

**Lebanese Women's Sexuality in Lebanon and Canada:  
Culture, Meaning, and Mental Health**

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## Abstract

### Lebanese Women's Sexuality in Lebanon and Canada: Culture, Meaning, and Mental Health

Sexuality is a central part of being human throughout one's life. Sexual health is a sexual right, with sexual pleasure being central for both sexual health and overall wellbeing. Honour culture, which Lebanon ascribes to, is a patriarchal system where women's honour is associated with her sexual purity and chastity. Under this belief system, unmarried women are to remain celibate and virgins, a position that goes against their human and sexual rights and wellbeing, if they would desire to be sexually active. This study's purpose is to explore the sexual experiences of young unmarried Lebanese women (18 to 25 years old) in relation to culture, meaning, and mental health. This study also aims to compare the experiences of young Lebanese women living in Lebanon and those living in Canada. Participants (N = 30) completed an online questionnaire that evaluated their experiences about their sexuality and sexual activities. Quantitative findings suggest, as expected, an association between honour culture beliefs and sexual permissiveness, with sexual guilt fully mediating the relation between honour culture beliefs and sexual permissiveness. Misalignment between beliefs and behaviour regarding sexuality as well as sexual guilt beliefs both predicted mental health. Further, meaning mindset directly mediated the relationship between misalignment in honour beliefs and permissive practices and mental health. Qualitative results (N = 19) supported these findings. In addition to reporting feeling sexual guilt, the large majority of women also qualitatively reported feeling sexual shame and other painful emotions as well as engaging in secrecy and pretense due to cultural norms. However, qualitative results also indicate that unmarried women who participated in this study are resisting sexual cultural norms that they perceive as discriminatory against women's sexual rights and the majority are embracing their sexuality and acting to fulfill their sexual needs. Qualitative results

have shown that each woman acted with agency within the safety of her abilities and her environment at the time. Some unmarried women chose not to engage in sexual activities, others chose to engage in sexual acts without vaginal penetration to keep their hymen intact, while the largest proportion chose to engage in sexual activities that included vaginal penetration. Religion and religiosity played a role in sexual practicing: for example, unmarried Muslim women engaged less than Christian and Druze women in sexual activities, and unmarried non-religious women engaged in sexual activity that included vaginal penetration. There was an uneven number of participants between the Lebanon and Canada; thus information comparing the two countries was obtained from qualitative data only. For participants, the degree of acculturation, as measured by number of years living in Canada, was perceived to influence unmarried women's feelings of sexual guilt. Lebanese women in this study who grew up in Canada did not report feelings of sexual guilt. Also, compared to unmarried women in Lebanon, participants in Canada reported experiencing their sexuality with more liberation including cohabitating with partner. Using definitions of sexuality and sexual health by the WHO, this research aims to advocate for women's sexual rights and health, and to help policy-makers and physical and mental health providers better understand and cater for the needs of Lebanese women in Lebanon and in Canada.

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Lebanese Women's Sexuality in Lebanon and Canada:  
Culture, Meaning, and Mental Health

Lebanon is an Arab country that ascribes to an "honour culture" (Rebeiz & Harb, 2010). Honour culture is a type of collectivist culture in which a person's honour and social image are interdependent with one's group or family honour and social image (Rodriguez Mosquera, et al., 2002a). In an honour culture, which is patriarchal and patrilineal (Rebeiz & Harb, 2010), a woman's honour is often associated with sexual purity, as well as modesty and decorum in social relations with men and in attire. In this culture, masculinity or male honour, by contrast, means toughness and virility, or the ability to protect a man's own and his family's honour (Rodriguez Mosquera et al., 2002a). Protecting family honour means that men are also to ensure the adherence of women in the household to the sexual values of society in order to prevent sexual shame for the women and for the family (Rodriguez Mosquera et al., 2002a). Specifically, "the concepts of honour and virginity locate the prestige of a man between the legs of a woman" (Mernissi, 1996, p. 34; as cited in Wehbi, 2002, p. 297).

Given the high value placed on women's chastity in honour culture, marriage is therefore the only legitimate sexual outlet for women. Pre-marital sex causing loss of virginity can be dangerous for a woman, with consequences that range from non-marriageability to becoming the victim of a "crime of honour" (Wehbi, 2002). 'Crimes of honour' are not widely prevalent in Lebanon. However, non-marriageability could imply that the woman can be ostracised out of an important system of economic and social support, one that guards against sexual transgressions (Wehbi, 2002).

Lebanon is unique among Arab and Middle Eastern countries. More specifically, Lebanon acknowledges eighteen official religious communities or sects: twelve Christian communities, five Muslim communities, and one Jewish community (Bartelink & le Roux,

2018). Lebanon is one of the few countries that can be said to host two cultures: the East and the West. In its history, Lebanon was part of the Ottoman Empire (1520–1918), and the home of a large Muslim population, and it thus, currently, espouses Middle Eastern culture and customs (Shehadeh, 2010). However, Lebanon was also subjected to the French Mandate (1920–1943), and was a fertile land for Western missionaries, and the home of a sizable Christian population since the Eastern Roman Empire. Given this, Lebanon consequently adopted and was affected by many Western culture and customs. Western influences may be responsible for many freedoms Lebanon enjoys, such as freedom of speech and freedom of the media (Bustros, 1973, p. 2; as cited in Kraidy, 1998).

In an honour culture, and with the different competing religious sects, control of women's sexuality is vital because of the reproductive roles symbolic to each group's survival (Nagel, 1998): Sexuality valued for reproductive purposes means the continuation of each sect's population. It is, thus, not surprising that groups have “structured women's roles around the ideals of motherhood, domesticity and sexual purity” (Ashe, 2009, p. 22; Nagle, 2016, p. 856).

### **Sexuality in Lebanon**

Sexuality is a generally taboo subject in Lebanon (Ghandour et al., 2014). However, during the last two decades, some early research has been conducted to better understand sexuality and sexual practices in Lebanon. Goettsch. (1989) defines “sexuality is an individual capacity, is experiential, is body-oriented, and is directed toward genital excitation” (p. 249); while the World Health Organization (WHO) considers it central in being human that is “experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships” and that includes eroticism, physical pleasure, sexual subjectivity, and intimacy (WHO, 2006; refer to Appendix A for the full definition). Based on

these definitions, and for the purpose of this study, sexuality is defined as: all thoughts, ideas, feelings, and behaviours in an individual that are experiential body-oriented erotic and potentially pleasurable in nature.

The emergence of research shows the direction of change towards more openness with regard to discussing sexual matters. El-Kak (2013) has noted two main societal trends that may explain a movement towards greater openness to discussing sexual matters. One recent trend in Lebanon is that the mean age for first marriage has risen to become the highest among Arab nations and is one of the highest in the world (i.e., 32 years for males and 28.8 years for females; El-Kak, 2013). This increasing marital age, thus, may potentially increase openness to sexual encounters without marriage. However, no research to date has explored this issue. Another emerging trend is massive emigration, estimated at about one third of the population, that occurred during the civil war in Lebanon (1975-1990; El-Kak, 2013). Further, Shediak-Rizkallah et al. (2000) found that students entering university in Lebanon who had lived abroad for one year or more, including those who emigrated to Lebanon, differed significantly from those who had not lived abroad with regard to their experience with sexual intercourse (El-Kak, 2013). Also, Barbour and Salameh (2009) have noted that globalization, the internet, and the media have contributed to young Lebanese experiencing a shift in social, cultural, and moral norms, but discrepancies between religious groups remain. El-Kak (2013) reported that, for females, the mean age of first intercourse in Lebanon was 20 years (17 years for males). This researcher also noted that, for Lebanon, data on youth sexual behaviour has shown a recent rise in premarital sexual behaviour compared to older studies.

### **Women and Sexuality**

The majority of middle-aged married women (40 to 55 years) criticised “the double standard and gender discrimination that support men’s sexual rights and freedoms and confine women to chastity and fidelity” (Azar et al., 2016, p. 14). However, regardless of their beliefs, women’s actions were mostly in line with cultural norms. Many of these married women stated that religious laws, such as Sharia law for Muslims and the laws of holy Christian matrimony, were a key reason for submission to sociocultural norms (Azar et al., 2016). Other reasons women in this study stated for adhering to societal sexual norms included economic dependence, fear of stigmatization, and wanting their children to grow in a family environment.

Despite widespread behaviours adhering to social norms, women who were highly educated and economically independent did not adhere as frequently to social norms (Azar et al., 2016). In fact, these women were more critical of the privilege bestowed on men’s sexual needs, and refused to engage in “pleasing” sexual activities at their own expense (Azar et al., 2016).

In another study, Ouis (2009) found that only 8% of Lebanese teenage girls linked honour to sexual behaviour, while 92% identified honour with general human morals. Also, the Lebanese study part in Ouis (2009) showed that, the higher the educational level and the socioeconomic status of the family, the lower the support was for honour ideology regarding women’s sexuality. More current research is, however, required to clarify this issue: Are fewer contemporary Lebanese women adhering to the beliefs and behaviours of honour culture? How do current beliefs affect self-identity and concerns about societal rejection? More recent research with university students is emerging, but findings are unclear.

### **Lebanese University Students Living in Lebanon**

Some studies to date have been conducted with university students as participants, potentially given the convenience of such a sample, as well as for the purpose of exploring a

younger generation whose ideas about sexuality may differ from their older counterparts, as noted above. A study by Barbour and Salameh (2009) of unmarried Lebanese students from 15 public and private universities found that 73.3% of male students and 21.8% of females reported a previous sexual relationship. The majority of women in this study reported sexual intercourse without penetration (14.6%) and only 7% reported with vaginal penetration, while the majority of men reported sexual intercourse with vaginal penetration (47.7%) and only 12.8% reported without penetration, thus potentially supporting social norms that value female virginity.

Salameh et al. (2016) also examined non-married university students' attitude towards sexuality by studying students from 17 public and private Lebanese universities. Specifically, 65.2% of males and 14.9% female students reported having experienced sex. Older age groups and students in private universities and with higher socioeconomic status reported significantly more sexual experiences and intercourse than those from lower socioeconomic backgrounds and of younger ages. Male students reported engaging in sexual activity significantly more than female students, supporting cultural norms that still potentially value female virginity. However, both female and male students who reported having sexual intercourse (with or without vaginal penetration), had a favourable attitude towards sexual activity, thus, potentially revealing an emerging nonconforming social attitude among some youth.

In another study, Yasmine et al. (2015) investigated the reasons for postponing penetrative (vaginal, oral or anal) sexual activities among university youth. For both genders together, 48.7% (47% females, 34% males) of university youth reported never engaging in penetrative sexual activity during their lifetime. Reasons given were sociocultural concerns: gaining a bad reputation, social rejection, religion, and parental disapproval. Women were four to six times more concerned than men about these sociocultural matters. Women also exhibited

more discriminatory internalised societal norms and reported more intrapersonal concerns than men, which included fear of contradicting one's own beliefs, feeling guilty, shame, losing self-respect, self-blame and disgust. Also, both men and women thought it was more acceptable for men to have penetrative sex before marriage than for women. Still, though many university youth did not engage in sexual penetration, they still engaged in alternative sexual activities such as masturbation, mutual masturbation, nudity with another, 'outer course', cybersex, pornography, and same-sex sexual activity (Yasmine et al., 2015). Thus, sexual activities may have taken place outside of penetration, though students may not consider it "sex" perhaps to adhere to external and internalised societal expectation. However, to date, there is little research to suggest how Lebanese youth classify various sexual behaviours and how each behaviour conforms to self and societal identity, as well as how these behaviours affect wellbeing.

In accordance with societal norms, Yasmine et al. (2015) found that women, more than men, reported that they would engage in penetrative sex with partners with whom they would see a marital future while men would engage for enjoyment and pleasure. Also, both women and men thought that women did not need to orgasm after reaching sexual excitation; while they both perceived that it would be harmful for men not to ejaculate (Yasmine et al., 2015). Belief in this myth further potentially discriminates against women's sexual pleasure by reinforcing that women are not sexual beings while men are. It is also disturbing that women associated penetrative sex with disgust (six times more than men; Yasmine et al., 2015) which may carry into their marital life. This research suggests that policing women's body and sexuality in a patriarchal society may have prevented many women from positive and pleasurable sexual relations, potentially denying them their sexual rights and freedom and their sexual health (WHO, 2006).

Concerning specific sexual behaviours, Yasmine et al. (2015) found that, in order to protect women's virginity, oral and anal sex practices, as well as outercourse, were the most common sexual practices in Lebanon. Further, El-Kak et al. (2017) found that women who engaged in oral or anal sex to protect their hymen were more likely to affirm their right to sexual pleasure than women who did not. However, female university students who engaged in anal or oral penetrative sex were reportedly only concerned about hymen protection, they also expressed their concern with patriarchal values and gender norms (El-Kak et al., 2017). While women were potentially open to sexual behaviours that did not affect the hymen, the women reportedly experienced pressure, worry, guilt, and indecisiveness regarding their sex-related decisions (El-Kak et al., 2017). Also contrary to WHO's sexual health definition, where women have the right to safe sexual experiences, free of coercion (WHO, 2006), women in El-Kak et al. (2017) study reported having sex before being ready to, feeling rushed into sexual activities, and experienced unwanted sexual activities. The research participants also felt guilty about having sexual feelings, found it hard to say no to sex the next time, and worried about being taken advantage of when using drugs or alcohol. Therefore, this research may suggest some early links between sexual behaviour, sexual thoughts, and wellbeing.

In a study that reveals the importance of virginity as the measure of a woman's adherence to the cultural norm of chastity, and thus marriageability, Awwad et al. (2013) found that in order to preserve potential marriageability and wellbeing, hymenoplasties are sometimes conducted in Lebanon. Hymenoplasty is the surgical reconstruction of the hymen in order to mimic virginity on the first wedding night. This procedure is illegal in Lebanon, but because of its psychological and mental health benefits to women, as well as possibly saving their lives, it has been performed (Awwad et al., 2013). Awwad et al. (2013) indicated that there had been a

sharp increase in its demand and this is “probably a reflection of sexual liberation among women who find themselves incapable of reconciling their personal convictions with the taboos and norms of the culture to which they belong.” (p. 1631).

Approval rates for the hymenoplasty procedure were, however, considerably low for both female and male students, and there were no difference in perception between Christians and Muslims (Awwad et al., 2013). However, in this study, Muslims were significantly more inclined to reject marrying a woman who had premarital coital sex and was not a virgin compared to Christian men who reflected a more progressive attitude toward premarital sexuality. This research shows the importance of women’s *real* virginity and chastity for perceived marriageability, more so for Muslims. Additionally, Muslims reported no hesitation in divorcing their wife when realising her deceit or hymenoplasty, while Christian men were more ready to forgive. This finding could be due to genuine personal or religious convictions, or could be due to the ease of divorcing in the Islamic belief system, whereas in Christianity, marriage is considered an “unbreakable promise before God” (Awwad et al., 2013; p. 1633). In Awwad et al.’s (2013) study, however, the majority of female students approved of premarital sexual contacts without vaginal penetration; thus reflecting women’s beliefs in which chastity is traded for solely the physical state of virginity. Those accepting hymen reconstruction disclosed either liberal views, such as personal belief in “women’s rights, autonomy, and freedom”, or fear from “social embarrassment, prejudice, physical harm, and death.” (p. 1632).

Adding to the above research, Bouclaous et al. (2021) measured the association between sources of sexuality education, sexual beliefs and behaviour among Lebanese unmarried university students at a private university. They found that sexual activity, including first sexual experience < 17 years of age and engagement in one-night stands, were positively associated

with measures of sexual permissiveness. They also found that sexual permissiveness was negatively associated with communication with family and religious figures. Sexual permissiveness was associated with male gender, inversely associated with religiosity, positively associated with risk behaviours (e.g., alcohol consumption, smoking behaviours), related to sexual orientation, and was associated with receiving or being exposed to sources of information about sexuality (Bouclaous et al., 2021). By contrast to those with sexually permissive beliefs, those who valued virginity engaged in sexual behaviours generally conforming to this belief system (Bouclaous et al., 2021), thus supporting findings from previous research in this area noted above.

Contrary to cultural norms and previously discussed studies, Khalaf (2006) found in her qualitative study that the *majority* of female students were sexually liberal, were determined to defend their right to choose sexual pleasure and experimenting to discover their sexuality without social constraints. Khalaf (2006) conducted her study on 43 students of her creative writing class by asking them to discuss and write on the topic of sex. “None of my women students raised the possibility of being interesting to men or even happy with them in non-sexual ways.” (p. 189). This finding is similar to the Azar et al. (2016) study in which the researchers found that all women in their study viewed themselves and other women to be sexual individuals. Further, the majority of female students in Khalaf’s creative writing class did not adhere to the male/female conventional divide in their expression (Khalaf, 2006). They used dominant, explicit and direct discourse, and expressed agency in their rhetoric about their sexual views and behaviour:

Lately I have been having sex with older men because I got pissed off with guys my age who come quickly leaving me dissatisfied.

Now that I have taken matters in my own hands, sex is pleasurable. I am beginning to enjoy multiple orgasms with mature men who know how to fulfill my sexual needs. (p. 187).

A female student taking her own sexual pleasure into her own hands and openly explicit about it, is one such example. Another female student was bold and defiant: “..Also because virginity is such a big deal here, I’m determined to lose it.” (p. 190).

In Khalaf’s research, the majority of students expressed their criticism, even disdain, for their parents’ conservative traditional views regarding sexuality, virginity, and marriage showing a generational divide that usually accompanies progressive change. Still, there were few female voices who internalised and accepted cultural norms regarding sexuality, chastity, morality, and marriage:

...My virginity and faithfulness is a special gift I will offer to my husband because I want to be perfect and beautiful for him. (pp. 187, 188).

If I have sex before getting married I will live in fear that my family might find out and punish me severely. I really don’t think it is worth the risk. (p. 188).

Based on the above research, which was often limited by singular sample (e.g., one university or a single classroom setting in some cases), it seems that new beliefs on sexuality are potentially emerging in Lebanon. However, with the exception of the Khalaf et al. (2006) study, most of the research to date suggests that the majority of female participants still adhere to traditional sexual beliefs or that there is a discrepancy between their beliefs (more liberal) and their behaviours (more traditional). Although no research to date specifically explored mental health, some research suggests that beliefs and behaviours concerning women’s sexuality are associated with their mental wellbeing (Azar

et al., 2016; Yasmine et al., 2015). As noted, previous research suggests that women who have lived outside of Lebanon for at least a year hold less traditional views on sexuality (El-Kak, 2013). It is unknown, however, what the beliefs, behaviours, and potentially associated wellbeing are for Lebanese women living outside of Lebanon, such as those living in Canada.

### **Canada**

Mapping onto the WHO definition of sexual health, and according to the government of Canada (2022, July 13), Canada supports all women's and girl's rights, in all their diversity, to have full agency over their bodies, lives, and futures - without question. Specifically, Canada is committed to gender equality through the Canadian Human Rights Act and the Canadian Charter of Rights and Freedoms (2022, June 08). Federal, provincial, and territorial governments have policy, programs, and legislation that addresses gender equality.

According to Statistics Canada (2020), a survey on a population-based sample generalizable to the Canadian population in 2015/2016 found that among young Canadians aged between the ages of 20 to 24, 78.3% reported that they had experienced intercourse (either vaginal or anal), while 57.6% of those aged 18 to 19 years old reported either vaginal and/or anal intercourse. The above reflects sexual behaviours that young women experience in Canada, which have not been found in the general population in Lebanon, even in the university student population.

