

Periods, Sex, and Social Media: Sexuality Education among Sub-Saharan African
Refugee and Immigrant Women Living in the United States

by

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ABSTRACT

This dissertation explores how Sub-Saharan African women now resettled in the United States learn about sex. Prior to the colonization of Sub-Saharan Africa, extended family members such as paternal aunts and grandmothers were responsible for sexuality education for both men and women. Sexuality education often began at puberty and continued across the life span. This sexuality education covered menstruation, pregnancy, childbirth, child spacing and sexual pleasure. However, during colonization sexuality education was moved out of the hands of family members and community members and was now offered in schools. This school-based sexuality education was further disrupted by migration from Sub-Saharan Africa to the United States. Using a qualitative thematic analysis, I explore how sexuality education changed first with colonialism, through migration, and to resettlement in the United States. I then explore how, beginning with puberty, Sub-Saharan African refugee and immigrant women learn about menstruation and sex, and the role of social media in their sex lives. I highlight the role of consistent and comprehensive sexuality education of women in understanding and experiencing their menstruation. Additionally, I discuss how Sub-Saharan African women learn about sex and pleasure from both male and female peers. And finally, I illustrate how Sub-Saharan African women create culturally relevant and religiously specific online counterpublics to discuss and learn about sex. Understanding how Sub-Saharan African immigrant women learn about sex has implications for sexuality education policy in the United States and the role of pleasure in sexual and reproductive health.

DEDICATION

To Miriam Nakulubwa Nalule Sendi (1st May 1928 – 9th January 2022).

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CHAPTER 1

SEX AND MIGRATION IN SUB-SAHARAN AFRICA

Introduction

“Everything is sex, except sex, which is power” (Monáe & Kravitz, 2018). So, the lyric goes in Janelle Monáe’s song “Screwed”. An important part of the human experience, sex¹ has long been a source of pleasure, pain, and babies. Who has sex? when to have sex? what type of sex to have? and with whom? have preoccupied individuals, parents, religious leaders, and politicians for a large part of human history. But how do individuals throughout their life learn about sex? This is the underlying question of this dissertation. However, instead of looking at all of humanity, the focus of this dissertation is on how Sub-Saharan African² refugees and immigrants living in the United States of America learn about sex.

Prior to contact with Europeans, different communities in Sub-Saharan Africans had particular people who were responsible for teaching about sex. Thus, in the case of Sub-Saharan African refugees and immigrants, it is important to examine these pre-colonial educational structures. Aside from examining pre-colonial structures, it is important to explore how colonization and post-independence disrupted traditional

¹ For the purposes of my dissertation, I am using the word sex, to encapsulate the different ways people have consensual sex. This includes but is not limited to consensual sex such as, masturbation, kissing, frottage (rubbing genitals together while clothed), mutual masturbation, vaginal intercourse, anal sex, the use of sex toys, and cybersex such as phone sex and sexting

² I use the term Sub-Saharan Africa, a United Nations designation, to refer to the forty-six countries that are south of the Sahara Desert. The remaining eight countries north of the Sahara Desert are usually designated as North Africa and as part of the Middle East.

community educational roles. And because the concern of this dissertation is refugees and immigrants, it is important to explore how migration, and the move to a new country affects how the relocated learn about sex. To understand how an individual learns about sex, it is important to examine the social, economic, cultural, and political environments they live and move through. Examining these environments helps to clarify the role each environment plays, separately and collectively, in an individual's education and later sexual and reproductive life (Irvine, 1994).

Drawing from multiple countries across Sub-Saharan Africa, this chapter begins by giving examples of pre-colonial community sexuality education. This chapter goes on to discuss how colonialism not only disrupted community sexuality education but also began the migration³ of Sub-Saharan Africans to Europe and later to the United States. The discussion then moves to the laws that allowed Sub-Saharan Africans to be able to resettle in the United States of America. Given the United States history of slavery, this chapter explores the myths used to justify the assault and the disruption of African American families and the resistance from enslaved women is explored. This chapter then continues to discuss the history of formal sexuality education in the United States and how over time that education has declined. Given the decline of formal sexuality education, this chapter explores how Social Networking Sites are used for sexuality education in the United States. The chapter closes by laying out how a life course theoretical framework can help answer the question— How do Sub-Saharan African refugees and immigrants learn about sex throughout migration to resettlement in the

³ This does not include the slave trade or the middle passage.

United States.

Pre-Colonial Sex Education.

Pre-colonial sub-Saharan African societies viewed sex and sexuality as a normal part of life and topics of sex and reproduction were openly discussed by adults (Mudhovozi et al., 2012). Because sex and reproduction were viewed as unexceptional parts of life, rituals existed that marked the onset of puberty that were meant to prepare young people for the responsibilities of adulthood (Mudhovozi et al., 2012). And as part of adult responsibilities, sex, marriage and childbearing, were considered important topics to discuss and understand. This was because of the communal understanding of the potential harm from sexual behavior (Mudhovozi et al., 2012). Because of the potential harm from sexual behavior, extended family members as well as specifically designated community members were responsible for educating young people about sex and birth once they reached puberty. For example, in Tanzania, young girls were mentored by an older woman known as a *somo*, who was knowledgeable about childbearing and child-rearing, as well as methods to prevent conception (Mudhovozi et al., 2012).

Though the *Somo* was responsible for this education on the onset of puberty, learning about sex was a daily lifelong process involving the entire community. Specific and narrowly focused lessons existed at different developmental turning points such as puberty and marriage and were the responsibility of different family members (Van Eeuwijk & Mlangwa, 1997). Mothers in this Tanzanian context were responsible for teaching behavioral norms, fathers were to instill fear and control in adolescents to keep these behavioral norms, and grandparents or maternal aunts were responsible for transmitting sexual knowledge, as their relationship with adolescents was seen to be a

“joking one” (Van Eeuwijk & Mlangwa, 1997).

Grandmothers in Ghanaian communities just like in Tanzanian communities played an important role in passing on knowledge to young girls (Greenstreet & Banibensu, 1997). Because of the value placed on age and experience, grandmothers were able to discuss sexual and reproductive issues explicitly with their grandchildren (Greenstreet & Banibensu, 1997). The relationship between a grandmother and her grandchildren was considered as being closer than the relationship between parents and children and thus allowed for the open discussion of sexual topics (Greenstreet & Banibensu, 1997). Maternal aunts too played an important role, because at a young girl’s first period, puberty rites were performed, and her maternal aunts taught her about bodily hygiene (Greenstreet & Banibensu, 1997). In Zimbabwe and in Uganda, this education was the responsibility of “*tetes*,” and “*ssengas*” paternal aunts who were to give guidance to both young men and women (Mudhovozi et al., 2012; Tamale, 2006).

Reaching puberty, was an important marker of transition in pre-colonial Africa. In Ghana, the onset of puberty meant a girl had reached a marriageable age. Reaching a marriageable age meant that a girl’s chastity and virginity had to be proven, and honor was bestowed not only on the girl but on the family as well (Greenstreet & Banibensu, 1997). This is all done to prevent early adolescent pregnancy which brought not only shame to the girl, but to the family as well (Greenstreet & Banibensu, 1997). Not only was a young girls puberty important, puberty for boys also marked a transition to adulthood. Rituals were not only for girls, but boys had rituals such as circumcision that signified their ascent to adulthood and leaving childhood behind, and were seen as a form of positive social control (Barker & Ricardo, 2005). Having a family and the ability to

support a family, for both men and women in the pre-colonial context, meant that one was an adult and had adult responsibilities.

As these examples show, the extended family, especially grandmothers and both maternal and paternal aunts, played important roles in educating adolescents about sex and reproduction. This is not to say that these institutions were egalitarian, but they provided specific spheres for both women and men to have control in what happened within the community (Chilisa & Ntseane, 2010; Fourshey et al, 2016; Tamale, n.d.). Colonialism, religion, and modernity eroded many of these structures; these structures were then further weakened by war and conflict, leaving many adolescents and their communities vulnerable (Wieringa & Sívori, 2013, Kågesten et al., 2017).

Sexuality education did not stop at puberty but continued throughout an individual's life. For example, in Tanzania, a *Somo* was responsible for teaching young women how to space out births, and how to properly take care of children (Mudhovozi et al., 2012). In Uganda, the *Ssenga*, was responsible for teaching women the art of being a good wife as well as wives who ensured their husband's sexual pleasure (Tamale, 2013). The *Ssenga* provided explicit sexual education before and during marriage, sometimes offering aids, and herbal aphrodisiacs (Tamale, 2013). The *Ssenga* was not only responsible for these lessons, but also served as the go-to person should a couple be dissatisfied with their marriage (Tamale, 2013). However, with contact with Europeans, many of these institutions were disrupted and, in some cases, completely abolished.

Colonialism and the disruption of traditional sexuality education systems

Colonialism on the African continent was not a straightforward process. It began with the arrival of Christian missionaries, who laid the groundwork for European

administrators who would later colonize the continent. From their arrival, European colonizers and missionaries also viewed African people as beastly, and as being prone to excess and promiscuity (Ndjio, 2013; Tamale, 2011). A British explorer, Richard Burton, once referred to African women as manly and shrewish with the only way to tell them apart being their breasts (Hoad, 2007). Aside from viewing African women as manly, African sexual and reproductive behaviors were viewed by Europeans such as Burton, as being both licentious and immoral (Ndjio, 2013; Tamale, 2011). Thus, with the help of missionaries, moral campaigns were launched to correct and erase what was seen as licentious and immoral behaviors (Ndjio, 2013; Oyěwùmí, 1997; Tamale, 2011, 2013).

At the end of the eighteenth century and at the beginning of the nineteenth century, sex and reproduction among Europeans was no longer left in the hands of individual family members but became the responsibility of disciplinary experts (Foucault, 1978). The colonization of Africa, which began in the early nineteenth century coincided with the shifts in sexuality education that were occurring in the Europe (Foucault, 1978). Viewing themselves as “experts”, European missionaries began to police African sexual behaviors, by promoting monogamous marriage, conjugal virtue, family life and child rearing through a laws and regulations (Ndjio, 2013).

To civilize African sexual behaviors, European missionaries and administrators began by promoting heterosexual and monogamous marriage, and education about puberty, marriage, and sex through missionary founded schools (Ndjio, 2013; Wieringa & Sívori, 2013). By moving education out of the hands of the community, European missionaries and the administrators sent to implement laws, laid the groundwork for the erasure of indigenous sexual practices and ways of understanding sexuality. Sexuality

education that had previously belonged to community members such as *Somos*, *Ssengas*, and *Tetes* were ignored in favor of sexual health education through missionary schools, and later through radio, and television media (Ndjio, 2013; Wieringa & Sívori, 2013; Tamale, 2011). This is not to say that all pre-colonial African sexual practices were positive, but this move led to the erasure of many of the positive sexuality education practices (Ndjio, 2013; Wieringa & Sívori, 2013). Not only did colonization disrupt the community education system, but it also led to the erasure of women's sexual autonomy and same-sex relationships that had existed in pre-colonial Africa (Ndjio, 2013; Wieringa & Sívori, 2013; Tamale, 2011).

The end of the colonial era, starting in the 1957 with the independence of Ghana, did not see a return to the pre-colonial sexual and reproductive education institutions that had existed. African scholars have argued that for the newly independent African countries sexual behaviors became a political landscape used by new African rulers to “purify the body of the nation” (Ndjio, 2013). In doing so, sexual behaviors were creatively revised, reshaped, and reinvented. Earlier sexual behaviors, such as female sexual autonomy and same-sex relationships were ignored and began to be viewed as threats to the integrity of these young nations (Ndjio, 2013). Sexuality education did not return fully to the hands of community members, but remained being taught in schools, and through radio and television media.

Colonization not only reshaped sexuality education in Sub-Saharan Africa, it also provided Africans access to European universities. Access to European universities and other higher education institutions began the formal migration and resettlement of Sub-Saharan Africans in Europe and later the United States. Though this was the first route of

migration and resettlement for Sub-Saharan Africans, a second route emerged following independence of African nations. Post-independence conflicts created a large refugee population in Sub-Saharan Africa, many of whom have been settled in both Europe and the United States.

Out of Sub-Saharan Africa: Refugees and immigrants

Though Sub-Saharan African countries had been declaring independence from European colonizers in as early as 1910⁴, the majority of the independence struggles occurred between 1956⁵ and 1980⁶. Thus from 1956 through to 1980, forty-four Sub-Saharan African nations declared their independence from Britain, France, Spain, Portugal, and Belgium. Following independence, many Sub-Saharan Africans took advantage of opportunities to study in European countries, with the hope of returning home to rebuild their new nations (Takougang, 2003; Takougang & Tidjani, 2009). However, following independence, the economies of many countries have stalled, leaving much of the population with high rates of unemployment. These high rates of unemployment and the poverty that follows, has led to many choosing to remain in the countries where they were studying (Takougang, 2003; Takougang & Tidjani, 2009).

Although the majority of transitions from a colony to an independent nation were relatively peaceful, the post-independence years in Sub-Saharan African countries have

⁴ South Africa became an independent nation on May 31, 1910. It was considered a British colony prior to independence.

⁵ The Democratic Republic of Sudan declared independence from Britain and Egypt on January 1, 1956. The country was later split into two countries in 2011, creating Sub-Saharan Africa's youngest nation, the Republic of South Sudan.

⁶ The Republic of Zimbabwe became independent on April 18, 1980. It was considered a British Colony prior to independence.

been marked with brutal conflicts as different leaders jostled for power. These conflicts have contributed to an increasing refugee population in Sub-Saharan Africa. For example, Somalia, has been facing civil unrest beginning in 1991 with the ousting of President Siad Barre. This led to power struggles between warlords, a struggle that is continues to this day (British Broadcasting Corporation (BBC), 2018). South Sudan, the youngest Sub-Saharan African nation, was created as an attempt to end sectarian violence in Sudan. The nation has been facing war and conflict since its independence in 2011, a conflict that has led to over one million South Sudanese to flee to neighboring Uganda (BBC, 2019, UNHCR, 2019).

The Democratic Republic of Congo (DRC), formerly known as Zaire, has been facing conflict beginning in 1996 when Tutsi rebels from neighboring Rwanda captured much of Eastern Zaire. This led to many Congolese fleeing their homes to neighboring countries. As of December 2017, 1.7 million people had been forced to flee their homes (BBC, 2019). These are just a few examples of the post-independence conflicts that are contributing to the present-day refugee crisis in Sub-Saharan Africa. And because these conflicts are ongoing, the numbers of refugees have grown exponentially.

According to the United Nations High Commissioner for Refugees, UNHCR, as of March 31, 2019, there were 4.92 million refugees in Sub-Saharan Africa. (UNHCR, 2019.) The top three sending countries were South Sudan (2.30 million refugees), the Democratic Republic of Congo (641,000 refugees) and Somalia (558,700 refugees) (UNHCR, 2019). The top three host countries for these refugees are Uganda (1.24 million refugees), Sudan (1.09 million refugees) and Ethiopia (905, 831 refugees) (UNHCR, 2019). [See Figure 1 gives a more detailed picture of the number of refugees and their

movements.] To be recognized as a refugee is a legal status, granted through the auspices of the United Nations High Commissioner for Refugees [See Appendix A for a more detailed discussion on the refugee process with a particular focus on Sub-Saharan Africa]. Once refugee status is granted, refugees are eligible to be resettled in countries outside Sub-Saharan Africa. Given the relationship with former colonizing countries, and the presence of Sub-Saharan African communities in these countries, initial resettlement of both refugees and immigrants was to European countries. However, the United States, though not a former colonial power in Sub-Saharan Africa, has become over time, an option for resettlement for Sub-Saharan Africans. Resettlement in the United States has become an option because of how laws governing resettlement have changed over time.

Coming to America: Laws governing resettlement in the US.

Following the end of World War II, and the subsequent creation of the UNHCR, to handle the refugee crisis in Europe, the United States drafted laws for the resettlement of refugees within its borders. Drawing on the language of the 1951 United Nations Convention relating to the Status of refugees, the United States drafted its own law defining who a refugee was and under what circumstances a refugee could be settled in the United States. The 1952 Immigration and Nationality Act, defined who a refugee was, gave the United States President the power to designate any individual as a refugee, and laid out the procedures for accepting and processing refugees (USCIS, 2019). [See Appendix B, for a detailed discussion of the Immigration and Nationality Act that was part of the increase of migration to the US.]

The 1952 Act was followed by the Immigration and Nationality Act of 1965 Act, commonly referred to as the Hart-Cellar Act (Asante et al., 2016, United States House of

Representatives, n.d.). The Hart-Cellar Act removed the quota system which had restricted immigration to only individuals from Western Europe (United States House of Representatives, n.d.). The Hart-Cellar Act was followed in 1980, by the 1980 Refugee Act. This act established the Office of Refugee Resettlement, whose director of this office is responsible for funding programs that assist newly arrived refugees to achieve economic independence as quickly as possible (USDHHS, 2019). Between 1950 and 1980, resettlement from Sub-Saharan African focused on refugees. In 1975, the first group of Sub-Saharan African refugees from Ethiopia resettled in the United States (Woldemikael, pg. 158, 1996). Despite the government focus on resettling refugees, Sub-Saharan immigrants were also settling in the United States. In 1986, more Sub-Saharan immigrants began to arrive in the United States with the passage of the 1986 Immigration and Control Act.

The 1986 Act provided an opportunity for undocumented Sub-Saharan Africans living in the United States to become permanent residents (Asante et al., 2016; Takougang, 2003). Becoming permanent residents meant that family members of previously undocumented Africans could now join their family members in the United States. Following the 1986 Act, the 1990 Immigration Act further increased the number of Africans migrating to the United States (Asante et al., 2016; Takougang, 2003). The slumping economies of Europe, and the 1990 Act, meant that up to 50,000 “qualified” Africans were able to emigrate to the United States through the lottery process (Asante et al., 2016; Takougang, 2003). As of 2009, there were 1.5 million African immigrants living in the United States (Capps et al., 2012).

Although arriving through different channels, Sub-Saharan African refugees and

immigrants were able to resettle in the United States and begin a new life here. The majority of Sub-Saharan African refugees and immigrants resettled in cities that already had a strong African American presence — cities such as New York City, Atlanta, and the Washington DC Metro area (Woldemikael, pg. 158, 1996). One argument for the original resettlement in areas with a large African American presence was that it offered a protective factor for the newly arrived Sub-Saharan refugees and immigrants (Woldemikael, pg. 158, 1996). Living in an area that offers some measure of protective factors is important, because many immigrants and refugees they tend to live in low-income areas. Living in these low-income areas means that newly arrived immigrants and refugees must contend with factors such as crime, violence, and discrimination. For refugees, life in low-income areas is particularly hard and some feel as though they left one war only to encounter another (Betancourt et al., 2015). As one focus group participant in a study with Somali refugee families in Massachusetts stated:

“I came here for peace, but I think I came [to] another war. When I came here me and my family were connected, we love[d] each other, now we are falling apart, I don’t have kids, my husband is not here. . . if I knew it was like this, I would never come in this country.” (Mother, FG1) (Betancourt et al., pg. 116-117, 2015)

Given such experiences, and grappling with acculturation stressors, the majority of refugee and immigrant time is spent navigating the new country. This means sexual and reproductive health often takes a back seat to survival in the new country (Mengesha et al., 2017).

Studies about sex and reproduction among other immigrant groups have tended to concentrate on the cultural policing of women’s virginity and the sexual promiscuity of men (Dhar et al., 2017; Espiritu, 2001; González-López, 2005). However, studies in

Australia have found that for newly resettled Sub-Saharan African refugees, the biggest concerns are learning a new language, understanding the new education, health, and legal systems, as well as trying to find housing, and employment. Sex and reproduction often take a back seat to navigating these new contexts (McMichael, 2013; McMichael & Gifford, 2010; Mengesha et al., 2017). Aside from the acculturation stressors of resettlement, Sub-Saharan African refugees and immigrants have to navigate living in a country that created a social hierarchy where Black bodies were policed and Black sexuality was regulated (Roberts, 1997). This attempt to control and regulate Black bodies and their sexuality, began in the slavery era of the 1800s and continues well into present day United States.

History of Black sexuality and reproduction in the US

With the 1808 ban on importing slaves to the United States, white slave masters began to rely increasingly on the reproductive capacity of their female slaves (Roberts, 1997). Just like European colonialists who viewed African sexuality as debauched, American slave masters used these same ideas to create myths about African American sexual and reproductive lives and decisions (Collins, 2000; Roberts, 1997). To produce a new labor workforce, American slave owners had to rely on the reproductive capacity of their Black slaves. To justify rape and the sale of young children, American slave owners created myths regarding African American's sexuality, reproduction, and parenting. These myths served to classify African Americans as an "Other" and provide justification for slavery (Collins, pg. 77, 2000). For Black enslaved women, two myths were created; the first one painted Black slave women as a "*Jezebel*," promiscuous and only interested in sex who did not care about her children. The image of the Jezebel served to justify the

rape of Black women during slavery because their bodies were seen as sites for wild and unrestrained sexuality; this meant they could produce more children for her slave masters (Collins, 2005).

Another myth stated that Black slave women were hyper fertile because they matured faster than White women. Given these myths, Black slave women, who had no protection under the law, could be sexually assaulted with impunity to produce a new labor force. Furthermore, because those children matured faster, they could be worked and sold at young ages, with their mothers expected to continue working and reproducing more children (Roberts, 1997). The opposite archetype was the asexual “*Mammy*” the obedient and contented slave, responsible for the care of her slave master’s children at the expense of her own children (Collins, 2000; Roberts, 1997).

For Black slave men, the myth painted black men to be predatory and sexually indiscriminate with large penises and testes (Collins, 2005; Roberts, 1997). White slave masters created the image of the “*Buck*.” This image perpetuated two myths; one was that Black men were predisposed to violence and needed to be “tamed” through slave labor (Collins, 2005). The second myth of the Buck was that they had a naturally deviant sexuality, which could be harnessed with the appropriate partner to produce a new labor force (Collins, 2005). The opposite of the “*Buck*” for Black men was an “*Uncle Tom*”, who just like Mammy was asexual and content in his servitude (Collins, 2005)

As with Black women, it was believed that Black men matured faster than White men, and so were forced to work and sold at young ages (Roberts, 1997). These myths created the idea that Black people could not parent their children, with the Black mother shouldering most of the blame for any failure of the Black family (Roberts, 1997).

Though slavery has ended, these myths have had lasting negative effects on the lives of African Americans in the United States today. African American children are considered to mature faster than their Caucasian counterparts (Ferguson, 2000; Rios, 2011). African American men are still seen as sexually predatory and indiscriminate, and African American women are seen as either asexual or hypersexual, and the reason behind the decline of the African American family (Crenshaw, 2015; Roberts, 1997).

This history is important to understand because it is within this context that Sub-Saharan African refugees and immigrants have been resettled — a context that views Black women as either hypersexual or asexual, Black children as maturing faster, and Black men as sexually predatory. At the end of slavery, sex and reproduction was once again controlled beginning with the eugenics ideology of the 1920s, the forced sterilization of poor Black women in the 1960s, and the use of the welfare system to control Black women's reproduction (Canaday, 2009; Roberts, 1997). Thus, refugees and immigrants from sub-Saharan Africa have resettled in a country that has worked long and hard to control the sex and reproduction of Black people.

Throughout slavery, Black women resisted the control slave owners had over their birthing bodies. Women shared among themselves ways to delay births, spread out births and to abort babies (Cooper Owens, 2018). Black midwives, who were older women in the community assisted enslaved women with childbirth, they were also an important source of education regarding preventing and aborting unwanted pregnancies. Similar their African counterparts, education about birth and by extension sexuality among enslaved Black women was a community endeavor (Cooper Owens, 2018; Morgan, 2004). Because most enslaved people were not educated, any knowledge garnered about

sex, outside of the routine assaults they faced, they learned from other women. Despite this abhorrent view of Black sexuality and reproduction, the United States of America, has always tried to maintain a conservative view of sexuality and reproduction. Though legislation, the United States has tried to control who is responsible for sexuality education and what is in the country's sexuality education curriculum.

Sexuality education in the US.

As a nation, the United States believes heterosexual marriage and the nuclear family is important to a healthy society, and sex and reproduction outside these bounds is dangerous to the society (Canaday, 2009; Fields, 2008). Though sex and reproduction happen within the bounds of a heterosexual marriage, education about sex and reproduction, as Foucault (1978) argued, is in the hands of experts, specifically schoolteachers and medical health professionals. In the early 1900s, sexuality education in the United States was predominantly aimed at adult males, with the goal of preventing them from visiting brothels. These education efforts were to prevent the married men from contracting gonorrhea and syphilis, and unwittingly spreading it to their unsuspecting wives at home (Moran, 2000). As time went on, it was argued that educating adults was ineffective and instead experts stated it was better to educate adolescents (Moran, 2000). The first adolescent education campaign was in 1911 in the Chicago school districts and was presented by medical doctors. The campaign was unsuccessful (Moran, 2000). Parents and school officials in Chicago argued that sexuality education should not be taught by medical doctors but should instead be seamlessly added to the high school curriculum with other subjects such as biology, and general hygiene (Moran, 2000). This was the case for sexuality education until the outbreak of

World War II in 1941.

With the outbreak of World War II, sexuality education was now aimed at teaching active soldiers and veterans about venereal diseases (Moran, 2000). This shift was mainly due to the increased funding from the government during this era. American sexuality education became primarily concerned with teaching the effects of contracting venereal diseases, and how to remain chaste in order to preserve one's life (Moran, 2000). Following the end of World War II and into the early 1960s, sexuality education tried to move in a new direction. Despite the continued concern with teaching adolescents, school officials and educators argued that sexuality education should be about presenting information that let adolescents make choices for themselves as opposed to scaring them, as had been the case in the past. (Moran, 2000.) However, this movement was not long lived with the appearance of the HIV/AIDS epidemic of the 1980s (Moran, 2000). In 1981, the Adolescent Family Life Act (AFLA), promoted abstinence-only education for adolescents to prevent teenage pregnancy and HIV/AIDS (Fine & McClelland, 2006; Saul, 1998). Though the AFLA received funding cuts in 1996, the Personal Responsibility and Work Opportunity Reconciliation Act, signed into law by President Bill Clinton, continued the work that was began by the AFLA, which was to align sexuality education with promoting abstinence and heterosexual marriage (Fine & McClelland, 2006; Saul, 1998).

As of March 1, 2016, 24 US states as well as the District of Columbia require public schools to teach sex education, thirty-three states and the District of Columbia require students to receive instruction about HIV/AIDS and twenty states require that education provided must be medically, factually, and technically accurate (National

Conference of State Legislators, 2020). Parents have a say in the type of sexuality education that their adolescents receive. Thirty-eight states and the District of Columbia require parental involvement in sexuality education programs, four states require parental consent before a child can receive instruction, and thirty-five states and the District of Columbia allow parents to opt-out on their children's behalf (National Conference of State Legislators, 2020).

