22%) 1 (11%)
<u>Religion</u> Catholic or Christian Agnostic None; chose not to answer	5 (56%) 2 (23%) 2 (22%)
<u>Education</u> Community/Technical college or other non-university certificate or diploma University undergraduate degree, certificate or diploma; or University graduate degree	2 (22%) 7 (78%)

Findings

Three overall themes and subthemes are presented in this section. The first theme explores the participants’ experiences and perspectives of their sexuality, which is described as ‘A series of relationships’. This first theme has three sub-themes about youth’s relationships with their body, inner selves, and partners. The second theme details factors that have shaped youth’s experiences and perspectives of their sexuality. The factors discussed are culture, parents, religion, peers, and media. The last theme details youth’s recommendations about how to improve the sexual health of other youth. This last theme has two sub-themes about youth yearning for more sexual health information, as well as youth wanting professionals and parents to ‘just talk about it’. For all the excerpts used in this chapter, the names of the participants are replaced with pseudo names to protect their identity.

Youth Experiences and Perspectives of their Sexuality: A Series of Relationships

When defining sexuality, participants defined it as a holistic experience that involved physical elements but also touched on the relational and cognitive-emotional aspects of sexuality. “Being comfortable having sex with other people in your own body, you know be comfortable with yourself.” (Iris, 25 years, Female, lines 1230-1231). It is about youth being secure in whom they are and being comfortable with oneself on the outside and inside, which in turn led to being able to connect with others. The three subthemes supporting this theme are presented in the following sections.

Relationship with Your Physical Body. This sub-theme refers to the physicality component of the concept of sexuality. When defining sexuality, the participants made many references to and used the term “body” and in the context of the physical body. Participants specifically used this phrase when talking about the importance of being comfortable with your body, understanding your body, and protecting your body. “I think part of it is...just being comfortable in your own body” (Bailey, 24 years, Female, lines 1026-1027). “And all about the self-love and all about respecting and understanding your body—accepting your body” (Alex, 24 years, Female, lines 387-389). Few participants when asked about their perceptions of sexuality referred to sexual intercourse in the context of the physical body. One participant stated, “The act (sex) and then just being open with your body and how it interacts with other people” (Alex, 24 years, Female, lines 660-661).

When the topic of feeling comfortable with their body was brought up, a substantial number of participants decided to rank how comfortable they are with their body (n=4), out of ten participants ranked themselves between six to eight out of ten. With ten being completely

comfortable with your body and one being the most uncomfortable with your body. Two participants found that the Filipino standards of beauty negatively influenced how they viewed their body.

I think even growing up in high school, a lot of my friends didn't really see me as a potential mate, because I'm taller, I don't look traditionally Asian. In terms of my body shape, my features, so it's not that I sought out people of other races, it's just that people who were Asian weren't attracted to me as much. (Fionn, 25 years, Female, lines 378-384)

One participant found that social media negatively influenced the way she viewed her body.

Just because of how social media has skewed everything with filters and stuff. I'm just very skinny, and all I see is big bootys and big titties. I just don't fit that. But that's all I see so I feel like it just leaves a negative tone towards my body. (Hayley, 28 years, Female, lines 387-390)

All of the participants viewed their body as imperfect—they felt that there was always room for improvement. Most participants found growing up that they had many insecurities about their bodies, but as they got older, they felt more comfortable in their body, or were in the process of feeling better about their body.

Lastly, participants discussed protecting your body in terms of ensuring the physical health of your body and protecting your body, “knowing what works for you and your body, being educated and being safe about it (sex)...” (Bailey, 24 years, Female, lines 1451-1452). Alex shares, “...first step to knowing whether you want to know about your body. And what you can do to protect it. You only have one body, and if something happens it’s with you for life” (24

years, Female, lines 1442-1444). She later shared her experiences about getting herpes from a partner who failed to tell her that he had herpes. This participant expressed:

Going for regular STI checks, if you have multiple partners. Being open with your partner about whether you have anything. Bringing protection and whether you're going to be on birth control or not. And if you guys decide to do it without protection decide who's going to pay for the Plan B. (Alex, 24 years, Female, lines 924-928)

Relationship with your Inner Self. This sub-theme is about participants feeling secure about who they are on the inside. Participants discussed that healthy sexuality is about finding solace and acceptance within oneself. "Sexuality is like there's a lot of things to sexuality, there's being able to know yourself I think that's important..." (Erin, 22 years, Female, lines 225-226). Another participant states, "Being comfortable in what you like and also what you're not comfortable with. But being comfortable with the needs of what you want ...understanding yourself is a big one" (Bailey, 24 years, Female, lines 1027-1031). Hayley echoes similar ideals in her statement of the importance of, "trying to get to know yourself personally" (Hayley, 28 years, Female, line 490). Participant's relationship with their inner self is about feeling comfortable on the inside—mentally—and being able to express oneself according to your gender.

Participants listed gender identities and talked about sexual orientation as being part of sexuality as seen in this excerpt: "I assumed that you were maybe going to look into how people in this very specific community identify in terms of sexuality" (Jordan, 22 years, Female, lines 125-127). Iris states, "There's a lot of about what you associate with, like if you're a man, woman, straight, or transgender or what not. Like I don't know all the different types, because

there's so many" (25 years, Female, lines 688-690). Similarly another participant views sexuality as, "...other genders like bisexual, gay, and all. I've been hearing about these new definitions, pansexual, is asexual a thing?" (Dylan, 28 years, Male, lines 615-617).

A few participants talked about having the ability to convey who one truly is as being part of one's sexuality. Dylan talks about sexuality as, "An individual's desire to be what they want to be" (28 years, Male, line 594). Another participant also views sexuality as "...being able to express yourself in a way that you're comfortable with" (Erin, 22 years, Female, lines 287-288). Hayley who has gone through a journey of coming to terms with her gender-free or gender-neutral identity describes sexuality as "...a form of art on how to express yourself and your personality. It's another addition to how to express yourself" (28 years, Female, lines 448-449).

According to Iris, sexuality means, "Being comfortable with who you identify with. I can't say that because I just identify as a girl, woman, straight, maybe you'd have a different answer if I didn't identify as a woman or something" (25 years, Female, lines 1021-1023). When asked further about how her answer might change if she did not identify as a woman she goes on to share that sexuality means:

They're accepting of themselves and people are accepting of them, and they use the right ways- like 'he' or 'she' you know stuff like that. They're just comfortable to tell everyone, or you're not ashamed to tell people what you identify with. (Iris, 25 years, Female, lines 1027-1030)

Fionn, who identifies as a woman, discovered that she is attracted to both males and females. However, it was only through her post-secondary education that she was able to accept this and find comfort that it was normal to feel this way.

I've always had an attraction to females but it wasn't until later on in life that I was able to say this is normal, it's not just a lady crush or whatever. I've never been in a relationship with women, but I'm attracted to people not because of their gender, but because of how we talk to each other and stuff like that. (Fionn, 25 years, Female, lines 635-639)

I think a lot of it is again me coming from sociology as my educational background, possibly also through social media, and just researching things on my own. Following people who are sexologists, or following people who do a lot of research on these things, I'm able to question it a bit more and be a little more accepting that it's ok to be like this. Being lesbian, gay, or bisexual you don't have to fall into the box as precisely. So it's more of like the Kinsey scale. (Fionn, 25 years, Female, lines 654-660)

Hayley identifies as gender-free or gender neutral and heterosexual. Being raised in a traditional Filipino family, she was unaware that she could identify as gender-free. It was only after meeting people who did not conform to the gender binary that she felt comfortable not conforming to one gender.

There are just so many people who never conform to society, and I just never realized that was there....I'm actually still on that journey of trying to figure out which gender I am. I'm not a fully feminine person, I'm also not a fully masculine person, but I do like to dress feminine-ly or masculine-ly. Like there's no in-between. But I feel I need to

conform to one gender so then I'll choose feminine because of my sex. (Hayley, 28 years, Female, lines 320-333)

Just by talking to a lot of people, they were telling me that I don't need to be tied to one thing that you could just be whoever you want to be, you don't have to compare yourself to others. You don't have to be too feminine to be this type of femininity or female. (Hayley, 28 years, Female, lines 346-350)

Alternatively, Iris explained how gender can cause mental health distress.

If I'm gay and I come out as gay and my family's not accepting it would affect my mental health. I'm like, 'oh my god the people I trusted they don't even want to get to know me as this other gender or as what I identify with' so it does affect your mental health. (Iris, 25 years, Female, lines 1124-1127)

A few participants brought up the concept of mental health. Some participants disclosed that they are living with anxiety and depression, or have experienced mental health distress. In response to the question of how mental health impacts one's sexuality, some participants believed that mental health is linked to how one views oneself as a sexual being. "That's a tough one because you have to be mentally healthy to fully discover your sexuality in a way" (Hayley, 28 years, Female, lines 698-699). Erin states, "I think it's just important to understand that you need to be in a good state, mentally, to accept that it's part of you to really understand yourself" (22 years, Female, lines 438-440). Another participant felt, "If I'm depressed, I will have absolutely no sex drive. Also, trauma has deeply impacted my sexuality in that I can't do certain things anymore" (Jordan, 22 years, Female, lines 295-296). Fionn found it difficult in expressing how sexuality and mental health were connected: "Sexuality is something

that I've always been kind of curious about, always been comfortable with. Whereas with mental health I think that's a whole other beast of its own" (Fionn, 25 years, Female, lines 583-585).

Relationship with Partners. Participants viewed sexuality as being able to comfortably connect with others. Erin describes sexuality as, "... to know someone else's body and having that connection with someone else too" (22 years, Female, lines 227-229). Participants shared their experiences of being in unhealthy relationships, and after learning about themselves, they were able to either advocate for their needs in a relationship or set boundaries, or understand what it means to be in a healthy partnership. Some participants also shared their sexual experiences.

In describing their experiences being in relationships, a majority of the participants cited instances of being in an unhealthy relationship. Alex shared a lot about her first serious relationship as one where she felt that she supported her partner more than he supported her. "When I was with my ex I felt I was building his pedestal because I treated him like a king. I did everything and anything for him and his friends, his family and even his work" (Alex, 24 years, Female, lines 410-412). This participant goes on to state:

While I was building up his pedestal he was breaking me down. I no longer felt my own value. I didn't love myself it's just all of that. All of the negativity and it's like I don't want to feel that way anymore. (Alex, 24 years, Female, lines 416-419)

Similarly, Bailey felt that she would overly accommodate her partner's needs and forgot to communicate her needs and wants to her partner.

I was putting him first a lot and I didn't like that. When I throw myself into something I care about I really throw myself into something I care about. That's what I realized about myself too in that relationship, we were just hanging out a lot. (Bailey, 24 years, Female, lines 744-747)

So yeah I mean you know setting boundaries and...I think with my partner last time it was also understanding that you know people aren't mind readers. And if you focus too much on the other person you're not focusing on yourself anymore and then you're going to be the one getting hurt in the end. (Bailey, 24 years, Female, lines 779-783)

Bailey relayed that although she did not want to have sex she felt pressured to do so because of her partner:

I just couldn't do that (sex) all the time you know. That was a bigger part of it and no matter how much I tried to tell him can't do that like-it's not right now you know. It wasn't so much that I was forced to but that's what he wanted. But that's not what I wanted right? (Bailey, 24 years, Female, lines 790-797)

Another participant, Gian shared how she felt about a potential partner who was courting her and another person concurrently:

So that was painful, and then knowing at the end that he was just joking about it, he blatantly said 'oh I was just playing with you', after the one whole year. And then he ended up being together after a few months with one of my closest friends. (Gian, 21 years, Female, lines 350-354)

Lastly, this participant shared that she was not free to be herself in the relationship and felt the need to censor her thoughts with her partner.

My ex, I felt like I was stepping on eggshells, you'd have to worry about what you were going to say. You weren't just freely open to talk about anything, you just had to be careful about what you said so it wasn't taken the wrong way. (Iris, 25 years, Female, lines 597-600)

Having reflected on their experiences, participants were able to convey valuable aspects in a relationship. Multiple participants discussed communication as key to a healthy relationship. Alex states, "Communication is like a really big thing" (24 years, Female, line 177). Iris supports this previous statement with, "Communication is good" (Iris, 25 years, Female, line 597). Another participant feels a healthy relationship "should be honest and have lots of open communication" (Jordan, 22 years, Female, line 86). Bailey who talked about issues asserting her needs in her previous relationship shares these thoughts about a healthy relationship:

But healthy relationship, when we do communicate or when we do talk that I think that we both are able to listen to each other. We both feel comfortable talking about what's on our mind and our problems without jumping to accusations. (Bailey, 24 years, Female, lines 725-729)

Participants valued being able to have autonomy whilst still being in a relationship. This can be seen in the following excerpts:

I think it should be a partnership with someone and how it's okay to be dependent on each other but not to the point where you can't do stuff without them. (Fionn, 25 years, Female, lines 287-289)

A healthy relationship is one where everyone involved doesn't feel like they have to compromise their freedom and wellbeing just to be in the relationship. It should be two

independent individuals coming together because they like enjoying each other company, not because they will literally die without the other person or they feel they can't leave. (Jordan, 22 years, Female, lines 84-89)

Dylan also brings up another aspect of a healthy relationship, not mentioned by other participants, which involves, "Good relationship with the parents and kind of same aspirations. You have the same route in life. You have an idea of how you want to build your life and it's similar to that path" (Dylan, 28 years, Male, lines 478-481).

