

Acculturation, Discrimination and Religiosity as Predictors of Sexual Experience and Sexual
Knowledge among Haitian-Canadian, Franco-Ontarian and Anglo-Canadian Emerging Adults

Marcela Olavarria Turner

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School of Psychology
Faculty of Social Sciences
University of Ottawa

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Abstract

Sexual health is related to sexual experience and the accurate understanding of HIV and STIs modes of transmission, symptoms, and prevention. An examination of the influence of sociocultural factors provides a greater understanding of the determinants of sexual health given that sexual conduct is socially and culturally constructed. Consequently, this study sought to examine the influence of acculturation as it related to identity, behaviours and values, and the effects of religiosity and perceived discrimination in Haitian-Canadian, Franco-Ontarian and Anglo-Canadian emerging adults on their level of sexual experience and knowledge of HIV and STIs. The results indicated that Haitian-Canadians were the least sexually experienced group. Haitian-Canadian women in particular, were less experienced than Franco-Ontarian and Anglo-Canadian young women. The three groups did not differ in their level of knowledge regarding HIV. Yet, Anglo-Canadians were the most knowledgeable regarding STIs, followed by Franco-Ontarians. The level of religiosity experienced by participants was the only significant predictor related to sexual experience for all three groups. More religiosity predicted less sexual experience. Furthermore, greater religiosity also predicted less knowledge of HIV for Franco-Ontarians. These findings suggest that more specific measures regarding sexual norms and values should be used to examine sexual acculturation.

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Introduction

As a topic of investigation, sexuality has increasingly been considered an important aspect of human development and well-being with significant health implications (Barrett et al., 2004; Buss, 1998; Laumann et al., 2006; Reiss, 2005). From a health perspective, recent Canadian sexual health statistics regarding sexually transmitted infections (STIs) suggest that individuals between the ages of 15 and 29 are among the most likely to contract sexually transmitted infections and present with long-term reproductive health concerns associated with untreated STIs (Fisher & Boroditsky, 2000; Public Health Agency of Canada, (PHAC) 2008; Weinstock, Berman, & Cates, 2004). Indeed, over the past decade, Chlamydia has increased 80.2%, Gonorrhoea by 116.5%, and Syphilis by 568.2% primarily among this age group (PHAC, 2008). Despite these alarming statistics, Canadian national data on sexual behaviour in adolescents and young adults remains limited (Maticka-Tyndale, Barrett, & McKay, 2000; PHAC, 2012).

Knowledge of HIV and ways of preventing STIs, understanding their transmission and symptoms are important variables for health, given that they are associated with a greater likelihood of STIs testing (Swenson et al., 2009; Swenson et al., 2010) and to greater sexual assertiveness (Weinstein, Walsh & Ward, 2008). Culture is an important element that influences attitudes regarding sexuality, and consequently, has an impact on sexual behaviours and the amount of knowledge that is acquired about the topic (Wyatt & Dunn, 1991). The Canadian context is an excellent ground to examine the influences of culture on sexuality, since different attitudes and norms coexist among the different ethnocultural groups that comprise Canadian society (Barrett et al., 2004). The purpose of the present study was therefore to examine the influence of culture on the level of sexual

experiences and knowledge regarding HIV and STIs in emerging adults belonging to three distinct ethnocultural groups.

Emerging Adults

In recent years, emerging adulthood, a category that includes young people between the ages of 18 to 29, is viewed as a distinct developmental stage during which young people engage in intensive exploration as they gain increasing independence from their parents (Arnett, 2000). Arnett (2000) postulates this stage between adolescence and adulthood as culturally constructed and present predominantly in highly industrialized societies, where young people tend to remain in school until their early and mid-twenties, thus delaying responsibilities and roles that mark the passage into adulthood, such as employment, marriage and parenthood. Predominant areas of exploration during this life stage are believed to include ethnic identity, sexuality, and religious views (Arnett, 2000; Lefkowitz, 2005; Lefkowitz & Gillen, 2006; Phinney, 2006). Sexual research focusing on emerging adults suggest this stage is marked by changes in sexual attitudes resulting in developing more liberal attitudes (Lefkowitz, 2005; Lefkowitz & Gillen, 2006), being more sexually adventurous, having more sexual partners, and using condoms inconsistently (Lefkowitz, Gillen, Shearer, & Boone, 2004).

Acculturation and Sexuality

Historically, human sexuality has been viewed from an essentialist perspective in which biological processes are considered to be the underlying elements of sexual behaviour and where social learning is a secondary, relatively minor element (DeLamater & Hyde, 1998; Lewis & Kertzner, 2003; Parker, 2009; Weiss, 1998). Current conceptualizations in the social sciences consider sexuality as socially constructed. These

perspectives underline the contribution of cultural, social, psychological and historical forces that affect the expression of sexuality, which varies in time and space (Ahmadi, 2003; Espin, 1999; Hogben & Byrne, 1998; Horrocks, 1997; Kimmel & Fracher, 1992; Nagel, 2000; Reiss, 2005; Parker, 2009; Weeks, 2003).

As a socially constructed reality, sexuality is a complex phenomenon for which differing discourses can coexist and sometimes compete in social debates crucial to public health policies, education and personal freedoms (Barrett et al., 2004; Reiss, 2005). As a multicultural state, Canada recognizes two official linguistic groups, Francophones and Anglophones from European descent, who form the majority of Canadian society. Although immigration to Canada is not a recent phenomenon (Green & Green, 2004), the place of origin of newcomers to Canada, however, has undergone an important shift. The first part of the 20th century was marked by immigrants whose origins were mainly European. In the past half century, individuals from Asia, Africa, South America, and the Caribbean make up the biggest percentages of immigrants (Statistics Canada, 2006). As a result, Canadian society has become increasingly diverse¹. The diverse Canadian socio-cultural panorama provides an interesting context in which to examine sexuality as it relates to cultural influences, since the foundations for defining sexuality among immigrants and their descendants may be quite different from those of the groups that originally helped define Canadian culture and its institutions (Barrett et al., 2004).

¹ Part of Canadian diversity also includes Aboriginal peoples, more specifically First Nations, Métis, and Inuit, whom as distinct groups possess unique histories, languages, spiritual beliefs and cultural practices. However, given their particular experiences with colonization and oppression (Noëls & Berry, 2006), it is beyond the scope of this study to include these populations and discuss the different dimensions that affect young Aboriginals' sexual health.

Culture is defined as the establishment of shared meanings, behaviours, and normative structures that help to hold social collectives together (Lehman, Chiu, & Schaller, 2004). The changes that come about with intercultural contact in ethnically plural settings have been examined under the conceptual framework of acculturation (Ward, Bochner, & Furnham, 2001). The process of acculturation is a complex phenomenon that can be broadly defined as the cultural changes that take place over time when distinct cultural groups come into continuous and direct contact (Berry, 2003; Birman, 1994). The changes can be related to the adoption of different elements such as ideas, words, values, behaviours or even institutions and may take place in either or all groups that are interacting with one another. Acculturation is not only considered a group phenomenon, but also an individual level phenomenon (Sam, 2006). At the individual level, psychological acculturation involves changes in sense of pride, evaluation of one's ethnic group, values, behaviours and attitudes of members of such groups (Berry, 2003; Birman, 1994; Phinney, 1990; Sam, 2006; Ward et al., 2001).

Currently, acculturation is examined in a bidimensional fashion by which it considers how individuals retain their heritage culture and adopt features of mainstream/dominant culture (Berry, 1997; Sam, 2006; Ward et al., 2001). Issues of relative power of the interacting groups within a society create the distinction between minority and mainstream/dominant ethnic groups (Noëls & Berry, 2006; Laroche, Kim, Hui, & Joy, 1996; Montreuil & Bourhis, 2004). Commonly immigrant groups are considered minority groups and mainstream refers to the "receiving" culture. In the context of multicultural societies, it is posited that intercultural contact implies a constant process of negotiation of the role that one's own ethnic group will play in the definition of the self

and that of the other referent ethnocultural groups, which can include other immigrant groups besides the mainstream, one is in contact with (Simmons, 2006; Weinreich, 2009). Although second generation youth, defined as children of immigrants born in a receiving country, may not have experienced their heritage culture directly, many acquire important aspects of their heritage culture through the processes of primary socialization and enculturation from parents and members of their ethnic community (Phalet & Schönplflug, 2001; Weinreich, 2009).

Recently, the acculturation framework has been used in sexuality research to better understand the effects of culture on sexuality, both in specific ethnic minority groups and between different ethnocultural groups (e.g., Brotto, Chik, Ryder, Gorzalka, & Seal, 2005; Brotto, Woo, & Ryder, 2007; Ahrold & Meston, 2010; Meston & Ahrold, 2010). It is posited that being part of an ethnic group implies being socialized to its values, beliefs and practices (Phinney, 2003). Assuming an ethnic group membership is endorsing, albeit with individual differences, the beliefs, values and practices regarding sexuality as they are defined in that group (Benuto & Meana, 2008). Since acculturating individuals can draw on cultural aspects from their heritage culture and that of the other ethnocultural groups they interact with in society, their sexual selves may be better understood through an acculturative lens.

Domains of acculturation. Beyond one's general orientation to the heritage and mainstream culture, acculturation is also seen as a multifaceted phenomenon that incorporates various domains, including cultural identities, cultural practices, and cultural values (Chircov, 2009, Phinney & Flores, 2002).

Cultural identities. An individual's self-definition is directly linked with their group membership (Deaux, 2000; Tajfel & Turner, 1986; Ward et al., 2001). The question "Who am I?" is answered in reference to the groups the "I" belongs too. Thus, the ethnic group is an important source of self-definition (Phinney, 1990; Ward et al., 2001). This group identity involves the recognition of oneself as a member of an ethnocultural group (Phinney, 1990; Ward et al., 2001). Changes in the subjective feelings about one's group membership to the heritage culture and mainstream culture as well as the strength of the sense of belonging one has toward the heritage and mainstream are examined (Phinney, 2002; Ward et al., 2001).

Cultural practices. This domain refers to cultural customs, traditions, language use, and media consumption (Birman & Trickett, 2001). Acculturative changes in this area are known as behavioural acculturation. Behavioural acculturation reflects the individual's preference and capacity to engage in cultural activities and thus is also referred to as cultural participation (e.g. holidays, cultural events, media use, etc.) (Birman & Trickett, 2001).

Cultural values. Cultural values are defined as tenets and rules about what is good and beneficial, are also believed to change with acculturation (Schwartz, Unger, Zamboanga, & Szapocznik, 2010). Values acculturation is related to the changes that come about along different sets of values due to intergroup contact (Marin & Gamba, 2002).

To borrow from Phinney and Flores' (2002) terminology, "unpackaging" acculturation, that is examining identity, behavioural and values acculturation is essential to increase our understanding of how the acculturation process affects sexuality. Indeed, it can

help clarify seemingly contradictory results that have been obtained when only one of these aspects has been assessed. For instance, research on behavioural acculturation and sexual behaviours has yielded mixed results (Afable-Munsez & Brindis, 2006). U.S. research with minority groups has reported greater American acculturation to be related with a greater number of lifetime partners and younger age of sex initiation (Driscoll, Biggs, Brindis, & Yankah, 2001). In other cases, greater heritage culture maintenance has proven to be associated with higher sexual risk behaviours, such as not using condoms and having multiple partners (Driscoll et al., 2001; Afable-Munsez & Brindis, 2006). Similarly studies on the relationship between cultural identity and sexuality have reported inconsistent results. For instance, greater heritage identity is sometimes related to greater risk behaviours, such as less condom use, and younger age of initiation to sex (Raffaelli, Zamboanga, & Carlo, 2005). While in other cases, greater mainstream identity endorsement is associated with these same behaviours (Afable-Munsez & Brindis, 2006).

The examination of values acculturation has been neglected in sexuality research (Deardroff, Tschann, & Flores, 2008). Perhaps the lack of inclusion of cultural values in sexual research is related to issues in assessing this domain in acculturation research. Indeed, current measurements of acculturation have been criticized for largely reflecting degrees of access to cultural experiences and not sufficiently the degree of internalisation of values that are rendered accessible through these cultural experiences (Marin & Gamba, 2002; Schwartz et al., 2010; Wolfe, Yang, Wong, Atkinson, 2001). For example, a second generation immigrant may well endorse playing hockey, associating with Canadian friends, and consumption of Canadian media (e.g. newspaper, websites). However, this does not imply that this person will value competition and uniqueness. Despite this measurement

limitation, an interesting avenue is to consider using extensively used and researched concepts that are directly associated with values (Brewer & Chen, 2007). Individualism and collectivism can be seen as two distinct value orientations (Schwartz, 1990). An individualistic values orientation stresses individual freedom, personal fulfillment, autonomy and separation, whereas a collectivistic orientation emphasises values of solidarity, social obligation, connection and integration (Brewer & Chen, 2007; Heine & Buchtel, 2009; see for review Oyserman, Coon, & Kimmelmeier, 2002).

Recent research suggests that all societies tend to socialize their members with respect to both individualistic and collectivistic values (Brewer & Gardner, 1996; Oyserman et al., 2002; Oyserman & Sorensen, 2009; Triandis, 1995). Thus, these value systems coexist within individuals and societies (Brewer & Gardner, 1996; Gardner et al., 1999). Surprisingly, to date, only two empirical studies have directly assessed the links between individualism, collectivism and sexual behaviours (Le & Kato, 2006; Lo, So, & Zhang, 2010). While examining individualism and collectivism in relation to sexual risk behaviours among Cambodian and Lao/Miens adolescents living in the United-States, Le and Kato (2006) found that individualism was a risk factor for unprotected sex and collectivism was associated with less risky behaviours. This result is promising, since it encourages the examination of values acculturation as a particular domain of influence in sexual health that may not necessarily be captured by other domains of acculturation. In their study investigating the influence of individualism and collectivism on internet pornography use, attitudes toward premarital and extramarital sex, and permissive sexual behaviours, Lo and al. (2010) found collectivism to be related to less exposure to internet pornography, less sexual behaviour and more negative attitudes towards premarital and

extramarital sex among Chinese college students. Conversely, individualism had positive relationships with the variables examined.

Sexual Research Among Ethnic Groups in Canada

Within the Canadian context, Anglo-Canadians and French-speaking Canadians residing in Quebec emerging adults have been found to have distinct patterns of sexuality (Barrett et al., 2004). For instance, many sexological studies report a greater “acceptance and tolerance” of diverse forms of sexual expression, such as premarital sexuality, extramarital sexuality, homosexuality, and masturbation as a healthy sex practice in Franco-Québécois, compared to English-speaking Canadians (Barnett et al, 2004; Lévy, Frigault, Samson, Dupras, & Cappon, 1993; Maticka-Tyndale & Lévy, 1992; Otis, Lévy, Samson, Pilote, & Fugère, 1997; Lévy, Otis, & Samson, 1996). For instance, Franco-Québécois men and women were significantly more likely to have had intercourse and oral sex at a younger age compared to English-speaking men and women (Lévy et al., 1996).