Given the history of trying to prevent adolescents and young people from becoming pregnant out of wedlock and contracting HIV/AIDS, most school sexuality education programs use a curriculum known as Abstinence Only Until Marriage (AOUM). The AOUM, curricula are meant to teach adolescents to remain abstinent until marriage to prevent unintended pregnancies and Sexually Transmitted Infections. The AOUM curricula have repeatedly come under fire for misleading facts and their failure to keep adolescents abstinent or to even delay adolescent sexual debuts. Funding for AOUM programs continues to increase despite a 2004 review of thirteen abstinence-only curricula by the minority staff of the Committee on Government Reform of the US House of Representatives (the Waxman Report) (Santelli, 2008). The Waxman Report found that eleven of the approved AOUM curricula had either false or misleading information (Santelli, 2008). In 2019, AOUM curricula were re-branded as Sexual Risk Avoidance Education (SRAE) programs, with a strong emphasis on refraining from non-marital sexual activity and not normalizing adolescent sexual activity (Family & Youth Services Bureau, 2019).

Despite a recommendation from the United Nations Educational, Scientific and Cultural Organization (UNESCO) that schools provide comprehensive sexuality

education⁷, formal sexuality education in the United States continues to rely on AOUM curricula (UNESCO, 2018). This lack of a comprehensive sexuality education curriculum has led to a general decline in the provision of sexuality education in American schools. For example, formal instruction on birth control reduced from 81% in 1995 to 66% in 2002, for 15–19-year-old male adolescents; and from 87% in 1995 to 70% in 2002 among 15–19-year-old females (Jones & Biddlecom, 2011; Lindberg et al., 2016). Because formal sexuality education is meant to happen in schools, research on sexuality education primarily focused on adolescents and young college students (Buhi, Daley, et al., 2010; Buhi et al., 2009; Buhi, Marhefka, et al., 2010). Research on adult sexuality education has focused on topics such as abortion (Jerman et al., 2018) and contraceptive use, but not how adults learn about sex throughout their life course. Aside from a decline in sexuality education for most adolescents in the United States, whether they are immigrants or American born, schools are not a safe environment for Black adolescents.

School sexuality education for Black students in the US

Schools, meant to be a place for learning pose, a specific threat to Black adolescents. Authoritative figures within schools “adultify” Black adolescents—they superimpose adult intentions onto African American children’s behavior. Ferguson, in her work at the Rosa Parks School argues that African American children are seen as both an endangered species and as criminals (Ferguson, pg. 78, 2001). These two

⁷ UNESCO defines comprehensive sexuality education as: “...a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives.” (UNESCO, 2018).

images, Ferguson argues, mean that African American children are viewed by the adults that teach them as both backward and future criminals (Ferguson, pg. 83, 2001). Any misbehavior by African American boys in school is not seen as the normal behavior of children and teenagers, but instead viewed as something much more sinister, a threat that must be controlled (Ferguson, pg. 83-86, 2001). The outcome of this adultifying view is that both African American boys and girls are punished at higher rates in schools than their Caucasian counterparts (Crenshaw, 2015; Ferguson, 2001; Fields, 2008). When it comes to sexuality, young African American boys are seen as predatory and young African American girls are seen as sexually promiscuous (Fields, 2008). For African American girls, where their Caucasian counterparts are seen as sexually passive and innocent, African American girls in school are seen as sexual beings (Ferguson, pg. 84, 2001).

It is unclear whether resettled African refugees and immigrants face the similar treatment within the American school system. However, previous research on other refugee groups that had resettled in the United States found that schools were a source of different stresses (Vigil, 2002). For Vietnamese refugee adolescents whose parents resettled in the Los Angeles area during the 1980s, school was a source of racial harassment from peers. Most often their parents were unable to assist their adolescents navigate the American school system because they did not speak English and did not understand the school system (Vigil, 2002). Aside from not speaking English and not understanding the American school system, many Vietnamese refugee parents worked long hours, seven days a week to help alleviate the poverty they had migrated into (Vigil, pg. 106, 2002). These meant that Vietnamese refugee adolescents were bullied, bored and

isolated, a combination of factors that led many to join gangs (Vigil, pg. 107-108, 2002). Current African refugees and immigrants face similar situations to their Vietnamese counterparts; they face both language barriers and live in low socioeconomic areas, but research on their school experiences is limited.

School for refugee and immigrant adolescents and African American adolescents, although often a source of stress, is also a major site for sexuality education. Because sexuality education in the American school system is declining, a majority of adolescents in the US are looking for alternative sources of sexuality education. African immigrants and refugees who historically had community members to discuss these topics with, living in the United States poses a new dilemma. For example, in a study with Somali adolescent refugees living in Ohio, adolescents reported they would never discuss these topics with their parents as they could only be discussed when they reached adulthood (Kingori, Ice, Hassan, Elmi, & Perko, 2018). The Somali adolescents interviewed feared talking to their parents and were more willing to go to the internet and to talk to their peers. As one adolescent interviewed succinctly said;

“... If I went to my mom with that information, I am dead” (Female participant #13). (Kingori et al., pg. 344, 2018).

On the parents' side, a study of refugee women in Australia and Canada found that for mothers, resettlement offered them an opportunity to challenge cultural norms. When these mothers had gone through puberty, sex and reproduction had been treated with shame and secrecy, but they were eager to get information so that they could talk to their children (Kingori et al., 2018; Ussher et al., 2017). For example, as one focus group respondent put it,

“...In Sudan, they think if boys and girls get any kind of knowledge about sex, they will turn into bad people...that’s why they don’t educate them” (Wafa, Sudanese, age 40). (Ussher et al., pg. 1909, 2017).

But when it came to their children, these mothers wanted to be able to provide accurate information to their children,

“...Before I was thinking shame, I’m not feeling shame now. I answer them everything they are asking me...I feel more freedom. Before, there was something I’m hiding, I’m not hiding now” (Erina, Somali, age 39) and

“I would actually want to arm myself with all the right information so I could actually educate my daughter how she can go about those things” (Akeck, South Sudanese, age 31) (Ussher et al.,pg. 1910, 2017).

The Ussher and colleagues’ study (2017) highlights that unlike in pre-colonial Africa where paternal aunts and grandmothers were responsible for sexuality education, upon resettlement, mothers become the educators. The study was unclear, however how the mothers themselves learned about these topics. Research into the role of fathers and male relatives, in helping refugees and immigrants make decisions about sex and reproduction, is very sparse. The role of other community members, is also unclear but an Ohio study (Kingori et al., 2018) does offer a clue. In the Ohio study, male religious leaders played an important role in helping parents navigate sexuality education in American schools. As one Somali adolescent interviewed said,

“Not a lot of people offered it. Middle school parents had to actually consent to kids taking that so a lot of Somali parents denied. So, I didn’t get that information until I was in high school. My parents denied. Parents got the idea to deny from Imams and Sheikhs from the Masjid [Mosque]. (Female participant #4)” (Kingori et al., pg. 344, 2018)

What the above quote shows is that newly formed communities are important in the

sexuality education of Sub-Saharan African adolescents. Keeping this in mind, it is therefore important to explore which individuals are responsible for the sexuality education of Sub-Saharan African refugees and immigrants across their life course. Understanding how resettled Sub-Saharan African refugees and immigrants learn is important given the negative reproductive outcomes of Black women in the United States.

Pregnancy and childbirth in the US.

A 2017 report by ProPublica found that African American women died at two or three times the rate of White women from pregnancy and child-birth related causes (ProPublica, 2017). The study found that a pregnant African American woman was 243% more likely to die from pregnancy or child-birth related causes, regardless of their socioeconomic status (ProPublica, 2017). This study did not differentiate whether the African American women facing these pregnancy outcomes were US born or if they were a refugee or immigrant from sub-Saharan Africa. Making this distinction is important because a 2019 study found that refugee women from sub-Saharan Africa in the US had fewer pre-pregnancy health risks, fewer pre-term births, and higher rates of vaginal deliveries than US born African American and White women (Agbemu et al., 2019). It was unclear in the study what was contributing to these refugee women having better birth outcomes compared to their US born counterparts (Agbemu et al., 2019).

Drawing on studies of sexual and reproductive behaviors among various immigrant and refugee groups has shown contradicting results. For example, a study on Cambodian and Laotian adolescent males found that the peer influence was the biggest predictor of risky sexual behavior, such as have multiple partners and not using condoms

during intercourse (Le & Kato, 2006). Acculturation, defined as changes in an ethnic minority changing or adopting the language, values, and beliefs, of a more dominant culture had no influence on whether Cambodian and Laotian adolescent males participated in risky sexual behavior (Le & Kato, 2006).

However, unlike Cambodian and Laotian males, acculturation played an important role in the contraception use of Hispanic youth. A study by McDonald and colleagues (2009) found that third generation Hispanic youth were more likely to start having sex before the age of 18 years compared to first generation Hispanic youth. McDonald and colleagues (2009) found that when compared to the third generation, first generation Hispanic youth were less likely to use contraception consistently. A study on contraceptive knowledge among African Americans and Hispanic youth found that there was lower knowledge about contraception among foreign-born Hispanics compared to their US born peers (Craig et al., 2014).

In the case of Sub-Saharan African refugees and immigrants living in the United States, research on the role of acculturation, peers, and media in their sexual and reproductive lives is currently sparse. Looking to Sub-Saharan African countries themselves offers very few answers. Schools in sub-Saharan Africa continue to be the major site for education on anything concerning sex and reproduction (Mirembe & Davies, 2001). According to UNESCO, 60% of youth between 15 and 17 are not currently enrolled in school (UNESCO, 2019). For those in school, research has shown that sexual, and reproductive education in schools has many pitfalls. For example, schools attempt to teach messages of equity, school education unwittingly reinforces rigid sexist norms (Barker & Ricardo, 2005; Mirembe & Davies, 2001). For example, in

Zimbabwe, girls were viewed by both male peers and male teachers as sexual temptresses who were to blame any sexual assault that they suffered (Barker & Ricardo, 2005).

In Uganda, high school male peers and male teachers did not see girls as fit for leadership; when they became leaders within their school system, their authority was undermined by both their male peers and their male teachers (Barker & Ricardo, 2005; Mirembe & Davies, 2001). Though some young men interviewed in Kaduna, Nigeria believed the issues girls were facing in schools were wrong, few spoke out against the treatment of their peers (Barker & Ricardo, 2005).

Peers are another source of sexuality information. A systemic review of studies on the influence of peers on the sexual behavior of sub-Saharan African young peers was inconclusive (Fearon et al., 2015). The study found when accounting for peer exposure, peer gender and peer age, there were no clear outcomes that peers affected the sexual outcomes of Sub-Saharan African youth (Fearon et al., 2015).

With the move of sexual and reproductive education to schools, many family members felt that they were ill-equipped to discuss matters of sex and reproduction with their adolescents, even when they wanted to. A study with mothers in South Africa found though they wanted to talk to their children about sex, they worried that they lacked the adequate information to tell their children. This was because they themselves did not receive this information when they were growing up. As two mothers stated:

‘It is difficult because we do not know how to talk to them and what to tell them’
‘The problem is that we ourselves were not told anything about sexuality when we grew up’ (Mudhovozi et al., pg. 133, 2012)

Just like mothers interviewed in the Ussher and colleagues’ study (2017), mothers

in Sub-Saharan Africa found themselves at a loss on what to teach their children about sexuality and reproduction. Having previously relied on specific community members such as the paternal aunts and grandmothers to help educate adolescents on matters of sex and reproduction, families are now relying on education in schools to fill this role. A possible other source of sexuality education, at least in the American context, is Social Networking Sites.

Sexuality education on Social Networking Sites.

With school sexuality education in the United States declining, and parents uncomfortable with teaching adolescents about sex, Social Networking Sites (SNS), have become an alternative (Guttmacher Institute, 2017; Holstrom, 2015). For adolescents, many of whom have limited physical mobility and have their lives structured by the adults in their lives, the internet and social media provided a new way to maintain and curate relationships with peers, making SNS a logical avenue for comprehensive sexuality education (boyd, 2014). It is unclear whether adult Sub-Saharan African refugees and immigrants are turning to SNS for sexuality education.

In 2012, 95% of American adolescents were online and 81% of them used SNS (Forte et al., 2014). When considered as information sources, SNSs are considered “network publics” which are characterized by persistence, searchability, replicability and invisible audience (Forte et al., 2014). Aside from providing information, SNSs have secondary benefits, including emotional support, creating social awareness, or having fun (Forte et al., 2014). For adolescents, confidentiality and ease of finding information, especially on Sexually Transmitted Infections (STIs), were the reasons they used SNS (Simon & Daneback, 2013). For LGBTQIA youth, the internet provided a place for them

to learn about and practice their coming out process(Simon & Daneback, 2013). When asked what they were searching for aside from STI information, contraceptive information, and anatomy, a study found that adolescents were searching for information on sexual pleasure, how to communicate it to partners, and specific techniques to pleasure their partners (Holstrom, 2015).

For American adolescents, SNS now function as their go to for sexuality education that is not covered in schools. For Sub-Saharan African refugees and immigrants living in the United States, it is unclear whether they too use SNS to learn about STIs, sexual pleasure and communicating with their partners. Research on how immigrants and refugees use SNS thus far has been focused on refugees and immigrants living in European countries (Leurs, 2014, 2017, 2019; Leurs & Ponzanesi, 2011)

Recognizing a need for comprehensive sexuality education, a number of websites have cropped up to specifically provide this education; sites such Go Ask Alice, sexetc.org, scarleteen.org and stayteen.org (Holstrom, 2015). Over time these websites and the organizations adapted as the internet landscape has changed. With the introduction of SNS and the move to using social media, these websites moved some of their content onto social media sites. The move of some of their content is because of the different affordance each social media site offers its potential users. It is unclear whether or not Sub-Saharan African refugees and immigrants in the United States access these organizations' social media pages.

Dissertation questions

Though sex in pre-colonial Africa was seen as a part of life and discussed openly by specific community members, this all changed during colonialism. However,

colonialism did open Europe and the later the United States to Sub-Saharan Africans. As of 2009, Sub-Saharan Refugees were only four percent of the immigrant population in the United States. But the number of Sub-Saharan immigrants to the United States is growing. According to a report, the United States is now the fifth⁸ destination country for Sub-Saharan African refugees and immigrants (Capps et al., 2012). Given the increasing migration patterns, Sub-Saharan African refugees and immigrants are an important population to study. Aside from their increased migration numbers into the United States, Sub-Saharan African refugees and immigrants have a different historical and cultural context regarding sexuality education. Sexuality education and how, where, and when an individual receives it has consequences on one's sexual and reproductive life.

Given the lifelong consequences of sexuality education, my dissertation aims to understand when and where Sub-Saharan African refugees and immigrants receive their sexuality education. It is important to consider all the different contexts that Sub-Saharan African refugees and immigrants must travel through before resettling in the United States. Given that historically, Sub-Saharan African men and women received sexuality education across the life-course from specific community members, my dissertation interrogates how and where they receive sexuality education in the US. Considering sexuality education in the American context, this study uses an intersectional lens (Crenshaw, 1991). Using an intersectional sense is important because of the intersectional identities of sub-Saharan African refugees and immigrants--as people of color, foreigners, and having a low socio-economic status (Crenshaw, 1991).

⁸ The top four destination countries in order are France, Côte d'Ivoire, South Africa and Saudi Arabia

Apart from acknowledging sub-Saharan African refugees' and immigrants' intersectional identities, this research uses a life course framework. Life course theory offers a good framework to understand how individuals learn about sex and how they use that knowledge in their sexual and reproductive life (Elder, 1994). A life course theory framework accounts for the individual, their social relationships with friends and kin, and the specific time and place they lived in during their life span as factors that affect an individual's sexual and reproductive behavior (Elder, 1994). For Sub-Saharan African refugees and immigrants, life course theory allows us to explore what factors may be affecting their sexuality education as they go through their migration and resettlement journeys. For refugees, this means from flight, through life in a refugee camp and finally to resettlement in the United States. For immigrants it means their life in Sub-Saharan African before they emigrate to the United States

A life course framework not only considers refugees and immigrants as individuals, but also considers their role in the community and the role of the community in their lives. A life course framework provides room to understand what it means to be a Sub-Saharan refugee or immigrant in America today. This is important because, although the National Census Bureau defines Sub-Saharan African refugees and immigrants as Black, their experiences are different from those of American born African Americans. If we consider African Americans and Sub-Saharan refugee and immigrants as a monolith, we lose some insights on how Sub-Saharan African refugees and immigrants navigate the sexuality landscape in America -- a landscape that pathologizes adolescent sex, and where being Black is also pathologized. Understanding sexuality education among Sub-Saharan African refugees and immigrants offers an understanding of how that education

affects their sexual and reproductive lives.

Given the disruption that migration and resettlement causes, it is important to understand how despite this disruption, refugees and immigrants continue to learn about sex. Just as research exists about the sexuality education experiences of refugees and immigrants in Australia and Canada, it is important to highlight the experiences of Sub-Saharan African refugees and immigrants in the United States. This is especially important given the United States history of pathologizing Black bodies having sex and reproducing. Not only has Black sex been pathologized, research on Sub-Saharan refugees and immigrants has tended to focus on their experiences of sexual violence (D'Errico et al., 2013). Although these studies are vital and necessary, it is also important to present positive sex experiences of both refugees and immigrants. My dissertation seeks to understand how Sub-Saharan African refugees and immigrants learn about and experience sexual pleasure as part of their sexual and reproductive lives.

Past research has shown that the decline of formal sexuality education in the United States and that American adolescents are using social media sites for sexuality education (Lindberg et al., 2006a, 2016). It is important then to understand how Sub-Saharan African immigrants and refugees use social media, and whether it is a part of their sexuality education. The goal of my dissertation is to answer the questions: 1). How do Sub-Saharan Africans living in the United States learn about sex, and 2). How do Sub-Saharan Africans use social media to learn about sex? To answer these questions, a qualitative analysis approach was used, which is discussed in the next chapter.

CHAPTER 2

METHODS

Introduction.

To answer the questions, 1). How do Sub-Saharan Africans living in the United States learn about sex, and 2). How do Sub-Saharan Africans use social media to learn about sex, I used a qualitative analysis approach, with data from a survey and semi-structured interviews. In this chapter, I describe why I chose to use a qualitative analysis approach to answer these questions as well as the theoretical frameworks that undergird the questions in both the survey and the interview protocols. I also explain why I needed to use a trauma informed approach and what that looked like in my actual research. I discuss my positionality as a researcher and explain how the ongoing COVID-19 pandemic affected my research design. I end the chapter by discuss the analytic framework and the three structural codes that arose from my research that are discussed in later chapters.

A qualitative analytic approach.

Research on sexuality education in the United States has focused on youth and adolescents because of the focus on sexuality education in high schools (Moran, 2000; There are studies on sexuality education among refugee and immigrant groups, but once again they, too, are focused on adolescents (Espiritu, Yen Le, 2001; Kingori et al., 2018). Sexuality education scholars have argued that sexuality education does not happen once but should continue throughout the life course. Thus, to understand how adults throughout the US learn about sex, I designed a survey to explore how adults learned about sex throughout their life course.

Given my interest in Sub-Saharan African refugees and immigrants, the survey focused on refugees and immigrants currently living in the US. Not only was the survey meant to be complimentary to the semi-structured interview, but it was also to identify differences and similarities between refugee and immigrant groups. It was an attempt as well to provide context for sexuality education among adult refugees and immigrants. To participate in the survey, a person had to be over the age of 18, have resettled or have one of their parents have resettled as a refugee or immigrant from any country in the world (See Appendix C for the outline of the survey protocol, that asked questions about puberty, sex, childbirth and childcare, and social media use).

To complement the survey, I designed a semi-structured interview protocol. The semi-structured interview protocol, unlike the survey, focused on the experiences of Sub-Saharan African refugee and immigrant women in the United States. I was interested in how they learn about sex from their home country, through their migration journey and finally resettlement in the United States. My research originally began with a focus on the Sub-Saharan African refugees, because I was interested in the learning that happened in the space of transition, be it a refugee camp or a major city, before resettlement. However, early interviews found that the refugee women did not remember or discussed their time in refugee camps very briefly. The women I interviewed preferred to foreground their resettlement experience as opposed to their time in transition. Given their preference to talk about their resettlement experience, it made sense to include immigrant women in the study as well. Thus, my research was about how Sub-Saharan African refugee and immigrant women learn about sex and the role of social media in their learning process. To participate in the interview, an individual had to identify as a

woman, be over 18 years, and have resettled in the United States, after the age of 18 years.

Theoretical frameworks.

With my research, I wanted to understand how Sub-Saharan African women learn about sex, not as a one-time thing, but throughout the life span. I was also interested in how social media affects this learning throughout the life span. Since my interest was across the life span and was about sex, I designed my research to start at puberty, when individuals are considered biologically sexually mature through post-menopause.

Because of the life span interest, I used a life course theoretical framework (Elder, 1994) for both the survey and interview. In thinking about sexuality education across the life span, a life course theoretical framework allowed me to consider when and where Sub-Saharan African refugees and immigrants lived prior to resettlement in the US. This is an important consideration because sexuality education is bound by the social and cultural meanings of a place and a time (Elder, 1994). A life course theoretical framework allowed me to pay attention to the independent lives of the women I surveyed and interviewed and the agency they had in how they learned about sex. Using a life course theoretical framework allowed me to use an intersectional approach as defined by both Kim Kimberlé Crenshaw (1991) and Misra et al. (2020).

Crenshaw (1991) defined intersectionality as the various ways race and gender shape Black women's experience. Because my research was interested, in the experiences of Sub-Saharan women who are considered Black in the US, an intersectional framework was important. It was important because it allowed me to design both the survey and interview protocol keeping in mind how being a woman and being Black affects learning

about sex in the United States. Misra et al. (2020) defined using an intersectional approach in research as a way to recognize the spatial, temporal, and socially constructed dimensions of difference. Using an intersectional framework, and a life course theoretical framework together gave me room to explore how being a woman, being Black, being foreign born and living in multiple contexts affected how women learned about sex. An intersectional approach allowed me to design my protocols in a way that focused on experiences that were most salient to individuals. That is to say, studying learning about sex across the life course meant using important life markers, such as menarche and childbirth as opposed to years because these are salient life experiences. Using salient life events is an important part of African Feminisms because the interviews in particular focused on the life experiences of Sub-Saharan African women, it was important to use African Feminisms as well.

Because my research was not focused on one African country, African Feminisms play an important role in the design of interview protocol. I use the term African Feminisms to recognize as Diabate & Achebe (Association for the Study of the Worldwide African Diaspora, 2021), Sylvia Tamale (2011, 2021), and Nnaemeka (2003) have argued, for a pluralism in African feminism. Given that Africa and African women are not a monolith, feminism on the African continent is different for each woman based on her multiple identities— identities that include tribal identity, religious identity, and sexual identity. African Feminisms are important because they recognize how formerly colonized women negotiate, struggle, and resist the different forms of patriarchal oppressions they face (Chilisa & Ntseane, 2010). Following an African feminist ethos allowed me to design both the survey and interviews to give Sub-Saharan African women

room to foreground what they considered important in their lives. It allowed the women I interviewed to answer my questions in a way that was contextually relevant for them (Chilisa & Ntseane, 2010). Following an African feminist ethos, and the fact that this study used survey data, pseudonyms were not used in the study. Recognizing the meanings and significance of names among different African tribes, and that no question was included to ask participants to choose their own pseudonyms, no pseudonyms were used (Achebe & Teboh, 2007; Achebe, 2002; Chilisa & Ntseane, 2010). Instead, participants were identified by their age, country of origin, if they were a mother and whether they were an immigrant or former refugee. I chose to include whether or not they were a mother, because as Chilisa & Ntseane (2010) say, using an African Feminist approach must pay attention to the relational worlds of African women that celebrate motherhood.

In addition to African Feminisms, I also drew from Black Feminist Thought and Black sexual politics as defined by Patricia Hill Collins (2000, 2005). Because the study was situated in the United States, it was important that I draw from Black Feminist thought as it discusses the complexities both historical and modern day of being a Black woman in the United States (2000). And because my research was interested in how women learn about sex, it was important as well to draw from Collins' (2005), Black sexual politics. Given the long history of control of Black women's sexuality in the US, Black sexual politics provides an understanding of this history as well as how this history affects Black women's sexuality today (Collins, 2005). It was important for me to understand these histories because as a life course theoretical framework suggests, it is important to consider the context where this learning was happening. All four of these

frameworks informed how I designed the survey and semi-structured interview questions. However, because I was asking questions about sex, it was very important I consider the sexual histories of individuals, both consensual and non-consensual and use a trauma informed approach to the questions and the interviewing process.

Trauma informed sex research.

One of the major questions of this research was understanding how individuals learn about sex; therefore it was important for me to use a trauma informed research approach. Carello & Butler (2015) define being trauma informed as, having an understanding of the ways in which violence, victimization, and other traumatic experiences may have impacted an individual's life. Using a trauma informed research approach was important for my research for two reasons. First according to a 2019 study, 13, 310 American women, between the ages of 18 to 44 years reported their first sexual encounter as being forced (Hawks et al., 2019). According to this study, 1 in 16 women's first sexual experience was not only forced but occurred around the age of fifteen years with the partners/assailants being at least six years older than them (Hawks et al., 2019).

Forced sexual initiation, as it is termed by the World Health Organization (WHO), is a global problem with countries such as Ethiopia and Tanzania reporting that 14% of women's first sexual experience was forced (WHO, 2005). Not only is women's first initial sexual experience forced, but for refugees, sexual violence, in particular rape, has long been used as a weapon of war (Stiener et al., 2009). Though considered a crime against humanity by the Convention for the Elimination of All Forms of Discrimination Against Women, CEDAW, and as a war crime by the Rome Statute of the International

Criminal Court, ICC, sexual violence is still used as a weapon of war in refugee settings (Africa Research Bulletin, n.d.; Milillo, 2006; Steiner et al., 2009).

Considering these global findings about women's sexual experiences, a trauma informed approach was necessary. The second reason why a trauma informed research approach was important comes from my own positionality as a former sexual assault advocate volunteer as well as a domestic violence advocate. As a sexual assault advocate in two different states, part of my volunteer experience meant I had to advocate for men and women at different points of their sexual assault experiences. This meant I was meeting with and helping women make choices when they had either just been assaulted or years later when they remembered their assault experiences. As a domestic violence advocate, working at a domestic violence shelter, I was the first contact for women seeking to find shelter as they were fleeing domestic violence. Many of those women also had histories of sexual assault and it was my responsibility to record their trauma as part of the shelter intake process. Having seen and heard how these experiences had affected the women I worked with, it was very important to me that women I interviewed did not have to relive their experiences of assault.

