WHAT DID BLACK, AFRICAN, AND CARIBBEAN TEENS HAVE TO SAY?

planned parenthood TORONTO presents

SLAM PRESS

THE TORONTO TEEN SURVEY BULLETIN

In partnership with
The African and Caribbean Council on HIV/AIDS in Ontario (ACCHO)

In 2005, just fewer than 10% of Toronto residents were Black, African and Caribbean people, however they accounted for 33% of all new HIV infections[1]. Between 1985 and 2005, 37% of those new infections were among young Black women (15-29 yrs)[2]. Despite stereotypes that HIV is brought by newcomers from HIV endemic countries, 20 – 60% of African and Caribbean immigrants with HIV were infected post-migration[3]. Due to legacies of colonization and slavery that continue to foster multi-layered experiences of racism, exclusion and dehumanization, Black youth remain both at increased risk for sexually transmitted infections and poor health care access[4].

Sensationalist media portrayals of Black adolescents as immoral, hyper-sexualized, criminal, and downcast exacerbate these trends[5,6]. We know that many Black youth are actively engaged in their communities and are working hard to challenge these stereotypes in the face of racist oppression. Our research found that:

- Black youth are a very diverse group: socially, culturally, linguistically, religiously and sexually.
- Most Black youth in our study are not having risky sex.
- Black youth are less likely than White youth to access sexual health services.
- Black youth are the least likely of all groups to seek out information when they have questions about sex.
- Queer Black youth face dual forms of discrimination.
- There is a need for creative new models of culturally-relevant sexual health care.

WHO ARE WE?

The Toronto Teen Survey (TTS) is a community-based research project led by Planned Parenthood Toronto that has gathered information on assets, gaps and barriers that currently exist in sexual health education and services for youth. Between December 2006 and November 2009, we collected over 1,200 surveys and spoke with 118 youth and 80 of their service providers. This sample is the largest community-based youth sample of its kind in Toronto, Canada's most diverse urban centre.

The goal of the TTS is to enrich both the quality and quantity of sexual health information available to Toronto youth and improve the ways in which sexual health promotion and care are delivered. The information provided in this bulletin is intended to help service providers enhance sexual health care services for Black youth. It was developed in partnership with The African and Caribbean Council on HIV/AIDS in Ontario (ACCHO), York University, the University of Toronto and Wilfrid Laurier University in collaboration with Toronto Public Health.

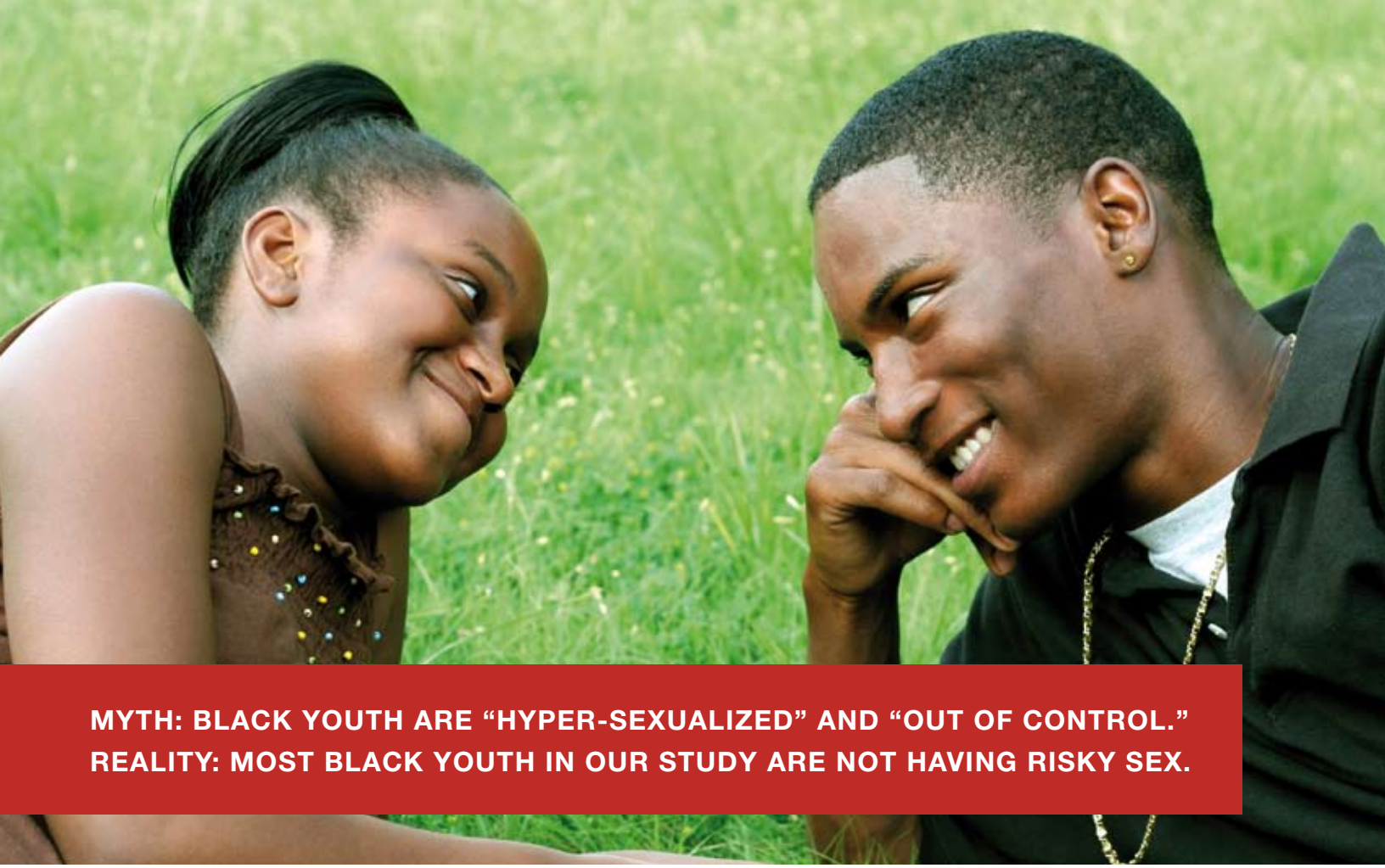
OF THE YOUTH WE SURVEYED:

44% identified as Black:

- **11%** as Black African;
- **20%** as Black Caribbean;
- **5%** as Black Canadian;
- **3%** as more than one category of Black;
- **6%** as being of mixed heritage with at least one Black parent.

Among Black youth:

- **4%** identified as Lesbian, Gay, Bisexual, Queer or Questioning.
- **67%** identified as Christian; **9%** as Muslim.
- Most (**62%**) said they had college or university-level educated parents.
- **71%** were born in Canada; **20%** were born elsewhere and have lived in Canada 4+ years**; 7%** were born elsewhere and had lived in Canada less than 3 years.