Other studies focusing on sexual attitudes between these two groups also suggest differences pointing to greater sexual openness for different sexual behaviours for Franco-Québécois (Barrett et al., 2004). Anglophones reported greater use of alcohol and drugs when having sex and were more likely to use condoms compared to Francophones (Lévy et al., 1993). Furthermore, studies comparing young Anglophones and Francophones, within the province of Quebec, have also found similar differences between these groups on sexual attitudes and practices, echoing those found at the national level (Lévy et al., 1993; Barrett et al., 2004).

These previous results suggest that these two ethnolinguistic groups are distinct with respect to their sexual ethos. Reasons for these differences are often attributed to Quebec's particular social context. The profound sociocultural changes that Quebec underwent during the Quiet Revolution (Dumont, 1990), namely the economic reforms and the rapid secularization of society, are believed to have made this province less traditional than the rest of Canadian provinces in many areas, such as family values, equality and sexuality (Baer, Grabb, & Johnston, 1990).

Although, the greatest number of French-speaking Canadians live in Quebec, there are considerable numbers in other provinces creating vibrant communities (Statistics Canada, 2001). The biggest group outside of Quebec can be found in Ontario (Statistics, Canada, 2006). In the Ottawa region nearly 17 percent of its population is francophone (Statistics Canada, 2001). Francophones in Ontario are a linguistic minority that has long fought against linguistic discrimination (Madibbo, 2006). Similar to Quebec, Franco-Ontarians' response to assimilation prior to the 1960s had been rooted in the maintenance of the French language and Catholicism (Langlois, 2009); since the 1960s, they also became more secular. However, it is contended that, although in decline, Catholic religiosity is still a more dominant influence for Franco-Ontarians (Langlois, 2009). Their minority status within the province may be responsible for the difference in which this secularization has been experienced among Franco-Ontarians (Langlois, 2009). Such a particular social context may create important differences in the portrait of sexuality between Francophones living outside of Quebec from those living in Quebec. Consequently, more research is warranted taking into account their minority status in the enactment of their social scripts.

Sexual research focusing on Francophones outside of Quebec is scarce. A recent report on health matters of Franco-Ontarians concludes that, despite the important lack of information on the sexual health of Franco-Ontarians, information that is available indicates that young male and female Franco-Ontarians have a higher level of sexual activity compared to Anglophones and allophones in the province (Programme de recherche, d'éducation et de développement en santé publique (PEDSP), 2005).

Modeling the portrait of immigration at the national level, Franco-Ontarians are also relying on immigration, in this case from the international francophone communities, to increase their numbers (Federation des communautés francophones et acadiennes du Canada, (FCFAC), 2009). According to 2006 statistics, 14 percent of the Franco-Ontarians report coming from the Caribbean, Africa, Asia and Europe (FCFAC), 2009). Haitian-Canadians make up the 10th largest non-European community in Canada. Almost half of Haitian-Canadians are under the age of 25 (Statistic Canada, 2006). The majority of the members from this community speak French. In the 2001 population census, 52% of Haitian-Canadians reported French as their mother tongue and 69% indicate French was the most spoken language at home (Statistic Canada, 2006). Although most made their home in the province of Quebec (Statistic Canada, 2006), the second largest concentration of Haitian-Canadians is found in Ontario, particularly in Ottawa and Toronto (Statistic Canada, 2006).

Research related to Haitian immigrants and their descendants is scant compared to other immigrant ethno-cultural groups both in Canada and the United-States (Zéphir, 2004; Bruno, 2008). Studies examining the situation of Haitian-Canadians living outside of Québec have reported a *double marginalization* experienced by this group (Madibbo,

2006). Their experience of integration into Canadian society has been described in the context of integration as both a racial and linguistic minority. Madibbo (2006) argues that, just as Franco-Ontarians, Haitian-Canadians living in Ontario have had to compose with the status of linguistic minority. Additionally, like other racial minorities, Haitian-Canadians have had to deal with discrimination based on racial signifiers (Madibbo, 2006).

Furthermore, Black Canadians (primarily from Africa or the Caribbean are overrepresented in the contraction of STIs and HIV compared to the general Canadian population (Falconer, 2007). It is important to mention that several authors have underscored that Haitian immigrants and their descendants have also had to face the stereotype that they are all AIDS carriers (Bruno, 2008; Gopaul-McNicol, Benjamin-Dantigue, Francois, 1998). The link between Haitians and AIDS was made in the late 1980's and early 1990's at a time when many Haitian refugees were migrating to North America (Gopaul-McNicol et al., 1998). This association can be an additional challenge for the integration of this population.

Despite the increasing ethno-cultural diversity found in Canada, very few studies with emerging adults have compared French-Canadians or Anglo-Canadians with other ethnocultural minority groups (Barrett et al., 2004). However, studies that do exist suggest that first and second generation students from other ethnocultural backgrounds do not necessarily adopt behavioural sexual patterns that resemble those of the dominant ethnocultural groups (Bedard, 1994; Brotto et al., 2007; Kennedy & Gorzalka, 2002; Lévy, Maticka-Tyndale, Lew, & Bicher 1992; Maticka-Tyndale & Lévy, 1992; Meston, Trapnell, & Gorzalka, 1998). For instance, comparisons between French-Canadians, English-Canadians, Greek-Canadians, Haitian-Canadians, Italian-Canadians, and Jewish-Canadians

(French and English speaking) Montreal students on their sexual experiences and contraceptive use suggested French-Canadians reported the most sexual experience (kissing, petting, oral sex and intercourse), whereas Greek, Italian and Anglophone Jewish students were the least likely to have engaged in intercourse (Lévy et al., 1992). In the same study, compared to the other groups, Haitian-Canadians students were the least likely to report using any form of contraceptive method and the least likely to report condom use specifically (Lévy et al., 1992). In most cases, the ethnic self-labelling of participants or length of residence in Canada was the only assessment related to acculturation. Although these elements can be related to acculturation, such variables are proxies that are not meaningful ways of assessing acculturation. Several researchers have insisted on the need to assess acculturation in a way that is more informative about how an acculturative process can influence sexuality (Afable-Munsuz & Brindis, 2006; Brotto et al., 2005; Meston & Arhold, 2010).

Studies utilising a bidimensional model of acculturation to examine sexuality are very few (Ahrold & Meston, 2010; Benuto & Meana, 2008; Brotto et al., 2005; Brotto et al., 2007; Espinoza-Hernandez & Lefkowitz, 2009; Meston & Ahrold, 2010; Raffaelli, et al., 2005; Woo & Brotto, 2008; Woo, Brotto, & Gorzalka, 2010). More recently, a few studies in Canadian sex research have used such a model (Brotto et al., 2005; Brotto et al., 2007; Woo & Brotto, 2008; Woo et al., 2010). For instance, within the East-Asian sample, greater Canadian acculturation was related to greater sexual experience and permissiveness, while East Asian acculturation was unrelated these outcomes (Brotto et al., 2007). Similarly, while examining sexual experiences and attitudes among first and second generation East-Asian women, greater mainstream acculturation predicted greater sexual

experience. However, for these women, mainstream acculturation predicted greater sexual permissiveness only if heritage acculturation was low (Brotto et al., 2005). When women were both high on mainstream acculturation and heritage acculturation, there was no increase in liberal sexual attitudes.

The above results support the use of a bidimensional assessment of acculturation, since different patterns of acculturation for men and women were related to sexual experiences and attitudes. However, global acculturation scores do not allow researchers to identify specific dimensions of acculturation, as those mentioned previously, that can help increase the explanatory power of acculturation on sexual experiences and sexual knowledge (Phinney & Flores, 2002; Phinney, 2003). Indeed, these studies cannot account for what aspects of acculturation, such as greater cultural participation or changes in values or in identification to heritage and/or mainstream culture, are related to those outcomes (Birman, 1994; Birman & Trickett, 2001; Chirvov, 2009; Phinney & Devich-Navarro, 1997; Phinney & Flores, 2002; Schwartz et al., 2010; Ward et al., 2001). Therefore, examining acculturation bidimensionally and in multiple domains can generate a greater understanding of the mechanism through which acculturation influences sexuality.

Religiosity and Sexuality

Historically, sexuality has been strongly regulated through religion. Most religions promote particular sets of values and attitudes regarding sexuality that help define sexual scripts, schemas guiding behaviours, and meanings attached to sexuality (DeLamater, 1981; Horrocks, 1997; McMillen, Helm, & McBride, 2011; Miracle, Miracle, & Baumeister, 2003; Urbillos et al., 2000; Simon & Gagnon, 1986). In recent years, extending the burgeoning research on Judeo-Christian religions and health (Ellison & Levin, 1998;

Emmons & Paloutzian, 2003; Koenig, McCulloch, & Larson, 2001; McCoullough, Hoyt, Larson, Koenig, & Thoresen, 2000), several researchers have explored religion as a protective factor in sexuality within a prevention model for adolescents and young adults (Rostosky, Wilcox, Comer Wright, & Randall, 2004; Sinha, Cnaan, & Gelles, 2007). Past studies have found a relationship between religiosity and certain sexual behaviours that supports the idea of religion being a protective factor. Several articles suggest that more frequent church attendance and/or the greater importance that religion plays in one's life- often referred to as religiosity- have been associated with greater delay in coital debut and fewer lifetime sexual partners (Edwards, Fehring, Jarrett, & Haglund, 2008; Holder et al., 2000; Lefkowitz, Gillen, Shearer, & Boone, 2004; Rostosky et al., 2004; Sinha et al., 2007). However, in some cases, studies have found a negative or no relationship between being more religious and delaying sexual activity and the number of lifetime sexual partners reported (Benson & Torpy, 1995; Davidson, Darling, & Norton, 1995; Davidson, Moore, Earle, & Davis, 2008; Lehr, DiIorio, Dudley, Lipana, 2000; Sheeran, Abrams, Abraham, & Spears, 1993; Sinha et al., 2007).

Contradictory information on the influence of religiosity on safe sex practices and knowledge of HIV and STIs also exists (Coleman and Testa, 2008; Jemmott, Jemmott, & Villarruel, 2002; Štulhofer, Graham, Božičević, Kufrin, & Ajduković, 2007; Zaleski and Schiaffino, 2000). For instance, while examining a predominantly Euro-American sample of first year college students, Zaleski and Schiaffino (2000) reported that sexually active students who reported greater levels of religiosity were less likely to use condoms. Similarly, in a sample of British youth, those who were more religious reported poorer sexual knowledge compared to those who declared no religious affiliation (Coleman &

Testa, 2008). Yet, among a sample of African-American female college students and a sample of Hispanics, greater religiosity was related to a greater likelihood of having used condoms in the past six months, as well as greater intention of using condoms (Jemmott et al., 2002; McCree, Windgood, DiClemente, Davies, & Harrington, 2003).

It has been suggested that the various ways religiosity has been operationalized may explain some of these discrepant results (Lam, 2002; Yeung, 2004). Indeed, indicators of religiosity, such as church attendance and importance of religion, have been criticized for not properly accounting for the complex role that religion has on attitudes and behaviours (Murray, Ciarrocchi, & Murray-Swank, 2007; Rostosky et al., 2004). Differences between the importance attributed to religion, attending a service, or praying may be significant and may be reflected quite differently, or not at all, in individuals' behaviours and preferences (Lam, 2002). Indeed, recent findings among emerging adults suggest that even though their church attendance diminishes, they report an increase in the strength of their religious faith (Lefkowitz, 2005). Consequently, including an assessment of the strength of religious faith may clarify results that until now have been difficult to integrate (Plante & Boccaccini, 1997).

Discrimination as a Contextual Influence on Sexuality

Discrimination is defined as the subjective perceptions of unfair treatment of members of racial/ethnic groups, based on racial prejudice and ethnocentrism, which may be present at the individual, group or institutional levels (Jackson, Brown, & Kirby, 1996). As a construct, perceived discrimination has been considered an important stressor that is related to a wide range of negative health outcomes for acculturating individuals (Beiser & Hou, 2006; Borrell, Kiefe, Williams, Diez-Roux, & Gordon-Larsen, 2006; Krieger, Smith,

Naishadham, Hartman, & Barbeau 2005; see for review Pascoe & Smart Richman, 2009; see for review Williams, Neighbors, & Jackson, 2003).

Different ethnic groups vary in the extent of discrimination they experience (Dion & Kawakami, 1996; Noh & Kaspar, 2003). For instance, in Canada, “visible” ethnic minorities groups, particularly blacks, reported higher perceived discrimination compared to “non-visible” or “White” ethnic minorities (Agyepong, 2010; Dion & Kawakami, 1996; Galabuzi, 2004). This rationale can also be applied to the experience of Franco-Ontarians, since discrimination based on language has also been at stake for this group (Madibbo, 2006).

Given its deleterious effects, Rudmin (2009) advocates that examining discrimination should become the norm in acculturation research, since it often co-occurs with acculturation. In a recent meta-analysis, Pascoe & Smart Richman (2009) found that perceived discrimination was related to greater participation in health risk behaviours such as smoking, substance use and unprotected sex. Discrimination is important to consider when examining acculturation among minority ethnic groups, since individuals who perceive greater discrimination may tend to resist adopting the values, beliefs and practices of the mainstream society which, as it relates to sexuality may have a protective effect or constitute a risk factor (Diaz, Ayala, & Bein, 2004; Hidalgo, Cotton, Johnson, Kuhns, & Garofalo, 2013; Noh & Kaspar, 2003). Furthermore, discrimination has been found to have a significant impact on HIV prevention strategies implemented for young African Americans. Indeed, recent research has found prevention interventions implemented in different communities to be more successful in improving condom use in communities where residential segregation between Whites and African American was low and attitudes

of Whites' toward African American were more positive (Reid, Dovidio, Ballester, & Johnson, 2014). Given these findings, discrimination has also emerged as an important contextual variable for sexuality research. Surprisingly, it has not been given its due attention when examining sexuality and acculturation in ethno-cultural minority groups.