As an advocate, one important part of the training I received is knowing the scope of my expertise. As an advocate, I was trained to give resources and let women make choices that were right for their situations. It was outside my scope of expertise to offer anything outside resources for the women I was planning on interviewing (See Appendix D for the resource sheet that I provided to the women I interviewed. The resource sheet included national and international health and sex assault resources. The resource also included Arizona specific resettlement agencies) Aside from providing resources I also

further ensured that the women I was interviewing did not have to relive their experiences of trauma. To do so, no questions about sex assault were asked in either the survey or the semi-structured interviews.

Part of being trauma informed requires that research accommodate a survivor's needs and make attempts not to retraumatize survivors (Carello & Butler, 2015). To accommodate the needs of participants and avoid re-traumatization, with the help of Dr. Michelle Villegas-Gold, I came up with a script on how to handle incidences when sexual assault was mentioned. Following Dr. Villegas- Gold's advice, when sexual assault was mentioned, I validated interviewee's experience and asked them whether or not they wanted to continue with the interview. If an interviewee was becoming distressed during the interview, the interview would be terminated, and the data not used

Choosing not to use the data for interviews that were terminated is a decolonial practice as defined by Tuck and Yang (2014). According to Tuck & Yang (2014), it is possible to learn from individuals without digging into and sharing their stories of pain and trauma. I did not probe for sexual assault experiences and did not use any data that contained sexual assault history. In considering participants' past sexual experiences, I chose to be upfront in both my recruitment and consent forms to be very explicit about what the study was about. During interviews, I reiterated to participants that they could stop at any time, and they would not face any consequences. This choice was part of my ethic of care and my positionality.

Insider/Outsider.

Merriam and colleagues (2001), define positionality as where one stands in relation to another, and I viewed my research as a relational experience (Chilisa &

Ntseane, 2010). As a Ugandan immigrant, I had to negotiate being both an insider and outsider as I did this research. As an insider, I knew what it felt like to leave one's home and start over in a new country. I could also relate with my research participants on what we found confusing about living in America. For example, I had a long conversation with one of my participants on both of us trying to figure out how to properly use a dishwasher when we had first moved to the United States. I could also relate with the participants my age on being raised by African parents. And part of being raised in Sub-Saharan Africa meant that I understood the cultural nuances of seeking permission before you interact with a community (Achebe, 2005). This meant that when I was recruiting people to complete my survey and be interviewed, I started with the leaders of community organizations. Though my being Ugandan eased the reluctance some people had talking with me, other times it contributed to individuals not agreeing to participate in my research.

For example, I reached out to a leader of a refugee community in a Southwestern city, and introduced myself and asked for a meeting. He graciously agreed to meet with me, but as soon as he met me and learned I was from Uganda, he doubted my intentions. He doubted my intentions because while he was a refugee, the Ugandan army had attacked his country under the guise of "*looking for rebels*" (field note, May 27, 2021). Given this history, he was concerned with, "*How will the information affect [the] lives [of the people in his community] especially since many of them don't know how to express themselves in English*" (field note, May 2021). I did my best to reassure him that my intentions were good, and I agreed to send both my protocols to him for review. I never heard back from him.

However, not all meetings with community leaders went this way. One particular meeting with a community leader helped me with parts of my protocols. For example, when I had originally designed the interview protocol, it was slated to be one hour long. Hearing this said, “*An hour is too long especially for mothers with children*” (field note, November 24, 2020). Following her advice, I amended my interview time to being thirty to forty-five minutes. She was also very concerned how my questions about sex would be viewed, she cautioned “[Be] careful that your research is not seen as promoting sex at an early age” (Field note, November 24, 2020). And finally, she gave me advice on the incentive amount I was giving interview participants. According to her “*\$15 is too low, you need more...nothing less than \$30. [Refugees] know nothing can buy their knowledge*” (Field note, November 24, 2020). I did change my incentive structure and I am indebted to her insight on my project.

Aside from this experience I still had to negotiate being an outsider because as a university student I was different from many of my participants. As a university student, especially a PhD student, I was in a much higher position than some of my participants. I also do not speak with an accent and thus many participants doubted that I had really been raised in Uganda. However, once they realized I really was from Uganda they grew more comfortable with me. In one particular case, an interviewee, a Sudanese immigrant mother of six, was not comfortable with me until she mentioned an area in Uganda that she had lived in. I made an offhand comment about a hotel that was in that area. Her eyes lit up and she grew more comfortable with me, and the tone of the interview changed. I did not only have to negotiate my own positionality, I also had to negotiate the fact that my research began during the COVID 19 global pandemic and that interviews were done

on zoom (See Appendix E for the complete semi-structure interview protocol, which has all the questions posed to women during the interview. The interview included questions about when and how they resettled in the United States, their period experiences, pregnancy, and childcare experiences, how they learn about sex, and their social media use).

COVID-19 research design.

My research began during the COVID-19 global pandemic, and the populations, refugees and immigrants that I was interested in were the most impacted at the beginning of the pandemic. In April 2020, one month after the stay-at-home order was instituted, I attended a meeting with Ethnic Community Based Organizations, (ECBO) in Arizona, as well as the Arizona health department, and the Arizona Refugee Resettlement Program. At that time, they had all stopped almost all research related activities and were focusing on helping refugees and immigrants understand what the COVID-19 Virus was and how to protect themselves against the virus (Field note, April 14, 2020). According to the community leaders, refugees and immigrants had a “*Fear of going back to work for fear of getting the virus.*” (Field note, April 14, 2020). The majority of the work of all ECBO’s and government agencies was on helping individuals understand the virus and where to get masks to protect themselves. They were also concerned with the increase Asian-American hate crimes and thus were focusing on helping Asian-American communities report and seek compensation for hate crimes (Field note, April 14, 2020). Given what was going on the refugee and immigrant population in the United States at the time, and the continuing uncertainty surrounding the virus, I had to readjust my timeline and research strategy.

One adjustment made to my research was instead of conducting my interviews in person, instead interviews were done using Zoom. Previous research on using online technologies such as Skype and WhatsApp found that they were ideal for use in qualitative research among hard-to-reach populations (Janghorban et al., 2014; Kaufman & Peel, 2020; Sugie, 2018). However, Janghorban and colleagues (2014) noted that one of the limitations of online platforms such as using Skype for interviewing was that it relied on both the researcher and the interviewee having access to a reliable internet connection and a way to access the platform, for example through a smart phone or computer. Another limitation according to Janghorban and colleagues (2014) was that it relied on both the interviewer and interviewee understanding how to use the platform.

The researchers noted, however, that using online platforms allowed interviewers to stop the interview any time that they felt uncomfortable simply by clicking a button (Janghorban et al., 2014). Because my research was using a trauma informed approach that allowed participants to withdraw from the interview when distressed and the ongoing COVID-19, all interviews were conducted online using ASU's Zoom technology. Zoom was chosen as opposed to other platforms like Skype and Google meetings, because I had access to the ASU's Zoom account that had all the latest security protocols. As the COVID-19 pandemic continued through the summer, I had to adjust my recruitment strategy as well.

The study had been originally focused in Arizona, but given the meeting I had in April 2020, I decide to move the recruitment for interviews to the rest of the United States. Once the research was approved by the ASU IRB board, as I waited for the spread to wane, I spent time preparing the survey for national distribution. Through a series of

cognitive interviews, I was able to clarify the language of the survey and program it into the Qualtrics survey program for dissemination. The survey was sent out to my contacts in the ECBOs in Arizona, and through all my networks on Twitter and Facebook. I also reached out to organizations that I knew did sex research such as the Kinsey Institute to share through their larger audience. I also posted flyers around the ASU campus and the local libraries (See Appendix F for the flyer that was distributed around ASU campus and local libraries). Eight people ended up completing the survey.

In my conversation with other researcher who had used online surveys among refugee and immigrant populations, they were not surprised that I had such low response numbers. One researcher, whose research was with Asian-American refugees, mentioned that they kept having bots respond to their survey when they offered an incentive; this discouraged them from doing research online (Field note, 6 July, 2021). Another researcher who had success with surveys among Somali refugees said it takes partnering with an ECBO, translating the survey into multiple languages, and administering them verbally and in person to get a high response rate (Field note, 22 September, 2021). The on-going pandemic, which made it unsafe to meet in person, and the fact survey was in English help explain why I had such a low response rate.

Although I continued to work with ECBOs in the Phoenix area, such as the Somali American Association of Arizona and the Refugees and Immigrants Community for Empowerment (RISE), with the help of Dr. Michelle Villegas-Gold, I was able to recruit through the Metropolitan Community College, MCC, System in Arizona. Having completed their IRB process, I was introduced to another community leader who was also a professor within the MCC system. Through my Arizona networks, and using an

opportunistic snowball sampling method, I was able to recruit eight refugees. I chose to use an opportunistic snowball sampling method, because it was ideal for hard-to-reach populations and shortens the time for recruitment (Kendall et al., 2008; Sadler et al., 2010). Through my Arizona networks, I was able to recruit eight former refugee interview participants. Given the low recruitment in Arizona I decided to recruit outside Arizona as well. Through multiple contacts, both my own and those I was introduced to, I was able to recruit nine more women, both former refugees and immigrants for the interview portion. In the end, my entire research project had a total of thirty participants. (See Table 1 for the demographic breakdown of the people who participated in both the survey and semi-structured interview. The table includes, the ages of participants, their country of origin, how many children they have, and the year they resettled in the United States).

Analysis.

Throughout the interviews, I took ethnographic field notes about my participants. However, given the Zoom platform it was hard to write very detailed ethnographic field notes, as participants chose to turn off their cameras, or blurred their backgrounds. Because of turned off cameras and blurred backgrounds a lot of personality ticks such as hand gestures and facial expressions could not be seen. While interviewees could choose to turn off their camera, I kept my camera on for all interviews.

Once interviews were completed, I transcribed each interview verbatim (Gonzalez-Lopez, 2004) and stored the final edited transcript on a secure ASU Drive. During transcription, I removed any identifying information such as individuals' names, places of work or school, present and former addresses, or any information that would

reveal their identity. Once I completed transcription of the interviews, I read them to identify themes that emerged (Bradley et al., 2007). Because I used a qualitative analytic approach, I analyzed the survey results for emerging themes. While reading the transcribed interviews and the survey results, I paid particular attention to the differences and similarities between refugee and immigrant women (Fielden et al., 2011; Ryan & Bernard, 2003). From the reading and coding, three structural codes emerged: 1) Women's menarche experience, 2). Learning about sex, and 3). Function of social media.

From both the survey and the semi-structured interviews, I was able to explore how Sub-Saharan African women learn about sexuality throughout their life span and their migration journeys. Beginning with their menarche experiences, this dissertation will show how refugee and immigrant women learn about their own bodies. Following these women menarche experiences, the dissertation then discusses how women learn about sex, and finishes with the role of social media in their learning about sex.

CHAPTER 3

LEARNING AND MANAGING MENSTRUATION

Historical meanings of menstruation

Menstruation is a biological function where the lining of the uterus is shed when an egg is not fertilized. Characterized by bleeding from the vagina, the experience of the first blood flow from the vagina and menstruation is based on socio-cultural context (Hawkey et al., 2017, 2020; Uskul, 2004), Wood, 2020). Menarche, the first period, in the United States usually begins at the age of 11 to 12 years (US Department of Health and Human Services, Office of Women's Health, 2009). This biological process, happening to those with uteruses and vaginas, has long been seen as a taboo in many religions, cultures, and western medicine. In the Bible, a menstruating woman is considered unclean and any man that "lays" with her is considered unclean (King James Version n.d., Lev. 15:19). In the Qu'arn, the Islamic holy book, menstruating women are considered unclean and need to purify themselves before coming unto Allah (The Qur'an, n.d., 2:222). The Jewish law of Halakha forbids contact between men and women during and a week following menstruation (Guterman et al., 2007). Hinduism considers menstruating women as impure or polluted and forbids them entry to the family prayer rooms (Guterman et al., 2007).

It is not only various world religions that consider menstruating women as impure or unclean: nineteenth-century Western medicine considered menstruation as pathological, dangerous, and serving no purpose (Whelan, 1975; Studley, 1875). Menstruating women were deemed dangerous, to the extent that in 1878, a British Medical journal carried a series of letters claiming menstruating women would cause bacon to rot (Whelan, 1975).

Ideas of the danger of menstruating women continued in medicine into the twentieth century. For example, in 1929, Dr. Macht of the Johns Hopkins School of Medicine, following up on the research of Dr. Bela Schick, claimed “menotoxins”⁹ found in menstrual blood had the ability to slow development and kill plants (Whelan, 1975). The idea of menstruating as dangerous was not only restricted to Western medicine and religion. Some cultures around the world considered menstruating women as unclean and excluded from the rest of the community. For example, among the Dogon of Mali, the Hagen and Duna of Papua New Guinea, and the Huaulu of Indonesia, menstruating women were secluded in menstrual huts, and it was believed that having sex with a menstruating woman would drain and weaken a man (Guterman et al., 2007; Strassmann, 1996).

The negative historical, religious, and cultural views have meant that, over time, women experiencing menarche and menstruation have come to understand menstruation as something to be ashamed of and something that must be hidden. For example, in a study with 450 women from 115 countries, women believed their menstrual blood and menstrual products had to be hidden (Uskul, 2004). The women in the Uskul (2004) study had a whole set of precautions on how to prevent their period blood from ever being seen: from wearing dark-colored tights to tying jackets around their waists. In another study by Moloney (2009) with forty-eight women found that, for these women too, menarche and menstruation was something they needed to hide, endure, and found embarrassing. Viewing menstruation as dirty has led to a dominant cultural discourse portraying menstruation as a “hygienic crisis” and something that needs to be managed

⁹ Research on menotoxins has not continued to date (citations)

(Hawkey, Ussher, et al., 2016; Hawkey, Ussher, & Perz, 2020; Wood, 2020).

However, not all places around the world considered menarche and menstruation as a curse. In fact, in some traditions, menarche was something to be celebrated. For example, in the Republic of Benin and Cameroon, menarche was celebrated with young girls receiving gifts such as towels, perfume, jewelry and in Zambia, girls were given gifts as well as kept home until their first period was completed (Marván et al., 2006; Uskul, 2004). In Southern India, a feast was organized for a menstruating girl, and she was given jewelry (Marván et al., 2006).

Aside from celebrating a girl's menarche, different cultures in pre-colonial Sub-Saharan Africa considered menarche the transition from girlhood to womanhood. This transition to womanhood meant that a menstruating girl could now get married and the education was to ensure she knew how to both take care of herself and run a household. In Tanzania, a *Somo* was responsible for teaching girls that had begun their periods about menstrual hygiene, as well as methods of contraception to prevent pregnancy (Mudhovozi et al., 2012). In Zimbabwe, this education was the responsibility of the *Tete*, and in Uganda it was the responsibility of the *Ssenga* (Mudhovozi et al., 2012; Tamale, 2006). During colonization, education about menstrual hygiene moved from extended family members and into schools. Just as the menstrual huts were abolished, so too was marriage at puberty, although some communities in Sub-Saharan Africa continue to practice the custom of marrying girls at menarche (Sawo, 2020).

Outside Sub-Saharan Africa, research on how women learned about menstruation found that many women learned from their mothers or an older relative. A study with 200 middle- to upper-class women in Puebla, Mexico City found that 128 of these women

learned about menstruation from their mothers (Marván et al., 2006). This study found that 20 women learned about menstruation from their sisters, and the remaining fifty-two learned from teachers, friends, and others (Marván et al., 2006). A study in Zambia exploring how women from different educational levels conceptualized their menstruation found that most women talked to their mothers or an older female relative once their period started (McMaster et al., 1997).

Given the religious and historical view of menstruation as a dirty and shameful secret, it is important to understand how Sub-Saharan African women learn about menstruation. And with the move of menstrual education away from extended family members to schools, it is important to explore how Sub-Saharan African refugees and immigrants navigate and manage their menstruation. Therefore, in this chapter, I begin with the findings from the survey about how refugees learn about changes in their bodies. The data from these responses shows the variety of people and places refugees use to find answers to questions about bodily changes both before and after resettlement. I then contrast the survey findings with the menarche experiences of the Sub-Saharan African women I interviewed. From these interviews, fear at menarche was a major theme for refugee women, but not for immigrant women. Given the difference in response, I explore the differences in sexuality education between refugee and immigrant women. Given the fear at menarche, I discuss refugee women's reluctance to confide in their mothers about their periods and the role of older sisters in learning what is, and how to manage menstruation. Given the findings in the interviews I return to the survey findings about who should be responsible for teaching women and men about bodily changes. I conclude the chapter with the implications of my findings on menstruation in Sub-Sharan

African women's sexual and reproductive lives.

Learning about changes in the body

In the survey, I asked respondents how they learned about changes in their body. This question was meant to capture refugee and immigrant experiences in learning about puberty, and as they became adults, about menopause. I asked respondents how they learned about changes in their bodies before and after they resettled in the United States. I also asked survey respondent what they thought was the best way to learn about changes in the body. The answers to these three questions although varied, provide a useful context on how refugees approach learning about changes in the body.

According to a 31-year-old former Bulgarian refugee, if she had questions about puberty, prior to resettlement in the United States, she would ask her older sister. She would ask her sister because as she wrote,

“She was closer in age to me. I would also potentially ask my grandma. My parents were not in the country while I was growing up, so I would not have had a chance to ask them these things.” (31-year-old former Bulgarian refugee).

Because her parents were absent during her formative years, when she had questions about puberty, she posed them to her older sibling. However, now that she is living in the United States where she moved when she was eight years old, if she had questions about bodily changes, she would instead ask her peers, writing,

“I feel comfortable asking questions and learning more about these topics. While I would potentially look some of these up too, I feel that my friend and friend group in general is open enough that I can discuss these questions in great depth without embarrassment and actually receive useful information, especially since they know me (so I suppose their recommendations would be tailored to me).” 31-year-old former Bulgarian refugee.

For this former Bulgarian refugee, friends who knew her intimately were more likely to give her answers tailored to her needs. Prior to come to the United States, the person who would have answered questions that the 31-year-old former Bulgarian refugee had was an older sister. Upon resettlement, though, friends in the United States are who she asked about changes in her body. Sometimes though friends and siblings are not the only people that former refugees ask questions about changes in their bodies. For a 21-year-old former Congolese refugee, she would ask an older friend any questions she had about changes in her body. However, now that she lives in the United States, websites such as “WebMD” are what she uses to find answers to questions about changes in her body.

For a 35-year-old former Hmong refugee mother, prior to moving to the United States she would ask an older relative -- in her case a parent -- if she had questions about changes in her body. Now that she has resettled in the United States she would use textbooks to find answers to questions about changes in her body. Although neither one of these women elaborated on why they chose a parent or a website or a friend, their responses illustrate a diversity in the ways former refugees learn about puberty. The 35-year-old former Hmong refugee mother was not the only one to ask a parent about puberty.

A 23-year-old former Congolese refugee answered that she too would ask an older relative, such as a parent any questions that she had about changes in her body. Now that she lives in the United States, though, if she had any questions, she would look for answers to questions she had about her body on a website, writing that she would use “what comes first” (23-year-old former Congolese refugee). Just like the 21-year-old former Congolese refugee, she would use websites following her resettlement to the US.

Similarly, a 22-year-old former Ivorian refugee mother would ask an older relative -- preferably a parent -- prior to moving to the United States. However, now that she lives in the United States, she would look at a book, just like the 35-year-old former Hmong refugee mother, to find her answers. What these three survey respondents show is that prior to resettlement in the United States, refugee women are most likely to ask an older relative, whether a sibling or parent about changes in their bodies. But upon resettlement in the United States, peers, books, and the internet become the places that these former refugees go to find information about changes in their bodies.

For a 22-year-old former Congolese refugee, she would look on social media, in particular message boards, to find this information. These are two examples of how refugees use the internet to find answers to questions about puberty before and after resettlement in the United States. Aside from internet use, one survey respondent, a 25-year-old former Somali refugee, would ask an older friend about bodily changes. Writing about why she would ask a friend, she responded:

“To avoid the stigma and shame of asking family members” (25-year-old former Somali refugee)

For this young woman, avoiding the stigma and shame of asking family members about puberty, she asked an older friend. Now that she lives in the United States, she would use a website, “UptoDate.com” find answers to any questions she had about puberty and any changes in her body. Although she was the only one concerned about shame and stigma, prior to moving to the United States, her statement shows an underlying fear of puberty that many women around the world face. In the interviews I conducted with Sub-Saharan African refugee and immigrant women about puberty, in

particular menarche, fear was a recurring theme.

Menarche as a source of fear.

Although a universal experience for those with uteruses and vaginas, menarche, among the women I interviewed was a source of fear. In the conversation I had with a 35-year-old former Somali refugee mother of two, she explains how and why for her menarche was a source of fear. I was introduced to her by a professor at the University of South Carolina. When we met on Zoom, her background was blurred, but she was wearing a blue house dress with multicolored circles on it and a blue and silver hijab. She has two small gold chains around her neck, one with her name on it, a gold watch, three golden bracelets on her arm, as well as an engagement ring. When I ask her about her first period, she looked down and said, “*It was the worst.*” She went on to explain

“People talked about periods... I had some idea, but for some reason, [I] never believed that it would happen to me (laughs). So, when it happened to me, I was so afraid ...I was having a panic attack, because I didn't know what was happening.” (35-year-old former Somali refugee mother).

Having moved to the United States in 2004, with her mother, father and six siblings, all girls, she experienced her first period here in the United States. As she said, she did not know what was happening to her body when she got her first period, and this terrified her. Not knowing what was happening to her body scared her and led to what she described as a “panic attack”. She was not the only one to react to her first period with fear. In another interview with a 35-year-old former Burundian refugee mother of two, she too reacted with fear at her first period. She was introduced to me by her mother, an “over 55” year-old former Burundian refugee. When we met, she kept her Zoom camera

off, but her avatar showed a smiling woman with a pink and purple head wrap. When I asked her about her first period she said,

“I remember being in the bathtub and had just taken a shower and I was freaking out.” (35-year-old former Burundian refugee mother).

Just like her contemporary, the 35-year-old former Burundian mother also reacted with fear at her first period. Both these women were in their mid-thirties and thus had experienced their first periods in the early 1990s. Among the refugee women I interviewed, very little had changed, younger women were also reacting with fear during their first period. Fear at menarche was experienced by a 21-year-old former Sudanese refugee. She was introduced to me by a youth outreach worker at a resettlement agency working in the Southwest. When we met, she was sitting outside on a sunny day, her bright pink hijab blowing in the wind. She had moved to the United States in 2015 with her parents and nine siblings. When asked to recount the story of her first period, she said,

“Actually, my period came when I was like 14 almost 15...I found out [when I was] in school. I went to pee and [blood] was all over the toilet. I [had] messed up the toilet and I thought, like something's happening because I didn't know what a period is. I was crying [so] somebody called a teacher...the teacher took care of me there. (21-year-old former Sudanese refugee).

Just like the 35-year-old former Somali refugee mother, this 21 -year-old former Sudanese refugee reacted with fear and crying at her first period. Her period happened at school, and it led her to cry in a school bathroom stall. She was not the only young woman to react to her first period with fear. When I interviewed a 23-year-old former Somali refugee mother of two, she too reacted with fear at her first period. When I met her, she was in her car, which had a beige background. She was wearing a brown hijab

which matched her dress, but she chose to keep her camera off throughout our interview. She had moved to the United States with her family in 2004, and when I asked her about her first period she said,

“[I] was freaking out because I didn't know I didn't know nothing about it. So, I didn't know what to expect or anything. So, I was like what's going on, like what's happening” (23-year-old former Somali refugee mother)

Just like the 21-year-old former Sudanese refugee, she too was afraid. Whether it is having panic attacks, freaking out, or crying, one thing is clear. For these four refugee women, their first period was a source of fear. Despite being of different ages, coming from different countries and having resettled in the United States at different times, each of these women, when faced with their first period were afraid. Their fear of the first period is not unique among these refugee women.

In her book, “Period Power: A manifesto for the period movement”, the author Nadya Okamoto shares her experience of her first period. When she got her first period, Okamoto thought she was dying and proceeded to wish her younger siblings goodbye (Okamoto, pg. 2, 2018). Just like Okamoto’s book, research with women from around the world has found that the first period is a source of fear. In the study with Mexican middle- and upper-class women, Marvan et al., (2006) found menarche was indeed a source of fear. The fear according to Marvan et al., (2006) was because the women did not know what menstruation was. Just the like the refugee women, I interviewed, not knowing what a period is contributed to the fear when it started. As evidenced in the previous quotes, each of the women I interviewed either had a vague idea of what a period was or outright did not know what a period was. For those that had a vague idea of

what a period was, like the 35-year-old former Somali refugee mother, they had assumed that it would never happen to them. This was the case as well for the author Nadya Okamoto (Okamoto, pg. 2, 2018).

The refugee women in the study were not the only ones who reacted with fear at menarche. A study by Ussher et al., (2017) with refugee and immigrant women living in Canada and Australia had a similar finding. According to the Ussher et al., (2017) study, refugee and immigrant women considered the first period a source of fear and shame — something that needed to be kept secret. And because of this culture of shame and secrecy around menstruation, many of the older immigrant and refugee women in the Ussher et al. (2017) study did not know what menstruation was or what purpose it served. Given the recurring theme of fear and research from Canada and Australia showing that women did not know the purpose of a period, I asked the women I interviewed whether they had ever taken a class that covered puberty or even menstruation. The women had various answers about their experiences in learning about puberty in the United States education system.

Learning about menstruation in the US

Because fear at menarche was a common theme among refugee women, it wanted to explore whether puberty and menstruation had been covered in any of the schooling they had received. When I posed this question to a 26-year-old former Somali refugee she shared her experience of learning in her Catholic school. I have known this young woman over two years, having met her while she was in school in the Southwest. When we met, she was wearing a grey sweatshirt, with her school's logo on her left breast pocket. She is sitting on the floor of her bedroom, with her back at the foot of her bed. She looks tired,

and given our previous relationship, I mention her tiredness, she says it is school. She had moved to the United States in 2004 when she was eight years old with both her parents and two siblings. She had attended high school in the United States, and so I asked her whether she remembered learning about puberty while in high school. Reflecting on her high school years she said,

“So, I went to a Catholic school my freshman year. We had a sex ED class, and I don’t remember them talking about puberty. I remember them talking a lot about like abstinence. I think they did show us how to like to put a condom on like a banana, but I don’t remember ever being talked to about like a period.” (25-year-old former Somali refugee)

Her experience highlights what scholars have argued about sexuality education in the United States -- that it predominately focuses on abstinence (Moran, 2000; Fine & McClelland, 2006; Saul, 1998). She went to Catholic school, where a focus would be on abstinence in line with the Catholic faith. However, when I posed the same question to two other women who had attended American high schools, their experiences showed that the topic of puberty was merely skimmed over. According to the 35-year-old former Burundian refugee mother her education consisted of a generic video, which provided a “*a kiddy version*” of puberty. She said:

“I mean, just the old school generic videos about the reproductive system. You know about the different parts of the female and male body...the different changes. It was just like anatomy physiology like a kiddie version pretty much” (35-year-old former Burundian refugee)

Referring to this as a “kiddy version” shows that, though the class covered the different parts of the body, very little else was covered in her classes. From her statement, it is clear that the school covered different male and female parts and the basics of how

babies are made. What is unclear is whether her classes went into details about how menstruation functions as part of the reproductive process. I posed this question to another former refugee who had attended an American high school. I had reached out to her when she responded to the survey. She had moved to the United States when she was eleven years old with her parents, two brothers, a younger sister, and an uncle. Though currently living in Arizona, she had attended high school in a different state. When I asked her whether or not puberty and in particular menstruation was covered in her high school, she said.

