South Asian Female University Students' Experiences of Sex Education and Sexual Identity

by

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Abstract

This study explored how South Asian women are taught (or not taught) sexual health education in British Columbia, Canada from 2007 to 2019. The study indicates that there is a need for race and culture to be incorporated into sexual health education. Sixteen participants also shared what needs to be discussed in the classroom, including consent, pornography, birth control, STIs, female pleasure, and sexting. These findings are relevant not just to young South Asian women but to all students. For South Asian women, however, this study adds an important perspective to public health protocols, contributing to research about sexual education amongst racialized women and ethnic minority communities in Canada. Further research is needed on this topic, but this dissertation adds meaningfully to the dialogue on what kind of sex education students need and want, and how an inclusive, intersectional approach can help youth make better decisions about their relationships and bodies.

Keywords: South Asian women; Canadian; sexuality; sex education; race; sexual health education policy

Dedication

To the young self-identified women who openly discussed their intimate experiences of sexuality, education, and womanhood with me. Thank you.

Acknowledgements

"College is easy. It's like riding a bike. Except the bike is on fire and you're on fire and everything is on fire and you're in hell".

I would like to acknowledge the support of my committee.

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Paola Quiros I'm so grateful for your friendship. I'm so glad that you came into my life to help me heal and grow as a person. Thank you for listening to me complain (share) endlessly about this journey. I promise I'll stop now.

I'm glad my connection with my faith and spirituality gave me the courage, resiliency and patience I needed to keep myself grounded.

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Chapter 1.   Introduction

1.1. Study's Development and Background

"Be Careful…." (Badesha 2015:46)[1]

My master's thesis "Identity in a Love Marriage? Exploring the Consequences of South Asian Women's Choice to Take Part in Interracial Relationships" drew on in-depth interviews I conducted with South Asian women in the lower mainland of British Columbia and my reflexive autobiography as a South Asian-Canadian woman. I explored how the women construct their cultural identities over time and in relation to the racialization and stigmatization they experience in their community and in broader Canadian society. My research adds to a growing literature on the lived experiences of South Asian women in Canada (Jiwani 2011; Kundu and Adams 2005; Sundar 2008).

My broader academic interests include gender dynamics, racialization and identity construction, race relations, bicultural and intersectional identities for women, gender role socialization and expectations, sexuality, and the dynamics of othering in contemporary Canadian society. I work from a feminist, anti-racist perspective primarily using qualitative mixed methods research. For my doctoral dissertation, I continued my research with South Asian women, the second largest visible minority group in Canada (Malhi and Boon 2007), and systematically explored a key issue which arose in my master's research—the negative experiences and/or relative absence of sexual education for young South Asian Canadian women and its impact on their sexual identities and relationship experiences. Thus, I examined young South Asian women's experience with sexual education in British Columbia and traced its impact on their sexual identities and relationship experiences. Where do young South Asian women gain information about sexuality? How has this information shaped their identity, sexual behaviour, and sexual experiences?

Dating patterns among South Asians have been well researched (Inman et al. 2001; Deepak 2005; Netting 2006; Ragavan, Syed-Swift, Elwy, Fikre, and Bair-Merritt 2021), with most studies

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[1] A South Asian female participant's fearful mother's warning for her daughter in regards to dating. "Be careful" was meant as a warning to not engage in sexual behaviour.

concluding that dating is often discouraged for females because of parental fear of sexual activity or sexual assault. A woman's sexual purity is considered an important factor for her marriageability. It is seen as a symbol of honour for her immediate family, and sometimes also her community and cultural group (Inman et al. 2001; Zaidi et al. 2014). Typically, males do not face the same pressure to be sexually inactive before marriage (Manohar 2008; Varghese and Jenkins 2009). Several of my master's research (Badesha 2015) participants chose to date in secrecy from their parents but expressed feelings of ambivalence and discomfort about doing so because of fear of their parents' reaction when their relationships were eventually discovered or declared. Additionally, more than half spoke about opaque warnings they were given as girls about the need to be "careful" around boys, which they eventually understood as having to do with their sexuality. I argued that the issues of body and sexuality were never addressed positively.

Recent interest in South Asian sexuality has been due to concerns regarding sexual health. Once South Asian adolescents are sexually active, their sexual behaviour is similar to other ethnic groups in North America, but South Asians have been found to have less knowledge of birth control, STIs, and HIV risks (Kim 2009). South Asians also have the highest rate of late intervention when infected with HIV (Hahm, Lahiff, and Barreto 2006). HIV/AIDS diagnoses have been steadily increasing, mainly for gay, bisexual, and men who engage in sex with other men, but the overall number may be misidentified or underreported (Kao and Martyn 2014). South Asian women are less likely than any other group to be tested for HIV/AIDS (Kim 2009). Lack of knowledge also contributes to obstacles in sexual health counselling, prenatal care, and screening for cervical cancer (Gupta, Kumar, and Stewart 2002; Amin 2011; Parida, Gajjala, and Giri 2021). Promoting healthy sexual behaviours during adolescence, according to Kao and Martyn (2014), is a vital way to reduce risky behaviours later on that can cause significant medical costs.

One way to promote healthy sexual behaviour is through dialogue; however, communication about sexuality is not an easy task. Older studies stereotyping South Asians as "model minorities" affected how the group was studied (Hahm et al. 2006; Kao and Martyn 2014). The model minority myth depicts groups as being trouble-free, polite, and law abiding. These groups are often stereotyped as being conservative; for example, South Asians were reported to be less open to talking about sex (Cochran, Mays and Leung 1991). These were studies about research subjects' communication. In studies about participants communicating about sexuality, researchers such as Cochran et al. (1991) noted that some women still worried about family and

religious values. However, younger generations seem to be open to communicating about sex and sexuality, and their relationship with other social factors such as family and religion (Baraitser 1999; Puri 1999; Durham 2004; Abraham 2007; Dhillon 2014; Ragavan, Syed-Swift, Elwy, Fikre, and Bair-Merritt 2021).

Sexual education *is* tricky. Durham (2004) pointed out that female sexuality is seen in public resources as dangerous, problematic, and unimportant. The bulk of sexual education for South Asians consists of what is taught at school or by other institutions such as media. Palak's (2005) participants learned the majority of their sexual education from their school's sexual health education. Gupta's (2014) research found that most women felt they had learned very little and even incorrect information about sex. Some participants did mention that they had received sexual education in the classroom but explained that they thought it was too vague or they were oblivious to the idea due to previous teachings in the home. South Asians report learning about sexuality at a later age than their peers, and, as Kim (2009) pointed out, they tend to rely on cousins, peers, teachers, and the media.

As discussed in the next section, my research questions aim to understand what exactly young Canadian South Asian women know, from where, why, how, and what behaviours they have been engaging in, and how they make sense of their behaviours given the education they did or did not receive. As well, heterosexuality is always assumed within South Asian culture. The appearance of heterosexuality is also expected; according to Deepak (2005), homosexual individuals are often asked what their sexuality has to with resisting a traditional marriage. Apart from HIV related studies, Okazaki (2002) noted that limited data is available regarding South Asian sexual orientation and identity.

1.2. Theoretical Framework

In this study I aimed to answer the following research questions:

- Where do young South Asian women gain information about sexuality? (BC sex ed?)
- What specifically do they learn?
- How has this information shaped their identity, sexual behaviour, and sexual experiences?
- What exactly do young women learn from parents, teachers, peers, or media about sex?
- Are the messages positive/supportive, ambivalent, or negative?

- How do religion and cultural values affect the information about gender, body, and sexuality?
- How does the information garnered within cultural communities relate to the information received from dominant society sources?
- How is the information heteronormative?
- And what impact does all of this have on the women's lived experiences?

Positive/supportive aspects of sexuality, according to Anderson (2013), can be defined as "sexual health," which is a developing discourse concerned with sexual satisfaction, sexual self-efficacy, sexual self-esteem, and sexual pleasure. According to the World Health Organization (WHO), "sexual health" is

> a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. (World Health Organization 2018)

This definition of sexual health by WHO combines several dimensions of positive sexual well-being (Anderson 2013).

Participants were asked about ambivalent or negative verbal and non-verbal messages they had received about sex and sexuality. According to Kao and Martyn (2014), South Asians prefer to communicate indirectly with a range of methods, including role-modelling, monitoring of behaviour, and disapproving reactions. They found that most adolescents learn about their parents' attitudes about sex from non-verbal communication. Girls are not spoken to in the same manner as boys. Either there is little to no discussion about sex, or young women are crudely told in implicit ways not to engage in sex. Parents often will share messages about puberty and sexual morality rather than discuss facts or feelings. According to Kim (2009), girls may receive messages on how not to look or act, or be told to avoid boys but not be given useful information about their bodily changes and functions. In comparison, Regnerus (2005) noted how most non-South Asian parents at least attempt to discuss sex and birth control with their daughters. The literature mentioned here connects with the opaque warnings ("be careful!") women were given about sexual health in my master's thesis research (Badesha 2015).

Overall, most previous studies do not apply a feminist approach when explicitly examining South Asian female sexuality. My project employed a grounded theory approach with a feminist lens (Scantlebury 2005). Feminist research, or feminist approaches to research, may mean different things to different researchers. My feminist approach is anti-racist and intersectional. Various theoretical frameworks have been applied when researching South Asian sexuality (Deepak 2005; Palak 2005; Amin 2011; Zaidi, Couture-Carron, and Maticka-Tyndale 2013; Gupta 2014). With the goal of bringing gender to the foreground and enhancing women's agency, I have chosen to take a feminist approach that acknowledges diverse identities, lived experiences, and dynamics surrounding power, oppression, and interpersonal relationships (Scantlebury 2005). Women's sexuality is situated in a place of "restriction, repression, and danger" but also "exploration, pleasure, and agency" (Vance 1997:327). A feminist approach to sexuality must be sensitive to "women's understandings and perceptions" (Kelly 1997:351). This is critical when researching the behaviour, experiences, and understandings of sex and sexuality of women of colour. Race and ethnicity have rarely been mentioned in previous sexuality studies (Tiefer 1995), and there is still limited literature on the sex lives of minorities in Canada (Naugler 2012). To better incorporate the voices of South Asian women, I also apply an anti-racist approach. Although some scholars understand the importance of race/ethnicity inclusion in sexuality studies (Tiefer 1995), such inclusion is not always practised.

As Bannerji (1987) noted, for years, South Asian and other women of colour's voices were not seen in material taught in the West. Feminist "herstory" did not include us, and if it did, there was very little detail. Literature since then has grown to incorporate women of colour, yet sexuality studies still rarely focus on South Asian women (Zaidi et al. 2013). Previous work on South Asian women in Canada has included racist stereotypes, and we have been socially constructed as the non-Western "other" (Bannerji 1987; Handa 2003). To be an inclusive, intersectional and feminist study, an anti-racist application is necessary (Sholock 2012). This is crucial in understanding sexual ignorance as a byproduct of universal patriarchy rather than cultural inferiority. A study with South Asian women cannot be done without explicitly acknowledging race. Unfortunately, experiences of women of colour are often ignored in feminist and anti-racist discourse (Hillsburg 2013).

According to Charmaz and Belgrave (2012), grounded theory refers to constructing theoretical analysis from data. Researchers subject their inductive data to rigorous comparative analysis, creating information and theory from these data (Knigge and Cope 2006). In creating information, I employ techniques of grounded theory to produce recommendations, not create

theory. I take a phenomenological approach to grounded theory. Grounded theory can be applied to interviewing in several ways. Charmaz and Belgrave (2012) created preliminary interviewing questions before developing their interview guides from the data, which is similar to how I created questions based on the policy analysis (see section 1.3.1). Researchers like Charmaz and Belgrave (2012) may go back and forth between data collection and analysis several times during a research project, a process that strengthens the eventual findings. This is done, according to Knigge and Cope (2006), in a reflective manner. Regarding actual interviews, Charmaz and Belgrave (2012) believed that grounded theory interview questions need to cover a wide range of experiences yet be narrow enough to explore a participant's specific experience. Probes and follow-up questions help focus and guide the interview. They focus on the in-depth interview, but grounded theory can work well when combined with semi-structured interviews. The interviewer has control over the data because of what Charmaz and Belgrave (2012) called a directed conversation. Once the interview is over, selective or focused coding locates frequently reappearing initial codes or patterns to sort and synthesize large amounts of data from the transcripts. Although I asked the same questions, each encounter or interview, even with the same topic, will produce different data, as Gardner (2006) noted. To Gardner (2006), the interview is a product of the unique circumstances operating at the time.

According to Zainal (2007), the case study method allows the researcher to closely examine the data within a specific context. A case study method usually selects a small group of individuals as the subjects of study. Ashley (2012) noted that due to its in-depth analysis of a smaller sample, a case study has the ability to answer the *why* and *how* of research questions and *explain* the phenomenon in question. Thomas (2017) agrees, noting that the case study is used to clarify the social worlds we live in, accepting complexity in social affairs. To Ashley (2012), a case study consists of asking questions, observing, and analyzing documents—which is what I did. In terms of generalization, case studies cannot, for several reasons, provide a generalizing conclusion. According to Hammersley, Foster, and Gomm (2000), participants in case studies are poor representatives of whole populations. Sometimes particular events or phenomena are rare. Triangulation, applying two or more methods, can help increase validity. Ashley (2012) also suggested asking oneself if the findings make sense beyond a specific case. For my project, the sixteen in-depth, semi-structured face-to-face interviews provided information to link with what is already known about South Asian women's sexual health. It answered the *why* and *how* of research questions and *explained* the phenomenon, as Ashley (2012) suggested. According to Nagy Hesse-Biber (2007), small samples look at meanings;

their aim is not to create generalizations. My project shares the experiences of my participants not all South Asian women, nor do I aim to examine *how many* young university-educated South Asian women lack knowledge of or have positive experiences of sexual education but rather to understand what, why, and how they experience sexual education, sex, sexuality, and their bodies in a patriarchal world and how these experiences relate to the known research.

1.3. Plan of Study—Methodology

I briefly describe the methodology used in the study here, with more in-depth discussions in Chapter 3 – Methodological Approach.

1.3.1. Policy Analysis and Interviewing

Before interviewing, I analyzed the *Canadian Guidelines for Sexual Health Education* (Public Health Agency of Canada 2008) published by the authority of the Minister of Health and the *Guidelines for Implementation of Sexual Health Education* by the British Columbia Teacher's Federation (BCTF 2010). Education in Canada is a provincial responsibility. Differences in curriculum, lesson plans and policies exist across Canada hence the focus here is on British Columbia. I analyzed the *Guidelines* along with additional documents that arose during the interview process that could alter my interview questions. For example, as several participants discussed the city of Surrey, I looked for a Surrey School Board's sexual education policy. The 2008 edition of the *Canadian Guidelines for Sexual Health Education* was in place during the respondents' school years. All teachers in BC would have had access to this policy since the BCTF represents all public and private school teachers. I reviewed the material first with content analysis—the methodical study of texts and other cultural products, including policies. According to Leavy (2000), since the researcher has not taken part in the construction of the material being analyzed, the data automatically has a level of validity. The themes taken from the data represent those who created the products and the social context of when the material was produced.

I conducted a content analysis of policy rather than the discourses and forces around the creation of policy. To Neuendorf (2011), a content analysis should follow a systematic procedure as with any empirical study. To begin, she explained, a theoretical framework is needed to guide the content analysis. A feminist approach would derive from feminist theories

and pay close attention to analyzing sex/gender discourses. A feminist content analysis (Myerson et al. 2007; Twomey 2011) allows feminists to connect the materials or cultural products to the larger themes within a given time and place. Feminists, Leavy (2007) noted, can locate social norms with content analysis by reading and analyzing the ideas expressed. Reviewing these documents may show dominant values about gender and guide the interview questions, allowing the researcher to ask questions that may otherwise go unexplored (Leavy 2007). In addition to focusing on gender in this policy analysis, I examined the role of racial and/or ethnocultural differences in sexual education policy. The policy content analysis asked how gender and race, or ethnocultural differences, are significant factors in the shaping of sexual education policies. Findings not only produced interview questions but also were part of the overall policy analysis. I discuss this in detail in Chapter 3 – Methodological Approach.

1.3.2. Interviews

Studies on South Asian sexuality often recruit participants through snowball sampling. Through snowballing participants recruit future subjects from among their contacts (Hennink, Diamond, and Cooper 1999; Durham 2004; Kim 2009; Gupta 2014; Kao and Martyn 2014). Interviewing is the most popular method of collecting data (Hennink et al. 1999; Deepak 2005; Palak 2005; Banaji 2006; Kim 2009; Amin 2011; Zaidi et al. 2013; Gupta 2014). Researchers apply qualitative interviewing to access detailed information about their participants. Through interviewing, for example, Kim and Ward (2007) found that South Asian males were sometimes educated about STIs and safer sex practices, while South Asian females were usually advised to avoid social situations and men altogether. This indicated that some males were receiving sexual education from parents. Amin (2011) determined that women's approach to sex and sexual health was consistently changing as a fluid concept. Values were modified at each life stage instead of having clear understandings of body and sexuality. Some of Gupta's (2014) participants expressed guilt and regret about their decision to engage in sex before marriage, bringing up complex embodied notions of what it means to be a South Asian female. In addition to interviewing young South Asian women, I aimed to include professionals and academics in the field of sexual education. I discuss this in detail in Chapter 3 – Methodological Approach.

1.3.3. Focus Group

While recruiting and interviewing, I decided to include a focus group. A focus group is a data collection method by Merton and Fiske that emerged in the 1940s (originally called focused interviews) and is used in marketing and social sciences (Merton 1987). Data is collected through a semi-structured group interview process involving 5 to 10 participants who possess homogenous traits. A focus group is moderated by a trained group leader (Qualitative Research Guidelines Project 2008). Focus groups enable the researcher to inquire into the participants' "attitudes, beliefs, desires, and reactions to concepts" (US Department of Health and Human Services). The aim of conducting focus groups is to obtain a specific type of information from a clearly identified set of individuals. They must be representative of the population of interest (Steward, Shamdasani, and Rook 2007). When recruiting, researchers usually select participants based on specific traits or characteristics, including age, gender, occupation, experience, education, and ethnicity (US Department of Health and Human Resources).

I led a focus group and took handwritten notes about the discussion. The focus group took place on October 23, 2019, at the Simon Fraser Student Society's Women Centre located at the SFU Burnaby campus. The Centre's coordinator, Paola Quiros, had kindly agreed to collaborate with me on arranging the event date and details. I discuss focus groups and my experience with the method in Chapter 3 – Methodological Approach.

1.4. Contribution to Gender, Sexuality, and Women's Studies Scholarship

As mentioned previously, while there is extensive health sciences literature on HIV rates, birth control, and STI risk amongst North American and British South Asian women (Baraitser 1999; Weston 2003; Kim 2009; Gagnon et al. 2010), few researchers have centred the perspectives and experiences of the young women themselves. This dissertation adds an important perspective to public health protocols in relation to South Asian females, contributes to research about sexual education amongst racialized women and ethnic minority communities, and addresses the complexities of intersectional experiences of gender, racialization, and sexuality in a Canadian context (Gupta et al. 2002; Okazaki 2002).

1.5. Note on Terminology

1.5.1. South Asian

Colonial rule in India, known as the British Raj, occurred between 1858 and 1947. Radhakrishnan (1993) explained that before the British Raj, Indians lived in their own spaces with their own sense of history. Colonialist invasion was different than any kind of previous battles or conquests. The new empire enforced its own foreign rules and belief systems that would alter Indians' self-understanding, their spaces, and history through its civilizing mission of settlement (Spivak 2000). The end of European colonialism began at the end of World War II. India's decolonization led to massive migration changes. Partition divided the country, moving masses of people within the subcontinent, and sent a wave of migration into the United Kingdom and the United States. Shome and Hegde (2002) see the English language as one of the main reasons these locations became popular diasporic destinations. It made sense for ex-colonized people who spoke English because of British colonialism to move to places that had a familiar English language and culture. Immigration from India to Canada actually began in the early 1900s but increased significantly between the 1970s and 1980s.

While India had achieved political independence from the British, it still could not function fully on its own due to neocolonial economics and ideological reasons[2]. The influence and effects of colonialism still affect Indians today, including those involved in the diaspora. Postcolonial India is heavily affected by the West, yet cannot decide whether to gain a modern identity or revert to its original (or what was thought to be original and traditional) precolonial identity. For the purpose of this study, I wanted to acknowledge the differences amongst Indians, respect a tragic yet rich history, and recognize this complex past's influence on bicultural identity construction. South Asians are an extremely diverse group with different castes, religions, and languages (Kallivayalil 2004; Majumdar 2007), yet they share similar cultural values, beliefs, attitudes, and practices. The term South Asian is frequently applied as an identification category in Canadian sociological literature. Usually, it refers to anyone who can trace their origins back to the sub-continent of India (Ralston 1988; George and Ramkissoon 1998; Aujla 2000; Rajiva 2012). This term unifies people and includes precolonial

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[2] Ideological reasons such as political, cultural, and religious beliefs and values imposed by the British. Often referred to as Western influence (Puri 1999; Alter 2005; Mishra and Hodge 2005).

and postcolonial history. Thus, the term South Asian refers to individuals who can trace their ancestry back to the Indian subcontinent, including India, Pakistan, Bangladesh, and Sri Lanka (Gupta et al. 2002; Deepak 2005; Zaidi et al. 2013). In North American literature, Asian American is an umbrella term that includes South Asians along with other ethnicities from the entire continent of Asia (Okazaki 2002; Kim and Ward 2007). Research on "Asian Americans" is problematic as it analyzes the dynamics of several ethnic groups as one. However, due to the limited amount of data on South Asians, particularly in Canada, the research is still valuable. This study only applies the term South Asian, but it references literature on South Asians from North America and the United Kingdom due to the limited research on the group.

1.5.2. Sexual Health Education

This project refers to sex education and sexual health education as the same, combining several dimensions of a positive approach to sexuality, sexual relationships, and sexual wellbeing (BCTF 2010; Anderson 2013; Action Canada for Sexual Health & Rights 2019; Public Health Agency of Canada 2008, 2019; WHO 2018).

1.6. Summary and Plan of Study

This introduction briefly explained the study's development and background; how I framed the issues of negative experiences and/or relative absence of sexual education for young South Asian Canadian women; the research methodology, where I identify my research questions, study aims and plan, and the selected methods; interviewing and policy analysis; the dissertation's contribution to gender, sexuality, and women's studies scholarship; and finally, a note on terminology defining South Asians.

Chapter 1 is a literature review that examines South Asian women's sexuality, Canadian South Asian women's gender roles and expectations, identities, sexuality, and sexual health, leading to a discussion on sexual education. The chapter also looks at sexual education in both BC and Canada, focusing on the British Columbia's Teachers' Federation's *Guidelines for Implementation of Sexual Health* (2010) and the 2008 edition of the *Canadian Guidelines for Sexual Health Education* published by the authority of the Minister of Health (Public Health Agency of Canada 2008). It also explores and critiques Western sexual education and female sexuality, race, culture, heteronormativity, and inclusivity.

Chapter 2 discusses the research design, situating myself as the researcher, exploring insider/outsider dynamics, discussing participants, and outlining data collection. This chapter also explains the application of policy analysis in how I have analyzed the BCTF and Canadian sexual education policies using a feminist approach and the use of interviews.

Chapter 3 provides theoretical developments that arose in the project from applying grounded theory before detailing themes and findings in the interviews. The material from the interviews is linked back to the policies and literature, connecting policy and practice.

Chapter 4 presents findings based on interviews, focusing on 5 main themes. This chapter highlights where and what the South Asian women learned about sex/uality, and what they wished they were taught and why.

Chapter 5 presents additional findings; dialogue focusing on sexual health education from a pedagogical stance.

Chapter 6 provides provide policy recommendations based on findings.

Finally, Chapter 7 provides concluding thoughts, limitations of the study, and recommendations for research that can aid in producing better sexual health education in the future.

Chapter 2.   Literature Review

This chapter is structured to review literature on Canadian South Asian women's sexuality, then sexual education in Canada, including American, the United States of America (USA), influence and sex research in general.   I conclude the chapter by discussing my chosen theoretical framework. I restate the research questions below as the literature review influenced these inquiries:

- Where do young South Asian women gain information about sexuality? (BC sex ed?)
- What specifically do they learn?
- How has this information shaped their identity, sexual behaviour, and sexual experiences?
- What exactly do young women learn from parents, teachers, peers, or media about sex?
- Are the messages positive/supportive, ambivalent, or negative?
- How do religion and cultural values affect the information about gender, body, and sexuality?
- How does the information garnered within cultural communities relate to the information received from dominant society sources?
- How is the information heteronormative?
- And what impact does all of this have on the women's lived experiences?

2.1. South Asian Women's Sexuality

As outlined above, this first section reviews literature on Canadian South Asian women's sexuality. This is done by examining South Asian women's gender roles and expectations, identities, sexuality, and sexual health, leading to a discussion on sexual education. In order to answer the research questions about the women's sexual education experiences, I needed to review literature on identity construction and socialization of Canadian South Asian women. This allows me to understand what has and has not been studied, and locate gaps in the research, guiding my own project. For example, before I can ask how sexual education has shaped the women's identity, sexual behavior, and sexual experiences, I need to understand how they may have been socialized and raised in their family homes. Following this approach, each main

theme in this section concludes with a synopsis in which I identify and explain how my study contributes to each topic.

2.1.1. Gender Roles/ Expectations

Understanding sexual behaviour and explaining South Asian women's experiences begins with examining socialization through two major influences: gender roles and expectations, and sexual socialization. Both of these begin in the familial home at a young age, as they do for all ethnicities. Socialization starts with gender roles and expectations, which set out the fundamental ways a South Asian female is expected to behave in society. The institution of the family is the basis for all socialization in South Asian culture (Varghese and Jenkins 2009; Tummala-Narra 2013). While boys are raised to be independent, girls are taught to be nurturing, responsible, and obedient (Talbani and Hasanali 2000; Patel 2007; Zaidi et al. 2014; Ragavan, Syed-Swift, Elwy, Fikre, and Bair-Merritt 2021). Females are thought to be keepers of the culture and are responsible for their entire family's reputation (Inman et al. 2001; Gill 2011; Zaidi et al. 2014; Bacchus 2017). Concepts of honour or *izzat* (Weston 2003; Wilson 2006; Gill 2011; Bagguley and Hussain 2016) are taught along with religious and cultural values in a collective household with more demands on girls than boys to restrict unwanted behaviour and maintain family honour (Varghese and Jenkins 2009).

At the onset of adolescence, the majority of South Asian girls become much more protected, controlled, and sheltered than other teenagers in Canadian society (Talbani and Hasanali 2000). South Asian girls are often taught to prepare for their future roles of wife and mother (Kundu and Adams 2005). The female body is heavily restricted and protected (to remain chaste) in the name of honour, culture, and heritage (Monohar 2008). Western adolescence is feared by parents to be connected to behaviours such as drinking, partying, and dating, which are thought to lead to sexual activity (Manohar 2008). Dating is more often than not done in secrecy regardless of whether sexual activity occurs (Netting 2006; Ragavan, Syed-Swift, Elwy, Fikre, and Bair-Merritt 2021). Manohar (2008) found that some parents knew their children were dating but chose to ignore the matter, pretending it was not happening rather than communicating their fears or having open discussions about sexuality.

Various studies have explored South Asian women and gender roles/expectations (Wilson 2006; Netting 2006; Gill 2011; Varghese and Jenkins 2009). Family is understood to be the site of socialization for South Asian women (Varghese and Jenkins 2009) where they learn

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about self and body. My study agrees with, and adds to this literature as participants mentioned how family impacted their identities as South Asian women. Some women shared feelings of annoyance regarding gender differences in the home (Manohar 2008), while others simply noted the general frustrations of being both female and Brown. The literature was important for me to have an idea of how women may be raised in the family home, but I did not assume everyone had the same experience. Interestingly, the issues of honour and restriction of unwanted behaviour from males was not only discussed in interviews, it led to a major theme in findings. The relationship between South Asian women's bodies and family honour and culture is prevalent in the findings, notably discussing victim blaming, but my study also recommends what the women themselves want taught in the classroom to move away from these types of beliefs.

2.2. Sexual Socialization

Dating patterns among South Asians have been well researched (Inman et al. 2001; Deepak 2005; Netting 2006), with studies concluding that dating is often discouraged for females because of parental fear of sexual activity or sexual assault. A woman's sexual purity is considered an important factor for her marriageability. It is seen as a symbol of honour for her immediate family, community, and cultural group (Inman et al. 2001; Manohar 2008; Zaidi et al. 2014). Typically, males do not face the same pressure to avoid dating (Tummala-Narra 2013) or be sexually inactive before marriage (Manohar 2008; Varghese and Jenkins 2009). Engaging in premarital sex is generally discouraged for both males and females as it is viewed as taking part in Western societal values (Inman et al. 2001; Rahman and Witenstein 2013; Ragavan, Syed-Swift, Elwy, Fikre, and Bair-Merritt 2021). For women, complexities arise from the dual signals received from family and culture and the dominant North American society (Handa 2003; Kundu and Adams 2005; Rahman and Witenstein 2013). Another factor creating confusion is the double standard in which males have more freedom in dating (Netting 2006). Males often are forgiven or ignored if engaging in premarital sex since their bodies are not associated in the same manner with honour. Women, and accordingly femininity, are associated with purity (Handa 2003; Wilson 2006).

Sexual desire, especially before marriage, is seen as unacceptable (Inman et al. 2001). Parents expect daughters to be chaste and obedient and respect patriarchal family values. This means that women must be careful of their conduct and social interactions (Gupta 1997). Being monitored by parents usually lasts until women are married. Until marriage, the protection of

virginity is practiced well into adulthood with strict curfews, little to no independence, and the screening of friends (Gupta 1997). The slightest doubt about a woman's sexual honour could damage her family's social standing (Gupta 1997; Desai and Andrist 2010; Bacchus 2017). Social standing and virginity are also connected to the Indian caste system. According to Samuel (2010:99), women's bodies are "points of entrance" to the caste system. Since women give birth to future generations, the caste system is symbolically reproduced through women. Women protect the purity of their caste group (Samuel 2010). According to Dasgupta and Dasgupta (1996), female sexuality can also be considered dangerous since women can destroy the family line through sexual infidelity. Men's infidelity is not seen as hazardous. One of Wilson's (2006) participants explained how she was blamed for the sexual abuse she suffered and was then accused of being a seductress. Unfortunately, regardless of culture, society has traditionally blamed women and offered protection to abusers rather than survivors (Gill 2011; Sangra 2019).

As with many cultures, mothers are often responsible for passing cultural values to their children (Anthias and Yuval-Davis 1989; Kallivayalil 2004). Although both boys and girls are taught cultural values, mothers teach daughters how to become "good women" (Dasgupta and Dasgupta 1996; Wilson 2006). Being a "good" woman or girl refers to the demeanour and conduct of the women in the family. Wilson (2006) described a "good woman" as one whose sexual behaviour conforms to established patriarchal rules. She explained South Asian women's sexuality as associated with shame or *sharam* (shame, modesty, shyness). A woman should feel *sharam* about her body and sexuality (Wilson 2006; Bedi and Devins 2016; Bhattacharya 2016; Mirza 2016). According to Gill (2011), professionals report that South Asian female sexual assault survivors experience a higher degree of shame than their white counterparts. A "bad" woman or girl implies being loose or sexually available. Munaweera (2016) noted that "bad girl/rebel girl/slut" judgements of female sexuality undermine everything else about the person. Mothers are often held responsible for teaching their daughters about this good girl/bad girl concept. As Kallivayalil (2004) noted, the mother-daughter relationship is crucial to cultural reproduction and girls' development. Mothers will negotiate cultural clashes by monitoring their daughters' clothes, friends, and activities (Kallivayalil 2004). Indeed, several participants from my master's research (Badesha 2015) indicated frustrating relationships with their mothers, who were expected to guide their daughters by family and community. Some women expressed a desire to never become like their mothers because of the pressure to uphold household rules and values. Majumdar (2007) made an excellent point noting that it is

patriarchal discourses that position South Asian women as transporters of tradition and culture. Indeed, participants noted how their fathers expected their mothers to keep a close eye on their daughters.