Gender Differences

Several studies have underscored the relationship that exists between gender and sexuality. For example, related to acculturation, several studies have identified stricter parental control for second generation girls rather than for boys in immigrant families from different cultural backgrounds residing in different receiving countries (Dasgupta, 1998; Vaidyanathan, & Naidoo, 1991). In their review on immigrant youth and gender issues, Suarez-Orozco and Qin (2006) indicated that no other area receives more parental concerns and control for girls than dating, which is a form of exerting control over their sexuality (Chen & Kim, 2008; Hynie et al., 2006). While examining the relationship between Filipino immigrant parents and their daughters, Espiritu (2001) concluded that the creation of the "ideal Filipina" partially rested on daughters being chaste. For parents and their daughters, the authenticity of a young woman's heritage ethnic identity was associated to her sexuality experience and dating practices. Being considered Filipina was associated with following gender roles and expectations that were restrictive in dating practices and that called for virginity until marriage (Espiritu, 2001).

Similarly, Brotto et al. (2007) found greater influence of acculturation on Asian female sexual behaviours and less so for Asian men suggesting that for that sample of Asian men cultural influences were less restrictive on their sexuality both in their heritage culture and in the receiving culture. The existence of a double standard regarding sexual

behaviours among men and women, where female sexuality should be more restrictive than male sexual behaviours has also been documented in Euro-North American groups (Bordini & Sperb, 2013; see for review Crawford & Popp, 2003; see for review Fugère, Escoto, Cousins, Riggs, & Haerich 2008; McCormick, 1993; Tolman, Stiepe, & Harmon, 2003).

Beyond sexual behaviours, some studies also suggest differences in the sexual health knowledge based on gender (Grose, Grabe, & Kohfeldt, 2013). For instance, Swenson et al. (2010) found African-American adolescent girls to have greater knowledge than their male counterpart when considering HIV. Similarly, religion has also been shown to have a greater influence on young women's sexual behaviours and less consistently in men's (Rostosky, Regnerus, Wright, 2003; Štulhofer et al., 2007; Tolman et al., 2003). Consequently, when examining sexuality and acculturation, differences between men and women must be examined.

Research Objectives and Hypotheses

The present overview on sexuality research indicates that additional information is needed regarding sexual behaviours and knowledge among different ethnocultural groups and the way culture influences sexuality among different ethnolinguistic minorities in Canada needs closer examination. The current study goes beyond existing research, in which acculturation is only measured bidimensionally, by examining various domains of acculturation that may influence sexual experience and sexual knowledge for three ethnolinguistic groups living in Ottawa, namely, Haitian-Canadians, Franco-Ontarians and Anglo-Canadians. In the case of Haitian-Canadians, the acculturation process will be examined in relation to two ethnocultural communities. On the one hand, acculturation to Franco-Canadian culture will be examined, since the particularity of this group, namely

being predominantly Francophone, may generate a greater affiliation with Franco-Ontarians. On the other hand, acculturation to Anglo-Canadian culture will be examined, given the numeric importance of Anglo-Canadians in Ottawa. Additionally, by taking into consideration religiosity, the level of perceived discrimination and gender, the study is intended to further clarify how cultural influences relate to sexuality.

The main objectives of the present study were: (1) to investigate the level of sexual experience and knowledge of HIV and STIs of the above-mentioned ethnocultural groups; (2) to examine the differences in domains of acculturation which include ethnocultural identities, cultural participation and values acculturation, religiosity, perception of discrimination, and gender differences between the three groups; and (3) to determine whether gender, acculturation domains, discrimination and religiosity contribute to the differences sexual experience and knowledge of HIV and STIs among the three groups.

Hypotheses

1. Based on previous studies suggesting ethnocultural immigrant groups tend to be less sexually permissive (Brotto et al, 2007; Kennedy & Gorzalka, 2002; Lévy et al., 1992; Maticka-Tyndale & Lévy, 1992; Meston et al., 1998), it is hypothesized that Haitian-Canadians will be the least sexually experienced group. Furthermore, given the existence of a double standard regarding sexual behaviours among men and women in both immigrant and Euro-American groups (Crawford & Popp, 2003; Fugère et al., 2008; Tolman et al., 2003) it is also expected that women will be less experienced than men.

2. Regarding knowledge of HIV and STIs, it is expected that Haitian-Canadians will obtain lower scores on the scales compared to Franco-Ontarians and Anglo-Canadians. It is also posited that women will be more knowledgeable than men, as in previous research in which ethnocultural minority groups have been shown to be less knowledgeable than members of the dominant groups and variation in levels of knowledge have been related to gender (Rostosky et al. 2003; Štulhofer et al., 2007; Swenson et al. 2010).
3. Since recent research has underscored the importance of examining acculturation bidimensionally in sexuality research (Ahrold & Meston, 2010; Brotto et al., 2005, 2007; Meston & Ahrold, 2010; Woo & Brotto, 2008; Woo et al., 2009), the relationships of both acculturation to mainstream and heritage culture and sexual experience and knowledge of HIV and STIs will be examined. Significant differences between the domains of acculturation endorsed by the three groups as well the level of religiosity and perceived are expected. Specifically, that Haitian-Canadians and Franco-Canadian report greater levels of perceived discrimination (Agyepong, 2010, Madibbo, 2006). Furthermore, Haitian-Canadian and Franco-Ontarians will report greater religiosity compared to Anglo-Canadians (Langlois, 2009).
4. Finally, it is postulated that being female, endorsing greater ethnic heritage identity, heritage behavioural acculturation, greater collectivism, and being more religious will be associated with lower levels of sexual behaviours and

knowledge. Conversely, being male, endorsing lower heritage ethnic identity, heritage behavioural acculturation, greater individualism and being less religious will be related to greater sexual experience and more knowledge of HIV and STIs (Brotto et al., 2007; Coleman & Testa, 2008; Le & Kato, 2006; Lo et al., 2010; Štulhofer et al., 2007). Since discrimination in the context acculturation and sexuality has scanty been examined, it tentatively postulated that greater perceived discrimination will be related to greater sexual experience and less knowledge of HIV and STIs (Diaz et al., 2004; Hidalgo et al., 2013; Kaspar & Noh, 2001; Pascoe & Smart Richman, 2009).

Method

Participants

Three-hundred and nineteen emerging adults living in the Ottawa-Gatineau area were recruited. As this data is part of a larger program of research recruiting several ethnocultural groups, participants in this study were recruited between the academic years of 2007 and 2012. The final sample comprised of 111 second generation Haitian-Canadians (52 men and 59 women), 108 Franco-Ontarians (50 men and 58 women), and 100 Anglo-Canadians (50 men and 50 women). Second generation Haitian-Canadians refers to individuals born in Canada or having arrived in Canada before the age of five years old. To ensure the cultural homogeneity of the sample, it was required that all Haitian participants have parents that both came from Haiti and migrated as adults. Franco-Ontarians were born and raised in Ontario and had parents and grand-parents who are of French Canadian descent. Anglo-Canadians had parents, grand-parents and great grand-parents born in

Canada of British descent (from England, Ireland, Scotland, or Wales). For the purpose of this study, the terms Anglo-Canadian and Franco-Ontarian refer to Canadians of British and French descent respectively, although it is recognized that these terms can also designate people who speak any of these languages in Canada and Ontario, regardless of their ethnic origins.

All participants resided in the Ottawa-Gatineau area at the time of the study. Participants' age ranged between 18 and 25 years. The mean age of the Haitian-Canadian participants was 21.12 years old ($SD = 1.90$). The mean age of Franco-Ontarian participants was 20.42 years old ($SD = 1.94$) and the mean age of Anglo-Canadian participants was 21.19 years old ($SD = 1.6$). There was significant age difference between ethnic groups, $F(2, 314) = 6.89$, $p < .001$, with Franco-Ontarians being slightly younger than Haitian-Canadians and Anglo-Canadians.

Relationship status for Haitian-Canadians indicated 65 % were single, 33% were dating and 2 % were either common law or married. Among Franco-Ontarians, 49% were single, 46% were dating, 4% were either common law or married, and 1% were engaged. Among Anglo-Canadians participants, 50 % said they were dating, 44% reported being single, 4 % were married, and 2% engaged.

With regards to religious affiliation for the Haitian-Canadians, 91 % reported being Christian within various religious denominations (e.g. Protestant, Catholics), 3% atheist, 2% indicated being Muslim, and 1 % self-identified as being agnostic. For Franco-Ontarians, 87% reported being Christian within various religious denominations, 6% being atheist, 3 % self-identified as Muslim, and 2% being agnostic. For their part, 83 % of

Anglo-Canadians reported being Christian from various denominations, 6% being atheist, and 3% being agnostic.

As a way to estimate socioeconomic status, participants reported the occupation their parents which are presented in Table 1.

Measures

All the participants filled out a questionnaire that included the following measures. These measures were chosen for their high internal reliability and validity and for their cultural relevance

Acculturation. To assess the acculturation domains, items from the General Ethnicity Questionnaire (Tsai, Ying, & Lee, 2000) and from the Multigroup Ethnic Identity Measure (MEIM; Phinney, 1992) were used. Three versions regarding identity and behaviour were created, differing only in their reference to either the Haitian, Franco-Canadian or Anglo-Canadian culture. This instrument allowed respondents to report how oriented they were to each of these cultures independently. The measures created contained 8 items assessing identity in terms of one's sense of belonging and positive affect of belonging to one's group (e.g., "I think of myself as being Haitian", "I am proud of being Franco-Canadian) and 8 items assessing behaviour in terms of engaging in cultural activities (e.g., "I read French-language magazines/newspapers."). The original scales assess identity and behavioural domains of acculturation using a Likert scale ranging from "Agree" (1) to "Strongly Disagree" (4). Two categories ("Moderately Agree" and "Moderately Disagree") were added for the purpose of this study in order to provide participants with more-fine grained response alternatives to describe their acculturation process. An overall Acculturation score was not calculated; rather, acculturation was

Table 1

Percentage Distribution of Occupational Status for Mothers and Fathers

Occupational Status	Mothers				Fathers			
	HC %	FO %	AC %	Total Sample %	HC %	FO %	AC %	Total Sample %
Farm laborers/Manual Service Workers	4.5	3.7	-	2.9	4.5	2.8	1.0	2.9
Unskilled workers	8.1	3.7	-	4.1	3.6	1.9	5.2	1.9
Machine Operators and Semiskilled Workers	12.6	3.7	-	5.7	9.9	4.6	6.3	6.7
Smaller Business Owners, Skilled Manual Workers, Craftsmen, and Tenant Farmers	9.0	2.8	2.1	4.8	8.1	12.0	6.3	8.9
Clerical and Sales Workers, Small Farm and Business Owners	2.7	2.8	8.3	4.4	.9	3.7	9.4	4.4
Technicians, Semiprofessionals, and Small Business Owners	7.2	6.5	19.8	10.8	7.2	9.3	11.5	9.2
Smaller Business Owners, Farm Owners, Managers, and Minor Professionals	8.1	26.9	26.0	20.0	13.5	17.6	24.0	18.1
Administrators, Lesser Professionals, and Proprietors of Medium-Sized Businesses	28.8	29.6	29.2	29.2	19.8	18.5	17.7	18.7
Higher Executives, Proprietors of Large Businesses, and Major Professionals	3.6	2.8	5.2	3.8	3.6	13.9	13.5	10.2
Retired	-	-	1	1	-	1	7	2.2
Missing values	15.4	17.5	8.4	13.5	28.9	14.7	5.1	16.7

Note. HC=Haitian-Canadians, N = 111; FO=Franco-Ontarians, N = 108; AC=Anglo-Canadians, N = 100. The occupation categories were taken from the Hollingshead Four-Factor Index of Social Status II; (Hollingshead, 1975).

measured separately with respect to each culture. Scores for each of the acculturation domains can range from 1 to 6. A high score reflects greater acculturation in the particular domain.

The original instruments have been shown to have good psychometric properties and have been used with numerous ethnocultural groups (Phinney, 1992; Phinney & Davich-Navarro, 2007; Phinney & Flores, 2002; Tsai et al., 2000). Tsai et al. (2000) reported an Chronback α coefficient of .92 and a test-retest reliability within 30 days span of .82. Phinney (1992) reported an internal consistency reliability of .81

For this sample, three scales were included in the Haitian-Canadian questionnaire: acculturation to Haitian culture (see Appendix B) (Haitian identity $\alpha = .86$; Haitian behavioural $\alpha = .83$), acculturation to French-Canadian culture (see Appendix C) (Haitian participants French-Canadian identity $\alpha = .84$; French behavioural domain $\alpha = .83$), and acculturation to English-Canadian culture (see Appendix D) (Anglo-Canadian identity $\alpha = .90$; Anglo-Canadian behavioural acculturation $\alpha = .72$). The Franco-Ontarian and the Anglo-Canadian questionnaires included measures to assess cultural orientation to both French-Canadian and English-Canadian identity and behavioural acculturation (Franco-Ontarians: French-Canadian identity $\alpha = .85$, behavioural acculturation $\alpha = .82$, Anglo-Canadian Identity $\alpha = .89$ and behavioural acculturation $\alpha = .71$; Anglo-Canadians: French-Canadian identity $\alpha = .88$, behavioural acculturation $\alpha = .91$, Anglo-Canadian Identity $\alpha = .72$ and behavioural acculturation $\alpha = .70$).

Participants' orientation to individualism and collectivism were assessed using Oyserman, Coon, and Kimmelmeier's (2002) Individualism and Collectivism Measure

which was validated with a Canadian, Japanese and American sample. This 36-items scale (Appendix E) measures both concepts with separate subscales for individualism (valuing personal uniqueness $\alpha = .66-.79$, freedom/happiness $\alpha = .58-.77$, and achievement $\alpha = .64-.77$) and collectivism (sense of common in-group fate $\alpha = .82-.87$, familialism $\alpha = .74-.87$ interrelatedness $\alpha = .63-.77$). Responses were measured using a six point Likert scale ranging from “Strongly Agree” (1) to “Strongly Disagree” (6). Scores can range from 1 to 6. Higher scores for these scales suggest greater endorsement of individualism/collectivism.

For this sample, internal reliabilities of the scales calculated for the measures in the study were the following: Haitian-Canadians: individualism $\alpha = .81$ and collectivism $\alpha = .87$; Franco-Ontarians: individualism $\alpha = .84$ and collectivism $\alpha = .82$; Anglo-Canadians: individualism $\alpha = .87$ and collectivism $\alpha = .90$).

Discrimination. The 54-item General Ethnic Discrimination Scale (Landrine, Klonoff, Corral, Fernandez, & Roesch, 2006) was used to measure participants’ level of perceived discrimination in several life domains (e.g., work, public places, health care) using a 6-point Likert scale that ranges from 1 (“Never”) to 6 (“Almost all the time”). This scale yields three different scores that can be used independently: one for the frequency of discriminatory events experienced over the past year (*Recent discrimination*), one for the frequency experienced over one’s entire lifetime (*Lifetime discrimination*) and a score for the appraisal of stressfulness of the events (*Appraisal*) (see Appendix F).

