

LET'S TALK ABOUT SEX

EXPLORING YOUNG RACIALIZED WOMEN'S AGENCY IN THE CONTEXT OF RISK

By Ciann Wilson

Acknowledgements: Sarah Flicker, Jennisha Wilson, Sabrina Virdee, Abidemi Ademoye, Shanice Bolt, Kendal Williams, Zoe Dewar, Stephanie Rose-Frilles, Justina Wilson, Taneese Jones, Kaiesha Walker, Silvia Perry, Latyssia Barret-James, Carly Ellis, Naima Nur, Khalia Manners, and Shaquoel Miller

INTRODUCTION

The low income neighbourhood of Jane - Finch is one of Toronto's largest Black communities. It is home to over 30,000 African, Caribbean and/or Black-Canadian (ACB) residents.¹ Social inequality and poor policy decisions impose negative, oppressive conditions on the inhabitants of Jane - Finch, which inhibit the opportunities available to youth to achieve educational, social and economic success.¹ This context of racialized poverty manifests in poor sexual health outcomes in youth, as Jane-Finch exhibits some of the highest pregnancy and sexually transmitted infection (STI) rates in the city of Toronto.² The situation is worsened for young ACB women in the community who, for a variety of reasons, may be left economically dependant on their partners and unable to negotiate safe sex, putting them at risk for unplanned pregnancies, STIs and HIV.²

PARTICIPANTS

Fourteen young (14 – 18 year old) ACB women participated in a workshop held once a week for 9 consecutive weeks from January-March, 2011. During the workshop participants engaged in a variety of popular education-inspired activities designed to educate how these young women make sexual health decisions and negotiate their agency in a hostile, structurally inequitable environment.

METHOD

In collaboration with Black Creek Community Health Centre and Northwood Community Centre, this community based research project employed Photovoice (a well established research process, methodology, advocacy and health promotion strategy where participants use photographic technique to visually record, reflect, critique, and narrate their personal experiences and community issues)³ to assist participants in creatively expressing their opinions on the barriers and facilitators to making healthy sexual decisions. Specifically, the participants' photos and corresponding narratives addressed the following research questions:

- 1) How do young, racialized women internalize negative stereotypes, and how does this impact their developing sexual identities?
- 2) How does the process of internalizing negative stereotypes impact their ability to negotiate safer sex?
- 3) What individual, community, social and/or structural factors enable the resiliency of young, racialized women?
- 4) How can arts-based methods be employed to help foster consciousness-raising and resiliency in young, racialized women to support improved safer-sex negotiating skills?

Following the workshop, youth were interviewed one-on-one for 20 minutes about their reflections on the Photovoice process.

RESULTS

Through their photographs and narratives, participants expressed their frustrations with dominant discourse outlets such as the media, which produced negative stereotypes of the young women in the community. Labels such as the "poor, promiscuous, un-ambitious, teen mom from a broken home" were internalized by the participants and led to them projecting these labels onto other young women in the community in an act of social distancing from the negative and often damaging stereotypes. Unfortunately, isolation from these labels also meant isolation from sexual health services and information, the access of which was viewed as a form of "outing" one's sexual activity. This came with severe judgment from familial and religious support systems, which often suppressed and discouraged discourse about sex and sexual health.

Participants discussed how the lack of access to financial resources and job opportunities led many young women in the community to engage in transactional sex with men for money. Although there are no hard and fast distinctions, participants reported that young women in the community engaged in three variations of economically motivated relationships — the more socially accepted exchange of material resources within 'loving relations,' those with much older men (i.e., 'boopsies' or 'sugar daddies') and more casual transactional sexual encounters in hotel rooms. Within these forms of transactional relations there exists, to varying degrees, the operation of economic pressures, unequal power structures, gender relations and social norms. Additionally, the young women reported a social and emotional dependence on their male partners, in absence of supports from friends and family. This left young women less able to negotiate the timing and safety of sex in their intimate relationships.