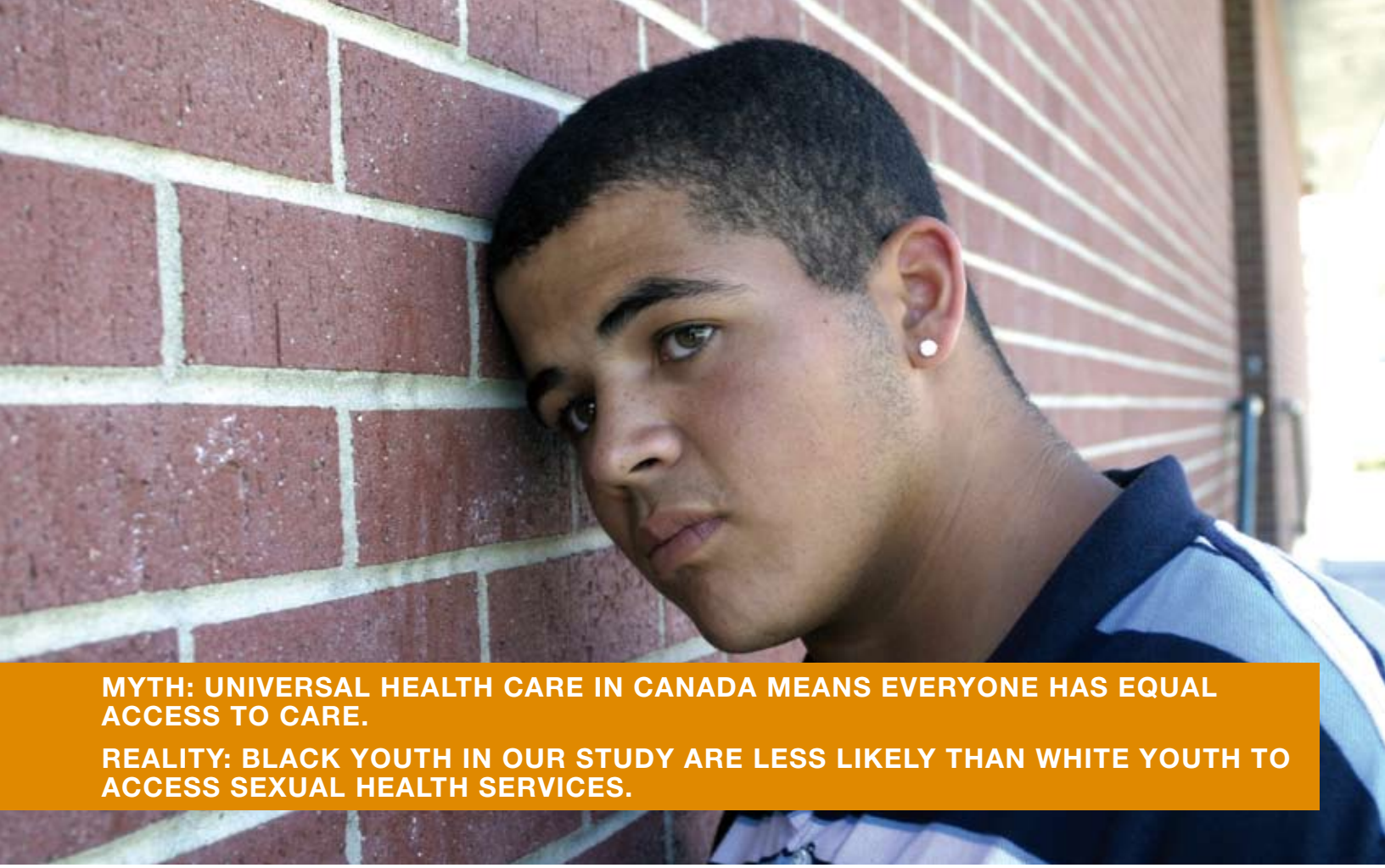
MYTH: BLACK YOUTH ARE "HYPER-SEXUALIZED" AND "OUT OF CONTROL."
REALITY: MOST BLACK YOUTH IN OUR STUDY ARE NOT HAVING RISKY SEX.

39% of Black youth reported having penetrative (vaginal or anal) sex compared to 52% of White youth. Seven percent of Black youth reported pregnancy involvement; 5% were unsure. Many youth reported kissing, dry-humping, fingering, and giving or receiving hand-jobs and oral sex. As is common among many groups of youth, there are strong gender differences concerning sexual readiness and peer pressure. Young Black men are encouraged by their peers to be sexually active and "ready all the time." Young Black women told us they felt pressure to have sex even when they were not sure if they were ready. They also told us that there were strong social repercussions for being seen as too "easy" or "nasty."

> *"If you're being seen with somebody, and you start dating somebody, everyone assumes you're having sex. [So] he's thinking you guys should be having sex, and like the whole world is saying like 'have sex, have sex'."*
> *— Young Black Woman*

RECOMMENDATIONS

1. Avoid making assumptions about what youth are, or are not, doing sexually. Ask. Talk.
2. Explore harm reduction strategies with youth so that they know how to protect themselves.
3. Develop sexual health programming that is gender- and culturally-sensitive, and anti-oppressive in focus.
4. Talk about and challenge stereotypes when working with Black youth – provide them with the skills and tools they need to empower themselves.



MYTH: UNIVERSAL HEALTH CARE IN CANADA MEANS EVERYONE HAS EQUAL ACCESS TO CARE.

REALITY: BLACK YOUTH IN OUR STUDY ARE LESS LIKELY THAN WHITE YOUTH TO ACCESS SEXUAL HEALTH SERVICES.

Our analyses show that Black youth are less likely to access sexual health services, regardless of their religion, their age, their sexual experience, and how long they have been living in Canada. Most Black youth have never gone for sexual health services for any reason. When they do go, they are more likely to report poor experiences.

> *"We're not looking. It's not even like we take the time out to search. Any sexual health services, they're boring. ...so it doesn't matter how much services there are: we're not going to go." — Young Black Woman*

Black youth want sexual health clinics to be non-judgmental, easy to get to, and guarantee confidentiality. They were one of the only groups of youth to identify racism as a key factor preventing them from accessing service. Young women also talked about the importance of accessing female providers.

> *"Okay I wouldn't go to my doctor because my doctors a snitch and my grandpa's in the doctor's office everyday and he would look at my chart and he would tell my grandpa everything." — Young Black Woman*

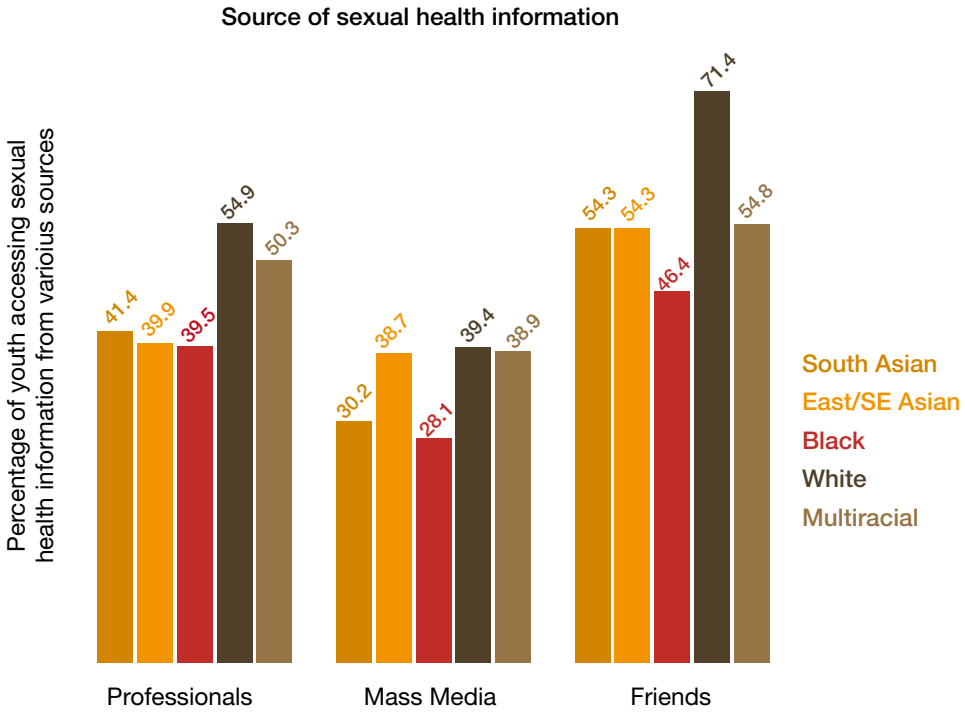
RECOMMENDATIONS

1. Develop clear privacy, confidentiality and accountability policies. Train your staff to do effective policy implementation.
2. Ensure youth are aware of their rights. Post the TTS Youth Sexual Health Bill of Rights poster in your centre/clinic.
3. Evaluate your models of outreach and care. How youth-friendly are your services?

MYTH: WHEN YOUTH HAVE A QUESTION, THEY'LL FIND ANSWERS.
REALITY: BLACK YOUTH IN OUR STUDY ARE LEAST LIKELY TO SEEK OUT INFORMATION WHEN THEY HAVE QUESTIONS ABOUT SEX.

When Black youth have a question about sex, like other groups, they are most likely to turn to their friends. However, Black youth were least likely to access information from all sources — friends, professionals, parents and mass media.

Percentage of youth accessing sexual health information by source and ethno-racial diversity



For the most part, Black youth told us they have a difficult time approaching any of the common support systems. Doctors were not trusted to keep information confidential. Black youth also described feeling disillusioned with teachers, many reported that they feel that teachers don't care about them and won't provide accurate answers to their questions. Friends were identified as valuable resources depending on the situation, although many fear judgment: not all topics can be discussed with friends and not all the time. Similarly, some felt that parents were easy to talk to and others never wanted to discuss these issues with their families.