### **Lebanese Persons in Canada**

According to the government of Canada (2021, November 04), the Lebanese community in Canada includes between 200,000 and 400,000 people with about 60,000 to 75,000 Canadians (mostly Lebanese Canadians) living in Lebanon. Also, according to Statistics Canada 2001

census, about half the Lebanese population living in Canada were born outside of Canada, and in 2001, 75% of those identified as Lebanese lived either in Ontario or Quebec with the largest Lebanese community living in Montreal (Statistics Canada, 2001). Statistics Canada (2007) states that 41% of Arab Canadians are Lebanese and they affiliate equally with Christianity (44%) and Islam (44%; Rasmi et al., 2015). In 2001, 45% of Lebanese Canadians were under the age of 25 years (compared to 33% of Canadians in the general population). Hence, understanding the sexual beliefs, behaviours, and well-being of Lebanese youth in Canada may have beneficial social and clinical implications, given the prevalence of Lebanese young people living in Canada.

To date, there is no research exploring Lebanese persons in Canada with regard to their views on sexuality and sex without marriage. There has, however, been some research that assessed the Arab and Lebanese acculturation process, all of which describe parents' emphasis on honour, sexual chastity, and virginity, in which romantic relationships or dating, marriage, and clothing choices have been a source of conflict in the parent-youth relationship. Rasmi et al. (2015; 2017) found that, for Arab immigrants' youth, 18 years to 25 years old, the acculturation gap, intergenerational conflict, and ethnocultural identity conflict were due to these sexually-related matters. Rasmi et al. (2014) also identified culturally-specific conflict issues between Arab immigrant parents and their children youth, 18 years to 28 years old, linked to honour such as curfew, friendships, and clothing.

In offering a sociological analysis of Lebanese immigrants in Montreal, New York City, and Paris, Abdelhady (2006) describes a new type of immigrant community that the Lebanese engage in: the diaspora communities which "illustrate three-way relationships that include the homeland or country of origin, the host society or country of residence, and the larger diaspora

community that extends over a number of nation-states” (pp. 449 & 450). Lebanese immigrant involvement in the three Diaspora communities does not represent the assimilation in one community at the expense of the other. Rather, the Lebanese view their social and political involvement in the host country and in the other diaspora communities as a vital mechanism for involvement in their original/home country where they can attempt to affect social and political change there. In her study, Abdelhady (2006) found that gender and sexuality were sources of contention that the diaspora communities aimed to affect change. Specifically, homosexuality was discussed, but potentially the concerns about sexual relations, could also extend to sexual relations outside of marriage. Further, Tastsoglou & Petrinioti (2011) looked at lived experiences of multiculturalism in Halifax by Canadian-born youth of Christian Lebanese origin. Lebanese youth in the study considered multiculturalism as their experience through forming a flexible, creative, and open “cultural hybridity,” where rather than the oppressive dichotomy of belonging to “one or the other” culture, they created a “third space where cultures overlap and new creative syntheses emerge” (p. 182). This “third space” was viewed positively in all areas with the *exception* of dating, courtship, and marriage where honour culture norms place Lebanese youth apart from their non-Lebanese Canadian counterparts. This finding was the same for the Muslim Lebanese community in Alberta (Barclay 1968; Tastsoglou & Petrinioti, 2011) where dating for women was not accepted in the 1960s and, in many cases, continues to be frowned upon today. For both the Christian Lebanese in Halifax and the Muslim Lebanese in Alberta, female and male youth were expected to marry within their ethnic-religious community. In addition to the cultural importance of dating, mostly revolving around sexuality, the concept of “meaning” in relation to sexual attitudes, behaviours, and well-being is also potentially relevant for Lebanese women living both inside and outside of Canada. However, this has yet to be explored in

research, but some literature, noted below, suggests the potentially important links between these concepts.

### **Meaning-Making, Mental Health, Culture, and Sex**

Young adults are at the beginning of crafting their own identity and personal story: Constructing one's identity begins in adolescence and evolves throughout the individual's life (Adler, 2012). One function of constructing a personal identity is to "provide the self with a sense of purpose and meaning" (Adler, 2012; p. 368), which is important for mental health (Frankl, 1959/2006). Specifically, Frankl (1959/2006) suggests that a person's primary concern in life is to find meaning to one's life; according to his Logotherapy, meaning-making can be therapeutic. However, Frankl also stated that positive potential implications of finding meaning does not necessarily imply finding *the* meaning of life in general, but rather also to the specific meaning given to certain aspects of life at specific times (Frankl, 1959/2006). Thus, meaning-making could be extended to include daily or specific events. Moreover, Frankl (1966) declares that self-actualization and happiness are the consequences of fulfilling one's chosen meaning, and not vice versa. Supporting this theory, Wong (2017) states that "meaning is at the heart of human experience and well-being" (p. 210). He also declares that "human beings are not only experiencing organisms, but also spiritual beings capable of symbolic meaning-making and ST (Self-Transcendence)" (p. 210). For youth, Armstrong and Manion (2015) found that personally meaningful engagement reduced suicidal ideation in spite of other risk factors such as depressive symptoms, low self-esteem, low social support, and other risky behaviour. Other studies have also shown the positive significance for youth's health, wellbeing, and resilience when engaging in personally meaningful activities (St. John, 2017).

Armstrong et al. (2020) describe four constructs that represent meaning in daily life, or “Meaning Mindset”. These constructs are agency or personal power, self-esteem, openness to experience, and hope for the future; they align with Frankl’s Logotherapy pathways to meaning. Extending Logotherapy and the concept of meaning in daily life to sexuality, a young adult’s sense of agency, that is their control over their thoughts, feelings, and behaviours, when it comes to their sexuality and their sexual activities, could be an aspect of meaning-making (Armstrong et al., 2020).

Agency is important for fulfilling one’s chosen meaning in life: Adler (2012), in his description of meaning-making, states that “the theme of agency is concerned with the individual’s autonomy, achievement, mastery, and ability to influence the course of his or her life; it is therefore strongly connected to the individual’s sense of meaning and purpose” (p. 368). An increase in a person’s agency has been found to be associated with and preceded an improvement in the person’s mental health (Adler, 2012).

In addition to agency, self-esteem, openness to experience, and hope for the future are also key component of meaning mindset (Armstrong et al., 2020). In relation to sexuality, sexual beliefs and behaviours contribute to self-esteem for youth (Orr et al., 1989). Further, in response to sexual behaviours, openness to experience is positively associated with wellbeing, such as better satisfaction with one’s relationship including one’s sexual relationship (Kurpisz et al., 2016). Concerning honour culture beliefs about sexuality, people holding such beliefs, but engaging in sexual behaviours are more likely to present with hopelessness and suicidal behaviours than those whose attitudes and behaviours align (Osterman & Brown, 2011). Thus, meaning mindset, including agency, self-esteem, openness, and hope for the future, may be a key

mediator between honour culture beliefs and sexual behaviours that do not align with beliefs, with potential mental health outcomes. However, no research to date has explored this issue.

### **Current Study**

To date, no research has compared the sexual beliefs and behaviours of Lebanese women living outside of Lebanon (e.g., in Canada) to those living in Lebanon. Further, no research to date has explored the concept of meaning in daily life – agency, self-esteem, openness, and hope for the future – as a potential mediator between women’s non-aligning sexual beliefs and behaviours (i.e., belief in honour culture, while engaging in non-marital vaginal penetrative sexual behaviour) and their mental health. As seen in many of the above studies, not all young women adhered to cultural norms, with some engaging in sexual behaviours with a defiant stand against these norms (Khalaf, 2006). While others, when they engaged in sexual activities, even when it did not involve vaginal penetration or any other penetration, still experienced shame and fear because they viewed their action as dissent against cultural norms (Yasmine et al., 2015; El-Kak et al., 2017). Some early research suggested that the meaning these women gave to their sexual experience was associated with their emotions or wellbeing (El-Kak et al., 2017). For the present study, meaning in daily life will be explored as a mediator (i.e. an avenue for potential intervention) between non-aligning sexual beliefs and behaviour in relation to the prediction of mental health.

To date, very little research has been conducted to explore the lived experience of Lebanese women who have had sexual experiences without marriage. Further, no research has explored the lived sexual experience of Lebanese women living in Canada versus those living in Lebanon. As previously noted, some early qualitative research has yielded findings to suggest

that first generation Canadian children of Lebanese parents hold more permissive views toward dating and relationships than do their parents (Barclay 1968; Tastsoglou & Petrinioti, 2011).

This study will further the knowledge of policy-makers and mental and physical health professionals of young Lebanese women in particular and those from other honour cultures. It will help in the understanding of the association between honour culture beliefs, for different religious groups, and feelings of sexual guilt and shame. The association between sexual permissiveness and meaning given to sexual experiences can guide mental health practitioners. If supported by the findings of the current research, mental health practitioners could help women give meaning to their sexual experiences which would help them work through their feelings of sexual guilt and shame, and by extension other mental health issues such as depression and low self-worth. By giving meaning to women's sexual experiences, such as agency over their bodies, and/or self-esteem, openness to their experience, and hope for their future, mental health practitioners also help women become empowered and enjoy their sexuality as defined by the WHO (2006a). Lebanese women in Lebanon and in Canada will be compared. Implications for educational and clinical interventions based on the current research may help promote emotional or mental health as well as sexual health for Lebanese women living inside and outside of Lebanon.

**Quantitative Hypotheses.** Based on the previously described research, it is hypothesized that (1) young unmarried women living in Lebanon may adhere more to honour culture beliefs, show less permissiveness, and more sexual guilt and shame, than those living in Canada, since living outside of Lebanon for more than a year was associated with more liberal sexual beliefs (El-Kak, 2013); (2) In the research literature, young unmarried women who adhered less to honour culture beliefs engaged in more sexual behaviours (Yasmine et al., 2015; El-Kak et al.,

2017). Further, those who adhered less to honour culture reported less guilt, shame, self-degradation, and pressure to engage in unwanted sexual experiences (Yasmine et al., 2015; El-Kak et al., 2017). Therefore, it is expected that, in the current study, young unmarried Lebanese women (living in Lebanon and Canada) who reportedly adhere less to honour culture beliefs would indicate less guilt and shame and, thus, more sexual permissiveness. Those who adhere more to honour culture are expected to present with more self-reported guilt and shame, and in turn, less openness to sexual behaviour. (3) Meaning mindset, as measured by agency, self-esteem, openness to experience, and hope, is expected to mediate the relationship between non-aligning sexual beliefs and behaviours (i.e., believing in honour culture, while engaging in sexual behaviours) and guilt and shame with mental health, since a greater sense of meaning in daily life is predictive of better mental health (Frankl, 1956/2006).

**Qualitative Hypotheses.** The biggest Arab community in Canada is the Lebanese community (Statistics Canada, 2007, August 28), yet there has not been any study exploring young Lebanese women's sexuality and sexual experiences qualitatively between two very different sexual cultural norms of Lebanon and Canada.

Given the previously described research, qualitative research will give a stronger voice to young Lebanese women and inform us on the following questions: (1) how do young Lebanese women in Canada view their sexuality and sex without marriage within the influence of the different Lebanese and Canadian cultural norms?; (2) for young Lebanese women living in Lebanon and those living in Canada, how does culture influence their views on and their expression of agency over their sexuality, engagement in vaginal intercourse, and experiencing of sexual pleasure with regards to sex without marriage? Given that this is the first study to

explore sexuality in Lebanese women living inside and outside of Lebanon, qualitative data will help to explain and describe quantitative findings.

### **Originality and Implications**

The WHO's definition of sexual health includes "... having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled." (WHO, 2006a). Using this definition as a guide, this research will help policy-makers and physical and mental health providers better understand and cater for the needs of young Lebanese women in Lebanon and in Canada. This research will help expand the understanding of the potential impact of honour culture beliefs on young women's sexual health. It will also add to the knowledge of daily meaning-making in relation to these women's mental health as well as on their sexuality.

### **Method**

#### **Participants**

All participants, Lebanese women 18 to 25 years old, were invited to complete both the quantitative and qualitative parts of the questionnaire set. Seventy participants attempted the questionnaire;  $n = 28$  completed the consent form, but did not continue with any part of the questionnaire set, and  $n = 16$  discontinued participation after completing one or more quantitative scale of the questionnaire set.  $N = 30$  completed the quantitative and demographic parts, of whom  $n = 19$  also completed the qualitative part, thus, completing the full questionnaire battery. Looking at the filled demographic part was important to ensure that participants were females, Lebanese or of Lebanese origin, and that they were in the study's required age group of 18 to 25 years.

In Lebanon, young female students (18 to 25 years old;  $n = 27$  who completed the quantitative and demographic parts of the questionnaire set, of whom  $n = 16$  also completed the qualitative part) were recruited from the Lebanese American University (LAU) at their two campuses, in Beirut and in Byblos. The Ethics Board of LAU provided an expedited approval based on St. Paul University's approval (refer to appendix E for a copy of the Lebanese American University IRB approval certificate).

In Canada, Lebanese female youth (18 to 25 years old;  $n = 3$  who completed the full questionnaire set) were recruited in Ottawa from St. Paul University and from the University of Ottawa, and in Montreal, from McGill University and from Concordia University, as well as from online advertisement. Physical copies of the advertising posters were placed at the campuses of these four universities including the two campuses of Concordia university: the Sir George Williams campus in downtown Montreal and the Loyola campus. The study was also advertised online at the Lebanese Cultural Club at Ottawa University. In addition, potential participants were recruited from the community in Montreal and Ottawa through online advertisements with TOLLAB (Lebanese students' Facebook group) in Montreal and the Lebanese in Ottawa website in Ottawa. The approval of the Ethics Committee at St. Paul University was obtained (refer to appendix D for a copy of the St. Paul University ethics certificate). Once obtained, expedited ethics approvals were obtained from the other three universities (refer to appendix F for a copy of the ethics certificates for McGill University, Concordia University, and the University of Ottawa).

Young Lebanese women who chose to participate in the study were able to access the research survey online. SurveyMonkey was used for the questionnaire set which included six quantitative measures, a qualitative questionnaire, and a demographic questionnaire (refer to

Appendix B for the questionnaire). Participants were able to consent at the beginning of the survey (refer to appendix C for the consent form). In the consent form, participants were informed that, if they experienced any emotional discomfort and/or anxiety due to their participation in the research questionnaire, they were advised to contact any of the resources provided at the end of the survey. At the end of the survey there was a list of resources that participants could contact for each of the different countries/locations/universities in which participants were recruited.

It may be difficult for individuals with non-conforming gender identity to come out in Lebanese society given that gender diversity is not generally discussed in Lebanon (Nagle, 2016). Despite this, and because the survey of this study is anonymous and the data are treated in aggregate form, an “other” gender category was included in the survey.

In total, thirty participants completed the demographic questionnaire (as well as the full qualitative part), all identified as female, except one who identified as female but gender non-conforming. A number of participants ( $n = 4$ ) noted sexual identity diversity including identifying as lesbian or bisexual. The age of participants ranged between 18 and 25 years ( $M = 20.56$  years). Twenty-eight participants were born in Lebanon, including those who are currently living in Canada, one of whom had lived in Lebanon for less than five years and the rest of her life in Canada (20 years). One participant who reported currently living in Lebanon, stated that she was born in Canada, lived 16 years in Canada, and has lived between two to five years in Lebanon. The other participant who reported not being born in Lebanon, was also not born in Canada, and stated that she lived two years outside Lebanon (and not in Canada) and the rest of her life in Lebanon. Of all the other participants who are living in Lebanon, all reported living all their lives in Lebanon, except four participants, one of which reported spending 8 months in

Canada. Thirteen participants identified as Christians, nine as Muslims, and eight as Other; of the “Other”, three identified as Druze, three grew-up in a Christian family but did not identify as Christians, one grew-up in a Muslim family but did not identify as Muslim, and one reported that she is not a believer. The majority of participants’ yearly household income was reported to be below \$20,000. Further, the majority of the participants were undergraduate students, while a few participants reported having a Master’s degree, or being a Master’s degree student, and two participants reported having an MD/PhD degree, or being an MD/PhD degree student. Other demographic data are presented in Table 1.

**Table 1***Demographic Data*

Demographic data	Participants	Number
N		30
Age – years, mean	20.56, ranging from 18 to 25	
Christian (n = 13)	regularly practicing believer	3
	occasionally practicing believer	3
	non-practicing believer	2
	non-believer/agnostic	5
Muslim (n = 9)	regularly practicing believer	2
	occasionally practicing believer	4
	non-practicing believer	1
	non-believer/agnostic	1
	non-believer/atheist	1
Druze (Other) (n = 3)	occasionally practicing believer	2
	non-practicing believer	1
Other – raised in Christian family (n = 3)	non-believer/agnostic	2
	non-believer/atheist.	1
Other – raised in Muslim family	non-believer/agnostic	1
Other – not identified family religion	non-believer/atheist	1
Education	undergraduate	24
	master's degree	3
	MD/PhD	3

Demographic data	Participants	Number
Annual household income	under \$20,000	13
	\$20,000 - \$39,999	7
	\$40,000 – \$59,999	3
	\$60,000 – \$79,999	4
	\$100,000 - \$149,999	1
	over \$150,000.	1
Marital status/relationship status	Single	19
	Single + with a steady partner	9
	Engaged to be married + with a steady partner	1
	Single + cohabitating with partner	1
Sexual activity without marriage	Yes <sup>a b</sup>	22
	Yes including vaginal penetration	14
	Yes without vaginal penetration <sup>b</sup>	7
	No	8

*Note.* N = number of participants who filled in the demographic data and completed the survey, not all of these participants filled each part of the demographic questionnaire. n = number of participants who identified belonging to each group.

<sup>a</sup> One participant responded ‘Yes’ to having had sexual activity without marriage, but she did not mark which sexual activity she had engaged in. <sup>b</sup> One participant responded ‘No’ to having had sexual activity without marriage, but marked that she ‘has had sexual experience without penetration’ – this participant was added to the: Yes without vaginal penetration group.

## **Measures**

Refer to Appendix B where all the measures are included as part of the questionnaire.

### ***Demographic Questionnaire***

Participants were asked demographic questions to obtain information on their age, gender, marital status, whether they are Lebanese or of Lebanese origin, and where they are currently living in Lebanon or in Canada. In addition, demographic questions acquired information about the religiosity, educational level, economic status and sexual experiences of these young women.

### ***The Feminine, Family, and Moral Honour Subscales (The Honour Scale)***

The Honour scale (Rodriguez Mosquera et al., 2002b; Rodriguez Mosquera, 2016) is a 25-item self-report measure of the four different facets of the honour culture. The four facets measured are: moral integrity, family honour, feminine honour, and masculine honour. The honour scale was used across diverse cultural groups and was found to be a reliable and valid measure of the four facets of honour (Rodriguez Mosquera, 2016). For this study, feminine, family, and moral honour subscales will be used. The scale used for all items is a 7-point rating scale from 1 (not at all bad) to 7 (very bad), where the middle point of the scale is labelled 'moderately bad'. Using the 7-point rating scale the participant rates the extent to which behaving or having the reputation described in the item would make them feel bad about themselves

In the current study, feminine, family, and moral honour subscales was used (masculine honour facet was removed). The Honour Scale used consisted of 18 items and it was found to have good internal consistency (Cronbach's alpha,  $\alpha = .87$ ).

### ***Sexual Belief Index (SBI)***

The Sexual belief Index (SBI) is an 18-item self-report that measures sexual permissiveness (Bouclaous et al., 2021). Responses to items on the SBI are coded 0 (disagree), 1 (not sure) and 2 (agree). Some of the items were reverse coded to fit the theme of openness to sexuality. A good reliability coefficient was reported for SBI ( $\alpha = 0.83$ ; Bouclaous et al., 2021).

In the current study, some items were reverse coded to fit the theme of being open to sex and of being sex positive for women. The SBI scale was also found to have good internal consistency ( $\alpha = .86$ ).