“And so, we were watching, it was a video we would watch. We didn't go into too much in depth...into like the pregnancy, [or] what happens when females start their period.” (21-year-old former Congolese refugee)

According to these two women, education on puberty in American high schools amounts to watching a video about reproduction. Although all the women quoted here received some form of education on puberty, none of them remember the classes going into detail about periods. Given this lack of detailed information, it therefore unsurprising that when these women had their first period it was a cause of fear. The lack of in-depth education about puberty and menstruation for these refugee women in the United States is not surprising. Formal sexuality education in schools in the United States has been declining since 2002 (Jones & Biddlecom, 2011; Lindberg et al., 2006b, 2016).

A 2021 study found that only about half of adolescents in the United States receive sexuality education that meets the national standards (Lindberg & Kantor, 2021). The United Nations Education Science and Cultural Organization (UNESCO), and the Future of Sexuality Education (FoSE), recommend beginning to teach age-appropriate sexuality

education from five years of age all through to the end of high school (FoSE, 2020; UNESCO, 2018). According to the UNESCO and FoSE recommendations, menstruation and its function in reproduction should be covered in schools between the ages of nine years to 12 years (FoSE, 2020; UNESCO, 2018). However, when the same question about puberty was posed to immigrant women that had received their education while still in Sub-Saharan Africa, a different picture emerged.

Learning about menstruation in Sub-Saharan Africa.

For the immigrant women I interviewed, all of whom had received their education prior to migrating to the United States, the experiences of menarche were vastly different. Menarche for these women was not a scary experience unlike the refugee women I interviewed. For example, when I asked a 26-year-old Ugandan immigrant that I knew from my time living on the East Coast about her first period, she reported it was a very anticlimactic experience. She had immigrated to the United States in 2013 to join her mother who had been living here for nine years. When we met late at night because she had just gotten off work, she was wearing a green sweatshirt with her Zoom background blurred out. As our conversation went to the experience of her first period, she said,

“Oh, I remember my first period. [It] was on the eve of my 10th birthday and I was like oh I started my period...I knew about it [and was] like oh so this thing that started” (26-year-old Ugandan Immigrant).

Unlike the refugee women I had interviewed, her first period was not a source of fear for her. In fact, she was rather unperturbed by it because she knew something about it. Noting the difference between her experience and what I had seen with refugee women I had interviewed, I asked her to tell me more about how she knew about her period. With

a smirk on her face, she explained.

“I actually started learning about [menstruation] when I was eight in primary school. We had these classes, where they would separate the boys from the girls, and they would tell the girls about your periods and know how they start and all that. So, I kind of knew about it... I was inundated with so much knowledge, that I wasn't lost when it started.” (26-year-old Ugandan Immigrant).

Having started learning about her period when she was eight years old, meant that when she finally got it at the age of ten years old, she was not afraid of it. According to her, being “inundated with knowledge” meant that she knew what to expect. And this knowing what to expect, was reiterated by another immigrant, currently living in the Midwest, I interviewed. I was introduced to the 35-year-old Nigerian immigrant through friends I knew from previously living in the Midwest myself. She had moved to the United States when she was 20 in 2012 to start college. We met over a weekend, and she was sitting on her couch wearing a white t-shirt and a maroon head wrap while clutching a red pillow to her chest. Noticing the clutched pillow, I asked her if she was still comfortable with doing the interview and she said yes. As our conversation reached the question about her first period, she too was as unperturbed as the 26-year-old Ugandan Immigrant. About her first period, she said.

“I remember when my period started. I just noticed that I was bleeding. I already knew about a period” (29-year-old Nigerian Immigrant)

When asked where she learned about menstruation, she went on to say,

“I will stay at that age, whatever I learned, from how to put on a pad to taking care of myself during my period, I learned from what I heard in school” (29-year-old Nigerian Immigrant)

Just like the Ugandan immigrant, she too had received all her information about menstruation at her school. Both these women received their education prior to resettling in the United States, in Uganda and Nigeria respectively. Unlike the refugee women who had received their education in the United States, education in Uganda and Nigeria at least consistently covered menstruation. These were not the only immigrant women that learned about menstruation from their schools in Sub-Saharan Africa. In a different interview with a 40-year-old Sudanese immigrant, she, too, stated that she had learned about menstruation. I met her through another contact I had in the Midwest, and when we met, she was in a blue Sports Utility Vehicle, parked in a Walmart parking lot. She had her hair in a high bun with a paisley pink wrap around it, white shirt with a white and grey leopard print hoodie. Every time she answered a question, she smiled which lit up her whole face. She had moved to the United States in 2009 to join her husband, whom she married in 2006. While discussing her first period, she said,

“Okay, let's say I was prepared by the school because I went to school, so I knew that at some point between 13... let's say 12 to 14 I must have my period. So, I had my period [when I was] about to be 14 by that time.” (40-year-old Sudanese Immigrant).

According to her, school had prepared her for period and just like the Ugandan and Nigerian immigrants, she knew what to expect. For the immigrants interviewed, menarche and menstruation were not sources of fear and shame because they had learned about it before they ever started. Because all of the immigrants interviewed had learned about menstruation while going to school in Africa, they were prepared and knew exactly what to expect and what to do when they started their period. By contrast for refugee women I interviewed, all of whom had had most of their of education in the United

States, having had their schooling in Africa interrupted, the topic of menstruation was either not mentioned or was brief at best. Menarche and menstruation were sources of fear. With the lack of in-depth education about menstruation among refugee women, it was important to explore how they managed their periods after. Previous research has shown that outside of school, mothers, were a source of information about menstruation (Hawkey et al., 2017, 2020; Marván et al., 2006; Ussher et al., 2017); McMaster et al., 1997. Among the refugee women I interviewed, mothers were not considered as sources of information for learning how to manage their periods.

Not telling and telling mothers about menarche.

Studies among refugee groups in Australia and Canada found that mothers are the go-to people when it comes to discussing menstruation (Hawkey et al., 2017, 2020; Marván et al., 2006; Ussher et al., 2017). However, among the women I interviewed, there was a reluctance to speak to their mothers about their first period. Speaking with the 21-year-old former Congolese refugee, who remembered her sex education in the United States as being generic videos, she stated she did not tell her mother about her period when she started when she was 11 years old. She did not tell her parents about her period for two months the following her first period. She said,

“I was 11 so I had just come to the States, and I had started my period...I didn't like tell[ing] my parents right away. I didn't tell my mom right away. I kept that hidden for about like two cycles” (21-year-old former Congolese refugee)

One of the reasons she chose not tell her mother was she did not know what to say. She did finally tell her mother, but this was because she needed sanitary towels (pads).

“I just didn't know how to vocalize what was happening because my mom didn't tell me about it. So, I didn't feel comfortable... it was like oh my God I'm bleeding here. So, I had to teach myself most of the stuff until I could tell her I need to buy pads.” (21-year-old former Congolese refugee).

Because her mother had not discussed periods with her, this 21-year-old former Congolese refugee did not feel comfortable telling her mother about it. When I asked why it took her so long to tell her mother about her periods, looking across her white bedroom she said,

“I just didn't feel comfortable. I just didn't feel comfortable sharing it with her just because I didn't get that lesson from her. I didn't know what was happening, I was just kind of confused and I just felt like better for me to keep it to myself.” (21-year-old former Congolese refugee).

Because her mother had not told her about menstruation and menarche, it made her uncomfortable to bring the topic up with her mother. Part of the discomfort came because she was confused about what was happening to her body. The confusion at what was happening meant that she hid what was happening and did not tell her mother. She was not the only former refugee I interviewed who was afraid to tell her mother about her first period. The 35-year-old former Somali refugee mother, who said she got a panic attack when she got her first period, was also afraid to tell her mother when she got her first period. Elaborating on her first period she said,

“We were raised with this fear that nobody's supposed to touch you down there... you are not supposed to do anything to it. And then all of a sudden, you're bleeding... like what did I do, did I sit on the tree? Did I scratch myself? so I was having a panic attack, because I didn't know what was happening. So instead of mom, I told my older sister.” (35-year-old former Somali refugee mother).

Though both women chose not to tell their mothers, their reasoning was different. For the former Congolese refugee, it was because her mother had never told her about menstruation. And the for the former Somali refugee mother, it was because her lessons had focused on never letting anyone touch her vulva or do anything to her vulva. In her words this education was given in a way that encouraged fear such that when she had her first period, she had a panic attack. What these two interviews illustrate is mothers silence and shame-based messaging led to both these women not to share a normal experience with the other person who would have known exactly what was happening. It is not surprising that both these women's mothers were either quiet or chose a fear-based lesson.

Research with other refugee women in Canada and Australia found that women did want to talk to their daughters about menstruation, but preferred to have the daughters ask them questions. This study also found that given how these older refugee women were raised, they often found themselves repeating the warnings they themselves received upon their menarche. This repetition of warning served to reinforce the messaging around menstruation being a secret and shameful (Ussher et al., 2017). Hawkey et al., (2020) reported on how refugee women living in Canada and Australia, despite wanting to talk to their daughters about menarche and menstruation, were unsure about timing, and they feared they lacked the knowledge to appropriately educate their daughters.

Immigrant women on the other hand were very comfortable sharing with their mothers when they had their first period. This was because they already knew what a period was and therefore were much more comfortable telling and asking their mothers

questions about menstruation. As the 26-year-old Ugandan immigrant who joined her mother in 2013 said,

“I told my mother and my sister, everyone was home. I was like, oh, I started my period because I knew about it” (26-year-old Ugandan Immigrant).

Given her prior knowledge, she was able to tell both her mom and older sister that she had started her period and from her perspective it was not a big deal. This ease of talking to one’s mother about menarche and menstruation was reiterated by the 40-year-old Sudanese immigrant, who when asked about her menarche experience said,

“So, I [had] my period [when I was] about to be 14 ... Then my mom sat down with me to tell me what it is and what change happens in my body ... yeah, she talked to me [about] how to take care of me myself hygiene wise... you know... Sudan is hot. And if you are not clean you, you really you really stink So that's the first thing that you need to take care of, you have to make sure that the day you have your period, you clean” (40-year-old Sudanese Immigrant).

Because of her prior knowledge of what menstruation is, her conversation with her mother was rather different. Because she knew what was happening, she was able to have a conversation with her mother about the other changes that would happen in her body as well as how to keep herself clean during menstruation. She was able to have a conversation that was context specific, i.e., keeping clean in the desert conditions of Sudan. Both these women, unlike the refugee women, show that understanding what menstruation is goes beyond alleviating the fear of the first period. Having detailed knowledge about menstruation allows young women to be able to have conversations with their mothers about changes in their bodies as well as menstrual hygiene. For the refugee women, who did not have this rapport with their mothers, older sisters become the menstruation educators.

Sisters as menstruation educators.

Returning to the interview with the 35-year-old former Somali refugee mother who was worried that she had scratched herself when her period began. Continuing to share the experience about her first period, she shared how the first person she told was her older sister.

“So instead of mom I told my older sister. I didn't tell her I just showed her my pants” (35-year-old former Somali refugee mother).

Having been confused at what her period was, she didn't tell her sister, she showed her sister her bloody underwear. What her statement shows is that among refugee women, older sisters are now responsible for telling their younger siblings about menstruation. For her, her older sister was not only her go-to person, but she was also a trusted person. Given the fear-based education she had received from her mother about not letting anyone touch her vulva, she was afraid of her mother finding out that she had started her period. So much so that when her older sister told her mother, she was, all these years later not happy about it. Talking about her sister telling her mother she said,

“She ran to my mom so fast and snitched on me and told my mom.” (35-year-old former Somali refugee mother).

Saying her sister “snitched” on her to her mother shows that she expected that her starting her period was a secret to be kept among sisters. Her mother was never to know because she thought she had damaged her vulva in some way. Though her mother did know that she had started her period, most of her education was at the hands of her older sister. She was not the only refugee women that I interviewed who went to her sister for

information once she started her period. For the 21-year-old former Sudanese refugee, who realized she had started her period while in a school bathroom, her older sister was responsible for teaching her about menstrual hygiene. Although her parents were notified about her experience crying in the bathroom after she got her period, no one explained to her what a period was. It wasn't until her sister noticed her performing her Muslim prayer that she finally learned what a period was. When I asked her to tell me whether someone explained what a period is she said,

“Nobody did. My other sister. Actually, no when [women] have [their] period we usually don't pray. And when I have [my] period I used to pray because I didn't know. I used to pray then my sister [said]you don't have to pray...I said, why? She said, you have period [and] now I know what period is.” (21-year-old former Sudanese refugee).

According to Islamic tradition, menstruating women are not allowed near Holy texts, the Mosque, and do not fast during the Holy month of Ramadan (Guterman et al., 2007). So, when her sister noticed her praying, she told her that she didn't need to. She was the one to explain to her what a period was and what to do during her menstrual cycle. Her sister not only covered menstruation but shared with her what she should and how she should change her sheets if she stained them at night.

“She just said you have to wear black clothes...wash [my] sheets when I messed [them], you have to pick up that bed sheet and change it.” (21-year-old former Sudanese refugee).

In a different interview, a 23-year-old former Somali refugee mother, who had turned off her Zoom camera because she was driving, spoke with her older sister when she had questions about menstruation. Her sister explained to her what was going on and explained she was having a menstrual cycle. In her own words, she said,

“For me the first person who spoke to me was my older sister and was basically telling me all this is what's going on, like you're having a menstrual cycle and stuff like that” (23-year-old former Somali refugee mother).

Although both these refugee women were able to get some information from their older sisters, it is unclear how much detail about menstruation older sisters covered in the talks they had with their younger siblings. For example, when the older sister of the 23-year-old former Somali refugee mother told her about her menstrual cycle, it is unclear whether she shared details about the length of a healthy menstrual cycle, period pain, blood clots, or pre-menstrual syndrome. Such details are an important part of a woman's sexual and reproductive health. Knowing the length of menstruation and how heavy the flow is important in the diagnosing diseases such Poly Cystic Ovary Syndrome, (PCOS) and endometriosis (Office of Women's Health, n.d.; US Department of Health and Human Services, n.d.). Both these illnesses have negative effects on the future reproductive lives of women, with PCOS being a risk factor for ectopic pregnancies among women (US Department of Health and Human Services, n.d).

Though unclear about how detailed these conversations were with older sisters were, they are free of both shame and fear mongering. Talking to older sisters also provided women the opportunity to get information about menstruation that was not couched in messaging that was shrouded in fear, especially a fear of unintended pregnancies. Both Ussher et al., (2017) and Hawkey et al., (2020) found in their study with older refugee and immigrant women that they too received messaging about avoiding men and boys once they began their periods. So, despite wanting to teach their daughters correct information, refugee and immigrant mothers were falling back to the messaging that they disagree with when teaching their daughters about menstruation. Talks with sisters are

explained by these two refugee women as free from the unintended pregnancy fear, but instead cover practical period management and some science facts.

Teaching own children.

Based on the experiences of the refugee women in this study and given the importance of menstruation in the reproductive lives of women, I asked them how they would teach their own children about menstruation. For those without children, like the 21-year-old former Congolese refugee, I asked them how they would talk to their younger siblings about menstruation. All the refugee women that had been afraid of their first period and talking to their children agreed that they would not do what their mothers did to them. As the 35-year-old mother of two said in referring to her first period experience,

“Definitely not that...we're not doing that.” (35-year-old former Somali refugee mother).

Drawing from her experience, she had already started looking for ways on how to properly teach her children about menstruation, saying,

“Yeah, I saw like a documentary of how people like parents handle this situation...and also from experience of what I don't want my kid to feel like” (35-year-old former Somali refugee mother).

Given her negative experience with fear and shame, she has already started practicing on her nieces. She is already having conversations with her niece about the day-to-day management of menstruation saying,

“Good thing that I have a lot of nieces so I can practice yeah...she would ask questions like oh I'm having cramps what do I do now. And I like [use] a hot water pad and things like that. Or like don't stand in one place for a long time that makes it worse, I learned that the hard way (laughs).” (35-year-old former Somali refugee

mother).

Drawing from her own experience, she is now the source of menstrual education for her nieces. The same was true for the 23-year-old former Somali mother of two. She is planning on having the conversation not only with her daughter but with her son as well, saying,

“I feel like I will be more open to them finding out, not like sneaking behind my back or finding out through the Internet and other ways. I will have that open communication with my daughter and not only with my daughter, I feel like also with my son. So that he knows in that he can be protected as well... I will tell them this is what's going to be expected, this is what's kind of going to happen, and I [will] really try not to scare them or make it seem as if it's a bad conversation to have.” (23-year-old former Somali refugee mother).

To this 23-year-old former Somali refugee mother, talking about menstruation was important to both her son, who was three years old at the time, and her daughter, who was a month old. She wanted both her children to be prepared by telling them what to expect, so that they were both prepared. Although this was an answer to the question about how she would teach her children about menstruation, her answer illustrates that talking about menstruation was an opportunity to talk about sex as well. She was worried about her children going behind her back and finding out information about menstruation, and by extension sex, so she was prepared to talk to both of her children about both topics. Although both these refugee women would be educating their children, when the question was as to who was responsible for education about menstruation and bodily changes, survey respondents had a variety of answers.

Responsibility and implications.

Menstruation is a bodily function that happens to all individuals that have a uterus and a vagina. When survey respondents were asked who should be responsible for educating individuals about bodily changes the answers were varied. Parental figures (35-year-old former Bulgarian refugee), mothers (22-year-old-former Ivorian refugee mother), websites (25-year-old former Congolese refugee), and textbooks (35-year-old former Hmong refugee mother) were all suggested as ways to learn about changes in one's body. Learning about changes in one's body, especially at puberty is important because it has effects on the future sexual and reproductive lives of all individuals.

Drawing from the interviews with Sub-Saharan African refugee and immigrant women, one thing is clear. Consistent, factually based education is important in removing the shame and fear surrounding menstruation. From the interviews I conducted, it was evident that in at least three countries in Sub-Saharan Africa, consistent education about menstruation is being provided in schools. For the women I interviewed that had received this education, their first period was not a source of shame or fear. This was not the case for the women I interviewed who had received their education in the United States. Among the women I interviewed, all of whom were refugees that received their menstrual education in the United States, their education was sparse and mainly consisted of watching a video. This lack of education meant that their first period was a source of fear. With the decline of sexuality education in the United States, menstruation is not being covered, leaving many women and girls -- not just African refugees, and immigrants -- with little understanding of what menstruation is (Okamoto, 2018; Yuko, 2018)

For the Sub-Saharan African refugee women I interviewed, in the absence of formal education in schools about menstruation, older sisters become the educators of younger siblings. Just like *Somos*, *Ssengas*, and *Tetes*, from pre-colonial Sub-Saharan African communities, older sisters take on the role of helping their siblings prepare for and manage their menstruation.

Menstruation is a part of women's reproductive life, and there should be honest and open conversations about it. Honest and consistent conversations about menstruation removes the stigma about periods being dirty, shameful and something to hide. Stubbs and Sterling (2020) argue learning about menstruation is important because it helps with development of healthy sexuality for girls and helps build a more accurate and positive foundation for understanding and thinking about themselves as sexual beings.

Understanding oneself as a sexual being is part of learning about sex. The question is, how do Sub-Saharan African refugee and immigrant women learn about sex? The next chapter explores how Sub-Saharan African women learn about sex.

CHAPTER 4

LEARNING ABOUT SEX

Introduction.

Finding information and learning about sex,¹⁰ just like menstruation, is subject to both cultural and educational backgrounds. Research on sexual behaviors among US adults found that there has been a shift in the types of sex American adults are having (Herbenick et al., 2010). According to the Herbenick et al. study (2010), masturbation was the most common sexual behavior among both adolescent women and women 49 years and older. The study found that partnered sex was most common among women in their 20s, 30s and 40s, reducing once women were over 40 years old (Herbenick et al., 2010). This study also found that many women were having sex for fun and not to procreate (Herbenick et al., 2010). This study did not however explore how American women learned about each of these sexual acts. It is important to explore how Sub-Saharan African refugee women and immigrants learn about sex especially given the social and cultural conditions that affect Black women's sexuality in the United States (Crooks et al., 2019). For Black women both in Sub-Saharan African and in the United States, the topic of sex is fraught with historical misconceptions and general misunderstandings from Europeans and slave owners. Given historical stereotypes, talking about sex among Black American women is couched in silence (Crooks et al. 2019).

¹⁰ For the purposes of my dissertation, I am using the word sex, to encapsulate the different ways people have consensual sex. This includes, but is not limited to, consensual sex such as: masturbation, kissing, frottage (rubbing genitals together while clothed), mutual masturbation, vaginal intercourse, anal sex, the use of sex toys, and cybersex such as phone sex and sexting

Despite the sexually promiscuous view of Sub-Saharan African sexuality by Europeans, different tribes on the African continent viewed sexuality as part of life and it was openly discussed by adults around adolescents. Just as conversations about menstruation were to prepare young women for the management of their menstruation, so too was this education an opportunity for older women to prepare younger women for sexual intercourse. Not only was this education meant to prepare young women and girls for sexual intercourse, but it was also an opportunity to teach these young women how to give and receive pleasure during sexual intercourse as well as how to space out their children. However, colonialism and the subsequent move of sexuality education to schools and into the hands of experts meant that not only did these institutions disappear, but it also undermined the power that many women had in society as well as in their sexual relationships (Mohanty et al., 1991; Oyěwùmí, 2005; Reid & Walker, 2005).

The argument that African women had no power in their sexual relationships was further emphasized during the HIV/AIDS epidemic that ravaged the continent beginning in the late 1980s (Beare & Boonzaier, 2020; Muhanguzi, 2011). Scholars have argued that since the onset of the HIV/AIDS epidemic, African women's sexuality has been defined as passive, weak and vulnerable, a result of the HIV/AIDS epidemic, largely falling on heterosexual couples (Muhanguzi, 2011). However, research in different parts of Sub-Saharan Africa has found that despite the HIV/AIDS epidemic, African women have continued to have a measure of control over their sexual relationships, including with whom they had sex. For example, when interviewed, a group of Yoruba women stated they had the right to refuse their husbands sex if their husbands were HIV positive (Orubuloye et al., 1993). Yoruba women were able to refuse having sex with their

partners because the women had historically been able to refuse to have sex during menstruation, during the later months of pregnancy, and up to three years after childbirth (Orubuloye et al., 1993).

Another study of teenage girls in Kwazulu Natal, South Africa found that not only did these teenage women see themselves as sexual beings, but they also recognized sexual desire as a normal part of sexuality (Bhana & Anderson, 2013). This study found that these young women were able to negotiate with their partners when they had sex, with some stating they would not have sex with their partners until the partner showed them a negative HIV test (Bhana & Anderson, 2013). Both of these studies show that despite the ongoing HIV/AIDS epidemic, women were not passive victims but that they do negotiate when and under what conditions to have sex.

In the United States, the sexual lives of enslaved Black women were subject to control during the era of slavery. To control Black reproduction, Black women's bodies are rendered overly sexual to justify their wanton sexual assault. It was not considered illegal by the laws at the time; furthermore with the insatiable need for the country to produce a new labor force, the assault on African American women continued post-slavery into the Jim Crow era with the blame of such assaults on "lascivious" Black women as a foil to white women, who represented the Victorian purity culture (Simmons, 2015). Given this background, Black women kept silent about sexuality to protect themselves, what historian Darlene Clark Hine called "a culture of dissemblance" (Simmons, 2015). Despite this silence, young Black women faced pressure from older men as well as their peers to have sex, while at the same time they faced community scrutiny and policing of their sexual lives (Simmons, 2015). Sexuality education for

young Black women in the early twentieth century was meant to protect them from early marriage and childbearing and prepare them for a middle-class life as respectable women in sexually upright marriages that formed the anchor for the Black community (Simmons, 2015).

The silence surrounding conversations about sex was true for refugee adolescents (Kingori et al., 2018). It is against these two backdrops, one that views African women as passive and docile in their own sex lives, and a second one that views Black bodies as lascivious, that African women refugees and immigrants find themselves negotiating their own sex lives. A life course theory framework allows for the examination of individual agency and the social factors affecting how Sub-Saharan African women learn about sex. Therefore, in this chapter I discuss how and when Sub-Saharan Africans first learn about sex. Drawing from survey data, I show the variety of ways that refugees learn about sex. I contrast survey respondents' answers with my findings from interviews with Sub-Saharan African women and how they learn from friends as well as how porn is used to learn about sex. I conclude with the implications.

First encounters with sex.

To understand how Sub-Saharan African refugee and immigrant women learned about sex, I asked them about the first time, they encountered the word sex or even a consensual sexual act. When I asked this question to the 26-year-old former Somali refugee, she paused, and then with a dismissive gesture of her right hand said,

“So, I feel like sex is really like prevalent...[in] the media and like TV and you can't really escape it. Even on [the] Disney channel now I feel like there's a lot of to [allusion] to sex.” (26-year-old former Somali refugee)

According to her, sex was everywhere in the media. Even the Disney channel, which

is often viewed as a children's channel had, according to her, alluded to sex. When I further asked her what she meant about there being a lot of allusion to sex, shrugging her shoulders she said,

“I think, just like being living in this society...I don't know you're just inundated, or I felt inundated with just like information related to sex. Even watching like a Carl's Jr commercial. I think as a really young kid who was like this, like model and she's eating like a burger, and she was just very like sensual so even eating a burger alluded to like sex.” (26-year-old former Somali Refugee).