> *"If it's about your friends, you do tell them stuff, [but] you choose to leave some stuff out or you don't even bring it up. You don't want them judging you."*
> *— Young Black Female*

Discussions about sex are extremely taboo among many in the Black community.

> *"In my experience, culturally sex hasn't been a positive learning experience. It's just negative and don't do it and you're going to get in trouble, you know just hush." — Service Provider*

RECOMMENDATIONS

1. Be proactive and encourage young people to come to you with their questions.
2. Offer accurate information, condoms and other harm reduction materials.
3. Train peer educators to do promotion and outreach.

MYTH: IT IS EASY TO "COME OUT".

REALITY: QUEER BLACK YOUTH IN OUR STUDY FACE DUAL FORMS OF DISCRIMINATION.

Black youth were less likely than other groups of youth to identify as Lesbian, Gay, Bisexual, Queer or Questioning (LGBQQ). Service providers attribute this to high rates of homophobia in the community, particularly among groups where homosexuality is criminalized "back home." Many shared how it was difficult for youth to access LGBQQ support services and/or sexual healthcare for fear of being "outed" and ostracized by their friends, family and community.

> *"You'll find that a lot of young Black queer youth who are sexually active are not seeking any help or information anywhere because they are not out. …. There's total denial. So they're not going to come go to a health facility or a professional to ask for anything or even to a friend because the friends don't know that they're queer. So there's all this secrecy and then there's shame."*
> *— Service Provider*

RECOMMENDATIONS

1. Identify your services as safe spaces for youth to 'come out' if and when they are ready.
2. Develop and implement organizational policies that challenge homophobia when it is present.
3. Support youth in making decisions that are right for them.

MYTH: "ONE SIZE FITS ALL" PREVENTION STRATEGIES WORK.

REALITY: BLACK YOUTH ARE A VERY DIVERSE GROUP: SOCIALLY, CULTURALLY, LINGUISTICALLY, RELIGIOUSLY AND SEXUALLY. THERE IS A NEED FOR CREATIVE NEW MODELS OF CULTURALLY-RELEVANT SEXUAL HEALTH CARE.

> *"As a Black woman working with predominantly young Black girls, I always use the pride of our faith when they muster up the courage to ask for a condom. I'm like 'sure, how many? What colour? Let's go!'" — Service Provider*

Epidemiological data tell us that Black youth have higher rates of sexually transmitted infections and HIV. Our data show that this is not because they are having more sex than other youth. Rather, Black youth are less likely to access sexual health information and services than other groups of youth. Special efforts need to be made to develop culturally sensitive youth outreach models that attend to issues of race, racism, homophobia, stigma and diversity. Strategies that may be effective with Ethiopian newcomers may not work with second generation Jamaican youth.

It will take all stakeholders in Toronto – youth, parents, faith leaders, schools, community centres, clinics – to come together to reverse the heightened vulnerability of Black youth to poor sexual health outcomes. We need to be creative and imagine new programs and services that integrate clinical access with other youth services. Some suggestions may include using technology, media, and peer programs to get the word out. Together we can change things.

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NEW COLLEGE UNIVERSITY OF TORONTO

WILFRID LAURIER UNIVERSITY

In collaboration with: TORONTO Public Health

In partnership with: CACVO Le conseil des africains et caraïbeens sur le VIH/SIDA en Ontario; ACCHO African and Caribbean Council on HIV/AIDS in Ontario

Funded by:

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CIHR IRSC Canadian Institutes of Health Research / Instituts de recherche en santé du Canada

CENTRE FOR Urban Health INITIATIVES

WELLESLEY INSTITUTE advancing urban health

Investigators: Sarah Flicker, June Larkin, Robb Travers, Jason Pole, Adrian Guta, & Susan Flynn.

Thank you for your invaluable contributions: Valérie Pierre-Pierre, Helena Shimeless, Ciann Wilson, Kristin McIlroy, Crystal Layne, Suzy Yim, Adinne Schwartz, Roxana Salehi, Mary Aglipay, Chavisa Brett, Amanda Dunn, Jessica Ferne, Chase Lo, Kate Jongbloed, Nyla Obaid, Safiya Olivadoti, Sarah McCardell, and Dan Stadnicki.

HOW DOES GENDER RELATE TO SEXUAL HEALTH AND ACCESS TO SERVICES?

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SLAM PRESS

THE TORONTO TEEN SURVEY BULLETIN

In partnership with
Gendering Adolescent AIDS Prevention (GAAP)

Gender is important to consider when designing sexual health services for youth. While young men remain underserved in the area of sexual and reproductive health, services tend to largely focus on young women. Although young women are more likely to seek out sexual health and reproductive care services, concerns about being embarrassed, lack of confidentiality, and being judged may serve as access barriers. To date, there has been little investigation into what youth who also identify as transgender[1] think of existing services and resources, and the challenges faced by service providers in meeting the needs of trans communities.

Most of the youth we surveyed are dissatisfied with their sexual health education and care; the majority have never visited a health care provider for any sexual health-related reason. Many feel that sexual health clinic waiting rooms are not youth-friendly, and many turn to friends to get relevant information.

Despite these concerns, young women and young men face different issues when accessing sexual health services, with how they experience those services, and what they want to know about sexual health. The Toronto Teen Survey found that:

Young men

- **engage in more high risk behaviour, yet say they don't want to learn anything about sexual health**
- **may feel pressured to have sex as a sign of their masculinity**
- **want to learn more about communicating about sex**
- **want a sexual health clinic to be easy to get to and to provide good information, as well as condoms**

Young women

- **want to learn more about healthy relationships and sexual pleasure**
- **may feel judged if they are sexually active**
- **want a clinic to be confidential and non-judgmental**
- **are more likely to visit sexual health clinics for multiple reasons, including birth control, pap smears and pregnancy tests**

Youth who also identify as transgender

- **are left out of sexual health care services that don't recognize their identities and needs**
- **access sexual health care clinics for reasons including pregnancy, but worry about transphobia and being judged**

WHO ARE WE?

The Toronto Teen Survey (TTS) is a community-based research project led by Planned Parenthood Toronto that has gathered information on assets, gaps and barriers that currently exist in sexual health education and services for youth. Between December 2006 and November 2009, we collected over 1,200 surveys and spoke with 118 youth and 80 of their service providers. This sample is the largest community-based sample of its kind in Toronto, Canada's most diverse urban centre.

The Toronto Teen Survey is in partnership with York University, the University of Toronto, and Wilfrid Laurier University. It is in collaboration with Toronto Public Health.

OF THE YOUTH WE SURVEYED:

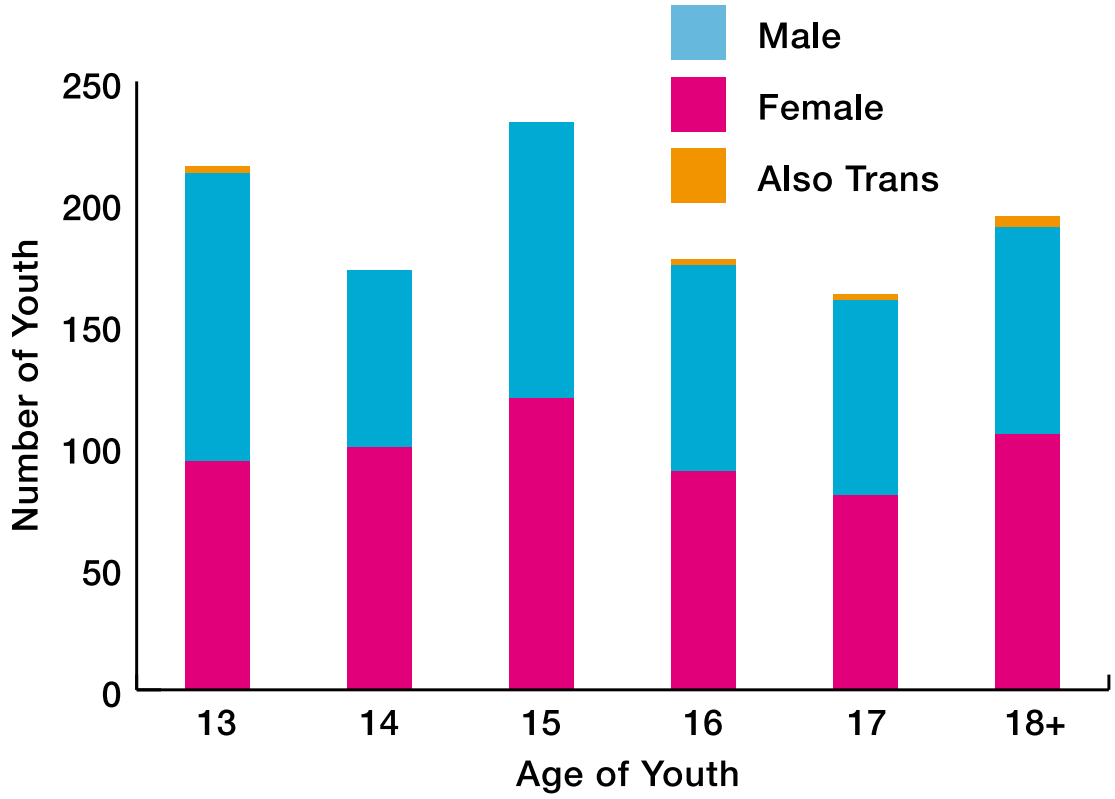
54% identified as young women, **45%** as young men and **1%** also identified as transgender