### ***Adult Identity and Meaning Scale (AIMS)***

The AIMS is a 12-item self-report measure of meaning in daily life (or “meaning mindset”) that includes: choice and responsibility over thoughts, feelings, and behavior; self-concept, hope for the future, and openness to feelings; and learning, social connection, creativity, and engagement in pursuits. Scores for each item range from 0 to 10 on a sliding scale that the participant can move to choose their level of agreement with the item (Watt, 2020). The initial validation of the AIMS yielded a Cronbach’s alpha of .96 (Watt, 2020). In the current study, the Adult Identity and Meaning Scale (AIMS) was found to have good internal consistency ( $\alpha = .84$ ).

### ***Sexual Guilt Scale***

The sexual guilt scale is comprised of two sexual guilt scales.

**Sex Guilt 1.** One is the 10-item Brief Mosher Sex-Guilt scale (Sex Guilt 1 scale; Janda & Bazemore, 2011) which is a brief version of the Mosher’s 50-item scale, and it has similar psychometrics to the longer version thus supporting its psychometric soundness as a measure for sexual guilt. Janda and Bazemore (2011) found that the 10-item Brief Mosher Sex-Guilt scale has good internal consistency ( $\alpha = .85$ ), and that the correlation between this brief version and

the original 50-item scale was .95 which showed a high degree of overlap. For some of the items, one word was modified to better reflect the wordings of this study; this change in wording did not change the meaning of each item. In the current study, the Brief Mosher Sex-Guilt scale, Sex Guilt 1 scale, demonstrated good internal consistency ( $\alpha = .86$ ).

**Sex Guilt 2.** The other scale, Sex Guilt 2 scale, is the 5-item Acceptance of Sexuality scale by Bryan et al. (1997) which was used by Wayment and Aronson (2002) as a sexual guilt scale when reverse coded. Bryan et al. (1997) have shown that this construct has approached adequate fit, with a CFI (comparative fit index) of .86, and that all the items in this construct were significant indicators of their construct. Wayment and Aronson (2002) found that coefficient alpha for this scale when reverse coded to be a measure of sexual guilt was .75. In the current study, the reverse coded 5-item Acceptance of Sexuality scale, or Sex Guilt 2 scale, demonstrated fairly low internal consistency ( $\alpha = .62$ ).

### ***Women's Sexual Shame Scale (WSSS)***

“Sexual shame in women is defined as the internal conflict a woman experiences, based on her self-perception of her sexuality, that results in self-blame, self-disgust, or even self-hatred, along with a perception of her sexuality as inherently bad.” (Rutland, 2021, p. 68). The Women's Sexual Shame Scale (WSSS) is a 19-item scale that assesses five factors hypothesized to be components of sexual shame in women (Rutland, 2021). The five factors that the WSSS assess are: shame in number of sexual partners, body image shame, concession and relationship discomfort, masturbation shame, and fantasy shame (Rutland, 2021). Reliability assessment of the scale showed a good internal consistency of the scale with a Cronbach alpha for the total score to be  $\alpha = .80$  (Rutland, 2021). In addition, reliability assessment for each subscale also showed good internal consistency (Rutland, 2021). Also, correlation with several other scales

were significant, indicating a moderate convergent validity of the scale (Rutland, 2021). Though Rutland (2021) confirms the need for further validity and reliability assessment for this measure, she does however, attest that her study showed good reliability and moderate correlation to external scales used for convergent validity analyses for the five factors that the scale measures. In the current study, the Women's Sexual Shame Scale (WSSS) was found to have acceptable internal consistency ( $\alpha = .79$ ).

### ***Interactive Symptom Assessment – Adult (Mental Health scale)***

The I.S.A.-Adult (Interactive Symptom Assessment-Adult) scale is an 12-item self-report measure of mental health and wellbeing functioning that assesses internalizing and externalizing mental health symptoms of the following domains: social connectedness, mood symptoms, anxiety symptoms, conduct concerns, obsessions and compulsions, attention deficit symptoms and issues with self-esteem (Armstrong et al., 2022). Scores for each item range from 0 to 10 on a sliding scale that the participant can move to choose their perceived level of functioning for each item, from problematic to optimal functioning (Armstrong et al., 2022). This scale is the adult version of the scale that was originally developed for children that has shown face validity, content validity, and a Cronbach's internal consistency reliability of .83 (Armstrong et al., 2022). For this study, the I.S.A.-Adult was also found to have good internal consistency ( $\alpha = .85$ ).

### ***Qualitative Questionnaire***

Participants were asked five qualitative questions (with further sub-questions) to obtain a deeper understanding of young Lebanese women's views on their sexual experiences, on their sexuality, on cultural norms, and on sexual agency. Refer to Appendix C for the qualitative questionnaire.

### **Procedure**

Participants were asked to complete the quantitative and qualitative survey battery on SurveyMonkey. Participants were able to access the SurveyMonkey Questionnaire via a link, or via a QR code, on the research poster. They were asked to consent to participating in the survey and then asked to respond to the survey; in addition, participants were informed that responding to the survey also implied consenting. The SurveyMonkey questionnaire consisted of six quantitative scales, a qualitative questionnaire, and a demographic questionnaire. This survey generally took between 20 to 30 minutes to complete.

## **Data Analysis**

### ***Quantitative Analysis***

Data was analyzed using IBM SPSS Statistics version 28. As noted, we had twenty-seven participants completing the survey living in Lebanon and only three living in Canada, despite advertising at two universities in Lebanon and at four in Canada in addition to Canadian Lebanese social media groups. Therefore, because of the uneven groups from each country, we could not test the first quantitative hypothesis that explores the difference between young Lebanese women living in Lebanon and those living in Canada and predicts that young unmarried Lebanese women living in Lebanon may adhere more to honour culture beliefs, show less permissiveness, and more sexual guilt and shame, than those living in Canada. A hierarchical regression analysis was run to assess whether young Lebanese women (living in either Lebanon and Canada) who adhere less to honour culture beliefs will show more sexual permissiveness and, subsequently, less sexual guilt and shame. A hierarchical regression was also conducted to explore whether meaning in daily life potentially mediates the relationship between non-aligning sexual beliefs and behaviours (i.e., believing in honour culture, while engaging in sexual behaviours), guilt and shame, with mental health. All tests were also

considered significant at a p value of  $< .05$ . Effect sizes for each analysis were also measured. This provided information about the power of the relationship and whether it had any practical significance, if statistical significance was found.

### ***Qualitative Analysis***

Adhering to McDavid and Hawthorn (2006) qualitative analysis guidelines, and the six steps to thematic analysis (Braun & Clarke, 2006), coding was completed by the lead researcher by hand and also by two research assistants to minimize potential bias (Creswell & Creswell, 2018). Validity of qualitative data was enhanced by the use of multiple researchers, multiple collection measures, and transparency in the reporting of findings (Creswell & Creswell, 2018; Finfgeld-Connett, 2010; Hill et al., 2005). Following these protocols, in this research there was a lead researcher and two data reviewers for triangulation of findings, and transparency in reporting.

Qualitative data was segmented into domains, then abstracted into core ideas/themes, and finally cross-analysed by the two researcher assistants who had familiarized themselves with the data through review and re-review of the information. All data was assigned to groups based on similar themes, and single responses was assigned to multiple domains. Core themes were constructed by summarizing the content assigned to each domain through a distillation or abstraction based on the actual responses (Hill et al., 1997). In the cross-analysis phase, the construction of categories (or major themes) was done by the main researcher and one research assistant, a method supported by existing research (Hill et al., 2005). The team looked at the core ideas from all the data to determine whether they cluster into identifiable categories (Hill et al., 1997). As was the case for the assignment of data to domains, core ideas were assignable to more than one category.

## **Results**

### **Data Integrity**

Seventy-four participants began the survey (i.e., completed the consent form), but only thirty six participants completed the quantitative questionnaire part. Thirty of the thirty six participants also filled in the demographic questionnaire; twenty-seven participants completed the quantitative and demographic parts reported living in Lebanon and three reported living in Canada. Testing quantitative hypothesis 1, comparing responses between Lebanon and Canada, was not conducted, as noted previously, because of the uneven group difference between the Canada and Lebanon sample.

Concerning data screening and cleaning, missing data analyses were conducted and showed that data was missing at random. Outliers were addressed by maintaining their ranking and assigning them the closest value. Outliers were assessed for each value using the interquartile range method in SPSS. Using this method, one outlier was detected for each the Honour Scale score and the Sex Guilt 2 score variables, and four were detected for the WSSS score variable. Normality of each variable was then assessed in SPSS. SBI, Sex Guilt 2 and WSSS scores were somewhat skewed; however, some degree of non-normality would be expected, given cultural beliefs in Lebanon that would suggest potentially higher levels of sexual guilt, shame, and less permissiveness than for other populations that may complete these measures. Further, there were no significant collinearity issues.

For the regression analyses, scatter plots were inspected for homoscedasticity in order to assess this assumption. Assumptions were met for the hierarchal regression analyses.

### **Quantitative Results**

Means and Standard Deviations of participants' responses to the scales used in statistical analyses are presented in Table 2. Correlations between variables (the score scales) are presented in Table 3.

**Table 2***Mean and Standard Deviations of Participants' Scores on the Different Scales*

Scale	<i>M</i>	<i>SD</i>
Honour (N = 41)	95.29	16.59
SBI (N = 40)	27.05	6.04
AIMS (N = 37)	75.92	21.01
Sex Guilt 1 (N = 39)	30.90	10.24
Sex Guilt 2 (N = 38)	13.58	4.16
WSSS (N = 36)	47.22	7.69
ISA (N = 35)	58.71	21.91

*Note.* SBI = Sexual Belief Index; AIMS = Adult Identity and Meaning Scale; Sex Guilt 1 = Brief Mosher Sex-Guilt scale; Sex Guilt 2 = Acceptance of Sexuality scale; WSSS = Women Sexual Same Scale; ISA = ISA-Adult Mental Health Scale. N = number of participants who responded to the scale.

**Table 3**

*Correlations, Means, and Standard Deviations for all the Scale Scores (Variables) used in the Regression Analyses*

Variables	Honour	SBI	AIMS	Sex Guilt 1	Sex Guilt 2	WSSS	ISA
Honour	—						
SBI	.66***	—					
AIMS	.22	.09	—				
Sex Guilt 1	.62***	.78***	.01	—			
Sex Guilt 2	.27	.29	-.37*	.46**	—		
WSSS	.55***	.40*	-.32	.44**	.62***	—	
ISA	-.15	.24	-.60***	.19	.40*	.20	—
<i>M</i>	95.29	27.05	75.92	30.90	13.58	47.22	58.71
<i>SD</i>	16.59	6.04	21.01	10.24	4.16	7.69	21.91

*Note.* SBI = Sexual Belief Index; AIMS = Adult Identity and Meaning Scale; Sex Guilt 1 = Brief Mosher Sex-Guilt scale; Sex Guilt 2 = Acceptance of Sexuality scale; WSSS = Women Sexual Same Scale; ISA = ISA-Adult Mental Health Scale.

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

### ***Honour Culture Beliefs, Sexual Permissiveness, & Sexual Guilt and Shame***

A hierarchical regression analysis was conducted to investigate whether young unmarried Lebanese women (living in Lebanon and Canada), who adhere less to honour culture beliefs, would show more sexual permissiveness and less sexual guilt and shame. Sexual permissiveness

was entered as the outcome variable, while honour culture beliefs was entered in step one of the regression, and guilt and shame were entered in step two of the regression.

The hierarchical regression yielded a significant  $R^2$  change of .38 at step one, which indicates that over a third of the variability in permissiveness scores was explained by a change in honour culture belief scores, ( $\beta = .61$ ,  $F_{\text{change}} = 19.83$ ,  $p < .001$ ,  $t = 4.45$ ,  $p < .001$ , partial  $\eta^2 = .61$ ) (medium effect size). When honour culture belief scores change by one-point, permissiveness scores change by .61. In step two, there was a significant  $R^2$  change of .30 ( $F_{\text{change}} = 9.37$ ,  $p < .001$ ). Beta coefficients in step two for the predictors were: Honour  $\beta = .07$ ,  $t = 1.32$ ,  $p = .20$ , partial  $\eta^2 = .14$ ; sexual guilt (sex guilt 1 scale)  $\beta = .70$ ,  $t = 5.13$ ,  $p < .001$ , partial  $\eta^2 = .53$  (medium effect size); sexual acceptance (sex guilt 2 scale)  $\beta = -.04$ ,  $t = -.30$ ,  $p = .76$ , partial  $\eta^2 = -.03$ ; shame (WSSS)  $\beta = .02$ ,  $t = .10$ ,  $p = .92$ , partial  $\eta^2 = .01$ . Thus, sexual guilt (sex guilt 1 scale) fully mediated the relationship between honour culture beliefs and permissiveness.

### ***Meaning Mindset as a Mediator Sexual Guilt and Mental Health***

A hierarchical regression analysis was carried out to test the hypothesis that meaning mindset mediates the relationship for a misalignment between honour culture and permissiveness, sexual guilt and shame, predicting mental illness symptoms. An alignment score was created between honour culture and permissiveness, wherein high honour belief (more than 1 SD below the mean) with high permissiveness behaviour was coded as 0 (no alignment between scores), 1 partial alignment (i.e., high honour with an average permissiveness score), and 2 high alignment (i.e., high honour score with low permissiveness, average with average scores, low honour score with high permissiveness). Coding was conducted in this manner to align with the theoretical framework of low self-esteem: A misalignment between real self (i.e.,

how one acts) and ought self (i.e., what one believes) is a hallmark of low self-esteem (Self-Discrepancy Theory: Higgins, 1987). Prior to conducting the regression analysis, correlations were conducted to determine if the alignment scores were associated with the potential mediator (meaning) and outcome variable (mental illness symptoms): Alignment between honour and permissiveness was significantly associated with both meaning ( $r = .54, p < .001$ ) and mental illness ( $r = -.52, p < .001$ ). For the hierarchical regression analysis, mental health was entered as the outcome variable, while alignment between honour beliefs and permissive behaviour was entered in step one, guilt and shame variables were entered in step two, and meaning mindset scores were entered in step three.

The hierarchical regression yielded a significant  $R^2$  change of .28 at step one, which indicates that over a quarter of the variability in mental illness symptom scores was explained by alignment scores, ( $\beta = -.52, F_{\text{change}} = 13.65, p < .001, t = -3.70, p < .001, \text{partial } \eta^2 = -.52$  (medium effect size). In step two, there was a significant  $R^2$  change of .45 ( $F_{\text{change}} = 5.20, p = .005$ ). Beta coefficients in step two for the predictors were: Alignment  $\beta = -.55, t = -4.25, p < .001, \text{partial } \eta^2 = -.52$  (medium effect size); sexual guilt (sex guilt 1 scale)  $\beta = .26, t = 1.78, p = .09, \text{partial } \eta^2 = .21$ ; sexual guilt (sex guilt 2 scale)  $\beta = .46, t = 2.79, p = .009, \text{partial } \eta^2 = .34$  (small effect size); shame (WSSS)  $\beta = -.32, t = -2.00, p = .06, \text{partial } \eta^2 = -.23$ . In step three,  $R^2$  change was not significant at .04 ( $F_{\text{change}} = 2.89, p = .09$ ). From step one to step two, partial  $\eta^2$  did not change for alignment. Therefore, the relationship between misalignment in honour beliefs and permissiveness with mental health is not mediated by sexual guilt beliefs (Sex guilt 2 scale), but rather predicts mental health in association with sexual guilt beliefs. Meaning mindset did not indirectly mediate the relationship between the above variable and mental health (non-significant step 3).

To determine if meaning more directly mediates the relationship between alignment and mental health, rather than indirectly through guilt and shame, a further hierarchical regression analysis was carried out. Mental health was entered as the outcome variable, misalignment was entered in step one, and meaning was entered in step two.

The hierarchical regression yielded a significant  $R^2$  change of .27 at step one, which indicates that over a quarter of the variability in mental illness symptom scores was explained by alignment scores, ( $\beta = -.52$ ,  $F_{\text{change}} = 13.65$ ,  $p < .001$ ,  $t = -3.70$ ,  $p < .001$ ,  $\text{partial } \eta^2 = .52$  (medium effect size). In step two, there was a significant  $R^2$  change of .08 ( $F_{\text{change}} = 4.00$ ,  $p < .05$ ). Beta coefficients in step two for the predictors were: Alignment  $\beta = -.35$ ,  $t = -2.19$ ,  $p < .05$ ,  $\text{partial } \eta^2 = .29$  (small effect size); meaning mindset  $\beta = -.32$ ,  $t = -2.00$ ,  $p < .05$ ,  $\text{partial } \eta^2 = .27$  (small effect size). Partial  $\eta^2$  for alignment was reduced from .52 to .29 with the introduction of the meaning mindset variable in step two. This means that meaning mindset directly mediates the relationship between misalignment in honour beliefs and permissive practices and mental health.

### **Qualitative Results**

Of the thirty participants who completed the quantitative (and demographic) part of the survey, nineteen respondents continued to complete the qualitative portion of the questionnaire set, three of whom were living in Canada. There was no noticeable difference in the reported sexual experience of those who chose to answer the qualitative questionnaire after completing the quantitative questionnaire part and those who did not. Looking at participants' responses to the qualitative questions, several themes were identified for each question. As discussed in detail in Methodology, to minimise coding bias, the lead investigator and two other research assistants, who have prior experience with qualitative theme coding, coded qualitative statements by hand

based on identified main themes. The themes were identified by the lead investigator and one research assistant as a team; the themes were also independently supported by the second research assistant. There was a greater than ninety percent agreement of coded themes between the lead investigator and each of the two research assistants.

### ***Discourse on Sexual Experiences***

Sixteen out of the nineteen participants who responded to the qualitative questionnaire reported that they have had sexual experiences, six of whom stated that they did not engage in vaginal penetration. The following are the list of themes that were coded for participants' qualitative responses, including several examples of the responses for each theme:

#### **The experiencing of sexual experiences/Emotional and physical feelings**

##### ***Not engaging in sexual experiences/activities***

Three participants who filled the qualitative questionnaire disclosed that they do not engage in sexual activities: marriage, virginity and reputation were given as reasons; religion was also given as reason.

- “I have had none” and “but I’m a religious person and prefer to keep this part of myself for marriage.”
- “I have no sexual experiences”
- “I’m a virgin, I’ve been assaulted sexually before though”

##### ***Engaging in Sexual Experiences***

###### ***- Sex positive experiences***

Of those who have reported engaging in sexual experiences, with or without having vaginal intercourse.

Several reported having positive sexual experiences and enjoying sexual pleasure:

- “I am in a purely sexual relationship with someone and that is the best thing that happened this year.”
- “Sex gives me pleasure and comfort. I feel my strength and femininity through it.”
- “I am a homosexual, cisgender woman who is proud of her sexuality and openly gay. I feel comfortable discussing my sexual desires with people and would feel comfortable talking about sex openly with my partner. I also think it is necessary to openly discuss sex before having sex.”
- “Good. I am a virgin and I have a partner and we done fooled around a bit.”
- “It's good. I've been with 1 partner all my life so far, and it's been fun exploring my sexual side with him.”
- “Really good”
- “Fantastic... Fulfilled”
- *Sex negative experiences*

Others reported negative experiences and feeling:

- “Very bad and shameful.”
- “It was both emotionally and physically draining. They were painful and revolved around satisfying my partner mostly and not myself.”
- “The ones that I have had were mostly with men and although it was consensual I almost always felt pressured to engage in them. If there’s something I didn’t want to do then I didn’t do it but for the most part I didn’t want to take part in these experiences to begin with.”
- “I didn't enjoy ‘meaningless sex’ with guys I didn't know and love. Without emotional connection I don't feel great.”