For the purpose of this study, only recent discrimination was used. The possible range of score for this subscale is from 18-108, with a high score indicating a higher level of perceived discrimination. Landrine et al. (2006) report high internal consistency

reliability for this subscale for Whites ($\alpha = 0.91$), African-Americans ($\alpha = 0.93$), Latinos ($\alpha = 0.93$) and Asian-Americans ($\alpha = 0.91$). For the current sample, internal consistency of this subscale was also adequate (Haitian-Canadians $\alpha = .91$; Franco-Ontarians $\alpha = .87$; Anglo-Canadians $\alpha = .78$).

Religiosity. Strength of religious faith regardless of denomination was assessed with the 10-item Santa Clara Strength of Religious Faith questionnaire (Plante & Boccaccini, 1999) The original scale uses a Likert scale ranging from “Strongly Disagree” (1) to “Strongly Agree” (4), but two categories (“Moderately Disagree” and “Moderately Agree”) were added for the purpose of this study in order to provide participants with more fine-grained response alternatives to describe their religiosity (see Appendix G). The possible ranges of scores were between 1 and 6. A greater score indicated a higher level of religiosity. This scale was found to have high internal reliability ($\alpha = .95$) (Plante & Boccaccini, 1999). For this sample, reliability was also high for all three groups. (Haitian-Canadians $\alpha = .95$; Franco-Ontarians $\alpha = .98$; Anglo-Canadians $\alpha = .98$).

Sexual experience. The level of sexual experience was assessed by creating a composite score assigning a value to having done the following: French kissing, petting, oral sex and sexual intercourse (see Appendix H). Using a 4 point scale from 1 (“Never”) to 4 (“11 times or more”), the possible range for this scale was 4 to 16. A greater scores indicated more sexual experience. For this sample the internal reliability was high for the three ethnocultural groups (Haitian-Canadians $\alpha = .89$; Franco-Ontarians $\alpha = .89$; Anglo-Canadians, $\alpha = .87$).

Brief HIV Knowledge Questionnaire. The HIV Knowledge Questionnaire – short version (HIV-KQ-18)- developed by Carey & Schroder (2002) was used to assess

knowledge in the prevention, transmission and diagnosis of HIV (see Appendix I). For each statement participants had to choose between “True”, “False”, and “Don’t Know”. Correct answers were added to form a score ranging from 0-18. A high score indicates a higher level of knowledge about HIV. Three separate adult samples were used for the validation of this measure (Carey & Schroder, 2002). As reported by the authors, internal consistency reliabilities ranged from .75 to .89 and test-retest reliabilities, across several time intervals for each sample, ranged from .76 to .94. More recently, Swenson et al. (2010) reported a Chronbach α coefficient of .77 for a sample of African American adolescents.

For the current sample, internal consistency varied across groups (Haitian-Canadians $\alpha = .70$; Franco-Ontarians $\alpha = .74$; Anglo-Canadians $\alpha = .57$). To address the lower reliability for this scale, items were examined in order to eliminate those with lower alphas. However, the deletion of items did not improve the reliabilities. Thus, it was decided to keep the original scale. It is possible that the low reliability obtained for Anglo-Canadians is related to the fact that this scale measures different areas of knowledge (i.e. prevention, symptoms, transmission).

STD Knowledge Questionnaire. The Sexually Transmitted Disease Knowledge Questionnaire (STD-KQ; Jaworski & Carey 2007) is a 27-item scale assessing knowledge of symptoms, transmission, prevention and detection of six STIs (chlamydia, genital herpes, gonorrhea, hepatitis B, HIV, human Papillomavirus) (see Appendix J). For each statement participants had to choose between “True”, “False”, and “Don’t Know”. Participants were given a point for each correct answer. The scores can range from 0 to 27. The higher the score the more STI knowledge one possesses. Jaworski and Carey

(2007) reported a strong internal consistency ($\alpha = .86$), using an ethnically diverse sample. Test-retest reliability scale over a period of two weeks is also strong ($r = .88$). For the current sample, internal consistencies were also high (Haitian-Canadians $\alpha = .83$; Franco-Canadians $\alpha = .88$; Anglo-Canadians $\alpha = .85$).

Demographic measures. Participants were asked to provide demographic information, such as their age, sex, their place of birth, the province they grew up in, the country of birth of their parents. For Franco-Ontarians and Anglo-Canadians, the country of birth of the grand-parents and their cultural descent was also queried (Appendix A).

Questionnaire Translation

Using a forward-back translation strategy (Brislin, 1980; Canales et al., 1995) the original English version questionnaire was translated into French in order to provide participants from the three ethnocultural groups a questionnaire in the language of their choice. Three Francophone undergraduate students first translated the questionnaire from English to French. A Francophone doctoral student then translated this questionnaire back to English. The two English versions were then compared and discrepancies in the wording were identified by the doctoral student and the project supervisor, who was also French native speaker. The choice of terms to resolve these discrepancies was achieved by consensus between the doctoral student and the project supervisor. The modifications to the French version consisted mainly of changes in the presentation of the instructions given for the scales and syntax for certain items.

Procedure

Participants were recruited through the University of Ottawa School of Psychology Integrated system for participation in research (ISPR), through cultural organizations, through advertisements posted throughout the University of Ottawa, Carleton University, Cité Collégiale and Algonquin College campuses, and through contact people either belonging to or involved with the Haitian-Canadian community. Participants who took part in the study through the participant pool received one credit for their introduction to psychology course. All participants completed a questionnaire that was available in English and French, in either a laboratory setting or at a location chosen by the participant (e.g. university library, campus coffee shop).

The questionnaire package included an information letter (Appendix K) outlining the purposes of the research project, the confidential and anonymous nature of the study, and the participants' right to withdraw from the study at any time prior submitting their questionnaire. Participation in the study was taken as a proxy for consent. Confidentiality and anonymity were ensured, as each questionnaire was identified by an untraceable number. As no list was kept to relate the questionnaire number to participants' names in order to trace their copy, once a questionnaire was pooled with other participants' questionnaires, participants' data could not be withdrawn. After completion of the study, participants were given a resource sheet (Appendix L) containing services available to them if any of the study questions caused them psychological distress. The above procedures used in this study were approved by University of Ottawa's Research and Ethics Board.

Results

The following section presents the description of the screening and cleaning of the data in preparation for the analyses, followed by the descriptive statistics for the three groups of the sample. Findings from correlational analyses and ANOVAs for the three groups are described next, followed by the presentation of the results of the hierarchical multiple regressions for sexual experience and knowledge of HIV and STIs.

Data Screening and Cleaning

Statistical analyses were performed using SPSS version 18. Prior to conducting the main analyses, all items for the dependent and independent variables were examined for missing data. As data were grouped by ethnocultural group, missing data screening was conducted group by group. Items for the discrimination measure were missing between 5 and 8% of data within the Anglo-Canadian group; no more than 5% of data were missing for any other key variable items across the cultural groups. As data was found to be missing at random (Little's MCAR test: $\chi^2 (10665) = 9312.45, p = 1.00$), all missing values were replaced using expectation maximization (EM) algorithms to maximize the size of the sample (Buhi, Goodson, & Neilands, 2008). The data were then screened across cultural groups for univariate outliers and normality, as per Tabachnick and Fidell's (2007) guidelines. Univariate outliers more than 3 standard deviations from the mean were identified for French Canadian identity (2 in Anglo-Canadian group, 2 in Franco-Ontarian group), French Canadian behaviour (1 in Anglo-Canadian group), English Canadian identity (1 in Anglo-Canadian group), English Canadian behaviour (1 in Anglo-Canadian group, 1 in Franco-Ontarian group, 1 in Haitian-Canadian group), individualism (1 in Anglo-Canadian group, 1 in Franco-Ontarian group, 1 in Haitian-Canadian group),

discrimination (1 in Anglo-Canadian group, 1 in Franco-Ontarian group), sexual experience (1 in Anglo-Canadian group), and sexual knowledge regarding HIV (1 in Franco-Ontarian group). All outlying scores were replaced with Winsorized values which remained within 3 standard deviations of the mean for each variable. Both discrimination and sexual experience variables remained positively skewed following removal of outlying scores. Both distributions underwent squareroot transformations, which alleviated the issues.

Bivariate scatterplots between all pairs of continuous independent and dependent variables across the three cultural groups revealed no violations of linearity and homoscedasticity assumptions. Several bivariate outliers exceeding a Mahalanobis' distance cutoff score of 13.82 were found, 6 within the Anglo-Canadian group, 1 within the Franco-Ontarian group, and 2 within the Haitian-Canadian; all bivariate outliers were removed from relevant statistical analyses. Additional multivariate outliers were found within the Anglo-Canadian (1 outlier) and Franco-Ontarian (1 outlier) groups, and were likewise removed from relevant analyses. No other violations of assumptions were found.

Descriptive Statistics

Table 2 presents the means, standard deviations, and ranges for the independent variables for each ethnocultural group. For ease of interpretation of the results, all scores were divided by the total number of items in the scales in order to calculate the mean. On average, Haitian-Canadians endorsed a high level of Haitian identity and a moderate level of Haitian cultural participation. This sample endorsed a moderate level of Francophone identity as well as a moderate level of cultural participation. Related to their Anglophone ethnic identity, participants reported a slight level. Conversely, a moderate level of Anglophone cultural participation was endorsed. This group also endorsed a moderate level

of individualism and collectivism. A low level of perceived discrimination in the past year was reported and a moderate level of religiosity. Finally, this sample was on average sexually experienced, somewhat knowledgeable regarding HIV and slightly knowledgeable regarding STIs (See Table 3).

For their part, Franco-Ontarians' endorsed a high level of Francophone identity as well as a moderate level of cultural participation (See Table 2). Related to their Anglophone ethnic identity, participants reported a low level and a moderate level of Anglophone cultural participation. This group also endorsed a moderate level of individualism and collectivism. A low level of perceived discrimination in the past year was reported and a slight level of religiosity. Finally, this sample was on average sexually experienced, somewhat knowledgeable regarding HIV and slightly knowledgeable regarding STIs (See Table 3).

Anglo-Canadians endorsed a low level of Francophone identity and cultural participation. Related to their Anglophone ethnic identity, participants reported high levels of Anglophone cultural participation was endorsed. This group also endorsed a moderate level of individualism and collectivism. A low level of perceived discrimination in the past year was reported and a slight level of religiosity (See Table 2). Finally, this sample was on average sexually experienced, moderately knowledgeable regarding HIV and moderately knowledgeable regarding STIs (See Table 3).

Table 2

Descriptives for All Independent Variables

Variable	Mean	SD	Range	Obtained Range
Haitian-Canadians <i>n</i> =111				
Acculturation				
Haitian identity	5.20	.82	1-6	2-6
Haitian behavioural	4.15	1.05	1-6	2-6
Francophone identity	4.20	1.03	1-6	2-6
Francophone behaviour	3.75	1.18	1-6	1-6
Anglophone identity	3.17	1.24	1-6	1-6
Anglophone behavioural	4.58	.88	1-6	1-6
Individualism	4.84	.56	1-6	3-6
Collectivism	4.31	.73	1-6	2-5
Discrimination ^a	5.20	1.02	1-6	2-4
Religiosity	3.97	1.44	1-6	1-6
Franco-Ontarians <i>n</i> =108				
Acculturation				
Francophone identity	5.35	.58	1-6	3-6
Francophone behaviour	3.85	1.15	1-6	1-6
Anglophone identity	2.98	1.17	1-6	1-6
Anglophone behavioural	4.73	.82	1-6	2-6
Individualism	5.00	.45	1-6	3-6
Collectivism	4.41	.54	1-6	2-5
Discrimination ^a	5.05	.70	1-6	2-4
Religiosity	2.33	1.43	1-6	1-6
Anglo-Canadians <i>n</i> =96				
Acculturation				
Francophone identity	2.06	.81	1-6	1-5
Francophone behaviour	1.79	1.06	1-6	1-5
Anglophone identity	5.38	.54	1-6	3-6
Anglophone behavioural	5.82	.26	1-6	4-6
Individualism	5.04	.51	1-6	3-6
Collectivism	4.15	.59	1-6	2-5
Discrimination ^a	4.47	.49	1-6	2-6
Religiosity	2.24	1.14	1-6	1-6

Note. HIV= *human immunodeficiency virus*; STIs= *sexually transmitted infections*

^aResults from squareroot transformation

Table 3

Descriptives for All Dependant Variables

Variable	Mean	SD	Range	Obtained Range
Haitian-Canadians <i>n</i> =111				
Sexual experience	3.42	.67	1-4	2-4
Knowledge HIV	13.19	2.93	0-18	4-18
Knowledge STIs	10.46	5.43	0-27	0-24
Franco-Ontarians <i>n</i> =108				
Sexual experience	3.70	.55	1-4	2-4
Knowledge HIV	13.18	3.07	0-18	3-18
Knowledge STIs	12.16	6.23	0-27	0-24
Anglo-Canadians <i>n</i> =96				
Sexual experience	3.81	.39	1-4	1-4
Knowledge HIV	13.62	2.46	0-18	8-18
Knowledge STIs	14.95	5.62	0-27	2-26

Note. HIV= human immunodeficiency virus; STIs= sexually transmitted infections.

Correlations

Table 4 presents the correlation matrix for all the variables for the Haitian-Canadian sample. Age was negatively related to Anglophone identity, $r(109) = -.20, p = .04$) and positively related to Anglophone cultural participation, $r(109) = .21, p = .03$. It was also positively associated to sexual experience, $r(109) = .27, p = .004$, and both knowledge of HIV, $r(109) = .22, p = .02$) and STIs, $r(109) = .22, p = .02$. Sex was positively related to religiosity, $r(109) = .31, p = .001$ and sexual experience, $r(109) = -.33, p = .001$. Haitian identity was positively associated with Haitian cultural participation, $r(109) = .22, p = .05$, Anglophone identity, $r(109) = .20, p = .04$, collectivism $r(109) = .52, p < .001$, and religiosity, $r(109) = .28, p = .003$). Haitian cultural participation was positively associated

with Francophone cultural participation, $r(109) = .28, p = .003$, collectivism, $r(109) = .46, p < .001$ and religiosity, $r(109) = .35, p < .001$. Francophone identity was positively related to Francophone cultural participation, $r(109) = .58, p < .001$. Francophone cultural participation was negatively related to Anglophone identity $r(109) = -.28, p < .003$. Anglophone identity was positively related to Anglophone behaviours, $r(109) = .50, p < .001$, discrimination, $r(109) = .21, p = .03$ and knowledge of STIs, $r(109) = .20, p = .04$. Collectivism was positively related to religiosity, $r(109) = .61, p < .001$. Religiosity was positively associated with sexual experience, $r(109) = -.21, p = .03$. Finally, knowledge of HIV was positively correlated with knowledge of STIs, $r(109) = .46, p < .001$.