Participants also brought up trust. Iris shares, "Trust is another one. I want to go on a trip knowing that he's not going to cheat on me" (25 years, Female, lines 600-601). Jordan simply states, "It should be built on trust" (Jordan, 22 years, Female, line 87). As participants shared their initial sexual experiences, participants cited feeling comfortable because they felt they could trust their sexual partners. Erin who is in a long-term relationship with her first boyfriend shared that her boyfriend waited until she was ready to have sex. "I was always-I'm still kind of reserved about that kind of stuff, but he waited till I was ready" (22 years, Female, lines 628-629). She further explains:

I know he won't force me to do anything either, because he knows what I'm comfortable with, and I know what he's comfortable with. It's to be able to have that trust and knowing what each other's comfortable with, and not pushing the other person to do all this stuff. (Erin, 22 years, Female, lines 629-633)

Another participant cited that her first sexual experience was with her best friend.

We were best friends, we shared everything, we trusted each other, and we enjoyed each other's company. I felt I could trust him with sex, because at the time I felt sex was

intimate, so I needed to trust someone to make me feel comfortable in my body.

(Hayley, 28 years, Female, lines 440-443)

Some participants viewed sex as a way to fulfill your physical needs, and not particularly needing emotional connection as a pre-requisite to having sexual relations with a person.

In terms of what influences my sexuality, I guess it would be trial and error? That's why I decided not to wait until marriage to have sex. I've had enough sexual partners I think that I have an idea what I do and don't like. And that's what I continue to do, regardless of whether I settle down. (Jordan, 22 years, Female, lines 246-250)

I do have a friends with benefits and it's fucking great! Like we've established that we're not going to date but what we have going is good. It's like we have an opportunity to have an intimate moment without getting too attached. (Alex, 24 years, Female, lines 700-703)

Sex is a basic need. I think it was like part of Maslow's (Hierarchy of Needs), I don't know. Yeah it is a basic need, it's not a sin or anything. You need it just as much as you need water and food—the basic necessities. So I'm not sure why others think it's needed after marriage. (Hayley, 28 years, Female, lines 400-407)

Summary. The sub-themes relationship with your body, relationship with your inner self, and relationship with partners can be seen as intertwining with one another, that can be seen in the following excerpts:

Even just going to the doctor and asking for birth control and stuff like that. Getting checked for STIs. I think just going back to not feeling pressured to do things because of other people but more so because you want to explore your body, and you want to

make yourself feel good as oppose to making your partner feel good. I'm sure that's part of it, but it's not the be all end all. (Fionn, 25 years, Female, lines 675-680)

This sentiment is also expressed by Dylan who states, "I guess means not being forced into it, both being into the mood, being there physically and mentally and ready to have sex" (Dylan, 28 years, Male, lines 784-785).

Erin viewed mental health as impairing your ability to connect with others: "I guess mental health is important because if you're not feeling ok, then it will be hard for you to interact with people too" (Erin, 22 years, Female, lines 434-435).

Hayley shared that when connecting with her partner she needed someone who made her feel comfortable in her body.

We were best friends, we shared everything, we trusted each other, and we enjoyed each other's company. I felt I could trust him with sex, because at the time I felt sex was intimate, so I needed to trust someone to make me feel comfortable in my body.

(Hayley, 28 years, Female, lines 440-443)

Being comfortable with your body extended to understanding and exploring one's sexual needs.

Healthy sexuality is an extension of your overall health. For me that means listening to what my body is feeling at the moment. If say, for example, I'm having intercourse and something doesn't feel right, I'll be vocal about it and make a mental note of it for next time. (Jordan, 22 years, Female, lines 243-246)

Many participants experienced unhealthy ways of thinking and toxic relationships before being confident in who they are and seeing value within themselves. Once they were comfortable

with the physical and mental aspects of themselves, participants were able to find comfort in their intimate relationships.

Culture and Factors that Shape Youth's Experiences and Perspective of Sexuality

Culture, parents, religion, peers, and media shaped youth's experiences and perspectives of sexuality. These factors often intertwined with one another according to the youth's perspectives. This can be seen in the excerpts below.

Jordan acknowledges the influence of both cultures, religion, and parents in her current relationship.

Now that I'm in an interracial relationship, I can see that Filipino culture still has a strong influence in my relationships. While I do highly prefer the amount of freedom and flexibility that comes with Canada's dating culture, I still feel those Filipino values come into play, especially when it comes to my parents' roles. (Jordan, 22 years, Female, lines 108-112)

Fionn found that she learned about relationships from multiple sources, "from talking to friends, my cousins, and more recently through social media" (25 years, Female, lines 720-721). Along the same lines, Jordan stated, "Everything else I learned in terms of sexual health was from social media and from my friends who were more sexually active" (22 years, Female, lines 274-275).

Culture. When participants discussed how the Filipino culture impacted their relationships or dating within the culture they discussed how family became an important element of their relationship, particularly when it came to respecting the parents and rules. Additionally, it was important that the participant get along with their partner's families.

Family's a big one too. The family has to like me, and my family has to like them in some sort of way, even though family shouldn't dictate that, but as long as they're kind of civil and making an effort to get to know you or family. When you get married to somebody you get married into their family. That's why sometimes it's hard when you break up with someone because you break up with their family. (Iris, 25 years, Female, lines 878-884)

Bailey feels the same way, and shared:

When I went to their families' house and in the way that I grew up, I've always learned how to try to fit in at a necessity. Talk to people be personable with people no matter where I am. And so I was always respectful towards his family. (24 years, Female, lines 671-676)

From the male perspective Dylan paid careful attention to earning the respect of his partner's parents. "I have to ask permission from the parents first. It's not like other cultures where you could just like hey we're going out, let's go out. You have to go up to the parents and be respectful" (Dylan, 28 years, Male, lines 61-64).

Some participants talked about gender stereotypes perpetuated within the Filipino culture. Fionn talked about how growing up she was expected to help with household chores and learn how to cook because she was female. In her current relationship, she states:

I'm still responsible for a lot of the cooking because my boyfriend doesn't know how to cook. But he still does a lot of the other chores, he actually does all of our laundry, he does the dishes and stuff like that. (Fionn, 25 years, Female, lines 336-339)

Alex who was previously in a toxic relationship with a Filipino man does not want to date within her culture due to the inequality between the two genders.

But for some men it's like no you should just stay at home. I want to take care of you.

It's like all talk. It's what I've witnessed from Filipinos (*laughs*). So that's why I don't want to date Filipino anymore. (Alex, 24 years, Female, lines 133-135)

She goes on further to state, "Yeah because they still try to hold that dominance, that they're man of the house. What they say goes, all of that, like women don't have an opinion, or that whatever they do is wrong" (Alex, 24 years, Female, lines 356-358).

Alternatively, one participant expressed her perspectives on why she preferred to date within the Asian culture.

I feel the whole culture thing, if I dated someone who's Filipino or Asian, they would understand the whole culture. Like the whole strictness of it, and why we do certain things, why we don't do certain things. I think they'd just understand the culture more, like Filipino-wise. (Iris, 25 years, Female, lines 340-343)

Participants mentioned the culture shock that their non-Filipino partners had to go through as they attempted to learn about the Filipino culture. "I think more of the culture shock was actually for him going to my family gatherings. Everybody would be talking Tagalog, and they tried to include him, but English is still not their first language" (Fionn, 25 years, Female, lines 421-423). Iris also talks about how she felt about dating outside the culture:

It'll be a culture shock to them—you have to introduce them to Filipino food, your culture—they might find things differently. They might ask why you do these things, or

why we do this. I think it'd be more of a culture shock for them. (25 years, Female, lines 352-355)

One participant even mentioned that she herself went through a culture shock dating someone outside of her culture.

With dating white it was a bit of a culture shock for both of us, because for Filipinas it's just initial reaction whenever you see a parent out of respect you have to go greet them right? (Alex, 24 years, Females, lines 139-141)

But for him he didn't even get out of the car to say like to say hi or anything. Or like when he dropped me off he would just drive off as soon as I got out of the car, whereas for others it's like wait right? Especially late at night. I don't know I guess it's just the courteous things are different. (Alex, 24 years, Female, lines 145-149)

Sexuality was not openly discussed within the Filipino culture. Regarding sexuality, Bailey states, "...because it is a such a taboo subject-just in general in the population for youth. But especially in Filipino culture it's something that's not really talked about a lot" (24 years, Female, lines 16-19).

In Filipino culture, you are expected to remain celibate until your wedding day. Sex outside of marriage is frowned down upon, especially by older adults. Traditionally, you only have one sexual partner your whole life. Sex and sexuality isn't a topic that is as openly discussed. (Jordan, 22 years, Female, lines 228-231)

Participants felt that within the Canadian culture sexuality was more 'open' to the concept. "I think Canadian culture they're more open to sexuality. They're a lot more open than Filipino culture is. I would say that part influenced me more. Regarding sexuality, Canadian

culture influenced me more because they are more open” (Erin, 22 years, Female, lines 381-384).

Hooking up or having sex was a Canadian expectation of dating. “The hooking up aspect either on the first or second date” (Hayley, 28 years, Female, line 227). Another participant reiterates similar feelings stating:

In Canadian culture, there isn't as much of an expectation to wait until after you're married. Hook-up culture is more prevalent. People expect you to have sex but whether or not that happens before or after marriage, if people get married, isn't too important. (Jordan, 22 years, Female, lines 231-235)

When it came to dating outside the culture, participants also mentioned this idea of feeling more free or open. Hayley mentions that since her partner was not religious she felt there were less rules that they had to oblige to and could talk about everything. “Very different, because they weren't very religious so they were very open about everything and free. It was so different” (Hayley, 28 years, Female, lines 258-259). Fionn also talks about feeling more open with her partner's family because she did not have to hold herself back regarding the way she communicates.

I think just in terms of my family dynamics versus his family dynamics they're a lot more open with each other, in terms of how they talk. For example, when I'm around my family I still censor-I don't swear in front of them. Whereas with his family we openly do so. (Fionn, 25 years, Female, lines 437-440)

One participant felt that culture did not make a significant difference in terms of their experience in relationships.

I don't know I feel like it hasn't really impacted me at all because I feel like with both counterparts it's the same, other than what I told you about talking about sexuality. My white-ex was more open to it than the Filipino one that's about it. I don't think it had a big difference. (Dylan, 28 years, Male, lines 819-822)

Few participants went on to state that one's cultural background did not hold a grave weight in terms of deciding whom they chose to date. "It's not really preferred, because it doesn't really matter, love is love" (Gian, 21 years, Female, line 404). Bailey feels that a solid relationship goes beyond culture, "I think there's something a lot deeper if you meet somebody, even if you don't date them who's the same cultural background as you, because there's just things that you get about each other" (Bailey, 24 years, Female, lines 649-652).

Parents. The distinction from this sub-theme and culture is that this section explores how youth perceived their parents reacted to them exploring their sexuality, and how youth felt about the rules set by their parents. From the youth's perspectives, parents would often tell female participants not to get pregnant, and would not talk about sex and sexuality in general. This has led participants to hide their social activities such as dating from their parents for fear of the consequences. Even when parents were aware that their children were dating, they often posited a dissatisfaction of their child's partner.

When participants were asked how parents approached the topics of sex and sexuality with them, all of them replied that parents did not bring up these topics. Sexuality was viewed negatively by Filipino parents, "I think because no one really talked about it, or they're always-it's like they make sex or sexuality look wrong" (Erin, 22 years, Female, lines 312-313). Later in the conversation, Erin rationalizes why it is an uncomfortable subject, "...and I guess that's why

it makes it uncomfortable to talk about it within the Filipino community because no one was taught that it was ok to talk about it” (Erin, 22 years, Female, lines 315-317). Fionn believes, “...that sex was always shamed so it was always viewed as something that was bad and not something that can be pleasurable or positive. Basically something that always had negative consequences” (25 years, Female, lines 507-509).

One particular participant, Bailey, who became a youth peer educator talked about a time where her parents did not explicitly disapprove of her learning about sexual health.