Dating was not a focus of interest in my project, however it was important for me to acknowledge the difficulties that South Asian women can face if they date. If parents feared that dating would lead to sexual activity or sexual assault (Inman et al. 2001), then there was a good chance that my participants would mention dating and parental communication in regards to their sexual education. Indeed, some participants noted whether they kept their dating life secret from parents, and how they navigated the situation. In findings I also noticed, similar to the issues of honour and restriction (see above), concerns of unwanted behaviour from males and victim blaming that led to a major theme finding. As the literature states, South Asian females are expected to be chaste and be careful of their conduct within social interactions and spaces (Gupta 1997).

I also agree with Dasgupta and Dasgupta (1996) in that men's infidelity is not seen as harmful to family or community. Knowing this literature on women blaming prepared me for some of the women's shared experiences. Finally, literature on South Asian women's relationships with mothers is something I am aware of from my MA research (Badesha 2015). I already understood the mother-daughter relationship and its impact on cultural socialization but I reviewed the literature on this topic to better understand how mothers can be held responsible for their daughter's sexual reputation. This topic came up with several participants in this study. Generally, it was crucial to review any literature on sexual socialization of South Asian women since my project greatly connects to the topic. However, there was not a lot of literature on the topic, especially in Canada which further indicates the need for this study.

2.3. Religion

Like other groups, a commitment to religion is closely linked to dating and sexuality in South Asian culture (Tummala-Narra 2013; Zaidi et al. 2014). Several religions in South Asian culture follow similar viewpoints, such as Hinduism, Islam, Christianity, and Sikhism (Ralston 1988; Inman 2006). Commonly practised religions among South Asian women include Islam, Hinduism, Sikhism, Christianity, Buddhism, Jainism, and Zoroastrianism (Patel 2007). All South Asian religions seem to discourage sexual activity before marriage, and religious women have increased patriarchal beliefs, including policing daughters' behaviours, notably regarding dating

and co-ed interactions (Inman 2006; Zaidi et al. 2014). Taking part in religion is important in maintaining cultural values and traditions. These values can vary depending on geographic locations. According to Baraitser (1999), South Asian women's religious and cultural practices can differ based on whether they live in rural areas with smaller South Asian populations or large urban South Asian communities. Kallivayalil (2004) also noted that previous research indicated that some South Asian mothers were okay with "American" values regarding education and work ethics but not regarding marriage, religion, and gender roles. Young women do follow religious rules that greatly affect their views on sex and sexuality, yet several also secretly engage in activities such as dating (Hennink et al. 1999). According to Bedi and Devins (2016), religion can also help make sense of one's circumstances, provide comfort, help restore a sense of control, and protect psychological health. Women often rely on religion as a source of strength to cope with challenges and stress (Tummala-Narra 2013). Several women from my master's research were affected by religious values enforced by their parents, but some also found peace and solitude through their religion (Badesha 2015).

As I state above, there are several religions commonly practiced by South Asians. Religion, regardless of racial or ethnic group, can affect attitudes and beliefs about dating and sexuality. Since South Asians rely on religion to promote gender rules and norms (Inman 2006), I was curious to see if religion would be brought up in interviews and how, and if higher religiosity affected level or quality of sexual education. Overall, religion is a part of many South Asian peoples' lives, making it a topic worth reviewing. Later in this chapter I discuss religious groups' influence on sex education in the West. I briefly discuss my findings on religion in chapter 4 before getting to the main themes.

2.4. LGBTQ+

There has been an increase in civil rights movements for South Asian Lesbian, Gay, Bisexual, Trans, and Queer (LGBTQ) communities (Sandil et al. 2015). Yet the experiences of marginalization and oppression by the community have largely been ignored in the West. According to Bacchus (2017), South Asian scholars often have marginalized this group from South Asian immigration literature. Others have been ignored, leaving a gap in understanding LGBTQ+ experiences of racism from both the dominant White heterosexual and the predominantly White LGBTQ+ communities (Sandil et al. 2015). This is unfortunate since research on queer Indian identities has provided more insight into South Asian sexuality than

studies of heterosexuals. For example, one of Tummala-Narra's (2013) participants explained how she sometimes felt guilty for not fulfilling her parents' expectations of an Indian daughter because of her bisexuality, which is a challenge to the good brown girl concept in which the woman marries a male and creates a heterosexual, nuclear family. Bacchetta (2002) agreed, noting that lesbians are seen as internal Others because they do not embody biological and cultural obligations to represent their kin's honour and do their part in nation-building by reproducing (Anthias and Yuval-Davis 1989; Yuval-Davis 1996). There is also a difference in publicly identifying oneself as LGBTQ. Vanita (2005) and Reddy (2001) found that many South Asians are concerned with Western assumptions about queer visibility. The West is obsessed with being "out"—not concealing one's sexual orientation or gender identity. For some Indian queers doing so is not important or essential. Not being out can also be a means of protection from family and community.

The increase in civil rights movements for South Asian LGBTQ+ communities is not restricted to the West. In India, the movement has led to the 2018 abolition of section 377, lifting a colonial-era ban on homosexuality. During the British Raj, India followed English laws and regulations. One of the most controversial laws implemented during the rule has to do with homosexuality.[3] Through her review, Vanita (2005) found that very small indications of homophobia were present in Indian history, but it was not thought to be an issue. She concluded that homophobia was not a dominant ideology until the British introduced section 377 of the Indian Penal Code in 1860. The law prohibited sex "against the order of nature" (Puri 1999; Bacchetta 2002; Miller and Vance 2004; Vanita 2005). The law has a strong connection to modern nation-building. Vanita (2005) stated that Indian nationalists, including Gandhi, saw homosexuality as a vice[4]. Hence current Indians involved in nation-building see section 377 as Indian despite being British and forced on India. These types of beliefs affect the South Asian diaspora outside of India.

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[3] While enforcing moral laws on Indians, the British indulged in their own vices. The English Contagious Diseases Acts and later the Indian Contagious Diseases Act (Act XIV of 18) included provisions for the supervision, registration, and inspection of sex workers that serviced British soldiers. The Indian Contagious Diseases Act even instituted two classes of sex workers: a first class that consorted with Europeans and a second class reserved for locals (Levine 1994).

[4] Nation building in Indian nationalism is constructed as masculine and heterosexual. Women are represented as mothers and biological reproducers. Homosexuality is a threat to this patriarchal ideology.

In India, modern gay/lesbian visibility began in the late 1970s and early 1980s (Bacchetta 2002; Vanita 2005). According to Vanita (2005), the Indian press began to report on suicides and marriages of mostly women in the 1980s. News reporters scandalized stories of female same-sex couples that were harassed by police and family. The women's sexual identities or behaviours, Vanita (2005) argued, were never named. There had been a women's movement in the 1970s, which brought attention to some issues, but there was still no established terminology to describe queer women, according to Bacchetta (2002). She stated that there was not a great deal of agreement among lesbian women on identifying terms either. The news reports also stated that "lesbianism" was not Indian, but rather the women's actions were guided by British cultural values (Bacchetta 2002). Women who managed to get married were reported by the media as asexual. Sadly, not many written traces of lesbians from the 1980s remain, making it difficult to fully analyze the changes as they occurred, which is why scholars like Bacchetta (2002) rely on memory or methods such as oral history. This type of research indicates that bisexual and lesbian South Asian women have always existed, and more literature is needed on the topic.

For this project participants need to self-identify as female or woman. I ask participants what they identify as for sexual orientation. Although it is not essential for South Asians to out themselves, I want to provide the space for those that wish to share their sexual identities and related experiences. Acknowledging the history of LGBTQ+ in India and the diaspora is significant as colonization and imperialism has greatly affected Indians. As I share above, there is a rich history of diverse identities, and an ongoing fight currently in India and aboard. More research is needed with bisexual and lesbian South Asians. My study asks participants their sexual orientation and identity to incorporate experiences of LGBTQ+ South Asians, adding to the limited research.

2.5. Sex and Sexuality

Male control over women's sexuality is nothing new in any culture. Patriarchy is global but differs across regions and cultures (Ahmad et al. 2004). However, South Asians are continuously portrayed as "repressed victims of sexless arranged marriages, or as hypersexual inheritors of the Kama Sutra" (Masala Trois Collective 2003:11; Patel 2007). Discussions about sexuality and South Asian cultures often focus on arranged and forced marriage, child marriage, the prohibition of divorce, and Sati, which have been ways of controlling female sexuality

(Samuel 2010). There is limited literature on positive South Asian female sexuality and agency (Patel 2007). Through immigration and migration, South Asians have adapted Western ideologies and behaviours, as Indians in India are increasingly influenced by the West. The majority of first-generation South Asians have held on to their cultural values, but their daughters in Canada are socialized within the dominant culture that enforces different sets of values (Inman 2006).

Few sexuality studies exist regarding South Asians, particularly women. Existing studies of South Asian women are a mixture of sexual behaviours, communication, education, comparisons with other ethnicities, and cultural influences. Categories are often connected, and current research does not provide explicit data on where exactly South Asian females gain information about sex and sexuality, if that information is useful, or insight into how this knowledge constructs their embodied sexual identities. Previous studies on gender and sexual socialization help explain why sex can be a difficult topic to approach. Desai and Andrist (2010) found an emphasis on fearing women's sexuality in popular texts, cinema, and social science literature. As mentioned in the introduction, studies have focused on sexual health, communication, and sexual education (Deepak 2005; Palak 2005; Amin 2011; Zaidi, Couture-Carron, and Maticka-Tyndale 2013; Gupta 2014). First and foremost my study adds to the limited literature on positive South Asian female sexuality. Few sexuality studies with South Asians exist in general, but the focus here is on women. My study aims to locate where South Asian women gain their information about sex and sexuality. The research questions provided at the beginning of this chapter outline what data is needed on this topic.

2.5.1. Sexual Health

Broadly sexual health studies have found that South Asians have less knowledge of birth control, STIs, and HIV risks than other groups (Kim 2009). Although dating is still not considered a cultural norm, adolescents and young adults are engaging in sexual activity outside of marriage. Unfortunately, South Asian women seem to lack knowledge regarding sexual health counselling, prenatal care, and screening for cervical cancer (Gupta et al. 2002; Amin 2011; Parida, Gajjala, and Giri 2021), and they are less likely than any other group to be tested for HIV/AIDS (Kim 2009). Since older studies stereotyped South Asians as "model minorities," sexuality and sexual behaviour, attitudes, and beliefs were not studied (Hahm et al. 2006; Kao and Martyn 2014). Instead, South Asians were written as sexless beings that were not open to

discussing sex (Cochran, Mays, and Leung 1991). Literature indicates that South Asians are concerned with disappointing their parents by engaging in vaginal intercourse, but little is known about anything else. Hennink et al. (1999) found evidence of women participating in non-penetrative sex, but there was no further discussion on what the acts were, whether protection was used, or what the participant's definition of sex was since preserving virginity before marriage was important. This overall lack of knowledge can affect other aspects of sexuality and sexual health, such as rates and effects of sexual abuse, which is another topic about which little is known regarding South Asian populations (Okazaki 2002). According to Bedi and Devins (2016), South Asian women also adhere to traditional gender roles by often placing others' needs above their own health concerns, which will then affect the timely seeking of healthcare[5].

Sexual health research on South Asian women indicates the need for more studies *with* South Asians on sex and sexuality. The above research specifies STI rates and other negative impacts that stems from a lack of knowledge. Much of this literature reviewed above is taken from the health sciences field. A gender studies approach encourages research that promotes empowerment and desire by acknowledging gender dynamics and focusing on women. My study aims to work with South Asian women to learn what they want and need from sexual education in a positive way that empowers participants by listening to what is important to them.

2.5.2. Communication

Communication is crucial in sexual education. South Asians prefer to communicate indirectly with role-modelling, monitoring, and disapproving reactions (Kao and Martyn 2014). Sexuality and sex are often considered taboo topics in the household. Recent studies have looked at whether South Asian youth discuss sex with their parents (Kao and Martyn 2014). Most adolescents learn about their parents' attitudes towards sex from non-verbal communication. To Tummala-Narra (2013), issues of sexuality are rarely discussed openly in South Asian families and communities. Rather, it is a source of intense conflict. Some of Kim's (2009) female South Asian participants could not recall any direct communication from their parents regarding sex. Others were told implicit statements that expressed restrictive sexual values and expectations. A unique way in which women learned about their parents' values was from overhearing gossip

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[5] For example, gender role expectations require women to take on heavy familial responsibilities such as household chores, and care for elderly and children.

about other girls in the community (Kim 2009). Gossip plays a strong role in keeping women secretive about their sexual identities and behaviours (Hennink et al. 1999; Kim 2009). According to Zaidi et al. (2013), South Asians associated dating and sexual intimacy with "cultural deviancy." The researchers also found resistance by youth in engaging in these culturally unacceptable activities. Western influence plays a major role in women choosing to date. Dating has been practised since the 1920s in the Western world. In Canada, 71% of youth have dated by the time they turned 15 (Zaidi et al. 2013). South Asian youth are increasingly taking part in dating, including having same-sex relationships. Although it may not be the norm, it is certainly becoming a reality regardless of negative parental communication (Zaidi et al. 2013).

The key point in this section is that the literature indicates that parents communicate about sex with indirect communication. South Asian women are left to comprehend what their parents expect from them and their behaviour. My study adds to this literature. I discuss indirect communication in chapter 4's findings.

2.5.3. Sexual Education

Sexual education is tricky. In many public resources, female sexuality is seen as dangerous, problematic, and unimportant (Durham 2004)[6]. For South Asians, the bulk of sexual education currently consists of what is taught at school or through media such as television shows, social media, or movies (Palak 2005; Kim 2009; Gupta 2014). However, Durham (2004) found her female participants to have little to no connection to what they were viewing. Rather, it was their parents who believed what they saw on television to be Western sexual norms. Their fear of their daughters engaging in typical Western activities frightened them to the point they did not allow their daughters to attend prom (Durham 2004). While Durham's (2004) participants simply viewed Western media as entertainment, they reacted strongly to Bollywood and films for the South Asian diaspora. Researchers in India have found links between sexuality and Indian cinema; for example, while females learn of romance and further adapt traditional feminine behaviour, males are encouraged to seek sexual gratification (Banaji 2006). Banaji (2006) discovered that females in India were actually searching out X-rated films to satisfy their

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[6] Public resources defined as non-feminist media discourse and government produced. Female sexuality is dangerous, problematic, and unimportant in the material that is taught and/or learned in the classroom.

curiosity. More so, women were watching the material together regardless of their relationship status and religious background. For these women, the films filled in blanks left by romantic yet conservative Bollywood films, as most of them understood sex was taking place but had no idea what actually happened. Hence, film may be another way for South Asians to learn about their sexual identity.

This is what my study is about! What do South Asian women learn about sex education? Is it from school or the media? There is limited literature on this topic. My study aims to fill this gap. Chapter 4 and 5 provide findings, while chapter 6 provides recommendations based on policies and interviews.

2.5.4. Conclusion

Majumdar (2007) argued that the majority of research on South Asian women depicted them as either supposedly traditional or modern in distinct binaries (Basit 1997; Das and Kemp 1997; Dasgupta 1998; Dasgupta and Dasgupta 1996; Gupta 1999; Leonard 1999). She noted the need for the women "to articulate their own realities and become subjects" (2007). As noted earlier, previous studies on South Asian women depicted them in a particular way (obedient, quiet, voiceless, uninterested and/or submissive), especially if the researchers were fixated on the model minority idea. Previous studies discussing South Asian women's sexuality also focused heavily on patriarchal cultural discourse, my MA research included. This chapter has reviewed previous studies to make sense of South Asian women's sexuality for this study, because I would like to emphasize that my study agrees with the concerns of researchers like Majumdar (2007). My study aims to represent South Asian women in a sex positive, empowering way that showcases their agency, desire and needs.

2.6. Canadian Sexual Education

This section looks at sexual education in BC, Canada, and the United States before exploring and critiquing Western sexual education and female sexuality, race, culture, heteronormativity, and inclusivity. While the main focus for my study is situated in Canadian South Asian women's experiences, this section provides information on what the women may have been taught and why.

2.6.1. Sexual Education in BC and Canada

For this project, I focus on the British Columbia Teachers' Federation's *Guidelines for Implementation of Sexual Health* (2010) and the *Canadian Guidelines for Sexual Health Education* (Public Health Agency of Canada 2008), published by the authority of the Minister of Health. The next chapter on methods has a policy brief analyzing these documents. Here I review overall sexual education progress in Canada and British Columbia, beginning with the British influence (since Canada was once a British colony).

At the turn of the Twentieth century, health officials had taken an interest in an increasingly growing population in North America and Europe, becoming attentive to public hygiene and well-being. Experts were created to classify and cure issues arising from prostitution, masturbation, and venereal diseases (Nye 1999; Irvine 2003; Irvine 2005; Valverde 2008). Sex and sexuality were seen through the medical model of sexology. By 1930, missionary and government teachers in the British Empire received materials from the British Social Hygiene Council (BSHC), a voluntary organization to educate the masses about venereal diseases (STIs). During World War I, there was a new push for sex education with the increasing number of military men infected with STIs while on tour. The BSHC received funds from the central government, but then the same government withdrew the grant in 1929, leaving local authorities to allocate their own funds for sex education. Most chose not to (Zimmerman 2015). At this time, very few British teenagers attended high school after the age of 14. Compulsory education had started in 1880 but first only up until the age of 10 (Marchbank 2020). It became compulsory until the age of 15 in the mid 1940s, and then 16 after World War II (Simon 1991). Physicians lectured those in school on sex as a medical matter. Another round of fear of venereal disease during World War II created new demands for sex education. Once again, large numbers of military men were thought to be infected, bringing STIs back home. In 1942, the United Kingdom transferred responsibility for sex education from the BSHC to the state-run Central Council for Health Education (Zimmerman 2015). To restore so-called societal morals, schools would start teaching sex as part of other post-war classes such as biology, history, literature, religion, or domestic science[7].

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[7] Many students still received little to no sex education post WW II (Marchbank 2020).

Following Britain, Canada also had government-appointed physicians as sex educators. For example, before 1920, a lecturer for Ontario went from school to school around the province, lecturing on physiology and anatomy[8] (Zimmerman 2015). Voluntary organizations such as the Woman's Christian Temperance Union (WCTU) advocated for physicians to be brought into schools; a female doctor for girls and a male doctor for boys (Valverde 2008). The WCTU believed that children also should be taught about sex at home by their mothers. Mothers Meetings by the WCTU, school lecturers, and the Methodists Church's travelling educators provided sex education before 1920 since few school boards implemented sex education, known as sex hygiene (Valverde 2008).

Canada also dealt with the same rise in venereal disease infections (Sethna 1995; Zimmerman 2015). Canadians were afraid that the infection rate would continue after World War II because of societal changes that occurred in the 1920s after World War I. Canadian educators, experts, churches and politicians pointed to the supposedly loose morals brought by the roaring twenties: jazz music, women smokers and drinkers, and a "general looseness of behavior" (Zimmerman 2015:52). There was also ongoing anxiety about soldiers' behaviour overseas (Sethna 1995). The National Council of Women's (NCW) local sectors requested that sex hygiene be taught in school throughout the war years (Valverde 2008), but as in Britain, responsibility for sex education was gradually assumed by the state incorporated and into the education system. In 1945, the Ontario Department of Education published its first guide for teachers on sex education. Canadians wanted to ensure the physical and mental health of the post-war generation, and this included sex education that would discuss venereal disease (Comacchio 2006). The family structure was changing in the post war era. Venereal disease and Illegitimate birth rates grew causing a few Canadian school boards to offer information on birth control (Tomkins 1986). A 1944 Gallup poll showed that over ninety percent of Canadians believed that information on venereal disease was needed in schools (Sethna 1995). In 1947, the International Union against the Venereal Diseases passed a resolution in favour of sex education to promote anti-venereal disease teachings (Zimmerman 2015). Only Ontario, Manitoba and British Columbia allowed formal sex education in schools after World War II (Hutchinson Grondin 2016).

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[8] Sex education in Canada is a provincial responsibility hence not all provinces had sex educators or 'lecturers'.

The politicization of sexual identity in Canada began with the gay liberation movement in the 1960s. In 1969, revisions to the Canadian Criminal Code decriminalized same-sex acts between consenting adults in private (Smith 2004). During the same period, the women's movement influenced female teachers to focus on sexism and sex discrimination. For example, a Vancouver group called Women in Teaching pressured the British Columbia Teachers' Federation (BCTF) to appoint a women's issues task force in 1971 (Gaskell and Taylor 2003). However, neither of these social movements affected sex education. While women fought for reproductive rights, the teenage pregnancy rate in Canada was at its highest in 1974, declining to its lowest point in 1987 (Schaefer 2000). The decline may have been connected to the AIDS epidemic in the 1980s. The epidemic provided a purpose in discussing sexual diversity issues in schools and brought attention to the devastating effects of HIV/AIDS on the gay community. Attention was placed on sexually transmitted diseases, and activists came together through urban school boards (Rayside 2014). However, little systematic change in school policy and practice occurred during this period.

Changes in sex education occurred in the 1990s. Activist teachers, such as those with the British Columbia Teacher's Federation, organized on anti-racism, Indigenous rights, and homophobia in schools (Smith 2004). The BCTF became the first teachers' union in Canada to pass a resolution calling on its members to combat homophobia in 1997 at its Annual General Meeting (Smith 2004; Cochrane 2014). Gay teachers in the Surrey public schools and Port Coquitlam in BC challenged their school boards' decision to ban gay- and lesbian-positive reading materials in elementary school classrooms. The British Columbia College of Teachers also refused to certify a teacher training program at the Christian-based Trinity Western University (TWU). TWU required all students and staff to sign a statement condemning homosexuality (Smith 2004). TWU's covenant required all to refrain from sex outside of Christian marriage until 2018 when students were no longer obliged to follow this rule, although the covenant remained (Ansari 2018). The covenant was later dropped for students. Feminist educators also began to pay attention to how class, race, ethnicity, disability, and sexuality impact gender issues, but these issues were still marginalized in schools. According to Gaskell and Taylor (2003), there were fears of cutbacks for unions that prevented some major changes[9]. Sex education was beginning to improve, but much was still needed, especially with the ongoing

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[9] Teachers' unions placed their focus on fighting cutbacks and business agendas.

HIV/AIDS concerns. Canadian men had been affected more by AIDS than women before 1995. Women had made up only 6% of adult cases of AIDS before 1995. Two years later, the proportion rose to 13%, with growing numbers of HIV cases (Schaefer 2000). By 2000 BC women made 20% of new HIV cases in Canada, promoting medical health officers in B.C. to express concern about the consistency and adequacy of sex education. Teen pregnancy, as mentioned above, had gone down due to sex education and other educational programs. According to Schaefer (2000), programs that encourage communication between parents and teens, discussions of sexuality in the media, and access to birth control can greatly help prevent adolescent pregnancies. In the United States, the American Centers for Disease Control and Prevention echoed this by identifying various HIV, STI, or pregnancy prevention topics that should be included in school-based sex education (Kantor and Levitz 2017). In the 2000s, the Canadian health and physical education curriculum directed teachers in all school boards to discuss sexual activity and sexual diversity more openly with students. Religious groups immediately complained, condemning the changes (Rayside 2014).

In 2004 the Sex Information and Education Council of Canada (SIECCAN)[10] acknowledged the importance of a comprehensive sexual education program in Canada. A document prepared by Alexander McKay (2004) reviewed previous SIECCAN works and studies conducted by sex researchers and organizations such as Health Canada. The document's purpose was to promote high quality sex education in Canadian schools and answer common questions asked by parents, communities, educators, program planners, school and health administrators, and governments. SIECCAN promoted a program in which sexual health topics including puberty, reproduction, healthy relationships, STI/AIDS prevention, birth control, abstinence, sexual orientation and sexual abuse/coercion are all taught (McKay 2004). SIECCAN stated that its work was based on credible scientific research, following an evidence-based approach that respects democratic values. McKay (2004) mentioned religion, acknowledging Canadian society's different religious values and maintaining that sexual health can be provided within the context of moral and religious beliefs. The document did not discuss if all schools would adopt the program since schools still relied on parental approval and involvement, religious influence, and funding. McKay's work from 2004 is still applicable today.

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[10] Established in 1964, The Sex Information & Education Council of Canada (SIECCAN) is a not-for-profit charitable organization. It works with health professionals, educators, community organizations, governments, and corporate partners to promote sexual and reproductive health.

Ten years after McKay's report (2004), Rayside (2014) noted that most Canadians support well-rounded, informed sex education, but some are still hesitant to include material related to sexual diversity. Wells (2017) believes this is because public education has become the "new battleground in today's sexuality and gender culture wars" (267), connecting decades-old issues and disagreements surrounding morality, religion, and parental influence. Religious fundamentalists prefer to label sexual and gender minority topics as "sensitive issues" or "family values" that are not appropriate for public education (Wells 2017). This approach is often argued as being agreed upon by immigrants from places where views of family and sexuality are traditionally conservative. To Rayside (2014), this is unfair since these perceptions can easily be distorted. For example, many Vancouverites were born outside the country, but they usually arrived with relatively high education and were not always heavily religious or conservative. On the other hand, in the 1990s, some Canadian Muslim refugees and immigrants argued that school dances and parties promoted promiscuity and corruption, while sex education promoted masturbation and oral sex (Zimmerman 2015). These arguments from religious groups are often expressed within a framework of childhood innocence, that is, a child is corrupted by any discussion of sex and sexuality (Rayside 2014). Other parents may not necessarily be religious, but they believe in a similar idea in protecting their children (Bay-Cheng 2013). These ideas negatively impact young women in particular, because they do not know about their bodies (changes, unwanted pregnancy, or STIs) and also do not learn about female desire and pleasure, which, according to Rayside (2014), is already a significant gap in sex education.

Currently, many Canadians are *supposed* to learn about consent, gender fluidity, and sexual orientation in school. Yet material and instructions vary ("What Do Kids Learn" 2019). According to Hutchinson Grondin (2016), national studies of education are rarely undertaken in Canada because schools are within the provincial government's jurisdiction. Each province has its own complexities. In Ontario, the Society of Obstetricians and Gynaecologists of Canada (SOGC) criticized the Ontario government's Conservative's plans to cancel the 2015 Sexual Education curriculum and revert to the outdated 1998 curriculum (SOGC 2018). Some teachers vowed to continue using the 2015 curriculum despite its repeal (Jones 2019). Fortunately, the 2015 curriculum was reinstated after a confusing political mess[11]. In British Columbia, students

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[11] Updates to the province's health and physical education curriculum drew vocal opposition from a minority of parents concerned with religious or traditional values being threatened by mandatory material on sexual decision-making and LGBTQ identities. Conservative Premier Doug Ford repealed the curriculum in 2018, reinstating the 1998 version. Then Ford unveiled a newer curriculum that was similar

are taught from the newest curriculum but are not mandated to learn about different sexual orientations. There are provincially provided resources, and children can be taught from kindergarten to grade twelve on various topics depending on the school district and teachers ("What Do Kids Learn" 2019). According to Buston and Wight (2002), the content of a sex education class and teaching style can vary considerably, even within schools. Quite a lot depends on the teacher. Teachers are encouraged in BC by their union, the BCTF, to embrace all aspects of sex education. *Teacher*, the BCTF's magazine, dedicated an issue in 2015 to gender and sexual diversity, demanding safety and inclusivity for everyone (Croll 2015). School districts in British Columbia and Alberta have also adapted all or some aspects of SOGI (Sexual Orientation and Gender Identity). SOGI is not a curriculum or a form of sex education. SOGI provides grade appropriate lesson plans for teachers to use with provincial curriculums (ARC Foundation 2016/2018). I discuss SOGI again in the next chapter.

See the next chapter for an analysis of the *Canadian Guidelines for Sexual Health Education* (Public Health Agency of Canada 2008) and the *Guidelines for Implementation of Sexual Health Education* by the BCTF (2010).

2.6.2. USA Influence

Canada seems less problematic than the American (USA) public school sexual education programs. However, we are greatly influenced by the United States, and there are similarities in cultural and societal values regarding sex. I provide a brief history of their sexual education below.

Modern beliefs and rules about sex and sexuality are rooted in Christian values (Nye 1999; Carpenter 2015). According to Nye (1999), early Christians distrusted their sexual desires and restricted sex to procreation in marriage. Irvine (2003) believed that religion heavily influenced the need to medicalize sex research to cure disorders that were deemed unnatural, linking religion and morality with sex and sexuality. Concerns regarding morality helped create sex education in the early 19th century. According to Nye (1999), sexual education was created by the middle class to be directed at the working class. The main aim was to scare youth about

to the 2015 version. The 2019 version is seen by many as Ford's attempt to please both the majority of Ontarians that are pro-sex education, and also conservatives.

venereal disease and maintain a heteropatriarchal society. Nonetheless, religious ideology was, and still is, associated more with women's sexual behaviour than men's. According to Carpenter (2015), virginity (the heterosexual definition) for women at this time was seen as a natural and necessary status for unmarried women. A loss of virginity outside of marriage was seen as corrupt and immoral. This slowly began to change, Carpenter (2015) states, from the 1920s to 1960s, but the traditional idea of female virginity as personal pureness, innocence, and a virtue did not disappear. In 1938, Kinsey noticed the lack of information students at Indiana University had about sex. Irvine (2005) explained that Kinsey had coordinated a marriage course (a form of sex education) and realized he was unable to answer students' questions about sex due to a lack of literature on the topic. He began his research on sex soon after. Sex education and morality continued to be linked into the 1960s as sexologists like Masters and Johnston eroticized marriage and created marriage manuals intended for heterosexual couples (Nye 1999; Irvine 2005).

Religious groups became explicitly involved in sex education in the 1970s to once again combat sexual morality issues. To Burdette, Hill, and Myers (2015), the Christian Right became increasingly interested in sex education than before because of the sexual revolution and other controversial topics of the time, such as changes to laws surrounding homosexuality and abortion. In the 1980s, the AIDS epidemic caused a shift in dialogue, focusing on new questions regarding general and sexual health (Irvine 2005; Garcia et al. 2015).