Given that she moved to the United States in 2004 when she was eight years old, it was likely that she was referring to the 2005 Carl's Junior commercial that starred Paris Hilton (Paris Hilton, 2017). In the commercial, the heiress wearing a black bikini is washing a car with the hamburger she is advertising appearing only three times in the entire thirty-second commercial. Her experience of learning about sex from media is not unique. A study among young people in the United Kingdom asked them what the first sexual image they saw was; they say they found that much of their first sexual image viewing came from some of media (Atwood, et al., 2018). From the nude drawing scene in the movie *Titanic*, to a woman simulating oral sex on a banana, this study found that many young people's first sexual imagery was from media they came across in their day to day lives (Atwood et al., 2018). Just like the young people in this study, movies just like commercials were another avenue through which the women I interviewed encountered sex for the first time.

For the 26-year-old Ugandan immigrant, her first encounter with sex was when she was eight and when she saw a sex scene in the 1998 Warner Brother's movie *Blade*. Sharing her experience about this encounter she said,

“So, I was like eight years old...One time my brother and sister were watching Blade in the middle of the night. For some reason I was awake, and I think Blade was the first time I saw the first sex scene. I was like whoa that's what sex is. Yeah, that's like the very first time I was actually like, oh my God, that's actually what sex is” (26-year-old Ugandan immigrant).

Just like the Carl's Junior commercial, there is no explicit sex act. Both this movie and the commercial hint at what sex might be. Therefore, just like the study among young people in the United Kingdom, their first brush with sex was in suggestive television media. Although both these young women encountered sex for the first time when they were eight years old, they already had an idea of what sex was even though they did not specifically know what the sexual act entailed. In my interview with a 21-year-old former Congolese refugee, she shared that she had heard of the word sex at the much younger age of five. As she grew older, she was able to understand what exactly sex was. At this point in the conversation, I did have to pose and wait for her answer because she had received a phone call. Though she did not answer, she did text the caller back. Getting back to our conversation she said,

“I think I heard the word sex during a movie like when I was five years old. I didn't really know what was going on. But then I think, as I got older obviously you see things on TV. So, that's when I started to sort of relate.” (21-year-old former Congolese refugee).

For this young woman watching things on television, but at a young age, she did not know what she was seeing on the screen. For these three women, media was their first brush with hearing or understanding what sex is. What is striking is that none of these three women shared what they had seen with either their parents or even in the case of the Ugandan immigrant an older brother or sister. This is striking because an important part

of healthy sexual development according to scholars is curiosity, especially among young children (McKee et al., 2010). Children are naturally curious about what they see in the world and their own bodies (McKee et al., 2010). With the presence of sex or at least the allusion to sex in television media and children's natural curiosity, it is important for the adults in children's lives to have healthy communication with them about sex (FoSE, 2020, McKee et al., 2010; UNESCO, 2018).

Open communication between parents and children is how children learn their parents' values around sex and sexuality, and to make informed decisions about their own sex lives (McKee et al., 2010). However, research into parents talking to their children about sex has found that parents, especially of young children find it hard to talk to their children about sex (Geasler et al., 1995). Talking to children about sex has been blamed for having a negative effect on children, as it is seen to encourage sexual promiscuity (Lemish, 2010). Thus, parents are less likely to talk to their children about sex, and instead rely on coded messages about avoiding the opposite sex (Geasler, Dannison, & Edlund, 1995).

In multiple communities in pre-colonial Sub-Saharan Africa, talking about sex was not the role of parents. The role of discussing sex was left to other family members like paternal aunts and grandmothers. For example, in both Ghana and Tanzania, talking about sex was the role of the grandparents as it was recognized that their relationship with their grandchildren was a "joking one" and thus could handle talking about sex (Greenstreet & Banibensu, 1997). None of the women I interviewed, however, had mentioned moving with an aunt or a grandmother. Eleven of the refugee women I interviewed had resettled in nuclear family units of parents and siblings. The immigrant

women had resettled either alone or had come to join a partner. Therefore, it was unlikely that they had an aunt or grandmother to teach them about sex. Past research on sexuality education among refugees found that in the absence of extended family members, mothers are the ones that teach their children, especially daughters about sex (Kågesten et al., 2017).

Having resettled as nuclear family units in the United States, I was curious as to whether parents were indeed talking to their children about sex. So, I posed this question to a 25-year-old former Congolese refugee whom I had met while working with an Ethnic Based Community Organization in the Southwest. When we meet for the interview, she was at work and at the start of the interview had to move to a more comfortable room to speak with me. As she was walking through her office, wearing a black mask covering her mouth and nose, I could hear her co-workers speaking Arabic. She finally settled in a white room, lined across the ceiling with multiple country flags. She wore her hair in a beautiful, braided crown on her head. She had moved to the United States when her mother had died, and her paternal grandparents adopted her and her two sisters. She was the only refugee woman that had not resettled in a nuclear family. Because she had resettled with her grandparents, I wanted to know whether or not they were willing to discuss sex with her. She laughed as she said,

“African parents don't have that courage to talk to the kids about sex. Especially when they're Christians. They automatically expect you to not do it by them telling you don't be friends with guys” (25-year-old former Congolese refugee).

According to her, her Christian grandparents whom she referred to as her parents, did not have the courage to talk to their children about sex. In her experience the only mention of sex she ever received was to avoid boys. Her experience, where her parents’

education about sex was reduced to her “*not being friends with guys*” is similar to the findings from the Geasler and colleagues (1995) study. Parents, or grandparents as was the case in this young woman’s life, are uncomfortable with talking to their children about sex but instead rely on coded messages about avoiding the opposite sex. Just as menstruation was discussed by specific women in each community, sex was also a part of these discussions. Such sexual education practices were found in different tribes such as the Baganda in Uganda, the Mbuti in the Democratic Republic of Congo, the Masai in southern Tanzania, Ndmebu of Zambia, the Tiv of Zambia, and the Igbo of Nigeria (Amadiume, n.d.; Perez et al., 2014; Tamale, 2011, 2014).

For example, senior women and midwives helped women organize rituals to protect women against assault, they taught women about sexual intercourse and how to get and give pleasure during sexual intercourse (Amadiume, n.d.; Perez, Bagnol, Anzar, 2014; Tamale, 2011, 2014). But in the absence of such community members, parents are tasked with teaching young women about all these topics. With parents not talking to their children about sex, and children being introduced to sex on television, television becomes the first place these young women learn about sex. This was illustrated to me in the interview I had with the 35-year-old Nigerian immigrant. At this point in our conversation, we had both turned off our Zoom cameras, because the Zoom video kept freezing. Her learning about sex was from one show in particular— the 1998 HBO show *Sex and the City*. According to her,

“Most of the stuff I learned about sex was from watching *Sex and the City*. A lot of the stuff I learned about sex between 18 and like 23. What did I learn was from Samantha because the of the fact that she was free... like she owned her sexuality and you know she had sex if you wanted to have sex, but she was safe with it.” (35-year-

old Nigerian Immigrant).

For her the fictional “Sex and the City” character, Samantha Jones was the one who taught her about sex from when she was eighteen years until she was twenty-three years old. Samantha Jones, according to her, owned her sexuality and this was very attractive to the 35-year-old Nigerian immigrant. Having agency over one’s sexual life especially for women is an important part of sexual and reproductive health (Wray, Ussher & Perez, 2014). According to the World Association for Sexual Health (WAS) Declaration of Sexual Rights, all individuals have a right to decide what type of sex they engage in, with whom and has control over their body (WAS, 2015). Having the agency to decide when, where and what type of sex to have requires having access to information, which according to WAS (2015) is part of every individual’s sexual rights. Because she was not learning about sex from her family members, she looked to Sex and the City’s Samantha Jones to learn about sex.

From these five women it is clear that television and media not only introduced sex to them, but it also served as the first place where they learned what sex was. It is important to note that this was not pornography that these women were watching, it was movies and a popular television show. Though WAS’s Declaration of Sexual Rights states that all individuals have a right to access scientifically accurate and understandable information about sex, it is hard to know where refugees and immigrants worldwide can go to find this information.

Asking questions about sex.

To understand how refugees and immigrants worldwide learn about sex, I included a question asking respondents how they learned about sex in the survey. The

question asked respondents where they would go to find answers to questions, and about how babies are made¹¹ before and after they resettled in the United States. Respondents had the option to choose if they sought answers from a person, print material, online, or other sources. They also had the option not to respond to the question if they found it uncomfortable. Respondents were also asked now that they lived in the United States why they chose the sources of information they chose. From the survey, it was clear that former refugees went to different people and places when they had questions about sex.

For the 31-year-old former Bulgarian refugee, prior to moving to the United States she would have asked her older sister about sex. Now that she lives in the United States however, she would look on a website. When asked what websites she would go to and why, she wrote,

“I would initially google these questions (although when I was asking these questions online, it would have been after our human anatomy class in 6th grade so would have known mechanically how babies are made/becoming pregnant). From there, I would have clicked on anything that popped up first. Since then, I know to look at legitimate sites with verified information such as [World Health Organization], [Centers for Disease Control and Prevention], or [Mayo Clinic]” (31-year-old former Bulgarian refugee).

Similarly for a 25-year-old former refugee before moving to the United States she would ask any questions she had about sex to an older friend. Now that she lives in the United States though, she too would look on the UpToDate website. The reason she chose this website is because:

“It is an evidence based decision support resource that provides me with enough context to make a balanced decision” (25-year-old former Somali refugee).

¹¹ The wording “babies are made” was used so that people of different ages and from various cultural and religious backgrounds felt comfortable answering the question.

What these two examples show is that for these two women websites that though they would originally ask their family members about sex. However, once they moved to the United States they used websites to learn about sex. Both women mentioned looking for information on medical websites as they were considered trusted sources that would help them make decisions about their bodies. It is interesting to note that the former Bulgarian refugee mentions knowing mechanically how babies are made but was curious enough to search the internet for more information. Finding information and being curious about sexuality is a normal part of healthy sexual development and here we have an example of a woman satisfying her curiosity. Though as she grew older, she gravitated away from the first thing that popped on Google towards more health-centric websites.

These two women were not the only ones to ask a person about sex; a 23-year-old former Congolese refugee would have also asked her parent if she had questions about sex, before moving to the United States. The person she would ask was her mother because, as she wrote,

“Because she is my mother, and I was curious how she had me” (23-year-old former Congolese refugee)

Curious about how she was made, she would have asked her mother how she was made, but once in the United she would look for this information a website, writing,

“There no one particular website to go to. Once I search it on Google whichever website comes first is the website I will get my information from.” (23-year-old former Congolese refugee).

Like the 31-year-old former Bulgarian refugee, she too would pick the first website that appeared in her Google search. Another person who asked her parent was the 35-year-old former Hmong refugee mother; she too would have asked her parent any

questions she had about sex. But unlike the other three women, now that she is resettled in the United States, she preferred to find the answers to her sex questions in books. According to her responses she preferred, “*library non-fiction books*” because then she could “*learn in private*” (35-year-old former Hmong refugee mother). Only one other person mentioned using books to learn about sex, a 22-year-old former Tanzanian refugee. She used them to answer her questions about sex, both before and after resettlement.

The four women above, though from various backgrounds, all chose to ask an older person about sex before they resettled in the United States. This is very different from the African women I interviewed, none of whom had asked their parents about sex. Once these women moved to the United States, they chose either websites or books. Using websites in the United States to find information is not surprising. A 2005 study on online behaviors found that 52% of adults used their time online looking for information that concerned their own personal health (Hesse et al., 2005). One reason people use websites to find information about sex is that it provides a private and potentially safe space to ask absurd and weird questions they may have about sex (Willoughby & Jackson, 2013). This fear of asking potentially absurd or weird questions leads to many people not asking questions about sex— something that was articulated by a 21-year-old former Kenyan refugee, who wrote,

“I never asked about that. However, the older I got, I learned that sex was attributed to getting pregnant” (21-year-old former Kenyan refugee).

Thus, websites offer an alternative to asking questions until one is older, and the privacy to ask questions. The provision of privacy can be used to explain why a 26-year-

old male former Somali refugee, and a 22-year-old former Ivorian refugee mother both used websites to find the answers they had about sex. Though they did not expand on their choice to use websites, it can be argued that privacy and safety were the key reasons they chose to use websites. Nevertheless, the responses from all eight of the survey respondents were very different from the Sub-Saharan African refugee and immigrant women. When asked how they found answers to the questions they had about sex, the women I interviewed cited female friends as the primary source of information about sex.

Girl talk.

In my interviews with Sub-Saharan African women, unlike the survey respondents, when they had questions about sex, they talked to their female friends. These conversations were spontaneous and tended to go into detail about women's sexual experiences. The spontaneity of these conversations was illustrated by a 35-year-old Ugandan immigrant. She was introduced to me by her friend, the 26-year-old Ugandan immigrant I had interviewed earlier. She had moved to the United States in 2014 to escape the persecution she was facing given her LGBTQIA identity. When we meet, she was wearing a black shirt with gold lettering, a gold watch on her left hand, and black rimmed glasses. She was at work when I interviewed her and, in the background, I could see a giant cork board with flyers pinned to it. When I asked her how she learned about sex, she said,

“Mainly, you know, girls when they sit down to talk. Someone might be sharing her experience of what happened the day...then somebody chips in. And before you know it everyone is talking about their experiences...or how to enjoy sex or what turns them off or what turns them on” (36-year-old Ugandan immigrant mother)

In her experience, conversations happened with female friends, who were detailed

in sharing their experiences. Her friend group was not shy about talking about what they liked and did not like. The sharing usually began with one person sharing their experience and from there it snowballed to all women sharing their experiences. From this sharing of sexual experiences, Sub-Saharan African women were able to learn about sex from each other. This experience was repeated by another 35-year-old Ugandan immigrant mother, who was also introduced to me by friends I have on the East Coast. When we started the call, she was out on a walk with her grandmother, and so I waited for her to finish her walk before we could start the interview. Once she got home, I waited for her to finish her bottle of water, before I began the interview. She was wearing an over-size red t-shirt and, despite being out of breath from her walk, she was still able to continue with the interview. When I asked how she learned about sex, she said,

“I mostly talk about sex with friends that I'm comfortable with. And usually just asking about positions that work for them. So, maybe someone [says] something like oh I don't like a doggy style. And then they'll tell you, do you do it right...have you tried doing it this way. Like [one] time a friend of mine literally got down on her knees and showed me how to position myself” (35-year-old Ugandan immigrant mother)

Like the 35-year-old Ugandan immigrant, her friend group shared their sexual experiences with each other, with one of her friends going so far as demonstrating a sexual position to her. However, one thing her story shows is that these conversations happen among friends that she is comfortable with. And in her case, she was more interested in learning about sexual positions. She was not the only person who was asking her friends specific questions about sexual positions. The 25-year-old former Congolese refugee who was talking to me from her office learned about positions from her friends

saying,

“And [I] get information from other girls. [If] I need to know how to ride, for instance... they'll actually show [me]... like do this, and then they can [I] ahead and try.” (25-year-old Congolese refugee).

Just like the 36-year-old Ugandan immigrant, her friends also showed in detail how to “ride”. Thus, among Sub-Saharan African women I interviewed, learning about sex happened among groups of trusted friends who shared their experiences with each other. The conversations were not planned but happened spontaneously and were detailed. Friends were willing and comfortable enough to demonstrate various positions with each other. However, these conversations sometimes happened in mixed company with male friends.

In mixed company.

Though the conversations about sex were mainly with trusted female friends, given the spontaneity of how and when these conversations were happening, male peers were part of the conversations. For example, when I asked the 26-year-old Ugandan immigrant, -- the one who learned about sex from the movie *Blade*, she first hesitated. But as she was thinking, a smile spread across her face, and she told me she had the perfect story for me. She shared.

“Actually, I do have like a perfect story. About blow jobs, so when I learned what blow jobs were it was really crazy because I went out with my friends. And my friend was so infatuated by this one guy...and it was just like a whole situation. And so, she was like so determined to give him a blowjob that night... it was like her, you know her goal for the night. And we were all like oh my God, this is like so crazy like she's going to go through with it. And so, the next day she comes back and she's urghh it was soft, and it was gross. One of our guy friends is like it's not supposed to be like that...he was older than us... So, he basically told us what it was supposed to be like, and you know how to give head...how to give a blowjob.” (26-year-old

Ugandan Immigrant).

Though in her story, the conversation started among close female friends, following the failed blow job, an older male friend became part of the conversation. Just like the other women I had interviewed, their conversation was detailed and covered her experience. The only difference is that this time, a male friend provided the education that they need. When I asked her what he taught them about giving a blow job, she said.

“And he was just like [the] penis is supposed to get hard. For some reason we all forgot about that. He talked about how the penis is supposed to be hard [and] you're supposed to get your mouth as sloppy, as you can” (26-year-old Ugandan Immigrant)

Just as the 25-year-old former Congolese refugee whose friends shared how to properly ride, for the 26-year-old Ugandan immigrant, her male friend was willing to tell them in some detail about how they could give a proper blow job. She was not the only one where male friend was responsible for teaching them about sex. During the interview with the 35-year-old Ugandan immigrant mother, she shared her experience learning about anal sex/rimming from her male friends. She was on her second bottle of water since she was, as she shared, pregnant. Speaking of the learning that happened in mixed company she said,

“We had a gathering of friends and there's a group of boys and girls. And then they're saying all these things about tossing a salad (anal sex/anal rimming). And I'm like what is tossing a salad (anal sex/anal rimming). And they said this is a real thing, and they explained and they're like you should try it, it's good and I'm like no.” (35-year-old Ugandan immigrant mother)

For both these women, their male friends shared how to properly give a blow job

and have anal sex. Unlike the conversations that happened with female friends which focused on women's pleasure, the conversations that happened with men tended to focus on sex acts that predominately gave pleasure to a male partner. What these experiences highlight is that learning about sex depends on time and place and which individuals are present.

In her 1988 paper, Michelle Fine discussed what she termed as the missing discourse of desire in American sexuality education. Fine (1988) argued that sexual health education in America portrayed adolescent women as victims of potential male predators, with women having the undue burden of having to say no, and guard against being used (Fine, 1988). Sexuality education in America was able to name adolescent male desire but girls are taught not to recognize their own sexual desire, and when they recognized it, adolescent women did not know how to act upon their desire (Fine, 1988; Tolman, 1991; Impett & Tolman, 2006). Fine in 1988 offered an alternative argument where sexual health education should educate adolescent women towards sexual self-interest which would put an adolescent woman in a rich and empowering environment safe to develop a sense of self that is not only intellectual, social, and economic but also sexual (Fine, 1988). And though the conversations with male peers focused on male pleasure, the women I interviewed were already having conversations about their own pleasure and desire with female friends— pleasure which according to the World Association for Sexual Health (WAS) is a fundamental part of sexual rights as a matter of human rights (WAS, 2021). Because pleasure was an important part of healthy sexuality, I asked survey respondents where they would go to learn about giving a partner pleasure and asking a partner to give them pleasure.

Learning about pleasure.

Sexual pleasure, both giving a partner pleasure and receiving pleasure is an important part of healthy sexuality. It was important to understand how different individuals learn about pleasure, given the role pleasure plays in healthy sexuality. Therefore, survey respondents were asked where they would go if they had questions about giving a partner pleasure and receiving pleasure from a partner. Survey respondents were also asked what in their opinion was the best way to learn about pleasure. The answers were varied, showing that there was not one consistent source of learning about pleasure. Because all survey respondents resettled as children, I focus here on the answers that were shared post-resettlement. Only one person, the 22-year-old former Tanzanian refugee chose not to answer the questions about pleasure.

For a 31-year-old former Bulgarian refugee she would ask a person but, in her case, it would be a friend that is the same age as her. For her, the best way to learn about pleasure was from friends and online writing,

“Friends, online (porn was helpful, but I came in being told that it wasn't how people usually have sex together)” 31-year-old former Bulgarian refugee

Just like the Sub-Saharan African women I interviewed, her answer shows that friends are important in learning about giving and receiving pleasure. And she was not the only one to mention that porn, though she did not believe it, was a good place to learn about pleasure. A 22-year-old former Ivorian refugee mother wrote that she would look at Porn Hub to learn about pleasure, writing,

“It had videos to show you” (22-year-old former Ivorian refugee mother)

A study by Atwood et al. (2018) found that porn provided an avenue to answer questions they had about their bodies and satisfy curiosity about sex in general. Whether or not they believed what they saw in porn these women were using porn to learn about pleasure. For the 22-year-old former Ivorian refugee mother, it provided detail through fictional videos. And speaking of fiction, when asked what the best way was to learn about pleasure, the 35-year-old former Hmong refugee mother preferred to read fiction.

The remaining survey respondents, the 25-year-old former Somali refugee, the 23-year-old former Congolese and the 21-year-old former Kenyan refugee, all responded that they would use a website to learn about giving and getting pleasure from a partner. All three of them also stated that the best way to give and receive pleasure from a partner was to communicate with them. Sexual scholars have long said that communication is the key to having a good and pleasurable experience (Atwood et al., 2018; Hardy & Easton, 2017; Nagoski, 2015,).

Conclusion.

Though an important part of the human experience, talking and teaching about sex has always been taboo. The biggest fear, at least among parents, is that once the topic is introduced, young children and adolescents will start having sex. However, scholars have argued that curiosity about bodies and sex are a normal part of human development. Scholars argue the parents, and other adults should embrace this curiosity and teach age-appropriate information about sex (FoSE, 2020; UNESCO, 2018). Teaching age-appropriate sexuality education, especially to young children, plays a role in protecting children from child sexual abuse. Child Sexual Abuse (CSA) is defined as sexual contact

between a child under the age of 18 with a person who is at least 5 years older (Kenny & Wurtele, 2008).

As recommended by both FoSE and UNESCO, part of sexuality education for children between the ages of three years to five years old should include the proper names of all body parts including genitals (FoSE, 2020; UNESCO, 2018). Research found that children who knew the correct terminology of their genitals, were more likely to be believed when they disclosed any form of abuse (Kenny, Capri, Thakkar-Kolar, Ryan & Runyon, 2008). However, children that did not know the correct terminology for their genitals found it hard to disclose abuse and were at a higher risk of being targeted by offenders (Elliott, Browne & Kilcoyne, 1995; Kenny & Wurtele, 2008; Wurtele, 1998).

For the Sub-Saharan African women I interviewed, they were first introduced to sex through media they encountered as children. With their parents not talking, their curiosity led them to have conversations with both male and female friends. These conversations were not planned but happened spontaneously and were very detailed. The women and men discussed sexual positions and what they liked and did not like. Because of the disruption of former sex education structures, first through colonialism, then through migration, Sub-Saharan African women are reimagining this space with their trusted friends.

However, this study raises the question of how refugees and Sub-Saharan African women use the internet to learn about sex. Five of the eight survey respondents mentioned using the internet or websites to find answers to their questions about sex. In the interviews with Sub-Saharan African women, none of them discussed using the

internet to find information about sex. It is therefore important to explore if Sub-Saharan African women use the internet to find information about sex.

CHAPTER 5

REFUGEE AND IMMIGRANT SOCIAL MEDIA USE

History of social media platforms

Social Networking sites, with their commercial mechanisms, have reshaped private and public communication and have an impact on local, state, and personal matters (van Dijck and Poell, 2015). With the introduction of the World Wide Web in 1991, people began to connect in new ways and communication, instead of being one-on-one, became networked (van Dijck, 2013). With the emergence of Web 2.0, where content on the World Wide Web could now be monetized, networked communication became even more interactive (van Dijck, 2013). The increase in interaction meant that platforms could now be created and programmed with a specific goal and be monetized (van Dijck, 2013). Networked communication became a networked sociality, with Social Networking Sites (SNS) such as Twitter, and Facebook, promoting interpersonal communication between people and different groups (van Dijck, 2013). Another form of new online platforms were those that supported User-Generated Content (UGC) such as Instagram, which were concerned with creativity and the promotion of amateur and professional content (van Dijck, 2013).

The creation of these new platforms such as Twitter, Facebook, and Instagram coincided with the increase in access to internet-enabled cell phone technology. Internet-enabled cell phone technology is an important part of migration and resettlement. In 2016, the United Nations High Commissioner for Refugees, UNHCR, estimated that two-thirds of refugee households had access to internet enabled cell phone technology (United Nations High Commissioner for Refugees, UNHCR, 2016). Internet mobile technologies,

however limited access to the internet is, provide essential lifeline for refugees. Mobile technologies allow refugees to keep in touch with separated or left behind family members, get up-to date information from agencies assisting with resettlement, and facilitates the creation of refugee communities after resettlement (UNHCR, 2016).

With the increase in access to mobile technology, creators of these new platforms relied on imagined users and imagined audiences; users who use the platforms to create content and those who use the platforms to view content (Nagy & Neff, 2015). However, both platform designers and content creators, had differing perceptions, attitudes, and expectations of how these platforms would function and what they could actually do—a phenomenon Nagy & Neff (2018) define as imagined affordances. The networked communication and the networked sociality that these platforms created led to what boyd (2007) termed as networked publics. boyd (2007) defines networked publics as mediated publics, whose communications are available to multiple audiences who can search for them any time, repeat them, and exist for long periods of time. Networked publics, though mediated through social media platforms, were imagined by creators as spaces that created knowledge and contributed to public discourse. Networked publics were to be democratic and accessible spaces for all who had access to them (Florini, 2018, Jackson, Bailey & Foucault-Welles, 2020).

However, African Americans, women, transgender people, and in this case refugees and immigrants, have long been excluded from elite media spaces, including social media platforms (Jackson & Foucault-Welles, 2015; Jackson, Bailey & Foucault-Welles, 2020). Thus, historically marginalized groups created what scholars define as counterpublics — the unique sites and methods historically marginalized groups use to

produce non-dominant forms of knowledge (Jackson & Foucault-Welles, 2015).

Counterpublics not only play a role in legitimizing and sustaining marginalized communities through community building, but they also offer a space for marginalized communities an opportunity to advocate for themselves (Florini, 2018; Jackson & Foucault-Welles, 2015, Jackson, et al., 2020).

In this chapter, I use the answers of refugee survey respondents regarding their use of the internet and social media platforms to find answers to their questions about puberty and sex to inform my interviews with women regarding their use of social media platforms. I present how refugees and immigrants use social media platforms to stay in touch with family and friends and what that means for learning about sex. I examine how women participate as listening audience members on social media platforms and how they move from listening to being active participants on each of these platforms. I also explore how refugees use social media platforms to create counterpublics to both build community and discuss topics that are specific to their lives. Finally, I show how refugee and immigrant women use social media platforms in their sexual lives.

Digitally mediated co-presence in the US

Internet enabled mobile technologies also allow refugees and other migrants to access social media platforms such as Twitter, Facebook, Snapchat, and Instagram — sites that allow refugees and immigrants to communicate with family and friends. In his work with forced migrants living in Europe, Leurs (2019) found that social media platforms made it possible for refugees and migrants to send and receive calls, text messages, audio, videos, and images to show the family members and friends that they left behind that they were safe. The sending of multiple forms of communication allows refugees and immigrants

to maintain a technologically mediated co-presence— a presence that allows them to maintain bonds with family and friends across distance, time, and space with the help of internet enabled cellphone technology. And though they are not currently living with family members, social media platforms allow refugees and immigrants to maintain their social relationships with kin across their life span (Elder, 1994).