What helped to I will say, they were never against me like learning about all these things. You know there was a time where I brought home two boxes of condoms. And honestly anybody would find that weird. And as much as they would find that weird they're like ok. (Bailey, 24 years, Female, lines 1079-1083)

It is the lack of any response from the parents, that made Bailey feel as though her parents were not completely against her receiving sexual health education.

Avoiding unintended pregnancies was the golden rule for young female participants. “So, yeah it’s just whenever they talk about sex it’s just you’re going to get pregnant, not even you’re going to get sick or you’re going to get an infection or anything, its you’re going to get pregnant” (Alex, 24 years, Female, lines 44-46). Parents would cite instances or stories of other young women who had unplanned pregnancies.

I think I have three cousins who got married because they got someone pregnant, or because they themselves got pregnant, so outside of that and just how it's something that's negative and something you shouldn't do unless you're married, I never really talked about it with them. (Fionn, 25 years, Female, lines 625-629)

Alex also recalls a time when her parents talked about this similar phenomenon. “Two of them were like that—my older cousin, or oldest cousin actually got pregnant while she was still at school, so it was also a big thing” (Alex, 24 years, Female, lines 87-92).

Parents often told female youth that unplanned pregnancies especially during the adolescent years was correlated to the idea that your life would be ruined. “You shouldn't get pregnant before you get married, you shouldn't get pregnant before 18, before you graduate or else all hell goes loose, and your whole life is in shambles” (Gian, 21 years, Female, lines 93-95). Fionn talked about this as well when the topic of pregnancy was brought up, “I guess being a first-born and being female there was more pressure to not get pregnant and ruin my life” (Fionn, 25 years, Female, lines 125-126). Alex recalls, “Well I mean just as long as I don't get pregnant. But then my dad even said ‘Just tell me if you are, I'll be fine’. And then my mom's like ‘I'm going to disown you’” (Alex, 24 years, Female, lines 594-596).

Parents made it clear that school was the number one priority for their children. This meant that participants needed to finish post-secondary education prior to dating. Most of the participants were aware of this ‘rule’, as seen in the following statements: “Oh yes...being Filipino there's always that thing where you need to...finish school first before dating, or finish school first before you get married” (Erin, 22 years, Female, lines 26-28). Iris was also raised with similar values, “I think the belief growing up was you have to finish school and your studies before you can actually be with someone” (25 years, Female lines 194-195). Fionn shares a story of her older cousin to illustrate this rule, “Basically, dating and stuff was looked down upon. With one of my cousins, my grandma forced her to break up with her boyfriend while she

was still in school” (25 years, Female, lines 31-33). Erin later in the conversation rationalizes why her parents enforced such a rule:

I guess it’s because they’re really prioritizing school and like building your own life before having kids I guess. That’s a really big thing. They want you to build your life first before starting a family I guess, and they’re just worried that you won’t have enough support to have a family at a young age. (22 years, Female, lines 400-404)

The negative perceptions of parents regarding the subject of dating has caused some participants to date in secret, or keep their relationships hidden from their parents. “I kind of hid who I was dating until I felt comfortable to introduce them. Like if it was serious enough. I didn't follow any of their rules” (Hayley, 28 years, Female, lines 179-181). Iris also talked about dating in secret, “Yeah obviously but the parents wouldn't know right? (25 years, Female, line 77). When asked why she felt she needed to hide her relationship she simply stated, “It's scary I don't want to get in trouble” (Iris, 25 years, Female, line 81). Erin also feared the negative consequences of her parents finding out that she was dating:

And I started dating when I was in high school, but I never told my parents about it, because I knew that they would get mad, that they would be like ‘oh you’re having sex’. They’re going to think all these really wrong things. So I actually hid that from them for quite a while, and it wasn’t till I was in my senior year when I finally told them that I had a boyfriend. (22 years, Female, lines 28-33)

Participants also shared that when their parents did find out they reacted very negatively towards their respective partner and felt that their parents judged their partner without truly knowing them. “I think they accepted the fact that I had a boyfriend but then they

were kind of like off about him for a bit just because they never really knew him” (Erin, 22 years, Female, lines 179-181). Iris shares a story about how her parents reacted to her sister’s partner:

And then my sister brought home a guy one time and my parents were just very - 'you know you're not good enough for our daughter'. They're engaged now but you know the stuff they went through. You have to impress my parents like that, they always look for more. (25 years, Female, lines 36-40)

Hayley and Dylan also share similar stories about their parents’ reactions to them dating.

They're just so judgmental. They're very negative towards everything. We do deserve the best person to be partners with, but they just find every flaw in that person and pick at everything. I don't want to hear that because I could see their positivity through my eyes, I don't want to see their opinion. (Hayley, 28 years, Female, lines 198-202)

My parents knew we were dating, I had no problem telling them I was dating but I didn’t like bringing my girlfriend over because I feel like my parents were always like judging, they were always nosy. (Dylan, 28 years, Male, lines 409-412)

Religion. Participants felt that religion did not explicitly influence their sexuality. When asked about religion, youth shared how the religious lens viewed gender and virginity. Participants also discussed their own personal beliefs on the subject matter.

Participants brought up the topic of gender in the context of religion, particularly genders that fall outside the binary system. Dylan states, “The most common thing I hear is that the bible says it’s a sin to be gay” (28 years, Male, lines 633-634). Fionn shares, “I also had a lot of friends that were gay or lesbian growing up as well, and so that's very frowned upon within

religion” (25 years, Female, lines 94-96). Gian also recalls that, “You shouldn't date a man if you're man, you shouldn't date a girl if you're a girl” (Gian, 21 years, Female, lines 620-621).

One participant shared her past experience of how this belief negatively affected her:

Ninety percent of the homophobia I've experienced has been at the hands of other Filipinos and it really breaks my heart. I think it mainly has to do with the fact that a majority of Filipinos are Roman Catholic who think that not being straight is a sin and that those who aren't straight are heathens. (Jordan, 22 years, Female, lines 185-189).

Although participants recall hearing about how religion views homosexuality no participant in this study viewed homosexuality negatively and were accepting of all genders.

Like I feel like those things are obscure but as obscure as they are I don't really care who, what they are, and who they are. And as I look more into it, like when I'm watching random YouTube videos, I feel like most of the issues stem through religion, and for me, for not having a strong religious background or religious view I feel like I'm open to those other types of sexualities, because I'm not offended, it's not against my view.

Yeah I'm just assuming things, maybe people that are more religious um they're offended by it or they just have a belief against it. (Dylan, 28 years, Male, lines 622-629)

Gian, who considers herself religious, touches on how people use religion to make others feel bad about their sexuality. “Anyone who tries to make someone feel bad just because of their sexuality, or just because of who they are” (Gian, 21 years, Female, lines 573-574). She feels that religion makes it uncomfortable to talk about sexuality. She later states:

I'm not going to be in this religion anymore. I follow some of it, I don't follow all of it, because people use it as a way to stigmatize, to hurt other people by using the biblical scripts. (Gian, 21 years, Female, lines 577-580)

A number of participants mentioned how religion influenced their dating experiences. Hayley viewed that having a partner who was religious was a positive addition to a relationship. "Loyalty, and their trustworthiness. I guess any religion you just have to be very loyal, there's these terms of loyalty that you have to follow so I feel like it passed on to relationships" (Hayley, 28 years, Female, lines 242-244). She goes on further to state that she, "...felt at ease, just knowing that they thought they were being judged by someone else, if they did something bad they'd get bad karma or whatever" (Hayley, 28 years, Female, lines 248-250). One participant who was not raised in a religious manner felt the pressure to be more religious due to his girlfriend.

Her family went to church and she went to church as well. So I felt like I was inclined to be more in touch with religion. I was thinking back then, if we were serious about being together and getting married, wouldn't it be weird if mommy went to church and dad stayed home. (Dylan, 28 years, Male, lines 486-489)

Gian talked about courting and credits her religion with this belief. "Since I went through the religious side, having to make sure that the guy courts you" (Gian, 21 years, Female, lines, 296-297). Fionn found that marriage is something that she values. "I think being Filipino has still impacted our relationship because marriage is still something that I'd want to do eventually" (Fionn, 25 years, Female, lines 339-341).

Youth discussed the notion of being a virgin prior to the religious sacrament of marriage. “More so Filipino just because you want to fit that tradition of being a virgin before marriage” (Hayley, 28 years, Female, lines 500-501). Gian states, “...religion side that you shouldn't get pregnant before you get married, you should get married beforehand, all the celibacy...” (21 years, Female, lines 18-20). During one particular conversation, Alex revealed that before she used to value preserving one’s virginity prior to marriage. At the time of the interview, Alex expressed that it is not realistic to wait until marriage to have sex, “I mean you know Filipinos talk and also about the religious thing, you’re supposed to wait till marriage and all the other ridiculous things that’s probably not very likely” (24 years, Female, lines 98-100).

When asked if religion played a factor in the participant’s decisions to engage in sexual activities, most replied that it was not something they thought about. “But the first time that we actually did it. It wasn't in my mind, religion wasn't a factor of it” (Gian, 21 years, Female, lines 761-762). Participants talked about how it was not important to preserve your virginity prior to marriage these days. Iris felt that she wanted to have a sexual experience before getting married, “The whole virginity thing, because I don't want to get married as a virgin” (Iris, 25 years, Female, line 901). Some participants even went as far as to question if marriage was still a worthy milestone to achieve. “Just because of how you need to be married before having sex. And I thought marriage was a thing that I wanted so I waited but no (laughs)” (Hayley, 28 years, Female, lines 422-423).

Peer Influence. Peers and those who surrounded the youth played a role in shaping how participants viewed sexuality. Peers played a huge role in youth’s decisions regarding dating

and sex. Since sexuality was a taboo subject with parents, youth turned to their peers for sexual health information.

When it comes to deciding to date or engage in sexual activity most youth are influenced by their peers. Participants recalled deciding to date because their peers were also starting to date.

I guess a lot of people around me were dating too. Even in my earlier—younger than me, and it just happened that this girl liked me and I liked her and then we started dating yeah that's about it. (Dylan, 28 years, Male, lines 403-405)

I think there's a lot of those influence from peers. When I was younger I told them you know I don't date. 'Why don't you date? Don't you like that person?' Then you're just fighting these two worlds of this person's telling you this but this person's not telling you or they're telling you to do this, or they're not telling you to do this. (Bailey, 14 years, Female, lines 459-465)

Two participants shared that it was their partner or inner circle who influenced their decision to engage in sexual activity.

I was also friends with someone who was more sexually active. (Fionn, 25 years, Female, line 544)

I think my partner. What came down to it was again my partner—who asked me about it, who said we should do it. And so we did. (Bailey, 24 years, Female, lines 930-931)

With other friends before they'd talk about sex and I couldn't engage. It's like 'oh my god hopefully they don't think I'm still a virgin!' Just to say that you did it. (Iris, 25 years, Female, lines 947-949)

Talking with peers helped youth feel more comfortable with their own sexuality, participants felt more open to talk about sexuality because of their peers. "People actually understand, they're not liberated but they're more inclined to talk about it more, because they know that it's something that it should be talked about, and it's kind of a safe place to talk about" (Gian, 21 years, Female, lines 178-181). Dylan claims that he is more open to sexuality "because I have a lot of white friend influence" (Dylan, 28 years, Male, line 834). Hayley shares a similar perspective as she also references her group of friends as allowing her to be more open about her sexuality.

I guess the group of friends that I started hanging out with. They opened up to me about a lot of their sexuality, I spent more time with them than my parents now because I'm older, so then their ideas weren't forced upon me anymore. (Hayley, 28 years, Female, lines 712-715)

Erin also found comfort in conversing with her friends and felt it heavily impacted her sexuality:

Yeah especially because I'm a girl, if I'm close with them then we're comfortable talking about it. If my family can't talk about it then I guess I have to go with my friends right? So I think friends is a big one. (22 years, Female, lines 731-733)

Hayley cites an interesting conversation she had with a friend who taught her about what it means to "hook up".

Because one of my friends is in a long distance relationship so they hook up back home. At first I was like 'aren't you cheating?' But then he's like 'I have my needs'. Like sex is sex but having sex with someone you love is different than just getting a blow job or whatever. So then I was like 'that makes sense', but you need to respect their

boundaries as well by discussing that. He realized he needed to respect the person so then he stopped hooking up, but if he wasn't in a relationship he'd be hooking up all the time. So to me that made me feel like there's less judgment for just hooking up and not dating the person. So that made me feel like sex is a basic need so then why should it be so judged. (Hayley, 28 years, Female, lines 575-584)

She references this incident as removing shame that she previously associated with having sex in the context of a non-monogamous relationship, which increased her comfort with her sexuality.