Irvine (2005) and Carpenter (2015) pointed out that the rise of the religious right blocked federal funding to organizations dealing with AIDS and sexuality research by influencing legislation. The AIDS epidemic dominated conversations about health and greatly affected sex education. Methodologically, large-scale national surveys were utilized to gather information about people's sexual behaviour, attitudes, and beliefs. According to Nye (1999), surveys had been around since Kinsey, but they were flawed because of inadequacies in capturing details. Regardless, in the 1990s, France, Great Britain, and the United States all carried out randomized national surveys of sexual behaviour and attitudes to gain data efficiently. All three national surveys, Nye (1999) stated, were pushed by the AIDS epidemic for possible educational purposes and yet, all three faced some level of political harassment. America's concern with public health remained in sex education, once again to protect the morals of American society (Nye 1999). Irvine (2005) stated that despite the need for open dialogue and

education, topics such as safe sex continued to be taboo regardless of their importance[12]. During the AIDS epidemic in the 1980s, the New Right in the United States promoted chastity for both males and females, and in the early 1990s, the Southern Baptist Church began supporting the virginity pledge (Burdette et al. 2015; Carpenter 2015). The consequences of having sex outside of marriage continued to affect women more than men[13].

Sex education in the American school system in the USA has not changed much since the early 1990s. Burdette et al. (2015) found that it still often relies on Christian ideology by referencing the Bible to justify abstinence and heterosexuality. Garcia et al. (2015) noted that demographics concerning sexual relationships have changed; the ages for sexual maturity are younger, first marriage and first birth are happening at a later age, but traditional gender roles still exist. Hamilton and Armstrong (2009) and Garcia et al. (2015) stated that the women in their studies were more likely to feel regret or shame after engaging in casual sex, had concerns about sexual comfort and safety, feared judgement or stigmatization, and were afraid to be treated as an object. Unfortunately, these concerns are not in vain. In their review of studies, Garcia et al. (2015) concluded that women who sought out and engaged in casual sex were judged negatively by both men and other women. In their research, Hamilton and Armstrong (2009) noticed how college sorority rules prohibited hosting parties or overnight male visitors, a contrast to the rules and actions of fraternities, exposing how even college hook-up culture is affected by gender role ideologies. These gender beliefs can be traced back to general beliefs about sex and sexuality influenced by religion, as discussed previously. Burdette et al. (2015) reviewed sex research and found that virginity status is still more important for women than men, even if boys are encouraged from a young age to abstain from pre-marital sex. In their reviews Burdette et al. (2015) and Garcia et al. (2015) found religiosity to be linked with reduced or delayed sexual activity, but there is not enough data on religiosity and use of contraception. This is concerning, because as Burdette et al. (2015) stated, religion is connected with higher parental monitoring and overall conservative contexts, therefore safe sexual practices are usually not discussed within religious homes, or discussion is centred around morality and not on proper information about contraception.

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[12] Sex education in the USA differs by state and is left to individual school districts. There are state and federal policies.
[13] Gender expectations require women to adhere to sexual purity more so than men.

Burdette et al. (2015) also noted that all religious women were less likely to know about sexual health and their bodies, and they were less likely to use sexual health services. Most people do not remain sexually abstinent until marriage, and the average age for first marriage in the United States for women was 26 in 2015 (Burdette et al. 2015). There is a severe need for proper sex education in the United States.

2.7. Western Sexuality Studies

This section explores and critiques general Western sexual education and female sexuality, race, culture, heteronormativity, and inclusivity by looking at sex/sexuality studies that impact cultural, social, political, and educational decisions regarding sex education.

In my own reflection of understanding sexuality I concluded that defining sex/uality is a complex task. In attempting to define sex/uality, I considered several points of contentions, some which I share below. There are several viewpoints on the topic (Nye 1999; Beasley 2005; Hamilton and Armstrong 2009; Fausto-Sterling 2012; Jackson and Scott 2015; Morgan 2015). I originally grounded sexuality in the human body as done by modern society to understand participants experiences, yet this approach seemed to discredit non-western understandings of sexuality which can be spiritual and/or non-physical. I do believe sexuality has always existed in pre-colonial histories, but it was only recently named. Naming it does allow for better discussion and measurement of behavior, but sexuality cannot not be easily measured or understood (Fausto-Sterling 2012). My project does use existing labels from categories (i.e. LGBTQ), but as Morgan (2015) points out these terms do not properly identify individuals. Sexual identity and sexual orientation label concepts are also complex (see below). Thus, if sex itself is difficult to define and sexuality is multifaceted, yet there are fixed or well-established terms and identities, I can only attempt to understand the complexities. Even bodily phenomena (sexual anatomy, menarche, pregnancy, birth etc.) are woman significant but the importance of these events is created by society, and run risk at being attributed to cis-women only. After trying and failing to capture sexuality in a solid definition, I determined that sexuality is ambiguous, as I discuss below. The World Health Organization's (2018) definition best captured all of my confusions and ideas; "sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behavior, practices, roles, and relationships. 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". Interestingly, The World Health Organization (2018) also notes that this is not an official definition and that there are on-going discussions.

Scholarly study of sexuality is not recent (Nye 1999; Beasley 2005; Irvine 2005; Fausto-Sterling 2012). There have been ongoing debates on several aspects of sexuality divided between essentialist and social constructionist views (Nye 1999). Sexuality is ambiguous, and taking a side on the essentialist/constructionist theoretical approaches is complex because, as Nye (1999) explained, a social constructionist may be an essentialist regarding sexual orientation. Newer, creative ways in which to think about and define sexual categories have permitted a middle ground to reconsider language, behaviour, identity, bodies, and experiences. This allows new ways to reflect on embodied experiences in relation to language that characterizes them. To Nye (1999), this means inquiries into cultural constructions such as sexual categories that exist in the real world but also existed once as only bodily experiences (i.e., did "homosexuality" exist before as only an experience before it was named?). Researchers now also acknowledge a wider range of sexualities expanding from the traditional LGBT identities (Beasley 2005; Hamilton and Armstrong 2009; Fausto-Sterling 2012; Jackson and Scott 2015; Morgan 2015). These orientations are often claimed identities (for example pansexual, asexual) rather than pathologized ones (Marchbank 2020). Miller and Vance (2004) note the need to include all these identities to recognize diverse sexualities, and aid stigmatized groups. They (2004) alone acknowledged several aspects of identity including not only race but also castes. This project uses the framework in which sexual behaviour is a product of culture, history, and circumstance (Jackson and Scott 2015) but will not reject essentialism (Morgan 2015) because one's sexual orientation can be considered unchangeable and not socially constructed[14].

The ambiguous nature of sex and sexuality makes it difficult to establish any universal truths. Absolute truth is difficult to obtain when studying sexuality, especially when it involves more than one culture. My project is geographically focused in the lower mainland, BC and the language, definitions, and concepts of sexuality are Western, but the participants were heavily influenced by Indian culture. According to Hacking (1999), most constructionism is not universal,

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[14] For example, one can state that they identify as lesbian and always have without any interest in other genders. This project does not categorize South Asian women and their experiences in only one way.

and researchers often make specific and local claims, such as this project on South Asian women in British Columbia. There is no single answer to what sex is (Carpenter 2015). Carpenter (2015) viewed sex as vague because sexuality is a central aspect of personal identity, so what sex means depends on how an individual negotiates their sexual life within a collection of diverse beliefs. For this project's participants, these diverse beliefs included bicultural influences. This project applied existing labels from categories (i.e., LGBTQ), but, as Morgan (2015) pointed out, these terms do not properly identify individuals. She used the examples of a self-described heterosexual who reports same-sex desires and sexual minority women having personal histories of heterosexual behaviours and identification. As mentioned before, I asked participants to identify themselves as they saw fit.

As mentioned above, female sexuality is generally considered problematic (Durham 2004). Sex research exists within a larger social climate that consists of social concerns, anxieties, and power relations. According to Irvine (1990), (White) women's sexuality was once mysterious and passive. Women were thought to be passive, heterosexual, uninterested in sex, and yearning for motherhood. To Fausto-Sterling (2012), the ideas of masculine and feminine sexuality affected sex research on both hetero and homosexuals in the 1960s and 1970s, greatly affecting sexual education for decades to come. Feminists like Anne Koedt (1970) and the Boston Women's Collective (1970) had been writing about female pleasure, but (male) sexologists finally acknowledged female sexual desire in the 1980s. For the first time, feminine sexuality was seen as active as masculine sexuality in sexology research (Fausto-Sterling (2012). However, female sexuality was not a simple concept. The feminist debates of the late 1970s and into the 1980s, as Beasley (2005) and Irvine (2005) note, divided feminists, creating the sex wars[15]. Since sexuality in Western culture is gendered, sexual norms for women are different from those for men (Vance and Pollis 1990). During the 1980s, feminist sexology proposed that women are sexual beings with agency rather than men's sexual property (Tiefer 1995). Unfortunately, as mentioned earlier, sex education still does not usually explore female pleasure and desire (Connell 2005).

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[15] One side supported sexuality as pleasure and argued that sexual practices could be separated from patriarchal hetero-dominant subordination in sex, supporting pornography as fantasy, sexual expression, and female sexual agency. The other side had a negative account of sexuality, arguing that it had a connection to oppressive power, and that non-aggressive, non-penetrative (non-hetero) sex was the appropriate way to have sex (Beasley 2005; Irvine 2005).

Sexology, generally referring to the scientific study of sex, has historically been male-driven and male-focused. Since South Asian culture and the dominant Western culture are both patriarchal, my research is guided with the belief that feminist sexuality locates sex within a framework of gender inequality (Mackinnon 1997:352). Sexuality is a social construct of male power. As mentioned earlier, as much as South Asian culture discourages premarital sex for all genders, females are restricted and punished more severely than men (Manohar 2008; Varghese and Jenkins 2009). The interests of male sexuality are evident in both religious and cultural texts (Gupta 1994). According to Kelly (1997), male control of all women's sexuality is a major factor in women's oppression, and sexuality has been, and currently still is, largely focused on men's experiences and definitions. Feminist sexology critiques male-defined terms of sexuality, the policing of women's bodies, and male medical experts' control of women's physiques and psyches (Felski 1998). Portrayals of female sexuality have often been misogynistic (Felski 1998; Hall 1998) and, I add, as Andrea Dworkin (1981) argued, racist. The field of "sexual science" relied on evolutionary claims about women's inferior biological nature and passivity and the inescapability of their maternal fate (Felski 1998)[16].

Feminist sexuality was heavily debated in the 1980s, during the "sex wars." Topics included the relationship between violence against women, pornography, and what constituted sex-positive behaviours and ideals (Noble 2010). While some believe that the sex wars ended with a truce, others claim that the wars continued into the 1990s, shifting to concepts such as gender performance and queer theory (Noble 2010). An interest in women's sexuality stemmed from the lack of women's voices in sexuality studies, a new social science approach to understanding sex. After the sex wars, feminist scholars called for a more positive woman-centred paradigm (Wood, Koch, and Mansfield 2006). Today, fewer sexologists believe that sex's main purpose is procreation; however, heteronormativity is still considered natural (Seidman 2006), and these are often the predominant ideas taught in sex education. Feminist sexology eventually included gender as an important aspect of sexual desires, feelings, and preferences (Seidman 2006). It also claims the power to define one's own sexuality. Hence, feminist research on sex and sexuality is intended to express previously ignored women's experiences (Ryan-Flood 2010).

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[16] Although there has been ongoing research on racism and sexuality since the 1980s, as mentioned previously, race is rarely explored in relation to sex/uality, and there is still limited work on the sex lives on minorities in Canada.

The exclusion of race in sex research has a long history. Jackson and Scott (2015) wrote about Kinsey interviewing 12,000 men and women who were all White. Empirical research studies, according to Beasley (2005) and Garcia et al. (2015), are often done with White, heterosexual participants. This could be due to convenience or dominant views on what research group is considered more important to study. Sexology, feminism, and early sexuality theories also all lacked the inclusion of race within their analyses (Irvine 2003; Beasley 2005). Of course, this leads to race, or even culture, often not being included in sex education. As discussed earlier, researchers often relied on the model minority stereotypes that affected how racial and ethnic groups were researched. Similar to these stereotypes, and sometimes connected to the model minority concept, were ideas of culture being problematic, unchanging, and much different than the dominant white society. Culture or cultured communities were, and still can be, constructed as "having" culture. That is, being from minority or Black communities while dominant, majority "white" communities are not considered to have a culture (Ahmed, Reavey, and Majumdar 2009). Studies have shown that these ideas of culture were used by healthcare providers as an excuse not to help South Asian women under the guise of "cultural privacy" or "cultural respect," pinning issues such as domestic violence as a cultural issue (Johnson, Bottorff, and Browne 2004; Ahmed, Reavey and Majumdar 2006; Ahmed et al. 2009). This is a racist approach that impacts racial and ethnic groups as they are not included in valuable research and not provided with proper health care (Benkert et al. 2006). In their paper, Miller and Vance (2004) summarized the need to include all communities to recognize diverse sexualities and aid stigmatized or minority groups. They even acknowledged several aspects of identity including not only race but also castes (Miller and Vance 2004). I discuss this project's application of feminist theory and intersectionality to produce work on sex/sexuality with women in the next section.

2.7.1. Conclusion

The Sex Information and Education Council of Canada (SIECCAN) proposed an inclusive, well-developed plan to promote appropriate sex education in 2004, incorporating concerns and questions by various stakeholders such as parents, educators, school and health administrators, and governments. Unfortunately, Canadians are still hesitant to include materials and discussions related to topics such as sexual diversity. Although a little better than the United States, Canadian sex education is far from perfect. Furthermore, sex research has indicated that female pleasure is still somewhat taboo, and race is almost non-existent.

2.8. Theoretical Framework

This section discusses my chosen theoretical framework of grounded theory with a feminist lens.

2.8.1. Grounded Theory

As discussed in the introduction, this project applied grounded theory with a feminist lens (Scantlebury 2005). I take a phenomenological approach to grounded theory. Feminist research, or feminist approaches to research, may mean different things to different researchers. My feminist approach is one that is intersectional. I discuss this in depth later, but first a background on grounded theory.

Grounded theory was created by sociologists Barney Glaser and Anselm Strauss (1967). Glaser and Strauss (1967) challenged the positivist approach of the scientific method, which was regarded at the time as the only valid way of producing valid social science research. Positivism refers to factual knowledge gained through scientific observation with a detached researcher who studies an object, not a subject. Positivism also is deductive, while a majority of feminist approaches are inductive. Inductive research constructs a theory from observations. Deductive gathers data about a particular situation and then applies general theory to deduce an explanation (Marchbank 2018). Positivism, coined by Auguste Comte, claims that scientific inquiry functions in the realm of the positive, real, or actual existence. Comte relied only on observable facts. Knowledge can only be created and valid through particular methods of inquiry, or scientific process (Hawkesworth 2012). Positivists, Hawkesworth (2012) explained, apply a technical vocabulary, a hypothesis, particular theories, and a set of specific rules, also known as the scientific method. The scientific method begins with a carefully controlled environment to conduct neutral observation. Observation over a period of time would reveal patterns that can be easily replicated in future tests. The researcher is thought always to be neutral to what is observed. She only acknowledges what she sees and is never affected by her own thoughts, beliefs, and social location. However, as Letherby (2003) noted, research is actually never objective.[17]

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[17] To feminists like Bhavnani (1993), feminist objectivity actually means positioning, partiality, and accountability.

In their 1967 book, Glaser and Strauss argued that the attempt to quantify qualitative phenomena, or make it positivistic in research, did not always make sense. They wanted to shift the sociological aim of theory verification to theory generation by developing a way to create theory from the sociological data. They called their development "grounded" because theory was produced from the ground up; the data would produce theory while constantly being collected, compared, and analyzed. Theory, to Glaser and Strauss (1967), is always evolving.

Grounded theorists also never consider themselves objective (Keddy, Sims, and Noerager Stem 1996). Glaser (1978) asked what was happening in the data rather than just accepting it at the very end of the research study. He suggested that researchers ask participants specific questions, for example, once the data indicated a particular concern to participants. According to Glaser (1978), this would allow a fuller understanding of the issue and process that would allow resolution. This is what I did in interviews. My questions were adjusted based on what participants considered important. As mentioned earlier, researchers may create preliminary interviewing questions before developing interview guides from the data and then go back and forth between data collection and analysis several times during a research project, strengthening the eventual findings (Charmaz and Belgrave 2012). There are many interpretations of grounded theory; Glaser and Strauss separated, and Strauss and Corbin (1990) released their version of grounded theory, which Glaser (1992) did not agree with[18]. Nevertheless, grounded theory is usually considered against positivism and has been described as interpretive or critical, but most researchers view grounded theory as a qualitative approach for gathering and analyzing data (Urquhart, Lehmann, and Myers 2010).

Grounded theory quickly became popular as a qualitative research method within the social sciences and other fields (Urquhart et al. 2010). By the mid-1990s, researchers began to combine grounded theory with feminist research (Plummer and Young 2009). This is because grounded theory's original rejection of positivism, an androcentric empirical process, and its aim to understand social phenomena from the lives of the subjects, connected well with feminist frameworks (Wuest 1995; Keddy et al. 1996; Hall and Callery 2001; Charmaz 2005; Malagon, Huber, and Velez 2009; Plummer and Young 2009). Grounded theory is beneficial for policy research. I employ techniques of grounded theory to produce recommendations, not create

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[18] While Glaser was educated by the positivist paradigm, Strauss aligned himself with interpretivism. Strauss would work with Corbin to find a more interpretivist approach, one that was more flexible and less rigid in structure. Strauss and Corbin continued to improve their approach until Strauss's death.

theory. The research process of grounded theory contributes in influencing services and, from a feminist perspective, can also raise consciousness among policymakers regarding how their work plays out in women's everyday lives (Wuest, Merritt-Gray, Berman, and Ford-Gilboe 2002).

Many grounded theorists focused on understanding the social processes that were central components of their female participants' life experiences; what mattered to the women? (Benoliel 2001). Grounded theory was not developed to collect knowledge and produce theory from the lived experiences of women or other minorities, but it can when combined with feminist or other frameworks. According to Malagon et al. (2009), positivism rooted knowledge in Western/Eurocentric epistemology, so grounded theory can be combined with other theories and/or methods for different epistemological voices (Malagon et al. 2009). In the 1990s, health research began to apply grounded theory to acknowledge women's experiences as central to understanding health problems (Wuest 1995; Keddy et al. 1996; Crooks 2001; Malagon et al. 2009; Plummer and Young 2009; Hall and Callery 2010).

By combining a feminist lens and grounded theory, this project is able to understand the perspectives of South Asian women. In the context of sexual health, grounded theory allows participants to discuss their sexual health issues and concerns, the strategies used to deal with them, and the processes that help them (Crooks 2001). To Crooks (2001), this combined approach also allows data to uncover details such as how women may manage their own health and express what they know about their bodies, how they make health decisions, and what kind of care they need. Grounded theory researchers may even go back to their participants with the emerging data to include the participant's approval and input (Teram, Schachter and Stalker 2005). Due to Covid 19 this was not feasible for this project.

Grounded theory also allows a wider understanding of women's social relationships in connection to their health. For example, a study on childbirth cannot be isolated from the symbolic meanings of conceiving and reproductive health, factors that affect women's actions and interactions (Editorial 2001). Hall and Callery (2001) promoted reflexivity to enhance the rigour to make sure that the researcher is able to better understand the developing data. They suggest asking questions such as "Is there anything that I should have asked you that you think I didn't?" (Hall and Callery 2001). Regardless of approach, the coding of data is subjective (Urquhart et al. 2010), and there is the matter of the researcher/researched relationship (Hall and Callery 2001). I discuss these issues and other dynamics in the next chapter. Another

important aspect of grounded theory, according to Brown (2006), is that researchers should not assume the relevance of identity data such as race, age, gender, sexual orientation, and class. However, a researcher begins her grounded theory study with ideas or "hunches" (Urquhart et al. 2010). In this manner, I had a hunch that race would play a factor in how South Asian women learned about sex. I did not know exactly how or why. My hunch may have come from reading critical race theory and feminist theory, in addition to my own experiences, but I remained open to the complicated ways that race matters in South Asian women's sexual lives. I explore this next.

According to Crooks (2001), grounded theory frameworks allow researchers to see women in their social, political, and economic worlds. The point is to understand their lives, activities, and experiences from their particular standpoints to conceptualize their behaviour as a meaningful expression of their world view.

2.8.2 A Hunch about Race

As mentioned above, I had a hunch that race would play a factor in how South Asian women learned about sex. I did not know exactly how or why, but I believe it may have come partly from reading critical race theory and feminist theory. Here I discuss how critical race theory[19] and feminist theory helped me shape my research questions. I further explore my role as a South Asian researcher in the next chapter.

Firstly, sexology, feminism and early sexuality theories all lacked the inclusion of race within their analyses (Irvine 2003; Beasley 2005). In the 1970s and 1980s most feminist research failed to incorporate race into its process (Edwards 1990; Weber 2003). As I noted previously, the inclusion of race in research is important. As Edwards (1990) noted in the early 90s, race does not exist on its own as an object. It enters into the research process affecting the research problem, assumptions, whose perspective is highlighted and relationships. Some researchers like Islam (2000) have tried to look at how, when and where race and racism enter their projects. Others like Ladson-Billings (2000) explain that different epistemologies can be

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[19] Developed in the mid-1970s, Critical Race Theory is based on the works of Derrick Bell and Alan Freeman who were interested in racial reform in the United States. They were joined by legal scholars unsatisfied with slow moving traditional civil rights strategies. Hence, the theory grew out of, but is also separate from earlier critical legal studies (CLS).

applied and/or understood to describe authentic experiences and knowledge systems of people (such as people of colour). For example, she refers to W.E.B. Du Bois who wrote about a "two-ness…two souls, two thoughts, two unreconciled strivings..." of African Americans (2000: 260). The double consciousness he writes of is described by Ladson-Billings as a position that allows one to see and understand both inclusion and exclusion – "margins and mainstreams" (260). This double consciousness applies to anyone outside the dominate paradigm and includes examples such as scholar Anzaldua who describes her life speaking several languages that reflect different parts of her identity. Hence race sometimes cannot be avoided even if some participants do not think race should matter. The research could show aspects of identity or societal issues that are impacted by race (Fine, Weseen and Wong 2000). In their study, Fine, Weseen and Wong (2000) noted how interviews presented societal issues that the researchers could not ignore such as the fact that African American poor and working-class samples were much more worse off than White poor and working-class samples.

Secondly, researchers can choose to actively engage in anti-racist research (Edwards 1990; Phoenix 1994; Mirza 1995; Islam 2000; Kenny 2000; Twine 2000; Sefa Dei 2005). According to Sefa Dei (2005), anti-racist research places the minoritized at the center of analysis by focusing on their lived experiences and their oppression. Originally, Mirza (1995) notes that anti-racist research neglected gender issues. It now has evolved to include multiple subject identities and how these identities are intertwined, as well as how they inform political practice. There are different approaches to anti-racist research since feminists may apply it directly or incorporate it into their epistemology, methods and/or theory. Researchers may view their projects as serving a greater good for humanity or serving a special emancipatory goal for an oppressed community, but Mirza (1995), Becker (2000) and Smith (2012) all point out that anti-racist research does not always cause change or help the participants. The work may help but usually is a part of a cultural shift. Regardless it acknowledges race which is necessary in research practices. I explore interviewing and the topic of race in the next chapter.

Readings about race also influenced my interpretation of data since interpretation itself is affected by the researcher's background, gender, race, age, class and sexuality (Bhopal 2001). Bhopal (2001) explains how researchers can be racist in their work when studying an ethnic group, or how the West created concepts such as the Other. She concludes that one's location and identity affects the research process, particularly focusing on gender and race (Bhopal 2001). I discuss this in detail in the next chapter as I share my research process.

2.8.3 Feminist Lens

This project applies a feminist lens, not a feminist method. Reinharz (1993) explained that feminism is a perspective, not a research method, involved ongoing critique of non-feminist research, is guided by feminist theory, might be transdisciplinary, aimed for social change, represented human diversity, often included discussions of the researcher as a person, attempted to develop social relations with the subjects, and often defined a special relationship with the reader. As Letherby (2003) stated, feminism is not a unified project. While all feminists are concerned with understanding why inequality between women and men exists, feminists do not all agree on where to find the causes of male domination or how to combat it and achieve liberation for women. Brooks and Nagy Hesse-Biber (2007) stated that feminist researchers could have different beliefs, ask different questions, and apply different methods. Regardless of opinions on what methods are, if they are feminist, or which ones are best, Nagy Hesse-Biber (2014) pointed out that feminists navigate uncharted territories towards social change. In the realm of sex research, feminism is not monolithic, and previous anti-pornography, separatist, and anti-male ideologies about sexuality still exist. Yet, in its broadest interpretation, feminism advocates women's interests, and that includes women's interests in sex and sexuality (Wood et al. 2006).

This research takes a pro-sex stance that promotes agency and inclusivity. Agency is important. Sexual pleasure, sex-positive attitudes, and acceptance of sex workers and erotica are all parts of a newer feminist ideology. Women's voices are important to articulate experiences properly (Puri 1999; Durham 2004). Women's own experiences better explain the significance of certain behaviours and values (McCormick 1996). Producing data about South Asian women's sexuality is difficult without participants to provide information. Studies with South Asian women have incorporated feminist thought in a variety of ways. In her research, Abraham (2002) referenced feminist thought by mentioning women's disadvantages in social, economic, and sexual matters. She combined an intersectional approach with her gender analysis, stating that meanings and practices change with age, class, and gender (Abraham 2002). Durham (2004) mentioned female sexuality and how it is controlled by family and community but did not state any feminist theoretical framework. She did, however, call for future work that would incorporate an intersectional approach. Bacchetta (2002) explicitly stated that she was a feminist and implicitly followed an intersectional approach since she shared that she was also antiracist, anti-imperialist, lesbian, and would be guided by her social location. Puri

(1999) stated she was a feminist and pointed out how sex and gender have been challenged by feminist and queer theory. She was also the only one to be influenced by Chandra Mohanty's (1984) work on Third World feminist theory[20]. Like these scholars, my feminist study also applies intersectionality, which is discussed next.

2.8.4 Intersectionality

Intersectionality is a crucial aspect of feminist thought, action, research, and ethics. According to Brah and Phoenix (2004), intersectionality can be traced to debates of the 1970 and 1980s about the concept of global sisterhood and the failure to analyze power differences amongst women. Black women were the first to point out interlocking oppressions because they dealt not only with sexism but also with racism (Nash 2008; Staunaes and Sondergaard 2011; Carbado 2013; Cho, Crenshaw, and McCall 2015; Hillsburg 2013; Collins 2015). Brah and Phoenix (2004) and Hillsburg (2013) also note that even earlier, when Sojourner Truth asked in 1851 "Ain't I a Woman?" she challenged assumptions regarding who exactly was a woman since enslaved and other Black women were not considered real women. Black women, McCall (2005) noted, were also not included in studies regarding gender and race, which focused on Black men. In 1977, the Combahee River Collective members pointed out the ineffectiveness of privileging only one dimension of experience (Combahee River Collective 1977). Instead, Brah and Phoenix (2004) stated, they promoted being actively committed challenging racial, sexual, heterosexual, and class oppression. According to Brah and Phoenix (2004) and McCall (2005), class difference was just beginning to be researched in the late 1970s as researchers looked at how social class produced entitlement/lack of entitlement to exist.

Despite the work of the Combahee River Collective (Combahee River Collective 1977), intersectionality was not taken seriously until legal scholar Kimberlé Crenshaw coined the term in a recognized academic journal in the late 1980s (Crenshaw 1989; 1991; Collins 2015; Nash 2008; Staunaes and Sondergaard 2011; Carbado 2013; Hillsburg 2013). Crenshaw's (1989; 1991) work emerged within critical race studies which began in the legal academy and problematized the law's colour-blindness, neutrality and objectivity. She coined the term to

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[20] Puri was inspired by Mohanty's work on India, and how non-white women have different histories. Puri argued that this meant that non-white women had different narratives of femaleness, body, sexuality or womanhood.

better understand the complicated way African American women experience both racism and sexism. Crenshaw (1991) also expanded her concept to include social factors such as class, sexual orientation, age etc. This research acknowledges South Asian women's multiple dimensions of social life (i.e., gender, race, sexuality). I discuss intersectionality more in the next chapter with regard to policy developments.

Chapter 3.   Methodological Approach

In this chapter, I discuss the research design, situate myself as the researcher, explore insider/outsider dynamics, discuss participants, and outline data collection. I first explain the application of policy analysis in how I analyzed the BCTF and Canadian sexual education policies using a feminist approach. I then discuss the use of interviews and focus groups. I discuss two separate yet interrelated issues in this section – policies regarding inclusion (sexuality, race) and curriculum which incorporates these perspectives into what is taught in the classroom.

3.1. Research Design

Here I outline the research procedure taken in this study:

- I first analyzed the *Canadian Guidelines for Sexual Health Education* (Public Health Agency of Canada 2008) and the *Guidelines for Implementation of Sexual Health Education* published by the British Columbia Teacher's Federation (BCTF 2010) to produce a policy brief.
- I then drew from the policy brief to create preliminary interview questions.
- South Asian women were recruited and interviewed.
- The interview questions were continually adjusted based on information provided from conducted interviews.
- A focus group was added to recruit more South Asian women. Interviews continued.

3.1.1. Policy Analysis

As I mentioned in the introduction, I first analyzed the *Canadian Guidelines for Sexual Health Education* (Public Health Agency of Canada 2008) and the *Guidelines for Implementation of Sexual Health Education* (BCTF 2010). According to Bardach (2012), policy analysis is a social and political activity in which analysts take moral and intellectual responsibility. For feminists such as Marshall (1999) and Kanenberg (2013), the personal is political in policy work because of the link between individual activities and societal structures. Feminist policy analysis is gender-conscious, not gender-blind. To Bensimon and Marshall (2003), this means that analysis

looks at gender-explicit and gender-neutral practices that may advantage men and disadvantage women, even if not by design. The goal is not simply to add women but to transform policies and policy work, often now with an intersectional lens (Kanenberg 2013; Mazur 2016). Mazur (2016) noted that gender is still largely ignored by policy implementation research. Race is also ignored, but as Mazur (2016) notes, it has recently been added into policy work through an intersectional or "gender +" approach. To Kanenberg (2013), a true feminist policy analysis needs intersectionality to challenge androcentric and "normative" views. However, as Marshall (1999) pointed out, feminist analysts need to be aware of their own race, class, and heterosexual bias. Given that the project focused on South Asian women, an intersectional feminist approach was needed to understand the complexities of experiences of gender, racialization, and sexuality in a Canadian context.

Policy work and research have historically been dominated by commentary and critique rather than empirical research (Taylor 1997). In my project, empirical research was conducted through interviewing and the application of theory. As Marshall (1999) noted, policy work has also been heavily androcentric. An anti-racist, intersectional feminist theory approach allowed for a historical, economic, and cultural understanding of where sex education policies came from, the patriarchal perceptions of what constitutes sex education policy, and how participants are affected (Taylor 1997; Marshall 1999; Kanenberg 2013). The data taken from interviews were compared to the policies to determine or define any issues in implementation, content, or delivery, especially regarding gender and race. At the end of the project, I used both the interview data and literature review to create alternatives or recommendations.

3.1.2. Policy Brief

The original policy brief can be viewed in Appendix A. I summarize the main points here.

Neither the *Canadian Guidelines for Sexual Health* (Public Health Agency of Canada 2008) nor the *Guidelines for Implementation of Sexual Health Education* (BCTF 2010) provides specific curricula or teaching strategies. They promote effective and inclusive sexual health guidelines that educators are encouraged to follow without instructions on specific curricula or teaching strategies. Two important factors are that what is mentioned in the documents is not necessarily applied in the classroom and there are no explicit guidelines or an anti-racist and/or intersectional approach.

