



## Factors Associated with Access to Sexual Health

### Services Among Teens in Toronto

#### Key Details

##### KEY WORDS

Sexual health services, immigration, adolescent health, access to health services

##### POPULATION GROUP

Newcomer youth

##### STEPPING UP THEMES

Health & Wellness; Strong, Supportive Friends & Families; Diversity, Social Inclusion & Safety; Coordinated & Youth Friendly Communities

##### RESEARCH ORIGIN

Canada

##### SOURCE

Academic Article

**“Young women’s access to services is more susceptible to the influence of social resources. Lack of services targeting young men and their needs could account for this pattern. However, other research suggests that men generally utilize health services less than women due to social norms that pressure men not to seek help, in order to prove their masculinity and reject perceived weakness. The lack of influence of social resources on access suggests that these gender norms may exist for youth as well.”**

#### 1. What is the research about?

Given that a large proportion of Toronto’s population are immigrant youth, it is important to understand how their social status affects their access to sexual health services. Previous studies on adult immigrant’s use of health services have produced inconsistent findings. This research examines how structural factors including age, race, social resources, socio-economic status, health education and immigration status affect youths’ access to sexual health services.

#### 2. Where did the research take place?

The research took place in Toronto, Ontario, Canada.

#### 3. Who is this research about?

This research is about immigrant youth (aged 13 – 17) living in Toronto.

#### 4. How was the research done?

Planned Parenthood Toronto launched a citywide survey, the **Toronto Teen Survey (TTS)**, to gain insight into immigrant youths’ sexual experiences and access to sexual health services. The TTS produced a diverse sample, which included responses from 1,216 youth from across the city who were recruited through community-based youth programs (e.g. homework clubs, afterschool programs, shelters, group homes, and support groups). The surveys were anonymous and self-administered. The survey instrument included questions about youth’s experiences accessing sexual health services, and matched these responses to individual, interpersonal, and structural level variables. The researchers used a variety of appropriate statistical methods to analyze the data.

A limitation of the study’s sample is that while it was diverse, it does not represent the experiences of the most marginalized youth – those who are not connected to any youth services. Moreover, refugee and non-status youth are not represented in this sample because of the ethical implications of asking youth to self-identify within those categories.

#### 5. What are the key findings?

71% of youth had not accessed sexual health services. Youth who had accessed services were sexually active, older, queer, and spoke English at home. Youth with more social resources and who had received sexual health education were more likely to

access services – this particularly applied to young women. For young men, social resources had no impact on service access. In relation to other research, the authors suggest that dominant gender norms related to masculinity and femininity, in combination with availability of services for young men, contribute to fewer young men accessing sexual health services.

Immigration status did not significantly predict sexual health service use. However, youth from families that had lived in Canada longer and who were mainly of European descent were more likely to access sexual health services than other racial groups. Racialized youth, namely Asian and Afro-Caribbean youth, were significantly less likely to access sexual health services. The authors speculate that Asian youth are less likely to access services because of cultural norms related to propriety. The study found that Afro-Caribbean youth fear and have a distrust for social services due to systemic racist experiences. Another factor that explains the lack of access to services for these two groups is poverty: Blacks and newcomers face the highest rates of unemployment in Toronto and they tend to live in underserved areas.

## 6. Why does this research matter for youth work?

This point-in-time research “snapshot” suggests that it is important for health promoters to develop age-appropriate outreach programs to youth before they become sexually active. Young immigrants should be equipped with knowledge of the types of sexual health services that are available, as well as information related to their rights, confidentiality issues, and how to navigate the healthcare system. Better system

integration between the education, youth services, and health sectors is required. Further, gender-specific programs and services for young men and women with few social resources are needed. The researchers also recommend that programs and services take into consideration how different experiences related to gender, class, socio-economic status, race, orientation and immigration intersect. Finally, the researchers recommend that youth sexual healthcare workers work to shift the system in order to change the negative perceptions and experiences of racialized youth.



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