38% identified as Black, **24%** identified as Asian, **14%** as White, **13%** as Multi-racial, **2%** as Aboriginal and **6%** as "Other"

90% identified as straight and **7%** identified as lesbian, gay, bisexual, two-spirit, pansexual, queer, questioning or other

35% reported having "sex"

SURVEY PARTICIPANTS BY GENDER & AGE



YOUNG MEN ENGAGE IN MORE HIGH RISK BEHAVIOUR, YET SAY THEY DON'T WANT TO LEARN ANYTHING ABOUT SEXUAL HEALTH

Young men may be interested in learning about different sexual health issues but traditional gender roles and fear of rejection or ridicule can prevent them from getting the information they want.

> *"It's this whole machismo thing where guys think they just have to suck it up." — Service provider*

YOUNG HETEROSEXUAL MEN MAY FEEL PRESSURED TO HAVE SEX AS A SIGN OF THEIR MASCULINITY

The pressure for young heterosexual men to have sex can lead to tension and unhealthy relationship patterns. Heterosexual relationships often follow a script that suggests men should dominate.

> *"Among men, it's like the more sex you have, the more man you are." — Service provider*

YOUNG MEN DO WANT TO LEARN MORE ABOUT COMMUNICATING ABOUT SEX

Despite the stereotype that young men are reluctant to discuss sexual issues, the young men we surveyed expressed an interest in learning how to communicate about sex with their partners. Providing young men with better communication skills and violence prevention education could lead to healthier sexual relationships.

> *"The beginning of a relationship, you don't really understand the other person and it's kinda, like, hard to know what they think... even after two years, you just want to communicate properly." — Young male*

YOUNG MEN WANT A SEXUAL HEALTH CLINIC TO BE EASY TO GET TO AND TO PROVIDE GOOD INFORMATION, AS WELL AS CONDOMS

Most youth we surveyed said that they have never accessed sexual health services. Despite reporting that there was 'nothing stopping me,' young men were less likely to visit clinics than young women and when they did, they primarily went for condoms. Young men told us that good information was their top priority in a clinic. Misconceptions about sexually transmitted infections (STIs), treatment, and testing, may prevent young men from accessing sexual health services.

> *"Guys still consistently think that in an STI test they get a Q-tip up their penis... there is a huge amount of fear still."*
> *— Service provider*

RECOMMENDATIONS:

Create an environment where young men feel comfortable discussing sensitive sexual health topics.
Offer young men interactive and participant-driven workshops about various sexual health topics.
Develop sexual health programs for young men that challenge conventional notions of masculinity.
Create peer-led support groups for young men where they can discuss sexual health issues.
Target services to reach young men with an emphasis on the facts and benefits of testing.
Promote that your services are easy to get to; provide public transit information relevant to your location.

YOUNG WOMEN WANT TO LEARN MORE ABOUT HEALTHY RELATIONSHIPS AND SEXUAL PLEASURE

While sexual health education in schools often focuses on HIV/AIDS, STIs, and reproductive health, young women would like to learn more about healthy relationships and sexual pleasure.

> *"Programming and groups for the girls, I think, still focus mostly on HIV and birth control... I think we really need to focus now on healthy relationships." — Service provider*

YOUNG WOMEN MAY FEEL JUDGED IF THEY ARE SEXUALLY ACTIVE

Gender norms and expectations have a major impact on the sexual behaviours of young women, who fear they will be judged if known to be sexually active.

> *"Women are hopping to different places, clinics, to have their needs met. Makes me think about how they may be treated. They may be afraid to consistently go to one clinic for sexual health appointments." — Service provider*

YOUNG WOMEN WANT A CLINIC TO BE CONFIDENTIAL AND NON-JUDGMENTAL

Young women prioritized confidentiality and non-judgmental clinical care. They felt shame disclosing to health care providers that they are sexually active and were worried about gossip and being judged by their peers.

> *"Your reputation goes down.... you are known as a slut or something." — Service provider*

YOUNG WOMEN ARE MORE LIKELY TO VISIT SEXUAL HEALTH CLINICS FOR MULTIPLE REASONS, INCLUDING PAP SMEARS, BIRTH CONTROL AND PREGNANCY TESTS

Young women have different sexual health needs than young men because they are expected to take responsibility for birth control and have to deal with the consequences of an unintended pregnancy.

> *"A guy could have kids but he doesn't have them running behind him. A woman gets pregnant, like the whole world will know that she's had sex." — Service provider*

RECOMMENDATIONS:

Teach young men and young women skills about how to negotiate within relationships.
Provide sexual health information that goes beyond risk and prevention to address communication, sexual orientation, masturbation, pleasure, and healthy relationships.
Ensure that sexual health services are sex-positive and youth-friendly.
Ensure youth are aware of confidentiality and privacy rights.
Provide sexual health programming that is sex-positive and non-judgmental.
Encourage young women to bring their partners to bring their partners when they access sexual health services and to share responsibility for birth control and STI prevention.

YOUTH WHO ALSO IDENTIFY AS TRANS ARE LEFT OUT OF SEXUAL HEALTH SERVICES THAT DON'T RECOGNIZE THEIR IDENTITIES AND NEEDS

Transgender youth reported stressors when accessing services. Because many sexual health care services are unaware of the unique needs of trans youth, they rarely do a good job of offering care that is appropriate to both the sex and gender of trans youth. As a result, many trans youth are reluctant to access care in settings not known to be trans-friendly.

> *"I am outside the boundaries of typical masculinity [as a trans man] and I am trying to get treatment that matches my body… I am intruding on what is seen as a women's space and I don't want to intrude on it. I don't feel like I belong in a women's space but I have no choice." — Trans youth*

YOUTH WHO ALSO IDENTIFY AS TRANS ACCESS SEXUAL HEALTH CARE CLINICS FOR REASONS INCLUDING PREGNANCY, BUT WORRY ABOUT TRANSPHOBIA AND BEING JUDGED

Of the 10 trans-identified youth in the survey, three had been involved in a pregnancy and one was unsure. Half of the trans youth did access a clinic for sexual health concerns but were very dissatisfied with their service.

> *"Half the time we aren't even treated like human beings in the system, let alone as people who have problems that are worth looking into." — Trans youth*

RECOMMENDATIONS:

- Ensure your clinic is trans-friendly and knowledgeable about trans youth and their unique needs.
- Use gender neutral language, avoiding assumptions, and allow space for youth to self-identify when they are ready, as many youth are unsure of or many not want to disclose their gender identity.
- Provide professional development to staff about gender identity and issues unique to LGBTQ communities (transphobia, homophobia) and how they relate to sexual health.
- Ensure that sexual health programming addresses the needs of trans youth.

1. Transgender is a self-identified term that refers to people whose gender identity or gender expression are not traditionally associated with their birth gender or biology, and falls outside typical gender norms

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The Gendering Adolescent AIDS Prevention (GAAP) Project brings together youth, community based service providers, policy makers, students and researchers on projects that use participatory approaches to working with young people in relation to sexuality, HIV prevention and AIDS awareness. Located at New College, University of Toronto, GAAP works to create innovative, gender-sensitive HIV education programs that work for youth.