As discussed earlier, an intersectional approach incorporates multiple and intersecting systems of oppression and privilege, embracing various social identities such as race, gender, class, and sexuality. Intersectionality is increasingly applied in health and policy work in Canada because it accepts various social identities to better understand social inequalities, which Hankivsky and Christoffersen (2008) note turn into health inequities. Since 1995, the Canadian government has been committed to the Gender-based Analysis Plus (GBA+), an analytical process used to assess how diverse groups of women, men, and non-binary people may experience policies, programs, and initiatives (Government of Canada 2018). The newer "plus" in GBA+ acknowledges that GBA goes beyond biological (sex) and socio-cultural (gender) differences, now incorporating factors such as race, class, and sexuality (Status of Women Canada 2018). This is a major change from previous attempts to distinguish gender and sex; however, the main focus might still be on gender difference (Hankivsky and Christoffersen 2008; Hankivsky 2012). Hankivsky and Cormier (2011) had argued that diversity issues could not start with one identity category, such as gender, to which other categories are added. Regardless, the older version of the GBA framework was not indicated in the 2008 edition of the *Canadian Guidelines for Sexual Health* (Public Health Agency of Canada 2008) or the *Guidelines for Implementation of Sexual Health Education* (BCTF 2010). An intersectional approach is needed in educating racial minorities such as the South Asian community in BC.

3.1.3. BCTF—Past, Present, and Future

According to the BCTF (Hansman 2015), an "effective living"[21] curriculum was first developed in the early 1950s; however, there was no province-wide application. A call for better family planning and sex education was advocated for at the 1969 Annual General Meeting. Regardless, as I discussed in the previous chapter, sex education caused controversy for years. Most districts either banned or limited sex education throughout the 1970s. It is unclear if this was done by elected members of school boards or by the school district senior administration. The BCTF's Status of Women Committee, with the support of Minister of Education Brian Smith, developed the *Family Life Handbook* in 1986, but it was not taken seriously until the AIDS crisis pushed Premier Vander Zalm to announce the Family Life program in 1987. Years later, the Ministry of Education would involve the BCTF in its curriculum development. Sexual health

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[21] A mixture of physical education, health, guidance, mental hygiene, and home and family living.

education was slowly removed from physical education classes and added to Personal Planning and later to classes such as Health and Career K-7, Health and Career 8/9 and Planning 10. Although sexual health education is now officially implemented in BC, the BCTF notes that for years, not all students in all communities were taught everything from the curriculum. The BCTF (2015) also acknowledges the decades-long struggle to incorporate LGBTQ+ resources into the curriculum, but it does not acknowledge any culturally sensitive initiatives or incorporation of race along with sexuality.

Currently, the new physical and health education (PHE) curriculum, created in the 2000s, is supposed to provide all students with a safe and welcoming learning environment. Primary students learn about correct names for body parts, including genitalia and sexual organs (Hansman 2015). Both primary and intermediate students also learn about recognizing and preventing abuse. Grade 4 students learn about puberty and human reproduction. Upper grades learn about AIDS, sexually transmitted infections, and sexual orientation. Secondary students learn about sexual decision-making and consent, which is a recent development (Hansman 2015). Currently, 58 out of 60 school districts in BC also adapt all or aspects of SOGI (Sexual Orientation and Gender Identity). In 2016 the BC Human Rights Code added gender identity or expression. In response, the BC Ministry of Education announced that all school districts needed to have sexual orientation and gender identity policies in place, but it would not indicate which policies (Rolfsen 2018). Individual school districts were left to determine their own policies. The ARC Foundation[22] then created SOGI 123 in collaboration with the BC Ministry of Education, the BC Teachers' Federation, BC school districts, the UBC Faculty of Education, education partners, and local, national, and international LGBTQ+ community groups (ARC 2016/2018).[23]

While *Guidelines for Implementation of Sexual Health Education* (BCTF 2010) does not mention race or culture, the *Canadian Guidelines for Sexual Health* 2008 edition (Public Health Agency of Canada 2008) declares that effective sexual health education does not discriminate on the basis of race, and that the education should be responsive to an individual's race. That is, there should be non-judgemental access to sexual health education. Guidelines also state

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[22] ARC supports projects that exhibit Awareness, Respect and Capacity.
[23] It is important to note that SOGI is a new development and did not exist during the creation of the *Canadian Guidelines for Sexual Health* (Public Health Agency of Canada 2008) and the *Guidelines fo*r *Implementation of Sexual Health Education* (BCTF 2010) SOGI is not sex education.

that effective sexual health education should be culturally sensitive, but it is not clear what this looks like or what it means. There is no discussion of the combined effects of sexism and racism, for example, or of sexism, racism, and homophobia combined. According to Taylor and Peter (2011), Aboriginal and youth of colour experience harassment or assault based on race and gender or sexual orientation. Youth of colour, both LGBTQ and non-LQBTQ, were far less likely to know of any out LGBTQ students or teachers and staff who were supportive. They were also less likely to have positive experiences of the LGBTQ inclusive curriculum regardless of orientation and had the lowest rates of comfort discussing LGBTQ matters with others. Taylor and Peter (2011) advised reaching out to these students in appropriate ways to discuss cultural issues and taboos regarding LGBTQ matters. Since students may or may not identify as LGBTQ or identify with the terminology and may not be "out" publicly, an anti-racist approach may be useful in better discussing cultural issues and taboos regarding sexuality and sexual behaviour. For example, this might prevent any ethnocentric assumptions about racialized people and sexuality.

In British Columbia, the BCTF curriculum states that students "must see themselves in all curricula" (Hansman 2015), but there is little about race and cultural differences. Focus is placed on sexual orientation, with a non-intersectional understanding of how race and sexuality are interconnected. Teachers are given Internet resources to self-explore on Professional Development days; however, I found that many of these resources do not discuss race and sexuality together.

BCTF does note opt-outs, but there are no provisions for opting out, although an alternative delivery is available for parents[24]. Parents, however, may choose simply to not provide sexual education because of religious or vague cultural reasons. Schools are responsible for assessing each student's learning for all aspects of the curriculum, including sex education. The opt-out option may mean that students are simply excused because of their racial or ethnic background rather than an attempt being made to discuss concerns with parents and students. This is problematic. As I discussed in the previous chapter, receiving healthcare can be complicated by differences in language and culture. Healthcare providers may limit or refuse services blaming "cultural differences." This racism and prejudice from healthcare

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[24] A student can opt-out, or miss, classroom lessons and instead have alternative delivery of the material (i.e. sex education at home by parents or guardians). It is unclear if the process works aside from students not attending the lessons at school.

providers can prevent proper access to important health information, services, and care (Johnson et al. 2004; Boston Women's Health Collective 2005; Benkert et al. 2006; Reavey, Ahmed, and Majumdar 2006, 2009; Prather et al. 2016).

Interestingly, Nanaimo Ladysmith Public Schools implemented an Inclusion Policy to replace both SOGI and an existing Multicultural and Race Relations (MCRR) policy (Nanaimo Ladysmith Public Schools 2019). SOGI and MCRR administrative procedures were enhanced, and they remain in place. The purpose of the Inclusion Policy is for employees to reflect on their interactions, creating a respectful, accepting, safe, and supportive environment for everyone (Nanaimo Ladysmith Public Schools 2016). The policy takes an intersectional approach acknowledging "visible and invisible diversities" (Nanaimo Ladysmith Public Schools 2016), such as race, sexual orientation, gender identity, ability, religion, culture, and socio-economic status.

Overall, both the *Canadian Guidelines for Sexual Health* (Public Health Agency of Canada 2008) and the *Guidelines for Implementation of Sexual Health Education* (BCTF 2010) provide sex-positive recommendations for sexual health educators in BC. The BCTF document is less specific than the former; the *Canadian Guidelines for Sexual Health* mentions race and cultural sensitivity, although race difference is not clarified. Both documents could benefit from including intersectionality as an approach, as Taylor and Peter (2011) discussed in their project. Regardless, whether these guidelines are actually implemented in the classroom, if they are effective, and what youth of colour, particularly South Asian women, think about them can only be determined by asking students about their sexual health education experiences.

3.1.4. School District 36

As predicted, several participants had gone to school in Surrey, BC. Surrey's School District 36 has the largest student enrolment in British Columbia with a high percentage of South Asians (Surrey Schools 2019; 2020). The district promotes BC's newest curriculum for 2019/2020, working with the Ministry of Education (2019). For sexual education, the new provincial curriculum outlines the following grade-appropriate sexual health education:

- Grade 4—"physical, emotional, and social changes that occur during puberty, including those involving sexuality and sexual identity."
- Grade 5—*same as above but now adding* "changes to relationships."

- Grade 6—"influences on individual identity, including sexual identity, gender, values, and beliefs *and* practices that reduce the risk of contracting sexually transmitted infections and life-threatening communicable diseases."

- Grade 7—*continuing* "practices that reduce the risk of contracting sexually transmitted infections and life-threatening communicable diseases."

- Grade 8, 9 and 10—"healthy sexual decision making *and* potential short- and long-term consequences of health decisions, including those involving nutrition, protection from sexually transmitted infections, and sleep routines" (Ministry of Education 2019).

Teachers are provided with support in the form of instructional samples (such as fictional case studies) on topics such as boundaries and STI testing.

School District 36 has its own union called the Surrey Teachers' Association (STA). The Association was formed in 1941 and currently represents 5800+ teachers in Surrey (STA 2019). The union is closely connected with the BCTF, sharing many of the BCTF's policies and materials on its website. However, the School District's Regulation 8425.1 (Health and Career Education (k-10) 4.2 policy on Selection Criteria for Learning Resources states "that learning resources that are used in classrooms for instructional purposes are to be either provincially recommended or district recommended" (Reference 8800.2). Other stakeholders, such as parents and trustees, have major input in the sex education provided for Surrey students. For example, unlike the BCTF, School District 36 encourages teachers to "advocate sexual abstinence as a healthy lifestyle choice" (Reference 8800.2). These regulations were first approved on June 3, 1997, and revised on May 8, 2008.

School District 36 also has Safe and Caring Schools—Policy #9410. Revised on November 21, 2018, the policy states that the Surrey school district is committed to creating a safe environment for everyone (School District 36 Surrey 2019). A safe environment is described as one that upholds the values of the Charter of Rights and Freedoms, creating space that is free of discrimination and bullying against all students, parents or guardians, and employees (School District 36 Surrey 2019). Policy #10900 is committed to Human Rights and Anti-Discrimination, while there is separate regulation, Regulation #9410.2, for sexual orientation and gender identity or expression, specifically for students or staff who are LGBTQ (School District 36 Surrey 2019). Policy #9410 supports students and staff in facing discrimination based on the Human Rights Code, including race, colour, and ancestry. Regulation #9410.1 of Safe and Caring Schools promotes prevention and intervention strategies

that are applied at the school level and supported by the district. A handbook, which is essentially an anti-bullying text, is available online (Surrey Schools 2019).

Interestingly, in 2015, the Ministry of Education noted an approach of "Valuing Diversity." Acknowledging that British Columbia's schools include young people of different backgrounds, interests, and abilities, the Ministry of Education (2015) encouraged teachers to:

> support inclusion, equity, and accessibility for all students. In particular, teachers should ensure that classroom instruction, assessment, and resources reflect sensitivity to diversity and incorporate positive role portrayals, relevant issues, and themes such as inclusion, respect, and acceptance. This includes diversity in family compositions and gender orientation. (Ministry of Education 2015)

Although on the right track, the statements seem vague. This aligns with the BC Ministry of Education's choice in declaring that all school districts needed to have sexual orientation and gender identity policies without providing any concrete policies, as mentioned above by Rolfsen (2018).

3.2. Interviewing

In-depth interviewing can feel like a conversation with a purpose; however, Hennink, Hutter, and Bailey (2011) argued that the process is not a two-way dialogue. Rather, they explained, the interviewer asks questions and provokes the participant to share her answers. In-depth interviewing's prime application is to capture participants' individual voices and life stories (Anderson and Jack 1991; DiCicco-Bloom and Crabtree 2006; Hennink et al. 2011). A semi-structured interview starts from the assumption that the interviewee has information that the interviewer wants (Muller Myrdahl 2018). This study combined these styles to employ semi-structured, in-depth interviews. Unlike Aitken's (2009) work, I did not provide physical details of the participants or surroundings since I offered the women confidentiality. I did, however, focus on what participants said. To DeVault (1990), listening is a crucial part of feminist interviewing. She defined listening as a broad concept that covers actual listening during interviews, the hours spent listening to tapes, studying transcripts, and the ways one interprets the participants' answers. Interviewing allows valuable information to be found in women's perspectives in a unique way. According to Anderson and Jack (1991), discussions with women can combine two perspectives that may be conflicting, one based in the women's lived experiences and

knowledge and the other based on societal norms reflecting patriarchal values. When dealing with possible conflicting perspectives, the aim is to reach further into the topic and push past "constraints of acceptable discussion" (Anderson and Jack 1991). That is, I did not want to miss information simply because topics become too messy or uncomfortable for women to discuss. Research is messy (Muller Myrdahl 2018), so the goal was to work through the interviews carefully and as best as I could.

Linabary and Hamel (2017) noted that interview methods have long been popular among feminist scholars because of their potential to focus on lived experiences and voices of marginalized groups traditionally excluded from the knowledge production process. Listening to how women describe their experiences allows the researcher to better understand how women adapt to their culture. Moral self-evaluative statements express what women want to say and what they think they should say or feel (Anderson and Jack 1991). For example, in sexuality research, women may make statements and then follow with a moral judgement of their own behaviour based on cultural values regarding sexual behaviour. According to Catania (1999), this may also lead to participants over- or under-reporting their behaviour for social desirability, or to "look good." Questions regarding sexuality may also provoke painful memories associated with trauma, such as sexual abuse or assault. Other topics may result in non-response (Catania 1999). Researchers can assess and evaluate issues that may arise by being prepared (Kavanaugh and Ayres 1998; Dickson-Swift et al. 2008). This can include controlling one's own emotions so that the participant feels comfortable. One way to do this is by reacting in supportive ways to the participant's answers, which allows the participant to feel more at ease when disclosing potentially embarrassing information (Catania, McDermott, and Pollack 1986; Catania 1999). Asking supportive questions, being non-judgemental, encouraging but not manipulating the participant's answers, and promising confidentiality all help the researcher/participant relationship (Coyle and Wright 1996; Catania 1999; DiCicco-Bloom and Crabtree 2006).

According to Newton (2017), feminist social scientists have been questioning the ethical implications of asking the "right" questions to communicate the "right" messages. During her interviews, she made sure to reassure participants that their opinions would be valued. For Newton (2017), the interview allows participants to make sense of the world and their experiences in it. Getting participants to choose their own alias, according to Dearnley (2005), is another good way to gain trust and involve them in embracing collaboration. Finally, providing resources such as counselling and/or clinical services and debriefing at the end of the interview

helps end the meeting positively (Coyle and Wright 1996; Dickson-Swift et al. 2008; Elmir et al. 2011). To Coyle and Wright (1996), debriefing allows a period to discuss any additional concerns or feelings about the interview and study. Newton (2017) also noted that researchers cannot take for granted that participants will be in the same state of mind before the interview as they are afterwards. Researchers, she explains, may leave a "research footprint" (99). Hence, it is important to be cautious in minimizing any negative effects of an interview throughout the process and allow for debriefing at the end.

In addition to interviewing young South Asian women, I aimed to include professionals and academics in the field of sexual education.

3.3. Interviews

3.3.1. Ethics

I followed the guidelines set out by Simon Fraser University's Ethics Review Board as required by the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (#2019s0037). All participants read and signed forms that included an information letter stating the purpose of the study and a consent form that asked for permission to engage in the study via interviews (Appendix B and Appendix C). Interviews were audio-recorded, handwritten, or both. For example, if a participant refused to be recorded during the interview, I accommodated by taking handwritten notes. Sometimes we agreed to handwritten notes if I suggested that option, believing it to be more suitable, or more comfortable, for the participant. Each participant chose their alias to ensure confidentiality since the topic was sex/sexuality, a potentially sensitive topic. Participants were advised that they could withdraw from the study at any point during or after the interviews. All materials associated with the interview, such as notes and recordings, will be safely kept by me in a locked filing cabinet and will only be accessible to me. I will hold all materials for at least two years as per SFU's minimal disposal timeframe. As an additional measure to support student participants, the women were given a handout of resources providing information and care for female sexual health, including services provided at SFU. At the end of the interview, I debriefed with the participant, asking about final thoughts and if there were any questions for me about the project. Professionals and educators were also given the option to be audio-recorded. They were given similar consent forms as student participants.

3.3.2. Recruitment

Recruitment for the South Asian female university students was conducted through flyers (Appendix D) posted on Simon Fraser University's three campuses, on social media, via short classroom presentations, and referrals from participants using the snowball method (Hennink et al. 1999; Durham 2004; Gupta 2014). I found these techniques to work positively with the target group in my previous master's study (Badesha 2015). I recruited and interviewed simultaneously. Interviews were set up through the email address provided on the flyers and during presentations. I was the only one to have access to the email account. During recruitment, I expanded to include participants from other colleges and universities in the area. Kwantlen Polytechnic University (KPU) required its ethical process to be completed in order for me to recruit there (#2019-32). I actively recruited participants at KPU because I was an instructor there. I accommodated participants in meeting locations to ensure that they would be comfortable. In my previous study, all participants met with me on school campuses. It was an easy location to access for both parties, and participants felt comfortable knowing the space and having privacy from family. I found this applicable to this project as well. I recruited professionals and educators by contacting them through their public information.

3.3.3. Sampling

I applied purposive sampling that involved selecting the sample based on pre-set parameters deriving from the literature (Del Balso and Lewis 2012). I originally aimed for 25 participants who would be chosen based on the study criteria of gender, age, race, and interest in discussing the subject matter. Women over 18 would not require parental consent to participate, and 18 to 30 is typically considered the "marriage age" in Canadian Indian culture (Samuel 2010). At SFU, any student is deemed to be an adult. Women of the age range of 18 to 30 are also often Canadian born or immersed in Canadian culture, more so than their older relatives, and have experienced the provincial sex education curriculum. Participants did not need to be Canadian born but must have been educated in the BC school system since that is the project's focus. These requirements were posted on the recruitment flyer and mentioned during recruitment. Table 1 provides participant details.

Table 1 Participant Details

Age	Alias	Race/Ethnicity	Religion	Sexual Identity/Sexual Orientation	Sex and/or gender self-identification	Schools
19	Sasha	Sri Lankan	Buddhist	Bisexual	F	Surrey
21	Lucy	South Asian	Hindu	Heterosexual/ Straight	F	Surrey
21	Alex	Indian/Punjabi	Sikh	Straight	F	Other*
19	Natalia	Indian/Punjabi	Sikh	Bisexual	F	Surrey
27	Radha	South Asian	Sikh/non-religious	Questioning	Non-Confirming	Surrey
21	Simran	North Indian	Sikh/agnostic	Mostly straight	F	Delta
20	Maia	South Asian & Polish	Sikh-cultural	Straight	F	New Westminster
24	Jasmine	Punjabi	Sikh	Straight	F	Surrey
24	Karen	Indian & Canadian	Sikh	Straight	F	Surrey
20	Pooja	Indian	Hindu	Straight	F	Other*
21	Rani	Punjabi	Sikh	Bisexual	F	Surrey
30	Sarah	South Asian	Sikh	Bisexual	F	Abbotsford
20	Samara	South Indian	Hindu	Heterosexual	F	Surrey
19	Lana	South Asian	Sikh	Straight	F	Surrey
18	Katie	Fijian	Christian	Bisexual	F	Delta
22	Zaria	Indian	Muslim	Bisexual	F	Other

*Other for school refers to participants who went to school in India but learned about sexual education through Fraser International College (FIC) before becoming SFU students. See the next chapter for discussion in findings.

3.3.4. Interview protocol

Previous research suggests a qualitative approach to data collection allows for a deeper exploration of the complex intersectional factors shaping women's experiences regarding sex and sexuality (Kim and Ward 2007; Amin 2011). Data were collected through sixteen semi-structured face-to-face interviews (Dicicco-Boom and Crabtree 2006) with South Asian female university students who had received sex education within the Canadian education system. The interview subjects were drawn from the student population of the three SFU campuses and other post-secondary institutes located in the Greater Vancouver area. Interviews were done in English as it represents the widest demographic and is one of Canada's official languages. Questions were asked in the context of the provincial sex education curriculum, which mandates broad themes for educators but allows for opt-outs and is decided by schools and teachers on how it is taught through "physical and health education" (Lovgreen 2015). An interview protocol was created once the first stage of the content analysis was completed (see below). The interviews proceeded according to the following structure: ethics and confidentiality forms, researcher introduction, project introduction/purpose (adding to what is written on forms), questions and conversation, closure and debriefing (see Appendix G). Professionals and academics were asked similar questions in the context of their work and experience with sexual education and teaching young South Asian women and/or girls.

3.3.5. Interview questions

As mentioned above, the interview questions were created from a content analysis of the Canadian Guidelines for Sexual Health 2008 edition by the Public Health Agency of Canada, and the Guidelines for Implementation of Sexual Health Education 2010 by British Columbia Teacher's Federation (BCTF). A full interview schedule is available (Appendix G), but I provide some examples here to illustrate how questions were drafted:

Since research indicates that South Asians learn about sex from the media (Palak 2005; Kim 2009; Gupta 2014), I noted how often media was mentioned by the Canadian Guidelines for Sexual Health 2008. I thought the topic might be brought up by participants when asked where they learned about sex.

> ► *Media.* The media, including television, movies, music, magazines and the Internet, have become an increasingly powerful force in communicating norms about sexuality and sexual behaviour. However, these messages are often barriers to the creation of environments conducive to sexual health.

Figure 1. Example 1. Taken from the Canadian Guidelines for Sexual Health (43:2008).

Public Health Agency of Canada. 2008. Canadian Guidelines for Sexual Health Education.
Ottawa, ON: Ministry of Health. www.publichealth.gc.ca/sti.

Asking "Was the education and/or information you received positive? For women?" was partly inspired by sections such as these (underlined to emphasize by me):

> 3. That members create a respectful and safe environment conducive to sexual health education by:
>   a. encouraging interaction.
>   b. establishing ground rules for discussion that:
>   i. are considerate of students' feelings and perceptions
>   ii. respect personal privacy.
>   c. setting a tone that encourages a <u>positive and inclusive</u> learning experience for all students.

Figure 2. Example 2. Guidelines for Implementation of Sexual Health Education (9.J.09:2010).

Public Health Agency of Canada. 2008. Canadian Guidelines for Sexual Health Education.
Ottawa, ON: Ministry of Health. www.publichealth.gc.ca/sti.

> ► *pursue a satisfying, safe and pleasurable sexual life.*

Figure 3. Example 3. The Canadian Guidelines for Sexual Health (6:2008).

Public Health Agency of Canada. 2008. Canadian Guidelines for Sexual Health Education.
Ottawa, ON: Ministry of Health. www.publichealth.gc.ca/sti.

In asking "How was culture discussed?" I was inspired by some the Canadian Guidelines for Sexual Health 2008's statements on race, culture, and diversity:

> ▶ Communicate with individuals to assess how their age, race, ethnicity, gender identity, sexual orientation, socioeconomic background, physical/cognitive abilities and religious background form their views about sexual health and sexuality and how these views influence and affect their behaviour.

Figure 4. Example 4. Canadian Guidelines for Sexual Health (46:2008).

> Effective sexual health education should be provided in an age-appropriate, culturally sensitive manner that is respectful of individual sexual diversity, abilities and choices. Effective sexual health education also:

Canadian Guidelines for Sexual Health (11:2008).

> ▶ Recognizes and responds to the specific sexual health education needs of particular groups, such as seniors, new immigrants, First Nations, Inuit and Métis communities, youth, including 'hard to reach' youth (e.g., street-involved, incarcerated), sexual minorities (e.g., lesbian, gay, bisexual, trans-identified, two-spirited, intersex and queer) and individuals with physical or developmental disabilities, or who have experienced sexual coercion or abuse.

Canadian Guidelines for Sexual Health (12:2008).

Figure 5. Example 5 (top left) and Figure 6. Example 6 (top right).

Public Health Agency of Canada. 2008. Canadian Guidelines for Sexual Health Education.

Ottawa, ON: Ministry of Health. www.publichealth.gc.ca/sti.

Both the Guidelines for Implementation of Sexual Health Education (9.J.09: 2010) and the Canadian Guidelines for Sexual Health (11:2008) encouraged LGBTQ and diverse identities. This led me to ask participants about their sex education experience with the question "Was it LGBTQ friendly?"

> 2. That the content of the sexual health education curriculum:
>   a. be age and developmentally appropriate.
>   b. respect the diversity of individuals and their families (including students who are LGBTQ-identified, students from LGBTQ-headed families, or those who engage in sexual activity with others of the same sex, regardless of self-identification).

Figure 7. Example 7. The Guidelines for Implementation of Sexual Health Education (9.J.09: 2010).

British Columbia Teacher's Federation. 2010. Guidelines for Implementation of Sexual Health Education. British Columbia, CAN: https://bctf.ca/SocialJustice.aspx?id=21406.

> ► Stresses that sexual health is a diverse and interactive process that requires respect for self and others.

Figure 8. Example 8. Canadian Guidelines for Sexual Health (11:2008).

Public Health Agency of Canada. 2008. Canadian Guidelines for Sexual Health Education. Ottawa, ON: Ministry of Health. www.publichealth.gc.ca/sti.

These are a few examples of what was noted during the content analysis. From the content analysis a policy brief was produced (see appendix A) with more detailed observations than the examples I provide above. However, these examples demonstrate how interview questions were informed.

3.4. Focus Group

A focus group was added to the project later during recruitment. Focus groups may be used for market research questions, but they may also be used to explore new research areas, topics that may be difficult to access or do not lend themselves to observational techniques (e.g., attitudes and decision-making), or potentially sensitive topics (such as race). Researchers may use a focus group to collect a concentrated set of observations in a short time or to ascertain people's perspectives and experiences on a topic, particularly when these are people who might otherwise be marginalized. Focus groups can be used as primary data or as an aid to surveys and interviews (Qualitative Research Guidelines 2008). Durham's (2004) focus group allowed her female South Asian participants to discuss issues regarding race and sexuality in a safe, comfortable manner. The benefits of focus groups included the ability to produce a large amount of data in a short time and for the researcher to interact directly with respondents for clarification, follow-up, and probing. Focus groups also allow respondents to build on and react to other members' responses, which may result in the production of data or ideas that cannot be observed in individual interviews.

All of the above benefits of focus groups appealed to me. I thought that I could enhance my interview data with group engagement. Recruitment for the focus group followed the same pre-set parameters applied in the interview selection for this project. Participants were chosen based on the study criteria of gender, age, race, and interest in discussing the subject matter. Recruitment posters (see Appendix E) were produced with the Simon Fraser Student Society's

Women's Centre and promoted at the three SFU campuses located in Vancouver, Burnaby, and Surrey. As in the interview protocol, participants were given appropriate consent forms (see Appendix F). Focus group discussion plans were based on the interview schedule questions. Students who had already completed a one-on-one interview were welcomed to take part in the focus group. Students had the option of taking part in the interviews or the focus group or both. Allowing women to take part in both is considered feminist practice (Marchbank 2019). The focus group was held in collaboration with the Women's Centre. Unfortunately, the event was unsuccessful. Two students arrived at different times and were able to provide a one-on-one interview. Both expressed an interest in the planned focus group but noted that they were happy to speak one-on-one privately with me.

3.5. Change of Plans

As mentioned above, the original study goal was to recruit twenty-five participants. I honestly thought recruitment would be quick and painless. Unfortunately, that was not the case. The study went through three ethics amendments in an effort to improve recruitment. I first adjusted to include non-SFU students. Then, I incorporated a focus group based on feedback from a couple of students who wanted to be interviewed with peers. Finally, I added interviews with professionals and educators. I did interview non-SFU students, but the focus group and professional interviews did not eventuate. I contacted educators in the field of sexual health, but no one responded. I later reached out to different professionals and educators, and three responded. I am incredibly thankful for the sixteen participants that agreed to help me with this study. I refer to them as participants because, without them, I would not have a project. It was a self-selecting sample; the participants volunteered to speak to me after seeing the project flyers. These women willingly shared their knowledge, so I knew what I needed to research. Without them, I would have never obtained such information (Bromley et al. 2015). I respected them and their time by providing sexual health resources, information, and discussions during debriefing (Patel, Doku, and Tennakoon 2003). Trust was mutual as we spoke about potentially sensitive topics (Shaver 2005). These women volunteered because of their personal interest in the subject matter (Riach 2009). No incentives were provided (money, gifts). I also used the language of "participating" when recruiting and for all ethics applications. These South Asian women were not research subjects, and they more than just interviewees. I am truly grateful for their contribution.

3.6. Recruiting for Sex Research

Recruiting for this project was difficult because of the subject matter; potentially sensitive topics such as sex can frighten people away. Researchers have differing opinions on whether sex research is sensitive since it can be argued that it is not as sensitive as some other topics (Noland 2012; Shirmohammadi et al. 2018). Generally, sex research increased in the 1990s as researchers examined sexual behaviour and attitudes (Frith 2000). Despite this increase in interest in studying sex, North American culture views sex as a sensitive topic (Noland 2012). This is interesting and frustrating as a researcher since sexuality is everywhere in popular culture, yet people still are embarrassed to talk about their own sexuality (Tarzia et al. 2013). Noland (2012) noted how she is continuously denied approval or asked by her research board to change her research process significantly because it has to do with sex/uality. Regrettably, Noland (2012) found that the research board was right; university students perceived sex to be a stressful topic of interview. In my research, it took time to recognize my own study bias and beliefs (Sullivan-Bolyai et al. 2007) in thinking that participants would be comfortable discussing sex. I thought the study was not sensitive or taboo since it was on the experiences of sexual health education, not on personal sexual activities, kinks, or desires. Also, I was in the Department of Gender, Sexuality and Women's Studies. I thought this would help my image as a trustworthy researcher. I also thought I would receive many gender studies student participants that already openly discussed sex/uality in the classroom, but I did not.

What makes a topic sensitive? I reflected on this after conducting sixteen interviews. According to Noland (2012), in research, sensitive topics, including taboo topics, topics associated with shame or guilt, and topics that are generally considered private, may make participants feel uncomfortable. Sex is considered a taboo topic (Crawford and Popp 2003; Shirmohammadi et al. 2018) in the West. To Corbin and Morse (2003), a topic is sensitive if participants are asked to tell their stories, which are highly personal and often intimate. So, people may be concerned about risks associated with confidentiality/anonymity that may have consequences that affect their lives. Participants may also experience powerful emotions during the study, causing distress (Corbin and Morse 2003; Tarzia et al. 2013).

Any topic can be considered sensitive, but some topics are more likely than others to provoke strong emotions. For sex research, participants may feel anxious about sharing risky behaviour in fear of judgement (Gribble et al. 1999). What is risky is subjective, but for sex, it could mean anything from admitting to not using protection or engaging in a lot of casual sex.

As previously discussed, men and women have historically been subjected to different social rules regarding sexual behaviour. While women, regardless of culture, continue to be stigmatized for engaging in premarital heterosexual sex, men are not (Crawford and Popp 2003). Hence, women may generally not want to discuss sex freely with a researcher, despite my hope that the topic would be straightforward. According to Frith (2000), chatting about sex is not something people feel comfortable doing. Reflecting on this further, I realized that my study was being viewed as a sensitive topic. The "sex" part of it was not appealing to students.

