



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 infections¹. 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-migration³. 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 access⁴.

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.

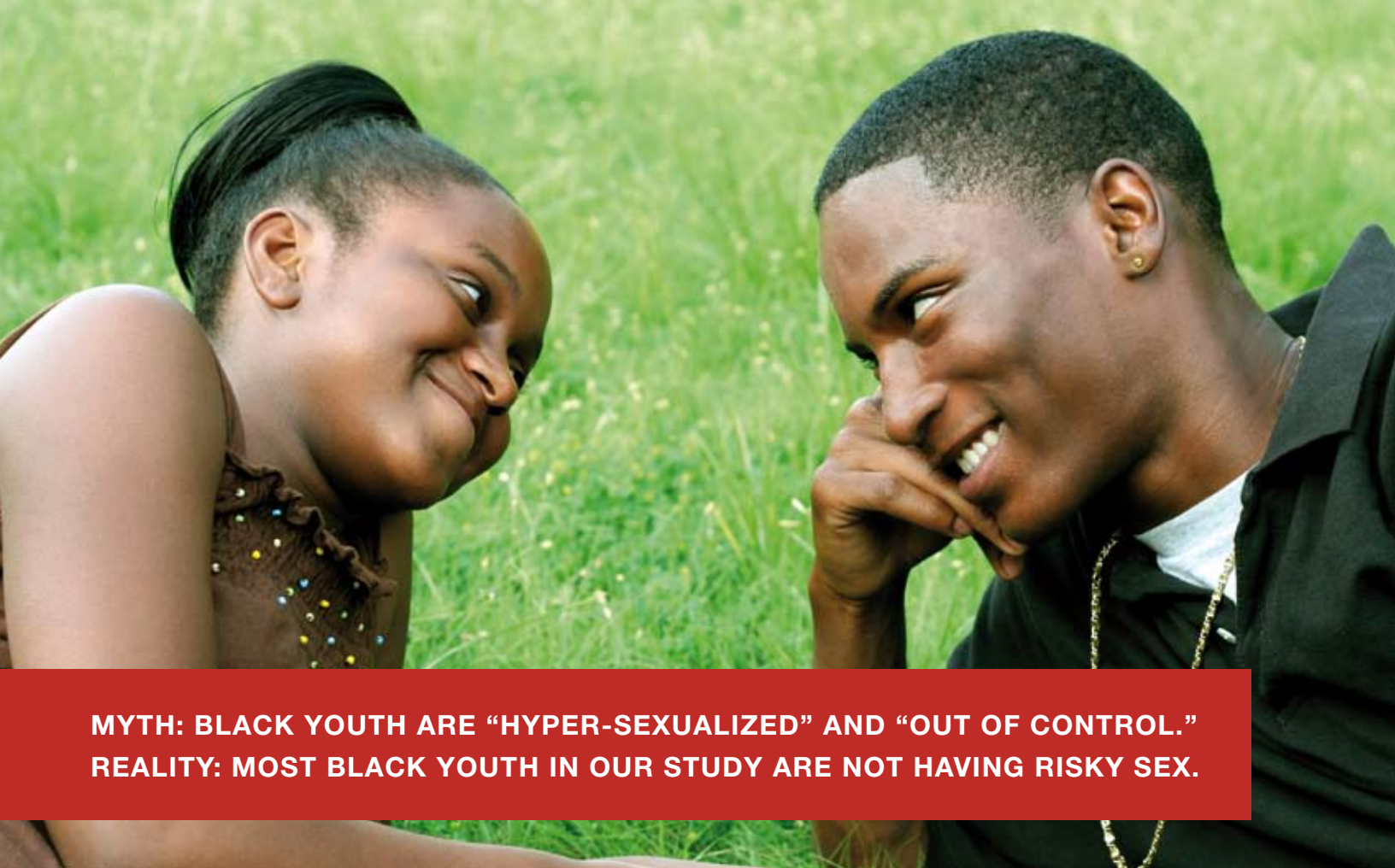
OF THE YOUTH WE SURVEYED:

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.