Thank you for your invaluable contributions: Susan Flynn, Suzy Yim, Chavisa Brett, Jessica Ferne, Crystal Layne, Mary Aglipay, Amanda Dunn, Chase Lo, Sarah McCardell, Nyla Obaid, Safiya Olivadoti, Vanessa Oliver, Roxana Salehi, Dan Stadnicki and Ciann Wilson!

WHAT DID LGBTQ AND QUESTIONING YOUTH HAVE TO SAY?

planned parenthood TORONTO presents

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THE TORONTO TEEN SURVEY BULLETIN

In partnership with

Rainbow Health Ontario, Supporting Our Youth, and the Lesbian Gay Bi Trans Youth Line

Toronto has become a magnet for lesbian, gay, bisexual, transgender, and queer (LGBTQ) people from across Canada and around the world – our communities are large, diverse, and more visible than ever before. As LGBTQ and 'questioning' youth are increasing in visibility in Canadian schools and communities, the need to provide them with improved sexual health services, programming, and education is becoming more and more urgent. Moreover, homophobia and transphobia result in substantial sexual health disparities for LGBTQ youth, including higher rates of sexually transmitted infections.

WHAT WE FOUND IN THE TORONTO TEEN SURVEY!

- **pregnancy rates are higher for LGBTQ youth than for heterosexual youth**
- **50% of youth who identified as 'questioning' their sexual orientation are newcomers or immigrants to Canada**
- **LGBTQ youth engage in riskier sex and higher rates of alcohol and drug use than heterosexual youth**
- **LGBTQ and questioning youth still encounter problems when accessing sexual health services**
- **LGBTQ issues are invisible in sexual health education in schools**

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The Toronto Teen Survey is in partnership with York University, the University of Toronto, and Wilfrid Laurier University. It is in collaboration with Toronto Public Health.

OF THE YOUTH WE SURVEYED:

4% identified as LGBQ

3% were 'questioning' or unsure about their sexual orientation

1% identified as transgender

Toronto youth were more likely to self-identify as LGBTQ if they were older

69% of LGBTQ youth in the TTS were 16 or older

over **50%** of questioning youth were between 13 –14 years

Females were more likely than males to self-identify as LGBTQ

WHAT IS LGBTQ?

LGBTQ is an acronym used for lesbian, gay, bisexual, transgender, and queer. This acronym represents diverse communities of individuals who identify as having a sexual and/or gender orientation different from the norm.

We are using the term LGBTQ because it represents the terms that the youth we surveyed identified with.

PREGNANCY RATES ARE HIGHER FOR LGBTQ YOUTH THAN FOR HETEROSEXUAL YOUTH

LGBTQ youth were three times more likely to have been involved in a pregnancy than heterosexual youth.

LGBTQ youth offered many explanations for high pregnancy rates:

- 'denial'– a way to "prove to myself that I'm not [gay] or the other way around"
- 'pressure' – to be straight and in a heterosexual relationship
- 'testing out one's sexuality'

"If I didn't go through that [pregnancy] I think I would still be questioning whether or not there is a person, or a guy out there I can fall in love with, or a guy out there that could apparently change my mind." — Queer Female Youth

RECOMMENDATIONS:

1. Provide LGBTQ youth with sensitive and relevant reproductive health education and resources.
2. Include LGBTQ youth in the planning of reproductive health care programming.
3. Avoid assumptions when labeling gender or sexual identity, as many youth are unsure or may not want to disclose. Allow space for youth to self-identity when they are ready.
4. Create a more welcoming environment by using gender neutral language such as 'partner' instead of 'girlfriend' or 'boyfriend.'
5. Provide ongoing professional development to staff about sexual diversity, gender identity, and issues unique to LGBTQ communities (homophobia, transphobia, sexual health disparities).

50% OF YOUTH WHO IDENTIFIED AS 'QUESTIONING' THEIR SEXUAL ORIENTATION ARE NEWCOMERS OR IMMIGRANTS TO CANADA

Youth who are 'questioning their sexual orientation' were three times more likely to be born outside Canada compared to self-identified LGBTQ youth. While it is not clear why, sexual orientation and gender identity are understood differently in various cultures. For some, there is a misconception that LGBTQ identities only exist in Western societies. Many youth new to Canada must negotiate new cultural and/or social contexts, including sexuality.

"Oh we don't have any issues with sexual health. We don't need the workshops… we don't have any gay immigrants." — Settlement Worker to Service Provider

Many LGBTQ people have 'intersecting identities' and belong to ethno-racial or religious communities. Having multiple identities can limit access to appropriate care in unique ways. These LGBTQ youth expressed feelings of isolation and concern about hiding their sexual orientation from family and community members.

RECOMMENDATIONS:

1. Develop programming for newcomer and immigrant youth that explores sexual orientation and gender identity.
2. Provide professional development to staff in sexual health services about different cultural understandings of sexual orientation and gender identity.
3. Build LGBTQ-positive sexual health education into settlement programming, ESL classes, and other services targeting immigrants and other newcomers.
4. Develop sexual health resources that are inclusive of sexual orientation for parents and caregivers of newcomer youth.

LGBTQ YOUTH ENGAGE IN RISKIER SEX AND HAVE HIGHER RATES OF ALCOHOL AND DRUG USE THAN HETEROSEXUAL YOUTH

LGBTQ youth had much higher rates of riskier sexual activity than heterosexual youth. For example, three-quarters of LGBTQ youth said they had engaged in penetrative sex, more than double that of heterosexual youth. Further, one in four LGBTQ youth also said they had problems with drugs or alcohol, over six times the reported rate from heterosexual youth.

"We have such a high rate of discrimination that maybe that it's just a way for some people to cope... some of these things are so nasty and we don't have another way to deal with them." — LGBTQ Youth

RECOMMENDATIONS:

1. Develop sexual health education programming for LGBTQ youth that is sensitive and relevant to their sexual health needs.
2. Incorporate harm reduction principles into programming and ensure it is sex-positive and addresses myths and misconceptions about sexual orientation and gender identity.
3. Ensure youth are aware of needle exchange programs in their area of the city.
4. Provide free resources that may lessen their exposure to risk, e.g. pamphlets, videos, condoms, lube, dental dams.
5. Ensure that staff are trained and competent in supporting LGBTQ youth who have problematic alcohol and drug use.

LGBTQ AND QUESTIONING YOUTH STILL ENCOUNTER PROBLEMS WHEN ACCESSING SEXUAL HEALTH SERVICES

Largely due to stigma and lack of awareness about appropriate care for LGBTQ youth, many youth had negative experiences accessing sexual health services. Many feared staff might be homophobic. Trans youth faced stigma and safety challenges when accessing sexual health services. In order to get their clients the services they need, many LGBTQ service providers reported using informal referral networks that are developed through word-of-mouth. While this meets an immediate service need, the approach fails to address broader systemic challenges.

"I've gone to hospital with trans youth who are terrified, 'Don't let them take my pants off!'... There's humiliation, there's being exposed... Those big fears are very important and having information for the young people to know what is allowed and what is not okay when seeking medical help is important." — Service Provider

RECOMMENDATIONS:

1. Ensure services are delivered in a space that is welcoming to LGBTQ youth.
2. Actively solicit feedback from LGBTQ youth about their service experiences (e.g., provide an anonymous suggestion and feedback box for youth to offer input about their care).
3. Provide professional development to staff about homophobia and transphobia, and other issues unique to LGBTQ communities.
4. Ensure staff have adequate resources and support to provide LGBTQ youth with appropriate services and/or referrals.

LGBTQ ISSUES ARE INVISIBLE IN SEXUAL HEALTH EDUCATION IN SCHOOLS

LGBTQ youth were not happy with the sexual health education they received in school, which focused primarily on heterosexual relationships. They also voiced the need to learn more about pleasure, healthy relationships, and emotions.