Recruiting participants for research studies can be a challenging task (Sullivan-Bolyai et al. 2007). For me, this study's recruitment process was painfully frustrating. It wasn't until after sixteen interviews and a discussion with my supervisors that I truly recognized that the subject matter was sensitive. Slow recruitment was incredibly taxing. As Patel et al. (2003) explained, recruitment problems can disrupt the timetable for a research project, amongst other issues. I followed up with interested parties via email, continually posted and shared flyers and considered different avenues of finding participants. At one point, I wondered if I should be providing incentives for participation. Paying participants has increasingly become common in qualitative social research (Head 2009). Some researchers believe that, aside from gaining more participants, paying might be part of ethical feminist research; people should be compensated for their time and effort (Head 2009). However, paying participants may coerce some people to engage just for the payment, and Head (2009) pointed out that it may actually compromise a key ethical principle of research participation: free, informed consent. Ultimately, I decided not to provide incentives. Instead, following another feminist tradition, I wanted participants to take part voluntarily, accessing direct therapeutic benefits (Patel et al. 2003). As Corbin and Morse (2003) noted, people tell their stories to be heard. They also noted that the benefits in discussing sex, or any sensitive topic, is that the interview can serve as a catharsis, provide self-acknowledgement and validation, contribute to a sense of purpose, increase self-awareness, grant a sense of empowerment, promote healing, and give voice to the voiceless and disenfranchised (Corbin and Morse 2003). Participants that did share their stories with me discussed a wide range of topics, including same-sex experiences, infidelities, fetishes, and unsafe sexual practices, without me asking.

Frith (2000) noted that these kinds of topics could be talked about in focus groups if people know others in the group have similar experiences. I had hoped a focus group would have created this kind of comfortable environment, but it was a failure. In their research, Brown et al. (2001) also identified that locating and recruiting diverse women was a major challenge. I

do not believe that I lacked participants because I was researching South Asian women. Indian culture shares the same ideas about women's sexuality as the West. According to Puri (1999), South Asian women are thought to be passive, uninterested in sex and always heterosexual, exactly how most women are generally thought to be. As I mentioned above, I believe that women in general may feel uncomfortable talking about their intimate lives. The slow-moving recruitment process of this study brought forth feelings of despair, self-blame, guilt, and a sense of failure and frustration (Patel et al. 2003). I had high exceptions as a recruiter (Brown et al. 2001). Since I had recruited easily for my MA project, I thought this, too, would be quick and painless. I was much too confident. As Patel et al. (2003) explained, "recruiting participants can be an emotionally turbulent and maturing experience for a junior researcher" (236).

3.7. Exploring Insider/Outsider Dynamics

Before discussing my role in this study, I first would like to address *insider/outsider* dynamics in the research process*. Insider/outsider* status refers to the researcher's position in relation to the community they are studying. Being an *insider* refers to the researcher having direct involvement in or connection to the research setting, community, or phenomenon; for example, being a member of the group (Beoku-Betts 1994). An *outsider* position refers to not having any connection to the research setting, community, or phenomenon. This approach aligns with the traditional scientific belief of being an objective outsider. Researchers like Nagy Hesse-Biber and Piatelli (2012) viewed *insider/outsider* status as a part of the researcher's position in methodology, thus a part of reflectivity. In other words, a researcher engages in reflectivity when she thinks about her position as an *insider* or *outsider*. Researchers range in their beliefs about what constitutes inside, outside, or somewhere between. Bhopal (2001) considered herself an *insider* based on physical appearance but also an *outsider* since she is a researcher. Nagy Hesse-Biber and Piatelli (2012) agreed that regardless of one's membership in a group, the researcher could never fully be an *insider* because of her position as an academic. Doucet (2008) also believed herself to be neither an *insider* nor an *outsider*. However, it often seems that the *insider* position is more popular than the other. England (1994) believed that the *insider* position allows researchers to grasp a phenomenon quicker or better than others. Yakushko et al. (2011) explained that researchers, especially minorities, will often go back to their communities or home countries to produce research because they feel that they have an obligation to bring back learned knowledge to their people. Researchers like this share experiences of marginalization or discrimination with their communities. While these

researchers have membership in their groups under study, several issues may arise. These researchers are different from their communities because they have become academics (Nagy Hesse-Biber and Piatelli 2014). Yakushko et al. (2011) expressed this in their stories of feeling like, or being treated like, traitors. They concluded that the *insider*/*outsider* positioning is challenging, both personally and professionally.

According to Dwyer (Dwyer and Buckle 2009), an *insider* should go into the research with the mind frame of not knowing the phenomenon being studied. That way, they do not make assumptions or take things for granted. An *insider* position can allow a level of trust that an *outsider* may not gain right away, and participants are more willing to share with *insiders*. However, Dwyer (Dwyer and Buckle 2009) cautioned that participants might make the mistake of assuming similarity and not explain their experience fully to the researcher. Researchers will sometimes state that they are *insiders* to show that they can situate themselves very well in the research, but in doing so, they can be accused of bias when describing their own community (Dwyer and Buckle 2009). Badiee, Mallory, and Wang (2011), who reflected on their negative experiences of being *insiders* within their respective communities, concluded that this bias could be controlled with reflectivity. Despite their initial belief that they were *insiders* (as I did in my study!), they appreciated Dwyer and Buckle's (2009) concept of *space in between.*

As a South Asian woman in Canada, I originally thought I held an insider position in my research (Bhopal 2001). I knew that being an insider is of concern regarding bias (Dearnley 2005), so I prepared with self-reflection. Reflection consists of analyzing the experience to think about it and evaluate it (Dearnley 2005). I constantly have to be conscious of any bias caused by my similarities to the group and as a researcher. Reflectivity would allow me to review the interview process, for example. I would ask myself, am I reinforcing stereotypes, being oppressive in any way, and/or trying to take ownership of the data? (Chaudhry 1997; Bhopal 2001). I was confident that the sameness I shared with participants would aid the research. However, Dwyer and Buckle (2009) pointed out that an *insider* may be a part of the culture but may not understand the subculture. Or, the researcher may allow her personal experience to affect her perceptions in the field, a form of *insider* bias. Moreover, I failed to acknowledge that I am a researcher. Participants can argue that a researcher or academic is a complete *outsider*. The researcher has a research agenda and represents the participants in the final presentation. According to Ramazanoglu and Holland (2002), some feminist researchers, such as students like me, may not appear to carry much power, but it is important constantly to acknowledge through a reflective process that power dynamics exist. Ramazanoglu and Holland (2002) also

argued that *all* social researchers at the very least exercise power by taking participants' lives and turning them into authoritative texts by picking and choosing what to express. In this sense, even academics studying other academics could exercise power through interpretation and representation of subjects. This is why the binary idea of *insider/outsider* is too simplistic and why Dwyer and Buckle (2009) coined the term *space between*.

The *space between* approach allows for the complexity of similarities and differences between researcher and researched. Dwyer and Buckle (2009) suggest that the *space between* allows the researcher to be both an *insider* and *outsider* at different times and regarding different things throughout the research process. The *space between* is similar to *outsider within*, which Beoku-Betts (1994) explained as involvement with a community but not being fully accepted by the group as an *insider*. According to Beoku-Betts (1994), the *outsider within* asks researchers to conduct themselves as both *insider* and *outsider*, still binary, simplistic places. The researcher seems to move from one to the other, while Dwyer and Buckle's (2009) *space between* is more fluid, where the researcher occupies *space between insider* and *outsider*. To Dwyer and Buckle (2009), the *insider/outsider* positioning is too simplistic. A dichotomous approach only allows the researcher to take an either/or stance, which does not suit most research studies since neither approach is without complexity. For example, some believe that in sexuality studies, similarities between interviewer and interviewee allow higher response rates (Catania 1999). Similarities may mean a greater chance of the participant liking the interviewer and providing more self-disclosure. Same-sex interviewers can increase the response rate to questions regarding condom non-use, extramarital affairs, sexual problems, and sexual violence (Catania 1999). Similarities may equate to a type of insider role, but once again, the researcher is still an outsider and has the power to present sensitive data however she wants to.

The *space between* or the *outsider within* does better suit self-identified *insider* researchers who are academics studying non-academics. I found that being in the *space between* as a South Asian female researcher had both benefits and drawbacks. First and foremost, regardless of whether participants viewed me as an insider or outsider, they were talking to a stranger about sex and intimacy (Tarzia et al. 2013). It was after completing interviews that I recognized the pros and cons of being in the *space between* as a South Asian female researcher. Participants felt comfortable speaking to me, but my shared race did not bring me as many South Asian interviewees as I had hoped. This led me to reflect on my positionality. Positionality refers to the researcher's position—who they are in terms of

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insider/outsider status, education level, gender, race, sexuality, class/social background, and so on. The researcher must be aware of these factors to take account of their position in relation to the research participants, setting, and process. I began to wonder if South Asian women might feel more comfortable speaking to an outsider. I had hoped to ask some of the professional interviewees if they felt that students were more willing to speak to them because they were white. Perhaps young South Asian women would feel more comfortable speaking to someone from outside their culture and/or community. Maybe potential participants feared that I would be judgemental or that I might know their families and friends.

Bhopal (2001) wrote about being a South Asian woman researching South Asian women. She addressed gender and racial identity, control and ownership of data, and the insider/outsider role of the researcher. Like me, she felt that other South Asian women felt more comfortable speaking to her because she looked like them. Unlike me, she had an easy time finding participants. As I explained earlier, I think it may be due to my study's potentially sensitive subject matter. Bhopal (2001) argued that racial identity affects the research process and that women who share experience with the researcher may be more willing to speak to the researcher. I agree that some of my participants felt comfortable using Indian words and discussing cultural experiences that I would understand and relate to. I also understood their frustrations with a lack of proper sexual health education. Yet I still wonder if more women would have spoken to a white researcher.

As I mentioned early on, there is limited literature on the sex lives of minorities in Canada (Naugler 2012). There is also simply a lack of race dynamics in sexuality studies (Tiefer 1995). Therefore, I looked at feminist literature on race and the interviewer/interviewee relationship (Edwards 1990; Phoenix 1994; Mirza 1995; Twine 2000). I referred to this literature to understand race and interviewing about sexuality. According to Twine (2000), some researchers believe that the interviewer should be the same race as the participant. This was because Black scholars believe that white researchers would not be able to understand Black realities. I understand this in terms of sex research. I was able to understand the women's choices to hiding relationships from family members or exaggerating menstrual pains to obtain the pill. As I stated earlier, I do not think all of these situations are culturally specific, but I understood what the women were saying because we shared similar world views and experiences. This was the rationale for a shared gender and race for interviews (Phoenix 1994; Twine 2000). If I agreed with my participants, we would share a unitary truth. However, Phoenix (1994) pointed out that if different researchers produced different data, that itself is important

data. In my case, I wondered if a white woman would have accessed more participants and different data.

According to Edwards (1990) and Mirza (1995), it can be difficult to secure same-race women participants. Sharing a race does not automatically mean that subjects want to participate. Twine (2000) and Islam (2000) had similar encounters where they did not expect to be treated differently because they belonged to the group they were researching. They were often treated with suspicion, which, luckily, I did not encounter. Collins (1986) insisted that scholars should "trust their own personal and cultural biographies as significant sources of knowledge" (29), which is what several researchers have done in choosing to disclose their research stories and struggles (Edwards 1990; Phoenix 1994; Twine 2000; Islam 2000). In this, I reflected on how I would feel speaking as an interviewee. At a younger age, I too would have been concerned about who was interviewing me. I would have felt more comfortable speaking to an outsider who would have little connection to my community; however, I would also have felt unsure if the researcher would perpetuate stereotypical sexual tropes of South Asian women. With this, I have come to better understand the lack of participants but still wish that I had professional interviewees who might have shared their thoughts and experiences.

3.8. Data Collection and Analysis

With grounded theory, I reflectively went back and forth between data collection and analysis throughout the research study. I adjusted interview questions and reviewed policy based on topics that participants found important. Recruiting and interviews began in the 2019 summer semester. Professionals were contacted in the fall semester. While I read policy using content analysis, I coded interviews by hand. I looked for emerging patterns throughout the interview process. Charmaz (2006) described coding as a way of categorizing segments of data with a short name. Coding allows a link between the data and the developing theory that begins to explain the data. The coding allows the researcher to define what is happening in the data and make sense of what it all means (Charmaz 2006). There are different ways to code in grounded theory. I chose to code line by line (Kendall 1999; Charmaz 2012), which means labelling each line of data to focus on the data and engage with it to conceptualize. Regardless of the approach, the first phase involves naming the word, line, data, and the second phase is to focus on the most significant, or frequent, codes to organize them (Charmaz 2006). Initially, I was able to locate gaps in my interview questions by coding. As Charmaz (2006) explained, I recognized the need for more information through the grounded theory analytical process.

Similarities and differences in the codes are conceptualized, and categories are created to make sense of the patterns (Kendall 1999; Walker and Myrick 2006; Charmaz 2012). Regardless of their approach, all grounded theorists acknowledge that codes and categories are selected and interpreted by the researcher (Kendall 1999). According to Charmaz (2012), this interpretive stance from grounded theory gives researchers tools to answer "why" questions. For example, it was up to me to determine how long I wanted to conduct line-by-line coding until I felt I had enough codes that I wanted to explore. Once I was satisfied with my codes, I placed them into categories. It was my choice to determine which themes were important to answer my research questions (Walker and Myrick 2006; Charmaz 2012). To Charmaz (2006), coding in grounded theory allows the researcher to stop imputing personal motives, fears, or personal issues onto participants and the data. Reflectivity is important during this coding process, however. According to Bhopal (2001), interpretation is influenced by the researcher's background (gender, race, class, etc.) As Whitmore (2014) noted, social location affects our worldview and simply cannot be ignored when conducting research. Asymmetrical relationships will always exist because of the very nature of the researcher having the privilege to research another, but Beoku-Betts (1994) stated that reflectivity could prevent unintentional exploitation of communities being researched, especially people of colour or other minorities. My feminist stance is anti-racist and intersectional. Since it openly acknowledges different identities, lived experiences and dynamics, I was coding and analyzing data with the purpose of understanding experiences of sexual education. As I mentioned earlier, I would have liked to share the data with participants for their input but with the impact of Covid 19, combined with my project timeline, this was not feasible.

In the next chapter I discuss the themes and findings from the analysis.

Chapter 4.   Let's Talk About Sex

I have organized this chapter into two sections. Section 4.1 begins by summarizing where and what the South Asian women learned about sex/uality. In section 4.2, I explore what they wished they were taught and why. The main focus of this chapter is highlighted here; the five main topics that women wish they were taught in the classroom: consent, pornography, STIs and birth control, female bodies (with emphasis on risky sex and female pleasure) and sexting. These five themes are important in understanding what South Asian women are requesting in their sexual education experience. While some of these themes are traditionally considered within sexual education curriculum, such as information on STIs and birth control, participants in this study expressed what exactly they would like to be taught, how, and why.

As the Literature Review in Chapter 2 indicated, interview findings here demonstrate how Canadian South Asian women's experiences with gender roles/expectations and sexual socialization affect their identities, and impact sexual decision making. This study reveals the importance of researching *with* South Asian women to better understand their social and personal experiences, and also recognize what is and is not being taught in the classroom. The following is based on the experiences of my participants:

4.1. Where Do Young South Asian Women Gain Information about Sexuality?

The participants I interviewed explained similar ways of learning about sexuality. Overall, most were greatly dissatisfied with the sexual education they received as adolescents. Several of the women first learned about sex from friends, older sisters, and other family members (usually cousins). Two women learned about sex for the first time in the classroom. Three learned about sex by accessing pornography. Some women learned from friends who had viewed pornography, while others watched pornography and searched the Internet for information after their initial introduction to sexuality. Only two participants discussed sex with their mother. None of the women were opted out of sex education. Instead, most thought that their parents wanted them to learn through school since they would not discuss it at home.
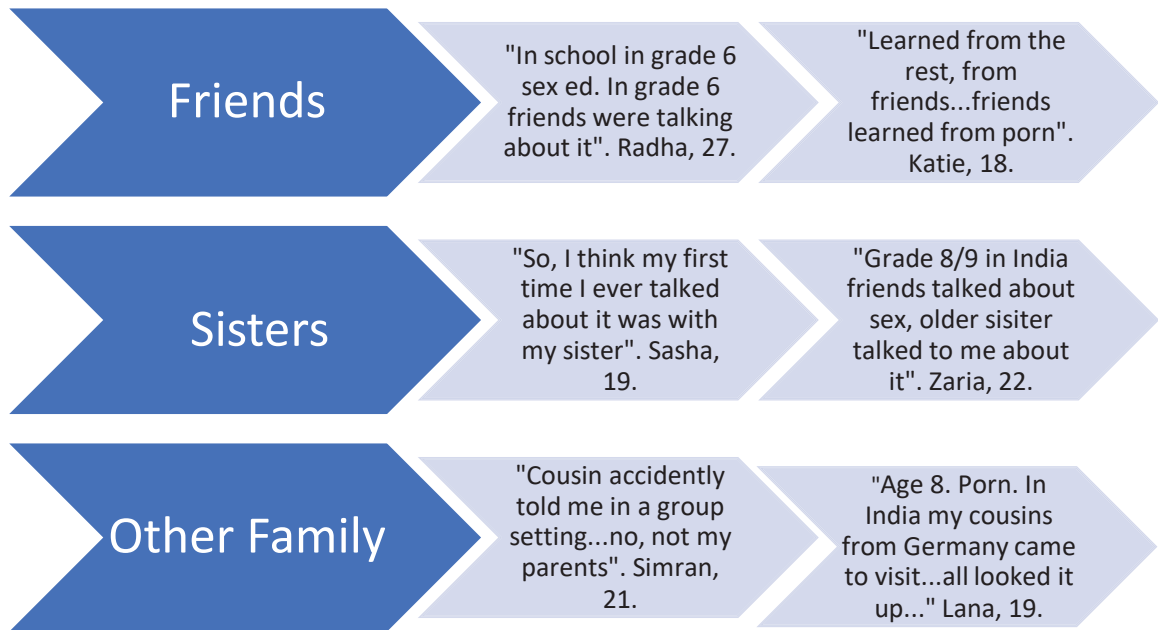
Figure 9. Excerpts 1 – Where Do Young South Asian Women Gain Information about Sexuality?

4.1.1. Communication

S: Did your parents ever discuss sex with you at all?

Sasha: No. When I was younger they told me to, you know, wait until marriage and like, that was kind of the extent to it. The only thing they talked about reproductive health was about my period and to that they only talked to my sister [being older]. But I ended up getting my period before her so that was kind of weird but no they didn't, they didn't talk to me about it.

As discussed earlier on, South Asians tend to communicate about sex indirectly (Kao and Martyn 2014). Like Kao and Martyn's (2014) discussion, my participants experienced very little to no dialogue about sex at home. Also, as Kim (2009) stated, the women received messages in their youth on how not to look or act and to avoid boys. Many were not given useful information about their changing bodies. Sasha, 19, quoted above, shared how her mother told her and her sister to "get checked" by the doctor but did not discuss sex, even though her mother is in healthcare. Maia, 20, was also told to go to the nurse at age 15 because her parents assumed she was having sex; she was not. Alex, 21, shared that her parents were okay with discussing menstruation, but her mother used that to tell Alex to keep an eye out for missed periods without

providing more details. Some of the women used the excuse of irregular periods to go on birth control, which led to some discussion about bodily functions with hesitant mothers. When Radha, 27, had a late period, her mother told her that "you better not be doing anything wrong."

According to Bacchus (2017), an unplanned pregnancy is an overt symbol of sexual interactions with males. In her study, all of the women had taken extreme caution to prevent or terminate a premarital pregnancy (Bacchus 2017). Not all of my participants used birth control, but the fear of pregnancy was real. So was the fear of being labelled a sexually active woman. Dasgupta and Dasgupta (1996) note that female sexuality and women are thought to destroy families through sexual infidelity. One participant shared how her father had cheated on her mother without any social consequences, while another shared how her father made comments about other women in the community expressing what is "not a good woman" or how "women are the one to ruin families." While some of the women felt comfortable to date freely, others hid their relationships from parents. Like Kallivayalil's (2004) participants, most of the women in this study reported being close to their families, but they could not fully share their intimate relationships with their parents. Fortunately, for those who dated openly, their parents had become more liberal over time (Bacchus 2017). There was only one participant that felt her mother was always direct in communicating. When asked about their relationship, she mentioned that her mother worked in victim services, a field where one must be well aware of communicating on sensitive topics.

"My cousin is doing this whole act, this theatrical act like her periods hurt a lot but she's doing this theatrical act, oh my doctor told me to get birth control it will less down the pain and stuff. So you know, you have to fabricate or make those stories up so you can do stuff without [condoms]…" Alex, 21.

"Women deal with more changes. We deal more than with males; protection, stress about missed periods…". Katie, 18.

"Dad has said 'be careful'… [understood it as] don't get pregnant". Natalia, 19.

"[Parents know about boyfriend] Mom is becoming more direct in her communication with me. 'Be Cautious" (imitating mom). Pooja, 20.

"My period recently was late a few months ago. My mom made a comment how a period can come after you're married…meaning through having sex with husband". Radha, 27.

Figure 10. Excerpts 2 – Fears of an Unplanned Pregnancy.

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4.1.2. Where Did They Learn?

Women learned about sexuality from a variety of sources: friends, family, media, and school. What exactly did they learn? At school, not that much. In school, most women started to learn about sex by learning about their bodily changes and the menstrual cycle around grade 6. They then learned about what many referred to as biological reproduction; that is, how babies are made. Women, along with their peers, were taught about sexually transmitted infections (STIs) and contraceptives at various levels of detail. For some, there was detailed information regarding the types of birth control. For others, there was a focus on the male condom and a general overview of the pill. The pill was often taught as one type of pill rather than the different forms based on hormonal combinations and options. Some women learned a bit about consent. STI information was often in detail but taught in such a way that some women felt there was an underlying scare tactic; if you have sex, you may get a horrible infection. Lana, 19, summarized this type of education experience by saying she wished she had been taught "it's okay to have sex. It's not scary."

Regardless of how and what they were taught, the women were happy to have learned the "basics" of sex. For many, this would jump-start their curiosity to look up information online. Although this was beneficial, it also led to almost all accessing and believing male-centric information. Most were not taught about female sexual pleasure. Often, pleasure was not mentioned at all; instead, the focus was on reproduction. However, students were taught implicitly about the importance of male pleasure because they were taught that the male had to ejaculate in order for sex to occur. Once that happened, sex was over. Some women took this as understanding that male pleasure was necessary for heterosexual sex and more important than their own. Alex, 21, knew that the "sperm needs to fuse with the egg" but did not quite understand how until she viewed pornography. This is what also led her to understand sexual pleasure for the first time.
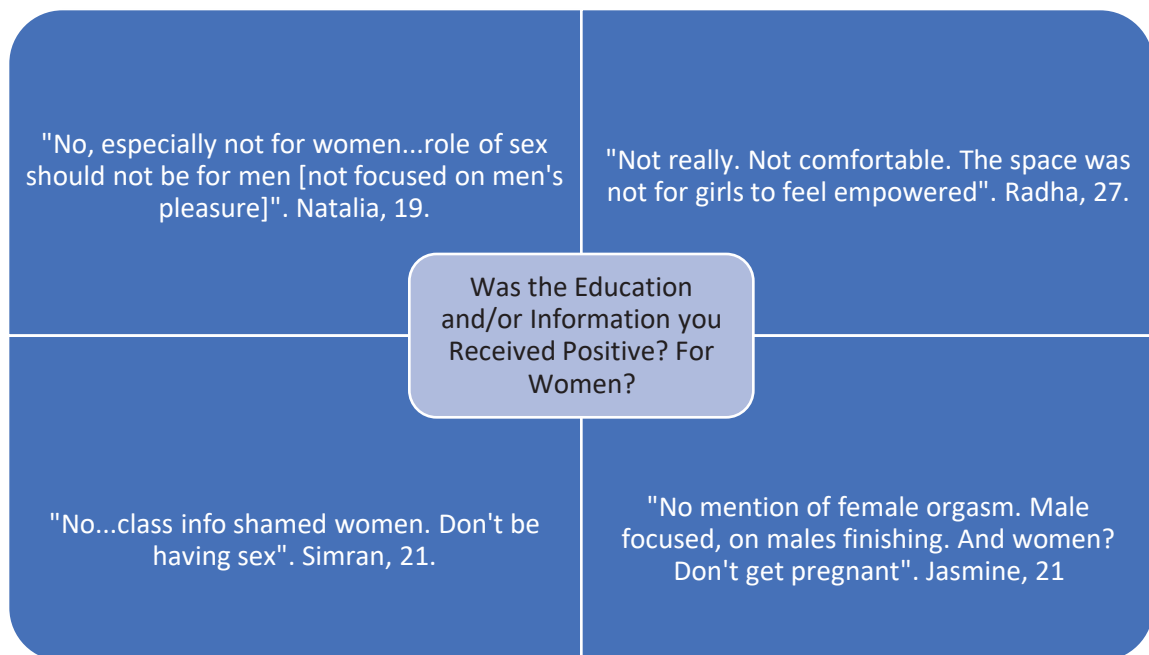
"No, especially not for women...role of sex should not be for men [not focused on men's pleasure]". Natalia, 19.

"Not really. Not comfortable. The space was not for girls to feel empowered". Radha, 27.

Was the Education and/or Information you Received Positive? For Women?

"No...class info shamed women. Don't be having sex". Simran, 21.

"No mention of female orgasm. Male focused, on males finishing. And women? Don't get pregnant". Jasmine, 21

Figure 11. Excerpts 3 – Was the Education and/or Information you Received Positive? For Women.

4.1.3. Impact on the Women's Lived Experiences

The lack of adequate sexual education affected the participants in several ways by shaping their identity, sexual behaviour, and sexual experiences. Messages received about sex and the body were often negative or ambivalent. Indirect communication led some women to feel unsure about themselves and their bodies. Jasmine, 24, shared how she felt shame until she was 18 or 19 years old because of the "boundaries placed on body by family and community." All of the participants noted the importance of communication. They all believed that communication between partners was crucial. This included consent in its various forms, which some women learned about over time. Many participants associated heterosexual sex with male pleasure only until they realized at some point that female pleasure existed and is important. A few noted that they now felt that their first sexual experience might not have been consensual. Male pleasure was cited as the reason for engaging in these sexual experiences. Some women said they felt "lucky" to have caring partners, while others noted how they had to experience terrible relationships or hook-ups to better understand their bodies, boundaries, and agency. The trial and error approach is a terrible way to learn about one's body. Simran, 21, shared how she had recently been infected with an STI "and didn't have much info about her body." Maia, 20,

discussed the importance of being taught where to go for testing, and she and Karen, 24, mentioned accessing Plan B.

Religion did not affect the participants' understanding of gender, body, and sexuality. As discussed above, cultural values did. Some women expressed annoyance at their brother's love lives that parents ignored or accepted. Others shared frustrations about cultural expectations placed on South Asian women by family and community. However, they noted these problems to be more gender-based than cultural. All participants seemed proud of their cultural backgrounds and to be women of colour. In terms of culture being taught as part of the sex education curriculum, none of the women expressed that it was incorporated positively. Culture could be expressed in several ways in sex education, from acknowledging cultural differences and similarities in dating and gender roles to including people of colour in images and relationship scenarios in class. Eight of the participants stated that culture was not mentioned. Four shared that their education had been "Western" or "white": Jasmine, 24, said it was all "whitewashed discourse" while Samara, 20, noted that it was "not intersectional at all." Only Maia, 20, thought that culture was unimportant to her sexual education because, as a biracial woman, she did not see herself differently from her white female peers. Three women had gone to high school outside of Canada. Alex, 21, did not learn about culture in her sex education. Pooja, 20, and Zaria, 22, took the FIC (Fraser International College) class before entering SFU. Pooja, 20, shared that Canadian laws were discussed as cultural differences while Zaria, 22, stated that nothing was said about culture even though the class was aimed at international students.

"I think it's cultural. It's kind of taboo to talk about sex and how different identities overlap. For example, I'm not out to my parents". Sasha, 19.

"White girls always thought that I would judge them for some reason. I don't know why. I used to be like I know our cultures are different but my friends talk too". Alex, 21.

"I still don't tell my parent about [my] boyfriend or dating. I think my parents might know but … [still doesn't discuss dating]". Natalia, 19.

"Uterus, vagina. We don't have words for these parts. I have a Punjabi/English dictionary and these parts are not mentioned. My family uses 'child's space' (translated here in English). Words and lack of words matter". Radha, 27.

Figure 12. Excerpts 4 – Cultural Gender-Based Frustrations.

4.2. Discussion—What Did You Wish You Were Taught?

The women had little to share in what they learned, but there certainly was much discussion about what students should learn. Aside from the need to incorporate culture in the sexual education curriculum, which I discuss later, dialogue about what topics should be covered by sexual educators is beneficial to *everyone*. Almost all of the women had feminist ideas aligning with bodily ownership, agency, pleasure, and desire. I did not ask about feminism or feminist ideas regarding sexuality, but it was an underlying theme connecting all the interviews. All participants expressed the importance of women and girls learning about sex in a positive way. So what does a sex-positive feminist education look like? Funnily enough, after the interviews, I came across this 2019 piece by the artist Hazel Mead for the Vaginismus Network that effectively captures the participants' feedback on what kind of sex education they wished they had received (see Figure 1).

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[Figure 13 descriptive– The Sex Education We Wish We'd Had by The Vaginismus Network x Hazel Mead illustrates the need for sex education to teach topics such as: sex shouldn't hurt, lube is awesome, movie sex isn't real, who you are attracted to might change all the time, get to know your body, communication is sexy, relationships, emotions and respect, find the contraception that works for you, masturbation is good for you, all things clitoral, drunk people legally cannot give consent, correct terminology, sexual hygiene, you are responsible for your own sexual health, recognizing coercion/pressure/abuse, sexual hygiene, every body is different, it's fine to not want sex, virginity is a social construct, your gender is yours to decide, periods aren't gross, bases are for sports, not sex, you don't have to finish it just because you started it, size doesn't matter and number of partners doesn't matter).

Image Redacted due to Copyright.

Figure 13. "The Sex Education We Wish We'd Had." The Vaginismus Network x Hazel Mead.

https://www.instagram.com/p/B5FwOnoBlj-/?igshid=1w6sgtpjudogu.