Table 5 presents the correlations for all the variables for the Franco-Ontarian and Anglo-Canadian samples. For the Franco-Ontarian group, age was negatively related to religiosity, $r(109) = -.22, p = .02$, and positively related to sexual experience, $r(109) = .29, p = .002$, knowledge of HIV, $r(109) = .31, p = .001$ and STIs, $r(109) = .40, p = .001$. Francophone identity was positively related with Francophone behaviours, $r(109) = .46, p = .001$, collectivism, $r(109) = .24, p = .01$, and discrimination, $r(109) = .22, p = .01$. It was negatively related to Anglophone identity, $r(109) = -.21, p = .03$. Francophone cultural participation was negatively related to Anglophone identity, $r(109) = -.25, p = .01$. Anglophone identity was positively related with Anglophone behaviours, $r(109) = .44, p < .001$ and religiosity, $r(109) = .19, p = .05$. It was negatively related with discrimination, $r(109) = -.21, p = .03$. Anglophone behaviours was positively related to individualism, $r(109) = .22, p = .05$ and sexual experiences, $r(109) = .22, p = .05$. Individualism was related to knowledge of STIs, $r(109) = .19, p = .05$, while collectivism was positively related to discrimination, $r(109) = .35, p < .001$ and religiosity, $r(109) = .50, p < .001$. Religiosity was

negatively associated to both sexual experience, $r(109) = .30, p < .001$ and knowledge of STIs, $r(109) = -.24, p < .001$. Sexual experience was positively related to both knowledge of HIV, $r(109) = .38, p < .001$ and STIs, $r(109) = .37, p < .001$, while both types of knowledge were also positively related with each other $r(109) = .65, p < .001$.

Table 4

Correlations for All Variables for Haitian-Canadians

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1.Age	-	-.18	-.10	.06	-.01	.13	-.20*	.21*	.04	-.09	.18	-.07	.27**	.22*	.23*
2.Sex			.01	.00	.06	.05	.01	.01	-.04	.16	-.02	.31**	-.33**	.10	.04
3.Haitian identity				.59**	.01	.03	.20*	-.04	.09	.52**	.03	.28**	.05	.00	-.16
4. Haitian behaviour					-.08	.28**	-.15	-.17	-.03	.46**	.04	.35**	-.01	.01	.06
5.Francophone identity						.58**	.05	.07	.16	.08	-.07	.05	-.06	.03	-.01
6.Francophone behaviour							-.28**	.04	.08	.14	-.04	.17	-.01	.08	.02
7.Anglophone identity								.50**	.03	.07	.21*	.04	-.13	-.13	-.20*
8.Anglophone behavioural									.05	-.04	.02	-.12	-.17	.01	-.05
9.Individualism										.11	-.02	-.04	.12	.05	.03
10.Collectivism											.06	.61**	-.03	.06	-.03
11.Discrim.												.05	-.01	-.12	-.09
12.Religiosity													-.21*	.02	-.11
13.Sexual experience														.03	.12
14.Knowledge HIV															.46**
15.Knowledge STIs															-

* $p < .05$ ** $p < .01$.

For the Anglo-Canadian sample, age and sex were positively related to sexual experience, $r(109) = .31, p = .001$ (see Table 5). Anglophone identity, $r(109) = .22, p = .02$ and to HIV knowledge, $r(109) = .31, p = .03$. Francophone identity was positively related with Francophone cultural participation, $r(109) = .62, p < .001$ and Anglophone identity, $r(109) = .20, p = .04$. Anglophone identity was positively related with Anglophone behaviour, $r(109) = .50, p < .001$ and religiosity, $r(109) = .33, p < .001$; while being negatively related to knowledge of STIs, $r(109) = -.22, p = .02$. Individualism was positively related to collectivism, $r(109) = .32, p < .001$ and discrimination, $r(109) = .24, p = .01$. Collectivism was positively related to religiosity, $r(109) = .30, p = .001$. Finally, knowledge of HIV was positively related to knowledge of STIs, $r(109) = .62, p < .001$.

Analyses of Variance

Hypothesis 1. The first hypothesis postulated that Haitian-Canadians will be less sexually experienced than the other two ethnocultural groups. It was further expected that that women will be less experienced than men. A multivariate analysis of covariance (MANCOVA) was conducted to determine whether there were group and sex differences for sexual experience. As there were significant differences in age between ethnic groups, $F(2, 314) = 6.89, p = .001$, with Franco-Ontarians being younger than Haitian-Canadians and Anglo-Canadians, this variable was entered as a covariate.

A significant effect was found for ethnicity, $F(2, 313) = 8.53, p < .001, \eta_p^2 = .78$. Details of the univariate analyses can be found in Table 6. Results for ethnicity showed significant differences for sexual experience $F(1, 306) = 4.18, p < .04, \eta_p^2 = .04$. Post-hoc Tukey's LSD tests were conducted to determine pairwise differences between the ethnic groups (see Table 6). Specifically, it was found that Haitian-Canadians reported

Table 5

Correlations for All Variables for Franco-Ontarians and Anglo-Canadians

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13
Franco-Ontarians <i>n</i> =108													
1.Age		-.12	-.01	.09	.08	.07	.04	-.18	-.17	-.22*	.29**	.31**	.40**
2.Sex			.19	.03	.04	.14	-.05	.12	.10	.17	-.07	-.11	-.00
3.Francophone identity				.46**	-.21*	.05	.08	.24*	.24*	.00	.12	.12	.13
4.Francophone behavioural					-.25*	-.16	-.01	.10	.09	-.03	.05	.16	.14
5.Anglophone identity						.44**	.06	.17	-.21*	.19*	-.01	.02	-.02
6.Anglophone behavioural							.19*	-.02	-.06	-.05	.20*	.03	.07
7.Individualism								.15	.03	.13	.18	.15	.24*
8.Collectivism									.35**	.50**	-.07	.01	-.00
9.Discrimination										.09	-.02	-.01	.06
10.Religiosity											-.30**	-.16	-.24*
11.Sexual experience												.38**	.37**
12.Knowledge HIV													.65**
13.Knowledge STIs													-
Anglo-Canadians <i>n</i> =94													
1.Age		-.18	.04	.06	.03	.17	-.10	-.14	-.01	-.20	.31**	.07	.01
2.Sex			.03	-.11	-.09	.22*	-.05	-.07	-.10	.07	.04	.21*	.12
3.Francophone identity				.62**	.20*	.06	.04	-.04	.07	-.03	-.00	.02	-.11
4.Francophone behavioural					.14	.08	.05	-.11	.06	-.15	-.04	.11	-.01
5.Anglophone identity						.50**	.02	.14	.15	.33**	.03	-.09	-.22*
6.Anglophone behavioural							-.18	-.09	.11	.16	-.03	-.02	-.09
7.Individualism								.32**	.24*	-.05	-.15	-.05	-.09
8.Collectivism									.20	.30**	-.10	-.20	-.19
9.Discrimination										.04	.00	.05	.10
10.Religiosity											-.20	-.12	-.11
11.Sexual experience												.00	.16
12.Knowledge HIV													.62**
13.Knowledge STIs													-

p* < .05 *p* < .01.

significantly less sexual experience than both Franco-Ontarians (Cohen's $d = .44$) and Anglo-Canadians ($d = .74$). There were no differences between the latter two groups.

Sex had a significant effect, $F(1,306) = 3.10, p = .03, \eta_p^2 = .03$. Results indicated significant differences for sexual experience $F(1,306) = 4.18, p < .04, \eta_p^2 = .013$. Specifically, it was found that men ($m = 3.72, p = .04, d = .31$) reported more sexual experience compared to women ($m = 3.54$).

The interaction between sex and ethnic group was also significant, $F(2,306) = 2.49, p = .02, \eta_p^2 = .02$. In particular, a significant interaction was found for sexual experience $F(2,306) = 18.72, p < .01, \eta_p^2 = .11$. Specifically, Haitian-Canadian women were less experienced ($m = 3.23$) than Franco-Ontarian women ($m = 3.71, p < .01, d = .65$) and Anglo-Canadian women ($m = 3.80, p < .01, d = .98$). There were no differences between Franco-Ontarian and Anglo-Canadian women.

Hypothesis 2. It was posited that Haitian-Canadians will obtain lower scores on the knowledge scales compared to Franco-Ontarians and Anglo-Canadians. It was also posited that women will be more knowledgeable than men. A multivariate analysis of covariance (MANCOVA) was conducted to determine whether there were group and sex differences for knowledge of HIV and STIs. A significant effect was found for ethnicity, $F(2,313) = 8.53, p < .001, \eta_p^2 = .78$. Details of the univariate analyses can be found in Table 6. Results showed significant differences for sexual knowledge regarding STIs, $F(2,306) = 14.90, p < .001, \eta_p^2 = .09$ (see Table 6). No differences were shown for knowledge of HIV. Post-hoc Tukey's LSD tests were conducted to determine pairwise differences between the ethnic groups (see Table 6). Specifically, it was found that Haitian-Canadians, reported less

knowledge regarding STIs than Franco-Ontarians ($d = .35$) and Anglo-Canadians ($d = .83$). Similarly, Franco-Ontarians obtained a significantly lower score than Anglo-Canadians ($d = .44$) on knowledge of STIs.

.Table 6

Between Subjects Effects, Post-Hoc Pairwise Comparisons for Sexual Experience and Knowledge

Variables	HC $n=111$ Adj.Mean (<i>SD</i>)	FO $n=108$ Adj.Mean (<i>SD</i>)	AC $n=94$ Adj.Mean (<i>SD</i>)	Between-Subjects Effets (<i>F</i>)	Significant Group Differences ^a
Sexual Experience	3.41 (.66)	3.73 (.55)	3.78 (.39)	14.41***	HC<FO<AC***
Knowledge HIV	12.75 (3.11)	13.39 (3.07)	13.46 (2.46)	2.03	
Knowledge STIs	10.30 (5.43)	12.55 (6.29)	14.60 (5.61)	14.90***	HC<FO<AC**

Note. HC=Haitian-Canadians; FO=Franco-Ontarians; AC=Anglo-Canadians; HIV= human immunodeficiency virus; STIs= sexually transmitted infections.

^a As indicated by post-hoc Tukey's LSD tests.

^bAge entered as a covariate

** $p < .01$. *** $p < .001$

Hypothesis 3. It was postulated that the three groups would differ in their levels of acculturation, religiosity and perceived discrimination. It was expected that Haitian-Canadian and Franco-Ontarians would endorse greater levels perceived discrimination. Furthermore, it was expected Haitian-Canadians and Franco-Ontarians would endorse a greater level religiosity, A multivariate analysis of covariance (MANCOVA) was conducted to determine whether there were group and sex differences among the domains of acculturation, perceived discrimination and religiosity. A significant effect was found for ethnicity, $F(2,313) = 64.04, p < .001, \eta_p^2 = .63$. Please refer to Table 7 for further details.

Results for ethnicity showed significant differences for francophone identity ($\eta_p^2 = .71$), francophone cultural participation ($\eta_p^2 = .41$), Anglophone identity ($\eta_p^2 = .51$) and cultural participation ($\eta_p^2 = .36$), individualism, ($\eta_p^2 = .03$), collectivism ($\eta_p^2 = .02$), discrimination ($\eta_p^2 = .14$), and religiosity ($\eta_p^2 = .25$).

Follow-up post-hoc Tukey's LSD tests were conducted to determine pairwise differences between the ethnic groups (see Table 7). Specifically, first, Franco Ontarians reported higher Francophone identity than both Haitian-Canadians ($d = 1.36$) and Anglo-Canadians ($d = 4.06$). Second, Haitians reported higher Francophone identity than Anglo-Canadians ($d = 2.30$). Franco-Ontarians also reported higher Francophone cultural participation than Anglo-Canadians ($d = 1.86$). Haitians-Canadians also reported higher Francophone cultural participation than Anglo-Canadians ($d = 1.75$), but Haitians and French Canadians did not differ.

For Anglophone identity, Anglo Canadians reported a higher score than both Franco-Ontarians Canadians ($d = 2.62$) and Haitians ($d = 2.30$), with no significant difference between the latter two groups. Similarly, Anglo Canadians reported higher Anglophone cultural participation than both Haitian-Canadians ($d = 1.91$) and Franco-Ontarians ($d = 1.78$). The latter groups did not differ with respect to Anglophone cultural participation.

Regarding values acculturation, Anglo-Canadians reported higher individualism than Haitian- Canadians ($d = .39$). Franco-Ontarians reported marginally more individualism than Haitian-Canadians ($d = .33$). Third, Anglo-Canadians and Franco-Ontarians did not differ in terms of individualism. Related to collectivism, Franco-

Ontarians reported less collectivism than Haitian-Canadians ($d = .33$). Anglo-Canadians did not differ from Franco-Ontarians in terms of collectivism.

Reports of perceived discrimination for Anglo-Canadians were the lowest compared to both Franco-Ontarians ($d = .97$) and Haitian-Canadians ($d = .91$). The latter two ethnocultural groups did not differ on reports of discrimination. Reports of religiosity were the highest for Haitian-Canadians compared to both Anglo-Canadians ($d = 1.19$) and Franco-Ontarians ($d = 1.14$). Franco-Ontarians and Anglo-Canadians did not differ in terms of religiosity.

A significant effect was also found for sex, $F(2,314) = 2.12, p = .03, \eta_p^2 = .05$.

Results indicated a significant difference for religiosity $F(1,315) = 16.77, p = .004, \eta_p^2 = .03$. Specifically, it was found that women ($m = 3.1, p = .004, d = .34$) were more religious than men ($m = 2.6$).