Among the women I interviewed for this study, they too used social media platforms to maintain the relationships with friends and family that had not resettled in the United States. A 19-year-old former Sudanese refugee, who participated in the interview on her phone, when asked about how she uses social media platforms, answered, after having to move to a different room because her sister had interrupted her to change a baby's diaper,

“It just fun I have some Sudanese friends; they watch my story I watch their story and I like Snapchat because you won't be able to see something that is bad or that is nasty. It's good...I like Snapchat. And they won't post some private things...only videos with their friends or food.” (19-year-old former Sudanese refugee).

For her, Snapchat was the app of choice because she said it allowed her to have fun and still talk to her friends about the topics that interested them. As a practicing Muslim, she was wearing a bright pink hijab during the interview. She was concerned with the kind of information she could view on the different apps. For her, Snapchat meant that she did not have to see, in her words, “...something bad or that is nasty.” So aside from allowing her to maintain her relationships, it also allowed her to set boundaries on what she could and could not see. Setting boundaries for her as a refugee woman resettled in the United States is important because in 2017, the US Department of Homeland Security, USDHS, introduced new security measures as part of refugee case processing (USDHS, 2017). As part of the refugee case processing, the US Citizenship and

Immigration Services, USCIS, would review refugees' social media presence and internet search to determine if they were eligible for resettlement in the US (USDHS, 2017).

According to the new ruling, reviewing refugees and asylum seekers social media and internet search would help detect identity fraud or document fraud (USDHS, 2017). The ruling to review refugees' digital presence was repealed in 2021 because the USDHS could not demonstrate the practicality of collecting this data; however, the fear was warranted for many refugees and immigrants.

Though having the potential to affect their refugee status, refugees and immigrants continue to use social media platforms to keep in touch with family and friends. Just like the 19-year-old former Sudanese refugee, the 28-year-old former Sudanese refugee used social media platforms to keep in touch with her friends. Having moved to the United States five years prior to our meeting, she was still learning English. When I interviewed her, Facebook was her choice of staying in contact with friends and family. Because she was still learning English, she spoke softly and when I asked her how she uses Facebook; she said very succinctly,

“I find my family and my friends in Africa. I can find them in Facebook, to talk to them” (28-year-old former Sudanese refugee).

Facebook allowed her to look for and find family members that she left in Africa and talk to them. Further conversations with her about her life post-interview found that the family members she talked to on Facebook were two older sisters that had remained in Chad where the refugee camp her family lived in was and her fiancée (field note, June 11, 2021). For the 40-year-old Sudanese immigrant mother, who participated in the interview

in her car in a Walmart parking lot, Facebook was also her choice of site to keep in touch with friends and family. When I asked why Facebook, she smiled and said,

“Facebook is the only platform that [I] use to talk to my friends. And I really seriously connected with friends that I was with in kindergarten...so I’m still friends with [them] and Facebook connected me to those people. So that's one thing. Second Facebook became like a phone also...it's easy for me to talk to my family for hours and hours without high cost” (40-year-old Sudanese immigrant mother).

Despite having moved to the United States in 2009, for the 40-year-old Sudanese immigrant mother, Facebook has allowed her to stay in contact with her friends, friends that she had in kindergarten and has continued to stay in touch with throughout her life in the United States. Besides allowing her to keep in touch with friends, Facebook allows her to talk to her family for hours without incurring a high cost. In her case, the family members she was talking to were her mother and her sisters that were still living in Kenya at this point. And because she had access to an internet enabled cellphone, and because her family has access to internet enabled cellphone, she is able to maintain a relationship with them without incurring a high cost.

These three examples show that just like their European counterparts, Sub-Saharan African refugee and immigrant women used social media platforms to maintain ties with kith and kin that they leave behind in Africa. Maintaining this digitally mediated co-presence, means that friends and family have an influence on the sexuality education Sub-Saharan African women refugees and immigrants. This means that family and friends living in Sub-Saharan Africa can share information about sex and vice versa. However, when I asked the women, I interviewed whether they used social media

platforms to ask questions about sex, the first answer was no. But further conversations revealed a complex social media use in their sexual lives.

Refugees and immigrants as listening audiences

When asked if they went to any social networking site to ask either the people they followed or their followers' questions about sex, the first response was, no. As one 35-year-old Ugandan immigrant mother, who at this point in our conversation was sitting at her white kitchen counter drinking from a plastic bottle of water said,

“No. No, I do not go to social media to ask information. But I do read what other people...I see a lot of people posting... I enjoy reading but [I] don't comment.” (35-year-old Ugandan immigrant mother).

For the 35-year-old Ugandan immigrant mother, social media platforms were not a place she went to ask for information, but one she interacted with by reading what the people she followed posted. Crawford (2009) has argued that individuals who do not actively post on social media sites are an important part of the social media landscape. Despite not posting, the act of listening, or as was the case for the 35-year-old Ugandan immigrant, who read what other people posted, is an important part of online engagement. Listening, as Crawford (2009) argues, is part of the intimacy that social media provides. Just as it allows for individuals to share some details about their lives, it also allows for people to develop relationships with listeners. In the lives of refugees and immigrants, social networking sites and social media not only serve as a way to stay in touch with family members but provide an opportunity for them to be a listening audience to friends and relatives.

Even as a listening audience member, sometimes as they are on social media, they find information about sex. The idea of moving from a listening audience to one that finds information about sex was best articulated by the 21-year-old former Congolese refugee. She agreed to participate in the interview after I emailed her. Sitting in a room, with a white background, she took this interview on her cellphone. When I asked her this particular question, she had to stop because she received a call. Returning from texting the person that had called her, she had this to say about her engagement with me.

“Umm it's actually interesting I don't go on Twitter to learn...But it's more so, like just to and I go on it to laugh, sometimes, I might see a thread ... on Twitter. I just randomly [follow] and that's where I learned a lot” (21-year-old former Congolese refugee)

From the above quote, we learn that though social media platforms are important for maintaining relationships, they are also fun. Having fun was restated by the 24-year-old former Congolese refugee. Sitting in her office, she mentioned that really liked Twitter saying,

“Twitter's one platform that I actually like very much because nobody has any limits, you know.” (24-year-old former Congolese refugee)

According to her, Twitter, has an openness that allows her to enjoy what she is seeing online and have fun, just like the 21-year-old former Congolese refugee mentioned. The second thing that we learn from the 21-year-old former Congolese refugee is that the learning on social media platforms is not directed and is unintentional. Just like the spontaneous conversations about sex that Sub-Saharan African women had with their friends, learning on social media platforms is unintentional. In this case, it is following a

Twitter thread that leads to learning about sex. And because the learning is not intentional there is usually not one person that these women follow. When I asked both women whether or not they had particular people they followed to learn about sex, they both said they did not. For the 24-year-old former Congolese refugee, it was multiple people with her saying,

“Um it's multiple people. It's people I don't even know.” (24-year-old former Congolese refugee)

Not only was it multiple people, but they were also people she did not know and had no connection to in her offline world. For the 21-year-old former Congolese it was also with random people.

“Just random...[it was] random encounters. People sharing their experiences.” (21-year-old former Congolese refugee)

For her, too, it was random encounters, but what she gravitated to was people that were sharing their experiences. And though all three women were not actively engaging by responding to what was being posted, they were still active listeners on the sites. By reading and following threads, they were engaging with the information they were seeing. Not only are they engaging as listeners, but they are also learning information about sex.

All three of these women, though not actively engaging on social networking sites, are an important part of what happens on these sites. And though they chose not to engage, they were still able to find information about sex on social networking sites. Sometimes, African refugee and immigrant women move out of the role of listeners and actively take part in what is happening on these different sites.

Listening to friends

In addition to being a listening audience to random accounts, sometimes Sub-Saharan African women were a listening audience to their friends. And as part of the listening audience what they viewed was part of their sexual lives. The 26-year-old Ugandan immigrant I interviewed was introduced to me by another Ugandan immigrant. She had moved to the United States in 2012 to join her mother who had immigrated to the United States eight years earlier. When we meet on Zoom, she is wearing a green hoodie, wire rimmed glasses, and has her hair in two long cornrows. Her background is blurred and as we talk, she plays with the long tails of her cornrows. When I ask her if she has ever used any social networking site to learn about sex, she responded saying,

“No, but I've gone to Twitter to look for porn” (26-year-old Ugandan immigrant).

For the 26-year-old Ugandan immigrant, she was actively looking for porn on Twitter. Atwood et al. (2018) found that porn was an avenue for individuals to answer questions they had about their bodies and satisfy curiosity about sex in general. When I asked her why she went to Twitter for her porn, she said;

“Because it's natural. It's just normal people having sex and it's not directed... These people put themselves out there to do something that is taboo in society. And 90% of the time it's not as exaggerated... more often than not like you know these are real people, and they do have regular lives and they have sex, just like you so sometimes I just want to see something normal.” (26-year-old Ugandan immigrant).

In her quest for “porn” that is “natural” she became a silent audience for the porn that can be found on social media platforms. Though she was actively looking for porn, and porn can be found on social media platforms, it is not always a welcome sight for some individuals who are not interested in it. A former Burundian refugee mother and

grandmother I interviewed was introduced to me by a professor at the Metropolitan Community College and when asked her age said I should say she is “over 55”. When we meet, she was having trouble with the camera on her phone, so she did not turn it on. But when I asked her whether she used social media platforms she said,

“I resisted having a Facebook account because of negative experience. My husband had a Facebook account and then one day one of our daughters calls him. She says dad look at your account and there was pornography and stuff. Somebody had hacked his account and put those things. Actually, I feel that I don't need a Facebook account” (Over 55-year-old former Burundian Refugee mother and grandmother).

Despite how other refugee and immigrant women had used Facebook to keep in touch with family members in Sub-Saharan Africa, the pornography on her husband's Facebook account soured her to using social media. However, she did use WhatsApp, the messaging app to keep in touch with family members as well as help her fellow community members living in the United States. But for the 26-year-old Ugandan immigrant, Twitter and the porn she found there were part of her social media platform use. When I asked her how she found porn on Twitter, she mentioned that one of her friends was a sex worker, and so she was an audience member for both her friend as well as her friend's other sex worker friends. She said,

“I have a friend who does only fans and she was a stripper for a while and so she's a sex worker. So, I just ended up following a lot of her crowd. And they are also like sex workers and well people that have only fans and they just do all these bizarre...not bizarre these interesting, I will say interesting things...so it's just like a four second gif of something that's not common or mainstream to start a conversation or to be like oh I wanna to try that.” (26-year-old Ugandan Immigrant)

For this 26-year-old immigrant, her porn seeking journey started off with following a friend who was a sex worker. And though she is not actively engaging with her friend's

page, she is still learning and using what she is learning and seeing in her own sex life. Just like the 21-year-old former Congolese refugee and the 24-year-old former Congolese refugee, social media platforms like Twitter are used for learning and for sexual pleasure. And for all three of these women, what attracts them to Twitter is that they consider it a place where people are presenting their natural selves and people have no limits. However, Sub-Saharan African women are not only listening audiences on social media, but they have also created spaces on social media platforms to build community.

Refugee and immigrant counterpublics

Though many social media platforms are meant to be open and viewed by the public as a part of democratic discourse, many of them have options to create private spaces for specific interests. For example, Facebook allows for the creation of community pages, with guidelines that allow creators to determine who can and cannot join their group. This feature in Facebook, has allowed for the women I interviewed to create spaces where they can learn about topics that are interesting to them. This was the case with the 35-year-old former Somali refugee mother who shared a story about the private group that she was a part of, which was created because of the boredom of the ongoing COVID-19 pandemic.

“Somebody had the great idea to create a Facebook page about, let’s say delicate topics...it's called [XXXX] that’s a beautiful name. It's only women and...it's like from people from my community and we just talk about things...And then there's a page, you have to answer questions before getting accepted. And also, there's a community agreement [and] you cannot screenshot stuff, you cannot talk about topics somewhere else. Then if the person is caught, they get deleted from the group.” (35-year-old former Somali refugee mother).

In pre-colonial Africa, such conversations on the delicate topics that she mentions would have been the responsibility of older women in the community. With the loss of those communal roles, social media platforms are providing an alternative avenue for African women to recreate and reimagine these institutions. This wasn't only the case for the 35-year-old former Somali refugee mother. Not only are they recreating these spaces to talk about delicate topics, these private counterpublics are helping refugee and immigrants build community to support each other (Florini, 2018, Jackson, Bailey & Foucault-Welles, 2020). Another example of Sub-Saharan African women building private spaces for themselves was shared by the 35-year-old Ugandan immigrant mother. Sitting in her office, where we had been interrupted by her colleague walking in, she shared that she too was part of another group, one that older community members had created to provide sexuality education to young women and men. As she talked, she made sweeping gestures with her hand and a small smile played across her lips, and on the Facebook group in question she said,

“There is a group I'm in on Facebook it's called [XXXXX]. So, people come in and I don't participate, but I read everything they [write]. They put like scenarios, they put experiences they put advice...they have so called *Sengas* on there, *Kojjas*, so they put on all that information, and you learn a lot from them. Which you wouldn't get from your relatives or your mom. You know our mothers, back home are so traditional and they are so cultural like mothers are not supposed to talk to their daughter about sex it's supposed to be or auntie your paternal auntie” (35-year-old Ugandan immigrant mother).

Though the 35-year-old Uganda immigrant mother does not actively participate in what goes on this Facebook group, by joining a private group she is actively engaging in finding information about sex on a social networking site. Her example also illustrates

how an institution that was almost erased during colonialism is recreated on Facebook, and various individuals with access can learn from different community members. As she says, the task of sexuality education was not one for parents but for other family members. What these two women's stories illustrate is that unlike the information found randomly on Twitter, the information provided in these groups is culturally specific. Not only do these private groups allow for the recreation of pre-colonial sexual education institutions, but they also give Sub-Saharan African women an opportunity to share their experiences with others from their communities. For the 35-year-old former Somali refugee mother, participation does not stop at being just a listening member, she also engages with other members in the Facebook page she is in. As an active participant in the group, she gives advice especially on, in her own words, her fame within her community as a divorcee, saying.

“I would comment or answer somebody's question...like one of the questions was how is it like being divorced? Because a lot of people are scared of it, especially if they have been taken care of... like how would I be able to take care of myself and my kids? And that was something that I was an expert on because apparently, I am somewhat famous because I'm the only divorcee in my community... so I'm an expert in this topic so I gave advice.” (35-year-old former Somali refugee mother).

For the 35-year-old former Somali refugee mother, she moves from being part of the listening audience to actively interacting with the audience when the topic of divorce came up. Having been divorced, she was able to draw from her experience to answer questions her community members had. When we met, she was wearing an engagement ring and she had mentioned that she was engaged to be married. For both these women, these private groups are a space for them to ask questions and learn about sex among

people with a shared background. It also affords them the opportunity to be able to give advice on different topics— topics which they have expertise in such as divorce.

Conclusion:

For Sub-Saharan African refugee and immigrant women living in the United States, social media platforms are an important part of their migration and resettlement.

Platforms such as Facebook and Snapchat allow these women to not only have fun but to maintain their relationships with the family and friends they leave behind. Part of this communication with kith and kin is to reassure them about their resettlement and their new lives (Leurs, 2019). Though not actively creating content for sexuality education, as listening audiences these women are an intimate part of social media. And it is through this intimate act of listening, be it to strangers or friends, that women learn about sexuality and can find information for their own sexual pleasure and sexual lives.

However, as listening they have a nuanced relationship with learning from social media. For example, with the 26-year-old Ugandan immigrant, her search for porn was directed by her friends on Twitter. What her example shows is that though listening audiences, Sub-Saharan African women, are active in curating who they follow and who they engage with. Therefore, who these women follow and who they listen to affects the type of sexual information and learning that women have access to. It is also important to note that social media platforms not only have their own affordances, but also algorithms that run in the background. Algorithms, which collect information about a user's habits, and direct them to pages or information that is similar. So aside from Sub-Saharan African women curating who they follow, they also are being directed by the social

media platform's algorithm. So, the sexuality education that women are receiving on social media platforms is directed by who their friends are and what the algorithm knows about them.

Apart from learning, social media platforms provide an intimate and private space where Sub-Saharan African women can discuss, as the 35-year-old former Somali refugee mother put it, "delicate topics". Just as other historically minoritized groups have used social media platforms to create counterpublics to address community issues, Sub-Saharan African women have created their own counterpublics to get and share information on issues such as sex and divorce that are particular to them. Counterpublics on social media platforms allow Sub-Saharan African women to have control over who can enter their spaces and what can be discussed. And with this ability, some platforms are being used to recreate sexuality education traditions that existed in precolonial Sub-Saharan Africa. While many of the women I interviewed said they did not actively use social media platforms to learn about sex, their engagement as listening audience members means they are able to access information about sex indirectly.

CHAPTER 6

CONCLUSION

Introduction.

In researching the sexuality education of Sub-Saharan African women across the life span I was able to answer the two questions I set out to answer. In this chapter I summarize the findings from my dissertation and the implications of the findings from my research. I also explore the one question I was unable to answer with my dissertation research. I conclude this chapter by writing about my next research projects.

Answering research questions.

The goal of my dissertation was to answer two questions: 1). How do Sub-Saharan Africans living in the United States learn about sex, and 2). How do Sub-Saharan Africans use social media to learn about sex? Using a qualitative analytic approach, with data from a survey and semi-structured interviews I was able to answer those two questions. According to my research, Sub-Saharan African women living in the United States learn about sex from their peers. Learning about sex occurs in spontaneous conversations with trusted friends and revolves around sexual pleasure. Among female trusted friends, the conversation revolves around women's own pleasure, however they do have conversations with trusted male friends as well. However, the conversations with male friends focused on how to give male partners pleasure.

Social media did not play an important role for Sub-Saharan African women learning about sex. Though social media allowed refugee and immigrant women to keep in touch with families and friends across time and space, it was not a go to place for learning about sex. However, social media did allow Sub-Saharan African women to create safe

spaces where they could discuss family and life issues that were important to them. Social media also allows Sub-Saharan African women to recreate and reimagine pre-colonial sexuality education institutions. This means that the education they received from puberty throughout their adult life, they can now get through private social media spaces.

However, this is not all that I learned from my research. A surprise finding of my dissertation research was the importance of consistent comprehensive sexuality education and how it affects how Sub-Saharan African women understand their bodily functions. Menarche, for women who had received their sexuality education in the United States was a source of fear. This fear was because they did not know what was happening to their bodies, because they had not learned about it from their parents. And if menstruation was covered at all in schools, it was very brief and very vague. In the absence of consistent and comprehensive sexuality education, Sub-Saharan African women had to learn from their older sisters what menstruation is and how to manage it.

For Sub-Saharan African women who had received their sexuality education in Sub-Saharan Africa prior to their immigration to the United States, menarche was not a source of fear. Because they had received comprehensive sexuality education throughout their primary school education, their first period was not a source of fear. Because they knew what menstruation was, they were able to talk to their mothers about how to manage their menstruation. Not only did my finding show the importance of consistent sexuality education in helping women understand their bodies, but it also showed that schools in Sub-Saharan Africa are providing comprehensive sexuality education. This is the

opposite in the United States, which uses an Abstinence Only Until Marriage curricula in schools and which is facing an overall decline in sexuality education in schools.

Research implications.

One implication of my research is the need for consistent comprehensive sexuality education in the United States. Going beyond the mechanics of sex, consistent sexuality education, according to my research helps women understand how their bodies function. Consistent and comprehensive sexuality education also goes a long way in reassuring those with uteruses and vaginas that menstruation is a normal part of development. It also is an opportunity to discuss what menstruation looks, smells, and feels like (Friedman & Sow, 2018; Okamoto, 2018; Yuko, 2018). Menstrual blood is dark red, thicker than water, and may have clots; it is not a thin blue liquid as ads for menstrual products would have us believe (Yuko, 2018). Understanding menstruation as a “biological reality” provides an opportunity for women to talk about the different ways their bodies are changing and counteracts the shame and stigma around menstruation (Friedman & Sow, 2018; Okamoto, 2018; Yuko, 2018).

Understanding that menstruation is a biological reality for menstruating individuals will help address some of the inequalities that we see surrounding menstruation. Inequalities surrounding menstruation include a lack of access to period products for menstruating homeless individuals and incarcerated individuals (Okamoto, 2018; Shay, 2018). One way of increasing access to menstrual products is to remove state level taxes on menstrual products, known as the “tampon tax”¹ — sales tax levied on menstrual products because they are considered a luxury item as not a “necessity of life” (Weiss-Wolf,

2018). Countries such as Ireland, Kenya, Tanzania, and Canada had removed tax levied on menstrual products which has increased accessibility to products.

A second implication of my research is that pleasure is an important part of sexual and reproductive health research and practice. Landers & Kapadia (2020) argued that research into healthy relationships and sexuality should consider the pleasurable and satisfying occurrences in closest relationships. They argue that public health, especially sexual health has a narrowly defined healthy sexuality as the absence of Sexually Transmitted Infections and intimate partner violence (Landers & Kapadia, 2020). Though important parts of healthy sexuality, these authors argue that it is important to consider how pleasure affects the sexual decisions of individuals, and calls for public health researchers and practitioners to consider pleasure in their research.

Among the women I interviewed, understanding how to receive and give pleasure was an important part of how they learned about sex. According to the World Association for Sexual Health's Declaration on Sexual Pleasure, sexual pleasure is an important part of sexual rights and there is a need to integrate it into education, health promotion, and research (WAS, 2021). Moving towards pleasure centered research would mean moving away from focusing on the problematic aspects of sexuality (Boone & Bowleg, 2020). For public health to move towards a more intersectional perspective, public health practitioners nationally and internationally need to consider how identity affects health and for sexual health public health practitioners to consider the role of pleasure in sexual health (Boone & Bowleg, 2020). This is especially true for individuals who have historically been marginalized both in the United States and globally.

A third implication of this research is the need to disentangle the different sub-groups within the African American racial/ethnic group. When data on sexual and reproductive health in the United States is collected, Sub-Saharan African immigrants' health statistics are tallied under African American health statistics. And previous research has shown that African American women have high rates of maternal mortality, Sexually Transmitted Infections, as well as sexual assault. Given the high rates of negative sexual and reproductive health outcomes for African American women, it is important to disentangle how these health outcomes affect the different sub-groups such as Sub-Saharan African immigrants. It is important to pay attention to the health of Sub-Saharan African immigrants in the United States, because as immigration to Europe gets more difficult, the United States is becoming a destination country.

Unanswered questions

Although I was able to answer my research questions, one question that I was not able to answer was how do Sub-Saharan refugee women learn about sex while in the refugee camp? Having learned about the Minimal Initial Services Package, MISP (Ross, 2018), I wanted to understand if what was laid out in that document actually happened in refugee camps. The MISP lays out what the services that refugee women need during forced migration (UN Women, n.d.). Given the abruptness of forced migration and the length of stay in refugee camps, I wanted to understand if indeed the services laid out in the MISP were being provided and how long refugees received these services. However, in my interviews with refugee women, their refugee experience was not one they were interested in talking about.

In some incidences they resettled in the United States when they were too young to remember much aside from a few experiences. For example, the 21-year-old former Congolese refugee remembered being taught the alphabet by their uncle prior to resettlement and the 35-year-old former Somali refugee mother remembered her whole family of nine sleeping on the floor in the refugee camp. Because I was using an African Feminisms framework that asks that Sub-Saharan African women foreground what is important to them, I did not probe more into their refugee camp experiences.

Recognizing that forced migration is a traumatic experience, I was more concerned with not re-traumatizing the women I was interviewing than getting the data to answer my question. This does not mean that the question of sexuality education in refugee camps is one that cannot be answered. It can, but it requires a completely different research design than the one I use for my research. To answer the question of sexuality education in refugee camps would require a fully immersive ethnographic study in a refugee camp. This means a researcher would have to live in a refugee camp and attend refugee camp school, interview sexual health providers, extended family members, and international aid agency employees, to get a full understanding of sexuality in refugee camps.

Such a research project would need to take a trauma informed approach and have as part of the research team personnel with an understanding of forced migration trauma, and how that trauma manifests itself in refugee populations, including culturally appropriate methods used to address trauma. Depending on the refugee camp, a researcher doing this work would have to learn the languages spoken by the local population. For example, one my interview participants spoke five languages: Arabic,

three local dialects, and English. Another participant spoke four languages: Swahili, two dialects and English. Therefore, a project studying sexuality education in refugee camps would have to be available in a language other than English. I chose to use English as the language for my dissertation research, which hindered survey recruitment among refugee populations.

Given my interest in refugees from Sub-Saharan Africa, and the current refugee streams out of the region, the three languages I could have translated my protocols into are French, Arabic and Swahili. French would be for refugees coming from former French speaking colonies, like Rwanda, Burundi, Côte d'Ivoire, and Democratic Republic of Congo. An Arabic translation would be for refugees from Somali and Sudanese and South-Sudanese communities. And finally, Swahili, because two of the biggest and oldest refugee camps, Dadaab and Kakuma, are located in Kenya and refugees who are born and live in that camp all learn to speak Swahili. They learn to speak Swahili because after English, Swahili is Kenya's official language. From research design to implementation, a research project about sexuality education in refugee camps, is a multi-year, multiple language, and multiple personnel undertaking, one that could not be done as a dissertation.

Next steps.

Researching how sub-Saharan African women learn about sex raised more questions that will guide my next work. When I first designed this study, I was interested in how Sub-Saharan African men learn about sex as well. Answers from the 26-year-old former Somali male refugee to the survey piqued my interest in understanding how men navigate learning about sexuality. I am especially interested in how they navigate

answering questions before and after resettlement given the continued hyper-sexualization of Black men in the United States. I am also interested in expanding my study to include LGBTQ African refugees and immigrants to understand how they learn about sex. To answer these questions, I would use a mixed methods approach to this research.

I would like to follow this research on how Sub-Saharan African women learn about sex, with a research study on how they used the information they learn from siblings and peers to make decisions about their sexual health. Given the structural racism that exists in the US health care system, I am interested in how Sub-Saharan African immigrant women navigate the already complex US health care system. I am interested in how Sub-Saharan African immigrants find information about health care and who are the trusted sources of sexual and reproductive health information.

Although I was unable to answer the question about sexuality education in refugee camps, I spent a lot of time reading United Nations, UN, documents about refugees and asylum seekers. Given the structure of the United Nations and the United States role in the creation and sustaining of the UN, I am interested in researching how the policies within the UN affect the US and vice versa. I am also interested in following up on the research on refugee camps and how the day to day lives of the people that have spent much of their lives in them. Given the increasing migration around the world, I am interested in understanding if there are alternative ways to organize and streamline the resettlement process globally.