Here I explore the five major themes that arose from the interviews as essential topics for sexual education. I do not present raw data; rather, I settled on these themes to best capture the women's realities of sexual education.
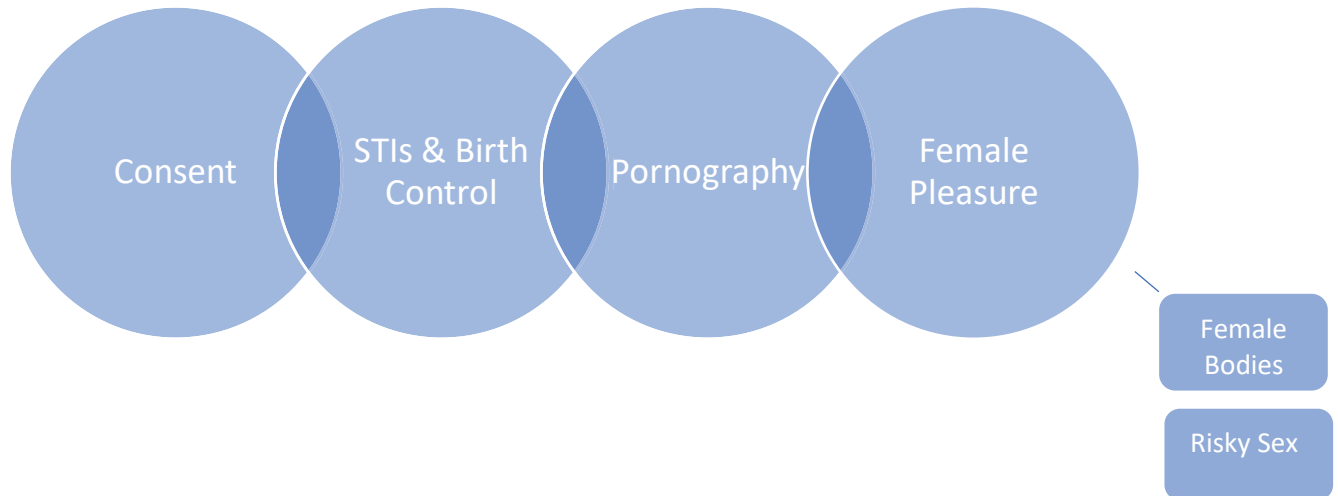

Figure 14. Main Themes.

4.2.1. Consent

Some of us were never brought up to say no.

—Dr. CJ Rowe, SVSPO Director

All of the participants mentioned consent in some way, whether referring to it by name, as a form of communication, bodily respect, or boundaries, as a part of intimate encounters and/or describing situations or emotions. Some had learned about consent in the classroom, but it varied in detail. Others said consent was never taught. For these women, consent and bodily ownership was learned with partners and, sometimes, difficult experiences. Lucy, 21, pointed out that if all girls were taught about consent as a part of sex, there could be less chance of abuse in the future, or what she referred to as "bad relationships." Only Alex, 21, shared how her parents had told her from a young age about consent and what was a "bad touch." She also

noted that she was surprised that her female friends did not receive this information from their parents, so she had to tell them about boundaries: "my parents have been really, really good with me. But I see my friends have not [received the same education about wrong touches and speaking up about abuse], so sometimes I have to tell them." Radha, 27, like some of the other women, thought that consent is "clearer now," namely, the topic of consent has become mainstream in recent years. She also thought this discussion would help with "communication between partners in relationships." Maia, 20 shared that she "was not taught consent. Could've learned more about consent but naively thought it was a given".

The Sexual Violence Support and Prevention Office (SVSPO) at Simon Fraser University (SFU) describes consent as

> clear, ongoing and voluntary agreement to engage in sexual activities. Consent is informed, freely given and actively communicated by words, body language or other forms of communication. It is always the responsibility of the person initiating sexual activity to ensure they have consent. (SVSPO 2019)

The office also notes that anyone who is incapacitated by alcohol or drugs or is asleep or unconscious is unable to consent. Consent is associated with the larger framework of rape culture, which the SVSPO (2019) defines as a culture in which dominant ideas, laws, social practices, media images, and institutions normalize or trivialize sexual violence. I mention the SVSPO office because of its various workshops and campaigns on the SFU campuses to educate students, faculty, and staff about consent and sexual violence. Since participants had all agreed that consent was important to include in sex education, I decided to reach out to an office dedicated to the issue to learn more about consent education. Teaching consent seems straightforward, but given the women's experiences, it obviously is not.

As I mentioned, all the women interviewed agreed that consent is now discussed more than ever. In 2016, British Columbia's Sexual Violence and Misconduct Policy Act (BC Laws 2019) required all post-secondary institutions in BC to review related policies every three years. Accordingly, SFU began to develop a sexual violence and misconduct policy (SFU 2019). Throughout this process, the SFU community was encouraged to provide input and feedback on the policy, including definitions, jurisdiction, and policy operationalization. On March 30, 2017, the university's Board of Governors approved SFU's Sexual Violence and Misconduct

Prevention, Education and Support Policy, GP 44, formed by the Sexual Violence and Misconduct Policy Advisory Committee (SFU 2019).

I asked SVSPO Director Dr. CJ Rowe their thoughts about teaching consent. Although Dr. Rowe teaches university students about consent, I was interested in what consent education meant and how it is received. In their experience, there are different levels of consent, starting with the basic 101 frameworks. Most people, they explained, understand consent in theory but not in practice. Dr. Rowe believes that consent needs to be taught early as part of the k-12 curriculum so that it becomes a part of everyday life and not just part of sexual encounters. Sasha, 19, would agree with this. She insisted that consent needed to include how to talk to parents about personal boundaries surrounding bodily ownership, including the personal choice to date, engaging in sexual relations, using birth control, and seeing a doctor without a parent present. This connects back to the issue of indirect communication with parents. It is important to note that some South Asian women have immigrant mothers who may have their own experiences, attitudes, and beliefs about sexuality affected by not only generational differences, but also immigration and migration. For example, some mothers may feel unsure or uncomfortable speaking about sex even with their doctors because of language barriers and/or experiences of racism (Baraitser 1999; Finn 2011; Masood et al. 2015). Communication with parents could be explored along with cultural differences, but all students could be given some pointers about how to express particular topics with parents; for example, wanting to see a doctor for sexual health purposes without a parent present is not necessarily a culturally specific issue.

Bad girls in those times got shipped off…they got shipped off to India.

Baljit Sangra, *Because We Are Girls*

Another topic in terms of communication and consent is how some participants were told to stay away or protect themselves from boys. Rape culture also normalizes sexual violence by claiming that sexual violence and assault is inevitable and pervasive (Klement, Sagarin, and Lee 2017). Natalia, 19, has been told to "be careful," Jasmine, 24, was told to "be aware of your limits," which she understood as meaning that she should not "be in certain spaces or situations as a female," Lana, 19, was told how men would take advantage of women, and others were not told anything at all, which resulted in confusion or general negative feelings about sex and the body. As Samara, 20, noted, the silence about sex made "it seem like a bad thing." It seems

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that parents unknowingly were engaging in rape culture discourse by placing the responsibility of preventing sexual assault on their daughters by reinforcing victim-blaming. As the quote above suggests, girls are blamed for any abuse done to them. I believe this also contributed to the lack of knowledge of consent. According to Dr. Rowe, teaching about rape culture is not part of the 101 consent conversation. Rather, they explained that rape culture is "thick, it's dense," and students must first understand the basics of consent and then learn about cultural significance, respecting gender socialization, and power privilege. Hence, teaching consent is not as simple as one may think. Conversations need to start early, much earlier than even the high school-level sex education class, and then grow to incorporate understandings that affect healthy relationships with partners, friends, and family.

4.2.2. Pornography

> She [her cousin] logged into my computer. So I had a laptop. So we used to sleep together at night in my room and we used to watch movies. So one day instead of watching a movie, because my best friend was sleeping over, so we had a girl's night and she was like "let me just show you…" (Alex)

Pornography was mentioned by several women as some form of educational tool, albeit not always in a positive way. According to Flood (2007), pornography is defined as sexually explicit media intended to arouse the audience sexually. Alex, 21, quoted above, was shown porn by her cousin to explain what exactly sex was. Lana, 19, watched porn at age eight with her cousins, who looked it up with her. Youth can be exposed to pornographic material either knowingly or accidentally (Flood 2007). Samara, 20, accidentally accessed pornography herself at age 11. Her parents found out through the computer's history. Her mom confronted her and told her, "you don't watch it," and that was the extent of the conversation. Natalia, 19, clicked on an advertisement out of curiosity when she was 12. She quickly closed the advertisement but then "went back a few weeks later." Others, like Katie, 18, learned about sex from friends who viewed pornography. The interest in pornography did not surprise me. Pornography is easily accessible for curious youth. Society is a sexualized cultural environment (Flood 2007). Sex and pornography, or sexually explicit material, is everywhere. Young women are constantly bombarded with encouragement to look and act in a sexual manner but, of course, not have sex.

The young age of the participants when they first viewed pornography was also not surprising. United States data indicates that 23% of youth ages 10 to 15 years old have looked up sexually explicit material (Rothman et al. 2015). According to Flood (2007), 14 was the average age at which Canadian teenagers had looked up sexually explicit material in 2007. Today, pornography is easily accessible via the Internet, especially with youth who now have personal electronic devices. Participants mentioned personal laptops and cellphones that were used to view pornography. Like Rothman et al.'s (2015) participants, the women discussed pornography as a normal aspect of life. As Simran, 21, simply noted, "kids were watching it." Regardless, pornography and sexually explicit material were not discussed in depth in the classroom. For some women, it was never mentioned in sex education or any other class. Consequently, almost all of the participants expressed that pornography needs to be discussed. The number one concern was that pornography needed to be taught as unrealistic.

For several of the women, pornography encouraged them to have sex to please men. Some women explained that their boyfriends or high school partners watched and learned from porn. This meant that they were expected to behave in a certain way. Natalia, 19, explained that she learned from porn to please men and "do whatever is asked." According to Foubert, Brosi, and Bannon (2011), 88% of the most popular pornography videos have scenes of physical aggression toward women such as spanking, open-hand slapping, hair pulling, choking, and bondage. In these kinds of mass-marketed (and free) heterosexual pornography, sex is divorced from intimacy and loving affection, and women are satisfied by whatever the men in the film do to them (Flood 2007). As Rothman et al. (2015) note, youth will naively attempt to re-create these types of sex scenes. Indeed, as teenagers and young adults, several participants tried to mimic what they watched or what partners asked of them. Some expressed physical discomfort during re-enactments, but they and their partners thought what they were doing was normal. Jasmine, 24, proposed a thoughtful solution; that teens should be taught that there is no sexual script or "normal." A discussion of pornography and how it is unrealistic would greatly help all genders in navigating intimate situations. None of the participants thought pornography was completely negative; rather, women like Simran, 21, thought that porn was helpful. This makes sense since their school education often focused on biological reproduction and not sexual behaviour, romance, and interpersonal relations (Flood 2007). The women sought out pornography because it allowed them to explore safely information that had been hidden from them or discouraged (Weinberg et al. 2010). Some noted that as they aged, they were now able to view pornography in an empowering way to allow for their own pleasure.

- "Nothing on pornography. Should be on how it's not real, it's a fantasy and it affects boys". Lana, 19.

- "I watch porn. It's not real". Pooja, 20.

- "Should have been taught porn, how it's not real. Expectations are unrealistic". Zaria, 22.

- "In Grade 12 [there] was mention of porn in class. But no discussion. There should be a discussion in sex ed. People don't realize the effects of porn. I'm pro porn but it's not real". Karen, 24.

- [On pornography and then 50 Shades of Grey] So I think that book made me realize how important foreplay was but then it actually impacted me, I was like whoa this is a little degrading for women. Cause I was like uh I don't know if I want to do it cause I don't want a man to treat me like this. I don't want to be hit. Then I just started reading different novels…" Alex, 21.

- "Porn was helpful but it should be discussed in the classroom sex ed. Because kids were watching it". Simran, 21.

Figure 15. Excerpts 5 –Reflections on Learning about Pornography in the Classroom.

I was surprised at the amount of porn that some women watched with female friends or cousins. This indicates that there is a desire to learn about one's sexuality by discussing it with others. Both Puri (1999) and Abraham (2002) noted that although studies have shown that strongly conservative rules and regulations on women exist, South Asian women are engaging in pre-marital sex, are willing to share their experiences in a safe environment, and are interested in learning about sexual relations. Banaji (2006) discovered that females in India were searching out X-rated films to satisfy their sexual curiosity. Her female participants also watched the material together regardless of their relationship status and religious background. For those women, the films filled in blanks left by romantic yet conservative Bollywood films, as most of them understood that sex was taking place but had no idea what actually happened. On a positive note, this means that young South Asian women view pornography that breaches the dominant narrative of them being passive or uninterested in sex.

The first step for sexual health educators would be to acknowledge that youth do access pornography. This would mean eliminating any stereotype of South Asian women as model minorities or non-sexual beings. The second step would be to teach that pornography is not real and why. All students should be given appropriate information about their bodies, sex, and

social interactions (such as consent!) so they do not have to look to pornography to self-educate. As Flood (2007) states, children and youth are sexual beings that should be provided with appropriate and convincing material because pornography is a poor sex educator.

4.2.3. STI and Birth Control Information

S: "In what ways was the sex ed. useful for you?"

Katie: "Really wasn't, *really* wasn't [laughs out loud]…we learned how to put on a condom."

As previously mentioned, participants shared that sexually transmitted infections and birth control were mentioned in sexual education but not always with details. Most wished for more information on STIs or contraceptives, or both. Almost everyone was thankful for the education they did receive, even if it was basic.

S: "Where would you go if you needed additional information (not from friends)?"

Alex: "I don't really know cause I don't really want to google it…"

During the debrief, I often provided details on resources and different types of birth control. I was surprised that women still were not receiving adequate information or care from their physicians. Some expressed their frustrations with doctors who ignored their concerns and pains with particular contraceptives. Others shared horrible experiences of being shamed for being sexually active. Although highly frustrating for me to hear, I could only encourage the women to advocate for their health and seek other doctors who would listen to them. I provided resources, including the SFU health clinic that offers women's wellness appointments with physicians with whom I have had personal (positive) experiences as a student. The issue of doctors being uninterested in women's pain and concerns is not new (Hoffmann and Tarzian 2001). For South Asian women, healthcare professionals may also stereotype or wrongly interpret ideas about South Asian culture (Bowler 1993). As Vlassoff and Ali (2011) explain, "South Asian" is not homogeneous, but as a group, it consists of a strong "collective culture" and value system distinguished by social networks, family, and community. For example, healthcare professionals may believe that South Asian females do not use hormonal birth control (Bowler 1993). This lack of support once again reinforces the need for proper sexual education in the classroom.

4.2.4. Female Bodies

S: "What did you wish you were taught?"

Jasmine: "No shame in sex and sexuality, body and pleasure."

Interestingly, some women learned about birth control, while others learned about STIs. Very few learned about both in detail. Most, like Natalia, 19, learned how to use an external condom on a banana in class. She felt like this made the whole situation "geared toward the guys." Others felt there was pressure not to get pregnant, but they were provided with minimal information on how their bodies worked. Jasmine, 24, noted that there should be a "focus on teenage bodies and changes rather than what happens later when you become an adult." This focus, she explained, would help adolescents learn to understand their own bodies. Jasmine gave the example of being told how a perfect 28-day menstrual cycle works, but many female teenagers actually have irregular periods. This can be problematic and confusing when one is told myths about ovulation and pregnancy, such as that one cannot get pregnant while menstruating. Simran, 21, felt she did not know what to do with a recent STI and that the limited information on birth control was confusing. Radha, 27, shared how the lack of safer sex practices caused her to learn through experience, otherwise known as the unfortunate and risky trial and error approach. She, too, emphasized a focus on women's bodies. To Radha, things like what women should do after sex are very important and need to be taught (i.e., to pee after sex to prevent urinary tract infections). As she pointed out, "my mom isn't going to tell me that."

Radha, Karen, 24, and Maia, 20, also mentioned how Plan B needs to be discussed. Plan B, or the morning after pill, is an emergency contraceptive. The women all agreed that what it is, when to use it, how to use it, and what happens to the body afterwards need to be discussed. Karen thought abortion should be mentioned, while Maia brought up pap smears. While abortion would be a controversial subject matter, I understand where Karen is coming from. The discussion of what happens when birth control fails, or if women are not using anything, is not mentioned in the classroom. Such a conversation would mean acknowledging that sex happens, which is the very thing educators seem to be uncomfortable about. Instead, it seems that educators prefer to teach about sex as a risky thing that can cause unwanted pregnancy or STIs.

4.2.5. Risky Sex

> [sex education was] …fear based. Sex = babies, STIs and HIV. (Lana, 19)

Several of the participants thought their sex education was taught in a way that made sex seem a risky and regrettable experience, but only for women. Samara, 20, said that she felt that women were made to be passive victims that could be hurt by sex. She wished that the education she received had been "less scary." Sex, she stated, should be taught as "not just something that can lead to bad things." She was shown "Juno and other teen pregnancy stuff to scare". Lana, 19, in the quotation above, summarized what sex was associated with in the classroom. For a few women, it was even more extreme. Simran, 21, was told that sex could give you AIDS. Simran also shared that she recently found out about an uncle who had died of AIDS in India as a teenager. Her mother told her but did not have a proper conversation, leaving Simran confused and slightly anxious. Like Radha, 27, she felt her mother would not be a helpful source of information. Rani, 21, was told in her grade 9 sex education class to avoid sex; "Grade 9 was STIs, pregnancy prevention, avoid sex". Information about STIs was shared to prevent sexual activity, and not much was said about pregnancy prevention. Luckily, she received more information about birth control in grade 11/12. Sarah, 30, stated that the extent of her education was that classmates were given an egg to take care of, pretending it was a baby. The anxiety of taking care of a fragile object was to scare the teenagers away from having sex.

Dialogue about HIV is needed. Information on the risks of the sexual transmission of HIV among heterosexuals has increased since the 1990s (Holland et al. 1992). Yet Vlassoff and Ali (2011) argued that South Asian families stigmatize the topic of HIV because it is associated with sex. A Montreal study with South Asian women found that almost one-third of respondents said they had never heard of HIV, and only 13% felt personally at risk of contracting it. As a group, South Asians have less knowledge of birth control, STIs, and HIV risks (Kim 2009) and the highest rate of late intervention when infected with HIV (Hahm et al. 2006), and South Asian women are less likely than any other group to be tested for HIV/AIDS (Kim 2009). The risk of having sex seems high for South Asian women, but sex has always been considered risky for women (Holland et al. 1992). Instead of simply being told that sex = HIV, adolescents need to be taught how to protect themselves through safer sex practices. Holland et al. (1992) argued that young women are "caught in a state of tension between having sex and not having sex, between risky sex and safe sex" (646). A proper education about safe sex that would include

HIV knowledge would have explicit messages on condom use for anal, vaginal, and oral sexual practices (Bhattacharya 2004).

> So, in school I think what they talked about a lot was pregnancy, and contraceptives, and birth control, well, how to prevent pregnancy pretty much. So, I guess it was helpful in that sense. But they did not, I didn't, learn about STIs or other types of relationships you have [referring to same sex relationships]. (Sasha, 19)

It seems the only understanding of protection referred to heterosexual vaginal sex. Dental dams and gloves were barely or never mentioned. Only Pooja, 21, stated that queer sex was discussed in her FIC class. Rani, 21, shared that queer sex was mentioned, but details were not provided. Others thought that their class was LGBTQ friendly, but there were no discussions on queer sex. For some, LGBTQ friendly meant a basic acknowledgment of different identities and peoples. For others, LGBTQ was never mentioned. Sarah, 30, shared how this was unfortunate because she and several of her peers came out years later. Zaria, 22, wished she could have learned "more on queer sex, what is safe, how to be safe" in the classroom instead of learning elsewhere. In order to learn about their bodies, the different birth control options, and proper information on STI prevention and treatment, several of the women took the initiative to learn on their own. Some had even sought out a health science sexuality class at SFU to learn more. This personal approach to learning about safe sex and minimizing risk is an act of agency. Moreover, many of the women sought out knowledge for another reason: female pleasure.

4.2.6. Female Pleasure

> "Girls could be taught to be assertive in the bedroom, have a voice, speak up…"
>
> (Radha, 27)

None of the participants felt that their education adequately expressed female pleasure. Male pleasure was either explicitly discussed in class, as in discussion of oral sex, or implicitly, as ejaculating indicates the ending of sexual activity. Many of the women learned about female pleasure after a period of being sexually active and realizing that they too could enjoy intimacy. For these women, female sexual power was at first associated with satisfying male partners. To Holland et al. (1992), female sexual power is only culturally permissible when eroticized to meet men's needs in pornography and sex work. As discussed previously, many participants looked

to pornography for instructions on sexual behaviour. In the classroom, some felt that the responsibilities of sex (such as not getting pregnant) fell on them, while males could relax and enjoy sex. Samara, 20, noted that sex education class made it seem like "the male is always in control." She described feeling "like women were passive victims." Lana, 19, echoed these feelings. Women were often told or left to feel that they played a subordinate role.

As Ehrlich (2006) stated, women are held responsible for controlling male sexual behaviour. Not only does this idea play into rape culture, but it also leaves women without sexual agency. Lana, 19, shared a particularly terrible story taught in the classroom: "that hormones are released after sex so women get attached to their partners, and so they have to be careful" (and just not have sex). So on top of bodily responsibilities, women also were told to manage out of control hormones and emotions. Participants brought up the need for female sexual empowerment in various ways, depending on their personal stories. They wanted to enjoy sex, not be shamed, and be safe. An important aspect of sexual empowerment for women has to do with safer sex. Holland et al. (1992) argued that women who want to ensure their sexual safety may have to be socially assertive and so, to some extent, unfeminine. Radha, 27, whose quote I share above, came to understand her boundaries and desires over time. To some of the women, this meant realizing that communication with partners was crucial. As I explained, direct communication about sex/sexuality is not common in South Asian households. For women in general, learning to speak up about sexual desire and needs can be daunting and unfeminine. However, it is necessary.

Gagnon et al. (2010) showed how women with more power in their relationship feel more able to ask their partner to use a condom. Some of the women shared past incidents of partner refusal to use condoms, while others seemed as if they did not want to cause conflict by insisting that partners always used protection. These participants are still negotiating boundaries of femininity in their sexual relationships, challenging dominant ideas of sex and masculinities (Holland et al. 1992). As Fine (2005) noted, female desire is a caricature—it is displayed loudly in pop culture, but it does not actually benefit women. The positive incorporation of female desire and pleasure would include masturbation and arousal as normal and part of female wellness and self-care, with less attention to the preservation of female virginity. Burdette et al. (2015) found that virginity status is still more important for women than men, even if boys are encouraged from a young age to abstain from pre-marital sex. Regardless of race, women are more likely than men to be called names, feel fear and guilt, and be seen as sexual objects

(Abraham 2002; Hamilton and Armstrong 2009; Garcia et al. 2015). Men do not face the same consequences.

The participants also indicated the importance of discussing myths such as the hymen and sex being painful the first time. Natalia, 19 wished she had been taught "…that it's not supposed to hurt. It needs to be more sex positive for women, details on how it happens…more info on hymen, virginity myths…" Allen and Carmody (2012) referred to this type of information as a discourse of erotics in sexuality education. They noted that youth want to learn about pleasure and desire because there is a difference in what young people learn in sex education and what they do in practice. This confirms what the women stated in various ways: that the reproductive information they received was not at all like the actual sexual situations they engaged in. Teaching women about their bodies and sex seems straightforward, but as stated before, it is tricky. According to Hasinoff (2012), teenage girls sometimes struggle to communicate their sexual needs to partners (including speaking about safer sex practices) because they are marginalized by their age and gender (Hasinoff 2012). Women, not men, are linked to moral family values, and young women who have sex transgress moral standards (Ehrlich 2006). I explore what researchers have to say about teaching about sexual pleasure in sex education in the next section.

4.2.7. Sexting

A new way to look at gender, morals, sex, and agency is by examining the phenomenon of sexting. Before conducting the interviews, I failed to consider the technological advances that are available for teens to explore sexuality and hook up. Dating apps and multimedia messaging apps like Snapchat are easily accessible on smartphones. Sexting was brought to my attention when some of the women mentioned sending and/or receiving "nudes" or "sexy pics" on their phones. Older participants did not have much to say about sexting, but others mentioned it and dating or using hook-up apps such as Tinder in the debriefing. A few discussed sexting in depth. Maia, 20, thought youth should be taught about sexting as part of their sexual education. She was particularly interested in the possible legal outcomes of sexting, such as the age of consent. To Maia, it was important that teenage girls knew about protecting themselves "from predators." She used the example of young girls sending explicit images to older male boyfriends. In particular, she was worried about her younger cousins and how they easily could be manipulated to engage in sexting by an older crush.

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Maia's concerns are valid. Young females are significantly more likely than males to report feeling pressure to sext using images (Klettke, Hallford, and Mellor 2014). Sending sexually suggestive texts can be a form of sexual freedom and agency, but for adolescent girls it often brings shame and reputational damage (Van Ouytsel et al. 2019). Research indicates no significant differences between boys and girls when it comes to sending or receiving sexts, so those two genders equally engage in sexting (Kim et al. 2019; Van Ouytsel et al. 2019). However, girls experience different outcomes. Everyone may enjoy sharing sexual images *consensually*, but teenage girls report being disturbed and traumatized by the unauthorized distribution of their private images (Hasinoff 2012). Approximately one in five teens who receive a sext forwards the message to others (Dake et al. 2012). For girls, this means being shamed for a message they were asked for by a crush or trusted partner. The outcomes of sexting, such as blackmail, sexual abuse, or lack of consent, have led to sexting-related laws (Klettke et al. 2014).

Sexting has been discussed in the Western media since 2008, when a national survey reported that 20 percent of teenagers had sexted (Hasinoff 2012). A few years later, legal issues associated with sexting received greater attention due to the wide gap in the ages of sexters, which was one of Maia's concerns (Dake et al. 2012). In the United States, teenagers are being charged with everything from disorderly conduct to illegal use of a minor in nudity-oriented material, to felony sexual abuse of children, to open lewdness (Pew Internet & American Life Project 2009; Dake et al. 2012). In several places such as the United States and Australia, the creation, sending, storing, or sharing of sexts can be prosecuted under child pornography laws, even when all parties involved are minors (Ouytsel et al. 2019). Often, campaigns to stop adolescent sexting draw on strict moral boundaries around girls that reproduce moral norms about females and continue the idea that girls' sexuality is a problem that needs to be surveilled and regulated (Ringrose et al. 2013).

The outcomes of sexting seem scary, especially for females, but teenagers still sext. In their 2009 report, the Pew Internet and American Life Project asked focus groups why they sexted. Three main reasons were revealed: 1) exchange of images solely between two romantic partners; 2) exchanges between partners that are shared with others outside the relationship and 3) exchanges between people who are not yet in a relationship, but where at least one person hopes to be. As mentioned previously, the increased popularity of smartphones since the early 2010s has only increased sexting and changed the way adolescents communicate with each other (Kim et al. 2019). Sexting is now common among adolescents (MacDonald et

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al. 2018). Lana, 19, was one of the few women who shared that sexting was mentioned in the classroom, but there was no real discussion. Students were told that it was something they should not do, but Lana explained that people did it anyway, and it was common to hear of leaked nudes. According to Wagner (2018), nearly 44 percent of teenage males claimed to have seen a nude picture of one of their female classmates.

Hence, instead of teaching, "just don't do it," sexual education needs a better message regarding sexting, safety, legal risks, and sexual communication (MacDonald et al. 2018). Scare tactics also do not work. Klettke et al. (2014) noted that sexting is sometimes talked about as risky and dangerous in North America. The potential outcomes are expressed as exploitation or bullying, abuse, public disgrace, disciplinary punishment from school, and even violence and suicide (Klettke et al. 2014). Extreme stories of sexting outcomes are used to scare youth instead of encouraging dialogue about desire, consent, agency, and safety. For example, in Canada, the tragic case of Amanda Todd (who took her own life after being exploited over explicit images) is used to frighten (Ringrose et al. 2013).

Katie, 18, was the only participant who experienced a discussion on sexting at her school. Unfortunately, it employed the scare tactic approach, which traumatized her. Katie's school had a sexting topic assembly. A male police officer came in to talk to the students. His approach scared everyone and was not appropriate for teaching teenagers. According to Katie, the teachers agreed with the police officer, but the students did not find the presentation helpful. Katie explained that she had recently been sexting with an abusive boyfriend who manipulated her into sending messages with which she was uncomfortable. The police officer told the students not to sext and then proceeded to frighten them by explaining the legal ramifications of sexting as a minor.

In Canada, a sexual image of someone under the age of 18 is considered child pornography. These kinds of photos cannot be made, viewed, distributed, or kept (Department of Justice Canada 2017). However, the Supreme Court ruled that an intimate photo can be an exception for youth if a photo or video was taken consensually and privately by one of the people involved (Ontario Women's Justice Network 2019). Hence, sexting cases in Canada usually involve non-consensual and/or vengeful sharing of sexual images. For youth under 18, the following rules must be followed:

-The person participating must voluntarily agree to be involved (and recorded)

-There is no abuse of power or exploitation

-The sexual image/video only shows lawful sexual activity (the legal age of consent rules)

-The sexual image was created by both partners

AND the image stays private between the people involved. (Ontario Women's Justice Network 2019)

These rules acknowledge that adolescents do engage in sexting. They also clearly state that consent is crucial. Sexting is still risky since images are often shared by classmates. Katie pointed out that the sexting presentation at her school should have been divided by sex. She and her female friends were left humiliated while most of the males had simply laughed during the talk.

Although Katie had insisted that a teacher should have done the talk (and I agree), none of the participants mentioned a proper discussion of sexting by educators. Recently Abbotsford Police paired with school district 34 and began their "It's a NO" campaign (Abbotsford Police Department 2019). Members of the Youth Squad presented the campaign to students in 2019 about the risks of sexting. Unlike Katie's experience, these officers wore casual clothes and discussed what students could do if they already sexted (Boynton 2019). This approach, with more compassionate officers and the acknowledgment that sexting occurs, does seem better. The officers are also a mix of females and males. One of the officers told *Global News* (2019) that young men pay attention when possible sexting-related criminal charges are discussed. On their website, the police quote a recent study stating that almost two-thirds of adolescent girls have been asked to send someone suggestive photos of themselves (Abbotsford Police Department 2019). This is a great start to the conversation, but teachers should also be involved, especially since students are told to reach out to a trustworthy adult (usually a teacher) if support is needed.

The five main themes I shared are important according to the participants I interviewed, but it became clear that without teachers actively teaching about these topics, not much could be done. In the next chapter, I explore the teaching aspect of sexual education. Chapter 5 is a continuation of findings, but focusing on sexual health education from a pedagogical stance.

Chapter 5. Theory versus Practice and Pedagogy

S: "Okay so you were never opted out, your parents never opted you out of any of these…"

Lucy: "No (laughs) I think they preferred I got taught from the school how to do it".

As I interviewed, it became apparent that how teachers taught sexual health education was important to consider. In the policy brief, I noted that "Neither the Canadian Guidelines for Sexual Health 2008 edition by the Public Health Agency of Canada (published by the Ministry of Health), or the Guidelines for Implementation of Sexual Health Education by the British Columbia Teacher's Federation (BCTF) provide specific curricula or teaching strategies" (Appendix A). Sure enough, I realized much later in the research process that a lack of teaching instructions and strategies greatly impacts how students are taught about sexual health. The themes examined in the previous section are either required or can easily be added to the curriculum; everything is linked in some way, whether it is consent, safety, or communication. Yet, these topics were not taught adequately or were ignored. In this section, I examine the pedagogical issues that arose from examining what the women experienced in the classroom. I also explore how sexual education curricula can incorporate culture.

5.1. Teaching Sex Education

"It should have been taken more seriously. The teacher shouldn't assume that the kids will be immature."