"When they touched on sexuality it was also heteronormative, stuff that only applies to a particular group of people, and it is not even an accurate representation of that group." — LGBTQ Youth

RECOMMENDATIONS:

1. Provide sexual health education that is inclusive of all gender identities and sexual orientations.
2. To develop sexual health curriculum, and training for those who deliver it, that attends to issues of homophobia, transphobia, and other issues unique to LGBTQ youth.
3. Incorporate LGBTQ-positive information on healthy relationships, sexual orientation, gender identity, sexual pleasure, and communication into sexual health curriculum.
4. Offer ongoing information and education about sexual health-related issues in a broad range of classroom settings outside of the traditional physical and health education classes.

www.torontoteensurvey.ca

Toronto Teen Survey (2010) LGBTQ Bulletin. Planned Parenthood Toronto. Toronto, ON.

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In partnership with:

Rainbow Health Ontario
A Program of ***Sherbourne Health Centre***

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In collaboration with:

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WELLESLEY INSTITUTE
advancing urban health

Investigators: Sarah Flicker, June Larkin, Robb Travers, Jason Pole, Adrian Guta & Susan Flynn

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WHAT DID NEWCOMER AND LONGER-TERM IMMIGRANTS HAVE TO SAY?

planned parenthood TORONTO presents

SLM PRESS

THE TORONTO TEEN SURVEY BULLETIN

In partnership with

Ontario Council of Agencies Serving Immigrants

Toronto is one of the most multicultural cities in the world. In 2006, over 40,000 new immigrants to Canada (16%) were between the ages of 15 and 24 years. More than two-thirds of these immigrant youth settled in Toronto, Vancouver or Montreal[1]. Young immigrants are a driving force behind economic and population growth, so their successful integration into Canadian society is crucial. Access to fair and appropriate health care and other social services is one of the first steps towards this process, especially in the first few years after arrival.

Service providers who work with immigrant youth face a very diverse group. Youth come from many different countries and cultural backgrounds. Some immigrant youth have been in Canada since they were very young and so are more familiar with how things work and speak English/French fluently. Some live away from Canada during their teen years and are less knowledgeable about community services and less proficient in English. Some choose to migrate, while others are forced to due to war, religion or sexual orientation. All of these factors, among others, influence how youth access services.

WHAT WE FOUND IN THE TORONTO TEEN SURVEY!

- Both longer-term immigrants and newcomers are less likely to access sexual health services than second generation+ Canadian youth.
- Newcomer youth are less likely than longer-term immigrants and second generation+ Canadian youth to receive any formal sex education.
- Newcomer youth defined 'linguistically accessible services' as places where they are able to ask questions and can relate to their interpreter.
- Newcomer youth turn to TV, radio, newspapers and magazines to get their sex questions answered but they would prefer to get this information in other ways.

WHO ARE WE?

The Toronto Teen Survey (TTS) is a community-based research project that has gathered information on assets, gaps and barriers that currently exist in sexual health education and services for teens. Between December 2006 and November 2009, we collected over 1,200 surveys and spoke with 118 teens and 80 of their service providers. This sample is the largest community-based youth sample of its kind in Toronto, Canada's most diverse urban centre.

The goal of the TTS is to enrich both the quality and quantity of sexual health information available to Toronto teens and improve the ways in which sexual health promotion and care is delivered. The information provided in this bulletin is intended to help service providers enhance sexual health care services to the newcomer and longer-term immigrant teens they serve. It was developed in collaboration with the Ontario Council of Agencies Serving Immigrants.

WHO DID WE TALK TO?

12% are newcomers: Participants whose parent(s) are immigrants and who have come to Canada in the last three years.

68% are longer-term immigrants: Participants whose parent(s) are immigrants and who have been in Canada for at least four years.

16% are second generation+ Canadian: Participants who were both born in Canada and had parents who were also born in Canada

Teens came from very diverse ethnic and cultural backgrounds. China, The Philippines and Pakistan were the top 3 countries of origin.

Half of the newcomer and longer-term immigrant teens identified as male,rtt and half as female.

Teens not born in Canada tended to be slightly older.

BOTH LONGER-TERM IMMIGRANTS AND NEWCOMERS ARE LESS LIKELY TO ACCESS SEXUAL HEALTH SERVICES THAN SECOND GENERATION+ CANADIAN YOUTH

While 43% of second generation+ Canadian youth had accessed sexual health services, only 27% of longer-term immigrant and 23% of newcomer youth had done so.

Newcomer and longer-term immigrant youth in our study offered many reasons for not accessing sexual health services:

- They did not know about services.
- They did not know whether they were covered by OHIP and thought they would have to pay for services.
- They believed the doctor or someone at the clinic would tell their parents – especially if they came from the same cultural/religious background as their provider.
- They were afraid of being judged or embarrassed by peers and staff.
- Newcomer young women feared racism.

> *"If I had to go to someone who is from my culture because he would share the same beliefs as me and it would make things more uncomfortable between us so, I wouldn't go." — Newcomer Young Woman*

Service providers offered some additional reasons why newcomer and longer-term immigrant youth may not access sexual health services:

- Youth might not know that services are confidential.
- Youth who are non-status might be afraid of being reported to immigration authorities.
- Some staff sometimes breach confidentiality.
- Funding policy may mandate service providers to enquire about immigration status.

> *"The problem is that we have to ask about immigration status because we have 'non-status' OHIP pots of money. This is an admission requirement...how do you get around that and ask them that question without triggering alarm bells?" — Service Provider*

RECOMMENDATIONS:

1. Recognize that newcomer youth have to navigate a new and complex system and they need support to understand it.
2. Train staff to know the confidentiality policies of your agency so that they respect youth privacy.
3. Inform youth about their rights and agency complaint procedures.
4. Be upfront with youth and/or their parents about how you handle confidentiality.
5. Be explicit in all communications that non-status youth are welcome and what services are offered free of charge.

NEWCOMER YOUTH ARE LESS LIKELY THAN LONGER-TERM IMMIGRANTS AND SECOND GENERATION+ CANADIAN YOUTH TO RECEIVE ANY FORMAL SEX EDUCATION

- While less than 6% of second generation+ Canadian and longer-term immigrant youth had not received sexual health education, 19% of newcomer youth said they had not received any sexual health education.
- In Ontario, sex education is offered in grade nine and has an opt-out option. If a newcomer misses sex education in grade nine, there are rarely other opportunities to catch up!
- Newcomer and longer-term immigrants said they want to get sex education in schools.
- Many newcomer youth wanted their parents to be educated about sexual health.

"When I came from Pakistan...that was the first time I learned about these sex things and all that. I go home and ask my mom "what is that..." in front of my dad, and the next thing you know it's like, " who taught you that?" and my mom was like, " ignore it, don't try to listen to any of it, there is nothing like that." — Newcomer Young Woman

"In Canada you got tons of nationalities in one class, Black, Chinese, everybody in the class, so you get other opinions from other cultures, you know?" — Newcomer Young Man

RECOMMENDATIONS:

1. Provide sexual health programming for youth and also separate sessions designed for their parents, or invite a sexual health promoter to host sexual health workshops for youth or their parents at your agency.
2. Build sexual health education into ESL classes and other programmes targeting newcomer and longer-term immigrant youth to ensure they receive the instruction offered in regular classroom settings.
3. Refer youth to accessible culturally-relevant services and online sites where they can get more information about sexual health.
4. Get your agency to advocate for age-appropriate sex education in all grades to ensure that all students get comprehensive sexual health education, no matter when they start attending school in Canada.

NEWCOMER YOUTH DEFINED 'LINGUISTICALLY ACCESSIBLE SERVICES' AS PLACES WHERE THEY ARE ABLE TO ASK QUESTIONS AND CAN RELATE TO INTERPRETERS

- Newcomer youth were the only group who picked the option "I want to feel comfortable asking questions" as one of the top three things they wanted in a clinic.
- Feeling "comfortable asking questions" was more important to newcomer youth than having a provider that "spoke your language."
- Youth preferred interpreters that were younger but "not too young." In other words, they wanted someone that had youthful energy but not necessarily a peer.

Facilitator: "would it be helpful if the doctor spoke your language?"

Young newcomer woman, shrugged to imply, not necessarily: "I would want a doctor that understands how I feel..."

RECOMMENDATIONS:

1. Make an explicit effort to help youth feel comfortable asking questions by training staff and interpreters to be youth-friendly, inclusive, non-judmental, and work from an anti-oppressive framework.
2. Use interpreters who are youth-friendly and preferably younger.
3. Allow young people to choose whether or not they want an interpreter, and whether they want to work with the interpreter provided.