Contrary to popular beliefs, the participants in this study were very aware of the socio-economic barriers to their sexual health and were determined to rise above these challenges by attaining educational and financial success, thereby dispelling stereotypes about the girls in Jane-Finch.

DISCUSSION/CONCLUSION

The use of Photovoice unearthed rich qualitative insight into the multi-faceted challenges faced by young women in Jane-Finch, indicating the strength of this approach for engaging youth in discussion about sensitive and complex issues. Findings from this study indicate that racialized youth need safe, sex-positive spaces where they can engage in open discussion about daily challenges, social pressures, and sexual health, as well as, access resources. There is a need for intervention and support to bridge the gap between intergenerational communication around taboo topics such as sexual health and HIV. There is a need for programs that enhance financial literacy amongst marginalized youth and afford them opportunities for employment and empowerment, which may assist youth in avoiding transactional sexual relations. More importantly, this study calls for the accountability and commitment of researchers, service providers, policy makers and other relevant stakeholders to invest in solutions that address the root causes of sexual health disparities; poverty, racism and social inequality.

The photos and narratives produced were evocative and metaphorical. Participants cleverly used angles, colours and special effects to convey layered messages.

Figure A: Money is



Figure B: Purity

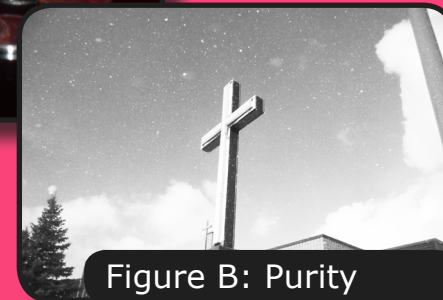


Figure C: My Name is...



Figure D: Safety



"They (girls in the community) are having sex with guys for money (they are boopsing guys). This happens A LOT because there is nowhere else to make money and they have to have material things or they're not going to be popular, their going to be seen as losers... Not all of this is legal you have young girls and there is like a 10 year age difference between her and the guy." (17)

References: ¹Richardson, C. (2008). Canada's Toughest Neighbourhood: Surveillance, Myth and Orientalism in Jane-Finch. Faculty of Social Sciences, Brock University.

²Robertson, Shani. (2007). Who Feels It Knows: The Challenges of HIV Prevention for Young Black Women in Toronto. Black Coalition for AIDS Prevention.

³photovoice.ca

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EXPLORING BLACK-CANADIAN PARENT-YOUTH SEXUAL HEALTH COMMUNICATION

Nakia Lee-Foon¹, Clemon George¹, Jacqueline Gahagan², Michelle Poirier², Josephine Etowa³

¹University of Ontario Institute of Technology, ²Dalhousie University, ³University of Ottawa And The Black Parent-Child Communication Study Team

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INTRODUCTION

Black youth in Toronto are at an increased risk for HIV and other STIs^{1,2}. However, there are few intervention programs or services specifically designed for them.

Parent-youth sexual health communication has been found to increase youths' sexual health knowledge and ability to negotiate condom use^{3,4}. However, to date no intervention programs or services have been developed to address the specific needs of Black Canadian parent-youth sexual health communication.

As such, a community based research approach was used to:

- 1) Explore the challenges facing Black youth and parents in Toronto in discussing sexual health, dating, relationships and HIV.
- 2) Explore the sexual health education needs of Black youth and their parents.
- 3) Examine the importance of gender in sexual health communication.

METHOD

1 hour face-to-face interviews were conducted by the study coordinator and an investigator using a scripted interview guide. A total of 17 Key Informants (KI) were interviewed. Those selected to be KIs were individuals providing social, health and other support services for Black youth in Toronto. Interviews were transcribed and coded using nVivo9 qualitative data analysis software. The resulting data was interpreted within a Critical Race Theory Lens.