Table 7

Between Subjects Effects, Post-Hoc Pairwise Comparisons for the Independent Variables

Variables	HC <i>n</i> =111 Adj.Mean (<i>SD</i>)	FO <i>n</i> =108 Adj.Mean (<i>SD</i>)	AC <i>n</i> =96 Adj.Mean (<i>SD</i>)	Between-Subjects Effets (<i>F</i>)	Significant Group Differences ^a
Francophone identity	4.19 (1.03)	5.34 (.58)	2.06 (.81)	383.601***	FO>HC>A C***
Francophone behaviour	3.74 (1.05)	3.88 (1.15)	1.77 (1.18)	105.735***	FO,HC>AC ***
Anglophone identity	3.18 (1.24)	2.96 (1.16)	5.39 (.53)	158.611***	AC>HC,FO ***
Anglophone behaviour	4.58 (.88)	4.71 (.82)	5.82 (.26)	87.802***	AC>HC,FO ***
Individualism	4.84 (.73)	5.00 (.53)	5.04 (.59)	4.873**	AC,FO>HC **
Collectivism	4.31 (.50)	4.08 (.51)	4.17 (.45)	3.688*	HC>FO,AC **
Discrimination	5.19 (1.01)	5.06 (.69)	4.47 (.48)	24.283***	HC,FO>AC ***
Religiosity	3.96 (1.44)	2.26 (1.43)	2.29 (1.40)	51.221***	HC>AC,FO ***

Note. HC=Haitian-Canadians; FO=Franco-Ontarians; AC=Anglo-Canadians

^aAs indicated by post-hoc Tukey's LSD tests.

^bAge entered as a covariate

* $p < .05$ ** $p < .01$. *** $p < .001$

Hierarchical Regressions

Hypothesis 4. The final hypothesis proposed that endorsing greater ethnic heritage identity, heritage behavioural acculturation, greater collectivism, and being more religious would be associated with lower levels of sexual behaviours and knowledge. Conversely, being male, endorsing lower heritage ethnic identity, heritage behavioural acculturation, greater individualism and being less religious would be related to greater sexual experience and more knowledge of HIV and STIs. A total of nine Hierarchical linear regressions were conducted to determine whether acculturation variables, discrimination and religiosity predicted sexual experience, knowledge of HIV and STIs. These regressions had three steps, entering the acculturation variables first, then discrimination, and finally religiosity. Since age and sex did not correlate with most of the predictors, they were not included in the regressions to maximize power.

Table 8 presents the hierarchical regressions for sexual experience for the three groups. For Haitian-Canadians, the entry of the acculturation variables in the first step was not significant, nor was discrimination in the second step. Adding religiosity in the third step proved to be significant, explaining six percent of the variance, F change (1,100) = 6.39, $p = .01$. Thus, greater religiosity predicted less sexual experience ($t = -2.53$, $sr^2 = -.25$, $p = .01$).

For Franco-Ontarians, the entry of acculturation variables in step one and discrimination in step two were not significant. In the third step, religiosity was significant explaining 8% of the variance, F change (1, 99) = 10.29, $p < .01$. Greater religiosity for this group was a predictor of less sexual experience ($t = -3.21$, $sr^2 = -.31$, $p = .002$).

Finally, for Anglo-Canadians, the acculturation variables in the first step and discrimination in the second step were not significant. The entry of religiosity in the third step was significant explaining 5% of the variance, F change (1, 87) = 4.92, $p < .05$. Greater religiosity for this group was a predictor of less sexual experience ($t = -2.22$, $sr^2 = -.23$, $p < .05$).

Table 8

Hierarchical Multiple Regressions Analyses Predicting Sexual Experience from Acculturation, Discrimination and Religiosity for Haitian-Canadians, Franco-Ontarians and Anglo-Canadians

Predictor	HC		FO		AC	
	ΔR^2	β	ΔR^2	β	ΔR^2	β
Step 1	.07		.09		.04	
Haitian identity		.15		-		-
Haitian behaviour		-.13		-		-
Francophone identity		-.10		.10		.01
Francophone behaviour		.05		.03		-.10
Anglophone identity		-.09		-.05		.18
Anglophone behaviour		-.15		.19		-.11
Individualism		.13		.15		-.19
Collectivism		-.07		-.11		-.02
Step 2	.00		.00			
Discrimination		.02		-.03		.05
Step 3	.06*		.08**		.05*	
Religiosity		-.31*		-.34**		-.26*
Total R^2	.13*		.17**		.09*	
n	111		108		95	

Note. HC= Haitian-Canadians; FO=Franco-Ontarians; AC=Anglo-Canadians.

* $p < .05$ ** $p < .01$. *** $p < .001$

Table 9 presents the hierarchical regressions for knowledge of HIV for the three groups. For Haitian-Canadians, none of the variables were significant. For Franco-Ontarians, neither the acculturation variables nor discrimination were significant. Religiosity, however, was found to be significant explaining 4% of the variance, *F change* (1, 99) = 3.79, $p = .05$. Greater religiosity for this group was a predictor of less knowledge of HIV ($t = -1.95$, $sr^2 = -.20$, $p = .05$). For Anglo-Canadians, none of the variables predicted HIV knowledge.

Table 10 presents the hierarchical regressions for Knowledge of STIs for all three groups. For all three groups, none of the predictor variables predicted STI knowledge

Table 9

Hierarchical Multiple Regressions Analyses Predicting Knowledge of HIV from Acculturation, Discrimination and Religiosity for Haitian-Canadians, Franco-Ontarians and Anglo-Canadians

Predictor	HC		FO		AC	
	ΔR^2	β	ΔR^2	β	ΔR^2	β
Step 1	.03		.05		.05	
Haitian identity		.04		-		
Haitian behaviour		-.07		-		
Francophone identity		-.01		.06		-.05
Francophone behaviour		.03		.14		.12
Anglophone identity		-.17		.10		-.06
Anglophone behaviour		.09		-.04		-.03
Individualism		.03		.17		-.02
Collectivism		.08		.05		-.18
Step 2	.01		.00			
Discrimination		-.09		-.06		.10
Step 3	.00		.04*		.01	
Religiosity		.01		-.22*		-.08
Total R^2	.04		.09*		.05	
n	111		108		94	

Note. HC= Haitian-Canadians; FO=Franco-Ontarians; AC=Anglo-Canadians; HIV= human immunodeficiency.

* $p < .05$ ** $p < .01$. *** $p < .001$

Table 10

Hierarchical Multiple Regressions Analyses Predicting Knowledge of STIs from Acculturation, Discrimination and Religiosity for Haitian-Canadians, Franco-Ontarians and Anglo-Canadians

Predictor	HC		FO		AC	
	ΔR^2	β	ΔR^2	β	ΔR^2	β
Step 1	.08		.08		.07	
Haitian identity		-.27		-		
Haitian behaviour		.20		-		
Francophone identity		.07		.05		-.11
Francophone behaviour		-.12		.12		.06
Anglophone identity		-.18		.07		-.20
Anglophone behaviour		.05		-.01		-.04
Individualism		.04		.26		-.11
Collectivism		.15		.06		-.08
Step 2	.00		.00			
Discrimination		-.05		.05		.19
Step 3	.02		.01		.001	
Religiosity		-.17		-.32		-.02
Total R^2	.10		.09		.07	
n	111		108		93	

Note. HC= Haitian-Canadians; FO=Franco-Ontarians; AC=Anglo-Canadians; virus; STIs= sexually transmitted infections.
* $p < .05$ ** $p < .01$. *** $p < .001$

Discussion

Sexual health is related to sexual experience and the accurate understanding of HIV and STIs modes of transmission, symptoms, and prevention. An examination of the influence of sociocultural factors provides a greater understanding of the determinants of sexual health given that sexual conduct is socially and culturally constructed.

Consequently, this study sought to examine the influence of acculturation as it related to

identity, behaviours and values, and the effects of discrimination and religiosity in emerging adults belonging to three different ethnic groups on their level of sexual experience and knowledge of HIV and STIs.

The analyses of ethnocultural group differences support the first hypothesis that Haitian-Canadians were less sexually experienced. Consistent with previous research on differences between the levels of sexual experience among diverse ethnocultural groups (Brotto et al, 2007; Kennedy & Gorzalka, 2002; Lévy et al., 1992; Maticka-Tyndale & Lévy, 1992; Meston et al., 1998), Haitian-Canadians reported significantly less sexual experience than both Franco-Ontarians and Anglo-Canadians. Furthermore, as expected, Haitian-Canadian young women were the least experienced subgroup. It has been reported that Haitian culture is more conservative vis-à-vis women's sexuality than that of men (Bedard, 1994; Gopaul-McNicol et al., 1998). It is possible that more conservative sexual values or, as it has been mentioned in the literature for other immigrant cultural groups (Dasgupta, 1998; Vaidyanathan, & Naidoo, 1984), greater parental control (e.g. curfews, dating) may be restraining these behaviours from occurring among young women in this group.

It is interesting that in the overall sample of this study, women were less experienced than men, since previous research in Canada suggests a convergence in sexual attitudes and behaviours for men and women over the past few decades, namely because of the liberalization of female premarital sexual behaviour and effective birth control methods (Barrett et al., 2004). Perhaps these results suggest that although the double standard by which different rules and standards for sexual behaviours for men and women is still present, albeit less predominantly as suggested by the literature (Bordini & Sperb, 2013).

Perhaps the differences between men and women's levels of sexual experience can be better understood in combination with the findings of women also reporting being more religious than men. Future research should compare the sexual scripts present among men and women in these different ethnocultural groups to improve our understanding of these results.

As was expected for the second hypothesis regarding levels of knowledge, there were significant differences in the level of knowledge of STIs according to ethnocultural group as with previous research (Coleman & Testa, 2008; Rostosky et al. 2003; Swenson et al. 2010). One possible explanation for this difference may be related to sexual experience. Indeed, previous research has suggested that more experienced individuals acquire more knowledge from seeking out services related to sexual health or because such information becomes more salient to them due to the fact they are having sex (Swenson et al., 2010). The differences in means obtained between the three groups seem to suggest that as a possible explanation given that Haitian-Canadians were the least knowledgeable in regards to STIs and were the least experienced. Anglo-Canadians were the most experienced group and also were the most knowledgeable regarding STIs. Franco-Ontarians were in between both groups with regards to experience and knowledge. However, the correlational analyses seem to point out that this explanation holds only for Franco-Ontarians, given it was the only group for which participants' level of sexual experience was significantly correlated with both types of knowledge.

Contrary to what was hypothesized, no differences were found between gender on knowledge of HIV and STIs. While research with diverse ethnocultural groups in the US and in Europe did find differences of knowledge based on gender (Rostosky et al. 2003;

Štulhofer et al., 2007; Swenson et al. 2010), it is possible that this lack of difference is related to the differences in socio-economic levels and formal education of the samples in these different studies. Indeed, the participants in the current study have post-secondary education and have a predominantly middle class socioeconomic status. Studies finding differences in knowledge between genders originated from a lower socioeconomic status.

Since recent research has underscored the importance of examining acculturation bi-dimensionally in sexuality research (Ahrold & Meston, 2010; Brotto et al., 2005, 2007; Meston & Ahrold, 2010; Woo & Brotto, 2008; Woo et al., 2009), the relationships of both acculturation to mainstream and heritage culture were examined in multiple domains on sexual experience and knowledge. As it was expected, there were significant differences between the domains of acculturation endorsed by the three groups as well the level of perceived discrimination and religiosity.

Heritage identity was high for each ethnocultural group. They also did endorse to a lesser degree other ethnic identities and more consistently behavioural acculturation. This was particularly true for Haitian-Canadians and Franco-Ontarians who endorsed more Anglo-Canadian cultural behavioural acculturation than identity acculturation. These results are not surprising given that Anglo-Canadian culture is predominant; it is possible that there are more opportunities for both ethnocultural minority groups to engage in cultural activities that are considered mainly Anglo-Canadian. As suggested by previous literature, although related to cultural participation, their levels of cultural identity to Anglo-Canadian culture need not be as high as their levels of behavioural acculturation (Phinney and Flores, 2002).

Differences in the levels of individualism and collectivism also were present. Haitian-Canadians were less individualistic than Franco-Ontarians and Anglo-Canadians, while also being more collectivistic than the other two groups. Surprisingly, only individualism was related to a specific outcome variable in the correlational analyses. Franco-Canadians level of knowledge of STIs was positively related to greater individualism. It is possible that individualism, which is related to greater space given to individual choice, self-reliance, personal freedom, and self-actualization be related to that taking charge of one's health. Thus, there is perhaps less stigma associated with seeking out sexual health knowledge. Thus, in this sample, although this is a simple correlation, it would seem that individualism has a protective function in some groups. Yet, considering the previous studies examining the relationship between individualism and sexuality, individualism was considered a risk factor, since it was related to greater sexual risk and sexual exploration (Le & Kato, 2006). The difference observed between these groups may be related, on the one hand, to the fact that Le and Kato (2006) were examining actual behaviours, while in this case the relationships examined were with level of knowledge. Previous research, does suggest that knowledge does not always lead to actual protective behaviours (Štulhofer et al., 2007; Swenson et al., 2010). On the other hand, the difference observed may be related to the level of permissive values found in the ethnocultural groups that were examined. Let and Kato's (2006) sample was of Asian origin, which the literature suggests has less permissive sexual values (Fugère et al., 2008; Lo and al., 2010), in such a case it is perhaps less desirable for individuals to be proactive in this area. Indeed, Unger (2011) suggests that individuals will endorse health behaviours based, among other factors, on the desire individuals have to be perceived as a member of their cultural group.

For all three groups, collectivism was significantly related to greater religiosity. For Haitian-Canadians collectivism was also related to both ethnic identity and Haitian cultural participation. For Franco-Ontarians it was further related with Francophone identity and discrimination. These relationships are not surprising given the nature of collectivism as a construct. Indeed, collectivism deals with individuals viewing themselves as interconnected and embedded in interdependent social relationships that bring with them expectations around behaviours as a member of a particular group (Brewer & Chen, 2007; Oyserman et al., 2002). In the case of this study, religiosity, identity, cultural participation, and discrimination are variables that bring salience to group membership.

As hypothesized, Haitian-Canadian and Franco-Ontarians did report a higher level of perceived discrimination compared to Anglo-Canadians. Overall, the results for discrimination for all three groups were low. Interestingly, for Anglo-Canadians, discrimination was positively correlated with individualism. It is possible that the dominant culture status of Anglo-Canadians relate the interpretation of discrimination more so to individual traits rather than group membership.

Contrary to the study's hypothesis, acculturation domains, with a few exceptions, were not correlated to the outcome variables and consequently did not help predict sexual experience or knowledge of HIV and STIs in the regression models. It is possible that the lack of specificity of the acculturation domains in the area of sexuality are responsible for such results. Indeed, despite being more refined in the specific area of acculturation, it still remains that the domains examined in this study are proxies of sexual values and norms. As such, it is difficult to untangle what exactly about identity, cultural participation and so forth produces specific relationships to sexual experience and knowledge (Deardroff et al.,

2008). In recent years, authors have suggested the use of more topic-specific measures of acculturation (Rudmin, 2009). Deardroff and colleagues (2008) developed a culturally based sexual values acculturation scale for Hispanic youth that proved more useful in understanding that group's sexual acculturation. Thus, developing instruments assessing cross-cultural sexual values and norms could provide a more meaningful method of understanding ethnic differences in sexuality. Furthermore, recent models examining the role of cultural identity and people's decision about engaging in specific health behaviours have posited the relationships between these variables to be of a mediating or moderating nature (Unger, 2011). Thus future, research should consider such analyses as well.