Youth found their social circle as an access point for sexuality education. "...I felt comfortable enough to ask my friends. I feel like they've been through a lot more, so they're more educated" (Hayley, 28 years, Female, lines 629-630). Erin learned about birth control through her friends. "I learned stuff from my friends, like the whole birth control stuff I never learned- I never knew about it until my friend went on it" (Erin, 22 years, Female, lines 718-719). Hayley learned about, "Being confident in your body, you don't have to be hairless to be sexy. Just being more natural. I learned a lot about STIs from them, and when to get tested" (28 years, Female, lines 565-567).

Fionn, had three older female cousins whom she looked up to. They taught her about respecting your body and not succumbing to pressures to have sex from your partner.

There's one time where we were talking and all three of them had instances where they were sexually harassed and so they wanted to make sure... that's kind of where I got it from was that you don't have to feel pressure to do something if you don't want to. So if

it wasn't for them I might have had a different relationship with sex. (Fionn, 25 years, Female, lines 525-527; 529-531).

She later adds:

I learned a little bit more of, in more detail about the sexual kind of things how it's not necessarily the orgasm that's the biggest part of it, it's like the connection and the journey up into it. And if you can't reach that final climax then there's nothing wrong with you, it's just an off day or whatever. So that was more with my friends and with my cousins it was more of you don't have to feel pressure to do stuff like that. I guess to be careful with your body. (Fionn, 25 years, Female, lines 726-732)

Media. Asides from formal school education, which is discussed in the next section, participants also discussed the impact of other mediums on their sexuality. Some participants learned sexual health education not only from their friends but also from social media, which is the case for a majority of the participants. These mediums increased the participant's comfort with their sexuality and addressed their sexuality needs.

Participants discussed how they felt the need to their own research about sexuality. "I'm more common sense and I'm also into scientific studies or scientific documentaries and stuff. So I learn more about it. I think it's also a choice whether you really want to learn more about it" (Alex, 24 years, Female, lines 61-64). Jordan found information from books useful. "My parents didn't have time to give me the talk so I read books from the library about sexual health" (Jordan, 22 years, Female, lines 270-271). Gian, who grew up in the Philippines, recalled not learning anything about sexuality from her formal education. "It wasn't in school. I don't know I just did my own research. I think there was a time that I was curious about it-I went

through the internet, read about it” (Gian, 21 years, Female, lines 953-955). Fionn, also turned to the internet for more sexual health information. “A lot of other things I learned was just mainly going through like the internet for anything that I was curious about that they didn't talk about in school, that's pretty much my source of information” (Fionn, 25 years, Female, lines 22-25).

Social media was also mentioned by several youth. This is the case for Jordan, who self-identifies as queer, that stated:

Everything else I learned in terms of sexual health was from social media and from my friends who were more sexually active. I found these sources more helpful because they were LGBT-inclusive, meaning they taught how to have safe, same-sex intercourse, and they taught STI prevention that wasn't based solely on abstinence. (22 years, Female, lines 274-278)

Another participant, who spoke about having issues viewing her body in a positive light, also explained how social media could be helpful:

Yeah, there's these things that ____ (name of friend) likes to post about what's wrong with my vagina thing on Instagram. They're always focused on taking care of yourself, self-love and everything like that. So I guess social media they have those positive notes and stuff about being comfortable with your body. (Iris, 25 years, Female, lines 1188-1192)

Dylan and Alex both found videos to be an important learning tool. Dylan stated, “...just YouTube, I guess the occasional Facebook videos “ (Dylan, 28 years, Male, line 944). While, Alex explained:

Bits from school...bits from my own time and from YouTube Videos, when they're talking about-there's actually one girl that I follow her account is called Sarah Rae Vargas and she does a segment called 'Let's Talk About Sex'. Which I enjoy. (24 years, Female, lines 1057-1061)

She later explains why she enjoys YouTube: "It's a face-to-face talk, and it feels more personal and also they did their research right? They're also talking from experience, that I probably haven't experienced yet". (Alex, 24 years, Female, lines 1208-1211).

Some things that participants stated they learned from these forms of media are STIs and non-binary gender identities, or sexual orientations. Bailey stated, "It was always STIs, it was like here are the facts, here are the different types, so that was a huge one" (24 years, Female, lines 1277-1278). Dylan found "...this one video they were trying to differentiate between the different pansexual, transsexual, and stuff" (28 years, Male, lines 1022-1024). This was similar to Erin who referenced "...the media they would always—I'd learn about other genders..." (22 years, Female, lines 466-467).

Two participants found porn to be useful in learning about sexual intercourse. Hayley learned about, "Different positions, blow jobs—learned that a lot (laughs). Just how to perform sexually" (Hayley, 28 years, Female, lines 554-555). Jordan echoed this point stating, "...it's used by people to explore and experiment what they're into" (22 years, Female, lines 284-285). Jordan added that, "Many LGBT people find out or confirm they're not straight by watching porn, that's what I did" (22 years, Female, lines 285-286).

Summary. Youth learned about sexuality through their culture, parents, and religion and they received sexual health education from their peers, media, and school. As youth

learned more about sexuality, youth began to understand that sex was something that was inherently good. Sex “can be a positive thing and can be a healthy part of a relationship as long as both partners are willing to do it and aren't pressured to do so (Fionn, 25 years, Female, lines 553-554). “Yeah it is a basic need, it's not a sin or anything you need it just as much as you need water and food-the basic necessities” (Hayley, 28 years, Female, lines 404-406). This resulted in youth being able to independently form their opinions regarding their sexuality. This allowed youth to feel comfortable taking control of their sexuality. Upon reflection of how they learned about sexuality participants were able to discern what they felt was missing in their sexual health education.

Recommendations: Promoting Healthy Sexuality Among Youth

Participants were finally asked to speak about how to improve the sexual health of youth. Youth shared what topics in sexuality they perceived would have been beneficial and how this additional information should be shared. Two themes that were identified are: ‘More Information is Needed’ and ‘Just Talk About It’.

The first theme refers to how youth yearned to learn more about sexuality beyond what is taught in schools, and their recommendations about topics they would like to learn more about. “I was hoping that we would get more but then that was about it” (Alex, 24 years, Female, lines 1178-1179). The latter theme brings up the youth’s idea of professionals or parents simply initiating the sexuality conversations and bringing up the topic of sexuality. “If health care providers and other trusted adults can be more open about these kinds of things, Filipino youth will know who to talk to and where to go should they need any assistance” (Jordan, 22 years, Female, lines 314-317).

More Information is Needed. Youth felt that the sexual health education in schools was insufficient and sought for more information about sexual health. As seen in the previous section, youth were seeking information from other sources besides school. Youth discussed what information they would have liked to learn in retrospect of their earlier adolescent years, and shared strategies of how youth could access more information about sexuality.

This particular participant commented on sexual health education in schools, “It was pretty good, I was hoping that we would get more but then that was about it” (Alex, 24 years, Female, lines 1178-1179). One participant disclosed she went to a Catholic school and talked about wanting education that covered other sexuality topics.

I think it’s at a four honestly... (out of) ten. (laughs) Just because they teach you the most basic things, and I get it it’s a catholic school but you still need to teach children about STIs, birth control, and pregnancy all of that stuff has to be taught in school. (Erin, 22 years, Female, lines 500-506)

As a large majority of the participants were female (n=8), these participants felt that there should be more discussion about women’s health within sexual health education. One participant stated, “...reasons why you’d need to visit like an OB, or like how important it is to get checked in regards to your vagina and stuff, and how important the Gardasil vaccine is” (Alex, 24 years, Female, lines, 1187-1189). Moreover, other participants wanted to know more about birth control. “Yeah I was never taught about anything with that, because I grew up in my catholic school my whole life, not once did they teach us about birth control I had to learn that from my friends” (Erin, 22 years, Female, lines 462-465). In addition, another participant wanted more information about the different types of birth control available to females.

Different types of birth control, that'd be nice. They could teach that in high school, if you are going to have sex these are different types of—there's so many, when I went to get birth control there's pills, the IUD, and is there a patch? No, the injection. There's an injection you go for every three months. I didn't know there were that many types of birth control. (Iris, 25 years, Female, lines 1244-1249)

One participant believed that body positivity should also be part of promoting healthy sexuality. “Make plans, promote body positivity because it's also part of your body. Your sexuality and body positivity, and the mental health part of it” (Gian, 21 years, Female, lines 1069-1071). Sexual health although incorporated with the body should go beyond the basics of only educating about the body. “Also, teach them about, a lot more in sexual health than just our bodies” (Erin, 22 years, Female, lines 536-537).

Another subsection of participants felt that the topic of gender identity was lacking in their sexual health education. This response ranged from just wanting to know more about the definition of each letter in the LGBTQ acronym, to wanting a sexual health curriculum that is inclusive of all genders. One of the oldest participants, who may have had less exposure to the concept of non-binary gender identities commented:

It would be nice to have more info on what you can identify yourself with, you know the LGBTQ. It would be nice to have more definitive—like what each one is. I always get confused what each one is. It's just all new and there's so many variations of what it is.

It'd just be nice to understand that more. (Iris, 28 years, Female, lines 1231-1236)

Another participant commented the need to teach about the acceptance of non-binary identities. “And for little kids, it's like you can't just teach them about anatomy, you need to

teach them about everything like it's ok to be different genders." (Erin, 22 years, Female, lines 507-508). Participants who did not identify their gender as aligning with either man or woman, were more vocal about moving away from sexual health education that is designed for heterosexual relationships.

I also feel that it's important for sexual education to include information that isn't just heteronormative and cisnormative. It needs to include the various identities on the sexuality spectrum and their definitions. It needs to also include and elaborate on aspects of safe sex that are more pertinent to those who partake in same-sex intercourse. (Jordan, 22 years, Female, lines 160-164)

Cisnormative or heteronormative refers to the assumption that one's biological sex aligns with their gender identity i.e. having female parts means that you identify as a woman.

Some participants shared that it would be useful to teach youth about resources outside the school system in order to deepen their understanding of sexuality. "Probably finding resources that would—say websites. I think websites are accessible, or promoting a group..." (Iris, 25 years, Female, lines 1328-1329). Bailey shares: "I think that the biggest is to...tell the resources that are around the city, part of it because especially if they're youth under a certain age they can access teen clinics privately" (24 years, Female, lines 1376-1378).

'Just Talk About It'. In this section, participants discussed how health care professionals, teachers and parents could promote healthy sexuality among youth. Most participants felt that it was important that parents or professionals initiate the conversation in order to give sexuality-related education or address their sexuality concerns. Even when it comes to strategies to promote healthy sexuality youth wanted messages shared through verbal

communication. Their recommendation is to simply bring up the topic of sexuality and ‘just talk about it’.

Specifically directed towards health care professionals, participants felt this could be achieved though asking clients if they were sexually active, having discussions about sexual health, and being a support for clients to talk to if they have any sexually-related health issues.

In terms of sexuality you know from my family doctor it was just as far as are you sexually active? Because I was asking this and I said yes and that was it, which could have been better than that... (Bailey, 24 years, Female, lines 1383-1385).

This participant goes on to state:

For Filipino youth yeah I mean it’s a taboo subject, that people don’t talk about. I think just asking those questions. I think a lot of people might have family doctors. Having that question asked along with their general health would be beneficial as well. (Bailey, 24 years, Female, lines 1392-1396)

Another participant reiterated similar thoughts about health care professionals:

I think just being able to talk about it with them. That’s a big one because it wasn’t really talked about—or like telling them that it’s ok that they can go to you, go to them to talk about that kind of stuff, if they can’t always talk about it with their families, because maybe it is taboo there. Yeah I think it’s just being there for support and stuff and to be able to talk to. (Erin, 22 years, Female, lines 579-583)

Hayley expressed how doctors should be competent in their ability to address sexual health matters.

I do work at a hospital but I felt like doctors were just as judgmental as other people, I don't know if it's because they're just not as educated but that's kind of a tough thing because they're doctors. They should be speaking to people in groups and discussing these things. (Hayley, 28 years, Female, lines 667-671)

One participant felt that it might be uncomfortable for the patient if the doctor brought up the topic of sexuality.

Because they'll come in with an issue it's like 'oh I have a cough'. It's like 'ok you need this for a cough and also you should think about your sexuality', or 'you should think about your sexual health'. I don't think it would come across that great, because patients come in for that specific issue not to be educated on some other topic that they're not interested, some might be offended, some might welcome it. (Dylan, 28 years, Male, lines 1403-1409).