- *Mixed Sexual experiences*

Others reported mixed experiences, or that it was negative at the beginning, but their experience changed to more positive later on:

- “sometimes good sometimes bad”
- “Were not good at first but got better”
- “..and there are two people that I actually had feelings for and during those experiences I felt good but a little self-conscious.”
- “When I gained weight I lost my confidence, but now I feel much better.”
- “Emotionally, it’s hard to quite the noise in my mind. Physically, feeling good about myself makes me enjoy more.”
- “I was sometimes scared to talk if something made me uncomfortable, but thankfully my partner was able to tell when something was off. Eventually, I learned to speak up.”
- “At first, I felt shameful because I was always taught that this is what I should feel because it is wrong, then afterward I realized there was absolutely nothing wrong with it. As long as you're safe and it's consensual, it is natural and should not be made shameful.”

Responses were similar for participants who have had vaginal penetration and those who have not.

**Experiencing Sexual Pleasure**

*Experienced sexual pleasure*

Participants were asked about experiencing sexual pleasure. Of those who stated that they engage in sexual activities,

The majority reported experiencing sexual pleasure:

- “I felt like I was on cloud nine.”
- “really good.”
- “Fantastic.”
- “Yes, and I learned there are many different ways that can create sexual pleasure.”
- “Of course.”

### ***Mixed Experiences of sexual pleasure***

Some reported mixed experiences of feeling pleasure:

- “With my previous partners no; with my current partner yes.”
- “Yes, with half of my partners I have.”

### ***Experienced little to no sexual pleasure***

Some participant reported that they experienced little to no pleasure:

- “I can barely remember the times my sexual experience ended with pleasure and not pain or a disease. My partners' focus were their pleasure and not mine so as soon as they would reach that point the experience is over.”
- “Maybe during it, but after it, it was just shame.”
- “Only twice in two separate occasions.”
- “I'm on antidepressants, so climaxing is hard.”

### **Perceived influence of cultural norms on their sexual life**

#### ***- Perceived negative cultural influence***

The majority of participants reported that they perceive that cultural norms affect their sexual life in a negative way, though they were still sexually active:

- “My sexual life is a secret. Us, females, are often judged with skepticism and unfortunately some of us are objectified and sexualized way too often. The cultural norms in Lebanon as an Arab country might kill my sexual life.”
- “Those feelings make you feel ashamed, guilty and sometimes 'less of a person.’”
- “I’m worried if a sexual mishap happens (e.g., infections) how will I be able to deal with it because I need to hide my sex life from conservative family members.”
- “If someone were to find out about my sexual life from my society, I would lose my entire life. Death would be easier than them finding out as no one deems this as acceptable.”
- “I felt like I was doing something wrong. When my mom found out by mistake (saw a text message to a friend), she cried for days as if someone died. It broke my heart because it felt like I did something unforgivable when in reality I was simply living, and had to learn to stay protected ON MY OWN because the education in Lebanon about these topics are nonexistent, ‘taboo’.”
- “Middle Eastern / Arab culture in general frowns upon sexual pleasure in women and furthermore sexual relations between women. So, I sometimes feel guilt about my sexual relations with my female partner.”

A few were sexually active and remained virgins, as noted previously:

- “Girls in my culture should stay virgins (no penetration) until marriage and I’m obeying this although I don’t believe in it. But I’m scared not to.”
- “By staying a virgin and standing against doing such stuff without marriage.”

Some participants reported that they did not engage at all in sexual acts because of cultural norms

- “I haven't experienced any sexual activity but I believe I might feel a lot of shame and guilt if I did.”
- “I'm a lesbian and I feel like since it's shunned here I feel very ashamed when I think about sex.”

Some Lebanese women reported that they perceived their culture originally influenced their sexual life in a negative way, but that changed with time:

- “They influenced me in the beginning to an extent. I felt mentally blocked sometimes, but that slowly faded away with time.”
- “I don't really let it affect me, however when I first began to experiment with people I felt a little guilty because of society's expectations of women especially in the Arab world and I felt guilty for hiding these things from my parents because I wasn't comfortable sharing them.”....

One Lebanese participant, who reported growing-up and living in Canada, noted that sexuality did not appear meaningful in the environment where she currently lives in. However, based on her personal values, or possibly cultural norms as a Lebanese woman, sexuality is special and meaningful:

- “The society I live in sex means nothing, for me it means a lot.”

- ***Cultural norms are perceived as irrelevant***

A few participants reported that they perceived culture was irrelevant to their sexuality:

- “Homosexuality is not very accepted in Lebanon, but my environment is actually supportive. I am proud to be a lesbian and would not let homophobic culture erase any of my pride.”

○ ***Religion as culture***

There was a subtheme in which participants considered their religion as their culture, and responded by referencing their religious beliefs' influence on their sexual life:

- “I’m a Christian believer, so it should influence me by not having sexual relationships.”
- “I’m a religious person.”

***Perceived influence of cultural norms on decisions and behaviour regarding sexual activities***

***- Perceived negative culture influence***

Young Lebanese women’s responses to how they perceived their culture influenced their decisions and behaviour regarding their sexual activities was quite varied. However, almost all participants reported being secretive about their sexual activities. The majority reported negative emotions associated with their active sexual life, such as shame, guilt, and low self-worth :

- “I feel like my sex partners have to remain lowkey. My sex life has to remain a secret.”
- “Shame. It makes you feel ashamed and guilty at first after having a sexual encounter.”
- “Secrecy.”
- “That I don’t have sex and I lie to them if I am meeting someone for sexual stuff.”
- “My cultural norms influenced my behaviors in many negative ways; whenever I find myself in an intimate situation with my partner, I always feel so self-conscious about it.”
- “I worry that someone might see me, that someone would record me, how this will affect me, my family, my career... this anxiety usually lasts for so many weeks

afterwards; always thinking whether or not my behavior will show any regurgitation after some time (like “will people mention anything about it”...).”

- “They used to when I was younger. They influence me less now, but still emotionally affect me.”

A few reported that they perceived that their culture influenced them by deciding to remain virgins while engaging in sexual activities:

- “Girls in my culture should stay virgins (no penetration) until marriage and I’m obeying this although I don’t believe in it. But I’m scared not to.”

Participants who did not engage in sexual acts at all also reported a perceived negative cultural impact on their sexuality in general

- “I feel like those norms made me ashamed of my body and my sexuality. I have never looked at my vulva or masturbated even though I know it is a healthy and adaptive thing to do in theory. I just feel like society and my family would shun me”
- “I think I would definitely be more strict about who my sexual partner would be since I do not want anyone to know so I would need to trust my sexual partner to keep a secret.”

Some participants reported that they perceived that the culture’s potential negative influence changed with time:

- “Shame... However, when you start to realize that those feelings are not your own but your culture’s, you start to feel better and those feelings start to fade away.”
- “In the present moment, not at all.”
  - *Lack of information*

Some participants stated that they lack information about sexually related aspects, such as pregnancy, STD's, etc. because these are taboo subjects in a culture that does not condone sexual experiences without marriage for women:

- “Most importantly, I feel like talking about STDs, contraception methods, and signs of pregnancy is a taboo. Life would've been a lot easier for us females if we could get rid of such constraints.”
- “I have to keep my sex life on the low, and I don't have any guidance on it”
- *Perception of culture as irrelevant – sex positive*

Some Lebanese women mentioned that they perceive that their cultural norms do not influence their decisions and behaviour regarding these sexual activities:

- “They don't.”
- “I do not believe they affect me.”
- “Not anymore, I grew up and am an adult”
- *Culturally Lebanese but trying to fit in to Canadian Culture*

And one Lebanese participant who grew-up and is living in Canada stated that she has sometimes had sex to fit in in reference to the Canadian culture (possibly referring to Canadian culture as her adopted culture).

- “I think sometimes I've had sexual encounters just because I wanted to fit it and experience new things. I felt at best when I respected my own values and perspective.”

**Perceived cultural norms about women's sexuality, feelings about self, and wellbeing**

- *Perceived negative cultural influence for engaging in sexual activities*

When responding to the question: *How do your cultural norms, especially when it comes to women and women's sexuality, lead you to feel about yourself or your own well-being*, the majority of young Lebanese women participants reported perceiving negative culture influence when it comes to engaging in sexual activity, such as engaging in secrecy, feeling lonely, ashamed, guilty, less worthy, dirty, angry, self-hate, having sexual pleasure ignorance:

- “Being perceived as a shame, dishonor to the family if I’m not a virgin without marriage.”
- “Mostly I worry about the concept of virginity. Despite believing that virginity is a concept, I know many people don't believe so themselves so if I do choose to engage in sexual activity and my hymen breaks, it could very much ruin my future prospects for marriage.”
- “I believe in a patriarchal society and culture like the one in Lebanon, women are always either objectified or made feel guilty for sexual desires. I stand against all that in my life.”
- “I feel distant from my family for not being able to share my experiences, thoughts, and desires. I feel lonely a lot, for not having many people who understand the importance of sex in my life and accept it.”
- ”Those feelings make you feel ashamed, guilty and sometimes 'less of a person'.”
- “Angry, I don't see why a man gets to enjoy sex and not a woman, when both are equally sexual.”
- “I have had to deal with a lot of self-hate and self-worth issues because of the way society looks at women who have had a sexual experience.”
- “Really bad.”

And, even participants who reported staying virgins because of culture while still engaging in sexual acts, also reported perceiving negative cultural influences:

- “Sometimes I feel guilty or disgusted in myself because of how people view women in general. I also feel like I’m stripping my family from something because of my sexuality and that also makes me feel guilty.”
- “At first it made me feel guilty of any sexual experience I have and expect to be punished by God.”
- “Since in my culture it is expected of women to deny and reject any sexual aspect of her life, I always feel so bad about myself whenever I remember an intimate behavior that I practiced with my partner. I feel so ashamed. I feel as if I betrayed my own identity. I feel lost. I feel like I don’t deserve it when someone is being nice to me, or when someone complements my achievements for example... I usually find comfort when I think or hear that other women (who share my status, values, career...) also have similar intimate experiences to mine. I feel like it’s normal and not as big a deal as I thought. I feel more at ease with the idea that the sexual experience doesn’t make you a bad person. But this rarely happens. So as a recap; it is mostly anxiety and low self-esteem.”
- “They are the source of some feelings of shame and guilt, and a huge source of ignorance about my own pleasure that I am unpacking by speaking to a therapist and educating myself.”

And some do not engage in sexual activities because of culture:

- “I worry a lot that if I do engage in sexual activity, I will lose my worth as a person and that I might feel dirty.”

- “I feel like those norms made me ashamed of my body and my sexuality. I have never looked at my vulva or masturbated even though I know it is a healthy and adaptive thing to do in theory. I just feel like society and my family would shun me.”

- ***Perceived negative cultural influence because of their sexuality/sexual orientation***

Some participants described that they perceived a negative culture influence because of their own sexuality and their sexual orientation, such as for “just for being a woman”, and for being a lesbian and/or bi-sexual:

- “Middle Eastern / Arab culture in general frowns upon sexual pleasure in women and furthermore sexual relations between women. So I sometimes feel guilty about my sexual relations with my female partner.”.
- “Sometimes I feel guilty or disgusted in myself because of how people view women in general. I also feel like I’m stripping my family from something because of my sexuality and that also makes me feel guilty.”
- “I feel bad sometimes about my sexuality and sexual orientation and I feel like sexual activities like masturbation are essential for well-being and a balanced psyche which I’m missing out on because I have this thing that’s holding me back from indulging.”

- ***Culture is perceived as irrelevant - sexuality and body positive***

Other participants stated that their culture is not relevant to them, and expressed positive feelings about themselves and their well-being with regards to their sexuality:

- “I really don't care. I'm beyond the restrictions of culture and what society thinks.”
- “I don't care.”
- “I feel comfortable being a woman who is also a sexual being. I love sex and am not ashamed to express it.”

- *Culture positive – Canadian Culture*

One Lebanese woman mentioned a positive culture influence; however, she was probably referring to the Canadian culture that she grew-up in since she was about 4 years old.

- “They lead me to embrace myself and be confident.”

*Cultural norms regarding women and women’s sexuality perceived as important*

- *“Women’s honour” and virginity*

When women perceived cultural concepts such as “woman’s honour” and virginity as important, as well as the related issue of marriageability, participants noted feelings of shame, guilt and disgrace in relation to sexuality:

- “A women's sexual experience shall be either to conceive a child or satisfy her husband. There is no other way to look at it as a woman who enjoys her sexuality brings shame and disgrace to herself and her family.”
- “Nothing is important, it’s all made to disregard women and shame them but they still affect me and women in general.”
- “Being perceived as a shame, dishonor to the family if I’m not a virgin without marriage.”
- “Arabs perceiving the use of tampons as sign of not being a virgin.”
- “Discussing signs of pregnancy after sex is such a taboo. From myself and others, I cannot describe to you the stress we have when our period is late, and what makes it worse is not being able to ask for advice.”
- “Mostly I worry about the concept of virginity. Despite believing that virginity is a concept, I know many people don't believe so themselves so if I do choose to engage

in sexual activity and my hymen breaks, it could very much ruin my future prospects for marriage.”

- “Nothing is important; it’s all made to disregard women and shame them but they still affect me and women in general.”
- “The idea of women needing to be married before enjoying sexual relations, linking virginity to purity or worthiness in women, and women only being able to enjoy sex with men are two aspects that matter/are difficult to exist with in my culture.”
- “Virginity is important and other things intercourse and oral are okay.”

- ***Cultural norms in relation to the sexualization of women***

Some participants reported that sexualization or oversexualization of women were important cultural norms that they perceived as influencing their sexuality:

- “Important to me is to not be considered a sex toy, as in being sexual as being ‘what I’m known for’.”
- “Women’s sexuality is very sexualized and tolerated more than men’s only because of the fetishization of women which is very disturbing and disgusting.”.

- ***Cultural norms in relation to sexual orientation/LGBTQ+ issues***

A third aspect that emerged in terms of important cultural norms was regarding LGBTQ+ issues and sexual orientation:

- “The idea of women needing to be married before enjoying sexual relations, linking virginity to purity or worthiness in women, and women only being able to enjoy sex with men are two aspects that matter/are difficult to exist with in my culture. They all matter and are linked ultimately.”.

- ***Cultural norms perceived as irrelevant/not important***

For some, culture is irrelevant:

- “None are important. It's my life and my choice.”
- “I don't believe in any of [the cultural norms], but I do some like keeping the virginity.”
- “I don't care.”
- “I do not follow specific cultural norms.”
- “I don't really care about waiting till marriage, I especially don't think it's important because I'm not someone who even wants to get married. I also don't think it's anyone's business how many partners someone has or has had and who those partners are.”
- Growing up and living in Canada: “Consent is key. Without a yes it's a no. Also I'm free to do what I want with my body, for example regarding shaving down there. My partners shouldn't expect me to have a perfect body.”
- “My morals are my own and I do not associate myself with the views of my culture's on women's sexuality.”

### **Importance of having full control of, and full agency over one's body and sexuality**

#### **- *Importance of having full agency over body and sexuality***

All young Lebanese women participants emphasised that it was “very important” for them that they have full agency and are in full control over their body and sexuality:

- “Very important.”
- “It is very important. I am my own person, and no one should have the power to take that away from me.”
- “Very important. I would not let anyone take my sexual freedom away.”

- “Very important. No one but me should have a say or judgement over my sexuality or body. Everything regarding that is my choice and my opinion.”
- “Extremely important. I would go insane if anyone tried to get some of this control away from me.”
- “The bare minimum. My body is my choice and mine only.”

Although all participants recognized that control over their own body was important.

Some participants did not feel in control on occasion or during sexual experiences:

- “It's very [important], but sometimes I can't [have control].”
- “It is extremely important to me as I have had little control over what my sexual partners want or do. I have grown to learn that I am a victim of the situations that my partners have put me in.”.

***Navigating sense of agency within their cultural norms regarding women's sexuality and virginity***

- ***Secrecy***

Many participants stated that they navigate their sense of agency within their culture by being secretive. Different young women described different aspects of navigating their sexuality within culture norms:

- “I just don't go around and tell what I do to other people. It is nobody's business to know what I am up to.”
- “I have control over my body and I know it. I don't have to announce it to the world for me to know that it's valid. So i just feed society what they want to hear and continue my life normally.”

- “I don’t really conform to the norms of virginity. Virginity is a social construct to begin with. I navigate it by mostly keeping to myself about this topic, I don’t think it’s anyone’s business and if there’s anything I’m struggling with then i reach out to someone I trust.”
- “I have taken the choice of losing my virginity at a young age before marriage an it has caused me pain beyond repair. I don’t think I will ever truly feel or look the same way at myself. I tried to surround myself with partners and friends who see me for who I am and not for what I have experienced.”

One participant who mentioned that she is bi-sexual and is currently living in Canada stated that she avoids dating men from her culture:

- “I often would not date men from my culture out of fear they have views reflecting the culture. I am distancing myself from my family to avoid backlash and outrage in the future.”
  - *Initiating sexual encounters*

Participants indicated that, even when they experience desire, they believe they cannot initiate sexual encounters:

- “Somehow non-existent. If women felt in control of their sexual lives, their sexual partners would’ve been different as well as their sexual experiences. I cannot imagine myself or females to ask a male for sex, so when we desire a sexual experience with a certain person, we cannot control that, we give signs hoping they ask for it. We feel it is shameful for us to ask for sex.”
- *Culture perceived as irrelevant regarding agency*

A few participants reported that they perceive their culture as irrelevant to them when it comes to navigating their sexuality:

- “I am unapologetic about what I want. I am not afraid of homophobes or bigots. I would just openly fight them! When it comes to my friends, I only surround myself with people who are like me.”
- “I try to enjoy in my rules and terms.”

### **Women as sexual beings?**

- *Absolutely!*

When questioned whether they think women were sexual beings, almost all participants stated “yes”:

- “Of course.”
- “Yes.”
- “Yes, everyone has sexual desires and are entitled to them.”
- “Definitely.”

- *Not necessarily*

A small minority of participants reported that they think that women are not, or not necessarily, sexual beings :

- “We all have the ability to be sexual beings but to assign that title as something permanent to a certain gender is foolish and oppressive.”

- “No.”

- *Of course, but sexualised!*

A few of the participants who wrote that women are sexual beings also stated that women are sexualised:

- “I believe that women are pictured as sexual beings, this is the image that society has painted every woman as a servant to her partners sexual desires without feeling pleasure herself. There is a cloud of guilt and shame around the whole subject.”
- “I believe in a patriarchal society and culture like the one in Lebanon, women are always either objectified or made feel guilty for sexual desires. I stand against all that in my life.”....
- “100%. But they often time are oversexualized.”
- “women, like men, have sexual desires. We all are sexual beings but the sexualization of women has gone too far and can hurt us. This is the conflict: we can't seem to enjoy anything without being harmed for it.”

Participants who reported engaging in sexual activities that included vaginal penetration all stated that women are sexual beings.

***Importance for a woman to fulfil her sexual needs***

- ***Yes, very important!***

The majority of participants said that it is important, or very important for a woman to fulfil her sexual desires:

- “Yes and it's important to fulfill one's sexual needs as long as it's consensual on both parties.”
- “Very.”
- “Yes.”
- “100%.”
- “Definitely.”

- “very! it is healthy and needed for self-discovery and self-love. This includes sex but also masturbation!”

- *Yes... same as men!*

Some of whom compared that to men and stated that it is “same as (for) men” – as if men were the symbol for sexual beings with legitimised sexual needs:

- “Same as it is important for men.”
- “I believe it's extremely important for a woman as it is just as important and essential as a man's. A woman's sexual experience is a heavenly experience that is essential to be felt.”

- *Individual beliefs/freedom*

The remaining participants stated that it depends on a woman's beliefs and her freedom, and thus, what a woman chooses:

- “Whatever each woman wants.”
- “If she feels the need to and wants to do so, why not. She doesn't want to, then she doesn't have to.”
- “It varies from one woman to another.”
- “Depends on the person.”
- “It varies from one woman to another.”