In line with past research (Lefkowitz et al., 2008; Murray et al., 2007; Štulhofer et al., 2007; Davidson et al., 2004), religiosity did negatively predict levels of sexual experience in all three groups, although it explained only a small percentage of the variance for each group. These results are not surprising, since religion tends to prescribe restrictive codes of premarital sexual conduct. Thus, those for whom religion plays an important role in their lives may seek to adhere more closely to the sexual tenants of their faith and therefore be less sexually experienced. Similarly, as in previous research (Coleman and Testa, 2008; Štulhofer et al., 2007), religiosity also predicted less knowledge of HIV, although only for Franco-Ontarians. Contrary to previous findings suggesting religiosity has a protective effect on sexual health (Jemmott et al., 2002; McCree et al., 2003), the results in this study suggest that religiosity may potentially have an adverse effect on sexual health, as it may limit information. Given the rules related to premarital sex, more religious individuals may be less inclined to actively seek sexual knowledge since it may be incompatible with what is prescribed by their beliefs system. Furthermore, it is also

possible that such information is less present in their environment. Indeed, the results specifically pertaining to Franco-Ontarians and knowledge can perhaps be further explained by the type of formal sexual education they may have received, since many Franco-Ontarians originate from rural areas, where French-Catholic schools predominate (Laplante, 2008).

Limitations

There are several limitations that should be noted in the interpretation of the findings. Firstly, many of the measures that were used were not validated previously with the samples that were part of this study. This was particularly true for some scales which were created by selecting items from different measures. However, the measures did have face validity and internal reliability. Secondly, this study used a convenience sample of student which can limit the generalizability of its findings to the general population. Thirdly, these results are susceptible to volunteer bias given that previous research has found among other variables, participants in sexuality research to report more sexual experience and greater permissiveness than those who chose not to participate in such research (Weiderman, 1999). Furthermore, results may also be affected by social desirability. The data collection method was designed to minimize such influence. However, social desirability has been found to be more present in previous research comparing for ethnocultural minorities than for Euro-American groups (Meston et al., 1998). Lastly, the methodology used in this study did not include a qualitative component which would have facilitated the interpretation of the results-or lack of significant results-particularly in the area of acculturation.

Implications

The results of this dissertation support the need for developing instruments assessing sexual values and norms that are related to the ethnocultural groups that are being examined in order to gain greater understanding of ethnic differences in sexuality. The results also emphasize the importance of considering the context in which variables are said to be protective for health behaviours, given that the underlying cultural norms and beliefs of each group may affect such relationships. What may seem like an apparent contradiction when examining a particular variable as a “risk factor” or “protective factor” may be a function of the way it is interrelated to other cultural norms and practices. Consequently, what may seem like contradictory results related to a particular variable may not be given the particularities of the context.

The poor results obtained by all groups in the area of knowledge of STIs prevention, modes of transmission and symptoms, which seem to be congruent with recent epidemiological results on STIs among emerging adults (Fisher & Boroditsky, 2000; PHAC, 2008; Weinstocket al., 2004), suggest the need for further attention on this topic to improve sexual education.

Conclusions

The results of this thesis have contributed to the literature by examining cultural differences among understudied ethnocultural groups in sexual research. The main findings suggest the existence of differences in sexual experience and knowledge of STIs prevention, modes of transmission, and symptoms. Future research examining knowledge in different ethnocultural groups should consider the formal and informal sources of information used by emergent adults to improve prevention efforts.

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Appendices

Appendix A : Demographics and General Information

Please answer the following questions:

1. What is your age? _____
2. What is your sex? _____
3. What is your country of birth? _____
4. In what province did you grow up in? _____
5. Have you ever lived in another country (other than Canada)? _____ Yes _____ No
If yes, what year did you arrive in Canada? _____
6. What is your father's country of birth? _____
If your father was NOT born in Haiti, in which country was he born? _____
At what age did he move to Haiti? _____
7. What is your mother's country of birth? _____
If your mother was NOT born in Haiti in which country was she born? _____
At what age did she move to Haiti? _____
8. What is your religion (e.g. Catholic, Protestant or other)? _____
9. What is your mother tongue? _____
10. What other languages did you speak while growing up?

11. What other language(s) do you speak? _____
12. What year of your program are you in (e.g. 2nd year of a BA, 1st year of a Ph.D)? _____
13. What is your major? _____
14. What is your father's occupation? _____
15. What is your mother's occupation? _____
16. With whom do you currently live (e.g., roommate, parents, alone)? _____
17. If you are no longer living at home, how old were you when you left? _____
18. In which city do you currently live? _____
19. Are you a _____ Canadian citizen by birth
_____ Canadian citizen by naturalization
_____ Landed immigrant
20. Why did your parents leave Haiti? Please choose the **most** important reason.

Appendix B : Acculturation Scale Haitian Orientation

Please indicate in the left margin your level of agreement or disagreement with each statement using the scale below. Remember, there are no right or wrong answers since people have different opinions.

1 - Strongly agree
2 - Moderately agree
3 - Slightly agree

4 - Slightly disagree
5 - Moderately disagree
6 - Strongly disagree

- ___ 1. I think of myself as being Haitian.
- ___ 2. At home, I eat Haitian-type food.
- ___ 3. I read Haitian magazines/newspapers.
- ___ 4. I listen to Haitian music.
- ___ 5. I feel good about being Haitian.
- ___ 6. Being Haitian plays an important part in my life.
- ___ 7. I attend Haitian cultural events (e.g., dance, music, theatre).
- ___ 8. I engage in Haitian recreational activities (e.g., Haitian sports league or Haitian leisure activities).
- ___ 9. I celebrate Haitian festivals/holidays (e.g., Haiti Independence Day).
- ___ 10. I am embarrassed/ashamed of being Haitian.
- ___ 11. I go to restaurants that serve Haitian-type food.
- ___ 12. I feel I am part of Haitian culture.
- ___ 13. I watch Haitian television programs, videos or movies.
- ___ 14. I am proud of being Haitian.
- ___ 15. If someone criticizes Haiti, I feel they are criticizing me.
- ___ 16. I have a strong sense of being Haitian.

Please use the following scale to answer the questions below:

- 1 - Very much 2 - Much 3 - Somewhat 4 - A little 5 - Not at all
- ___ 17. How fluently do you speak Creole?
- ___ 18. How fluently do you understand Creole?

____ 19. How fluently do you write Creole?

____ 20. How fluently do you read Creole?

Did you attend any Creole classes while growing up? _____

If so, please indicate between what ages? _____

Appendix C : Acculturation Scale French-Canadian Orientation

Please indicate in the left margin your level of agreement or disagreement with each statement using the scale below. Remember, there are no right or wrong answers since people have different opinions. When answering the following questions, please consider the term that best describes you.

N.B. In the following section, we use the term “FRENCH-CANADIAN” at large. Please note that this term designates the Francophone group with which you identify the most e.g., Franco-Ontarian or Quebecois.

- | | |
|----------------------|-------------------------|
| 1 - Strongly agree | 4 - Slightly disagree |
| 2 - Moderately agree | 5 - Moderately disagree |
| 3 - Slightly agree | 6 - Strongly disagree |

- ___ 1. I think of myself as being French-Canadian.
- ___ 2. I read French-language magazines/newspapers.
- ___ 3. I listen to French-language music.
- ___ 4. I feel good about being French-Canadian.
- ___ 5. Being French-Canadian plays an important part in my life.
- ___ 6. I attend French-language cultural events (e.g., dance, music, theatre).
- ___ 7. I engage in French-language recreational activities (e.g., French-language sports league, French-language leisure activities).
- ___ 8. I celebrate French-Canadian festivals/holidays (e.g., St. Jean Baptiste Day, Assumption Day)
- ___ 9. I am embarrassed/ashamed of being French-Canadian.
- ___ 10. I feel I am part of French-Canadian culture.
- ___ 11. I watch French-language television programs, videos or movies.
- ___ 12. I am proud of being French-Canadian.
- ___ 13. If someone criticizes French-Canada, I feel they are criticizing me.
- ___ 14. I have a strong sense of being French-Canadian

Appendix D: Acculturation Scale English-Canadian Orientation

Please indicate in the left margin your level of agreement or disagreement with each statement using the scale below. Remember, there are no right or wrong answers since people have different opinions.

- | | |
|----------------------|-------------------------|
| 1 - Strongly agree | 4 - Slightly disagree |
| 2 - Moderately agree | 5 - Moderately disagree |
| 3 - Slightly agree | 6 - Strongly disagree |

- ___ 1. I think of myself as being English-Canadian.
- ___ 2. I read English-language magazines/newspapers.
- ___ 3. I listen to English-language music.
- ___ 4. I feel good about being English-Canadian.
- ___ 5. Being English-Canadian plays an important part in my life.
- ___ 6. I attend English- language cultural events (e.g., dance, music, theatre).
- ___ 7. I engage in English-Canadian recreational activities (e.g., English sports league, English leisure activities).
- ___ 8. I celebrate English-Canadian festivals/holidays (e.g., St. Patrick Day).
- ___ 9. I am embarrassed/ashamed of being English-Canadian.
- ___ 10. I feel I am part of English-Canadian culture.
- ___ 11. I watch English-language television programs, videos or movies.
- ___ 12. I am proud of being English-Canadian.
- ___ 13. If someone criticizes English-Canada, I feel they are criticizing me.
- ___ 14. I have a strong sense of being English-Canadian.

Please use the following scale to answer the questions below:

- | | | | | |
|---------------|----------|--------------|--------------|----------------|
| 1 - Very much | 2 - Much | 3 - Somewhat | 4 - A little | 5 - Not at all |
|---------------|----------|--------------|--------------|----------------|

- ___ 15. How fluently do you speak French?
- ___ 16. How fluently do you understand French?
- ___ 17. How fluently do you write French?
- ___ 18. How fluently do you read French?

- ____19. How fluently do you speak English?
- ____20. How fluently do you understand English?
- ____21. How fluently do you write English?
- ____22. How fluently read English?

Appendix E : Individualism and Collectivism Measure

Please indicate in the left margin your level of agreement or disagreement with each statement using the scale below. Remember, there are no right or wrong answers since people have different opinions.

- | | |
|----------------------|-------------------------|
| 1 - Strongly agree | 4 - Slightly disagree |
| 2 - Moderately agree | 5 - Moderately disagree |
| 3 - Slightly agree | 6 - Strongly disagree |

- ___ 1. It is important to me to develop my own person style.
- ___ 2. I often turn to my family for social and emotional support.
- ___ 3. Learning about the traditions, customs, values, and beliefs of my family is important to me.
- ___ 4. Though I may have some things in common with others, my personal attributes are what make me who I am.
- ___ 5. My family is central to who I am.
- ___ 6. I know I can always count on my family to help me.
- ___ 7. It is important to me to respect decisions made by my family.
- ___ 8. I prefer being able to be different from others.
- ___ 9. I am different from everyone else, unique.
- ___ 10. Family is more important to me than almost anything else.
- ___ 11. I enjoy being unique and different from others in many respects.
- ___ 12. It is important for me to be myself.
- ___ 13. Hard work and personal determination are the keys to success in life.
- ___ 14. To know who I really am, you must examine my achievements and accomplishments.
- ___ 15. If you know what groups I belong to, you know who I am.
- ___ 16. A person of character focuses on achieving his/her goals.
- ___ 17. Whenever my family needs something I try to help.
- ___ 18. To know who I really am, you must see me with members of my group.
- ___ 19. I enjoy looking back on my personal achievements and setting new goals for

myself.

- ___ 20. It is better for me to follow my own ideas than to follow those of others
- ___ 21. My personal happiness is more important to me than anything else
- ___ 22. Individual happiness and the freedom to attain it are central to who I am.
- ___ 23. My relationships with others are a very important part of who I am.
- ___ 24. The history and heritage of my religious, national, or ethnic group are a large part of who I am.
- ___ 25. A person of character helps his/her national, ethnic, or religious group before all else.
- ___ 26. My personal achievements and accomplishments are very important to who I am.
- ___ 27. If I make my own choices, I will be happier than if I listen to others.
- ___ 28. I have respect for the leaders of my religious, national, or ethnic groups.
- ___ 29. My happiness depends on the happiness of those around me.
- ___ 30. It is important to me to think of myself as a member of my religious, national, or ethnic group.
- ___ 31. It is important for me to remember that my personal goals have top priority.
- ___ 32. In some ways it is my relationships that make me who I am.
- ___ 33. I often have personal preferences.
- ___ 34. In the end, a person feels closest to members of his/her own religious, national, or ethnic group.
- ___ 35. I will sacrifice my self-interest for the benefit of the group I am in.
- ___ 36. When I hear about an event, I automatically wonder whether it will be good or bad for my religious, national, or ethnic group.

Appendix F : The General Ethnic Discrimination Scale (GED)

We are interested in your experiences with racism. As you answer the questions below, please think about your ENTIRE LIFE, from when you were a child to the present. For each question, please circle the number that best captures the thing that have happened to you. Answer each question 3 times.

1. How often have you been treated unfairly by teacher and professors because of your race/ethnic group?

	Never	Once in a while	Sometimes	A lot	Most of the time	Almost all the time
How often in the past year?	1	2	3	4	5	6
How often in your entire life?	1	2	3	4	5	6
	Not at all stressful					Extremely stressful
How stressful was this for you?	1	2	3	4	5	6

2. How often have you been treated unfairly by your **employer, bosses and supervisors** because of your race/ethnic group?

	Never	Once in a while	Sometimes	A lot	Most of the time	Almost all the time
How often in the past year?	1	2	3	4	5	6
How often in your entire life?	1	2	3	4	5	6
	Not at all stressful					Extremely stressful
How stressful was this for you?	1	2	3	4	5	6

3. How often have you been treated unfairly by **your co-workers, fellow students and colleagues** because of your race/ethnic group?

	Never	Once in a while	Sometimes	A lot	Most of the time	Almost all the time
How often in the past year?	1	2	3	4	5	6
How often in your entire life?	1	2	3	4	5	6
	Not at all stressful					Extremely stressful
How stressful was this for you?	1	2	3	4	5	6

4. How often have you been treated unfairly by **people in service jobs** (by **store clerks, waiters, bartenders, bank tellers and others**) because of your race/ethnic group?