The survey, though built for all genders, had mainly women respondents and one male respondent – a 26-year-old former Somali refugee. His answers to the survey

questions were vastly different from the women survey respondents as well as the women I interviewed. For example, when asked how he would learn about having a baby, in the survey he responded by that he would learn “by having a baby” And when asked how he would learn about giving a partner pleasure and receiving pleasure from a partner, he responded “by having sex.” Given his answers to these questions, I would like to research how Sub-Saharan African male immigrants learn about sex. With my positionality as a Sub-Saharan African female immigrant, I would do this research with a Sub-Saharan African male immigrant colleague. This is to ensure that interviewees are comfortable discussing topics of sex with someone similar to them, and to ensure that analysis pays attention to the male immigrant lived experience – something I as a women would not understand.

Limitations:

Having used a trauma informed research, some questions could not be answered. For example, questions about consent and what that means to the women could not be answered. I approached the study with the assumption that any sex that the women had had was consensual. This meant that I was not able to ask questions about what they thought consent meant. It also meant I couldn’t ask questions about their actual sex lives. This means I missed the opportunity to ask questions about how many current and previous partners they had, how often they were sexually active, and whether or not they were satisfied with their current sex lives. Such questions would have helped provide context for how learning about sex occurred, and the role of peers, family members, and social media platforms in the learning.

One thing that this study did reveal was that Sub-Saharan immigrant women have created counterpublics for their learning. However, the protocols I designed, because they were exploratory, could not ask for more details about the counterpublics immigrant women had created. And because the counterpublics were culturally and religiously specific, to better understand their role in women sexual learning lives would need a vastly different protocol design. Such a study would have to not only increase the sample size of women interviewed, it would also have to pay attention to the cultural and religious background of the women.

A major limitation of the study is that given the COVID-19 pandemic, much of the research was done over Zoom. What this meant is that recruitment was much harder than if this had been done in person. Doing this research in person would have the potential of increasing the number of interviews as well as survey respondents – which would also for more analysis on varying micro and macro levels. It would have also allowed for the inclusion of men in the study and contributed to the literature on how men learn about sex and the role of social media in that learning.

In the end:

Upon resettlement in the United States, Sub-Saharan African women create different social networks to learn about sex across the life span. Beginning at puberty, if women have received consistent and comprehensive sexuality education, they approach their menarche as part of life and will discuss it with their mothers. However, in the absence of sexuality education, as was the case for refugee women in my study, they learn about menarche from their older sisters and other female friends.

Following puberty, as women become more sexually active, peers, both male and female become an important source of information about sex. From their fellow women, Sub-Saharan African immigrant women learn about how to have pleasure in their sex lives. The conversations that women have with their fellow women are spontaneous and detailed allowing women room to ask questions and find answers. From their male peers, Sub-Saharan African immigrant women again learn how to give their male partners pleasure. And these conversations are also spontaneous and detailed.

Social media platforms present a nuanced and complex way of learning about sex for Sub-Saharan African women. Facebook in particular allows women to create counterpublics where they discuss sex in ways that are culturally and religiously specific to them. Platforms allow women to be a listening audience, engaged with the content but not creating it, and this is another way that they learn about sex. The question remains, how do algorithms and women's own curation of their online presence affect their ability to access information on different social media platforms. So though Janelle Monae sang that everything is sex, except sex, what my research shows it that perhaps the Spice Girls were onto something – friends, whether in person or online are an important part learning about sex.

¹As of 2018, only three states, New York, Illinois, and Florida, have implemented laws that remove sales tax from menstrual products.

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APPENDIX A

REFUGEE RESETTLEMENT PROCESS IN SUB-SAHARAN AFRICA

Though refugees have existed as long as there have been wars, it was not until 1950 that the term “refugee” as we know it today was defined. At the end of World War II, the United Nations High Commissioner for Refugees (UNHCR) was created (UNHCR, 2019). The sole goal of this new organization was to assist Europeans that had fled or left their homes during World War II (UNHCR, 2019). The UNHCR was given three years to work after which time it was hoped that the work of resettling European refugees would be complete and the organization would disband (UNHCR, 2019). One of the UNHCR’s first tasks was to define who exactly a refugee was, and what rights were they guaranteed by virtue of their refugee status.

In 1951 the United Nations Convention relating to the Status of refugees was drafted and it defined a refugee as an individual whom:

“As a result of events occurring before 1 January 1951 and owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable to or, owing to such fear, is unwilling to avail himself the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such is unwilling to return to it.” (United Nations Office of the High Commissioner, 2019).

The 1951 Convention was the first legal document that dealt with the status and rights of refugees, with the key right being Article 33 (1) which states:

“No Contracting State shall expel or return ("refouler") a refugee in any manner whatsoever to the frontiers of territories where his life or freedom would be threatened on account of his race, religion, nationality, membership of a particular social group or political opinion.” (United Nations Office of the High Commissioner, 2019).

Aside from the principle of non-refoulement, the 1951 Convention grants refugees the right to work and housing (Article 21), the right to education (Article 22), the right to public relief and assistance (Article 23), the right to freedom of religion (Article 4), the right to be issued identity and travel documents (Article 27 and 28), and the right to freedom of movement within the territory (Article 26) (United Nations Office of the High Commissioner, 2019; UNHCR, 2011).

As long as a refugee is in a host country, they are entitled to any and all the rights under the 1951 Convention. Not only do refugees have rights afforded to them by their refugee status, they also have obligations to the countries that offer refugees asylum. According to the 1951 Convention, refugees in host countries are obligated to abide by the laws of the asylum country and respect the measures taken by these countries to maintain public order (UNHCR, 2011).

When it was presented, the 1951 Convention was limited to providing protection to European refugees at the end of World War II (UNHCR, 2011). Not only was the convention and the role of the UNHCR limited to providing protection to Europeans, but the main goal was also to provide physical resources that would aid refugees in becoming fully integrated in their new communities. Sexual and reproductive health were not considered when drafting the 1951 Convention. Adolescents are not mentioned in the 1951 Convention and children are only mentioned twice. Article 4 admonishes contracting states to allow refugee parents to educate their children in their religious tradition; Article 17 encourages contracting states to allow refugees access to work if they have one or more children (Article 17:2c) (United Nations Office of the High

Commissioner, 2019). The assumption here is that refugees are in a family unit but assumes a Western nuclear family model.

The Convention was drafted under the assumption that nation-states would uphold the rights of their citizens, and when said state fails, another state would become a substitute provider of rights (Betts, 2013). However, when it was drafted, the majority of Sub-Saharan African countries were still colonies of European countries and not considered independent nation states. This meant colonies were excluded because it was assumed that the colonial powers would address any crises that arose in the colonies.

At the end of three years, the work of the UNHCR continued as new humanitarian crises continued to crop up around the world, including in Sub-Saharan Africa. This was because former colonies had begun to fight for their independence. It was soon apparent that that the UNHCR was still needed. To broaden the scope of the convention, the Protocol relating to the Status of Refugees was drafted in 1967 (UNHCR, 2011). The 1967 Protocol, as it is commonly known, removed the statement, “*As a result of events occurring before 1 January 1951*” but kept the rest of the definition of who a refugee was (United Nations Office of the High Commissioner, 2019). The 1967 protocol removed any geographical restrictions and time limits, meaning it was no longer just limited to Europe and the 3-year timeline (United Nations Office of the High Commissioner, 2019; UNHCR, 2011). Removing the geographical restrictions and the time limit was the only function of the 1967 protocol, and again sexual and reproductive health were not considered as part of the 1967 protocol.

An outcome of the 1951 Protocol was the drafting of the Convention Governing the Specific Aspect of the Refugee Problems in Africa, by the Organization for African

Unity (OAU) (United Nations Office of the High Commissioner, 2019). This was a result of the newly independent African nations noticing the increasing number of refugees on the continent and wanting to address this problem in an African context (United Nations Office of the High Commissioner, 2019). The OAU Convention, as it is commonly referred to, kept the 1951 Protocol's definition of who a refugee was, but expanded on that definition stating:

“The term “refugee” shall also apply to every person who, owing to external aggression, occupation, foreign domination or events seriously disturbing public order in either part or the whole of his country of origin or nationality, is compelled to leave his place of habitual residence in order to seek refuge in another place outside his country of origin or nationality.” (United Nations Office of the High Commissioner, 2019).

The OAU Convention definition was meant to address the wars for independence that were taking place on the continent, and account for refugees that were a result of those wars. It was also to address the increasing number of coups d'états that were occurring as new African leaders jostled for power.

Aside from expanding on the refugee definition, the OAU Convention implored African states to receive refugees within their borders and for other African states to assist those states that had received refugees (United Nations Office of the High Commissioner, 2019). Today these three documents: the 1951 Convention, the 1967 protocol, and the OAU Convention, are the main documents used to determine who is a refugee and what rights and obligations a refugee has.

To become a refugee and have access to all the rights and obligations in the three refugee documents is not a straightforward task. In cases of rapid migration movement, such as was seen in the 1994 Rwandan genocide, a host country can decide to apply

refugee status en-mass to a group of fleeing individuals (Hollenbach, 2008). However, in the absence of blanket refugee status, an individual must go through what is referred to as the Refugee Status Determination (RSD) process, a process run mainly by receiving states (UNHCR, 2003). The UNHCR does offer assistance in cases where a state does not have fair and equitable asylum procedures in place (UNHCR, 2019). The UNHCR staff working in RSD offices are responsible for registering, assisting in the completion of related paperwork, and interviewing individuals (UNHCR, 2003).

The RSD process revolves around family units, where a family unit is defined as a nuclear family (UNHCR, 2003). The RSD considers same sex couples, spouses that have entered into a customary marriage and legally married spouses in polygamist situations as legitimate family units that can apply for refugee status (UNHCR, 2003). The RSD process does make room for non-nuclear families to apply for refugee status, so unaccompanied children, dependent parents of a principal applicant, dependent children over the age of 18 and extended families can apply for refugee status (UNHCR, 2003). It is the responsibility of the applicant to prove either that they or their family have a *“...well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself the protection that country”* (UN Office of the High Commissioner, 2019). Once a determination has been made that an individual and their family merit the refugee status, they have the option of being resettled in a new country such as the United States of America.

APPENDIX B

UNITED STATES IMMIGRATION AND NATIONALITY ACT

[In 1952, the Immigration and Nationality Act (INA) was drafted and helped to define in American law who a refugee was. Using similar wording to the 1951 Convention, the INA added a clause¹ to the refugee definition that allows the President of the United States to designate any individual as a refugee and eligible for refugee status in the United States. The INA not only gave the President this right, within its definition, the Act also described who a refugee was not², and the alternative circumstances outside the UNHCR definition of when refugee status could be offered³.

Though much of the original migration out of Sub-Saharan Africa was to European countries, this began to change in the United States with the passing of the Immigration and Nationality Act of 1965, commonly referred to as the Hart-Cellar Act (Asante, Sekimoto & Brown, 2016; United States House of Representatives, n.d.). This 1965 Act removed the National Origins formula, the quota system that had restricted immigration to only individuals from Western Europe (United States House of Representatives, n.d.). This act which focused on providing pathways for highly skilled immigrants, provided the opportunity for Africans to emigrate to the United States. Just like their counterparts migrating to former colonial nations, most of these immigrants to the United States planned to get an education and return to their home countries.

The INA not only allows a sitting President some rights over who gets admitted into the country, but also grants those facing forced sterilization or forced abortion refugee status. Aside from giving a refugee definition, the INA laid out procedures for accepting and processing refugees (UCIS, 2019). Part of these procedures include the review of current refugee situations by the executive branch, and a discussion of why refugees should be admitted into the US (USCIS, 2019).

With these discussions completed, Cabinet representatives and Congress draft a Presidential Determination, a document that establishes overall how many refugees can be admitted and where refugees will be resettled. (USCIS, 2019). The US President has the ability to prevent the US from resettling refugees in any given year. If the Presidential Determination is not signed by the President, refugees cannot be admitted into the US for that fiscal year (USCIS, 2019). As part of the signing process, a sitting President can decide to limit even further, as was seen in 2017, the number of refugees resettled in the US (Pew Research Center, 2017; Executive Order 13780, 2017).

After the Presidential Determination has been signed, resettlement of refugees to the US can begin. Resettlement is based on a one-on-one interview with a USCIS officer, based on a referral from United States Refugee Admissions Program (USRAP) (USCIS, 2019). Review for resettlement is on a case-by-case basis with first priority given to cases identified and referred by the UNHCR, or a United States Embassy. Once those cases are reviewed, referrals for refugees of special humanitarian concern identified by the U.S. refugee program and refugees seeking to reunite with family members legally living in the United States such as spouses, parents, unmarried children under 21 are reviewed (USCIS, 2019). The process of being identified by the UNHCR and finally being interviewed by a USCIS agent can take years.

Once approved as a refugee, an individual receives a medical exam, a cultural orientation, assistance with travel plans and a loan to travel to the United States (USCIS, 2019). Upon arrival to the United States, refugees are assisted as part of the Federal Refugee Resettlement Program, a part of the Refugee Act of 1980 (US Department of Health and Human Services, USDHHS, 2019).

¹(B) in such special circumstances as the President after appropriate consultation (as defined in section 1157(e) of this title) may specify, any person who is within the country of such person's nationality or, in the case of a person having no nationality, within the country in which such person is habitually residing, and who is persecuted or who has a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion.(USCIS, 2019)

²The term "refugee" does not include any person who ordered, incited, assisted, or otherwise participated in the persecution of any person on account of race, religion, nationality, membership in a particular social group, or political opinion (USCIS, 2019)

³For purposes of determinations under this chapter, a person who has been forced to abort a pregnancy or to undergo involuntary sterilization, or who has been persecuted for failure or refusal to undergo such a procedure or for other resistance to a coercive population control program, shall be deemed to have been persecuted on account of political opinion, and a person who has a well founded fear that he or she will be forced to undergo such a procedure or subject to persecution for such failure, refusal, or resistance shall be deemed to have a well-founded fear of persecution on account of political opinion.”(USCIS, 2019)

APPENDIX C
SURVEY PROTOCOL

Role of social media in information finding survey protocol

Thank you so much for your interest in participating in this survey. The goal of this survey to understand how resettled refugees, children of resettled refugees, and African immigrants find information about changes in their bodies how and where babies come from, getting someone or getting pregnant and pleasure. This research is interested in understanding how social media, such as Facebook, Twitter, WhatsApp and Instagram help or hinder finding information for refugees.

You must be 18 years or older to participate in this survey. Answering the questions in this survey is completely up to you and should take about 20 minutes. Your responses in this survey will not be shown to anyone, aside from the researcher working on this project. All answers to the survey will be kept using a unique code and no one will know that you took this survey.

At the end of the survey, you may be asked to participate in an in interview. There are no anticipated risks for answering the questions in this survey. Some of the questions because they ask about sex maybe uncomfortable, but no one will know the answers you give. The answers collected from this survey will be used by a graduate student for PhD work, which includes writing a dissertation, presenting at conferences, writing research articles, and an academic book manuscript.

If you have any questions about this survey, you may contact Janet Nalubega Ross (jnross4@asu.edu; 801-7872608), or my advisor, Dr. Emir Estrada, Assistant Professor, School of Human Evolution and Social Change (Emir.Estrada@asu.edu). If you have questions about your rights when taking part in this survey you can contact the Chair of the Human Subjects Institutional Review Board, through the Office of Research Integrity and Assurance, at (480) 965-6788

If you would like to participate please click “Yes” below.

Introduction to survey questions:

1. Using a hashtag, how would you describe social media: For example, *#sexedforall*
2. How would you complete this sentence: Learning about how babies are made in the United States is ...

Set Up questions:

1. How old are you?
2. Are you:
 - a. Male
 - b. Female
 - c. Other (please specify)
3. Did you resettle in the United States as a refugee?
 - a. Yes
 - b. No
4. Did one or both your parents resettle in the United States as refugees?

- a. Yes
 - b. No
5. Which country were you born in?
 6. Which country was your mother born in?
 7. Which country was your father born in?

The following set of questions are about the time you were living outside United States, that is to say, your experience when you were living outside the United States. It also includes a set of questions are on finding information about how babies are made, where babies come from, changes in one's body and pleasure, while you were living outside United States. That is to say, your experiences learning about these topics when you were living outside the United States

Journey questions:

8. While living outside the United States, how did you access the internet?
 - a. I did not have access to the internet
 - b. On a computer
 - c. On a smart phone
 - d. Prefer not to say
 - e. Other (please specify):
9. What did you spend most of your time online doing?
 - a. Working
 - b. Playing games
 - c. Talking to friends and relatives
 - d. Looking at videos
 - e. On social media such as Facebook, Twitter, Instagram
 - f. Other (please specify)
 - g. Prefer not to say
10. On a typical day, how much time did you spend online?
11. Before coming to the United States, how many countries did you live in? [enter number of countries]
12. What was country 1:
13. In country 1, did you live in:
 - a. A major city in that country
 - b. A camp run by that country's government
 - c. A camp run by a United Nations organization
 - d. Other (please specify)
 - e. Prefer not to say
14. How old were you in country 1?
15. While living in country 1, if you had a question about these topics would you:
 - a. Ask a person
 - b. Look for the answer on the internet
 - c. Look for the answer on social media
16. While living in country 1, if you had a question about the following topics what are the initials of the person you ask that question to?

- a. *Where do babies come from*
- b. *How are babies made*
- c. *Changes in your body*
- d. *Being attracted to someone*
- e. *Getting someone pregnant* [for those who check male]
- f. *Getting pregnant* [for those who check female]
- g. *How to take care of children*
- h. *How to give a sexual partner pleasure*
- i. *How to get pleasure from a sexual partner*
- j. I would not ask a person; I would go online [go to website question]
- k. I would not ask a person; I would go to social media [go to social media]

17. The person with initials 1 is

- a. Gender
 - i. Male
 - ii. Female
- b. Family member/friend age
 - i. Younger than me
 - ii. The same age
 - iii. Older than me
- c. A member of your family
 - i. Yes
 - ii. No
- d. Family member
 - i. Parent
 - ii. Brother or sister
 - iii. Close relative
- e. Non-family member question
 - i. Friend
 - ii. Healthcare worker
 - iii. Member of my religious community
 - iv. Teacher

18. The person with initials 2 is

- a. Gender
 - i. Male
 - ii. Female
- b. A member of your family
 - i. Yes
 - ii. No
- c. Family member
 - i. Parent
 - ii. Brother or sister
 - iii. Close relative
- d. Non-family member question
 - v. Friend
 - i. Healthcare worker

- ii. Member of my religious community
 - iii. Teacher
 - e. Family member/friend age
 - i. Younger than me
 - ii. The same age
 - iii. Older than me
- 19. The person with initials 3 is
 - a. Gender
 - i. Male
 - ii. Female
 - b. A member of your family
 - i. Yes
 - ii. No
 - c. Family member
 - i. Parent
 - ii. Brother or sister
 - iii. Close relative
 - d. Non-family member question
 - i. Friend
 - ii. Healthcare worker
 - iii. Member of my religious community
 - iv. Teacher
 - e. Family member/friend age
 - i. Younger than me
 - ii. The same age
 - iii. Older than me
- 20. If I had questions on the following topics, I would go to websites such as:
- 21. Why would you go to those specific websites to answer questions about the topics listed above?
- 22. If I had questions about the following topics, I would go to the following social media sites [drop down lists]
 - a. *Where do babies come from*
 - i. Facebook
 - ii. Twitter
 - iii. Instagram
 - iv. YouTube
 - v. Tik Tok
 - vi. Reddit
 - vii. WhatsApp
 - viii. WeChat
 - ix. Weibo
 - x. Other (please specify)
 - b. *How are babies made*
 - i. Facebook
 - ii. Twitter

- iii. Instagram
 - iv. YouTube
 - v. Tik Tok
 - vi. Reddit
 - vii. WhatsApp
 - viii. WeChat
 - ix. Weibo
 - x. Other (please specify)
- c. *Changes in your body*
- i. Facebook
 - ii. Twitter
 - iii. Instagram
 - iv. YouTube
 - v. Tik Tok
 - vi. Reddit
 - vii. WhatsApp
 - viii. WeChat
 - ix. Weibo
 - x. Other (please specify)
- d. *Being attracted to someone*
- i. Facebook
 - ii. Twitter
 - iii. Instagram
 - iv. YouTube
 - v. Tik Tok
 - vi. Reddit
 - vii. WhatsApp
 - viii. WeChat
 - ix. Weibo
 - x. Other (please specify)
- e. Getting someone pregnant [for those who check male]
- i. Facebook
 - ii. Twitter
 - iii. Instagram
 - iv. YouTube
 - v. Tik Tok
 - vi. Reddit
 - vii. WhatsApp
 - viii. WeChat
 - ix. Weibo
 - x. Other (please specify)
- f. Getting pregnant [for those who check female]
- i. Facebook
 - ii. Twitter
 - iii. Instagram

- iv. YouTube
 - v. Tik Tok
 - vi. Reddit
 - vii. WhatsApp
 - viii. WeChat
 - ix. Weibo
 - x. Other (please specify)
- g. How to take care of children
- i. Facebook
 - ii. Twitter
 - iii. Instagram
 - iv. YouTube
 - v. Tik Tok
 - vi. Reddit
 - vii. WhatsApp
 - viii. WeChat
 - ix. Weibo
 - x. Other (please specify)
- h. How to give a sexual partner pleasure
- i. Facebook
 - ii. Twitter
 - iii. Instagram
 - iv. YouTube
 - v. Tik Tok
 - vi. Reddit
 - vii. WhatsApp
 - viii. WeChat
 - ix. Weibo
 - x. Other (please specify)
- i. How to get pleasure from a sexual partner
- i. Facebook
 - ii. Twitter
 - iii. Instagram
 - iv. YouTube
 - v. Tik Tok
 - vi. Reddit
 - vii. WhatsApp
 - viii. WeChat
 - ix. Weibo
 - x. Other (please specify)
23. Why would you go to those specific social media sites to answer questions about the topics listed above?
24. What was country 2:
25. In country 2, did you live in:
- a. A major city in that country

- b. A camp run by that country's government
 - c. A camp run by a United Nations organization
 - d. Other (please specify)
 - e. Prefer not to say
26. How old were you in country 2?
27. While living in country 2, if you had a question about the following topics what are the initials of the person you ask that question to?
- a. *Where do babies come from*
 - b. *How are babies made*
 - c. *Changes in your body*
 - d. *Being attracted to someone*
 - e. *Getting someone pregnant* [for those who check male]
 - f. *Getting pregnant* [for those who check female]
 - g. *How to take care of children*
 - h. *How to give a sexual partner pleasure*
 - i. *How to get pleasure from a sexual partner*
 - j. I would not ask a person; I would go online [go to website question]
 - k. I would not ask a person; I would go to social media [go to social media question]
28. The person with initials 1 is
- a. Gender
 - i. Male
 - ii. Female
 - b. Family member/friend age
 - i. Younger than me
 - ii. The same age
 - iii. Older than me
 - c. A member of your family
 - i. Yes
 - ii. No
 - d. Family member
 - i. Parent
 - ii. Brother or sister
 - iii. Close relative
 - e. Non-family member question
 - i. Friend
 - ii. Healthcare worker
 - iii. Member of my religious community
 - iv. Teacher
29. The person with initials 2 is
- a. Gender
 - i. Male
 - ii. Female
 - b. A member of your family
 - i. Yes

- ii. No
 - c. Family member
 - i. Parent
 - ii. Brother or sister
 - iii. Close relative
 - d. Non-family member question
 - i. Friend
 - ii. Healthcare worker
 - iii. Member of my religious community
 - iv. Teacher
 - e. Family member/friend age
 - i. Younger than me
 - ii. The same age
 - iii. Older than me
30. The person with initials 3 is
- a. Gender
 - i. Male
 - ii. Female
 - b. A member of your family
 - i. Yes
 - ii. No
 - c. Family member
 - i. Parent
 - ii. Brother or sister
 - iii. Close relative
 - d. Non-family member question
 - i. Friend
 - ii. Healthcare worker
 - iii. Member of my religious community
 - iv. Teacher
 - e. Family member/friend age
 - i. Younger than me
 - ii. The same age
 - iii. Older than me
31. If I had questions on the following topics, I would go to websites such as:
32. Why would you go to those specific websites to answer questions about the topics listed above?
33. If I had questions about the following topics, I would go to the following social media sites [drop down lists]
- a. *Where do babies come from*
 - i. Facebook
 - ii. Twitter
 - iii. Instagram
 - iv. YouTube
 - v. Tik Tok

- vi. Reddit
 - vii. WhatsApp
 - viii. WeChat
 - ix. Weibo
 - x. Other (please specify)
- b. *How are babies made*
- i. Facebook
 - ii. Twitter
 - iii. Instagram
 - iv. YouTube
 - v. Tik Tok
 - vi. Reddit
 - vii. WhatsApp
 - viii. WeChat
 - ix. Weibo
 - x. Other (please specify)
- c. *Changes in your body*
- i. Facebook
 - ii. Twitter
 - iii. Instagram
 - iv. YouTube
 - v. Tik Tok
 - vi. Reddit
 - vii. WhatsApp
 - viii. WeChat
 - ix. Weibo
 - x. Other (please specify)
- d. *Being attracted to someone*
- i. Facebook
 - ii. Twitter
 - iii. Instagram
 - iv. YouTube
 - v. Tik Tok
 - vi. Reddit
 - vii. WhatsApp
 - viii. WeChat
 - ix. Weibo
 - x. Other (please specify)
- e. Getting someone pregnant [for those who check male]
- i. Facebook
 - ii. Twitter
 - iii. Instagram
 - iv. YouTube
 - v. Tik Tok
 - vi. Reddit

- vii. WhatsApp
- viii. WeChat
- ix. Weibo
- x. Other (please specify)
- f. Getting pregnant [for those who check female]
 - i. Facebook
 - ii. Twitter
 - iii. Instagram
 - iv. YouTube
 - v. Tik Tok
 - vi. Reddit
 - vii. WhatsApp
 - viii. WeChat
 - ix. Weibo
 - x. Other (please specify)
- g. How to take care of children
 - i. Facebook
 - ii. Twitter
 - iii. Instagram
 - iv. YouTube
 - v. Tik Tok
 - vi. Reddit
 - vii. WhatsApp
 - viii. WeChat
 - ix. Weibo
 - x. Other (please specify)
- h. How to give a sexual partner pleasure
 - i. Facebook
 - ii. Twitter
 - iii. Instagram
 - iv. YouTube
 - v. Tik Tok
 - vi. Reddit
 - vii. WhatsApp
 - viii. WeChat
 - ix. Weibo
 - x. Other (please specify)
- i. How to get pleasure from a sexual partner
 - i. Facebook
 - ii. Twitter
 - iii. Instagram
 - iv. YouTube
 - v. Tik Tok
 - vi. Reddit
 - vii. WhatsApp