Participants then discussed how teachers could promote healthy sexuality among youth. A third of the participants believed that teachers should be equipped to promote healthy sexuality among youth. "Just accepting the fact that kids and teens are curious about things so instead of repressing their knowledge on stuff, why not teach them all the aspects of it so they can make more informed decisions for themselves" (Fionn, 25 years, Female, lines 844-847). The reappearance of the theme, 'just talk about it' is evident in the following participant's statements:

Teachers should be able to talk about that. I think they should, especially if youth are with them almost every day. They should be able to talk to their teachers about that kind of stuff, especially health teachers. (Erin, 22 years, Female, lines 588-590)

This particular participant felt that teachers should be comfortable teaching beyond the basics of the sexual health curriculum.

The same thing, I feel like they need to be more in depth with it. Just because they're teenagers and they're immature still doesn't mean you should shy away from the deeper stuff such as abortions, anal or whatever. (Hayley, 28 years, Female, lines 675-677)

The resurgence of the theme, 'just talk about it' appears once more when participants discuss how parents could promote healthy sexuality. One participant stated that one way parents could improve their child's sexual health is, "actually having the talk you know, I guess that's it" (Iris, 25 years, Female, line 1348). Another participant expressed similar sentiments stating:

Just by bringing it up-just sex in general and how their experiences were, not in detail but in general. I literally didn't know what sex was and I didn't understand the sex jokes kids were making at that age, and it was a young age like 12 or 13. I just didn't understand what they were taking about and now it clicked. (Hayley, 28 years, Female, lines 685-689)

Participants shared that even though it may be awkward and difficult it is important for parents to talk to their kids about sexuality. Some participants viewed having 'the talk' as a pre-emptive way to protect your kids from sexual harms.

I think it's better to talk about it, and at least have people informed, as opposed to being misinformed. Like with my older cousins who all got sexually harassed for example, they didn't really get that education from their parents and it makes you curious to think,

well what could've happened if they actually got that education from their parents, or even at all. (Fionn, 25 years, Female, lines 763-768)

Just talk about it. It's going to be awkward let's face it, it'll be awkward either way. But if you don't talk about it with your kids or your kids learned about it in an unhealthy way they're going to explore it in an unhealthy manner. (Bailey, 24 years, Female, lines 1435-1438)

On the other hand, one participant felt uncomfortable with the idea of her parents giving her sexual health education. "I think it'd be awkward, so I think I'd rather have learned it in school" (Erin, 22 years, Female lines 521-522).

Participants encouraged their parents to grow with them and be open-minded. Youth wanted their parents to understand and accept that they now live in Canada where the participants are exposed to different ideals. Iris who was born in the Philippines and moved to Canada when she was four stated:

I told my mom you have to grow up with us, you can't just keep staying in the past traditionally. You have to grow up with us because we're in Canada now, she still thinks were just in the Philippines like very traditional. (25 years, Female, lines 609-612)

Another participant stated that:

Parents they should talk, I think they should talk about it. Filipino parents should be ok with talking about it to their children, and to actually—taken the fact that it's not their generation anymore. Like nowadays, kids are totally different than how they grew up right? (Erin, 22 years, Female, lines 595-598)

Youth also discussed what strategies they feel would be effective in reaching Filipino youth in order to promote healthy sexuality. For the most part, participants suggested that having discussions with others about this topic and talking about it would be effective.

“Discussion, a little discussion. It doesn't have to be formal, talk about it with your friends and then let it grow and let it grow” (Gian, 21 years, Female, lines 1068-1069). Another participant stated, “...things starting off small, because you don't want to create this big group where they just talk about it. I think just starting off small, maybe talking about it with friends, and like people within your family” (Erin, 22 years, Female, lines 609-612).

Participants were firm in their belief that Filipinos should be working with Filipinos. In order for any message about sexuality to be effective, it should come from someone who is Filipino.

It would have to be an actual Filipino giving Filipino advice. You can't have a white guy promoting. It would be nice if it was someone relatable. That's why I joined the study. I'm like 'oh my god she's a nursing student, she's Filipino, I can probably relate to the questions' or you know she'd understand some of the things based on culture what I would say. It would have to be someone who actually lived through that experience to promote sexuality. (Iris, 25 years, Female, lines 1316-1322)

I don't know if there's a group on campus that promotes Filipino sexual health. I feel like there's a group like that. I guess that would make sense to promote Filipino sexual health in that form, because that's where all the Filipinos are. (Iris, 25 years, Female, lines 1335-1340)

Another participant commented that it was important to have a group of Filipinos who share the same ideals. “Try to have more conversations about this with Filipinos and have them back you up with that” (Gian, 21 years, Female, lines 1062-1063).

Chapter Summary

The first section of this chapter described the demographics of the sample used in this qualitative study. This was followed by the main themes which described how youth perceive sexuality in terms of their relationships with their inner selves, body, and partners. The second theme attempted to identify how culture, parents, religion, peers and media influenced the sexuality experiences and perceptions of youth. This chapter concluded with the third theme of youth’s recommendations about how the sexual health of other youth could be improved by health care professionals, teachers, and parents.

Chapter 6: Discussion

This focused-ethnography explored Filipino-Canadian youth's perspectives and experiences of sexuality, whilst looking at how culture and other factors may have shaped their perspectives and experiences. This chapter will compare the study's major findings to the extant literature. The theoretical framework used to guide this study will be discussed in relation to the findings. The strengths and limitations of the study will be outlined, concluding with a section on recommendations for research, practice and education.

Comparing the Findings to the Literature

Filipino-Canadian youth's perceptions of sexuality being a relationship with your body, inner self and connecting with others will be discussed in comparison to other youth's perceptions. The role of culture in shaping experiences and perceptions of sexuality will be considered in relation to currently published research. Furthermore, the major findings in the recommendations theme regarding youth's perspectives on education and talking with parents and professionals will also be compared to current literature. Canadian literature exploring youth's sexuality was minimal, thus the incorporation of studies completed in other countries were included.

Youth Experiences and Perspectives of their Sexuality: A Series of Relationships.

Sexuality is a holistic concept that impacts an individual's identity throughout their lifespan. Youth shared perspectives of their sexuality in regards to their relationship with their body, inner self, and others. Current literature exploring how youth perceive their own sexualities is minimal, however studies were found to support the research findings.

Youth in this study expressed that how they viewed their bodies was part of their sexualities. A Canadian study looking at young people's experiences with sexuality also found that sexuality was linked to how youth viewed their body (Moules et al., 2017). A qualitative study done in the Netherlands on youth ages 13 to 25 found that sexual intercourse, pregnancy, and STI prevention were seen as part of sexuality (Grauvogl et al., 2012). This definition of sexuality emphasizes the physical aspects of sexuality. Protecting your body through safe sex measures and checking for STIs was also part of Filipino youth's relationship with their bodies. As seen in the literature review, when youth were involved in sexuality research they focused on the physical aspects such as virginity (Hammer et al., 2010; McMichael & Gifford, 2010; Omorodion et al., 2007; Wray et al., 2014), sexual practices (Hammer et al., 2010; Omorodion et al., 2007; Sinha et al., 2008), and STIs (Hammer et al., 2010; McMichael & Gifford, 2010; C. Rogers & Earnest, 2014b; Wray et al., 2014).

Aside from the physical aspects of sexuality, youth were able to reflect on feeling comfortable with their inner selves as a component of sexuality. In this study, youth were older which allowed them to discuss how their emotional and mental well-being interacted with their sexuality. Brown (2000) acknowledges that sexuality includes the physical characteristics as well as one's thoughts, behaviors, and attitudes. The social construct of gender impacts how one feels about themselves, particularly to what degree they feel comfortable expressing themselves as their gender. Sexuality involves one's gender identity and how one sees themselves as women, men (Brown, 2000), both or none. One study conducted in Brazil which explored female youth's perceptions of sexuality found that sexuality was made up of socio-cultural constructions of gender (da Silva et al., 2014).

Participants reflected on the holistic nature of this concept and felt that sexuality was about feeling comfortable on the inside and outside. Youth in one study defined sexuality as self-acceptance and feeling “comfortable in your skin”—sexuality is a relationship with yourself (Moules et al., 2017, p. 299). In the process of feeling comfortable with who you are on the inside and outside, participants learned to love themselves. As they valued themselves, they desired for their partners to equally value them as well.

From the youth’s narratives, they learned about what it meant to be in a healthy relationship and established healthy relationships with others. The literature finds that as you engage in relationships you are concurrently learning about who you are as a sexual being (da Silva et al., 2014; Moules et al., 2017). In the context of relationships, one learns what it means to be loved, valued, and desired (Moules et al., 2017).

The way these three sub-themes interact can be seen in the literature as well. Feelings of discomfort regarding who you are on the inside and outside, impacts your ability to connect with your partner(s) and perceptions of your sexuality. Participants who struggled with their inner self and/or body image experienced being in a relationship which did not fulfill their needs. In addition, some participants felt that they were being taken advantage of by their partner. One study that looked at sexual self-esteem in women ages 24 to 39, found that relationship with partners, how women felt about their bodies, and feelings of empowerment in their ability to make sexual choices impacted their sexual self-esteem (Heinrichs et al., 2009).

Sexual self-esteem, as per the study, was defined as how one values themselves as sexual beings, and how one views themselves as sexually attractive (Heinrichs et al., 2009). A study completed on women ages 19 to 29, looked at women’s perceptions of their body in the

context of relationships (Weaver & Byers, 2018). Women reported that if they felt better about their body, they were more likely to feel sexually appealing to their partner, thus more likely to engage in sex (Weaver & Byers, 2018).

In the literature that looks at sexuality experiences from youth diagnosed and undergoing cancer treatment, the interaction of the three sub-themes is also seen. Cancer treatments altered youth's relationships with their bodies, which negatively impacted the way youth felt as sexual beings, which ultimately impacted their intimate relationships with others (Estefan et al., 2019; Moules et al., 2017). The Sexuality Education Resource Centre (n.d.) defines sexuality as the way in which we understand our bodies and relationships. Sexuality includes values and beliefs, thoughts and feelings, bodies and gender (Sexuality Education Resource Center, n.d.).

Culture and Factors that Shape Youth's Experiences and Perspective of Sexuality.

Interactions with the Filipino and Canadian culture shaped Filipino-youth's perceptions and experiences of sexuality. Within the Filipino culture, religion and parents often played a role in shaping youth's perceptions about sexuality through warnings and fear tactics. Within the Canadian culture, peers and media shifted youth's perspectives about sexuality to one that viewed sexuality as a normal part of life.

Initially, when youth recalled their early adolescent years, sexuality was influenced by Filipino culture, religion and parents. A Canadian study which examined the relationship between ethnic identity and sexual initiation among East Asian youth found that male and female youth who had stronger commitments to their ethnic background were less likely to report sexual experiences (Homma et al., 2015). Delaying sexual intercourse could be due to

the religious values that parents often shared with their children, such as sex being acceptable only in the context of marriage. Religious values often overlapped with parents' values (Garceau & Ronis, 2017). Filipino-youth turned away from religion as a result of their personal beliefs regarding sexuality. Some participants that were religious chose to believe in a portion of the religious teachings whilst disregarding other beliefs. Similar to the findings in another study, youth compartmentalized their beliefs about religion from their approaches to sex (Shoveller et al., 2004).

Although the participants of this study had trouble verbalizing how the Filipino culture impacted their sexuality it was evident through conversations that the Filipino culture shaped their sexuality in a negative way. Among the Pacific Islander literature, parents often shared negative messages about sexuality to youth (Kaljee et al., 2011; Liu et al., 2017; Rhucharoenpornpanich et al., 2012; Wang, 2016). Parents sent their children messages that sex and sexuality were topics to be avoided. Parents from Netherland normalized sex with their children, and educated their children about sexuality (Carpenter & DeLamater, 2012). As such youth in this group practiced safe sexual behaviors compared to U.S. youth (Carpenter & DeLamater, 2012).

Since sexuality is taboo within the Filipino culture, youth had no choice but to turn to the Canadian culture. As youth began to immerse themselves in the Canadian culture, they began to adopt more westernized ideals about sexuality through their interactions with peers, media and school education. The Filipino culture, parents, and religion had less of a hold on the youth's perceptions of sexuality as youth interacted with the Canadian culture. One Canadian study looked at the interactions of gender, ethnic background and religion and how they

shaped South Asian youth's perceptions of and experiences with relationships (Zaidi et al., 2014). One of the study's findings were as level of religiousness decreased, experiences and approval of intimate relationships increased (Zaidi et al., 2014).

Many participants spoke about how the Canadian culture's openness to sexuality has influenced their perceptions of sexuality in a positive way. Youth in one study viewed Western cultures as more open to sexuality and sex compared to their Islamic cultures, where sexuality conversations are restricted (Grauvogl et al., 2012). Youth who identified more with Western culture were found to be more tolerant and accepting of sex and sexuality, and have more experiences with relationships (Zaidi et al., 2014). A study looking at ethnic differences in sexual attitudes of U.S. college students found that among the Asian participants it was the movement away from their parent's culture that predicted their change in sexual attitudes (Ahrold & Meston, 2010). As they moved away from their parent's culture they exhibited more liberal sexual attitudes (Ahrold & Meston, 2010).