	Never	Once in a while	Sometimes	A lot	Most of the time	Almost all the time
How often in the past year?	1	2	3	4	5	6
How often in your entire life?	1	2	3	4	5	6
	Not at all stressful					Extremely stressful
How stressful was this for you?	1	2	3	4	5	6

5. How often have you been treated unfairly by **strangers** because of your race/ethnic group?

	Never	Once in a while	Sometimes	A lot	Most of the time	Almost all the time
How often in the past year?	1	2	3	4	5	6
How often in your entire life?	1	2	3	4	5	6
	Not at all stressful					Extremely stressful
How stressful was this for you?	1	2	3	4	5	6

6. How often have you been treated unfairly by **people in helping jobs** (by **doctors, nurses, psychiatrists, case workers, dentists, school counselors, therapists, social workers and others**) because of your race/ethnic group?

	Never	Once in a while	Sometimes	A lot	Most of the time	Almost all the time
How often in the past year?	1	2	3	4	5	6
How often in your entire life?	1	2	3	4	5	6
	Not at all stressful					Extremely stressful
How stressful was this for you?	1	2	3	4	5	6

7. How often have you been treated unfairly by **neighbors** because of your race/ethnic group?

	Never	Once in a while	Sometimes	A lot	Most of the time	Almost all the time
How often in the past year?	1	2	3	4	5	6
How often in your entire life?	1	2	3	4	5	6

	Not at all stressful					Extremely stressful
	1	2	3	4	5	6
How stressful was this for you?						

8. How often have you been treated unfairly by **institutions (schools, universities, law firms, the police, the courts, the Department of Social Services, the Unemployment Office and others)** because of your race/ethnic group.

	Never	Once in a while	Sometimes	A lot	Most of the time	Almost all the time
How often in the past year?	1	2	3	4	5	6
How often in your entire life?	1	2	3	4	5	6

	Not at all stressful					Extremely stressful
	1	2	3	4	5	6
How stressful was this for you?						

9. How often have you been treated unfairly by **people that you thought were your friends** because of your race/ethnic group?

	Never	Once in a while	Sometimes	A lot	Most of the time	Almost all the time
How often in the past year?	1	2	3	4	5	6
How often in your entire life?	1	2	3	4	5	6

	Not at all stressful					Extremely stressful
	1	2	3	4	5	6
How stressful was this for you?						

10. How often have you been **accused or suspected of doing something wrong** (such as **stealing, cheating, not doing your share of the work, or breaking the law**) because of your race/ethnic group?

	Never	Once in a while	Sometimes	A lot	Most of the time	Almost all the time
How often in the past year?	1	2	3	4	5	6
How often in your entire life?	1	2	3	4	5	6

	Not at all stressful					Extremely stressful
	1	2	3	4	5	6
How stressful was this for you?						

11. How often have people **misunderstood your intentions and motive** because of your race/ethnic group?

	Never	Once in a while	Sometimes	A lot	Most of the time	Almost all the time
How often in the past year?	1	2	3	4	5	6
How often in your entire life?	1	2	3	4	5	6
	Not at all stressful					Extremely stressful
How stressful was this for you?	1	2	3	4	5	6

12. How often did you **want to tell someone off for being racist towards you but didn't say anything?**

	Never	Once in a while	Sometimes	A lot	Most of the time	Almost all the time
How often in the past year?	1	2	3	4	5	6
How often in your entire life?	1	2	3	4	5	6
	Not at all stressful					Extremely stressful
How stressful was this for you?	1	2	3	4	5	6

13. How often have you been **really angry about something racist that was done to you?**

	Never	Once in a while	Sometimes	A lot	Most of the time	Almost all the time
How often in the past year?	1	2	3	4	5	6
How often in your entire life?	1	2	3	4	5	6
	Not at all stressful					Extremely stressful
How stressful was this for you?	1	2	3	4	5	6

14. How often have you been forced to take **drastic steps** (such as **filling a grievance, filling a lawsuit, quitting you job, moving away, and other actions**) to deal with some racist thing that was done to you?

	Never	Once in a while	Sometimes	A lot	Most of the time	Almost all the time
How often in the past year?	1	2	3	4	5	6
How often in your entire life?	1	2	3	4	5	6

	Not at all stressful					Extremely stressful
How stressful was this for you?	1	2	3	4	5	6

15. How often have you **been called a racist name**?

	Never	Once in a while	Sometimes	A lot	Most of the time	Almost all the time
How often in the past year?	1	2	3	4	5	6
How often in your entire life?	1	2	3	4	5	6

	Not at all stressful					Extremely stressful
How stressful was this for you?	1	2	3	4	5	6

16. How often have you **gotten into an argument or a fight about something racist that was done to you or done to another member of your race/ethnic group**?

	Never	Once in a while	Sometimes	A lot	Most of the time	Almost all the time
How often in the past year?	1	2	3	4	5	6
How often in your entire life?	1	2	3	4	5	6

	Not at all stressful					Extremely stressful
How stressful was this for you?	1	2	3	4	5	6

17. How often have you been **made fun of, picked on, pushed, shoved, hit, or threatened with harm** because of your race/ethnic group?

	Never	Once in a while	Sometimes	A lot	Most of the time	Almost all the time
How often in the past year?	1	2	3	4	5	6
How often in your entire life?	1	2	3	4	5	6

	Not at all stressful					Extremely stressful
How stressful was this for you?	1	2	3	4	5	6

18. How *different* would your life be now if you **HAD NOT BEEN** treated in a racist and unfair way?

The Same as it is now	A little different	Different in a few ways	Different in a lot	Different in most ways	Totally different
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				of ways		
In the Past year?	1	2	3	4	5	6
In your entire life	1	2	3	4	5	6

Appendix G : Santa Clara Strength of Religious Faith Questionnaire (SCSRF)

1. How religious would you describe yourself? Please circle the appropriate number below:

1	2	3	4	5	6
Not at all	Not really	A little	Somewhat	Very	Extremely

2. How often do you attend religious services (e.g., temple, church, synagogue, mosque)?

1	2	3	4	5
Never	Once or twice a year	Once a month	Once a week	Every day

Please answer the following questions about your religious faith using the scale below.

1 - Strongly agree	4 - Slightly disagree
2 - Moderately agree	5 - Moderately disagree
3 - Slightly agree	6 - Strongly disagree

- ___ 1. My religious faith is extremely important to me.
- ___ 2. I pray daily.
- ___ 3. I look to my faith as a source of inspiration.
- ___ 4. I look to my faith as providing meaning and purpose in my life.
- ___ 5. I consider myself active in my faith or place of worship.
- ___ 6. My faith is an important part of who I am as a person.
- ___ 7. My relationship with God is extremely important to me.
- ___ 8. I enjoy being around others who share my faith.
- ___ 9. I look to my faith as a source of comfort.
- ___ 10. My faith impacts many of my decisions.

Appendix H : Sexual Experience

1. How often have you engaged in French kissing?

Never 1 to 5 times 6 to 10 times 11 times or more

If you have engaged in French kissing, please indicate how old you were the first time: _____

2. How often have you engaged in petting (behaviour more sexually stimulating than kissing/hugging, but not oral sex or intercourse)?

Never 1 to 5 times 6 to 10 times 11 times or more

If you have engaged in petting, please indicate how old you were the first time: ____

3. How often have you engaged in oral sex?

Never 1 to 5 times 6 to 10 times 11 times or more

If you have engaged in oral sex, please indicate how old you were the first time: ____

4. How often have you engaged in sexual intercourse?

Never 1 to 5 times 6 to 10 times 11 times or more

5. If you have engaged in sexual intercourse, please indicate how old you were the first time: _____

Appendix I : Brief HIV Knowledge Questionnaire (HIV-KQ-18)

For each statement, please indicate in the left margin true (T), false (F), or I don't know (DK). If you don't know, please do not guess; instead, please write DK.

- ___ 1. Coughing and sneezing DO NOT spread HIV.
- ___ 2. A person can get HIV by sharing a glass of water with someone who has HIV.
- ___ 3. Pulling out the penis before a man climaxes/cums keeps a woman from getting HIV during sex.
- ___ 4. A woman can get HIV if she has anal sex with a man.
- ___ 5. Showering, or washing one's genitals/private parts, after sex keeps a person from getting HIV.
- ___ 6. All pregnant women infected with HIV will have babies born with AIDS.
- ___ 7. People who have been infected with HIV quickly show serious signs of being infected.
- ___ 8. There is a vaccine that can stop adults from getting HIV.
- ___ 9. People are likely to get HIV by deep kissing, putting their tongue in their partner's mouth, if their partner has HIV.
- ___ 10. A woman can get HIV if she has sex during her period.
- ___ 11. There is a female condom that can help decrease a woman's chance of getting HIV.
- ___ 12. A natural skin condom works better against HIV than does a latex condom.
- ___ 13. A person will NOT get HIV if he or she is getting antibiotics.
- ___ 14. Having sex with more than one partner can increase a person's chance of being infected with HIV.
- ___ 15. Taking a test for HIV one week after having sex will tell a person if she or he has HIV.
- ___ 16. A person can get HIV by sitting in a hot tub or a swimming pool with a person

who has HIV.

____ 17. A person can get HIV from oral sex.

____ 18. Using Vaseline or baby oil with condoms lowers the chance of getting HIV.

Appendix J : Sexually Transmitted Disease Knowledge Questionnaire (STD-KQ)

For each statement, please indicate in the left margin true (T), false (F), or I don't know (DK). If you don't know, please do not guess; instead, please write DK.

- ___ 1. Genital herpes is caused by the same virus as HIV.
- ___ 2. Frequent urinary infections can cause chlamydia.
- ___ 3. There is a cure for gonorrhea.
- ___ 4. It is easier to get HIV if a person has another sexually transmitted disease.
- ___ 5. Human Papillomavirus (HPV) is caused by the same virus that causes HIV.
- ___ 6. Having anal sex increases a person's risk of getting Hepatitis B.
- ___ 7. Soon after infection with HIV a person develops open sores in his or her genitals (penis or vagina).
- ___ 8. There is a cure for chlamydia.
- ___ 9. A woman who has genital herpes can pass the infection to her baby during childbirth.
- ___ 10. A woman can look at her body and tell she has gonorrhea.
- ___ 11. The same virus causes all of the sexually transmitted diseases.
- ___ 12. Human Papillomavirus (HPV) can cause genital warts.
- ___ 13. Using a natural skin (lambskin) condom can protect a person from getting HIV.
- ___ 14. Human Papillomavirus (HPV) can cause cancer in women.
- ___ 15. A man must have vaginal sex to get genital warts.
- ___ 16. Sexually transmitted diseases can lead to health problems that are usually more serious in men than women.
- ___ 17. A woman can tell that she has Chlamydia if she has a bad smelling odour from her vagina.
- ___ 18. If a person tests positive for HIV, the test can tell how sick the person will become.
- ___ 19. There is a vaccine available to prevent a person from getting gonorrhea.

- ____ 20. A woman can tell by the way her body feels if she has a Sexually Transmitted Disease.
- ____ 21. A person who has genital herpes must have open sores to give the infection to his or her sexual partner.
- ____ 22. There is a vaccine that prevents a person from getting chlamydia.
- ____ 23. A man can tell by the way his body feels if she has Hepatitis B.
- ____ 24. If a person had gonorrhea in the past, he or she is immune (protected) from getting it again.
- ____ 25. Human Papillomavirus (HPV) can cause HIV.
- ____ 26. A man can protect himself from getting genital warts by washing his genitals after sex.
- ____ 27. There is a vaccine that can protect a person from getting Hepatitis B.

Appendix K : Information Letter



Project researcher: Dr. Marta Young,

Student Researcher: Marcela Olavarria Turner,

Thank you for your interest in the study. Dr. Young of the School of Psychology at the University of Ottawa is conducting a cross-cultural study to gain a better understanding of the interrelationships between culture, family, and sexuality.

Your participation will consist of attending one meeting during which you will complete a questionnaire, which will take about one hour to complete. You will be able to choose when and where the meeting occurs, or you can come to our university office. If you decide to complete the questionnaire, you will be asked questions about your attachment to your heritage culture and the Canadian culture, your parental relationship, and your behaviours, attitudes, and knowledge about sexuality.

Many of the questions in the survey will ask you about personal details concerning yourself and your family, and you may become uncomfortable. Remember that you can refuse to participate in this study and that you are free to withdraw from the project at any time. You may also choose not to answer certain questions without prejudice from the researchers. If at any time you find yourself getting distressed, please feel free to contact Dr. Young or to call one of the organizations listed on the resource list.

All information collected in the study will remain strictly confidential. Furthermore, anonymity will be assured by identifying your questionnaire with a number that cannot be traced back to you. As well, the collected information will only be used for research purposes. In reporting findings, the researchers will only discuss a summary of the results obtained from all participants in the study. The questionnaires will be kept in a secure, locked storage room on the University of Ottawa campus for ten years at which time they will be shredded.

Any information requests or complaints about the ethical conduct of the project may be addressed to the Protocol Officer for Ethics in Research at the University of Ottawa. Please feel free to keep this letter for your information and records. If you have any questions or concerns about this research project, or if you are interested in receiving a summary of the findings of this study, feel free to contact Dr. Young ().

Appendix L : Resources Sheet

Thank you very much for having participated in the project title : A Cross-Cultural Research Project on Culture, Family and Sexuality.

Completing this interview may have raised some questions about your relationship or current difficulties in your life. Should this be the case, please contact the following resources so that you can discuss your concerns.

Dr. Marta Young, Ph.D., C.Psych.

Dr. Young is specialized in working with immigrants and refugees.

Clinic of Consulting Psychologists,

Dr. Andre Dessaulles, Ph.D., C.Psych.

2442 St. Joseph Boul., Suite 104

(also a downtown satellite clinic, *aussi une clinique au centre ville d'Ottawa*)

Orleans, ON

K1C 1G1

Tel.: (613) 834-8452

Gilmour Psychological Services

437 Gilmour

Ottawa, ON

K2P 0R5

Tel.: (613) 230-4709

Centre for Psychological Services at the University of Ottawa

(Treatment available at sliding fee scale \$2 - \$50)

Vanier Hall 4th floor

11 Marie Curie

Ottawa, ON

K1N 6N5

Tel.: (613) 562-5289

Counseling Services at the University of Ottawa

100 Marie-Curie 4th Floor

Ottawa, ON

K1N 6N5

Tel.: (613) 562-5200

Health and Counseling Services at Carleton University

1125 Colonel By Drive

Ottawa, Ontario

K1S 5B6

Tel.: (613) 520-6674