- viii. WeChat
 - ix. Weibo
 - x. Other (please specify)
34. Why would you go to those specific social media sites to answer questions about the topics listed above?
35. What was country 3:
36. In country 3, did you live in a:
- a. A major city in that country
 - b. A camp run by that country's government
 - c. A camp run by a United Nations organization
 - d. Other (please specify)
 - e. Prefer not to say
37. How old were you in country 3?
38. While living in country 1, if you had a question about these topics would you:
- a. Ask a person
 - b. Look for the answer on the internet
 - c. Look for the answer on social media
- 39.
40. While living in country 3, if you had a question about the following topics what are the initials of the person you ask that question to?
- a. *Where do babies come from*
 - b. *How are babies made*
 - c. *Changes in your body*
 - d. *Being attracted to someone*
 - e. *Getting someone pregnant* [for those who check male]
 - f. *Getting pregnant* [for those who check female]
 - g. *How to take care of children*
 - h. *How to give a sexual partner pleasure*
 - i. *How to get pleasure from a sexual partner*
 - j. I would not ask a person; I would go online [go to website question]
 - k. I would not ask a person; I would go to social media [go to social media question]
41. The person with initials 1 is
- a. Gender
 - i. Male
 - ii. Female
 - b. Family member/friend age
 - i. Younger than me
 - ii. The same age
 - iii. Older than me
 - c. A member of your family
 - i. Yes
 - ii. No
 - d. Family member
 - i. Parent

- ii. Brother or sister
 - iii. Close relative
 - e. Non-family member question
 - i. Friend
 - ii. Healthcare worker
 - iii. Member of my religious community
 - iv. Teacher
42. The person with initials 2 is
- a. Gender
 - i. Male
 - ii. Female
 - b. A member of your family
 - i. Yes
 - ii. No
 - c. Family member
 - i. Parent
 - ii. Brother or sister
 - iii. Close relative
 - d. Non-family member question
 - i. Friend
 - ii. Healthcare worker
 - iii. Member of my religious community
 - iv. Teacher
 - e. Family member/friend age
 - i. Younger than me
 - ii. The same age
 - iii. Older than me
43. The person with initials 3 is
- a. Gender
 - i. Male
 - ii. Female
 - b. A member of your family
 - i. Yes
 - ii. No
 - c. Family member
 - i. Parent
 - ii. Brother or sister
 - iii. Close relative
 - d. Non-family member question
 - i. Friend
 - ii. Healthcare worker
 - iii. Member of my religious community
 - iv. Teacher
 - e. Family member/friend age
 - i. Younger than me

- ii. The same age
 - iii. Older than me
44. If I had questions on the following topics, I would go to websites such as:
45. Why would you go to those specific websites to answer questions about the topics listed above?
46. If I had questions about the following topics, I would go to the following social media sites [drop down lists]
- a. *Where do babies come from*
 - i. Facebook
 - ii. Twitter
 - iii. Instagram
 - iv. YouTube
 - v. Tik Tok
 - vi. Reddit
 - vii. WhatsApp
 - viii. WeChat
 - ix. Weibo
 - x. Other (please specify)
 - b. *How are babies made*
 - i. Facebook
 - ii. Twitter
 - iii. Instagram
 - iv. YouTube
 - v. Tik Tok
 - vi. Reddit
 - vii. WhatsApp
 - viii. WeChat
 - ix. Weibo
 - x. Other (please specify)
 - c. *Changes in your body*
 - i. Facebook
 - ii. Twitter
 - iii. Instagram
 - iv. YouTube
 - v. Tik Tok
 - vi. Reddit
 - vii. WhatsApp
 - viii. WeChat
 - ix. Weibo
 - x. Other (please specify)
 - d. *Being attracted to someone*
 - i. Facebook
 - ii. Twitter
 - iii. Instagram
 - iv. YouTube

- v. Tik Tok
 - vi. Reddit
 - vii. WhatsApp
 - viii. WeChat
 - ix. Weibo
 - x. Other (please specify)
- e. Getting someone pregnant [for those who check male]
- i. Facebook
 - ii. Twitter
 - iii. Instagram
 - iv. YouTube
 - v. Tik Tok
 - vi. Reddit
 - vii. WhatsApp
 - viii. WeChat
 - ix. Weibo
 - x. Other (please specify)
- f. Getting pregnant [for those who check female]
- i. Facebook
 - ii. Twitter
 - iii. Instagram
 - iv. YouTube
 - v. Tik Tok
 - vi. Reddit
 - vii. WhatsApp
 - viii. WeChat
 - ix. Weibo
 - x. Other (please specify)
- g. How to take care of children
- i. Facebook
 - ii. Twitter
 - iii. Instagram
 - iv. YouTube
 - v. Tik Tok
 - vi. Reddit
 - vii. WhatsApp
 - viii. WeChat
 - ix. Weibo
 - x. Other (please specify)
- h. How to give a sexual partner pleasure
- i. Facebook
 - ii. Twitter
 - iii. Instagram
 - iv. YouTube
 - v. Tik Tok

- vi. Reddit
 - vii. WhatsApp
 - viii. WeChat
 - ix. Weibo
 - x. Other (please specify)
- i. How to get pleasure from a sexual partner
 - i. Facebook
 - ii. Twitter
 - iii. Instagram
 - iv. YouTube
 - v. Tik Tok
 - vi. Reddit
 - vii. WhatsApp
 - viii. WeChat
 - ix. Weibo
 - x. Other (please specify)
47. Why would you go to those specific social media sites to answer questions about the topics listed above?
48. What year did you move to the United States?

Family and friends in the United States.

49. Before coming to the United States, did you have any relatives that were already living in the United States.
- a. Yes
 - b. No
 - c. Prefer not to say
50. How often did you keep in touch with your relatives in the United States?
51. How did you keep in touch with your relatives in the United States?
52. Before coming to the United States, did you have any friends that were already living in the United States.
- a. Yes
 - b. No
 - c. Prefer not to say
53. How often did you keep in touch with your friends in the United States?
54. How did you keep in touch with your friends in the United States?

The following set of questions are about finding information about sex, sexuality, and reproduction once you started living in the United States. That is to say, your experiences learning about sex, sexuality, and reproduction, while living in the United States

55. If you had a question about the following topics what are the initials of the person you ask that question to?
- a. *Where do babies come from*
 - b. *How are babies made*
 - c. *Changes in your body*

- d. *Being attracted to someone*
 - e. *Getting someone pregnant* [for those who check male]
 - f. *Getting pregnant* [for those who check female]
 - g. *How to take care of children*
 - h. *How to give a sexual partner pleasure*
 - i. *How to get pleasure from a sexual partner*
 - j. I would not ask a person; I would go online [go to website question]
 - k. I would not ask a person; I would go to social media [go to social media question]
56. The person with initials 1 is
- a. Gender
 - i. Male
 - ii. Female
 - b. A member of your family
 - i. Yes
 - ii. No
 - c. Family member
 - i. Parent
 - ii. Brother or sister
 - iii. Close relative
 - d. Non-family member question
 - i. Friend
 - ii. Healthcare worker
 - iii. Member of my religious community
 - iv. Teacher
 - e. Family member/friend age
 - i. Younger than me
 - ii. The same age
 - iii. Older than me
57. The person with initials 2 are
- a. Gender
 - i. Male
 - ii. Female
 - b. A member of your family
 - i. Yes
 - ii. No
 - c. Family member
 - i. Parent
 - ii. Brother or sister
 - iii. Close relative
 - d. Non-family member question
 - i. Friend
 - ii. Healthcare worker
 - iii. Member of my religious community
 - iv. Teacher

- e. Family member/friend age
 - i. Younger than me
 - ii. The same age
 - iii. Older than me

58. The person with initials 3 is

- a. Gender
 - i. Male
 - ii. Female
- b. A member of your family
 - i. Yes
 - ii. No
- c. Family member
 - i. Parent
 - ii. Brother or sister
 - iii. Close relative
- d. Non-family member question
 - i. Friend
 - ii. Healthcare worker
 - iii. Member of my religious community
 - iv. Teacher
- e. Family member/friend age
 - i. Younger than me
 - ii. The same age
 - iii. Older than me

59. If I had questions on the following topics, I would go to websites such as:

60. Why would you go to those specific websites to answer questions about the topics listed above?

61. If I had questions about the following topics, I would go to the following social media sites [drop down lists]

- a. *Where do babies come from*
 - i. Facebook
 - ii. Twitter
 - iii. Instagram
 - iv. YouTube
 - v. Tik Tok
 - vi. Reddit
 - vii. WhatsApp
 - viii. WeChat
 - ix. Weibo
 - x. Other (please specify)
- b. *How are babies made*
 - i. Facebook
 - ii. Twitter
 - iii. Instagram

- iv. YouTube
 - v. Tik Tok
 - vi. Reddit
 - vii. WhatsApp
 - viii. WeChat
 - ix. Weibo
 - x. Other (please specify)
- c. *Changes in your body*
- i. Facebook
 - ii. Twitter
 - iii. Instagram
 - iv. YouTube
 - v. Tik Tok
 - vi. Reddit
 - vii. WhatsApp
 - viii. WeChat
 - ix. Weibo
 - x. Other (please specify)
- d. *Being attracted to someone*
- i. Facebook
 - ii. Twitter
 - iii. Instagram
 - iv. YouTube
 - v. Tik Tok
 - vi. Reddit
 - vii. WhatsApp
 - viii. WeChat
 - ix. Weibo
 - x. Other (please specify)
- e. Getting someone pregnant [for those who check male]
- i. Facebook
 - ii. Twitter
 - iii. Instagram
 - iv. YouTube
 - v. Tik Tok
 - vi. Reddit
 - vii. WhatsApp
 - viii. WeChat
 - ix. Weibo
 - x. Other (please specify)
- f. Getting pregnant [for those who check female]
- i. Facebook
 - ii. Twitter
 - iii. Instagram
 - iv. YouTube

- v. Tik Tok
 - vi. Reddit
 - vii. WhatsApp
 - viii. WeChat
 - ix. Weibo
 - x. Other (please specify)
- g. How to take care of children
- i. Facebook
 - ii. Twitter
 - iii. Instagram
 - iv. YouTube
 - v. Tik Tok
 - vi. Reddit
 - vii. WhatsApp
 - viii. WeChat
 - ix. Weibo
 - x. Other (please specify)
- h. How to give a sexual partner pleasure
- i. Facebook
 - ii. Twitter
 - iii. Instagram
 - iv. YouTube
 - v. Tik Tok
 - vi. Reddit
 - vii. WhatsApp
 - viii. WeChat
 - ix. Weibo
 - x. Other (please specify)
- i. How to get pleasure from a sexual partner
- i. Facebook
 - ii. Twitter
 - iii. Instagram
 - iv. YouTube
 - v. Tik Tok
 - vi. Reddit
 - vii. WhatsApp
 - viii. WeChat
 - ix. Weibo
 - x. Other (please specify)
62. Why would you go to those specific social media sites to answer questions about the topics listed above?
63. In your opinion; what is the best way for an individual to learn about:
64. *Where do babies come from*
65. *How are babies made*
66. *Changes in your body*

- 67. *Being attracted to someone*
- 68. *Getting someone pregnant* [for those who check male]
- 69. *Getting pregnant* [for those who check female]
- 70. *How to take care of children*
- 71. *How to give a sexual partner pleasure*
- 72. *How to get pleasure from a sexual partner*

Demographic questions.

- 73. Are you?
 - a. Single/Unmarried
 - b. Married
 - c. In a relationship
 - d. Other:
 - e. Prefer not to say
- 74. What language was most of your schooling in?
- 75. Did you graduate from high school?
 - a. Yes
 - b. No
- 76. How many years of schooling did you complete?
- 77. What is your highest level of education?
 - f. Some college credit but less than one year of college credit
 - g. One or more years of college credit, no degree
 - h. Associate's degree
 - i. Bachelor's degree
 - j. Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)
 - k. Doctorate degree (e.g. PhD, EdD, MD)
- 78. What language was spoken most often in the household you grew up in?
- 79. Do you have any children?
- 80. How many children do you have?

[Display question for those whose mother is from Sub-Saharan Africa or are female and identify as coming from Sub-Saharan Africa]. Would you be interested in taking part in a Zoom interview at the time that is convenient for you?

If yes, please provide an email (or other preferred method to communicate with you) so that we may give you some more information about the interview and schedule a time to meet.

Thank you very much for taking part in this survey.

APPENDIX D
RESOURCE SHEET

General Health Information Websites:
Centers for Disease Control and Prevention (CDC) cdc.gov
World Health Organization: who.int

Maricopa County:
Healthy Start:
3230 East Broadway Road, Suite 200
Phoenix, AZ 85040

Children's Immunizations
(602) 506-9337

Central-Roosevelt Clinic
1645 E Roosevelt Street
Phoenix, AZ 85006
(602) 506-8815

Refugee Women's Health Clinic
2601 E Roosevelt St.
Phoenix, AZ 85008
(602) 344-5011
24 Hour Crisis-Line (480) 784-1500

Maricopa County Department of Public Health
220 S. 12th Avenue
Phoenix, AZ 85007
Mental Health Services
Crisis Hotline: (602) 222-9444
Teen lifeline: (602) 248-8336

Mountain Park Health Center (Gateway Clinic)
3830 E. Van Buren St.
Phoenix, AZ 85008
602-689-1116

International Rescue Committee: Phoenix
4425 West Olive Avenue #400
Glendale, AZ 85302
(602) 433-2440

Maricopa County Shelter Line: (480) 890-3039
24-hour Hotline: (800) 799-7233
Program information: (602) 542-4446
AZ Coalition to End Sexual and Domestic Violence: (602) 279-2900
RAINN Hotline: (800) 656-HOPE

APPENDIX E
SEMI-STRUCTURED INTERVIEW PROTOCOL

1721. Tell the story of how you got to America

- a. Which country/city were you born in?
- b. What other countries did you live in before coming to America?
- c. How long were you in the different countries before resettlement in America?
- d. Do you remember what organization helped you with getting to America?
- e. What year did you arrive in America?
- f. Do you remember the names of the organizations that helped you when you first moved to Arizona?
- g. Do you remember any particular people that helped you when you first moved to Arizona?
- h. Did you have any family members that were living in America/ Arizona when you arrived?

Participant ID		Refugee Camp 1	Refugee Camp 2
Place of Birth			
Country 1			
Country 2			
State 1			
State 2			
Organization 1			
Organization 2			
Person 1			
Person 2			

2. How many children do you have?

- a. What is the age of your oldest child?
- b. What is the sex of your oldest child?
- c. Where was your oldest child born?
- d. What is the age of your youngest child?
- e. What is the sex of your youngest child?
- f. Where was your youngest child born?
- g. See above questions for middle children

	Age	Sex	Place of birth
Youngest child			
Oldest child			
Middle child 1			
Middle child 2			
Middle child 3			

3. Before you had children, what did you know about having children?

- a. Did you know how a woman became pregnant?
- b. How old were you when you were learning this information?
- c. Where did you learn about how women became pregnant?

- d. Did anyone tell you what giving birth was like?
- e. Did you have any idea of the number of children you wanted to have?
4. Before having your own children, had you ever assisted with either the birth or raising of any children?
 - a. In which country did you assist in the birth or raising of any children?
5. Tell me the birth story of one child born in Africa
 - a. How old were you when child was born?
 - b. Was the child born at home, in a hospital or somewhere else?
 - c. Did someone help you with the birth of this child? Who was that person?
 - d. Did someone help you after the child was born?
6. Tell me the birth story of one of your children outside America
 - a. How old were you when child was born?
 - b. Was the child born at home, in a hospital or somewhere else?
 - c. Did someone help you with the birth of this child? Who was that person?
 - d. Did someone help you after the child was born?
7. When you were a child did anyone talk to you about sex?
 - a. Who talked to you about sex?
 - b. Do you remember when or how old you were when they talked to you about sex?
 - c. Do you remember what they told you about sex?
 - d. Did what they tell you depend on you being a woman?
8. Do you plan to have more children than the ones you have now?
 - a. Given your past experiences, what would you do different with your next pregnancy?
9. With your own children, do you talk to your children about reproduction/giving birth?
 - a. What do you tell them about giving birth?
 - b. When do you start talking to them about giving birth?
 - c. Do you think it is your role to talk to your children about giving birth?
 - d. If you were still living in your birth country, who would be in charge for talking to your children about giving birth?
10. Do you talk to your children about how sex?
 - a. Why or why not?
 - b. Can you give me an example of a time when you had this conversation with son?
 - c. Can you give me an example of a time when you had this conversation with your daughter?
 - d. Whose role is it to talk to children about sex?
 - e. Why is it important that you or that person you mentioned talk to your children about sex?
 - f. If you were still living in your birth country, whose role would it be to talk to your children about sex?
11. Is there anything else you would like to add that I have not asked?
12. Do you have any questions for me?

Termination Script: I notice that this interview is getting hard for you. I am going to stop the interview now. Is there someone you can call to talk to? I also have a list of places we could call if you want to get someone to talk to.

APPENDIX F
RESEARCH RECRUITMENT FLYER



DID YOU OR YOUR FAMILY

RESETTLE AS A REFUGEES
TO THE UNITED STATES?

Participants needed for online survey

We are looking for **resettled refugees 18 years or older** to participate in an online survey about how they learn about sex and having babies; and the role of social media in that learning process. The online survey **takes up to 20 minutes** and is completely anonymous. You may also choose to participate in a compensated 30-45 minute online interview.



https://asu.col.qualtrics.com/jfe/form/SV_30VksOh4wI2M0o5



APPENDIX G
INSTITUTIONAL REVIEW BOARD APPROVAL

APPROVAL: EXPEDITED REVIEW

Monica Gaughan
 CLAS-SS: Human Evolution and Social Change, School of (SHESC) 480/727-9973
 Monica.Gaughan@asu.edu

Dear Monica Gaughan:
 On 9/12/2020 the ASU IRB reviewed the following protocol:

Type of Review: Initial Study	
Title:	Information seeking among resettled sub-Saharan African refugees
Investigator: Monica Gaughan	
IRB ID: STUDY00012340	
Category of review:	(7)(a) Behavioral research (7)(b) Social science methods
Funding: None	
Grant Title: None	
Grant ID: None	
Documents Reviewed:	<ul style="list-style-type: none"> • Community Recruitment & Grant Application, Category: Other; • Updated Consent & Assent forms, Category: Consent Form; • Updated IRB Protocol, Category: IRB Protocol; • Updated Recruitment Materials, Category: Recruitment Materials; • Updated ResearchProtocols, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions);

The IRB approved the protocol from 9/12/2020 to 9/11/2021 inclusive. Three weeks before 9/11/2021 you are to submit a completed Continuing Review application and required attachments to request continuing approval or closure.

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If continuing review approval is not granted before the expiration date of 9/11/2021 approval of this protocol expires on that date. When consent is appropriate, you must use final, watermarked versions available under the “Documents” tab in ERA-IRB.

In conducting this protocol you are required to follow the requirements listed in the INVESTIGATOR MANUAL (HRP-103).

Sincerely,

IRB Administrator

cc: Janet Ross

Janet Ross

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Table 1: Demographic characteristics of research participants

Age	Birth Country	Year resettled	Children	Resettlement Status
Survey Respondents				
31	Bulgaria	1997	0	Refugee
25	Somalia	2004	0	Refugee
35	Thailand	1989	2	Refugee
23	Democratic Republic of Congo	2012	0	Refugee
22	Tanzania	2010	0	Refugee
*26	Somalia	2008	0	Refugee
21	Kenya	2010	0	Refugee
Semi-Structured Interviews				
24	Democratic Republic of Congo	2007	0	Refugee
25	Somalia	2004	0	Refugee
35	Somalia	2004	2	Refugee
21	Democratic Republic of Congo	2010	0	Refugee
19	Sudan	2015	0	Refugee
28	Sudan	2015	0	Refugee
35	Uganda	2014	1	Immigrant
26	Uganda	2012	0	Immigrant
35	Burundi	2000	3	Refugee
26	Uganda	2014	0	Immigrant
35	Uganda	2004	1	Immigrant
29	Nigeria	2021	0	Immigrant
33	Burundi	2000	3	Refugee
>55	Burundi	2000	3	Refugee
40	Sudan	2009	6	Immigrant
23	Somalia	2004	2	Refugee
19	Rwanda	2015	0	Refugee

*26-year-old former Somali Refugee identified as male. He was the only male in the research study

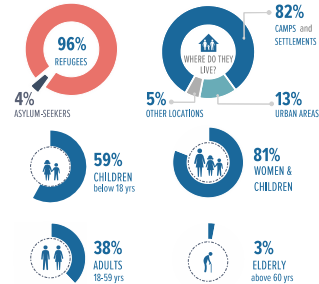
Figure 1: Refugee movements in Sub-Saharan Africa



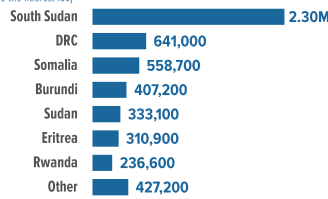
EAST, HORN OF AFRICA AND THE GREAT LAKES REGION
Refugees and asylum-seekers by country of asylum
 as of 31 March 2019

5.21 MILLION
 REFUGEES AND ASYLUM-SEEKERS

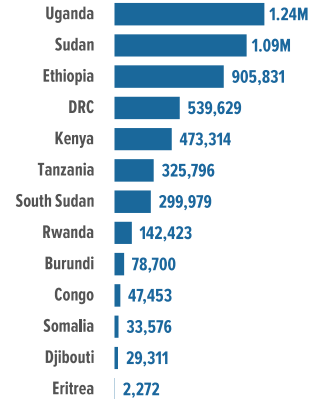
KEY STATISTICS



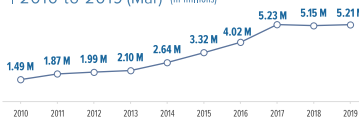
TOTALS BY COUNTRY OF ORIGIN
 (to the nearest 100)



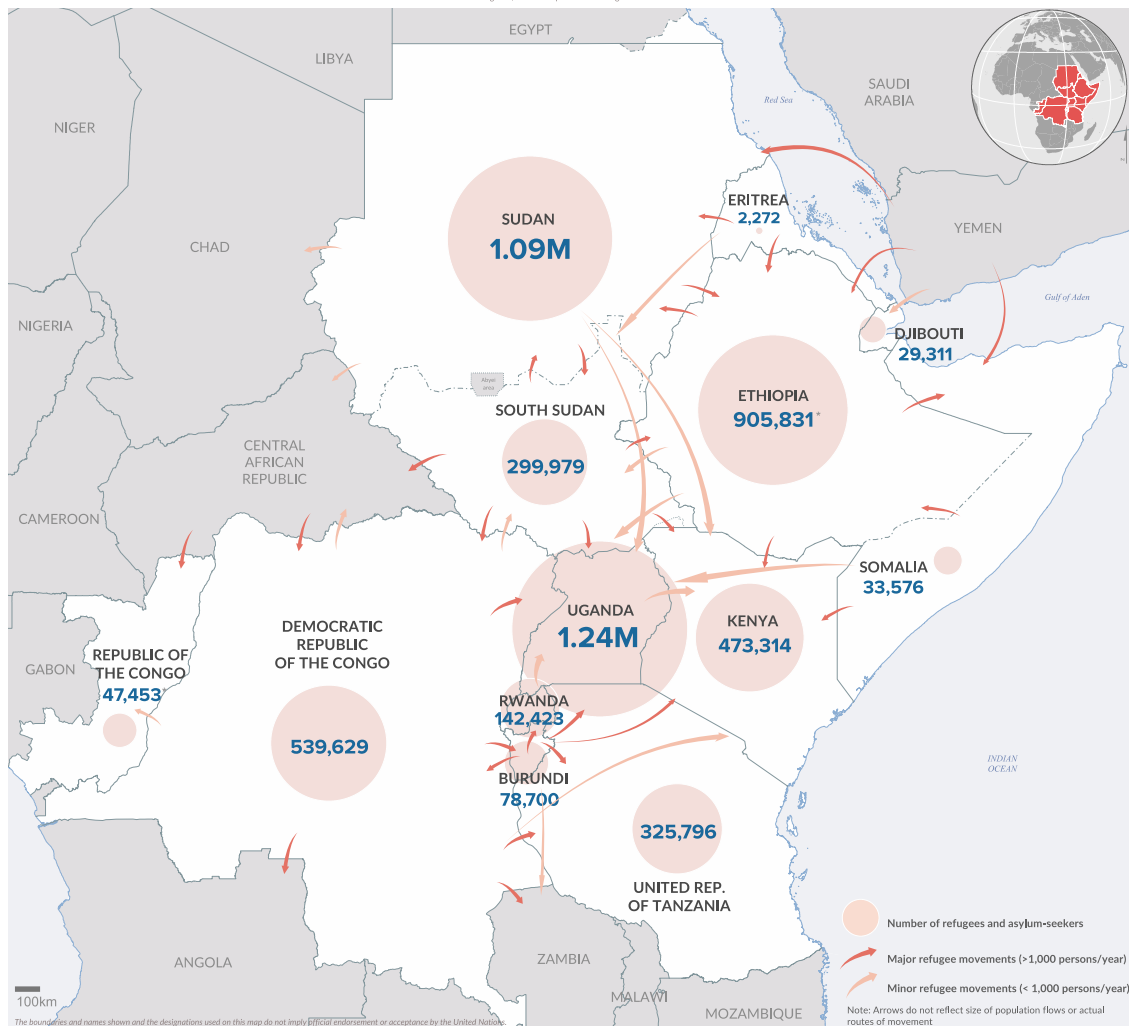
TOTALS BY HOST COUNTRY



ANNUAL TREND OF DISPLACEMENT
 | 2010 to 2019 (Mar) (in millions)



* The decrease in population in 2018 is attributed to the completion of a countrywide biometric verification exercise in Uganda, as well as spontaneous refugee returns to Burundi and South Sudan.



The boundaries and names shown and the designations used on this map do not imply UNHCR endorsement or acceptance by the United Nations.
 Final boundaries between the Republic of Sudan and the Republic of South Sudan and Somalia and Ethiopia has not yet been determined. Final status of the Abyei area is not yet determined.
 Creation date: 26 Apr 2019 | Sources: Geographic data: UNCS, Population statistics: UNHCR Monthly Statistical Reports 28 February 2019 or latest available. *Pending the completion of countrywide population verification exercises in Ethiopia and Congo, statistics shown are as 31 August and 31 October 2018 respectively. Statistics should be considered provisional and subject to change. | Author: UNHCR Regional Service Centre in Nairobi | Feedback: kenngis@unhcr.org