As youth embed themselves in the Canadian social environment they began to realize that sexuality is a normal part of one's life. Chinese university students in Canada who assimilated into Canadian culture became more confident, aware and knowledgeable about their own sexuality (Dang et al., 2019). Women in another study learned to accept that sexuality is part of who you are, and that your sexual self is a normal part of who you are (Rawson & Liamputtong, 2010).

Filipino-youth's interactions with their social environment influenced their sexuality. Socio-cultural practices and other characteristics of youth's social contexts have the potential to shape sexual behaviors (da Silva et al., 2014; Shoveller et al., 2004). Filipino-youth's social

environment, culture, and religious background are intertwined. It is not evident that solely culture, without the influence of religion, impacted youth's sexuality, or that their social environment was not impacted by culture as well. Between culture and religion, it is difficult to delineate which one of these two factors influences the other. It would be beneficial to ask youth how they perceived culture, as this definition may differ from the one put forth by this study. There are a myriad of factors that impact sexuality. Schools, parents, culture (Grauvogl et al., 2012), spirituality and the media all play a role in shaping one's sexuality (Estefan et al., 2019).

More Information is Needed and 'Just Talk About It'. Youth exhibited information-seeking behaviors as they realized that they could not ask their parents about sexuality, and were not given sufficient education in schools. A study done in Australia with Vietnamese youth reported that, youth needed to independently seek knowledge about sexuality if they wanted to learn more about sexual issues (Rawson & Liamputtong, 2010). Participants from this study recalled conducting their own research from multiple sources. The literature also finds that youth are learning about sexuality through their own research (Moules et al., 2017). This is also true in Canada where Byers et al. (2017) reports that youth are 'self-teaching' themselves about sexuality as they seek sources outside of school.

Youth sought information from the media, internet and porn, which allowed them to view this content privately and anonymously. One study reported that youth turned to magazines as it was private and anonymous (Rawson & Liamputtong, 2010). Filipino-youth found peers to be beneficial as they could relate to them and were non-judgmental. Turning to peers and the media seemed to be popular choices for youth seeking sexual health information

as reported by several studies (DiCenso et al., 2001; Dudley et al., 2014; Grauvogl et al., 2012; Kimmel et al., 2013; Rawson & Liamputtong, 2010). Byers et al. (2017) found that parents were sources of sexuality information, and a small number of youth in the study accessed porn to learn about sexuality. A study completed in the U.S. looked at how adolescent mothers learned about sexuality. Adolescent mothers from this study learned through their parents, as well as their own sexual experiences (Dudley et al., 2014). In speaking with Filipino-youth, parents were not sources of sexual health information as sexuality was considered culturally taboo.

As youth reflected on their experiences in learning about sexuality in school, they conveyed the inadequacies of this education. In particular, Filipino youth wanted more information about gender diversity. Perhaps the reason why youth wanted to learn more about gender diversity may be linked to the fact that this concept is religiously and culturally controversial and is a trending media topic. One study reported that youth felt that school did not teach them about gender fluidity and different sexualities (Moules et al., 2017).

A study looking at the Canadian sexual health curriculum from youth's perspectives found that youth rated their sexual health education as fair to good (Byers et al., 2017). However, this same study also reported that youth rated most of the twenty-one specified health topics as covered poorly and simply 'covered' (Byers et al., 2017). The topics that were best covered were puberty/physical development, menstruation, reproduction and birth, birth control methods, safer sex, abstinence and sexually transmitted infections (Byers et al., 2017). Those that were covered poorly were sexual-decision making, sexual orientation, sexual communication, masturbation and problematic sex behaviors (Byers et al., 2017).

It seems that physical aspects of sexuality were more easily discussed compared to relational aspects of sexuality. An Australian study exploring youth's perceptions concerning the improvement of sexuality education discovered that youth felt that this education was biologically-focused, technical and unengaging (Helmer et al., 2015). School tends to focus on disease prevention, and fails to discuss the relational-emotional aspects of a sexual relationship (Grauvogl et al., 2012; Kimmel et al., 2013; Rawson & Liamputtong, 2010) and pleasures of sex (Grauvogl et al., 2012). Filipino-Canadian youth in this study shared their experiences of being in unhealthy relationships, in accordance to the literature relationship education is not taught in schools. Students want information about relationships (Helmer et al., 2015; Phillips & Martinez, 2010; Wilson et al., 2018).

When it comes to conversing about sexuality, youth would like teachers, health care professionals and parents to initiate this conversation. In the literature, youth made similar suggestions as they recommended others to 'open' the conversation (Moules et al., 2017), and felt that sex should be discussed more openly (Rawson & Liamputtong, 2010). One study found that youth appreciated facilitators who allowed open conversations about sexuality (Smith et al., 2011).

Youth want health care professionals to help them learn and talk about health topics (Ford et al., 2016). One quantitative study looked at how much time physicians spent assessing or talking about sexual health with youth (Alexander et al., 2014). This study found that one third of all adolescents had yearly visits with no assessment of sexual health, when conversations did occur sexual health was talked about within 36 seconds (Alexander et al., 2014). Another study found that healthcare providers were identified as being the least

involved in the delivery of sexual health education to sexually experienced adolescents (Donaldson et al., 2013).

Youth felt that they should be able to talk about sexuality with their primary care physicians but youth wanted their doctors to initiate the conversation (Alexander et al., 2014; Hébert et al., 2013; Same et al., 2014). One study, which looked at adolescent and adult males' sexual and reproductive health care, found that participants wanted their doctors to initiate conversations about condom use, female birth control, pregnancy, relationships and concerns about sexual performance (Same et al., 2014). Another study reported that adolescent girls wanted information from their doctors about making good choices regarding romantic relations and dating (Ford et al., 2016). Youth preferred to learn about sexual health from a nurse or doctor (Kimmel et al., 2013; Wilson et al., 2018). Health care professionals initiating sexuality discussions conveys the message to youth that sexuality is a normal part of one's overall health, which will help adolescents feel more comfortable engaging in these conversations in the future (Alexander et al., 2014).

There was minimal literature found on youth's recommendations for teachers engaging in sexuality discussions. From the youth's perspective teachers are lacking in their ability to have open discussions about sexuality topics (MacDonald et al., 2011). Current literature revolved around youth's perceptions of their teachers feeling uncomfortable speaking about sexuality (Kimmel et al., 2013; MacDonald et al., 2011).

This is also true for parents, where youth found that it was uncomfortable to talk to parents about sexuality (Kimmel et al., 2013; MacDonald et al., 2011). From Filipino-youth's perspectives, they did not feel that their parents were knowledgeable enough to teach them

about sexuality. Youth from this study also found these conversations as potentially inducing feelings of discomfort. MacDonald et al. (2011) also reported that youth felt uncomfortable talking to their parents and perceived their parents lacked knowledge about sexual health issues. From the parent's perspective, they too find it uncomfortable talking to their children about sexuality (Grauvogl et al., 2012).

Theoretical Framework

The Third Culture Model was used to guide this study. The Third Culture Model attempts to explain the process of integration or adaptation into a new culture (Pollock et al., 2017). This model uses the constructs of first culture (parent's culture), second culture (new culture), and third culture (a new way of living formed as one attempts to relate to the second culture) (Pollock et al., 2017).

The Third Culture Model has not yet been used in the context of exploring sexuality among youth. This model had limited uses in supporting this study as the main purpose of the study was based on the concept of sexuality, and culture is secondary to that. It was used sparingly during the analysis phase of this research study.

During the early stages of data analysis this model was helpful in trying to organize the qualitative data between those which related to the Filipino versus Canadian culture. The Third Culture Model was used when analyzing the second theme, and the differences between the Filipino and Canadian culture. This was clearly seen when youth talked about dating within and outside the culture.

As previously stated in chapter three, the effects of third culture on a child is influenced by time, child's age when they migrate, child's personality, parental attitude and behavior, how

the host culture received or interacted with the family, policies of the host culture or sponsoring agency and child's participation in the host culture (Pollock et al., 2017). When determining the factors that influenced youth's sexuality in the second theme, parent's roles in mediating youth's sexuality, and how youth interacted with Canadian culture through peers and media were noted during the data analysis phase.

The model posits that youth do not fully embrace either culture, instead youth integrate both aspects of each culture, and create a third culture (Pollock et al., 2017). According to the findings, there was not a whole lot of cultural 'mixing' that transpired. Instead of mixing there was a shift in perspective as they moved towards and engaged with the Canadian culture—peers, sexuality education, media. Most of the participants preferred the values of the second culture.

For the most part once youth were exposed to the Canadian culture they never re-considered their Filipino roots or values regarding sexuality, instead they became more open with their sexuality and viewed this as essentially positive. Gilbert (2008) explains that when youth integrate themselves into a second culture youth may choose to forget about their first culture and identify only with the second culture (Gilbert, 2008). Alternatively, youth may also retain their psychological and emotional connections to their first culture, yet still identify with the second culture (Gilbert, 2008).

It did not seem like youth developed a third culture of their own. One can argue that participants who viewed marriage as ideal whilst still engaging in sexual activities outside of marriage as a form of third culture. Nevertheless, the concept of marriage is also a Western value.

Currently the model is shaped as a Venn diagram. Perhaps a sliding scale model between the first and second culture would be more appropriate, as it showcases that culture is not a static construct. When youth were asked what culture they identify with most youth replied that it was dependent on their context. For example, one participant who was dating outside of their culture reported feeling more Canadian, however when this participant dated a Filipino individual they felt more Filipino. The participant identified with the Filipino culture because of their increased engagement with the Filipino culture—they were going to church and spending more time interacting with their partner's Filipino family. Another participant recalled that when they used to live with their parents they identified more with their Filipino culture, now that they live independently they identify more with the Canadian culture.

In the context of sexuality, the formation of a new third culture may or may not exist, depending on the unique sexual identity of the individual and the factors that influence it. Third culture should be a fluid concept. Third culture shifts depending upon the situation, phenomenon under study, physical and social environment.

Strengths and Limitations

This study had a small number of participants, which could limit the range of experiences and perspectives shared regarding sexuality. However, the findings are strongly supported by the extant literature. The participants were mostly females in their twenties, which limits the transferability of the study's findings. This study's findings should not be transferable to all Filipino-Canadian youth as no group is completely homogenous (Fetterman, 2010). As the study focused on a sensitive topic the conservative nature of the Filipino culture may have deterred other youth from participating.

What served as both a strength and limitation is the researcher's identity. As the researcher was Filipino there is a cultural bias present during the process of data analysis. However, this was mitigated through the identification of assumptions at the beginning of the study, written field notes and discussions with advisor during the data analysis process. Most participants expressed feeling comfortable with the researcher who shared the same cultural background. Therefore, participants found it easier to relate to the questions and communicate their thoughts openly. The findings from this study reflect deep insights from a population that is largely understudied in the literature.

Recommendations

Future research. A replicated study with youth who identify as male, non-binary, along with youth currently receiving sexual health education in schools would be a beneficial addition to the current literature. The exploration of whether culture shapes perceptions and experiences in non-Filipino youth that are born and raised within Canadian culture would also be a noteworthy study. The youth in this study seemed to have segregated religion and their personal beliefs. Thus, in regards to youth that practice religion, what are their perspectives? What is the nature of their relationship with their sexuality? How do they come to terms with their sexuality? Is there a difference between Canadian born and Filipino born youth's perceptions and experiences of sexuality? With the limited number of participants in this study the differences are indistinguishable.

Education. The findings of this study will allow professionals in health and education sectors to identify knowledge gaps among Filipino youth, and understand the influence of culture in the way sexuality is perceived or understood. Findings from this study can be used in

the development of educational interventions to address concerns specific to youth, thus leading to an improvement of sexual well-being. The objective is to encourage open dialogue regarding sexuality, subsequently reducing risky sexual behaviors and promoting healthy relationships.

Youth want in-depth information about sexuality that recognizes the fluidity of gender identities and promotes safer sex that is inclusive of all types of sex across genders. Since a majority in the study identified as women, it is important to include education about the importance of feeling secure in your body and self-acceptance of who you are on the inside. The foundation of sexuality education should be built on the idea that sexuality is inherently good. Sexuality education content should include communication strategies regarding negotiating sexual boundaries, consent, and healthy relationships, as a few youth in this study reported being in unhealthy relationships. According to Scott and Walsh (2014), who reviewed research exploring adolescent sexual development, relationship-focused sexual health education was deemed to have a positive outcome among youth.