NEWCOMER YOUTH TURN TO TV, RADIO, NEWSPAPERS AND MAGAZINES TO GET THEIR SEX QUESTIONS ANSWERED, BUT THEY WOULD PREFER TO GET THIS INFORMATION IN OTHER WAYS.

We asked youth where they go when they have questions about sexual health. We also asked where they want to go. We found:

- When second generation[+] Canadian and longer-term immigrant youth had a question about sexual health, they sought advice from their: friends, schools, parents, Internet, and/or doctors. These are all places they wanted to go.
- Newcomer youth were the only group that said they use media sources such as TV, radio, newspapers and magazines as one of their top five sexual health resources. These sources, however, were not where they wanted to go for information. Like other groups of young people, they preferred to get information from friends, schools, parents, Internet and/or doctors.
- Regardless of their migration experience, young women were more likely than young men to access available services. Young men were less likely to access services regardless of how many resources were available to them.

"One of the challenges newcomer youth face is not having a real sense of community...a lot of their community is their culture and upbringing, their family, and there's rarely anything outside of that." — Service Provider

RECOMMENDATIONS:

1. Use media, such as TV, the Internet, or text-messaging, as an opportunity for conveying messages to newcomer youth.
2. Refer youth to reliable media sources, such as http://spiderbytes.ca/ for sexual health information.
3. Conduct more research into why young men are not accessing services and information.

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1. Statistics Canada (2008). Census Snapshot-Immigration in Canada: A portrait of the foreign-born population, 2006 Census.

www.torontoteensurvey.ca

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WHAT DID SOUTH ASIAN YOUTH HAVE TO SAY?

planned parenthood TORONTO presents

THE TORONTO TEEN SURVEY BULLETIN

In partnership with The Alliance for South Asian AIDS Prevention (ASAAP)

WHO ARE SOUTH ASIAN YOUTH?

South Asian youth are part of the South Asian diaspora as a whole. As per the World Bank's definition, this includes (but is not limited to) youth who have come from Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri-Lanka. South Asian youth also include those of South Asian origin who reside in other countries such as Canada, the Caribbean Islands, Kenya, or anywhere else in the world.

South Asians are the second largest growing population in Toronto, making it essential to pay attention to the needs of our youth as they attempt to access sexual health services. By understanding what facilitates access and how to address barriers, we can ensure the sexual health of South Asian youth into the future. In the Toronto Teen Survey (TTS), we found that South Asian youth are engaging in lower risk sexual activities compared to other Toronto teens and that lower numbers of South Asian youth are accessing sexual health clinics. Ninety-three percent of South Asian youth say they have never gone to a sexual health clinic for any reason. Given that older youth are more likely to access sexual health services, the relatively young age of South Asian youth in the survey (89% were aged 16 and under) might explain this finding.

WHAT WE FOUND IN THE TORONTO TEEN SURVEY!

- South Asian youth are very concerned about parents' reactions to their being sexually active.
- South Asian youth fear their confidentiality will not be maintained in services.
- The majority of South Asian youth have never been to a sexual health clinic.

WHO ARE WE?

The Toronto Teen Survey (TTS) is a community-based research project that has gathered information on assets, gaps and barriers that currently exist in sexual health education and services for teens. Between December 2006 and November 2009, we collected over 1,200 surveys and spoke with 118 teens and 80 of their service providers in focus groups. This is the largest community-based youth sample of its kind in Toronto, Canada's most diverse urban centre.

The TTS is a research partnership between Planned Parenthood Toronto, York University, the University of Toronto and Wilfrid Laurier University, in collaboration with Toronto Public Health.

WHO DID WE TALK TO?

9.5% of the overall survey participants were South Asian youth.

Of this group

89% were aged 16 years and under.

93% had never sought out sexual health services.

35% were born in Canada.

88% participated in low risk sexual activities.

SOUTH ASIAN YOUTH ARE VERY CONCERNED ABOUT PARENTS' REACTIONS TO THEIR BEING SEXUALLY ACTIVE.

Parental support is very important to South Asian youth. Many South Asian youth believe that there is considerable denial in the community (and among their parents) about their being sexually active. There is also considerable discomfort in communications about sexual health between South Asian parents and youth.

"It would be rude to straight up [talk] to your mom about it; it would be rude and awkward. You have to have respect." — Young Male

"One thing that I would like ... us as youth and our parents to communicate better because both parties, they want to communicate but how to start it off, that is a problem. So I think teaching that is a good thing." — Young Female

While parents may want to avoid conversations with youth about sexual health due to their cultural values, the youth we spoke to say that parents are accepting of the fact that they are getting sexual health education in school.

"My mom said it's okay to learn it in school but not to talk at home... in front of your dad and your brothers... then it's not that respectful to go in front of them... it's not respectful in our religion to go and just shout out these questions, it should be personal between you and your mom and if it's the boys it's up to the dad." — Young Female

South Asian youth often find themselves trying to negotiate "dual identities". Given the challenges they may experience discussing sex and sexual health with parents, youth say they have to behave one way at home and in another dramatically different way with their peers and friends. The absence of communication about sexual health with parents makes it especially important that South Asian youth receive quality sexual health education in schools.

Sexual health education is important as it builds basic skills and knowledge levels, empowering youth to make choices that align with their values. Having sexual health and safer sex knowledge helps youth make informed decisions about becoming sexually active and negotiating safer sex practices if they choose to do so. Moreover, it helps to protect those youth who find themselves in situations where they are being pressured to have sex before they are ready or without consent.

RECOMMENDATIONS:

1. Educate South Asian parents about the value of their teenage children having access to sexual health information.
2. Provide service providers with culturally-appropriate tools and resources for discussing sexual health topics with their clients/students.
3. Design sexual health workshops in partnership with agencies serving South Asian youth to ensure community/parental support.

SOUTH ASIAN YOUTH FEAR THEIR CONFIDENTIALITY WILL NOT BE MAINTAINED IN SERVICES.

The principal reason South Asian youth do not access sexual health services is fear that their confidentiality will be compromised. For example, some believe that if they visit a doctor for sexual health needs, their parents could be notified of the visit.

> *"Yeah, like my family doctor is my mom's friend, so if I were to talk to her she would tell my mom." — Young Female*

South Asian youth also fear their parents finding out that they are accessing sexual health information. As a result, they preferred the privacy associated with using online resources rather than visiting a sexual health clinic directly.

> *"Many would use the internet because no one can bother you because you are by yourself.... if you are not comfortable with people knowing." — Young Male*

They are equally cautious discussing sexual health issues with teachers, fearing they might also tell their parents.

> *"Teachers, they might tell your parents and it would depend on the relationship you have... There are some teachers that are very open and they kind of understand youth, how we are and then there are some teachers who are more parent-like and they kind of wouldn't understand how we would feel as much and they might go contact our parents" — Young Female*

RECOMMENDATIONS:

1. Provide targeted web resources related to sexual health topics and health care rights to South Asian youth.
2. Educate South Asian youth about asserting their confidentiality rights when accessing health services.
3. Advise South Asian youth of their option to access a different health care provider if they are not satisfied with sexual health care services.
4. Educate service providers and health care professionals to review routinely their confidentiality policies with their youth clients.
5. Encourage agencies, clinics and points of care to revisit periodically their own confidentiality policies with their staff so as to avoid breaches in client confidentiality.

THE MAJORITY OF SOUTH ASIAN YOUTH HAVE NEVER BEEN TO A SEXUAL HEALTH CLINIC.

The stigma related to sexual health issues that exists in South Asian communities is a significant access barrier for youth, who fear they may be seen by someone they know when they visit a sexual health clinic.

> *"I think a lot of people don't go because they're just generally scared, like what if my mom finds out? Just little factors and they get paranoid. I know if I had a question like that I would not go to a clinic" — Young Female*

South Asian youth, especially girls, fear that they might be recognized when accessing sexual health services in their neighbourhoods.

"Yeah, not close by at all because then you fear that maybe your friends or someone you know in the building works there. So I don't think that would be my preference"— Young Female

Given their relatively young age, South Asian youth feared service providers' reactions to their visiting sexual health clinics.

"If you go to a doctor and you need help with sexuality and sex and they think you are just joking around because you're like really young they'll be like don't worry.... they need to know we're not joking" — Young Female

WHAT ARE THE UNIQUE OBSTACLES THAT PREVENT SOUTH ASIAN YOUTH FROM GETTING THE SEXUAL HEALTH SERVICES THEY NEED?

