

Let's Talk About Sex – Community Report



Photograph -
Safety First

Fact Check:

- HIV follows lines of inequality, increasingly affecting women, youth and people of low income status.¹
- Black communities remain some of the most socially, politically and economically excluded groups in Canada.²
- The Black community accounted for 33% of the new HIV infections in Toronto in 2005.³
- Sexual activity with men is the main mode of transmission for sexually transmitted infections (STI) amongst Black women.¹
- Black youth are diagnosed with HIV and AIDS at younger ages than youth of most other ethnic groups.¹
- In 2007, the youth in Jane-Finch displayed some of the highest STI and pregnancy rates in Toronto.⁴
- Often times, youth don't understand the risks of unprotected sex and they lack the skills to protect their sexual health.⁵

What is this report about?

This report outlines some of the findings of the Let's Talk About Sex (LTAS) project, which was organized by representatives of York University, Black Creek Community Health Centre and The City of Toronto Parks, Forestry and Recreation Department.

“Participants used photovoice to discuss the things in their community that affect their sexual decisions.”

What is the LTAS project?

The LTAS project consisted of a 9 week workshop held from January until March 2011. Fourteen young women aged 14 - 18 years participated in this workshop. These young women were of African, Caribbean and Black-Canadian descent and they all live within the Jane-Finch community. During this workshop, the young women used an approach called photovoice to discuss the things in their community that affect their sexual decisions. Photovoice is an approach where participants use photography and creative writing to express their thoughts on a topic.

What did we find?

Stereotypes

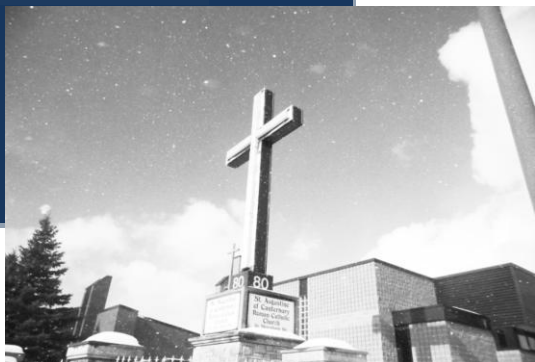
From the discussions during the workshop and the photographs produced by the participants it was clear that becoming a statistic or being labelled a “pregnant” and/or “promiscuous” girl were HUGE fears for many participants. These negative labels were associated with being a young woman from the Jane-Finch community and they affected how girls behaved both in their public and private lives. For instance, pregnancy, being a very obvious indicator of sexual activity, was considered shameful and dishonouring to friends, family and the community. As a result, avoiding pregnancy was a huge priority for these young women. Participants reported abstaining from sex completely or choosing male sexual partners who would not talk about their personal lives in public.

Religion

Many of the stereotypes young women faced in the community were informed by religion and religious views of how women should behave in sexual relationships, namely that they should wait until marriage before having sex. This contradicted the messages given to young men who were encouraged to be sexual, in and out of marriage.

Photograph - Rising Above

“LOSER, DIRTY, WHORE, BABY MOMMA, NO AMBITION. These words describe how Jane-Finch girls are portrayed...people jump to conclusions that I am a liar, I am sexually active, I am a loser who doesn't care about life and I am not going to finish high school.”
- Participant



Some youth did not find service providers relatable and feared their information would not be held confidential. To avoid the stereotypes, some youth preferred to go to health care providers outside of the Jane-Finch community. However, because many sexual health clinics are located in down-town Toronto, the costs of transportation often left these alternatives outside of the reasonable options available to Jane-Finch youth.

Studies have found that Black youth are less likely to access clinics and the least likely to access health information when they have questions.⁵

"Religion makes it extremely hard to make healthy sexual decisions...(youth) have no supports from their parents or the community... Often times girls will have sex and will feel shameful. They won't use a condom cuz they rely on the guy to have protection or trust him enough not to ask him for protection and because they are not allowed to bring contraceptives to their house, this all leads to unprotected sex. These girls will contract diseases or HIV/AIDS and will not know because they do not go to clinics. They have no support for making healthy sexual decisions."
- Participant

Parent-Child communication

Religion and culture played a part in the silencing of discussion about sex and sexual health between youth and their parents. The lack of communication and the "just say no to sex" messages delivered by parents often led youth to seek information from other, less reliable sources such as their friends, which is associated with poor sexual decisions amongst youth.