The literature frequently recommends the need for culturally-appropriate education (Rawson & Liamputtong, 2010) without a detailed education curriculum. Perhaps it is the inclusion of cultural practices within sexual health curriculum that defines this notion. For example, teaching about how religious values are similar to the values of a healthy relationship and healthy sexuality, which are love and respect for oneself and others. Developing a culturally-appropriate curriculum is challenging as we assume that all youth that belong to a culture feel similar. As seen in this study, some youth may have more liberal views on sexuality.

Culturally-sensitive sexual health education should allow youth to safely explore their cultural identity within the context of sexuality.

Youth continue to access sexual health information through digital mediums such as: television, YouTube, internet, or porn. The danger with accessing these mediums is the lack of credible information being shared through these means. As we enter the digital age, it is vital that we educate youth about media literacy among youth in order to decipher potentially harmful sexuality messages being promoted through the media.

Practice. One of the findings of this study, is the lack of sexuality-related communication from health care professionals. Health care professionals are encouraged to self-reflect on their comfort level with their own sexuality. How do health care providers become more comfortable with their sexuality so that they can approach the topic of sexuality more openly with their clients? This starts with each health care provider examining their own assumptions and beliefs about sexuality. Education about sexuality through their university education should include case-studies, role-play scenarios and simulation labs revolving around sexuality issues.

School teachers are recommended to take additional training in order to teach sexuality (Smith et al., 2011), however youth are still finding that their teachers are uncomfortable teaching sexual health topics (Kimmel et al., 2013; MacDonald et al., 2011). Professionals trained in the topic of sexuality, since it is sensitive and culturally taboo, should be providing sexual health education in schools in order to foster a learning environment where youth and educators both feel safe and comfortable conversing about sexuality.

From the youth's perspectives nurses are trustworthy and preferred sexual health educators (Allen, 2009; Kimmel et al., 2013; Wilson et al., 2018). Nurses have expertise in

regards to the anatomy and physiology of the human body. Nursing education includes effective communication techniques, as well as learning about compassion and empathy which are essential skills in teaching youth about healthy sexuality. Public health and community nurses are spread out into all areas of the city, and teen clinics are strategically placed in some high schools. These nurses are in a key position to provide relevant and timely sexuality education for youth.

Lastly, when youth were asked to discuss services that they felt promoted sexual health among youth, most youth were unaware of these services. Participants who were aware that there were services out there could not recall any when asked and few accessed these services. Services such as teen clinics or resource centers are should be included in sexuality education. Since youth are seeking for more information about sexuality, these resources would allow them to access credible information on their own terms. Even if this was not included in the sexual health curriculum, social media posts about these resources, or posters in class rooms would increase youth's access to these programs.

Chapter Summary

This chapter discussed the qualitative themes in light of the current literature. Filipino-youth's perspectives and experiences of sexuality, thoughts about how culture influenced their sexuality, and recommendations for improving sexual health were explored. Extant literature supported the study's major findings. Discourse examining how the theoretical framework was utilized in shaping the findings, and critiques of the model were shared. Shortly thereafter, strengths and limitations were discussed. Lastly, recommendations for future research, education and practice were presented.

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Appendices

Appendix A: Recruitment Posters

Recruitment Poster for Facebook, Instagram, and University Filipino Students Group

WHAT IS SEXUALITY?

Looking for Filipino-Canadian youth to be part of a research study about what YOU think sexuality is.

Being part of this study will help to improve services and programs related to sexual health.

WHO can be part of this study:

- Must be between 18-25 years old
- Lived in Canada for at least 5 years
- Parent(s)/legal guardian(s) born and raised in the Philippines

WHAT will you do:

- Participate in 1 or 2 recorded interviews about your opinions or experiences in dating, relationships, and other related topics
- Interview time: 60 to 90 minutes.

WHEN/WHERE:

- To be determined by you

*Participating is voluntary, if you choose to participate personal information will be kept private. An honorarium will be given to individuals who participate.

Questions? Concerns? Thinking about participating?
 Please contact Katrina Martin RN BN, Master of Nursing student, College of Nursing, University of Manitoba at [REDACTED] **OR**
 Dr. Roberta Woodgate RN PhD, Professor, University of Manitoba at [REDACTED]

This research has been approved by the Education/Nursing Research Ethics Board at the University of Manitoba. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator at 204-474-7122 or humanethics@umanitoba.ca

Recruitment Poster for the Libraries

WHAT IS SEXUALITY?

Looking for Filipino-Canadian youth to be part of a research study about what YOU think sexuality is.



Being part of this study will help to improve services and programs related to sexual health.



WHO can be part of this study:

- Must be between 18-25 years old
- Lived in Canada for at least 5 years
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Questions? Concerns? Thinking about participating?
 Please contact Katrina Martin RN BN, Master of Nursing student, College of Nursing, University of Manitoba at [redacted] OR Dr. Roberta Woodgate RN PhD, Professor, University of Manitoba at [redacted]

This research has been approved by the Education/Nursing Research Ethics Board at the University of Manitoba. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator at 204-474-7122 or humanethics@umanitoba.ca

Appendix B: Recruitment Emails and Scripts

Hello (potential participant):

Thank you for your interest in this research study. My name is Katrina Martin, I am a nurse completing my master's program at the University of Manitoba. As part of my Master's degree, I am doing a research project to learn about the experiences and thoughts of Filipino-Canadian youth on the topic of sexuality, and what conditions shape these experiences. I am also Filipino, and I grew up not knowing much about dating, relationships, and sex simply because these things are not talked about in our culture.

My goal is to interview 10 to 15 Filipino youth, ages 18-25, have lived in Canada for at least 5 years, their parent(s) or guardian(s) were born and raised in the Philippines, and can speak and understand English. The interview can take anywhere from 60 to 90 minutes depending on what we talk about. There are **two** interviews, but you can refuse the second interview. The interview will take place where you feel comfortable at a time that is convenient for you. There are no right or wrong answers, I am just looking for your honest opinions and experiences.

After all the interviews are finished, I will summarize what I have found. The results of this project will be shared through conferences and published in journals/newspapers. The information from this study will help to improve sexual health services and education. All your interviews and any personal information that you share will be kept private and identifying information will be removed. Only my advisor and I will have access to your personal information and interviews.

My advisor, Dr. Roberta Woodgate a researcher and professor at the University of Manitoba, will be helping me throughout the research project. This study has been approved by the Education/Nursing Research Board of Ethics at the University of Manitoba.

You are not required to participate. However, if you would like to be part of the study, please reply back with details on the best way to reach you (email/phone number), as I will be sharing more details about the study. You may contact me any time if you have questions, or you can contact Dr. Roberta Woodgate at 204-474-8338/Roberta.Woodgate@umanitoba.ca.

Thank you for your time.

Sincerely,
Katrina Martin RN, BN
Master of Nursing Student
University of Manitoba

Follow up Emails or Telephone Scripts

Hello _____,

Thank you for showing continued interest in my research study. As I have said before, I am doing a research project to learn about the experiences and thoughts of Filipino-Canadian youth on the topic of sexuality, and what conditions shapes these experiences. The information from this study will help to improve sexual health services and education.

In order to complete my degree, I need to do individual interviews with Filipino youth. The two interviews will take between 60 to 90 minutes, the second interview can be refused if you choose. You can choose when and where to do the interview that is comfortable and private. The interviews are digitally recorded so that I don't miss anything important.

Each transcript will be reviewed only by my advisor, Dr. Roberta Woodgate, and I. After all the interviews are typed out I will analyze the interviews and summarize what each person has said as part of my research project. A summary of what I have found will be made available for you, and an honorarium will be provided at the beginning of the first interview.

I will make sure that personal information is removed from the interviews and each person will be assigned a code to make sure that your information cannot be traced back to you. No one, except me, will know your identity throughout the study. The information I collect will be stored securely and be destroyed once it is not needed.

If you agree to participate, you can decide at any time to be removed from the study, and you will not be called for a second interview. You can also choose not to answer any questions or stop the interview at any time. If you withdraw from the study you will be asked if you still want to receive the summary of the findings at which point you will be asked to provide your email or address. Please note that this study has been approved by the Education/Nursing Research Board of Ethics at the University of Manitoba.

If via email this will be included to conclude the letter:

If you have any questions, please feel free to contact me. If you would like to participate, please send me times when you would be available for an interview.

Sincerely,
Katrina Martin RN, BN
Master of Nursing Student
University of Manitoba

If via phone call this will be stated to conclude the conversation:

Do you have any questions? Would you like to take part in the study?

Participant: No

Researcher: Alright, thank you for your time and consideration.

Participant: I'm not sure.

Researcher: Ok, would it be alright to call you back in the next couple of days for your final decision? *(pause for reply)* I look forward to hearing from you then.

Participant: Yes!

Researcher: Thank you for agreeing to participate. When would be a good time for the interview? Where would you like to be interviewed? If you have any further concerns or questions please contact me.

Two days before the interview I will send a reminder email/phone call to the participants:

Hello ____,

Just a reminder that our interview will be this coming (date) at (location).

During the first interview, I will explain and ask you to sign the consent form. This form is to make sure that you understand the study and are willing to participate. I will also be asking you to fill out a short form to get to know you better.

Before the interview, reflect on what it was like to grow up in the Filipino culture, and keep in mind any challenges you may have had.

If you have any questions, don't hesitate to contact me. Thank you so much for agreeing to be part of the study and I look forward to meeting you!

Sincerely,

Katrina Martin RN, BN
Master of Nursing Student
University of Manitoba

Appendix C: Demographic Form

Name _____

Email _____

Phone number: _____

Age _____

1. Born in Canada? *(please circle one)* Yes or No
If you answered **no**, how many years have you lived in Canada? ____ years

2. Sex at birth? *(please circle one)*
Female
Male
Intersex
Choose not to answer

3. What is your gender identity? *(please circle one)*
Woman
Man
Transgender woman
Transgender man
Gender neutral or gender free
Other *(please specify)*: _____
Choose not to answer

4. What is your sexual orientation? *(please circle one)*
Straight (heterosexual)
Gay
Lesbian
Bisexual
Queer
Questioning
Non-binary
Other *(please specify)*: _____
Choose not to answer

5. Number of siblings *(if none please put zero '0')*: _____

6. If you have siblings are you the _____ *(order goes from oldest to youngest)*
(please circle one)
First-born (oldest)

Second-born

Third-born

Other (*please specify*): _____

7. What religion do you identify with? (*please circle one*)

Catholicism

Christianity

Islam

Buddhism

None

Other (*please specify*): _____

8. What is your educational background? (*please circle one*)

In high school (Grade 9-12)

High school diploma or equivalency certificate

Registered Apprenticeship, Trades Certificate or other Trades diploma

Community/Technical college, or other non-university certificate or diploma

Community college degree

University undergraduate degree, certificate or diploma

University post-graduate degree

Other (*please specify*): _____

9. What is your relationship status? (*please circle one*)

Single

Dating

Married

Common law

Widowed

Separated or Divorced

Other (*please specify*): _____

10. Number of children (*If none please put zero '0'*): _____

11. What is your employment status? (*please circle one*)

Employed

Self-employed

Out of work and looking for work

Out of work but not currently looking for work

A homemaker

A student

Unable to work

Other (*please specify*): _____

Appendix D: Interview Guide

Introduction: I just want to start off by saying thank you for taking time out of your day to participate in my research study. The reason why I am conducting this study is to learn about how Filipino youth perceive sexuality and what conditions shape it. To help tell your story, I will be asking questions that will require you to reflect on what it was like growing up in the Filipino culture, with respect to, sexuality. I will also ask you about any suggestions you might have about how we can improve the sexual health of Filipino youth. I hope that this information can help us talk about these topics more comfortably, so that we can become more educated about sexuality. You can refuse to answer a question if it makes you uncomfortable. I just want to let you know that this is a safe space, and that you can be honest about who you are and what you feel with no judgments. You can share your thoughts without worrying if what you are saying is right/wrong. Do you have any questions before we begin?

NOTE: PROBES WILL ONLY BE ASKED AS NECESSARY. THEY ARE MEANT TO STIMULATE DISCUSSION.

1. How did you hear about this study? Why did you want to participate?
2. Tell me about growing up. What was it like growing up for you?
3. Lots of youth start dating in their teens, when is the right time to date?
 - Are there any rules you followed? Canadian rules? Filipino rules?
 - What piece of advice would you say to a younger brother or sister who wants to date?
4. Part of being healthy is having healthy relationships as well...What does a healthy relationship look like for you?
 - What does an unhealthy relationship look like for you?
 - What conditions shape relationships for you?
 - i. What about culture? What culture are you talking about?
5. Do you feel comfortable saying sexuality? Sex?
 - Depending on if youth answer yes/no...What is it about the way you grew up that made you feel more/less comfortable talking about sexuality?
 - How comfortable are you with your body?
 - What role did the Filipino/Canadian culture play in making you feel more/less comfortable?
 - How did parents approach this subject with you?
6. When you decided to engage in sexual activity, what influenced that decision?
 - Filipino youth are taught about abstinence. Why do some youth still have sex before marriage?
 - How do you know when you are ready to have sex?