BARRIERS:	RECOMMENDATIONS:
Youth have to account for time spent outside of home or school.	Develop in-school or after school sexual health programming tailored to diverse youth populations. Provide sexual health education in ESL/LINC classes.
Concerns about confidentiality, particularly that their parents will be notified or attend appointments.	Empower youth to assert their confidentiality and privacy rights. Educate service providers about the importance of reviewing confidentiality policies with their clients and also with staff.
Fear of being judged by clinical staff, family and friends.	Offer youth non-judgemental, client-centred sexual health care relevant to their gender, sexuality and ethno-racial identities.
Services not being available in their native language.	Work with interpreters to offer youth-friendly, non-judgmental, and accessible services and resources in multiple languages. Provide sexual health education in ESL/LINC classes.
Discomfort with the gender of their service provider.	Allow youth the option of choosing the gender of their service provider.
Lack of knowledge about available sexual health services.	Increase outreach efforts to raise awareness of various clinics, agencies etc.
Not wanting to access service in their own area of residence for fear of being recognized.	Emphasizing client confidentiality rights during agency/clinic outreach. Create a youth and client friendly clinic setting/waiting area that allows for privacy.

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WHAT DID YOUNG PARENTS AND YOUTH INVOLVED IN PREGNANCIES HAVE TO SAY?

planned parenthood TORONTO presents

SLAM PRESS

THE TORONTO TEEN SURVEY BULLETIN

In partnership with
The June Callwood Centre for Women and Families

Over the last several years, the pregnancy rate for youth in Toronto has been higher than provincial levels[1]. Approximately 4.5% of Toronto's young women aged 15–19 are pregnant[1], representing a small and often under serviced population[2].

The Toronto Teen Survey found that young parents and youth involved in pregnancies encounter unique barriers related to their sexual health. Findings from young parents and youth involved in pregnancies revealed that:

1. **stigma is a major reason they choose not to access sexual health services and programming;**
2. **sexual pleasure and healthy relationships are the top two things these youth want to learn about;**
3. **pregnancy rates are higher for lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth than for heterosexual youth.**

For some youth, pregnancy can be an uplifting and transformative experience. However, overemphasis on pregnancy prevention causes stigma against young parents and youth involved in pregnancies, the number one reason they choose not to seek sexual health care[3]. Toronto offers an impressive array of services that may not be accessible to all. By offering youth the services they need and want and by reducing the social and structural barriers to care, we can improve access to sexual health care services for young parents and youth involved in pregnancies.

WHO ARE WE?

The Toronto Teen Survey (TTS) is a community-based research project led by Planned Parenthood Toronto that has gathered information on assets, gaps and barriers that currently exist in sexual health education and services for youth. Between December 2006 and November 2009, we collected over 1,200 surveys and spoke with 118 youth and 80 of their service providers. This sample is the largest community-based youth sample of its kind in Toronto, Canada's most diverse urban centre.

The goal of the TTS is to enrich both the quality and quantity of sexual health information available to Toronto youth and improve the ways in which sexual health promotion and care are delivered. The information provided in this bulletin is intended to help service providers enhance sexual health care services to young parents and youth involved in pregnancies.

OF THE YOUTH WE SURVEYED:

8% of girls and **6%** of guys said they had been involved in a pregnancy.

3% of girls and **7%** of guys said they weren't sure if they had been involved in a pregnancy.

1% of youth said they were young parents.

Of the **10** trans youth we heard from, **3** had been involved in a pregnancy.

Young parents and youth involved in pregnancies came from diverse religious backgrounds and tended to be slightly older, white or multi-racial.

1 STIGMA STOPS YOUNG PARENTS AND YOUTH INVOLVED IN PREGNANCIES FROM ACCESSING SEXUAL HEALTH SERVICES AND PROGRAMMING

Despite pregnancy involvement, 13% of young parents and 17% of youth involved in pregnancies said they have never visited a clinic for any sexual health reason. Among those who have accessed clinics, many said they have had negative experiences due to judgemental attitudes from service providers and other service users.

Messages young parents hear too often:

- **young moms are promiscuous;**
- **young parents are bad parents;**
- **young parents are on welfare and are all drug addicts;**
- **young parents and their children are doomed;**
- **young parents are irresponsible.**

"Oh, she lives in Metro Housing…her mother wasn't there for her, her mom's a drug addict, or her dad was this…they start talking smack in their heads. So personally that's why certain people will not go to a clinic."
— Young Mother

OTHER BARRIERS:	RECOMMENDATIONS:
Services are not welcoming to young parents.	Promote your clinic as a space that welcomes young parents and provide an anonymous suggestion and feedback box for youth to offer input about their care.
Programming is not relevant or engaging.	Plan programming in consultation with young parents; allow programming to be participant driven.
Fear of having a child taken away by a child protection agency.	Have frank discussions with youth about childcare reporting protocol to debunk myths and fears.
Lack of trust with service providers.	Develop a relationship. Take time to build trust and maintain contact.
Not knowing where to go.	Engage in active outreach to inform youth of your services.
Unable to travel to appointments.	Offer youth tokens to pay for transportation to and from their appointments.
Limited hours of operation or the need to make an appointment.	Offer evening, weekend and drop-in hours.
Unavailability of childcare.	Offer nursery/child care services.
Concerns about confidentiality, particularly that parents or teachers would be notified.	Ensure youth are aware of confidentiality and privacy rights.
Services targeting young parents often fail to address the needs of young fathers or the child's other parent(s)/caregiver(s).	Include services for young fathers and the other parent(s)/caregiver(s) in programming for young parents.
Health care is fragmented.	Approach youth care holistically; consider the social determinants of health when planning the health program for your youth.

2 SEXUAL PLEASURE AND HEALTHY RELATIONSHIPS ARE THE TOP TWO THINGS THAT YOUNG PARENTS AND YOUTH INVOLVED IN PREGNANCIES WANT TO LEARN ABOUT

Learning how to have a healthy relationship was a priority for young parents and youth involved in pregnancies. Talking about sex, pleasure, protection, and how to say "no" were major topics for young moms. Sex is one component of a healthy relationship and it should be enjoyable, not stressful or pressured. Young moms believed it was important to tell their partners "no" if they were not in the mood for sex. They were not always sure, however, how to have that conversation.

Young women identified some of the challenges of being in a relationship and being a young parent or pregnant:

- **telling a partner about a pregnancy can be difficult;**
- **finding a partner can be hard with a child;**
- **fear of losing a partner can lead to having unwanted sex;**
- **unhealthy relationships can take many forms, including violence.**

> *"A lot of them…they're actually looking for love… they get mixed up between love and sex…counselling should be developed around basic family instruction, going back to the grassroots of relationships, what is a relationship."*
> *— Service provider*

RECOMMENDATIONS:

1. Offer young parents workshops on sexual pleasure and healthy relationships. Engage youth interactively and allow agendas to be participant-driven.
2. Create an environment where young parents feel comfortable discussing sensitive sexual health topics.
3. Incorporate information on healthy relationships, sexual orientation, sexual pleasure and communication into all service encounters.

> *"If I didn't go through that [pregnancy] I think I would still be questioning whether or not there is a person, or a guy out there I can fall in love with, or a guy out there that could apparently change my mind." — LGBTQ youth*

3 PREGNANCY RATES ARE HIGHER FOR LGBTQ YOUTH THAN FOR HETEROSEXUAL YOUTH

LGBTQ youth in our survey were three times more likely to have been involved in a pregnancy than straight-identified youth.

LGBTQ youth offered many explanations for high pregnancy rates:

- **denial and a way to "prove to myself that I'm not [gay] or the other way around";**
- **pressure to be in a heterosexual relationship;**
- **testing one's sexuality.**

RECOMMENDATIONS:

1. Provide LGBTQ youth reproductive health education and resources.
2. Include LGBTQ youth in reproductive health care programming and planning.
3. Many youth are unsure of or may not want to disclose their sexual orientation. Avoid assumptions labeling gender or sexual identity. Allow space for youth to self-identity when they are ready.
4. Use gender neutral language such as "partner" over "girlfriend" or "boyfriend."
5. Provide professional development to staff about sexual diversity, gender identity, and issues unique to LGBTQ communities (homophobia, transphobia, sexual health disparities) and how they relate to pregnancy.

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