RESULTS

Ten of the 17 KIs were females and 7 were males. Almost 2/3 of the KIs were of Caribbean heritage (compared to continental African) and two worked with gay youth. All but 3 KIs were of Black-Caribbean/Continental African heritage however, all had close ties to Black communities in Toronto.

Analysis of the interviews revealed several main challenges that impacted Black Canadian parent-youth sexual health communication. Most KIs noted that parents were often uncomfortable discussing sexual health; parents feared sexual health communication would encourage youth to engage in sex; parents lacked effective sexual health communication skills; fathers often encouraged sexual prowess with sons but were intolerant of daughters dating; parents related HIV to homosexuality; and parents did not discuss homosexuality or spoke about it in a derogatory fashion.

DISCUSSION/CONCLUSION

In Toronto, the multiple barriers faced by Black populations may leave sexual health as a non priority issue leading to increased negative health outcomes for Black youth.

As such, an emphasis must be placed on developing culturally cognizant sexual health education programs that includes Black parents as many parents themselves lack adequate knowledge to discuss sexuality and sexual health with their youth. Further, programs should focus on gender disparity in relating sexual health information to address issues surrounding masculinity.

... so it stands out for me the fact that they're [Black youth] not able to communicate with their parents openly about sexuality to you know any type of sexual act all the way to having sex. . . So I think their [the parents'] approach is just by ignoring it or not talking about it that it's not gonna happen or they think that by discussing it with their children that their children are gonna see that [sex], that's [having sex] now something that's acceptable for them to do. . . Key Informant 9

References: ¹Public Health Agency of Canada. (2010). HIV/AIDS Epi Updates. Surveillance and Risk Assessment Division, Centre for Communicable Diseases and Infection Control, Public Health Agency of Canada, 2010. ²Mensah, J. (2002) Black Canadians: history, experiences, social conditions. Halifax: Fernwood Publishing. ³DiClemente, R. J., Wingood, G. M., Crosby, R., Cobb, B. K., Harrington, K., Davies, S. L. (2001). Parent-adolescent communication and sexual risk behaviors among African American adolescent females. The Journal of Pediatrics. 139(3):407-412. ⁴Whitaker, D.J., Miller, K.S. (2000). Parent-Adolescent Discussions about Sex and Condoms: Impact on Peer Influences of Sexual Risk Behavior. Journal of Adolescent Research. 15(2):251-273.



THE SEX AND YOUTH PROJECT

TRANSFORMING KNOWLEDGE AND EXCHANGE

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INTRODUCTION

African, Caribbean and/or Black-Canadian (ACB) youth in Toronto continue to be at an increased risk for HIV and other STIs. However, there is a notable void in sexual health education and intervention programs that foster culturally relevant discussions and acknowledge the socio-economic factors that impact ACB youths' sexual health.^{1,2,3} Funded by the Canadian Institutes of Health Research- Institute of Gender and Health's Knowledge Translation supplement, the Sex and YOUTH project explored the use and importance of appropriate knowledge exchange (KE) strategies to promote discussion around the sexual health research findings from two Toronto-based research projects with ACB communities; The first study - "Let's Talk About Sex (LTAS)" collaborated with 15 young ACB women to explore the barriers and facilitators to making healthy sexual decisions through the use of interviews and photovoice. The second study - "Exploring Black-Canadian Parent-Youth Sexual Health Communication (BPYS)" interviewed 17 individuals that provide social, health and other support services to Black youth/parents in Toronto to explore how to best engage ACB parents and their youth in sexual health and HIV conversations.

RESULTS

The youth participants gravitated to sharing their personal stories in new and creative ways. The digital stories, and photo-exhibit, were also well received by community members. The stories and exhibit expressed topics such as parent-youth communication; teen pregnancy and preparing for parenthood; the role of religion in defining identity and sexuality; healthy relationships; and youth engagement in transactional sex.