7. What do you think of the term sexual well-being?
 - How would you define well-being? What affects it? How do you achieve it?
 - What about sexual well-being? What affects it? How do you achieve it?

8. What does healthy sexuality mean for you? What does it look like?
 - What influences your sexuality?
 - How does mental health impact sexuality?
 - How does societal rules/expectations related to gender impact your sexuality/dating/relationships?
 - How does culture impact your sexuality?
 - How does Filipino/Canadian culture shape your sexuality?
 - Do you feel more Filipino or Canadian? How so?

9. So, we talked about sexuality where have you learned about this?
 - School? Parents? Friends? Social media?
 - What's been good or bad about it?
 - What's been missing?
 - If you could go back in time to tell yourself something about sexuality, what would you tell yourself?

10. What services or programs do you know to improve your sexual health? Have you accessed them?
 - What's been good or bad about it?
 - If there's anything you could change, what would you change?
 - I want to promote healthy sexuality among Filipino youth, do you have any ideas as to how I can go about doing that?

11. Is there anything else you would like to talk about that you feel is important for me to know?

12. Are there any additional questions which you think I should be asking in this interview?

13. Do you have any questions for me? (*reiterate contact information on their copy of the consent form and thank participant*)



Rady Faculty of Health Sciences

Appendix E: Consent Form

College of Nursing

Helen Glass Centre for Nursing
Winnipeg, Manitoba
Canada R3T 2N2
Telephone 204-474-7452
Fax 204-474-7682

Project Title

Filipino-Canadian Youth’s Experiences and Perspectives of Sexuality: A Focused Ethnography

Principal Investigator (Primary Researcher)

Katrina Martin RN BN, Master of Nursing Student
College of Nursing, Rady Faculty of Health Sciences, University of Manitoba
Contact Information:

Thesis Advisor and Local Principal Investigator

Dr. Roberta L. Woodgate RN PhD, Canadian Research Chair in Child and Family Engagement in Health Research and Healthcare, Professor, Child Health and Illness, College of Nursing, Rady Faculty of Health Sciences, University of Manitoba
Contact Information:

Co-Investigators (Thesis Committee Members)

Internal Member: Dr. Donna Martin RN PhD, Associate Professor, Associate Dean of Research, College of Nursing, Rady Faculty of Health Sciences, University of Manitoba

External Committee Member: Dr. Reece Malone DHS, MPH, CSE, CST, ACS, Sexologist, Sex Therapist, Sexuality Educator

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more details about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and understand the information.

I, _____ (*name*), agree to participate in the above study. I have been told that the purpose of the study is to learn about the experiences and what Filipino-Canadian youth think about sexuality. I understand that what is learned from this study will be shared with others in order to improve sexual well-being services and programs.

I understand that if I agree to participate in this study, I will be asked to participate in one or two digitally recorded interviews that are expected to take 60 to 90 minutes long. I understand that only Katrina Martin, Master of Nursing student, will be doing the interviews and that she will be writing notes during the interview. I will be asked questions about my experiences regarding sexuality. I understand that Katrina may ask for a second interview, but I do not have to do it. I also understand I will need to fill out a short form that will take 5-10 minutes to complete.

I am aware that all the materials from this interview will be kept confidential and my identity will not be revealed at any time. I understand that all materials from this study which include: the demographic form, researcher notes, digital recordings and transcripts (typed out interviews) will be locked in a file cabinet and computer files will be password protected only known to Katrina Martin and Dr. Roberta Woodgate. Only Katrina Martin, the primary researcher, will have access to the consent form and password-protected file linking my real name to my fake name. I understand that my name will be replaced with a fake name and interview number (e.g. Lee1, Lee2) so no one will be able to identify me during the study, and when the study is presented and published. I am aware that materials from this study will be kept for five years until October 2024 and then will be shredded or deleted.

I understand that there are no direct benefits for me to participate in this study. However, I am aware that the study may help health care professionals understand the sexual well-being needs and services that are required for Filipino youth. I understand that there is minimal risk to me in participating in this study. However, I am aware that talking about my experiences might stir up emotions and feelings that I might not be prepared for. If I become upset and need to stop the interview I may do so. If I need to talk to someone about my feelings both the primary researcher and her advisor will be available. I could also go to my doctor who can offer me help or call the Klinik Crisis Line (204) 784-4097.

I understand that the results from this study may be presented at conferences, in public presentations, or published in a thesis, journal/newspaper. I am aware that my name, where I live, or anything that can reveal my identity will be kept private during and after the research, except in situations where the researcher has to legally report crimes, abuse, or situations where I may harm myself or others. I understand that my participation in this research is voluntary, and that I will receive a \$25 gift card to thank me for participating in the study at the beginning of the first interview. Should I choose not to participate in the study at any point in time I will still be able to keep the gift card. I am aware that if I decide to participate, that a summary of the study will be provided to me.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. If you withdraw from the study you will be asked if you still want to receive the summary of the findings at which point you will be asked to provide your email or address. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way.

This research has been approved by the Education/Nursing Research Ethics Board at the University of Manitoba. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator at 204-474-7122 or humanethics@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.

I agree to take part in the first interview. Yes _____ No _____ (check one)

I agree to take part in the second interview. Yes _____ No _____ (check one)

Participant's Signature _____ **Date** _____

Researcher's Signature _____ **Date** _____

Would you like a copy of the study's findings? Yes _____ No _____ (check one)

Mailing address or Email: _____

To be emailed/mailed October 2019 if study proceeds as planned.

Thank-you for agreeing to participate in this study which will help us seek the knowledge we need to improve sexual well-being services to Filipino Youth in Manitoba. We appreciate your time and willingness to share your story about this important health topic.



Appendix F: Withdrawal from Study Form

College of Nursing

Helen Glass Centre for Nursing
Winnipeg, Manitoba
Canada R3T 2N2
Telephone 204-474-7452
Fax 204-474-7682

UNIVERSITY
OF MANITOBA

Rady Faculty of
Health Sciences

Request to Withdraw from a Research Study

Name of Principal Investigator: _____

Title of Study: _____

I, _____ want to end my participation in this study.
Name of Participant

I am choosing to: (please check one)

- Remove all data collected from my interviews.
- Keep the data collected from my interviews as part of the study.

Ending my participation means:

- I will no longer be contacted about this research study.
- Information about me will no longer be collected.

Would you still like to receive a summary of the study's findings?

- No
- Yes

○ If you answered 'yes' please provide your home address or email:

I understand that identifying information about me will remain private and confidential.

Signature of Participant

Date

Appendix G: Request to Post Recruitment Poster for Library

UNIVERSITY
OF MANITOBA

Rady Faculty of
Health Sciences

(Date)

To whom it may concern,

My name is Katrina Martin and I am a nurse completing a Master's degree at the University of Manitoba. As part of this program, I will be conducting a research study under the guidance of my advisor Dr. Roberta Woodgate. I am writing to request permission to post my research recruitment poster at your library in order to recruit participants.

Further information about the study is provided in the attached poster. If interested participants approach your staff or have further questions regarding the study, please direct them to my contact information or my advisor's contact information, Dr. Roberta Woodgate, found on the poster. Please contact me if you have any further questions or concerns.

Sincerely,

Katrina Martin RN, BN
Master of Nursing Student
University of Manitoba

Dr. Roberta Woodgate, RN, PhD
Professor
CIHR Applied Chair in Reproductive, Child and Youth Health Services and Policy Research

College of Nursing

Helen Glass Centre for Nursing
Winnipeg, Manitoba
Canada R3T 2N2
Telephone 204-474-7452
Fax 204-474-7682

Appendix H: Request to Post Recruitment Poster for Student Group

UNIVERSITY
OF MANITOBA

Rady Faculty of
Health Sciences

College of Nursing

Helen Glass Centre for Nursing
Winnipeg, Manitoba
Canada R3T 2N2
Telephone 204-474-7452
Fax 204-474-7682

(Date)

To whom it may concern,

My name is Katrina Martin and I am a nurse completing a Master's degree at the University of Manitoba. As part of this program, I will be conducting a research study under the guidance of my advisor Dr. Roberta Woodgate. I am writing to request permission for your administration to forward my research recruitment poster to all the members of the University of Manitoba Filipino Student Group.

Further information about the study is provided in the attached poster. If interested participants have further questions regarding the study, please direct them to my contact information or my advisor's contact information, Dr. Roberta Woodgate, found on the poster. Please contact me if you have any further questions or concerns.

Sincerely,

Katrina Martin RN, BN
Master of Nursing Student
University of Manitoba

Dr. Roberta Woodgate, RN, PhD
Professor
CIHR Applied Chair in Reproductive, Child and Youth Health Services and Policy Research

Appendix I: Ethics Approvals



Human Ethics
 208-194 Dafoe Road
 Winnipeg, MB
 Canada R3T 2N2
 Phone +204-474-7122
 Email: humanethics@umanitoba.ca

PROTOCOL APPROVAL

TO: Katrina Martin (Advisor: Roberta Woodgate)
 Principal Investigator

FROM: Sarah Teetzel, Vice Chair
 Education/Nursing Research Ethics Board (ENREB)

Re: Protocol #E2018:075 (HS22143)
 Filipino-Canadian Youth’s Experiences and Perspectives of Sexuality: A Focused Ethnography

Effective: October 16, 2018 **Expiry:** October 16, 2019

Education/Nursing Research Ethics Board (ENREB) has reviewed and approved the above research. ENREB is constituted and operates in accordance with the current *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*.

This approval is subject to the following conditions:

1. Approval is granted only for the research and purposes described in the application.
2. Any modification to the research must be submitted to ENREB for approval before implementation.
3. Any deviations to the research or adverse events must be submitted to ENREB as soon as possible.
4. This approval is valid for one year only and a Renewal Request must be submitted and approved by the above expiry date.
5. A Study Closure form must be submitted to ENREB when the research is complete or terminated.
6. The University of Manitoba may request to review research documentation from this project to demonstrate compliance with this approved protocol and the University of Manitoba *Ethics of Research Involving Humans*.

Funded Protocols:

- Please mail/e-mail a copy of this Approval, identifying the related UM Project Number, to the Research Grants Officer in ORS.



Human Ethics
 208-194 Dafoe Road
 Winnipeg, MB
 Canada R3T 2N2
 Phone +204-474-7122
 Email: humanethics@umanitoba.ca

AMENDMENT APPROVAL

November 20, 2018

TO: Katrina Martin (Advisor: Roberta Woodgate)
 Principal Investigator

FROM: Joseph Gordon, Chair
 Education/Nursing Research Ethics Board (ENREB)

Re: Protocol #E2018:075 (HS22143)
 Filipino-Canadian Youth’s Experiences and Perspectives of Sexuality: A Focused Ethnography



Education/Nursing Research Ethics Board (ENREB) has reviewed and approved your Amendment Request received on **November 20, 2018** to the above-noted protocol. ENREB is constituted and operates in accordance with the current *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*.

This approval is subject to the following conditions:

1. Approval is given for this amendment only. Any further changes to the protocol must be reported to the Human Ethics Coordinator in advance of implementation.
2. Any deviations to the research or adverse events must be submitted to ENREB as soon as possible.
3. Amendment Approvals do not change the protocol expiry date. Please refer to the original Protocol Approval or subsequent Renewal Approvals for the protocol expiry date.



Human Ethics
 208-194 Dafoe Road
 Winnipeg, MB
 Canada R3T 2N2
 Phone +204-474-7122
 Email: humanethics@umanitoba.ca

RENEWAL APPROVAL

Date: September 25, 2019

New Expiry: October 16, 2020

TO: Katrina Martin
 Principal Investigator

(Advisor: Roberta Woodgate)

FROM: Zana Lutfiyya, Chair
 Education/Nursing Research Ethics Board (ENREB)



Re: Protocol #E2018:075 (HS22143)
 "Filipino-Canadian Youth's Experiences and Perspectives of Sexuality: A Focused Ethnography"

Education/Nursing Research Ethics Board (ENREB) has reviewed and renewed the above research. ENREB is constituted and operates in accordance with the current *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*.

This approval is subject to the following conditions:

1. Any modification to the research must be submitted to ENREB for approval before implementation.
2. Any deviations to the research or adverse events must be submitted to ENREB as soon as possible.
3. This renewal is valid for one year only and a Renewal Request must be submitted and approved by the above expiry date.
4. A Study Closure form must be submitted to ENREB when the research is complete or terminated.