#### *Importance of fulfilling one's sexual needs*

- *Very important!*

When the question asked about the importance to them to fulfil their sexual needs, the majority replied with “very important”:

- “Very! it is healthy and needed for self-discovery and self-love. This includes sex but also masturbation!”
- “If unfulfilled, I cannot focus on anything else and I start stressing out over finding ways to fulfill it instantly.”
- “Yes it's important for me.”
- “Extremely important.”
- “Extremely important. Crucial even.”
- “Very.”
- “100%.”
- “It is a basic need that should not be judged I think.”
  - *Important... but not able to do so.*

A few participants stated that it is very important to fulfil one’s sexual needs but that they are “not able to” do so:

- “It is important but I’m still not able to.”
- “It is extremely important for me to fulfill such needs however i have refrained from doing so because of the way society looks at me and to protect my reputation. It is no longer a risk I am willing to take.”

- *Somewhat important*

A few participants indicated that it is somewhat important to fulfil their sexual needs:

- “When I’m feeling that I have those needs, it’s important for me to do so if it’s in the right time and place whether with myself or consensually with others.”

- “For me, sex is very sacred and intimate. I wouldn't want to have sex with just anyone because I'm horny. I'd rather wait and be with someone I deeply trust. That is what my experience taught me.”
- “Fairly important. It's a part of myself I would like to discover, now that I am not bound by cultural taboos in Lebanon anymore.” – moved to Canada 5 to 10 years ago.
- ***Not that important!***

The remainder of participants stated that it was not that important:

- “Though I do feel a lot of sexual desires, I have a lot of religious guilt and worry that any sexual activity I engage in will cause me a lot of trouble so I stay clear from that.”
- “It's not very important but balancing it is what needed.”
- “Not that important.”

### ***Key Differences between Lebanese Women Living in Canada and those Living in Lebanon***

Three participants were living in Canada, all were born in Lebanon. They ranged from living in Canada for many years to only recently moving to Canada. For one Lebanese woman living in Canada, fulfilling her sexual needs is “Fairly important. It's a part of myself I would like to discover, now that I am not bound by cultural taboos in Lebanon anymore.”. In addition, the only Lebanese participant who reported cohabitation was one who was living in Canada.

### ***Religion and Religiosity***

Demographic data showed a difference between participants who identified as Christians and those who identified as Muslims when it came to engaging in sexual activity. Thirteen participants identified as Christians, and 54% (7 participants) of these participants reported engaging sexual activity that included vaginal penetration, 15% (2 participants) stated that they

engaged in sexual activities without vaginal intercourse to remain virgins, and 31% (4 participants) reported that they do not engage in any sexual activity. Nine participants identified as Muslims, with one reporting that she engaged in sexual activities without specifying what kind. Of the remaining eight Muslim participants, 12.5% (1 participants) reported engaging sexual activity that included vaginal penetration, 37.5% (3 participants) stated that they engaged in sexual activities without vaginal intercourse to remain virgins, and 50% (4 participants) reported that they do not engage in any sexual activity.

Eight participants identified as “Other” Religion. Three young women identified as Druze, 67% of whom (2 participants) reported that they engaged in sexual activity that included vaginal penetration, and 33% (1 participant) stated that she engaged in sexual activities without vaginal intercourse. Three “Other” identified as coming from Christian families but are non-believers, agnostic, or atheist, and they all (100%) reported engaging in sexual activity that included vaginal penetration. One participant who identified as “Other” reported that she comes from a Muslim family, is a non-believer agnostic, and that she engages in sexual activity that does not include vaginal penetration. And one participant identified as “Other”, non-believer atheist and reported that she engages in sex that includes vaginal penetration.

Overall, concerning religiosity or belief in a higher power, eighteen young Lebanese women reported believing in God; 33% (six participants) stated that they engaged in sexual activity including vaginal penetration, 28% (five participants) stated that they experienced sexual activity without vaginal penetration, and 39% (seven participants) stated that they did not engage in any sexual acts. Responses did not differ between participants who reported that they were regularly practicing, occasionally practicing, or non-practicing believers. By contrast, for the twelve young women who identified as non-believers (included both agnostic and atheists), one

identified as a non-believer agnostic Muslim and reported engaging in sexual activities without specifying what kind, 73% (eight participants) stated that they experienced sexual activities that included vaginal penetration, 18% (two participants) reported that they engaged in sexual acts without vaginal intercourse, while only one participant (9%) stated that she did not engage in any sexual activities. Participants who reported to be non-believer/atheists, regardless of their affiliations, all reported that they engaged in sexual experiences that included vaginal penetration; this included the only Muslim-identifying woman who reported engaging in vaginal penetration sexual activities.

### **Economic Status and Education**

Economic status was not associated with engagement in sexual activity ( $r = -.01, p = .97$ ), nor was the level of education ( $r = .15, p = .44$ ). Nevertheless, all participants were either completing their degree at university or they already had a university level education.

### **Discussion**

There has been very little research conducted to date that explores the lived experience of Lebanese women who have had sexual experiences without marriage. Young emerging adults (18 to 30 years) are continuing the process of crafting their identity, including their sexual identity (Morgan, 2013). Sexual identity is conceptualized as multidimensional and includes a person's sexual attractions, fantasies, desires, behaviours, values and relationships (Morgan, 2013). In psychoanalysis, sexuality, or sexual behaviour, is considered to take a "unique position in psychic development." (Person, 1980; p. 617). Sexuality, including sexual orientation, is an important part of one's identity: "in particular, sexuality is related to identity formation through the mediating structures of gender and sex print." (Person, 1980; p. 630), where sex print is "an individual's erotic signature...experienced as sexual 'preference'" (Person, 1980; p. 620).

In addition to exploring the sexual identity and experiences of young Lebanese women, there has been no research to date exploring the lived sexual experience of Lebanese women living in Canada versus those living in Lebanon. However, since the sample from Canada was small, only qualitative findings for Lebanese women living in Canada versus Lebanon are presented in the current study. Future research should examine quantitative differences.

In the current study, as predicted, sexual guilt fully mediated the relationship between honour culture and openness to engaging in sexual behaviours. However, shame was not found to be a mediator. Thus, less adherence to honour culture predicted less experience of guilt in relation to sexuality and a greater openness to sexual behaviour. Therefore, this study supported the premise that adherence to honour culture norms appears to reduce a Lebanese woman's sexual expressions, through the guilt experienced. In their meta-analysis of the literature, Emmers-Sommer et al. (2018) found that sexual guilt was associated with less engagement in sexual activity and less favourable attitudes towards sex and sexual behaviour. Thus, the current research supports this literature, meaning that addressing guilt in psychotherapy interventions may be beneficial. Contrary to quantitative findings regarding shame, sexual shame due to cultural norms was, however, identified by the majority of women as a factor that was crucial in limiting their sexual interactions. The contradiction between qualitative reports that found shame to be a mediator while quantitative findings found shame not to be a mediator could be due to a possible difference in the conceptualization of sexual shame between the way participants reported it and the way WSSS measures it. A possible example is that the scale included reference to pornography (item 10) which participants did not bring up in their discourse. Also, the WSSS describes sexual relationship issues as possible sources of shame, such as pushing through pain to avoid a fight (item 15), and engage in sex to avoid a fight (item 18), while item

19 describes the woman's body's physical response during sex as a possible source of shame (amount of lubrication, pain, tightness, etc.); however, though few participants mentioned how their body felt (e.g., feeling pain), or mentioned sexual relationship issues, (e.g., pressured into the sexual act, or sexually pleasing their partner and not themselves), they did not seem to frame them as part of feeling shameful, but more in reference to experiencing sexual pleasure or to describe the circumstances of the sexual experience. Further, the WSSS scale showed only an acceptable internal consistency ( $\alpha = .79$ ).

Similar to the current study's findings for sexual permissiveness and openness to sexual experiences, Woo et al. (2011) found that for women in cultures with sexual conservatism, such as the honour culture, it is sexual guilt, rather than cultural sexual conservatism, that mediates the relationship between culture and low sexual desire. Sexual desire is the gateway to a woman's sexual activity and sexual functioning. Sexual function plays a vital role in women's overall health, and sexual dysfunction has been compared to diabetes or chronic back pain in its impact on the reduction in women's health-related quality of life (Biddle et al., 2009; Kingsberg, 2014).

Mental health is another factor associated with quality of life (Connell et al., 2012; Evans et al. 2007). In the current study, misalignment between one's cultural beliefs and sexual behaviours directly predicted mental illness symptoms. This corresponded to qualitative findings as well in which Lebanese women have shared that their sexual behaviour was relevant to their well-being and mental health in relation to feelings of shame, guilt, obsessiveness, fear, depression, self-worth, secrecy, and less social connectedness with family, or, in contrast, through feelings of self-love, self-fulfillment, pleasure, and being at peace. Self-discrepancy or misalignment between actual self and ideal/ought self has been associated with several kinds of uncomfortable or painful emotions, such as shame, guilt, fear, depression, and anxiety (Higgins,

1987; Tangney et al., 1998). All these feelings have been reported by participants in their responses to the qualitative questionnaire when they act (or consider acting) differently from cultural norms expectations. Higgins (1987) has described the ideal and ought selves as either one's own *or* one's significant others' beliefs about oneself. In the present study, the misalignment or self-discrepancy is between the actual self (actual behaviour or thoughts) and the ought self that is *significant others' or society's* beliefs (the ought social-self), and it is this misalignment that is predictive of participants' mental health.

As expected, meaning mindset mediated the relationship between misalignment and mental illness symptoms: The more self-esteem, agency over thoughts and behaviours, hope for the future, and openness to experience perceived by participants, the more positive the mental health even when challenged by misaligning beliefs and actions. Mental health symptoms, such as feelings of shame, guilt, fear, self-worth, social connectedness, pride, ownership, maturity, and sexual pleasure, were shared by young unmarried Lebanese women, many of which reflect the internalizing and externalizing mental illness symptoms. By contrast, a positive meaning mindset mediated the misalignment with society's views (ought social-self) and participant's mental health. Thus, a key area for potential intervention when Lebanese women are experiencing a misalignment between actions and beliefs might be to foster meaning mindset.

In this study, in addition to the quantitative findings on misalignment, qualitative findings have shown that when participants who engaged in sexual activities accepted cultural norms, they expressed more emotional distress and negative mental health symptoms, such as shame, guilt, fear, depression, anxiety, low self-worth, and loneliness. The meaning these participants gave to their sexual experiences based on their acceptance and perception of the sex negative cultural norms is evident through their reports that this acceptance limited their agency over their

sexuality and sexual behaviour. Further, participants' acceptance of perceived sex negative societal views diminished their self-esteem because their sexual activity was not in line with these views. In addition, these beliefs reduced their openness to different sexual activities and to sexual pleasure, and made them feel anxious about their future, their reputation, and their marriageability, all of which they perceive contribute to their negative mental health symptoms. By contrast, young Lebanese women who described feminine honour culture norms as potentially discriminatory against women and in particular against women's sexual rights, and expressed their rejection of sex negative norms, stated that they experienced less negative or even positive mental health when they engaged in sexual activity, such as sexual pleasure, self-love, feeling liberated, pride, confidence, empowered, inner peace, and better connection with partner and others. These participants' meaning making of culture and their rejection of honour culture beliefs, was observed through their words that showed agency over their sexuality, higher self-esteem for fulfilling their sexual needs, more openness to different sexual activities and pleasure, and more hope for the future as empowered women who live their lives according to their own views and not society's, all potentially contributing to more positive mental health and emotions. Thus, participants' shared discourse showed support for meaning making as the mediator between misalignment (between cultural norms and sexual engagement) and their mental health, complementing quantitative findings.

### **Lebanese Women's Discourse**

Young Lebanese women who participated in this study have generally shared a perceived negative cultural impact for engaging in sexual activity when not married. Perceived negative cultural impacts described in participants' qualitative discourse included being seen as shameful, having a reputation as dishonourable (a serious accusation in a culture based on "honour" and in

particular, “female honour”), and thus not marriageable. Whether actually engaging in sexual experiences or merely thinking of it, unmarried Lebanese women reported that they believe their cultural norms have caused them to feel shame, guilt, disgust, disgrace, anxiety, fear of being shunned, lonely, and to experience self-hate, low self-worth and low self-esteem. One participant even stated the consequence could be that she “would lose her entire life, with death being easier.”

In the current study, almost all participants expressed feeling ashamed because of culture, a feeling that Elise (2008) describes as “most painful” (p. 77), and a feeling of inferiority and inadequacy, and of a self that is flawed. “Shame leads to a wish to hide, to keep the flawed sense of self secret, and to avoid any interpersonal context that might reveal one’s inadequacy and lead to further rejection” (Morrison 1989; Lansky 2005; as cited in Elise, 2008; p. 77). Thus, shame leads to secrecy. Almost all of the young unmarried Lebanese women stated that they keep their sexual lives secret from society and their family, including those who have only had thoughts about sexual activities without engaging in any.

In their accounts, almost all young unmarried Lebanese women living in Lebanon and also in Canada disclosed that they experienced sexual guilt. Similarly, in Woo et al. (2011), for East Asian women living in Canada espousing sexually conservative cultural beliefs, regardless of their perceived level of acculturation, sexual guilt mediated the relationship between cultural beliefs and low sexual desire. In the current study, however, contrary to Woo et al.’s (2011) results, the longer participants lived in Canada, the less sexual guilt they qualitatively reported. However, the sample size of Lebanese living in Canada is very small, so further research would be needed to support this preliminary observation. Specifically, in Canada, some Lebanese individuals objected to receiving an email inviting young women to participate in research about

women sexuality because of “our closed conservative Lebanese society, and we are not ready for this.” (X., personal communication, March 17, 2023). Though emails sent could have been received by Lebanese women or men, and hence, responses opposing an invitation about women’s sexuality could have been by either Lebanese men or women; it shows that some Lebanese (men or women) in Canada still hold honour culture views on women’s sexuality. This also shows that self-selection bias could have affected results if Lebanese in Canada holding more traditional beliefs chose not to participate.

Sexual health is not merely the absence of disease (WHO, 2006a). Sexual pleasure and satisfaction are fundamental to sexual health and to a person’s wellbeing (Hull, 2008; Ford et al., 2019). Merely engaging in sexual activity is not enough for sexual health, but rather enjoying sexual pleasure is essential, and this, according to Ford et al. (2019) “requires universal recognition and promotion” (p. 225). Gruskin et al. (2019) recognize the need to advocate for sexual rights, as part of human rights, without which, it may be difficult to realize sexual health and sexual pleasure in society. Gruskin et al. (2019) advocate for the ‘triangle approach’ to sexual health: sexual health, sexual pleasure and sexual rights; they put pleasure at the center of this triangle, what they refer to as the “power of pleasure” (p. 34). “The triangle approach could also be considered a ‘sex-positive’ approach to sexuality and sexual health, constituting an approach that celebrates sexuality as a part of life that can enhance happiness, and not solely focused on preventing negative experiences [from sexual activities].” (Gruskin et al., 2019; p. 34). Gruskin et al. (2019) also recognize the need to acknowledge and tackle risks that may arise from expressing sexuality, such as STD’s, unwanted pregnancies, and sexual violence; however, they emphasize the need to do so without associating fear or shame with these risks or with sexuality. Gruskin et al. (2019) consider abstinence-only sexuality education in the United States

(USA) to be an example of promoting fear around sexual activity which is harmful to sexual health and to one's wellbeing; they describe part of its harm "it promotes the belief that premarital sex is 'immoral', and reinforces traditional gender norms, such as the idea that it is unacceptable for women to express sexuality or sexual pleasure." (p. 34). Though Gruskin et al. (2019) refer to the USA, this situation seems to be an accurate description of honour culture and its possible harm that young unmarried Lebanese women find themselves in, as observed in their candid words.

In the current study, young Lebanese women have reported diverse sexual experiences and varied experiences of sexual pleasure. Many reported not experiencing pleasure because of feelings of shame, guilt, fear, and of being too self-conscious, because of gender role conforming attitudes, or because they did not know their sexual body, all consequences of culture norms. Many participants also reported that, though they may not have enjoyed sex at first, they did enjoy sexual pleasure later on, mostly because they changed their perception about their sexuality to reject cultural teachings. It seems that by doing so, participants have had to overcome dissonance or misalignment, by rejecting sexual cultural norms, that may contribute to negative health outcomes, as noted above. Several Lebanese women expressed being comfortable and "proud" of their sexuality and of their sexual life from the beginning, possibly because of an alignment between their beliefs and actions, both being contrary to cultural norms. Moreover, some participants reported enjoying physical sexual pleasure but experiencing negative emotional feelings afterwards because of culture.

Some participants reported almost never experiencing sexual pleasure, but rather sexual encounters were merely about a partner's sexual satisfaction. This relational aspect is another aspect of a male-dominated androcentric and patriarchal culture where a man feels entitled to his

sexual needs and pleasure, while a woman is perceived as having less or no sexual needs and/or her role is only conceived to satisfy the man's sexual desires (Maasoumi et al., 2018). Some participants also reported that women are not, or not necessarily, sexual beings, a possible reflection of society's cultural norms. Several participants perceived that women are sexualized, or oversexualized, in Lebanese society, further contributing to the concept of women's role as sexual objects for the pleasure of their male partners in a male-dominated androcentric and patriarchal culture. Abdolmanafi et al. (2018) have also identified that sexual conservatism and dysfunctional sexual beliefs due to culture contribute to sexual dissatisfaction for women. Among dysfunctional sexual beliefs, the authors identified women's sexual passivity beliefs, which was also reported in the current study by some participants, as noted above.

In the current study, woman's virginity has played a central cultural role in dictating women's sexuality and sexual encounters, seen as the measure of a woman's chastity and honour. As seen above, many unmarried young women reported that, though they engaged in sexual activity, they did not engage in vaginal intercourse, in order to keep their virginity and their hymen intact. In addition, other young unmarried women have reported not engaging in any sexual activity because of their fear of the social consequences, are sacrificing their sexual health and pleasure, not because of a lack of sexual desire but because of their adherence to their perceived sex negative cultural norms. Women's accounts in this study that show their concern for their virginity and for keeping their hymen intact support similar outcomes by previous studies, such as Barbour and Salameh (2009) who found only 7% of their female student participants reported having engaged in vaginal penetration. However, 48% of the young women who completed this study's survey reported engaging in vaginal penetration, a much higher percentage than the Barbour and Salameh (2009) study. Further studies are needed to find out

reasons for the increase of engagement in vaginal penetration among young women over the years, that is, if this trend is representative of the general population. Given the relatively large proportion of women reporting engagement in vaginal penetration in this study, one possible explanation could be that there may be a trend of more Lebanese women distancing themselves from feminine honour cultural norms and embracing their sexuality and their sexual rights and needs. However, further research would be needed to explore this issue.

In the current study, few participants stated that, because sex is a taboo topic in Lebanon and especially so for unmarried women, there is lack of information on sexual issues regarding their sexual health such as STD's, contraception, and other important issues. Ussher et al. (2017) have found a similar situation with immigrant and refugee women in Australia and Canada who came from cultures that considered women sexuality and related issues a taboo and shameful. The authors found that inadequate knowledge about sexual health issues and sexual desire and satisfaction may lead women to feel distressed, isolated, and unable to apply proactive coping skills, concerns that have also been expressed by young unmarried Lebanese women in the present study.

Perceived negative culture influence was also reported in relation to young women's sexuality, such as for "just being a woman," or because of her sexual orientation, as expressed by participants who identified as lesbian and/or bi-sexual. WHO (2006) defines sexuality as "...a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction." (WHO, 2006). LGBTIQ+ Lebanese women have an additional cultural discrimination due to the intersection between their gender and their sexual orientation, where in the words of one participant: "I feel bad sometimes about my sexuality and sexual orientation and I feel like sexual activities like masturbation are

essential for well-being and a balanced psyche which I'm missing out on because I have this thing that's holding me back from indulging" which may further reduce this population's enjoyment of their sexual pleasure, and hence, their wellbeing.