In a unique form of data triangulation, when displayed at community events across Toronto, the exhibit, digital stories and research findings evoked varied responses from audience members. Although, community members emphasized the need for more open Black parent-youth communication to prevent youth engagement in risky sexual practices, many members were adamant that Black communities did not need to be taught communication skills but needed access to accurate, culturally sensitive sexual health information. Audience members expressed the need for more positive Black youth relationships between men and the mothers of their children. Audience members had mixed opinions on the impact of religion on sexuality. Some audience members, believed religion played a vital role in promoting 'respectful' sexual lives while others believed religion reinforced homophobia, patriarchy and risky sexual behaviours. Based on whether they were Christian or Islamic in faith, audience members had differential standards for what they deemed acceptable expressions of sexuality for youth. Lastly, responses to the issue of transactional sexual relations were often gendered, generational and reflective of a trend occurring among young people across Toronto. Lastly, audience responses to the issue of transactional sexual relations were often gendered, generational and reflective of a trend occurring among young people, more generally, across Toronto. The community discussions indicate that the young people engaged in these relations have varied levels of self determination and control over the initiation, process and termination of transactional relationships.

CONCLUSION

Given the historically rooted aversion to authoritative, 'expert' knowledge and the oral and expressive cultures of many racialized communities, KE strategies must encourage alternative avenues for conveying facts and research findings.⁵ Marrying self expression, personal narratives, storytelling and familiar technology provides ACB youth opportunities to build their confidence, become better connected to their communities, promote discourse of taboo topics and prompt real-world applications of research findings.



David discusses the importance of being a supportive partner and establishing healthy, loving relationships with women in his digital story.

METHOD

The Sex and YOUTH project employed arts and media-technology to create a photo-exhibit, a website and digital stories, all of which were utilized as discussion starters at two community forums/Café-Scientifiques in the Malvern and Jane-Finch communities in Toronto.

Digital Storytelling: From June to August, 2012 four ACB youth (2 males and 2 females) aged 15 – 20 were selected through word of mouth and previous participation in the LTAS and BPYS studies to make digital stories (2 -5 min visual narratives that synthesize images, video, voice, music, and text to create compelling accounts of experience).⁴

Photo-Exhibit: Still images from the digital stories and photo-narratives produced from the LTAS study were reproduced to create a travelling photo-exhibit.

The Website: sexand youth.weebly.com was created by the Sex and YOUTH project coordinators to share and promote the arts-based products of the project.

DISCUSSION

The arts and media-based approaches devised from the Sex and YOUTH project were found to

- 1) employ the multi-media skills of the youth participants through the use of familiar media methodologies.
- 2) be accessible and engaging for audience members of various ages and socio-economic backgrounds.
- 3) critically engage community members in open sexual health discussions about taboo subjects such as sex and HIV.
- 4) yield interesting forms of data triangulation from the findings of the respective studies, which contributed to new research insight.



In his digital story, Brydon discusses the challenges of becoming a young father

References: ¹Johnson, D. Harrison, P. and Sidebottom, Abbey. (2010). Sexually Transmitted Disease Education and Risk Assessment to Disengaged Young Men Through Community Outreach. American Journal of Men's Health, 4(4): 305 – 312 ²Toronto Teen Survey (2010b) What did Black, African, and Caribbean youth have to say? Planned Parenthood Toronto. Toronto, On. ³Ashiabi, Goldwin. 2008. African American and non-Hispanic white children's health: integrating alternative explanations. Ethnicity and Health, 13:5, 375 – 398. ⁴Gubrium, A., Digital Storytelling: An Emergent Method for Health Promotion Research and Practice. Health Promotion Practice, 2009. 10(2): p. 186-191. ⁵Robertson, Shani. "Who Feels It Knows: The Challenges of HIV Prevention for Young Black Women in Toronto." Black Coalition for AIDS Prevention. (2007). Web. 8 April 2010.

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