The lack of communication and the judgement of being sexually active were huge concerns for youth. Youth expressed their desire to have discussions about sexual health with their parents and elders in their communities, because these sources were experienced and could offer good advice. However, youth resented parent-dominated conversations where parents authoritatively enforced rules. Youth preferred open communication where they had opportunities to express their own opinions and ask questions.

Accessing Services

The fear of gossip, stereotypes and judgement from family and community members associated with being sexually active, pregnant, promiscuous and/or "sick/diseased" led many youth to avoid going to local clinics and healthcare providers to receive sexual health information and resources like condoms.

Fact Check:

- The most common sexually transmitted infections (STIs) include Chlamydia, gonorrhea, syphilis, and genital herpes. They increase the risk of contracting HIV.⁶
- HIV can be transmitted from a positive person through 4 bodily fluids: blood, male semen, fluids in the vagina, and breast milk.
- Some of the main kinds of activity that lead to the transmission of HIV include unprotected anal or vaginal sex; and the sharing of needles for drug use.
- Condoms are highly effective at preventing pregnancy and the transmission of STIs. However, they are **NOT** 100% effective and should be used with other forms of contraceptives such as birth control pills.
- Oral sex (genital in mouth) and anal sex also come with the risk of transmitting STIs so using condoms and dental dams are important for these activities.
- Early diagnosis and treatment of STIs and HIV can lead to happier healthier lives so it is important to get a regular annual check-up to monitor your sexual and overall health.

The findings of this study call for strategies and interventions that challenge the stigma associated with female sexuality; create open discussion about how to pursue healthy relationships; and involve parents and families in delivering accurate and culturally relevant sexual health information and advice to reduce risky sexual activities amongst youth. This study also calls for the accountability and commitment of researchers, service providers, policy makers and relevant stakeholders to invest in solutions to the root causes of the of the sexual health disparities between youth in Jane-Finch and the rest of Toronto.

Black Creek Community Health Centre's Sexual Health Clinics

Services offered:

- Birth control counselling
- FREE Condoms
- STI testing & FREE treatments
- Pregnancy testing/Counselling and referral
- Low-cost birth control
- Emergency contraceptive pills
- Sexuality/relationship counselling
- All services are CONFIDENTIAL

Location & Contact Info:

Sheridan Mall Site

2202 Jane St. Unit 5
416 249 8000

Yorkgate Mall Site

1 Yorkgate Blvd, Suite 202
416 246 2388

References: ¹ Public Health Agency of Canada. Population-Specific HIV/AIDS Status Report: People from Countries where HIV is Endemic – Black people of African and Caribbean descent living in Canada. ²Williams, Charmaine et. al. (2009) *HIV prevention risks for Black women in Canada*. Social Science & Medicine 68; pg. 12 – 20. ³Remis, RS., Swantee, C., Schiedel, L., and Liu, J. (2007). *Report on HIV/AIDS in Ontario 2005*. Ontario HIV Epidemiologic Monitoring Unit. ⁴Robertson, Shani. (2007). *Who Feels It Knows: The Challenges of HIV Prevention for Young Black Women in Toronto*. Black Coalition for AIDS Prevention. ⁵Flicker S., Guta, A., Larkin, J., Flynn, S., Fridkin, A., Pole, J., Travers, R., Layne, C., & Chan., K. (2010) Survey Design from the Ground-Up: The Toronto Teen Survey CBPR Approach. *Health Promotion Practice*. 11(1), 112-122. ⁶Sheth, Prameet & Thorndycraft, Brook. (2009). Fact Sheet: Sexually Transmitted Infections and HIV Transmission. Canadian AIDS Treatment Information Exchange (CATIE)