Religion was found to be a factor associated with engagement in sexual activity and vaginal intercourse. Demographic information revealed that women who identified as Muslims, *and* reported being believers, either did not engage in sexual activities or engaged in sexual activity that did not include vaginal penetration. Young women who identified as Christians, on the other hand, reported engaging in sexual activity that included vaginal intercourse, and this was for those who identified with *all* the religiosity categories: Christian women who reported being regularly practicing believers, occasionally practicing believers, non-practicing believers, as well as non-believer agnostics, have engaged in vaginal penetration. In support of this finding, Davidson et al. (1995) found that different degrees of Christian religious practicing (high-frequency and low-frequency church attendance) was not associated with sexual satisfaction. In addition, the percentage of Muslim women who reportedly did not engage in any sexual activity and those who engaged without vaginal penetration was much higher than for Christian Lebanese women.

Young Lebanese women who identified as Druze showed the same findings as for young Christian women. Occasionally practicing believers, and non-practicing believers Druze women engaged in vaginal intercourse. This study may indicate that Muslim women, especially when religious, may find a congruence between Islam's and honour culture's sexual conservatism more so than Christian and Druze young women religious beliefs particularly with regard to the concept of virginity. However, these findings should not be overstated, since the samples of Druze and even of Christian and Muslim participants was fairly small. Thus, further research is

needed to replicate the findings of the present study. Supporting present findings, however, Abdolmanafi et al. (2018) describes that even when married, Muslim women from Iran believe that inhibiting sexual expression and being modest and obedient are characteristics of an ideal Muslim wife.

The present study also showed that religiosity played a role in whether young Lebanese women engaged in sexual activity that included vaginal penetration and in not engaging in sexual activity at all. Participants from all religious groups who reported were non-believers engaged more in vaginal penetration (73%) than those who reported were believers (31%), while less non-believers reported abstaining from any sexual activity (9%) than believers (39%). This may also support *some* participants' views who reported being religious, some considered their religion to be their culture when they responded to the culture question by referencing their religiosity rather than their culture. However, more believers reported engaging in sexual activity without vaginal penetration (28%) than non-believers (18%) which may indicate that, for them, cultural norms, and not religiosity, may have played a role in valuing women's virginity.

Vasilenko et al. (2014) found that adolescents' perception of their sexual behaviour related to religiosity and conservative sexual norms may be associated with poor mental health, physical health, and social health outcomes because of the dissonance between the adolescents' beliefs and behaviours. Further, in their meta-analysis, Emmers-Sommer et al. (2018) found that sexual guilt was positively associated with levels of religiosity. This seems similar to the present study's finding that sexual guilt appears to mediate cultural norms and sexual permissiveness. Concerning culture versus religion, Abdolmanafi et al. (2018) found that for women, beliefs that sexual desire and pleasure are sinful have predicted sexual dissatisfaction. It may be that dysfunctional religious beliefs about sexuality, and not the degree of religiosity, that mediate

sexual activity and satisfaction (Abdolmanafi et al., 2018). It may be that such beliefs are more prevalent in Muslim than Christian and Druze communities possibly because of the more conservative views of Islam towards women's sexuality. Further research would be needed to explore these issues.

Almost all young unmarried Lebanese women's responses indicated cultural sex negative norms; the majority, nonetheless, resisted sex negative norms and engaged in sexual activities. More young unmarried women engaged in sex with vaginal penetration (48%) than without vaginal penetration (24%). This is the opposite of previous research findings cited above, where more women engaged in sexual activity without vaginal penetration (7%) than with vaginal penetration (14.6%; Barbour and Salameh, 2009). Further research would be needed to support that there may be a trend towards less acceptance among Lebanese women of honour culture's views on women's virginity, a trend that seems to be supported by this study. However, this finding should not be overstated, as there could be a selection bias concerning those who chose to participate in the present study. In fact, many participants completed the consent form but did not complete any of the questionnaires.

In addition to a potential trend rejecting traditional behaviours, for most of this study's participants, young unmarried Lebanese women acknowledged and pursued their need for sexual pleasure. These young women exercised their agency over their own body by resisting and negotiating culture norms, such as through secrecy and silence and/or by keeping their hymen intact while engaging in sexual activities. Women used their agency and power to decide the degree of resistance to sex negative cultural norms. Similarly, Ussher et al. (2017) found that immigrant and refugee women from conservative cultures including Arab countries living in countries such as Canada adopt, resist, and/or negotiate sex negative cultural norms partly

through secrecy and silence, as did our participants. Nevertheless, by resisting cultural norms, the majority of Lebanese women have reported painful emotional experiences at least at the beginning, in addition to engaging in secrecy and silence. Even when their beliefs and actions were aligned, many unmarried Lebanese women still noted that they engaged in secrecy and pretense. Secrecy and painful emotions are the price that the participants appear to pay in order to exercise their sexual human rights because of their culture's sexual repressive norms, in order to keep belonging to their families and their society.

### **Advocacy**

Young unmarried Lebanese women, who chose not to engage in sexual activity because of culture while reporting having sexual desire and needs, may also be seen as exercising their agency by adhering to cultural norms. These young women though had to sacrifice their sexual rights and their sexual health and wellbeing. Unmarried women who reported engaging in sexual acts by being pressured by their partner, or those who described the experience as being about their partner's pleasure without regard to their pleasure may also be seen as practicing their agency under their given circumstances. Bay-Cheng (2019) states that rather than assume that women do not act with agency and attempt to change them, it is instead more beneficial to put action into "changing the pervasive, systemic threats to their well-being, sexual and otherwise." (p. 462). She states that young women's actions are not the result of a lack in their psychological reserves and individual agency but due to their external circumstances. In accordance with Bay-Cheng (2019) and Gruskin et al. (2019), one goal of the current study is to advocate for unmarried (and married) Lebanese women's sexual health, sexual right and sexual pleasure, a sex-positive approach to women's sexuality, and thus, to promote changing policy and changing dysfunctional systemic societal perceptions that may adversely influence women's wellbeing.

Hull (2008) echoes many participants' discourse when he describes that social and religious constraints, personal guilt and shame, and confusions over relationships hinders pleasurable, equitable and healthy sexual relationships. As he advocates for change in policy and society, he also describes sexuality and sexual pleasure as a spiritual act between two partners who, through the generosity of the spirit, wish to share the gift and blessing of pleasure with each other and support each other's *liberating* sexual pleasure. Hull (2008) uplifts the sexual act from a fearful shameful interaction that may be enacted with a power difference between partners and with dysfunctional misconceptions interpreted by the patriarchal honour culture to a generous encounter that is spiritual and liberating. Promoting sexual activity and sexual pleasure as spiritual and liberating, while enhancing to women's mental and physical health, and being as aspect of women's human right is part of advocating for policy change.

### **Strengths, Limitations, and Future Directions**

This study has several strengths. This is the first study that preliminarily compares Lebanese women living in Lebanon and those living in Canada on views of their sexuality and sexual activities without marriage qualitatively. It is also the first study to explore the concepts of sexual shame and guilt in Lebanese women in relation to meaning and mental health, offering several clinical and treatment implications. This study also helps in the understanding of women from different religious groups which may facilitate catering appropriate clinical interventions for each group. In addition, though it may be difficult for women living in Lebanon to "come out" as homosexual or bisexual (or other), this study contained the voices of several participants who identified as being part of the LGBTQ+ population. This will add to the strength and generalizability of the study. This study will also potentially aid in better understanding the

LGBTQ+ Lebanese population's sexual life and may help inform on appropriate policies and clinical interventions for this population if supported by further research.

This study has also several limitations. The number of participants was not as high as was planned; thus, because of the relatively small sample size, results should be taken with caution. Also, effect sizes of the statistical analyses were either medium or small, which implies that this study's findings are not robust, additionally suggesting taking results with caution. Further, this is a cross-sectional study which makes it difficult to establish causation. Data collected are retrospective: from participants' memory of sexual experiences, which may influence its accuracy. Also, data is self-reported making it potentially susceptible to social desirability bias. The sample may not be representative since women who volunteer to participate in studies about sexuality may already have more permissive views, while those who hold more shame or guilt toward sexuality may be less likely to participate in a study on sexuality. This was evident from responses by a few Lebanese (men or women) living in Canada opposing the receipt of an email inviting Lebanese women to participate in a study about women's sexuality, noted above. Thus, Lebanese women with less sexual permissive views would choose not to participate because the topic was sexuality. Furthermore, the sample may not be representative of Lebanese women generally, since all participants were relatively highly educated, with all reporting either being at university or already having a university degree. This lack of representation of all Lebanese women may influence the generalizability of the results. In addition, women participants are of a certain age group, which may also affect generalizability to all Lebanese women. The second sexual guilt scale, sex guilt 2 scale, demonstrated fairly low internal consistency ( $\alpha = .62$ ). This could be due to item number 2: "I believe my sexuality is a part of my personality", in which "personality" may have been interpreted in different ways by

different participants; this item may have reduced the scale's internal consistency reliability. Therefore, results that include the sex guilt 2 scale ought to be taken with caution. Since there were only three participants living in Canada, conclusions made about Lebanese unmarried young women living in Canada compared to those living in Lebanon ought to be taken with additional caution.

Support for this study's findings would be bolstered with more research conducted that shows similar outcomes. In addition, future research ought to be conducted with a larger sample of young unmarried Lebanese women, in both Lebanon and Canada. Also, to obtain reliable results that compare Lebanese women living in Canada with those living in Lebanon, future research conducted ought to have a more even sample of Lebanese women living in each country. Since many participants began the survey and did not complete it, it may be that the survey was long for some participants; thus, for future research, a shorter survey may be more appealing for participants to complete. Also, since many participants stopped engaging before filling out the first scale, it may be that the first scale, the honour culture scale, was too challenging to start with, and it may be better, for future studies, to ease into the subject of honour and sexuality by starting with a more innocuous scale, such as the meaning scale (AIMS).

### **Clinical Implications**

It is important for clinicians and health care providers to understand the cultural background of unmarried, and potentially married, Lebanese women who seek therapy with regards to their sexuality, sexual activities, and relationships. Lebanese women may present with sexual problems because they do not understand their sexual body; they may also suffer from shame, guilt, anxiety, depression, low self-worth; or they may show signs of sexual repression

and related issues regarding their emotional and physical wellbeing. In addition to culture, it would be useful for clinicians to understand the role that religion and religiosity could play with regard to maintaining a woman's virginity and engaging in sexual activity.

This study shows that there may be two potential avenues for intervention when clients come in with mental health issues regarding their sexual lives because of dissonance or misalignment between their or social beliefs and their actions or sexual needs. One path is to address their distressing feelings regarding sexual activity such as shame, guilt, fear, low self-worth, etc. along with exploring bringing alignment between their beliefs and actions. Since mental health was positively mediated by meaning, the other path is to enhance meaning mindset, in relation to their sexuality, through fostering agency over thoughts and actions, positive self-concept, hope for the future, and openness to feelings and experiences. Participants' shared qualitative accounts also seem to support the finding that meaning could be a potential avenue for intervention. Mental health practitioners could help women enjoy their sexuality by exploring the different components of meaning making. Additionally, techniques for acquiring meaning mindset may be helpful in alleviating distressing emotions and may also facilitate bringing alignment between women's beliefs about sexuality and their actions when relevant, as seen below.

Clinicians can help their clients develop the four components of meaning mindset by following techniques represented by the acronym C.H.A.N.G.E. (Armstrong & Potter, 2022). C.H.A.N.G.E. stands for: **C**hallenging unhelpful thinking; **H**eady actions; **A**cknowledge (L. Armstrong, personal communication, September 18, 2023) circumstances; **N**eed for belonging and self-compassion; **G**ratITUDE; and **E**motional literacy. *Challenging unhelpful thoughts* to evaluate how realistic they are, such as assessing "how real, or how extreme, is the threat from

society (e.g., my family) if I do engage in sexual activities?”, which could reduce feelings of fear and anxiety. *Healthy actions* reduce distressing emotions and empower women, and they include scheduling “feel-good activities, [setting] goals and [creating] an action plan to follow them. [Recognizing] predictable triggers for challenges and [using] calming strategies in these circumstances or problem-solving skills to address the challenges.” (Armstrong & Potter, 2022; p. 4). Having agency over their thoughts and behaviour through these techniques, women may be capable of enhancing their emotions and their life, hence also contributing to their positive self-concept. By *acknowledging circumstances*, women can proactively find ways to become empowered within the difficult situation; that is, by acknowledging having sexual desires within a culture that generally prohibits unmarried women from sexual activities, a woman can decide how to act. She may choose to adapt and adhere to social norms by refraining from sexual activities, which some participants chose. Another woman may choose to satisfy her sexual needs and decide on ways to deal with societal norms, such as through secrecy, or by maintaining her hymen intact, which many participants chose. Or a woman may choose to engage in sexual activities and also choose to be open about her activities and to accept society’s (e.g., family’s) reactions. Each woman makes that decision for herself depending on her priorities and on her evaluation of her circumstances and her immediate community and family, as reflected by women’s shared discourse. Proactively chosen actions could empower women and give meaning to their sexuality and their chosen actions, additionally potentially improving their mental health. Clinicians could help their clients acknowledge difficult circumstances and help empower them by exploring their choices for action. By acknowledging their difficult circumstances, women may also choose to act together in a way that may bring more sexual rights to all Lebanese women. They may act against sexual discrimination, by educating people

on their sexual rights and empowering more unmarried women. This is also part of *acknowledging circumstances*, rather than denying the existence of a difficult circumstance: this situation exists, therefore, in what is, we can “cultivate the ‘me to we’ environment” (Armstrong & Potter, 2022; p. 5).

Relationships and *belonging* are “crucial to defining one’s self-identity, sense of worth, and are a critical pathway to experiencing meaning. ...*Self-compassion* skills are also critical for a positive self-concept.” (Armstrong & Potter, 2022; p. 5). In their discourse, participants have expressed the importance of being connected to like-minded others or friends for their mental health. *Self-compassion* promotes emotional health, stability, and resilience, such as being kind to oneself (Neff, 2011). Self-compassion is a non-judgmental and non-evaluative way of relating to oneself; “it is a kind, connected, and clear-sighted way of relating to ourselves even in instances of failure, perceived inadequacy, and imperfection.” (Neff, 2011; p. 1). This is the *tender* part of self-compassion, the energy of *nurturing* to alleviate suffering, where one nurtures oneself by being kind and non-judgmental to oneself (Neff, 2021). In her book *Fierce Self-Compassion*, Neff (2021) describes the other part of Self-compassion, *fierce* self-compassion, the energy of *action* to alleviate suffering, such as asserting oneself and standing up for one’s rights in an empowering (and not overpowering) way. These are the balancing yin and yang of self-compassion. By combining both parts, one combines the two compassionate powers of strength and love. In her book, Neff (2021) addresses women mainly because they are socialised to be nurturing and subordinate, and recognizes their need for fierce self-compassion, that is, by acting in the world to alleviate gender inequality and the systemic discrimination against women. Mental health practitioners, need to know especially when working with women and particularly women from honour culture, that “to realize the full benefits of self-compassion, we need to

develop both its fierce and tender side” (Neff, 2021; p. 4). According to Neff (2021), standing for one’s rights, which include sexual rights, and being an activist against discrimination of women’s rights, is an aspect of being self-compassionate and caring for one’s wellbeing. Actions that assert one’s rights not only opens one to new experiences and develop one’s agency and self-concept, but also give hope for a better and more just future. However, Neff (2021) emphasizes the need “to practice self-compassion in a way that feels safe, or else you’re not practicing self-compassion!” (p. 15), and urges women to “please take responsibility for your emotional safety and don’t push yourself to do something if it doesn’t feel right in the moment.” (p. 15). This is a call for each woman to also act, with agency, within the safety of her abilities and her environment.

Practicing *gratitude* helps individuals gear away from their hopeless tunnel vision to witness the blessings in their lives, and thus acknowledge the possible hope for their future (Armstrong & Potter, 2022). Gratitude has been shown to be strongly related to emotional and eudemonic (conducive to happiness) wellbeing, probably through being associated with self-acceptance, purpose in life, personal growth, and environmental mastery (Wood et al., 2010). *Emotional literacy* facilitates identifying emotional clues that prompts one to act to remove or reduce difficult emotions and to enjoy positive ones; also by listening to one’s emotions (joyful or painful), one is able to give meaning to one’s experiences (Armstrong & Potter, 2022). Second wave positive psychology (SWPP) considers human’s flourishing a complex process that involves both joyful/positive and difficult/negative emotions and experiences (Lomas and Ivztan, 2015). Lomas and Ivztan, (2015) assert that feeling genuine emotions, even painful ones, has been shown to be healthier in the long term, because suppressing difficult emotions would alienate people from their genuine suffering, from their growth, and thus from their humanity.

Clinicians can work with Lebanese women to help them cultivate these techniques and practices that may enhance meaning mindset and, thus potentially, their wellbeing.

“Individuals do internalize their culture, which shapes both their experience of desire and expression of sexuality” (Person, 1980; p. 605). For a deeper understanding of sexual shame and the inhibition of female sexual desires, Elise (2008) explains how culture may be expressed and passed onto children by their parents. This occurs when genital exhibitionism by young girls is squashed by her parents’ own anxiety and discomfort with such genital displays through implicit or explicit active shaming (Elise, 2008). The child who is learning about her genitals and is seeking to have genital gratification and mastery is made to feel small, unsafe and shameful. Understanding of the possible source of sexual shame and guilt may also be useful for clinicians to help their female clients work through deeply ingrained genital and sexual shame.

Clinicians could also help empower women by psycho-educating them to acknowledge their sexuality as part of the triangle of sexual health, sexual rights and sexual pleasure where sexual pleasure is at the center of this triangle (Gruskin et al., 2019; WHO, 2006). It is vital to emphasise the central place of sexual pleasure and satisfaction, not only as a vital component of human sexuality, but also because of its positive link to relational satisfaction, physical and emotional health, overall wellbeing, and quality of life (Abdolmanafi et al., 2018). Clinicians ought to keep in mind the importance of sexual pleasure when offering their services to young unmarried women whose culture may espouse the opposite of these health promoting factors about their sexuality.

Moreover, it is essential for clinicians to be aware that studies have shown that “conservative religious beliefs, body image-related beliefs, and beliefs about the role of affection in sex are factors that increase women’s vulnerability to experience sexual dysfunction, and

hence sexual dissatisfaction” (Abdolmanafi et al., 2018; p. 688). Young unmarried Lebanese women have also touched on these concepts in their discourse. Constructed meanings to sex can take forms other than an expression of romantic/emotional love, and may include engaging in sex for purely physical sexual fulfillment solely, rebelling against discrimination and against sexual repression/oppression, acquiring personal agency, etc. which clinicians ought to acknowledge and support as a way of enhancing a woman’s agency.

Lomas and Ivztan (2015) assert that by giving *meaning* to one’s painful experiences, one can grow. Likewise, by giving meaning to their difficult experiences of sexual suppression and discrimination, and to their difficult emotions such as shame and anger, many young unmarried Lebanese woman have grown to more courageously and subjectively assert their agency and their sexual rights. This is evident in many participants’ rhetoric that shows their growth to embrace their sexuality by changing their attitude towards perceived negative cultural norms from adopting them to later rendering them as irrelevant. It is also crucial for clinicians to work with women to help them grow and act, by practicing their agency, while being safe within their situation and their capabilities (Neff, 2021).