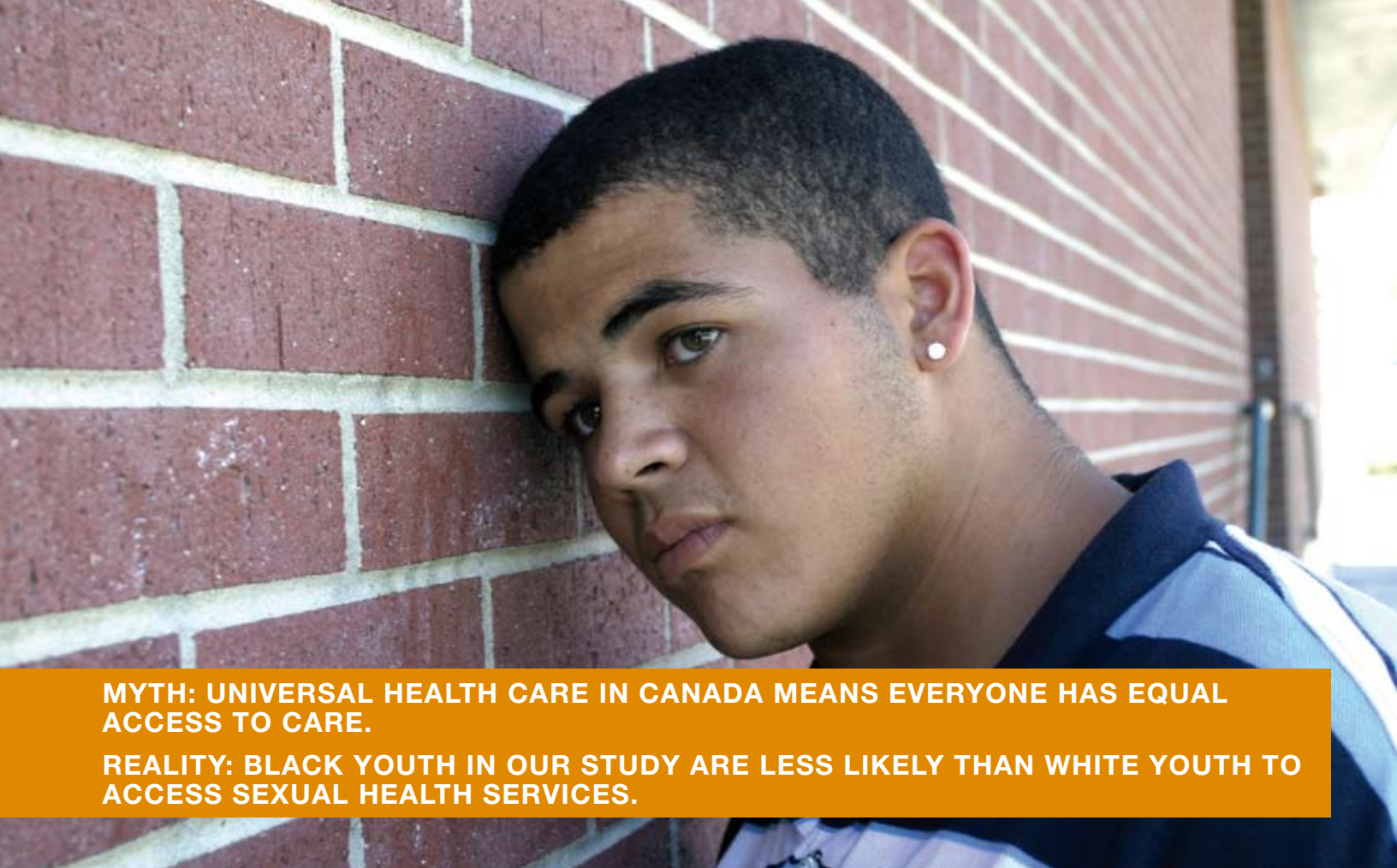
39% of Black youth reported having penetrative (vaginal or anal) sex compared to 52% of White youth. Seven percent of Black youth reported pregnancy involvement; 5% were unsure. Many youth reported kissing, dry-humping, fingering, and giving or receiving hand-jobs and oral sex. As is common among many 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?

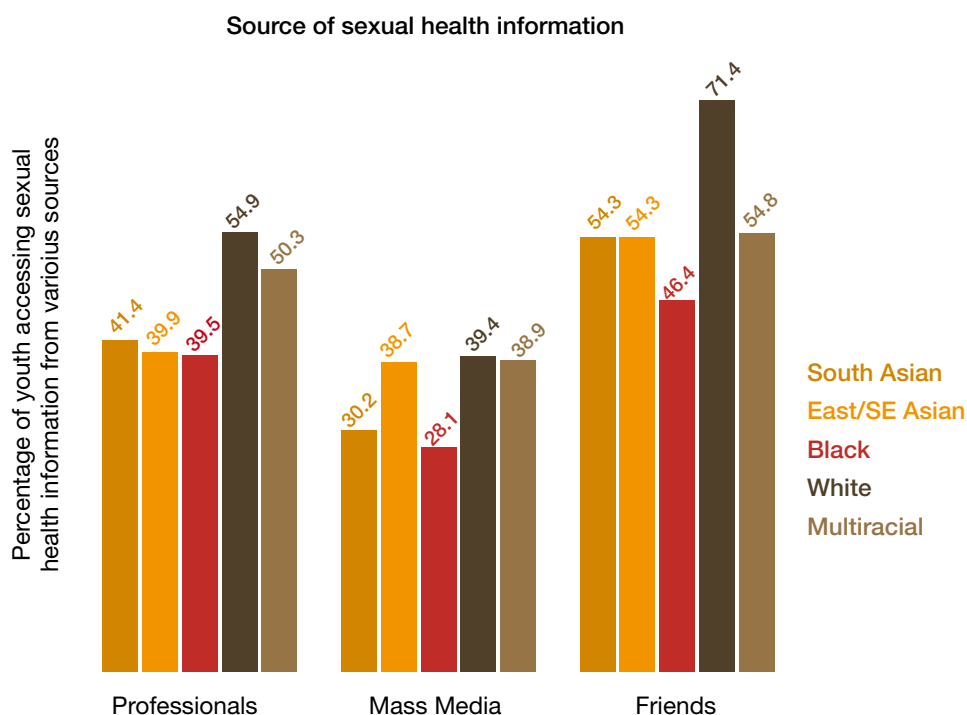


MYTH: WHEN YOUTH HAVE A QUESTION, THEY'LL FIND ANSWERS.

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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www.torontoteensurvey.ca

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