



SOUTH ASIAN CANADIAN YOUNG ADULTS' CULTURE AND SEXUAL HEALTH

BRANCH Research
Building Relationships to Advance
Newcomer & Community Health

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INTRODUCTION

- **Second generation South Asian Canadian young adults** make up a significant portion of the Canadian population.
- They tend to hold attitudes and behave in ways that suggest **more sexual conservatism than their peers of other ethnicities** (Kim & Ward, 2007). Some aspects of sexual conservatism have been linked to risky sexual behaviours.
- It is unclear whether these trends are **reflective of ethnic cultural values or specific sexual beliefs** that promote sexual conservatism (Guo, 2019).
- **The current study** sought to investigate the role of cultural values and restrictive sexual beliefs in South Asian-Canadian young adults' psychosocial sexual health.

CULTURAL VALUES

- South Asian Values
- Canadian Values

PSYCHOSOCIAL SEXUAL HEALTH

- Sexual Subjectivity
- Sexual Communication Self-Efficacy

RESTRICTIVE SEXUAL BELIEFS

- Sexual Double Standard
- Rape Myth Acceptance

- **Sexual double standard:** when women are judged negatively for sexual behaviours that men are praised for (Crawford & Popp, 2003)
- **Rape myths:** false and harmful beliefs about sexualized violence (Devdas & Rubin, 2007)
- **Sexual subjectivity:** viewing yourself as the subject rather than the object of your sexual desires (Horne & Zimmer-Gembeck, 2008)
- **Sexual communication self-efficacy:** confidence in your ability to discuss sexual topics with potential partners (Quinn-Nilas et al., 2015)

RESEARCH QUESTION + HYPOTHESES

How do values contribute to sexual health for bicultural people?

- There will be gender differences in all variables.
- South Asian values will be negatively related to both outcomes. Canadian values will be positively related to both outcomes.
- Higher restrictive sexual beliefs will strengthen these negative relationships and weaken these positive relationships.

METHODS

Sample (n=107)

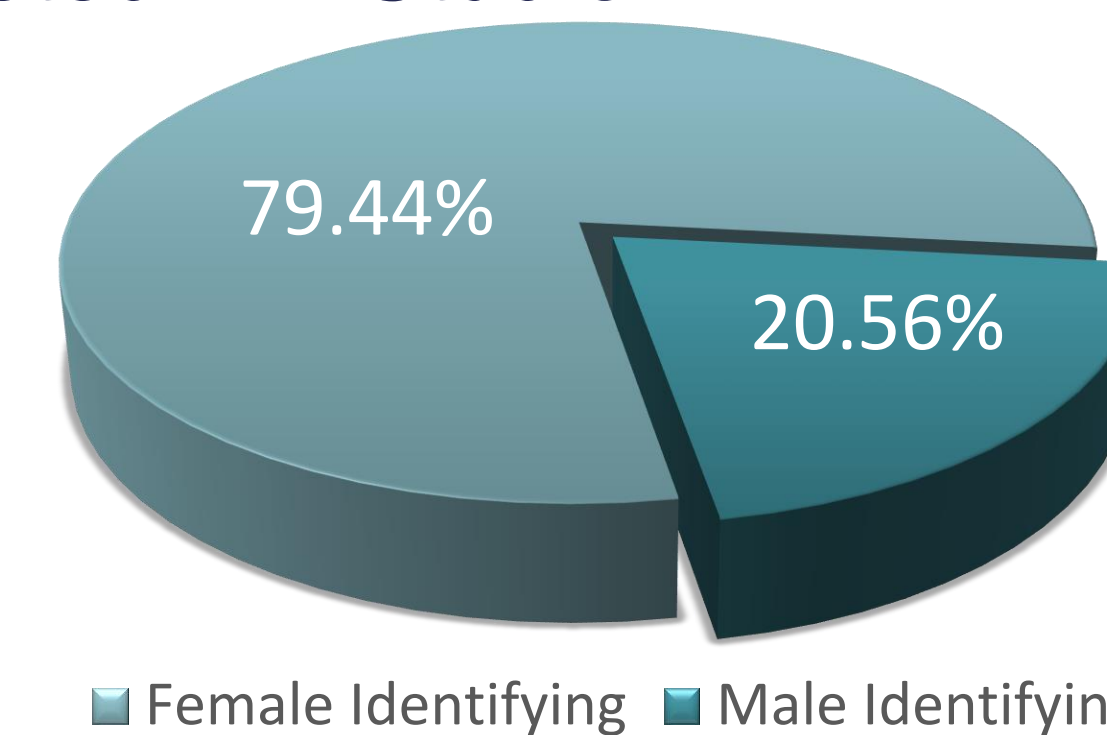
- South Asian-Canadian young adults who
- were born in Canada or moved here before the age of 6;
 - are sexually active;
 - have two ethnically Indian, Pakistani, Bangladeshi or Sri Lankan parents, one of which immigrated to Canada after the age of 18;
 - are between the ages of 18 and 29
 - M = 23.60, SD = 2.89
 - and are currently living in Canada