### **Winds of Change – Sexual Rights and Freedom?**

In 1930, Freud wrote:

“(H)eterosexual genital love, which has remained exempt from outlawry, is itself restricted by further limitations, in the shape of insistence upon legitimacy and monogamy. Present-day civilization makes it plain that it will only permit sexual relationships on the basis of a solitary, indissoluble bond between one man and one woman, and that it does not like sexuality as a source of pleasure in its own right and is only prepared to tolerate it because

there is so far no substitute for it as a means of propagating the human race”

(Freud, 1930; pp. 104-105 as cited in MacDonald, 1986; pp 311, 312).

Frankl (1966) states that Freud’s age (1930s) was distinguished by sexual repression on a large scale, while, he declares that their age (1960s) is that of sexual relief or sexual release.

Frankl, of course, is describing the western Anglo-Saxon world during the 1960s which included Canada. It appears that in the honour culture of the Arab World in which Lebanon is situated, Freud’s 1930 statement still may apply in this present age.

In her book, *Bad Girls: Young Women, Sex, and Rebellion before the Sixties*, Amanda Littauer (2015) describes the 1940s and 1950s (before the 1960s sexual revolution in the USA) as a period in young women’s lives where “sexual desire was a driving force” (p. 2, as cited in Rackley, 2016) in which they affirmed their sexual agency and their sexual autonomy. Littauer (2015) adds that though cultural conditions did not allow young women to “resist conservative sexual morality in organized ways” (p. 2, as cited in Rackley, 2016), young women’s sexual courage during the 1940s and 1950s were the real beginning of the sexual revolution of the 1960s (Potter, 2017). Women wanted to know more about their bodies and sexuality, and they thus normalized various sexual practices such as oral sex, heavy petting, “going steady”, lesbian sex, etc. as a way to explore their sexuality (Littauer, 2015; as cited in Rackley, 2016). The similarity with the way young women in Lebanon are navigating their sexuality in this age is striking. Also similarly, Littauer (2015) book reveals that women volunteered to participate in a study by sexologist Alfred Kinsey and expressed that they deeply felt their then culture’s sexual hypocrisy (as cited in Potter, 2017).

Neff (2021) declares that acting through fierce self-compassion is a call for justice that asserts our common humanity. Neff (2021) asserts that, for women, in proclaiming their human and sexual rights and their wellbeing, whether acting separately or together, it would be more beneficial for women to act with tender and fierce compassion towards themselves and towards other women in a safe and empathetic way. In addition, Brunner (1990) argues that “culture and the quest for meaning within culture are the proper causes of human action” (p. 20, as cited in Wong, 2019); such human action may be the driving force for societal change. It may be appropriate to question whether the courage of young unmarried Lebanese women’s sexual activity could be seen as the driving force to the beginning of change to their cultural repressive values about sexuality in general, and women’s sexuality in particular.

### **Conclusion**

The current study will further the knowledge of policy-makers and mental and physical health professionals of young Lebanese women in particular and more generally of those from other honour cultures, if supported by replication research with a larger sample. It will help in the understanding of the association between honour culture beliefs, for different religious groups, and feelings of sexual guilt and shame. The association between sexual permissiveness and meaning given to sexual experiences can guide mental health practitioners. This research has found that mental health practitioners could help women give meaning to their sexual experiences which would help them work through their feelings of sexual guilt and shame, and by extension other mental health issues such as depression and low self-worth. By giving meaning to women’s sexual experiences, such as agency over their bodies, positive self-concept,

openness to their experience, and hope for their future, mental health practitioners could also help women become empowered and enjoy their sexuality as defined by the WHO (2006a).

In addition to self-compassion, or using C.H.A.N.G.E. techniques noted previously, psycho-educating women about their sexual rights may help empower women, improve their mental health, and give potential meaning to their difficulties. It is fundamental for women to view their sexuality as part of the triangle of sexual health, sexual rights and sexual pleasure where sexual pleasure is at the center of this triangle (Gruskin et al., 2019; WHO, 2006). Enjoying sexual pleasure is not only a woman's sexual human right, it also plays a major role in relational satisfaction, physical and emotional health, overall wellbeing, and quality of life (Abdolmanafi et al., 2018). Moreover, sexual encounters and sexual pleasure can be valued to be the gift and blessing that when shared generously would elevate partners to a spiritually liberating presence.

In addition to tender self-compassion which is about being kind and non-judgmental to oneself, fierce self-compassion is manifested by asserting oneself and standing up for one's rights in an empowering way, such as standing for one's sexual rights and against discrimination of women's rights. When each woman stands for her rights and for justice, it is also important that she uses her agency to act within her abilities with what feels safe and right for the situation (Neff, 2021). In line with fierce self-compassion, promoting sexual activity and sexual pleasure as being an aspect of women's human rights as well as enhancing to women's mental and physical health and wellbeing (WHO, 2006), is part of this study's advocating for policy change.

By giving meaning to their challenging experiences of sexual suppression and potential sexual discrimination, and to their difficult emotions such as shame and anger, women can grow to be who they choose to be (Lomas & Ivtzan, 2015). Participants' shared discourse have shown

possible evidence of their growth to become more assertive of their agency and of their sexual rights. It may be fitting to wonder whether by courageously embracing their sexuality, Lebanese women are driving change to their culture's sexually repressive values, particularly regarding unmarried women's sexuality.

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## Appendix A

World Health Organization's (WHO) definitions  
of Sexual Health and of Sexuality

According to the current working definition of World Health Organization (WHO; 2006), sexual health is:

“...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.” (*WHO, 2006a*)

And the working definition of sexuality is:

“...a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.” (*WHO, 2006a*).

Appendix B  
The Study Questionnaire

## The Study Questionnaire

### *Feminine, Family, and Moral Honour Subscales (Honour Scale)*

Scale used for all items: 7-point scale from 1 (not at all bad) to 7 (very bad). The middle point of the scale can be labeled ‘moderately bad.’

Instructions for participants and scale items: Using the 7-point rating scale, please rate the extent to which behaving or having the reputation described in the item would make you feel bad about yourself.

How bad would you feel about yourself if...

1. ...your family had a bad reputation?
2. ... you betrayed other people?
3. ... you wore provocative clothes?
5. ... you were not loyal to your own values and principles?
6. ... you were known as someone who has had many different sexual partners?
7. ... you did something to damage your family’s reputation?
8. ... you had the reputation of being dishonest with others?
9. ... you had sexual relations before marriage?
11. ...you lied to others?
13. ... you were unable to defend your family’s reputation?
15. ... you change boyfriend/girlfriend often?
16. ... you let other people insult your family?
17. ... you were hypocritical?
18. ... your sister or mother had the reputation of sleeping around?
19. ... you did not keep your word?
22. ... you were known as someone whom it is easy to sleep with?
23. ... you had the reputation of being someone who is not to be trusted?
25. ...you slept with someone without starting a serious relationship with that person?

Moral integrity: items 2, 5, 8, 11, 17, 19, 23

Family honor: items 1, 7, 13, 16

Feminine honor: items 3, 6, 9, 15, 18, 22, 25

### ***Sexual Belief Index (SBI)***

Below are the 18 items included in the SBI:

Kindly state whether you agree, disagree or are neutral

I believe it's all right for unmarried boys and girls to have dates.

agree \_\_\_\_\_; neutral \_\_\_\_\_; disagree \_\_\_\_\_

I believe it's all right for unmarried boys and girls to kiss, hug and touch each other.

agree \_\_\_\_\_; neutral \_\_\_\_\_; disagree \_\_\_\_\_

I believe there is nothing wrong with unmarried boys and girls having sexual intercourse if they love each other.

agree \_\_\_\_\_; neutral \_\_\_\_\_; disagree \_\_\_\_\_

A boy and a girl should have sex before they become engaged to see whether they are suited to each other.

agree \_\_\_\_\_; neutral \_\_\_\_\_; disagree \_\_\_\_\_

I believe that girls should remain virgins until they marry.

agree \_\_\_\_\_; neutral \_\_\_\_\_; disagree \_\_\_\_\_

I believe that boys should remain virgins until they marry.

agree \_\_\_\_\_; neutral \_\_\_\_\_; disagree \_\_\_\_\_

It's all right for boys and girls to have sex with each other provided that they use methods to stop pregnancy.

agree \_\_\_\_\_; neutral \_\_\_\_\_; disagree \_\_\_\_\_

I think that you should be in love with someone before having sex with them.

agree \_\_\_\_\_; neutral \_\_\_\_\_; disagree \_\_\_\_\_

Most of my friends think that one-night stands are OK.

agree \_\_\_\_\_; neutral \_\_\_\_\_; disagree \_\_\_\_\_

Most of my friends believe that you should be in love before you have sex with someone.

agree \_\_\_\_\_; neutral \_\_\_\_\_; disagree \_\_\_\_\_

A boy will not respect a girl who agrees to have sex with him.

agree \_\_\_\_\_; neutral \_\_\_\_\_; disagree \_\_\_\_\_

Most girls who have sex before marriage regret it afterwards.

agree \_\_\_\_\_; neutral \_\_\_\_\_; disagree \_\_\_\_\_

Most boys who have sex before marriage regret it afterwards.

agree \_\_\_\_\_; neutral \_\_\_\_\_; disagree \_\_\_\_\_

It is mainly the woman's responsibility to ensure that contraception is used regularly.

agree \_\_\_\_\_; neutral \_\_\_\_\_; disagree \_\_\_\_\_

Men need sex more frequently than women.

agree \_\_\_\_\_; neutral \_\_\_\_\_; disagree \_\_\_\_\_

I think that sometimes a boy has to force a girl to have sex if he loves her.

agree \_\_\_\_\_; neutral \_\_\_\_\_; disagree \_\_\_\_\_

It is sometimes justifiable for a boy to hit his girlfriend.

agree \_\_\_\_\_; neutral \_\_\_\_\_; disagree \_\_\_\_\_

It is justifiable for a boy/girl to pressure a girl/boy for a kiss.

agree \_\_\_\_\_; neutral \_\_\_\_\_; disagree \_\_\_\_\_

### ***Adult Identity and Meaning Scale (AIMS)***

Please move the slider to indicate your level of agreement

1. When I experience difficult feelings like sadness, fear, or anger, I am able to change my attitude toward the situation so I feel a bit better / When I experience difficult feelings like sadness, fear, or anger, I am not able to change my attitude toward the situation
2. When I have a difficult feeling like sadness, fear, or anger, I have a meaningful person in my life who I like to talk to / When I have a difficult feeling like sadness, fear, or anger, I don't tend to talk to anyone
3. When I have a difficult feeling like sadness, fear, or anger, I often choose to relax, have fun, or create something to feel a bit better / When I have a difficult feeling like sadness, fear, or anger, I often choose not to do much of anything
4. I am happy to be me / I wish that I was a different person
5. I think that I am valued by other people / I don't think that I am valued by other people
6. I think that I do many things to be proud of / I don't think that I do many things to be proud of

7. I know that good things will happen in my life / I do not expect good things to happen in my life
8. I know that I can find ways to get something that is important to me / I don't know if I can find ways to get things that are important to me
9. I am interested in noticing my own feelings as well as other people's feelings / I am more interested in what I can see, feel, hear, and touch rather than noticing feelings
10. I like to try new things and learn new things / I prefer to stick with things that I know
11. I participate in regular, meaningful leisure activities / I don't participate in regular, meaningful leisure activities

### ***Sexual Guilt Scale***

#### **The 10-item brief Mosher Sex-Guilt scale.**

1. Masturbation helps one feel eased and relaxed. (R)
2. Sex relations without marriage are good, in my opinion. (R)
3. Non-traditional sex practices don't interest me.
4. When I have sexual dreams I try to forget them.
5. "Dirty" jokes in mixed company are in bad taste.
6. When I have sexual desires I enjoy them. (R)
7. Non-traditional sex practices are dangerous to one's health and mental condition.
8. Sex relations without marriage help people adjust. (R)
9. Sex relations-without marriage should not be recommended.
10. Non-traditional sex practices are all right if both partners agree. (R)

Note: (R) = reverse scored

This scale is scored on a 7 point scale (1 = strongly disagree, 7 = strongly agree).

#### **The 5-item Wayment and Aronson (2002) Sexual Guilt Scale.**

Wayment and Aronson (2002) used the 5-item Acceptance of Sexuality scale by Bryan et al. (1997) as a sexual guilt scale after reversing the scoring:

Acceptance of sexuality

1. I don't mind thinking about planning for sex.
2. I believe my sexuality is a part of my personality.
3. I feel guilty about having sex. (reversed)
4. I feel sex is a natural part of my life.
5. I don't like talking to my partner about our sex life. (reversed)

This scale is scored on a 7 point scale (1 = strongly disagree, 7 = strongly agree).

***Women Sexual Shame Scale***

## Appendix E

## (Final 19-Item) Women's Sexual Shame Scale

*\*For the purposes of this scale, the term "sex" refers to any type of sexual contact with the self or other. ("Sex" may include but is not limited to the following: intercourse, oral, anal, touching, petting, penetrative, etc.)*

*\*For the purposes of this scale, the term "partner" means any other individual with whom you have engaged in a sexual act with at any point in time. ("Partner" may include but is not limited to the following: a one-time interaction, a casual relationship, a multiple-partner encounter or relationship, a committed relationship, etc.)*

**When reflecting over the last six months, please read the following statements and choose a rating that best fits for you.**

1. I would be embarrassed if anyone found out that I have sexual fantasies or kinks
 

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
2. I am comfortable masturbating
 

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
3. I worry that I have had too many or not enough sexual partners
 

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
4. I am embarrassed by my private thoughts about sex
 

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
5. I don't feel dirty after I masturbate
 

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
6. I have lied about the number of sexual partners I have had because I was embarrassed that it was too much or too little
 

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
7. I wouldn't feel self-conscious telling a partner how many previous sexual partners I have had
 

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

## WOMEN'S SEXUAL SHAME SCALE

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8. I think my body is sexy  
 1                      2                      3                      4                      5  
 Strongly Disagree    Disagree            Neutral              Agree                Strongly Agree
9. I have felt self-conscious when telling a medical professional how many sexual partners I have had  
 1                      2                      3                      4                      5  
 Strongly Disagree    Disagree            Neutral              Agree                Strongly Agree
10. I do not want anyone to know the type of pornography I am interested in (this includes erotic literature and/or videos)  
 1                      2                      3                      4                      5  
 Strongly Disagree    Disagree            Neutral              Agree                Strongly Agree
11. I feel comfortable having sex with the lights on and my partner being able to see me completely  
 1                      2                      3                      4                      5  
 Strongly Disagree    Disagree            Neutral              Agree                Strongly Agree
12. I am self-conscious of how I think my body looks during sex/sexual encounters  
 1                      2                      3                      4                      5  
 Strongly Disagree    Disagree            Neutral              Agree                Strongly Agree
13. I would feel sexier if I was a different weight or had a different body shape  
 1                      2                      3                      4                      5  
 Strongly Disagree    Disagree            Neutral              Agree                Strongly Agree
14. I have felt self-conscious when telling my friends how many sexual partners I have had  
 1                      2                      3                      4                      5  
 Strongly Disagree    Disagree            Neutral              Agree                Strongly Agree
15. I will push through physical pain during sex to avoid a fight  
 1                      2                      3                      4                      5  
 Strongly Disagree    Disagree            Neutral              Agree                Strongly Agree
16. I feel masturbation is shameful  
 1                      2                      3                      4                      5  
 Strongly Disagree    Disagree            Neutral              Agree                Strongly Agree
17. I feel discomfort or pain during sex if my partner and I have recently fought about sex  
 1                      2                      3                      4                      5  
 Strongly Disagree    Disagree            Neutral              Agree                Strongly Agree

## WOMEN'S SEXUAL SHAME SCALE

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18. I will engage in sexual acts with a partner to avoid an argument about sex

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

19. I feel ashamed of how my body physically responds during sex (amount of lubrication, pain, tightness, etc.)

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

*ISA-Adult Mental Health Scale*

<b>I.S.A. Parent Form</b>
1) I felt cared about by the friends in my life this week / I didn't feel cared about by the friends in my life this week**
2) I felt I did many things well this week / I felt I didn't do anything well this week**
3) Over the past week, I've been feeling happy most of the time / Over the past week, I've been feeling sad most of the time**
4) This week, I wanted to do many things that I enjoy doing / I did not feel like doing much at all this week**
5) I was honest to everyone this week / I told lies or withheld important information this week**
6) I was cheerful this week / I was irritable this week**
7) I did not have arguments or fights with family or friends this week / I often had arguments with family or friends this week**
8) I was not worried or fearful this week / I was feeling worried or fearful a lot this week**
9) I didn't worry about dirt, germs or something bad happening to myself or someone I love this week / I worried about dirt, germs, or something bad happening to myself or someone I love this week**
10) I was nice to everyone this week / I said hurtful things to some people this week**
11) I found it easy to concentrate and focus this week / I found it hard to concentrate and focus this week**
12) I looked in the mirror this week and felt good about what I saw / I looked in the mirror and did not feel good about what I saw**

**\*\*10 point sliding scale**

*Qualitative Questionnaire*

Please respond to the following five questions, in as much details as you wish:

1. Please talk about your sexual experiences
  - a. How did you feel emotionally and physically?
  - b. Were these experiences what you expected?
  - c. Did you feel sexual pleasure?
2. Please talk about how your cultural norms may influence your sexual life.

- a. If relevant, how do you believe that your cultural norms influence your decisions and behaviour regarding your sexual activities?
3. How do your cultural norms, especially when it comes to women and women's sexuality, lead you to feel about yourself or your own well-being?
  - a. Which aspects of your cultural norms regarding women and women's sexuality, in particular, are more important to you and which are not?
4. How important is it for you to be in full control of (to have full agency over) your body and sexuality?
  - a. How do you navigate the sense of agency (sense of control) within your cultural norms regarding women's sexuality and virginity?
5. Do you think that women are sexual beings?
  - a. How important is it for a woman to fulfill her sexual needs?
  - b. How important is it for you to fulfill your sexual needs?

### ***Demographic Questionnaire***

Gender: female \_\_\_\_\_ ; other \_\_\_\_\_ describe \_\_\_\_\_

Age: \_\_\_\_\_

Are you Lebanese, or of Lebanese origin?: Yes \_\_\_\_\_ ; No \_\_\_\_\_

Where are you living? Lebanon \_\_\_\_\_ ; Canada \_\_\_\_\_

Religion: Christian \_\_\_\_\_ ; Muslim \_\_\_\_\_ ; Other \_\_\_\_\_ describe \_\_\_\_\_

How do you perceive your degree of religiosity?