-Katie, 18

How sexual health education is taught is relevant to not just young South Asian women but all students. When educators teach sexual health from a conservative and traditional approach, students are taught to think of sex as heterosexual and confined to marriage, and all other forms of sexual expression are deviant (Jackson and Weatherall 2010). For the purpose of this project, I once again acknowledge the mix of politics and morality (Jackson and Weatherall 2010) that affects females. The conservative and traditional sexual education curricula have also focused on men as sexual creatures. Women are depicted as passive (or morally corrupt if they do have desire) and only need information on menstruation and to protect themselves

against sexually transmitted infections, pregnancy, and male lust (Askew 2007; Edwards 2016). A female-positive sexual health education has been a long and ongoing conversation since the 1980s (McGeeney and Kehily 2016). "Silences" in sexual health education that do not discuss important aspects of healthy sexuality lead to negative physical and psychological consequences (Lamb 2010). As described earlier, the participants shared several of these consequences: nonconsensual sexual activity, STIs, anxieties, and so on. I explored the topic of female sexuality previously, but how can it be taught? This is also an ongoing conversation. Researchers like McGeeney and Kehily (2016) have asked how researchers, educators, and young people should discuss pleasure. What is its purpose, and to what effect(s)?

New discourses of femininity, such as being sexually empowered, now exist (Jackson and Weatherall 2010). Empowerment can mean many things. Lamb and Peterson (2012) agreed that empowerment could include the subjective feeling of empowerment and access to political power and resources. For example, a female can choose to have sex whenever she wants and also be empowered to access and use birth control. A sexual health educator may not agree with her decisions but should provide the knowledge so that the female can make her own positive sexual choices (Lamb and Peterson 2012). These conversations about sexual empowerment, sexual health education, and pleasure began with Fine's (1988) analysis of sexual education in the United States uncovering discourses of girlhood and risk, danger and victimization. In 1988, Fine shared that the sexual education curricula:

1) authorized suppression of a discourse of female sexual desire;
2) promoted a discourse of female sexual victimization;
3) explicitly privileged married heterosexuality over other practices of sexuality.

These are the same issues that arise in today's sexual health education classes almost four decades later. In order to move away from this, a critically informed, sex-positive, feminist framework would be greatly beneficial for educators. Feminist sexual health education would include expressions of female desire, female pleasure, and queer sexual identities (Edwards 2016). Sundaram and Sauntson (2016) noted how sexuality topics such as "empowerment" and "healthy" sexual decision-making could be discussed in the classroom via critical consciousness-raising. By actively taking part in conversations, girls would learn about sexuality as subjects, not objects, and recognize feelings of desire and experience pleasure (Lamb 2010). But first, in order for educators to empower students, they need to feel empowered themselves to teach about sexuality.

5.2. The Right Educator

Empowering
Inclusive
Supportive Safe
Understanding
Enthusiastic
Comfortable
Knowledgeable

Figure 16. Excerpts 8 – The Right Teacher Descriptives by Participants.

I think I was lucky. All the teachers I got took it in a very light-hearted way, they were never serious. They never made it something uncomfortable. They always, like if the students were giggly, they'd be like go ahead and have a laugh it's okay. And they were always, made it very freeing for people to ask whatever they wanted so I think it was positive.. (Lucy, 21)

First and foremost, educators need to be interested in teaching sexual health education. An uninterested teacher will rush through the material or provide insufficient information. For sexual health education, an educator also has to be comfortable in teaching about sex. Who should teach sex education? The BC sexual health education curriculum is no different than any other curricula. It is to be taught in the same manner as other subjects such as Math or English, however in practice my participants expressed otherwise. Therefore, according to participants, it has to be the *right* teacher, one comfortable, supportive, patient, and understanding of young people's questions, confusions, and anxieties. The *right* teacher *must* be comfortable (Kehily 2002). Natalia, 19, noted how her "super uncomfortable" teacher affected the entire learning experience. Sarah, 30, remembered how her awkward older PE teacher taught about sex and noted that "everything depended on the teacher." She explained that the right sex education teacher needs to be "closer in age, understand the social climate, and create a comfortable environment for students to ask questions." To Fine (1988), educators often project their discomfort onto students in the guise of protecting them. From the interviews, I am not sure whether teachers were always trying to protect students; rather, it seems that many were really just uncomfortable. This negatively affected students' learning experience. Several of the

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women wanted teachers they could relate to. This is why Sarah wanted someone close in age. Sasha, 19, had good experiences with her teachers, and she felt lucky that she could talk to them in a personal way. Some were openly out, so she could talk about being queer. Radha, 27, shared how a sex education teacher doesn't have to be a person of colour, but it would help" because "a POC teacher would be easier to talk to." Samara, 20, was thankful that her "Biology 12 teacher felt comfortable to talk about gender identity when teaching about hormones and sex. The teacher chose to discuss these topics and also allowed kids to ask secret questions, which he tried to answer as best he could". Alex, 21, appreciated that her FIC educator felt comfortable saying words (STIs, etc.), which made her feel better and more comfortable with the terms herself.

S: Okay so you were saying if it's done in a way that can be laughed about it, pause and not rush through it .....

(agreement)
Lucy: I feel like that helps a lot of kids than the serious tone that kind of comes with sex sometimes, I don't think that helps anyone.

S: Does it make it more stressful or awkward you think?

Lucy: Yeah it makes it more stressful cause it starts to make it look like a bad thing to talk about and I don't really like that reinforced.

Figure 17. Excerpts 7 – Light Hearted Approach

The right teacher would also help introduce the subject matter to those like Rani, 21, and Sarah, 30, who were oblivious about sex until it was discussed in the classroom. How a teacher can be empowered to feel confident is similar to what Dr. Rowe said about consent training: educators need support and the right tools. They need to fully understand the importance of what they teach (I discuss later what teachers are taught in training). Dr. Rowe also pointed out a significant aspect of the k-12 curriculum: it may be the only source of formal education for

some. This project focuses on university students, but it is important to note that many students may not attend university and access better education on sexual health.

5.3. Co-Ed Learning

Discomfort with teaching sex education sometimes caused teachers to gloss over or ignore learning opportunities. Some classes were separated by sex (male and female only), while others were kept together. Interestingly, the Nanaimo Ladysmith Public Schools (2018) noted that:

> It is standard practice (Canadian Guidelines for Sexual Health Information) to have all genders in class together. This builds empathy and combats mis-information or shame people sometimes perceive about the opposite sex. In addition to that, it creates an inclusive environment that doesn't put kids "on the spot" if, perhaps, they don't identify as the gender others assume.

The above approach does seem like a good one; however, it is unclear if it is always done in practice. While some women preferred separation of sex, some agreed with the above quotation. Having both separate and co-ed classes would be beneficial. For some women, it was important to allow for potentially embarrassing questions to be answered without the presence of others. This would be useful to begin a dialogue about puberty and menstruation, for example. Yet, it is also important that all genders are included in conversations about bodies and sexuality. As Samara, 20, noted, co-ed is needed to learn about sex together.

"…we talked about pregnancy. And I don't know what the males were taught". Sasha, 19.

"The class was separated by gender. Others who had to have a co-ed class complained that male students were not being serious and male teachers were awkward". Sarah, 30.

"...co-ed is needed so both learn about sex together. Teachers need to stop joking around". Samara, 20.

"Genders were kept together. But they should have also been separated to give each group a space to discuss particular concerns, to focus on separate needs". Lana, 19.

"Not divide by gender. The male teacher was really awkward and uncomfortable. He was the only planning teacher…no anonymous questions. He followed the curriculum". Katie, 18.

"Mixed gender class. The class was divided by gender for activities." Zaria, 22.

Figure 18 (above). Excerpts 8 – Thoughts on Co-Ed Learning.

Some women experienced the opportunity to ask anonymous questions, which was valuable for all genders. Lana, 19, explained that "students asked basic questions because the environment was so awkward…Teacher was okay but bit still didn't feel like a comfortable, open environment to learn and ask questions". Hence, anonymous questions allow students to ask in private which can be beneficial if done in a positive way. Only Karen, 24, explained that her peers did not take the activity seriously. Once again, the teacher needs to be aware of classroom discomfort. Establishing class rules (such as respect) could allow for a better space. Jasmine, 24, also pointed out that there are different ways to learn. For example, small group discussions might help. Edwards (2016) noted that friends are often young people's primary source for informal sexual health education, especially for young women. Oddly, many of the women did not engage in many activities or in-depth discussions. Most seem only to have received sexual health education through lecture-style teaching. A major concern with co-ed classes was males joking around and creating an awkward learning environment for females. Some women expressed frustration with teachers accommodating male students by rushing the material, allowing inappropriate jokes, and leaving female students confused. Katie, 18, shared that her teacher had listened to the males insisting that they did not need to learn about sex, leaving the females in her class to search for information online.

5.4. Race and Culture

It was very Western. I think I was very lucky that I had my sister and my cousins and other people who are a part of my culture who I could talk to it about who would understand, you know, how my parents thought of it, and how we thought about it and how those things clashed. But in school it was very Western. (Sasha, 19)

The participants discussed how culture was, or was not, taught or managed in the classroom. Race was important to almost all of them as South Asian women (only Maia, 20, was not concerned with the lack of culture). How teachers failed to incorporate race or diverse cultures was discussed in several ways. Generally, we agreed that just a conversation would greatly help teenagers understand people different from themselves. For example, Alex, 21, and I discussed how she had to be careful about being dropped off at home by her boyfriend. Her white friends did not understand this. The scenario seems strange at first, but really Alex just

wanted additional privacy. Hence, we agreed that this was not a culturally specific issue. A lot of young adults still live at home and want privacy from nosey family. This kind of conversation would help teenagers better understand their peers and partners.

> Especially since us living here, it's very diverse. And people have all sorts of different backgrounds. And if we just had a little bit of discussion that, maybe people that you engage with might have a different perception and they might have different feelings than you do because of the way they were brought up—I think that would help a lot with making healthier relationships. (Lucy, 21)

I quote Lucy because she summarized how beneficial simple dialogue could be. With several of the women, I discussed how dialogue could help us all also find potential similarities. For example, rather than thinking that only racial difference was linked with strict parents, or only brown girls had conservative families, a class conversation about how religion affects dating rules and sexuality would allow students to see similarities. A white Catholic friend might have to follow the same rules as a brown Sikh peer. Radha, 27, noted that in the classroom, culture should include all "cultural differences with sex, LGBTQ, and other groups." This way, all students would learn about one another and feel represented. According to Fine (1988), the absence of safe spaces for exploring sexuality affects all adolescents. Asher (2007) stated that a multicultural pedagogy that engages the intersections of race, culture, gender, and sexuality in dialogue and self-reflection goes further than the limited scope of race and culture. Fine (1988) noted the importance of an intersectional approach to sexuality by stating that the female adolescent's sense of sexuality is informed by peers, culture, religion, violence, history, passion, authority, rebellion, body, past and future, and gender and racial relations of power.

The *Canadian Guidelines for Sexual Health* (Public Health Agency of Canada 2008) acknowledges the need for effective sexual health education that is understanding of an "individual's age, race, ethnicity, gender identity, sexual orientation, socioeconomic background, physical/cognitive abilities and religious background" (19) but does not provide information on how to achieve this. Under the 2008 *Guidelines*' Program Planning, Evaluation, Updating and Social Development principles, there is a call for health education programs that "are based on a broad assessment and understanding of individual, community and social needs" (32). The audience needs to be taken into consideration.

Some of the women noted that their classes were a South Asian majority, but there still was no mention of race or culture. The *Guidelines* (Public Health Agency of Canada 2008) did provide a checklist that encourages educators to receive feedback from the audience. However, none of my female participants mentioned being asked about the education they received or their experience.

Teachers can incorporate some material easily. Natalia, 19, shared how her teacher showed white bodies that she could not relate to. She wished for more representation of different racialized bodies. A "sexual body image" expresses the relationship between body image and sexuality. Perceptions and experiences about one's physical self play a considerable part in one's sexual life (Berman et al. 2003). By incorporating different bodies in class materials, students can have a more positive relationship with their bodies and the information they receive about them. According to Askew (2007), this would also allow all students to learn that sexuality is not based on having what society determines a perfect body. Seeing diverse body types (gender, race, etc.) would allow important insights into what is actually healthy and "normal" as opposed to what adolescents are exposed to through media and pornography.

Another way inclusion can be easily incorporated into the curriculum is through the use of ethnic names in class activities. As I mentioned, most of the women did not experience engaging learning activities. Case studies are great for in-class learning. These situation-based scenarios allow students to learn about different topics related to sex, sexuality, and relationships. Using scenarios with ethnic names would allow students to see themselves in the examples. They also allow students to discuss the material with each other. Although very useful, these case studies can illustrate very gender-specific roles and expectations in intimate relationships. Connell (2005) found that sex education case studies often reproduce the idea that males gain popularity with sexual experiences, are curious about sex, put pressure on girls for sex, and negatively react if girls refuse sexual advances. Females are portrayed as uncomfortable when it comes to sex, and only reluctantly agree to engage in sex. In the scenarios that Connell (2005) reviewed, the only female who was curious about sex was Gurpreet, but her cultural background limited and restricted her desire. This is problematic with regard to both gender and race. Hence, teachers need to be aware not only if case studies

include diverse people but also how people and cultures are represented. If done correctly, it could be used as a great teaching tool[25].

5.5. Resources and Support

I mention two ways teachers can incorporate race and culture into their class material for sexual health education. However, I acknowledge that teaching sexual health education can be difficult work. The BCTF provides resources and (free) workshops for educators. Teachers can also bring in an outside speaker who is passionate about sexual health. This second option is useful for individuals who may not feel comfortable teaching sexual health education, but an outside source may need approval from the school or district. "School District 36 teacher" (alias) noted how nice it was when her school had a speaker come to do "a sex ed. talk for different grade levels" which "took the pressure off teachers." Parent Advisory Committees can also raise money to bring in outside sources (Marchbank 2020). However, as a few women had noted, sometimes an outside source is not any better. A parent also shared with me though casual correspondence her experience in booking a sexual health educator for a LGBTQ youth group:

> I briefed her and was assured that the sexual health information would be inclusive of this group of youth—it was not, we got 45 minutes on how to avoid pregnancy! (Traphan 2020)

The educator was debriefed on her inability to present appropriate material, yet several years later her agency continued to provide inadequate information. The parent explained how her son texted her from the sex education class noting that the material was "'still fucking heteronormative" (Traphan 2020).

The BCTF has some resources[26]; School District 36 teacher shared that there are some informative posters for high schoolers, but nothing really for her younger students. Instead, she relies on Alberta's sexual education material (like the site I mention below) and YouTube. She finds her own material on her own time. School District 34 teacher (alias) had similar experiences. She noted that while resources are available, the content sometimes "doesn't feel appropriate or relevant for the age of the students, so teachers use their discretion." She put her

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[25] Teachers are often left to locate case studies on their own time.
[26] Teachers can easily access this online material via BCTF with a password. Material is organized by themes.

material together from a variety of sources, such as colleagues and local district resources. Hence, the BCTF may have limited resources for different school levels and needs.

According to School District 36 teacher, sexual health education was not part of her teacher training. In BC, teachers are able to become qualified at several schools. Simon Fraser University (SFU) and the University of British Columbia (UBC) are two popular programs[27]. School District 36 teacher completed her training at SFU, where the teacher's program works with 'Lifework Modules' (SFU Faculty of Education 2020). This framework incorporates anti-racist education, gender studies, and multicultural issues. However, sexual health education is not discussed. At UBC, teachers in training can focus their studies on the elementary or secondary age groups. Under the secondary age group, there is the option of concentrating on home economics. This subject includes teaching secondary age students about family studies, which would include sexual health education (UBC Faculty of Education, personal communication, March 2020). Since UBC's Faculty of Education is associated with the development of SOGI 123 (ARC 2016/2018), this is not surprising. A program contact mentioned that there were particular classes that students could choose to take, but this would be entirely up to the student, and some planning with an advisor would be needed (UBC Faculty of Education, personal communication, March 2020). For those who do not take the home economics path and do not choose to take health-based courses, sexual education is not discussed. School District 34 teacher attended the University of Victoria and noted that there wasn't a course specifically on sexual health, but that the topic was "embedded in health classes, and consisted mostly of giving us resources and always ensuring that there was open communication with families." She hoped that there would now be more focus on the material.

> I think the teacher education could have covered how to teach sex ed. I had a student teacher in my class this year and we were covering [sensitive] topics…she expressed to me that she felt uncomfortable with speaking about these topics to the class.…I explained to her that the physical and health education portion of the curriculum covers a lot of these sensitive topics…and that as teachers we need to educate our students no matter how uncomfortable it

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[27] There are 9 provincially approved teaching programs in BC- Simon Fraser University, Thompson River University, Trinity Western University, University of British Columbia, University of British Columbia – Okanagan, University of the Fraser Valley, University of Northern British Columbia, University of Victoria, and Vancouver Island University.

is at first.…It was surprising to me that teacher education programs still don't go over this sort of thing. (School District 36 teacher)

The *Canadian Guidelines for Sexual Health* 2008 edition provides an outline of the training and administrative supports that are important for providing effective sexual education, listing characteristics that sexual health educators should acquire through "pre-professional education at college/university and through their professional in-service and continuing education opportunities" (28). These characteristics, such as the ability to understand students' diverse beliefs and values ("sensitivity to the diverse cultural norms, beliefs, attitudes and goals of various racial, ethnic, socio-economic, gendered, sexual minority and religious groups"), make sense. The issue is where and/or when teachers would receive this type of education? The conclusion of the *Guidelines* notes that it is not a stand-alone document for developing sexual health education curricula and programs. It is a framework to be used with other resources. For example, School District 34 teacher shared how she and a couple of her colleagues collaborated on their unit material: "we each teach Grade 6/7 and loop with the same group of kids and tend to tweak the unit every few years. Lately, we've added the component of consent due to the climate of the world." These efforts take continuous work. Learning sexual education is time-consuming.

Learning pedagogical practices, for example, exactly *how* to teach about sex, is also time-consuming. For example, TeachingSexualHealth.ca has a teacher portal that is an Alberta Education authorized resource (Alberta Health Services 2020). The website covers a wide range of useful sexual health information. It also provides teachers with lesson plans, activities, and how to answer students' questions, stating that a teacher's job is not just to teach sexual education, but sexual health education, which covers a broad range of topics. Other resources include similar online information and in-person workshops, but teachers who take the time to access this material are not rewarded. The *Guidelines* state that:

Effective sexual health education involves institutional and administrative commitment and support. This support encourages the formal training of those individuals working in professional settings as well as the development of educational opportunities for parents, group leaders and others providing more informal sexual health education. (28)

Some teachers take this issue on with enthusiasm. School District 34 teacher shared how she goes "out of my way to start as soon as possible in Grade 6, as I know there are so many changes that will happen within the puberty years, and I want to get in front of it as much as possible." Over the years, she has found that she is often the first person to explain what sex even is. For her female-identifying students, she takes the time to create a special environment: "We turn it into a pyjama party. We sit on the floor with pillows and blankets, wear our PJs, eat chocolate and fill out our booklet together." While there are teachers like School District 34, there are also teachers uninterested in teaching sexual health education. Others are not receiving adequate support. This, of course, negatively affects students.

How can we improve these issues? Since the topic of educating was not on my radar until after the interviews, I do not have much additional input. Regardless, I try to explore this important topic in the next chapter under Recommendations and in Chapter 7 Conclusion. Before that, I first briefly discuss what I set out to do in the original research design: policy recommendations.

Chapter 6. Recommendations

> Access to comprehensive sexual health education should be a basic right for all
> people in Canada and a public policy priority. (Canadian Guidelines for Sexual
> Health Education 2019:17)

Originally this chapter was to provide policy recommendations based on findings. I had
concluded that policy recommendations would be needed to better incorporate race and culture
into sexual education teaching guidelines, and policy recommendations would also be needed
to better support educators. The *Canadian Guidelines for Sexual Health Education*, however,
was revised in 2019. Hence, this chapter reviews the 2019 *Guidelines* to analyze its application
of race and culture and also explores the issue of providing support for sex education teachers.
The *Guidelines* are meant for national use, but there is no national sex education strategy. Each
province has its own sexual health education curricula. Educators are once again encouraged to
take what they need from the *Guidelines*, which provides more information on pedagogy,
program evaluation, and policy changes. The 2019 *Canadian Guidelines for Sexual Health
Education* sets high standards and improves on the 2008 edition. Yet, there are still no
measures to ensure provinces and territories develop sex education curricula that ensure
students receive all the information. As Action Canada for Sexual Health & Rights (2019)
pointed out, no provincial or territorial government is funding sexual health education to allow
educators to have proper resources or training. Before exploring this matter, I first look at how
the new *Guidelines* address race and culture.

The 2019 edition of the *Canadian Guidelines for Sexual Health Education* begins by
presenting several new additions, recognizing that Canada's demographics are changing.
Although race is again not explicitly clarified, there is an acknowledgment of "cultural and ethnic
diversity" (Public Health Agency of Canada 2019:7). Other changes include a discussion of
technological advances (such as Snapchat), consent, and acceptance of LGBTQ+ identities.
The *Guidelines* state that these topics are necessary for sex education. Pornography is
mentioned only once as a form of media portrayal of sexuality. The *Guidelines* also state that
"reproductive choices and access to reproductive healthcare services and supports can be
impacted by marginalization and oppression based on race, gender, class, sexuality, and ability"
(14). It also notes that "Indigenous women, women of colour, individuals with disabilities, and

LGBTQI2SNA+ people have historically had their sexual health disproportionality impacted by laws and policies that limited their sexual and reproductive rights" (14).

Oddly, there is no mention of intersectionality or an intersectional approach to understanding sexuality. This is the same critique I made of the 2008 version. The application of intersectionality has become mainstream in the last few years (Cho et al. 2015; Collins 2015). Federally, the Canadian government also renewed its commitment to a revised GBA+ (Government of Canada 2018). It seems strange that the 2019 *Guidelines* did not include intersectionality in discussing peoples or policy. There are discussions to help educators understand topics such as "cultural and social attitudes," explaining that there are "societal attitudes and beliefs about race, immigration status…" (Public Health Agency of Canada 2019:30) but few details as to what they may look like in practice. For example, how could immigration affect sexuality? It seems that the writers of the *Guidelines* chose not to share explicit examples of race—how it could be incorporated in classroom discussions and activities, or how it is linked with sexual identities. Instead, educators are encouraged with an outline to come up with their own ideas. This is a good start, but teachers are left to find appropriate sources on their own time.

The *Guidelines* state that a comprehensive sexual health education is "provided by educators who have the knowledge and skills to deliver…and who receive administrative support to undertake this work" (Public Health Agency of Canada 2019:28). According to the Guidelines, the right educator is:

1) knowledgeable about sexuality,
2) well-trained in the theory and practice of comprehensive sexual health education, and sexual health education, and
3) administratively supported with appropriate institutional policies.

Educators, the *Guidelines* note, should "also be provided with opportunities to develop their knowledge and skills to deliver comprehensive sexual health education on an ongoing basis including access to resources, in-service training, and professional development" (2019:28). There are some detailed objectives listing what to teach, which is an improvement from previous editions, but once again, the problem lies with teachers having the support to engage with the material. Who is in charge of providing educators with opportunities to develop these ideas? According to Objective 6, an educator must first acquire knowledge on a range of topics from what is sexual health to answering student's questions (see Figure 2).

Figure 19. Objective 6, *Canadian Guidelines for Sexual Health Education.*

Public Health Agency of Canada. 2019. *Canadian Guidelines for Sexual Health Education.* Ottawa, ON: Ministry of Health. http://www.publichealth.gc.ca/sti.

The educator must then learn "to communicate and discuss sexual health and well-being with the target audience" (see Figure 3), which means that the educator has to take the time to recognize their classroom dynamics and student population. They can then address other personal and professional issues that may arise before delivering the information to their students.

Figure 20. Objective 6 continued, *Canadian Guidelines for Sexual Health Education.*

Public Health Agency of Canada. 2019. *Canadian Guidelines for Sexual Health Education.* Ottawa, ON: Ministry of Health. http://www.publichealth.gc.ca/sti.

For policy changes, the *Guidelines* (Public Health Agency of Canada 2019) encourage educators to review their current sexual health education programs and make appropriate changes (see Figure 21).
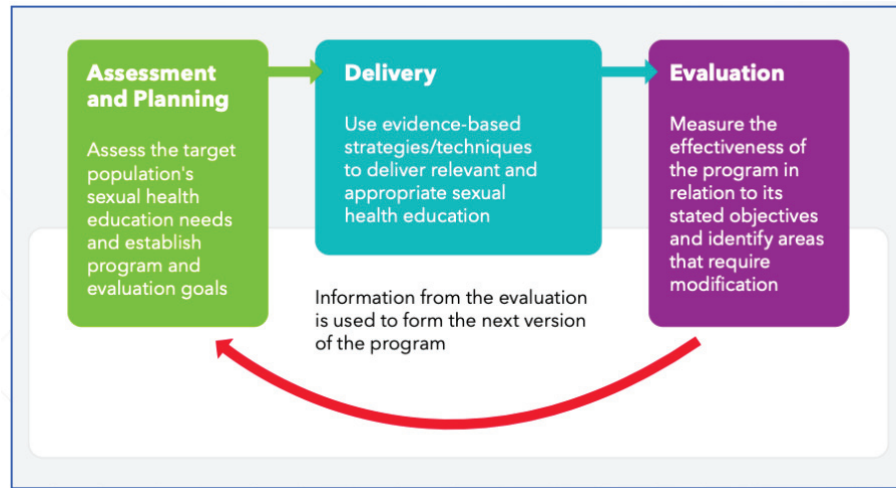

Figure 21. Recommended policy changes.

Public Health Agency of Canada. 2019. *Canadian Guidelines for Sexual Health Education.* Ottawa, ON: Ministry of Health. http://www.publichealth.gc.ca/sti.

This is a great idea and easy enough to follow, but an educator needs to feel comfortable, be passionate, and have the time to reconstruct entire programs on their own. For some schools, this may mean creating a program from nothing.

In my policy brief, I had asked "whether [the 2008] guidelines are actually implemented in the classroom, if they are effective, and what youth of colour, in particular South Asian women, think about them," concluding that I would only find out by asking students about their sexual health education experiences. In asking female South Asian women, I found that:

- The *Guidelines* are not actually implemented in the classroom.
- The *Guidelines* are not effective since they are not always followed. See previous point.
- Youth of colour, in particular South Asian women, are not taught adequate sexual health education because once again, the *Guidelines* are not followed.

These points above were evident in the interviewees' responses when asked about their sexual education experiences (see chapter 4). The five main themes in chapter 4 also

demonstrate students' request for more information and a focus on consent, pornography, STIs and birth control, female bodies, and sexting in sexual education. Chapter 5 explores teachers' role in providing adequate sexual education in a safe, comfortable classroom. Both findings chapters illustrate how the *Guidelines* are not implemented in the classroom, and thus, are not effective for students.

The 2019 *Guidelines* are an improvement on the 2008 edition, but there are still no implementation rules that teachers, schools, and districts must follow. Educators are given more support with ideas on how to teach the material, but they are expected to be quite knowledgeable about sexual education first on their own. As I was finishing writing up the findings, I came across a report done by Action Canada for Sexual Health & Rights (formerly Planned Parenthood Canada). According to that organization, most adolescents in Canada were receiving sexual health education that was:

- Not meeting international standards and best practices nor is it meeting our own 2019 Canadian Guidelines for Sexuality Education;

- Outdated;

- Not comprehensive;

- Not monitored or evaluated to ensure high-quality delivery; and

- Offered by educators who receive low to no support from provinces and educational systems and whose comfort levels are often low. (Action Canada for Sexual Health & Rights 2019)

I agree with these conclusions. Findings in chapter 4 and 5 illustrate how students were taught with outdated materials and not given adequate information. Teachers were not monitored or evaluated, and often had low comfort levels with the material. Chapter 5's findings arose because of what interviewees shared about their experiences and thoughts about educators.

While I focused on the 2008 *Canadian Guidelines for Sexuality Education*, this report confirmed that nothing has really changed for 2019. The Sex Information and Education Council of Canada (SIECCAN) revised *Guidelines* were endorsed by the Public Health Agency of Canada as a tool for policymakers and the education sector. Unfortunately, Action Canada for Sexual Health & Rights (2019) noted that provincial and territorial governments responsible for curriculum development, implementation, monitoring, and evaluation were failing to make sure

youth received the adequate education they deserve, adding that teachers need necessary support. Moreover, the report stated that "Canada is failing to meet its human rights obligations by allowing provincial and territorial governments to provide sub-standard, outdated, inconsistent, and sometimes inaccurate sex-ed" (Action Canada for Sexual Health & Rights 2019:9).

6.1. Recommendations

> Considering the benefits of high-quality sex-ed, it should be an urgent public policy priority. Sex-ed saves lives and is a key intervention to address many of the pressing public health issues in Canada. (Action Canada for Sexual Health & Rights 2019:11)

In British Columbia, sexual health education is all over the place. While some schools are doing better than others, sexual health education largely depends on educators. Sexual health education, in general, is still a political issue. Recent attention in this realm has focused on SOGI 123, which is not sex education. Mainly, adults have been protesting schools for acknowledging that queer and transgender people exist (MacLeod 2019; Hyslop 2019; Jung 2019). Unfortunately, LGBTQ2S+ youth advocates say they are not seeing their needs addressed in the province's sexual health education curriculum. This concern is pushed aside because of the focus on SOGI. Religious groups are actively fighting against SOGI, as they usually would, and have, against sexual education (Wadhwani 2018). The good news is that this issue is ongoing with improvements. For example, in Abbotsford, the school board voted to no longer allow parents to opt out their children from approved learning materials based on personal values (Godfrey 2019). The policy change came after the SOGI debates.

Teachers are at the frontline in providing proper sex education. With limited resources, they often are left to locate resources on their own time, as demonstrated by the teachers from School Districts 34 and 36 in chapter 5.

6.2. What Can Be Done?

6.2.1. Main Issues

I provide recommendations based on the *Guidelines* and from the interview data in chapter 4 and 5:

- Explicit inclusion of race and culture in the *Guidelines* and/or provided resources.
- Resources and support for sexual health educators.

6.2.2. Background Summary

- The *Guidelines* mention race and related topics such as diversity, ethnic differences, immigration, etc.; however, there are no examples of how race can affect sexual health. This is needed in British Columbia's diverse classrooms. Interviews indicated that young South Asian women wanted representation. Also, a discussion of cultural differences and similarities would benefit students' understanding of one another for better interpersonal relationships. A discussion on intersectionality would be useful, along with examples or resources for educators to comprehend and teach about race and/or cultural variations regarding sexual health.

- Educators need more practical resources and support. Since the sex education curriculum is the same as other curricula, support for teachers is the same in policy, but not in practice as expressed by my participants.

- Interviewees' responses in chapter 4 highlight the need for better sexual education with a desire to learn about consent, pornography, STIs and birth control, female bodies, and sexting. Therefore, these recommendations come from the experiences of participants.

- Chapter 5 explores an educator's role in teaching sex education. This is a topic I was not expecting to investigate but it is evident from the interviews (see chapter 4 and 5) that educators play a crucial role in how sexual education is experienced in the classroom.

Recommendation 1

- Practical resources for educators should be included in the *Guidelines* or provided separately. These resources should include specific references to   intersectional understandings of race and sexuality. These sources need to be easily accessible. Examples would include detailed and up-to-dates case studies, scenarios, role-plays, images, videos, discussion questions, and in-depth information on race and sexuality. As mentioned previously, Alberta's TeachingSexualHealth.ca teacher portal is an excellent authorized resource for sexuality. Race does not need to be explicitly discussed at all times; the Museum of Vancouver's Sex Talk in the City Exhibition (2013) incorporated various people for better representation of a diverse city.