Procedure

- Recruited via social media and reaching out to relevant organizations across Canada.
- Involved a 15 minute survey of 6 Likert scales and some demographic questions.

Data Analysis

- Completed in RStudio.



RESULTS

MEANS, SD, AND EFFECT SIZES

Variable/	Full Sample (n=107)	Female Identifying (n=85)	Male Identifying (n=22)	Gender Differences (Cohen's d)
South Asian Values (1-4)	2.08 (0.34)	2.02 (0.32)	2.30 (0.33)	0.88
Canadian Values (1-4)	3.10 (0.24)	3.13 (0.23)	2.96 (0.24)	0.56
Sexual Double Standard (1-6)	1.69 (0.72)	1.61 (0.68)	2.00 (0.82)	0.55
Rape Myth Acceptance (1-5)	1.56 (0.59)	1.44 (0.47)	2.02 (0.75)	1.08
Sexual Communication Self-Efficacy (1-4)	3.09 (0.53)	3.08 (0.53)	3.11 (0.52)	0.06
Sexual Subjectivity (1-5)	3.34 (0.35)	3.39 (0.37)	3.17 (0.23)	0.64

CORRELATIONS

	1	2	3	4	5
1. South Asian Values					
2. Canadian Values	-.45**				
3. Sexual Double Standard	.50**	-.45**			
4. Rape Myth Acceptance	.43**	-.53**	.60**		
5. Sexual Communication Self-Efficacy	-.02	.19*	-.10	.07	
6. Sexual Subjectivity	-.30**	.26**	-.25*	-.08	.36**

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DISCUSSION

- There were **significant gender differences** across all variables, except sexual communication self-efficacy. This suggests potential value in focusing on different factors in health promotion depending on gender.
- Sexual double standard was **significantly and negatively** related to sexual subjectivity.
- South Asian values were **strongly and negatively related** to sexual subjectivity, possibly due to the emphasis on group harmony in South Asian values contrasting with the emphasis on individual agency in sexual subjectivity.
- South Asian values were **not significantly related** to sexual communication self-efficacy, suggesting that individuals can develop positive sexual health skills independently of their values.
- South Asian values and Canadian values had a significant **inverse** relation.

LIMITATIONS

- Individuals who are comfortable with participating in sex research may not be **representative** of the larger population.
- Our more complex analyses were difficult to assess due to **sample size restrictions**.

CONCLUSION + FUTURE DIRECTIONS

- **The current study** suggests **targeting sexual double standard beliefs** as promising methods to promote sexual health.
- This research highlights the **presence of nuance** in sexual health for South Asian Canadians.
- Future research should use **qualitative methods** to deepen our understanding of other factors that may be relevant.

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