- A. Non-believer/atheist \_\_\_\_\_
- B. Non-believer/agnostic \_\_\_\_\_
- C. Non-practicing believer \_\_\_\_\_
- D. Occasionally practicing believer \_\_\_\_\_
- E. Regularly practicing believer \_\_\_\_\_

What is your annual household income? less than \$20,000 \_\_\_\_\_; \$20,000 to \$39,999 \_\_\_\_\_;  
 \$40,000 to \$59,999 \_\_\_\_\_; \$60,000 to \$79,999 \_\_\_\_\_; \$80,000 to \$99,999 \_\_\_\_\_;  
 \$100,000 to \$149,999 \_\_\_\_\_; \$150,000 or more \_\_\_\_\_

Are you married? Yes \_\_\_\_\_; No \_\_\_\_\_

If you are not married, are you? Check all that applies

\_\_\_\_\_ single  
 \_\_\_\_\_ separated  
 \_\_\_\_\_ divorced  
 \_\_\_\_\_ widowed  
 \_\_\_\_\_ engaged to be married  
 \_\_\_\_\_ with a steady partner  
 \_\_\_\_\_ cohabitating with your partner

Are you in a legally sanctioned temporary marriage? Yes \_\_\_\_\_; No \_\_\_\_\_

Education: High school \_\_\_\_\_; Undergraduate \_\_\_\_\_; Master's degree \_\_\_\_\_;  
 MD/PhD \_\_\_\_\_; Other \_\_\_\_\_ please state \_\_\_\_\_

How long have you lived in Lebanon? All my life \_\_\_\_\_; Not all my life \_\_\_\_\_; Never  
 \_\_\_\_\_

Were you born in Lebanon? Yes \_\_\_\_\_; No \_\_\_\_\_

Have you lived outside Lebanon? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, for how long?: \_\_\_\_\_

How long have you lived in Canada? 0 – 2 years \_\_\_\_\_; 2 – 5 years \_\_\_\_\_;  
 5 – 10 years \_\_\_\_\_; more than 10 years \_\_\_\_\_; never \_\_\_\_\_

How long have you lived in Lebanon? 0 – 2 years \_\_\_\_\_; 2 – 5 years \_\_\_\_\_;  
 5 – 10 years \_\_\_\_\_; more than 10 years \_\_\_\_\_; never \_\_\_\_\_

Were you born in Canada? Yes \_\_\_\_\_; No \_\_\_\_\_

Have you had sexual experience without marriage? Yes \_\_\_\_\_; No \_\_\_\_\_

If you have had sexual experience without marriage, please check all that applies:

\_\_\_ I have had sexual experience with vaginal penetration

\_\_\_ I have had sexual experience with anal penetration

\_\_\_ I have had sexual experience with oral penetration

\_\_\_ I have had sexual experience without penetration

Please specify \_\_\_\_\_

Appendix C  
Consent Form

## **Consent Form**

**Project Title:** Lebanese Women's Sexuality in Lebanon and Canada: Culture, Meaning, and Mental Health

### **Purpose**

This study aims to explore the sexual experiences of young Lebanese women (18 to 25 years old) in relation to culture, meaning and mental health. This study also aims to compare the experiences of young Lebanese women living in Lebanon and those living in Canada.

We invite Lebanese women between the ages of 18 and 25 years living in Lebanon and/or Canada to participate in this study.

The main researcher of this study is Rudaina Halabi, an MA candidate, who is supervised for her research thesis by Dr. Laura Armstrong. This is also in collaboration with Dr. Carmel Bouclaous, an assistant professor at the LAU (Lebanese American University) Medical School.

### **Procedure**

Participants who consent to this study will be asked to complete an online questionnaire to the best of their knowledge. The questionnaire should take between about 20 to 30 minutes to complete. The completion of the questionnaire will also be considered as consent.

### **Risks and Benefits**

#### ***Risks***

There is minimal risk to participation in this research. There may be emotional discomfort and/or anxiety due to negative feelings about sexuality. The level of emotional discomfort and/or anxiety is expected to be minimal since participants know in advance about the topic of the research and voluntarily chose to participate. If the participant feels any emotional discomfort

and/or anxiety due to their participation in the research questionnaire, they are advised to contact any of the resources provided at the end of the survey.

### ***Benefits***

We hope that the information obtained from this study will add to academic knowledge and improve clinical interventions that help promote emotional and mental health as well as sexual health for Lebanese women living in Lebanon and in Canada. We also hope that this research would influence policy-makers to provide policies that better accommodate the emotional and sexual health of young Lebanese women. Thus, with the knowledge that this research will provide, we hope it will help other Lebanese women; hence, participation in this research may directly affect their well-being.

### **Confidentiality**

All personal information collected about participants during the study will be codified to ensure confidentiality. There will be no names on the questionnaire; questionnaires will be number coded. For research purposes, anonymity is thus guaranteed in all presentations and publications. Collected questionnaires will be completely confidential and will be stored on an encrypted, password protected computer. Data will be stored on the research team members' password protected computers. Data will be kept for five years, after which it will be permanently deleted.

### **Conditions of Participation**

You are free to accept or refuse to participate in this research project, as participation is fully voluntary. You can withdraw from the study at any time without having to give a reason, and you will not suffer prejudice of any kind whatsoever. In addition, you are free to refuse to answer any questions on the questionnaires. You can also choose to withdraw from the study after you have filled the questionnaires. In this case, your data will not be included in our analysis and it

will be securely deleted.

Participants who wish to be informed of research results could contact the student, Rudaina Halabi, at [hruda039@uottawa.ca](mailto:hruda039@uottawa.ca) for such information.

### **Contact Information**

This research has been reviewed by the Saint Paul Research Ethics Committee, and the Lebanese American University Ethics Committee. These committees help ensure and protect the rights and welfare of those participating in research. If you have any other concerns or questions, they can be directed to Rudaina Halabi at [hruda039@uottawa.ca](mailto:hruda039@uottawa.ca), to Dr. Laura Armstrong at [larmstrong@ustpaul.ca](mailto:larmstrong@ustpaul.ca), and by phone on 613-236-1393, ext. 2341, and to Dr. Carmel Bouclaous at [carmel.bouclaous@lau.edu.lb](mailto:carmel.bouclaous@lau.edu.lb). The chair of Research Ethics Committee (REB) of Saint Paul University, Dr. Louis Perron, can also be reached at [lperron@ustpaul.ca](mailto:lperron@ustpaul.ca), and by phone at 613-236-1393, ext. 2453. The Institutional Review Board Office at the Lebanese American University can be reached at [irb@lau.edu.lb](mailto:irb@lau.edu.lb), and by phone at + 961-1-786456, ext. 2546.

Please note that the Lebanese American University IRB number is: LAU.SOM.CB2.3/Mar/2023

Appendix D

St. Paul University Ethics Certificate



UNIVERSITÉ  
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**CERTIFICAT D'ÉTHIQUE  
ETHICS CERTIFICATE**

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**1360.25/22 - Rudaina Halabi**

**M.A. Candidate**

- Student number: 300261334 -

**Lebanese Women's Sexuality in Lebanon and Canada:  
Culture, Meaning, and Mental Health.**



January 20, 2023

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UNIVERSITÉ  
SAINT-PAUL  
UNIVERSITY

20-01-2023  
dd-mm-yyyy

Comité d'éthique de la recherche (CER) | Research Ethics Board (REB)  
Bureau de la recherche et de la déontologie (BRD) | Office of Research and Ethics (ORE)

## CERTIFICAT D'ÉTHIQUE | ETHICS CERTIFICATE

**SPU-REB Protocol** 1360.25/22

<u>Last name</u>	<u>Name</u>	<u>Affiliation</u>	<u>Role</u>
Halabi	Rudaina	Faculty of Human Sciences	Student-Principal Investigator
Armstrong	Laura	Faculty of Human Sciences	Thesis Supervisor

**Type of project** Master's Thesis

**Title** Lebanese Women's Sexuality in Lebanon and Canada: Culture, Meaning, and Mental Health.

**Approval date**  
dd-mm-yyyy

20-01-2023

**Expiry Date**  
dd-mm-yyyy

19-01-2024

**Decision (\*)**

1 (Approved)

**(\*) Approved:**

The Research Ethics Board (REB) approved the project. Recruitment and data collection may begin as outlined in the application. Please use the **REB Protocol 1360.25/22**.

The ethics approval applies for one year. However, any [modification to the project](#) must first be approved by the REB before the changes can be implemented. The REB must be notified of all changes or unanticipated circumstances ([Unanticipated issues / adverse events report](#)) that have a serious impact on the conduct of the research, that relate to the risk to participants and their safety. An [annual renewal report](#) for ongoing projects must be submitted. The researcher must provide a [final report](#) for projects that have been approved by the Research Ethics Board (REB) in order to close all REB-approved files.

In accordance with the [Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2](#) and other applicable laws and regulations, the Saint Paul University Research Ethics Board (REB) has examined and approved the application for an ethics certificate for this project for the period indicated and subject to the conditions listed above.

Ethics approval is valid for the period indicated above and is subject to the conditions listed in the section entitled "Special Conditions or Comments". The "Renewal/Project Closure" form must be completed four weeks before the above-referenced expiry date to request a renewal of this ethics approval or closure of the file.

Any changes made to the project must be approved by the REB before being implemented, except when necessary to remove participants from immediate endangerment or when the modification(s) only pertain to administrative or logistical components of the project. Investigators must also promptly alert the REB of any changes that increase the risk to participant(s), any changes that considerably affect the conduct of the project, all unanticipated and harmful events that occur, and new information that may negatively affect the conduct of the project or the safety of the participant(s).

  
  
 Louis Perron, Ph.D.  
 Chair  
 SPU Research Ethics Board (REB)

Appendix E

The Lebanese American University

IRB Approval Certificate

### NOTICE OF IRB EXEMPTION DETERMINATION

**To:** Dr. Carmel Bouclaous  
Assistant Professor  
School of Medicine

**NOTICE ISSUED:** 3 March 2023  
**EXPIRATION DATE:** 3 March 2025  
**REVIEW TYPE:** EXEMPT CATEGORY B

**Date:** March 3, 2023

**RE:** **IRB #:** LAU.SOM.CB2.3/Mar/2023

**Protocol Title:** *Lebanese Women's Sexuality in Lebanon and Canada: Culture, Meaning, and Mental Health*

Your application for the above referenced research project has been reviewed by the Lebanese American University, Institutional Review Board (LAU IRB). This research project qualifies as exempt under the category noted in the Review Type

This notice is limited to the activities described in the Protocol Exempt Application and all submitted documents listed on page 2 of this letter. **Final reviewed consent documents or recruitment materials and data collection tools released with this notice are part of this determination and must be used in this research project.**

#### CONDITIONS FOR ALL LAU NOTICE OF IRB EXEMPTION DETERMINATION

**LAU RESEARCH POLICIES & PROCEDURES:** All individuals engaged in the research project must adhere to the approved protocol and all applicable LAU IRB Research Policies & Procedures. **PARTICIPANTS must NOT be involved in any research related activity prior to IRB notice date or after the expiration date.**

**EXEMPT CATEGORIES:** Activities that are exempt from IRB review are not exempt from IRB ethical review and the necessity for ethical conduct.

**PROTOCOL EXPIRATION:** **PROTOCOL EXPIRATION:** The LAU IRB notice expiry date for studies that fall under Exemption is 2 years after this notice, as noted above. If the study will continue beyond this date, a request for an extension must be submitted at least 2 weeks prior to the Expiry date.

**MODIFICATIONS AND AMENDMENTS:** Certain changes may change the review criteria and disqualify the research from exemption status; therefore, any proposed changes to the previously IRB reviewed exempt study must be reviewed and cleared by the IRB before implementation.

**RETENTION:** Study files must be retained for a period of 3 years from the date of project completion.

**IN THE EVENT OF NON-COMPLIANCE WITH ABOVE CONDITIONS, THE PRINCIPAL INVESTIGATOR SHOULD MEET WITH THE REPRESENTATIVES OF THE IRB OFFICE IN ORDER TO RESOLVE SUCH CONDITIONS. IRB CLEARANCE CANNOT BE GRANTED UNTIL NON-COMPLIANT ISSUES HAVE BEEN RESOLVED.**

If you have any questions concerning this information, please contact the IRB office by email at [irb@lau.edu.lb](mailto:irb@lau.edu.lb)

BEIRUT CAMPUS	BYBLOS CAMPUS	NEW YORK HEADQUARTERS & ACADEMIC CENTER
P.O. Box 13-5053 Chouran Beirut 1102 2801 Lebanon	P.O. Box 36 Byblos Lebanon	211 East 46 <sup>th</sup> Street New York, NY 10017-2935 United States
Tel: +961 1 786 464 +961 1 786 456 Fax: +961 1 867 098	Tel: +961 9 547 254 +961 9 547 262 Fax: +961 9 546 262	Tel: +1 212 203 4333 Fax: +1 212 784 6597

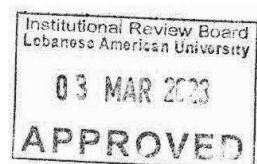


The IRB operates in compliance with the national regulations pertaining to research under the Lebanese Minister of Public Health's Decision No.141 dated 27/1/2016 under LAU IRB Authorization reference 2016/3708, the international guidelines for Good Clinical Practice, the US Office of Human Research Protection (45CFR46) and the Food and Drug Administration (21CFR56). LAU IRB U.S. Identifier as an international institution: FWA00014723 and IRB Registration # IRB00006954 LAUIRB#1

**Dr. Joseph Stephan**  
Chair, Institutional Review Board

**DOCUMENTS SUBMITTED:**

LAU IRB Exempt Application	Received 23 January 2023
Research Proposal Submission Form - edms	Submitted 23 January 2023 - Approved 26 January 2023
Poster invitation	Received 23 January 2023
Research Proposal	Received 23 January 2023
Informed Consent	Received 23 January 2023
Questionnaire	Received 23 January 2023
Link to online survey	Received 23 January 2023
<b>IRB Comments sent:</b> 16 February 2023	<b>PI response to IRB's comments dated:</b> 17 February 2023
CITI Training – Carmel Bouclaous	Cert.# 36561210 Dated (8 May 2020)
TCPS 2: Training – Rudaina Halabi	Cert.# 0000884801 Dated (14 December 2022)



Appendix F

McGill University, Concordia University, and University of Ottawa  
Ethics Approval Certificates



**Research Ethics Board Office**

James Administration Bldg.  
845 Sherbrooke Street West. Rm 325  
Montreal, QC H3A 0G4

Website: [www.mcgill.ca/research/research/compliance/human/](http://www.mcgill.ca/research/research/compliance/human/)

**Ethics Approval Certificate**

**McGill REB File #:** 23-03-028

**Project Title:** Lebanese Women's Sexuality in Lebanon and Canada: Culture, Meaning, and Mental Health (Saint Paul University REB#1360.25/22)

**Principal Investigator:** Rudaina Halabi, Ph.D. student, Faculty of Human Sciences, Saint Paul University

**Supervisor:** Laura Armstrong, Faculty of Human Sciences, Saint Paul University

**Approval Period: March 13, 2023 – January 19, 2024 (McGill portion only)**

The REB-2 reviewed and approved this project by delegated review in accordance with the requirements of the McGill University Policy on the Ethical Conduct of Research Involving Human Participants and the Tri-Council Policy Statement: Ethical Conduct For Research Involving Humans.

Lynda McNeil  
Associate Director, Research Ethics

- 
- \* Approval is granted only for the research and purposes described.
  - \* An **Amendment** request must be used to submit any proposed modifications to the approved research. Modifications to the approved research must be reviewed and approved by the REB before they can be implemented.
  - \* A **Continuing Review** request must be submitted before the above expiry date if research will be ongoing at the McGill site.
  - \* The REB must be promptly notified of any new information that may affect the welfare or consent of participants.
  - \* The REB must be notified of any suspension or cancellation imposed by a funding agency or regulatory body that is related to this study.
  - \* The REB must be notified of any findings that may have ethical implications or may affect the decision of the REB.



CERTIFICATION OF ETHICAL ACCEPTABILITY  
FOR RESEARCH INVOLVING HUMAN SUBJECTS

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Name of Applicant: Rudaina Halabi  
Department: St. Paul's University / School of Counselling,  
Psychotherapy, and Spirituality  
Agency: N/A  
Title of Project: Lebanese Women's Sexuality in Lebanon and Canada:  
Culture, Meaning, and Mental Health  
Certification Number: 30017796  
Valid From: February 16, 2023 To: February 15, 2024

The members of the University Human Research Ethics Committee have examined the application for a grant to support the above-named project, and consider the experimental procedures, as outlined by the applicant, to be acceptable on ethical grounds for research involving human subjects.

A handwritten signature in black ink, appearing to be "David Waddington", followed by a horizontal line.

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Dr. David Waddington, Chair, University Human Research Ethics Committee

30/03/2023

**Université d'Ottawa**

Bureau d'éthique et d'intégrité de la recherche

**University of Ottawa**

Office of Research Ethics and Integrity

**Lettre d'approbation administrative | Letter of administrative approval**

<b>Numéro de dossier / Ethics File Number</b>	H-03-23-8947
<b>Titre du projet / Project Title</b>	Lebanese Women's Sexuality in Lebanon and Canada: Culture, Meaning, and Mental Health
<b>Type de projet / Project Type</b>	Mémoire de maîtrise / Master's major research paper
<b>CÉR primaire / Primary REB</b>	It was obtained from the REB at St. Paul University, Ottawa.
<b>Statut du projet / Project Status</b>	Approuvé / Approved
<b>Date d'approbation (jj/mm/aaaa) / Approval Date (dd/mm/yyyy)</b>	30/03/2023
<b>Date d'expiration (jj/mm/aaaa) / Expiry Date (dd/mm/yyyy)</b>	19/01/2024

**Équipe de recherche / Research Team**

<b>Chercheur / Researcher</b>	<b>Affiliation</b>	<b>Role</b>
Rudaina HALABI	École de psychologie / School of Psychology	Chercheur Principal / Principal Investigator
Laura ARMSTRONG	Saint Paul University	Superviseur / Supervisor

**Conditions spéciales ou commentaires / Special conditions or comments:**

SPU-REB Protocol 1360.25/22

550, rue Cumberland, pièce 154    550 Cumberland Street, Room 154  
Ottawa (Ontario) K1N 6N5 Canada    Ottawa, Ontario K1N 6N5 Canada

613-562-5387 • 613-562-5338 • [ethique@uOttawa.ca](mailto:ethique@uOttawa.ca) / [ethics@uOttawa.ca](mailto:ethics@uOttawa.ca)  
[www.recherche.uottawa.ca/deontologie](http://www.recherche.uottawa.ca/deontologie) | [www.recherche.uottawa.ca/ethics](http://www.recherche.uottawa.ca/ethics)

30/03/2023

## Université d'Ottawa

Bureau d'éthique et d'intégrité de la recherche

## University of Ottawa

Office of Research Ethics and Integrity

L'Université d'Ottawa a signé une Entente, conforme aux exigences de la plus récente version de l'EPTC et tout autre règlement ou législation applicable, permettant au CÉR ci-haut nommé d'être désigné comme CÉR primaire pour les projets de recherche où

1) les activités principales de recherche sont menées sous l'autorité ou sous les auspices de l'établissement lié au CÉR primaire et

2) Une partie du projet est également réalisé sous l'autorité ou sous les auspices de l'Université d'Ottawa.

Cette lettre confirme que l'Université d'Ottawa a autorisé que le CÉR primaire soit le CÉR officiel pour l'évaluation et la supervision de ce projet de recherche. Ceci n'est pas une approbation éthique.

Afin de nous aider à garder votre dossier à jour, veuillez soumettre une copie de toutes demandes de modification, renouvellement d'approbation éthique etc. soumis à et approuvé par le CÉR primaire dès qu'elles sont disponibles.

Cette approbation administrative est valide pour la durée indiquée ci-haut et est sujette aux conditions énumérées dans la section intitulée « Conditions spéciales ou commentaires ».

The University of Ottawa has signed an Agreement, compliant with current TCPS guidelines and any other applicable guidelines or legislation regarding multisite review, allowing the REB named above to serve as Board of Record (BoR) for research projects where

1) the main research activities are conducted within the auspices or jurisdiction of the BoR's institution and

2) parts of the project are also conducted under the jurisdiction or auspices of the University of Ottawa.

This letter confirms that the University of Ottawa has authorized the REB named above to serve as Board of Record for the review and oversight of this research project. This is not an REB approval.

In order to help us keep your file up to date, please submit a copy of all amendment requests, project renewals or any other changes submitted to and approved by the BoR, as they become available.

Administrative approval is valid for the period indicated above and is subject to the conditions listed in the section entitled «Special conditions or comments».

Catherine PAQUET

Directeur / Director

Pour/For **Daniel LAGAREC** Président(e) du/ Chair of the **Comité d'éthique de la recherche en sciences de la santé et sciences / Health Sciences and Sciences Research Ethics Board**

550, rue Cumberland, pièce 154 Ottawa (Ontario) K1N 6N5 Canada

550 Cumberland Street, Room 154 Ottawa, Ontario K1N 6N5 Canada

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