Practical resources are beneficial to students. Jasmine, 24, noted how there should be "different ways to learn. For example, small group discussions might help". Natalia, 19, shared the importance of incorporating different bodies in the material as she mentioned how "the teacher showed a pic of a white female's vagina. I couldn't relate". Representation of different racialized bodies is significant, especially in diverse classrooms. Available, updated resources can also replace older methods of teaching such as how Sarah, 30, was "… told to take care of an egg, as if a baby", which she noted was not helpful.

Recommendation 2

- Additional time and/or rewards provided by schools or districts for educators that teach sexual health education. Additional time and rewards may prompt teachers to become interested in the topic and lessen the stress of learning new material to teach students or upgrading current learning plans and curricula. The 2019 *Guidelines* promote in-service training and professional development.

More data is needed from teachers on how they would like to be rewarded and supported. An educator that is interested in the topic and invested in helping students is able to provide valuable guidance to students. However, these teachers need support too. Sasha, 19, shared how some of her teachers took the time to talk to her about queerness outside class; "not in my…not in my sexual education I received, but in my high school there were teachers who were out, and I was really lucky I could talk to them personally so in that sense I did get some information but it was never in a classroom or – it was on my own time. Whenever they had

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time". Alex, 21, also discussed the positive impact of an educator later on; "…I saw how the prof was so comfortable saying those words. I am not. About STIs and stuff"…."That course changed a lot of my thoughts…[in positive way]"

Recommendation 3

- School boards must budget for adequate outside educators if teachers cannot teach sexual education. If teachers are unable to educate about sexual health, then an *appropriate* outside source must be found.
- Educators and/or schools can connect with community service providers to build relationships that would benefit students. For example, they could collaborate with or promote city youth health clinics or local organizations such as Options for Sexual Health. These organizations also provide in-house sexual health education for a fee.
- A list of outside educators would also be useful for teachers, students, and parents.

Further research is needed with teachers and school boards to organize outside sources providing sex education. However, providing a list of sexual health resources is an easy task. Women were happy to accept the list of resources during interviews. A simple list of places like school counselling or Options for Sexual Health is easy and effective in providing people with help.

Recommendation 4

- Mandatory lesson plans for teachers so material is not skipped. This can be provided through the *Guidelines*, the BCTF, school districts, etc. Schools and/or districts need to be aware of what is and is not being taught in the classroom.
- Mandatory reporting by teachers to the school of what was covered in the classroom.
- Allow feedback from students on topics that matter to them and what they think about their sexual health classes *during* the sexual health education. Often, students are asked about their experiences after they have received inadequate sexual health education, leaving them to engage in potentially risky sexual behaviour.

Feedback during the lessons would allow students to voice any concerns. Students' responses should be taken seriously but also addressed in a mature, professional manner. As Katie, 18 explained, she "was supposed to learn in grade 7 but the teacher didn't teach it. He asked the class and students, especially the boys, said no. They were immature about it". Her teacher could have addressed the anxiety or discomfort around the topic but should have continued with

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the material. Katie's experience with learning about sexting by an outside source also illustrates how teachers should check in with students. She shared how "kids didn't find it helpful at all". "The teacher should have discussed sexting in the classroom". In this case, a teacher should have followed up with the class and determined how to proceed to better address a serious topic such as sexting.

I acknowledge that mandatory reporting by teachers might violate teacher autonomy. It also may be challenged by their union. This recommendation a starting point in acknowledging that sexual health education is not always taught in the classroom, and to consider ways that students receive the adequate information they need.

Although I provide these recommendations, more research is required. In reality, this dissertation will not change policy or practice. Standing alone it will not provoke change. Research with sexual health educators and students currently receiving the education is needed. I discuss this in the next chapter under Recommendations for Future Research.

Chapter 7. Conclusion

> In 1988 I was dreaming of desire full bodied. I couldn't sit still in that sex education class for one more visual of my ovaries infiltrated by syphilis or lips by chlamydia. (Fine 2005)

I quote Fine (2005) above because, sadly, sexual health education is still similar to previous decades. Fine (1988) wrote about her experience in the American classroom, but the Canadian experience is similar. Like Fine (2005), many of us still hope for a better sexual health education that incorporates desire, pleasure, consent, emotions and safety rather than solely focusing on STIs. I provide concluding thoughts in this chapter, limitations of the study, and recommendations for research that can help produce better sexual health education in the future.

7.1 Final Thoughts

This research study was designed to understand young South Asian women's experiences with sexual education in British Columbia and trace its impact on their sexual identities and relationship experiences. In particular, where did these young South Asian women gain information about sexuality? How has this information shaped their identity, sexual behaviour, and sexual experiences? While the sixteen participants provided valuable input into what South Asian women experience, further research is needed.

The participants learned about sex in similar ways. None of the women were opted out of sex education, yet they were greatly unsatisfied with the education they received. FIC students had more positive experiences, but still wished for a more adequate education. Women learned about sex from a variety of sources—friends, family, media, and school—but what did they learn? Not much in the classroom. Based on policy, they started in grade 6 by learning about bodily changes and the menstrual cycle. This was followed by basic information on biological reproduction. They were then taught about sexually transmitted infections (STIs) and contraceptives. Many of the women began to look up information online, which was beneficial to many, but it also led to almost all of them accessing male-centric information regarding pleasure and the purpose of sex.

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The lack of adequate sexual education affected the women in my study in several ways. It shaped their identities, sexual behaviours, and sexual experiences (see Chapter 4). The messages they received about sex and the body were often negative or ambivalent, and indirect communication led some women to feel unsure about themselves. While some of the women felt fortunate to have caring partners, others shared how they had to experience terrible relationships or hook-ups to better understand their bodies, boundaries, and agency. All participants seemed proud of their cultural and racial backgrounds, yet none of the women experienced a sex education that incorporated culture or race in a positive way. FIC students seem to have better experiences in the classroom but expected more like the other women. Through interviews, participants shared stories and experiences that highlighted five major themes as essential topics for sexual education: consent, pornography, STI and birth control information (with focus on female bodies and so-called risky sex), female pleasure, and sexting, which I explored in detail in Chapter 4.

As the project progressed, I began to understand that the pedagogical issues surrounding sexual health education needed to be studied. Through interviews, I realized how the lack of teaching instructions and strategies greatly impacted students. The five major themes can easily be added to the curriculum; all five themes are linked in some way or another, whether it is consent, safety, or communication. Yet, teachers did not touch on these topics in detail or at all. This led me to examine pedagogical issues and how culture could be incorporated into the sexual education curricula. In Chapters 4, 5 and 6, I discussed how educators must be interested in teaching sexual health education, the pros and cons of co-ed classes, and how teachers could incorporate race or culture in several ways. Even a conversation would help teenagers understand people different from themselves. Teachers could also incorporate race and culture into their class material in other ways, but I acknowledge that teaching sexual health education can be difficult.

Originally, Chapter 6 was to provide policy recommendations based on findings. Instead, I conclude that policy recommendations need to incorporate race and culture into sexual education teaching guidelines. Policy recommendations are also needed to better support educators. The 2019 *Guidelines* are an improvement from the 2008 edition, but there are still no implementation rules that teachers, schools, and districts must follow. I provide recommendations in Chapter 6, but more research is required. Research with sexual health educators and students currently receiving that education is needed.

7.2 Limitations

This study did not aim to understand how many young, university-educated South Asian women lack knowledge or have positive experiences of sexual education but to recognize what, why, and how they experience sexual education, sex, sexuality, and their bodies. Successfully, this study found that many of the participants' experiences related to extant research. The participants confirmed that many South Asians tend to communicate indirectly about sex (Kao and Martyn 2014), with little to no dialogue about sex at home. All of the women received messages on how not to dress and act and to avoid boys in their youth (Ehrlich 2006; Kim 2009). These messages normalize rape culture beliefs of sexual violence and assault as inevitable and pervasive (Klement et al. 2017). They also imply to girls that their behaviour is what will or will not get them assaulted. Like Rothman et al.'s (2015) findings, the women discussed pornography as a normal aspect of life since the education they received in school often focused on biological reproduction (Flood 2007). Some of the women viewed sexually explicit material at a young age (Rothman et al. 2015). They later sought out pornography because it allowed them to explore their sexuality safely (Weinberg et al. 2010). Many engaged in sexting with conflicting emotions (Van Ouytsel et al. 2019). However, the participants were also open to sharing their thoughts on sexual desire, empowerment, and freedom as South Asian women, as indicated by Puri's (1999) and Abraham's (2002) work, and their responses connected well with Hazel Mead's (2019) art (see Figure 1).

Limitations in this study included the time constraints of a PhD project and recruitment issues. As I discussed in the methods chapter, I did not originally approach this study thinking it would be a sensitive topic. However, as sex is considered a taboo topic (Crawford and Popp 2003; Shirmohammadi et al. 2018), I was not able to recruit as many participants as I thought I would within my project's timeline.

7.3 Recommendations for Future Research

This project's findings indicate exactly what young South Asian women want from their sexual health education in this study. This approach can be extrapolated to other South Asian women in BC and possibly beyond. This study's results are beneficial to all students. However, there are still many avenues for future research.

- Research regarding teachers and sexual education.

In the process of undertaking the research, I began to recognize that we need a better understanding of what BC teachers teach when they are tasked with teaching sexual education. Further, we need to ask how and why teachers approach sexual education in the ways they do. In other words, the pedagogical aspects of teaching sexual education emerged as a key site for future research. This study focuses on what was taught from students' perspectives, but it would be interesting to examine what teachers choose to teach. It could help to discover what is and is not being taught—is it because a lack of resources? Lack of support? Personal values?

- What kind of support is available for teachers?

This study has found that there is a lack of resources/support for educators teaching sexual health. I mentioned the concept of rewards, but what those incentives would be needs to be examined. What do teachers want and need to be able to provide excellent sexual health education to their students?

- Likewise, what do teachers want?

Do teachers wish to be taught about sex education in their formal training? What would that look like? Do teachers even want to teach this subject, or would they prefer outside sources to provide support?

- Regarding the incorporation of race in the curriculum—how is it received by students? Student feedback would be crucial in understanding what is taught in the classroom and how. Are race and intersectionality taught in realistic and helpful ways? As Taylor and Peter (2011) discuss in their project, all students would greatly benefit from an intersectional approach to understanding identities and differences. Intersectionality has been incorporated in various ways into different programs and services in the last few years (Cho et al. 2015; Collins 2015). It would not be difficult to create curriculum support or resources for teachers to incorporate intersectional material into the classroom. Similar conversations took place, and still do, with the development and implementation of SOGI in British Columbia (see chapter 5). Material could be created with the help of students themselves.

- Finally, policy implications for schools and districts need to be individually reviewed. While school districts claim to follow provincial and federal guidelines, each district, and indeed each school, has its own matrix of social, economic, religious, and political beliefs and impacts.

This project examines how South Asian women are taught (or not taught) sexual health education in British Columbia, Canada. The study indicates that race and culture need to be

incorporated into sexual health education. Participants were explicit about what needs to be discussed in the classroom: consent, pornography, birth control and STIs, female pleasure, and sexting. These findings are not just relevant to young South Asian women but to all students. For South Asian women, however, this study adds an important perspective to public health protocols, contributing to research about sexual education amongst racialized women and ethnic minority communities in Canada. Further research is needed on this topic, but this dissertation begins the dialogue about what kind of sex education students want and how an inclusive, intersectional approach can help youth make better decisions about their relationships and bodies.

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Appendix A.
Policy Brief

Introduction

The Canadian Guidelines for Sexual Health 2008 edition by the Public Health Agency of Canada (published by the Ministry of Health), and the Guidelines for Implementation of Sexual Health Education by the British Columbia Teacher's Federation (BCTF) provides recommendations for sexual health educators in Canada and BC. Neither document provide specific curricula or teaching strategies; instead they promote effective and inclusive sexual health guidelines that educators are encouraged to follow. However, what is laid out in the documents is:

- Not necessarily applied in the classroom,
- Nor are there explicit guidelines or anti-racist, and/or an intersectional approach.

An intersectional approach incorporates multiple and intersecting systems of oppression and privilege, embracing various social identities such as race, gender, class, sexuality etc. Intersectionality is increasingly applied in health and policy work in Canada because it accepts various social identities to better understand social inequalities, which Hankivsky and Christoffersen (2008) note turn in to health inequities. Federally, the Canadian Government has been committed to the GBA+, an "analytical process used to assess how diverse groups of women, men and non-binary people may experience policies, programs and initiatives" (Status of Women Canada 2018). The newer 'plus' in GBA+ acknowledges that GBA goes beyond biological (sex) and socio-cultural (gender) differences, now incorporating factors such as race, class, sexuality etc. (Status of Women Canada 2018). This is a major change from previous attempts to distinguish gender and sex; however, the main focus might still primarily be on gender difference (Hankivsky and Christoffersen 2008; Hankivsky 2012). Hankivsky and Cormier (2011) had argued that diversity issues could not start with one identity category, such as gender, to which other categories are added. Regardless, the older version of GBA framework was not indicated in the The Canadian Guidelines for Sexual Health 2008 edition or the Guidelines for Implementation of Sexual Health Education by the British Columbia Teacher's Federation. An intersectional approach is needed in educating racial minorities such as the South Asian community in BC.

South Asians are the second largest visible minority group in Canada (Malhi and Boon 2007) yet limited research has been conducted with the group especially in understanding sexual behaviors (Zaidi, Couture-Carron and Maticka-Tyndale 2013). While older studies prior to the 1990s stereotyped South Asians as 'model minorities' (Hahm, Lahiff and Barreto 2006; Kao and Martyn 2014) who were uninterested in discussing sexual health (Cochran, Mays and Leung 1991), newer research indicates that younger generations seem to be open to communicating about sex and sexuality, and its connection to other social factors such as family and religion (Baraitser1999; Puri 1999; Durham 2004; Abraham 2007; Dhillon 2014).

Sexual education is crucial for South Asian youth. Once South Asian adolescents are sexually active, their behavior is similar to other ethnic groups in North America; such as taking part in dating which has been a practiced custom since the 1920s in the Western world. 71% of youth have dated by the time they turned 15 in Canada (Zaidi et al. 2013). South Asian youth are increasingly taking part in dating, including engaging in same-sex relationships. However, South Asians have been found to have less knowledge of birth control, STIs and HIV risks (Kim 2009). South Asians also have the highest rate of late intervention when infected with HIV (Hahm, Lahiff and Barreto 2006). HIV/AIDS diagnoses have been steadily increasing, mainly for gay, bisexual, and men who engage in sex with other men, but the overall number may be misidentified or underreported (Kao and Martyn 2014). South Asian women are less likely than any other group to be tested for HIV/AIDS (Kim 2009). Lack of knowledge also contributes to obstacles in sexual health counselling, prenatal care, and screening for cervical cancer (Gupta, Kumar and Stewart 2002; Amin 2011). Promoting healthy sexual behaviors during adolescence, according to Kao and Martyn (2014), is a vital way to reduce risky behaviors that can cause significant medical costs.

Sexual education is generally a controversial issue. Durham (2004) pointed out that female sexuality is seen as being dangerous, problematic and yet unimportant to warrant public spending. The bulk of sexual education for South Asians currently consists of what is taught at school or through the media. Palak's (2005) participants learned the majority of their sexual education from their school's sexual health education. Gupta's (2014) research found that most young women felt they had learned very little and even incorrect information about sex. Some participants did mention sexual education in the classroom but explained that they thought it was too vague or they were too oblivious to the idea due to previous teachings in the home. South Asians report learning about sexuality at a later age than their peers, and as Kim (2009)

pointed out, rely on cousins, peers, teachers and the media. This indicates that the sexual education delivered in the classroom is critical, yet it is failing South Asian youth.

Women are particularly at a disadvantage. According to Kao and Martyn (2014) South Asians prefer to communicate in indirect ways with role-modeling, monitoring, and disapproving reactions. They found that most adolescents learn about their parents' attitudes about sex from non-verbal communication. Moreover, females are not spoken to in the same manner as boys. Either there is little to no discussion about sex or young women are crudely told in indirect ways to not engage in sexual activity. Parents often will share messages about puberty and sexual morality rather than discuss facts or feelings. According to Kim (2009), girls may receive messages on how to not look, act and to avoid boys but not be given useful information about their bodily changes and functions. In comparison, Regnerus (2005) noted how most non-South Asian parents at least attempt to discuss sex and birth control with their daughters.

It is important to examine young South Asian women's experience with sexual education in British Columbia and its impact on their sexual identities and relationship experiences. Are the Canadian Guidelines for Sexual Health and the Guidelines for Implementation of Sexual Health Education truly inclusive or culturally relevant, and are the guidelines effective?

Background

According to the BCTF (Hansman 2015), an 'effective living' curriculum had first been developed in the early 1950s; however, there was no provincial-wide application. A call for better family planning and sex education was advocated for at the 1969 Annual General Meeting. Regardless, sex education, taught along with physical education, caused controversy for years. Most districts either banned or limited sex education throughout the 1970s. Eventually the BCTF's Status of Women Committee with the support of Minister of Education Brian Smith, developed the Family Life Handbook. Published in 1986, the resource would not be taken seriously until the AIDS crisis pushed Premier Vander Zalm to finally announce the family life program in 1987. BCTF had already been asking for a family life program that included anti-abuse, and was highly concerned for a hurried program created out of fear of AIDS. Revisions to the curriculum would continue into the 1990s (2015). Ultimately the Ministry of Education began to involve the BCTF in its curriculum development. Sexual health education was slowly removed from physical education classes and added to Personal Planning and later, in classes such as Health and Career K-7, Health and Career 8/9 and Planning 10. Although sexual health

education is now officially implemented in BC, the BCTF notes that for years not all students in all communities were taught everything from the curriculum.

The BCTF (2015) also acknowledges the decades long struggle to incorporate LGBTQ + resources into the curriculum. Although a motion was passed in 1980 to 'eliminate discrimination on the basis of sexual orientation from the school system' (Hansman 2015), debates surrounding the topic continued for years amongst various stakeholders, especially parents and the public. In the 1990s the Gay and Lesbian Educators BC pushed to include lesbian and gay sexuality in the broader school curriculum, but sexual health education continued to be heteronormative and focused on reproduction and sexually transmitted infections (2015). Additionally, the BCTF does not acknowledge any culturally sensitive initiatives, or incorporation of race along with sexuality.

Current Status

The new physical and health education (PHE) curriculum was created in the 2000s to provide all students a safe and welcoming learning environment. Primary students learn about correct names for body parts, including genitalia and sexual organs (Hansman 2015). Both primary and intermediate students also learn about recognizing and preventing abuse. Grade 4 students learn about puberty, and human reproduction. Upper grades learn about AIDS and sexually transmitted infections and sexual orientation. Secondary students learn about sexual decision-making and consent which is a recent development (2015). Currently 58 out of 60 school districts in BC also adapt all or aspects of SOGI (Sexual Orientation and Gender Identity). In 2016 the BC Human Rights Code added gender identity or expression. In response, the BC Ministry of Education announced that all school districts needed to have sexual orientation and gender identity policies in place, but it would not indicate which policies (Rolfsen 2018). Individual school districts were left to determine their own polices. SOGI 123 was then created by ARC Foundation in collaboration with the BC Ministry of Education; BC Teachers' Federation; school districts across BC; UBC Faculty of Education; education partners; and various local, national, and international LGBTQ+ community organizations (ARC 2016/2018)[28].

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[28] It is important to note that SOGI is a new development and did not exist during the creation of both the Canadian Guidelines for Sexual Health 2008 edition and the Guidelines for Implementation of Sexual Health Education by British Columbia Teacher's Federation (BCTF).

While the Guidelines for Implementation of Sexual Health Education does not mention race or culture, the Canadian Guidelines for Sexual Health 2008 edition declares that effective sexual health education does not discriminate on the basis of race, and that the education should be responsive to an individual's race. That is, there should be non-judgemental access to sexual health education. Guidelines also state that an effective sexual health education should be culturally sensitive, but it is not made clear what this looks like or what it means. There is no discussion of the combined effects of sexism and racism, or for example; sexism, racism and homophobia. According to Taylor and Peter (2011), Aboriginal and youth of colour experienced harassment or assault based on race and gender or sexual orientation. Youth of colour, both LGBTQ and non-LQBTQ, were far less likely to know of any out LGBTQ students or of any teachers and staff who were supportive. They were also less likely to have positive experiences of the LGBTQ inclusive curriculum regardless of orientation, and had the lowest rates of being comfortable in discussing LGBTQ matters with anyone. Taylor and Peter (2011) advise that these students need to be reached out to in appropriate ways to discuss cultural issues and taboos regarding LGBTQ matters. Since students may or may not identify as LGBTQ, or identify with the terminology, or not be publicly 'out', an anti-racist approach may be useful in better discussing cultural issues and taboos regarding sexuality and sexual behaviour. For example, this might prevent any ethnocentric assumptions of racialized people and sexuality.

In British Columbia, the BCTF curriculum states that students 'must see themselves in all curricula' (2015), but there is little indication about race and cultural differences:

> Focus is placed on sexual orientation, with a non-intersectional understanding of how race and sexuality are interconnected.
>
> Teachers are given internet resources to self-explore on Pro-D days; however many of these resources do not discuss race and sexuality together.
>
> BCTF does note opt-outs; but there are no provisions for opting out although an alternative delivery is available for parents. Parents however may choose to simply not provide sexual education because of religious or vague cultural reasons. Schools are responsible in assessing the learning of each student for all aspects of the curriculum, including sex education. This may mean that students are simply excused because of their racial or ethnic background rather than an attempt to discuss concerns with parents and students. This is problematic since research

shows that receiving healthcare can be complicated by differences in language and culture. Racism and prejudice from health care providers can prevent proper access to important health information, services and care (Johnson, Bottorff, Browne, Grewal, Hilton and Clarke 2004; Boston Women's Health Collective 2005; Benkert, Peters, Clark, and Keves-Foster 2006; Reavey, Ahmed and Majumdar 2006; 2009; Prather, Fuller, Marshall and Jeffries 2016).

Interestingly, Nanaimo Ladysmith Public Schools implemented an Inclusion Policy to replace both SOGI and an existing Multicultural and Race Relations (MCRR) policy (Nanaimo Ladysmith Public Schools).

Next Steps

Overall both the Canadian Guidelines for Sexual Health 2008 edition by the Public Health Agency of Canada, and the Guidelines for Implementation of Sexual Health Education by British Columbia Teacher's Federation (BCTF) provide sex-positive recommendations for sexual health educators in BC. The BCTF document is less specific than the former; the Canadian Guidelines for Sexual Health mentions race and culturally sensitivity although race difference is not explicitly clarified. Both documents could benefit from including intersectionality as an approach, as Taylor and Peter (2011) discussed in their project.

Regardless, whether these guidelines are actually implemented in the classroom, if they are effective, and what youth of colour, in particular South Asian women, think about them can only be determined by asking students about their sexual health education experiences.

Numerous researchers have noted the importance of researching South Asian women to provide further aid in public health and clinical work (Gupta, Kumar and Stewart 2002; Okazaki 2002; Deepak 2005; Kao and Martyn 2014; Zaidi, Couture-Carron, Maticka-Tyndale and Arif 2014). Research on this topic has the potential to help us better understand the complexities of intersectional experiences of gender, racialization and sexuality in a Canadian context.

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Appendix B.

Information Letter for Participants

Information Letter for Participants

Dear Potential Research Participant:

My name is Sim Badesha and I am a student at SFU. You are invited to participate in the study "South Asian Female University Student's Experiences of Sex Education and Sexual Identity". The study explores the experiences of South Asian women between the ages of 18-30 to examine young South Asian women's experiences with sexual education in British Columbia and its impact on their sexual identities and relationships. Your experiences are extremely valuable to this research. Results from this study will be used towards the completion of my dissertation for my PhD degree in the Department of Gender, Sexuality and Women's Studies.

Interviews for this research will take approximately 60 -90 minutes. The location of the interview is agreed upon by you and I. You are free to suggest a place that you feel comfortable with and I will try my best to accommodate. Your participation in this study is completely voluntary, you are free to answer questions in any way you choose, decline any questions you do not wish to answer, and withdraw from the study at any time. I will be providing a list of services that provide support regarding sex, sexuality and sexual health for your convivence.

I am requesting to audiotape the interview to ensure that information is gathered accurately. If you prefer I can take hand written notes instead. Before interviewing you will be asked to choose an alias name to keep your identity private. The audiotapes will be transcribed following interviews. Once interviews are transcribed, the original recordings will be destroyed. You will never be identified in any of the data. All project related notes will be secured via SFU Vault accessible only by me. They will be held for a minimal period of 2 years as per the SFU disposal process. After the completion of my research, the interviews and transcriptions will be destroyed by me.

If you have any questions or concerns about the study at any point, please don't hesitate to contact me. If you wish to receive a summary of the project after its completion please contact me.

Thank you for your time

Sincerely,

Sim Badesha

Appendix C.

Consent Form

Consent Form

By signing this document, I agree to participate in the research study "South Asian Female University Student's Experiences of Sex Education and Sexual Identity" conducted by Sim Badesha, student in the Department of Gender, Sexuality and Women's Studies, under the supervision of Dr. Jen Marchbank and Dr. Tiffany Muller Myrdahl.

I have received an explanation of the nature of the research, its purpose, and procedures. I understand that:

- I am a volunteer and I can withdraw from this research at any time without any penalty or consequences.
- I will be asked questions regarding sex, sexuality and sexual health, but I am under no obligation to answer any questions that I am uncomfortable with.
- All data will be kept coded and confidential. Only Sim will know of my identity.
- My interview will be tape-recorded or if requested, hand written.
- No one except Sim Badesha and her supervisors, Dr. Jen Marchbank and Dr. Tiffany Muller Myrdahl will have access to the coded data.
- All audiotapes will be destroyed once interviews are transcribed.
- Data will be stored via SFU Vault for a minimum of 2 years accessible only to Sim.
- I will be emailed the transcripts of the interview to review (unless I ask not to be contacted again) and I may choose to edit my responses or withdraw my contribution without any penalty.

- I will receive a summary of the research, upon request, following the completion of the project. My personal information (i.e, email address) to receive the results will be kept confidential.

- If data is uploaded to an online repository in the future, for the purpose of scholarly publishing, files will be stripped of any information that could identify participants (e.g., names, email addresses), to ensure confidentiality.

Signature of the Participant _ Date

Yes, I would like to receive a copy of the results. ___ Email Address

If you have any concerns about your rights as a research participant and/or your experiences while participating in this study, you may contact Dr. Jeffrey Toward, Director, Office of Research Ethics.

Sim Badesha
Graduate Student at Simon Fraser University
Department of Gender, Sexuality and Women's Studies

Appendix D.

Participant Recruitment Poster

Appendix E.
Focus Group Recruitment Poster

Appendix F.

Information Letter for Participants—Focus Group

Information Letter for Participants - Focus Group

Dear Potential Research Participant: My name is Sim Badesha and I am a student at SFU. You are invited to participate in the study "South Asian Female University Student's Experiences of Sex Education and Sexual Identity". The study explores the experiences of South Asian women between the ages of 18-30 to examine young South Asian women's experiences with sexual education in British Columbia and its impact on their sexual identities and relationships. Your experiences are extremely valuable to this research. Results from this study will be used towards the completion of my dissertation for my PhD degree in the Department of Gender, Sexuality and Women's Studies.

The Focus Group for this research will take approximately 2 hours. The location of the focus group is at the Simon Fraser Student Society's Women Centre. Your participation in this study is completely voluntary, you are free to answer questions in any way you choose, decline any questions you do not wish to answer, and withdraw from the study at any time. I will be providing a list of services that provide support regarding sex, sexuality and sexual health for your convivence. The Women Center Coordinator will be present during the focus group, and available after to provide any support or information on sexual health.

I will be taking hand written notes as the group discusses the questions I will provide. Before the focus group begins, you will be asked to choose an alias name to keep your identity private for the study and from group members you do not know. Fellow focus group members may be friends or peers of yours. Or fellow group members may be strangers. Regardless, please be respectful and not share information from this focus group to people outside. Do not disclose the identities of focus group members to others. Due to the nature of focus groups, confidentiality cannot be guaranteed, however I ask that you respect the privacy of other group

members. You will never be identified in any of the data. All project related notes will be secured via SFU Vault accessible only by me. They will be held for a minimal period of 2 years as per the SFU disposal process. After the completion of my research, the focus group's notes and materials, and transcriptions will be destroyed by me.

If you have any questions or concerns about the study at any point, please don't hesitate to contact me. If you wish to receive a summary of the project after its completion please contact me.

Thank you for your time,
Sincerely,
Sim Badesha

Appendix G.

Consent Form—Focus Group

Consent Form - Focus Group

By signing this document, I agree to participate in the research study "South Asian Female University Student's Experiences of Sex Education and Sexual Identity" conducted by Sim Badesha, student in the Department of Gender, Sexuality and Women's Studies, under the supervision of Dr. Jen Marchbank and Dr. Tiffany Muller Myrdahl.

> I have received an explanation of the nature of the research, its purpose, and procedures. I understand that:

- I am a volunteer and I can withdraw from this research at any time without any penalty or consequences.
- I will be asked questions regarding sex, sexuality and sexual health, but I am under no obligation to answer any questions that I am uncomfortable with.

> I may or may not be familiar with fellow group members, regardless I:

- Agree to not repeat what is said in the focus group to others.
- Understand that although participants have been asked to keep information from the focus group private, confidentially cannot be guaranteed.
- All data will be kept coded and confidential.
- Sim Badesha will be taking notes during the focus group.
- No one except Sim and her supervisors, Dr. Jen Marchbank and Dr. Tiffany Muller Myrdahl will have access to the coded data.
- All notes will be destroyed once the thesis has been drafted.
- Data will be stored via SFU Vault for a minimum of 2 years accessible only to Sim.
- I will receive a summary of the research, upon request, following the completion of the project. My personal information (i.e, email address) to receive the results will be kept confidential.

- If data is uploaded to an online repository in the future, for the purpose of scholarly publishing, files will be stripped of any information that could identify participants (e.g., names, email addresses), to ensure confidentiality.

Signature of the Participant _ Date
Yes, I would like to receive a copy of the results. ___ Email Address

If you have any concerns about your rights as a research participant and/or your experiences while participating in this study, you may contact Dr. Jeffrey Toward, Director, Office of Research Ethics.

Sim Badesha
Graduate Student at Simon Fraser University
Department of Gender, Sexuality and Women's Studies

Appendix H.

Interview Schedule

Interview Schedule

Name (Alias)

Age

Race/Ethnicity

Religion

Sexual identity (e.g. sexual orientation)

-Which city did you go to school?

-Tell me, how did you learn about sex?

-How you personally define sex?

-In what ways was the sex ed. useful for you?

-What did you wish you were taught?

-What do you think you could have been taught differently?

-Was the education and/or information you received positive? For women?

-How was culture discussed?

-Was it LGBTQ friendly?

- If opted out – Who were your legal guardians that opted you out?

      -Why do you think they opted you out?

      -How did that make you feel?

      -How do you feel about that now?

      -Where did you learn about sex and sexual health then?

      -Did your parents ever discuss sex?

-Is there anything that I didn't ask that you want to share?

-Is there something I should have asked?

Debrief

Is there anything you would like to ask me? About the project?