



Improving Access for Newcomer Youth to Sexual Health Resources and Services



Planned Parenthood of Toronto
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PPT is a United Way
Member Agency

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EXECUTIVE SUMMARY

Improving Access for Newcomer Youth to Sexual Health Resources and Services was a one-year consultation initiative undertaken by Planned Parenthood of Toronto (PPT) in 2005. The primary goal of the project was to increase PPT's capacity to serve newcomer communities in Toronto.

At PPT, we believe that health care providers and community health agencies need to be more informed about the unique barriers that youth from newcomer communities face. This project was created to examine the sexual and reproductive health and access needs of newcomer youth living in Toronto. The findings of this consultation will assist PPT in modifying current sexual and reproductive health services and creating new initiatives specifically designed with the needs of newcomer youth in mind.

While there is a comprehensive range of newcomer settlement services in Toronto, there has been little documented work in the area of sexual health. It became apparent during this consultation that many of the sexuality related issues experienced by newcomer youth are directly related to the newcomer experience. These experiences are compounded by the lack of culturally appropriate sexual health information and inclusive services designed specifically for newcomer youth.

The consultation involved individual interviews with service providers (key informants) from agencies and organizations that serve newcomers to Canada and a focus group with newcomer youth. Those organizations that participated are located across the City of Toronto.

The key informants of this project strongly supported PPT's undertaking of this consultation to build their capacity to effectively outreach to and serve youth from newcomer communities. All participants agreed that sexual and reproductive health topics must be addressed for newcomer youth. Data from the consultation process highlighted five main areas for PPT to consider when building capacity to serve newcomer youth. These include: 1) outreach to newcomer communities, 2) translation of resources, 3) interpretation services, 4) cultural competence training for PPT staff, and, 5) training for service providers on working with youth and their families on sexual health topics.

Overall, this consultation process provided valuable information regarding the sexual and reproductive health needs of newcomer youth that will direct and influence future PPT programs and will result in valuable outcomes and benefits to all stakeholders.

PURPOSE AND GOALS

One of the goals in PPT's current Strategic Plan (2002-2005) is to embrace and reflect diversity through representative programming and services that serve current and emerging community needs and desires with respect to healthy sexuality.

The purpose of this initiative was to increase Planned Parenthood of Toronto's capacity to serve newcomer youth communities.

The objective of this project is to:

- Increase PPT's knowledge and capacity to provide culturally appropriate and competent services to newcomer communities.
- Increase knowledge and awareness within newcomer communities of PPT's programs and services.
- Determine the most appropriate delivery methods for sexual and reproductive health programming for newcomer communities.

ACKNOWLEDGEMENTS

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BACKGROUND

ORGANIZATIONAL INFORMATION

Planned Parenthood of Toronto (PPT) is a community based, pro-choice agency committed to the principles of equity and to providing accessible and inclusive services that promote healthy sexuality and informed decision making to the people of the City of Toronto.

Since 1961, PPT has provided a broad range of sexual and reproductive health services including primary and sexual health clinical services to youth, information services by e-mail, phone and MSN instant chat, and health promotion and education services in the community. PPT also develops educational resources and social marketing campaigns and offers a wide range of volunteer opportunities in our peer-to-peer programming.

PPT has identified the need internally to provide culturally appropriate sexual health services to youth in its current Strategic Plan (2002-2005) stating the need to embrace and reflect diversity through representative programming and services that serve current and emerging community needs and desires with respect to healthy sexuality. Within this context sexual and reproductive health of newcomer youth has been identified as a high priority.

KEY CONSIDERATIONS

Definition of Newcomer

The key informants we spoke to define a newcomer as an individual who has recently come to Canada as an immigrant or refugee, is learning to negotiate the systems and who requires assistance in areas such as housing, employment, and social assistance.

For some agencies, the definition is determined by funding parameters. For example, federal funding defines a newcomer as someone who has been in Canada for less than three years whereas provincial funding allows newcomers to access services up to five years. All key informants find that it takes some newcomers longer than others to settle and to adjust to life in Canada. The majority of key informants believe that services should be provided to individuals who identify a need regardless of how long they have been in Canada.

The Newcomer Experience

The specific sexual health needs of newcomer youth cannot be addressed in isolation of newcomer experiences. Many studies report that recent immigrants (i.e., people who immigrated to Canada within the last five years) face significant adjustment and settlement stress (Canadian Task Force, 1988). The types of challenges facing

newcomer youth are often grounded in socioeconomic disadvantage and include such stressors as poverty, discrimination and unemployment (Kilbride & Anisef, 2001). These psycho-socio-economic and cultural challenges have a demonstrated impact on the emotional, physical and mental health of newcomer populations.

In addition, some newcomer populations are at increased risk of poor health status. Newcomers from countries in Asia, the Middle East, Latin America, and Africa, from which immigrants to Canada have not traditionally come, often hold concepts about health and health-care behaviour that differ from those prevalent in North American culture (Edman & Kameoka, 1997). Discrimination presents a major barrier for visible minority populations that could influence their health and the quality of health care they receive (Noh, Beiser, Kaspar, Hou, & Rummens, 1999). Many individuals from newcomer refugee and immigrant communities may also have no health care coverage and the cost of accessing health care services can often be prohibitive.

In addition to dealing with the adjustments and challenges associated with acculturation, newcomer youth face additional challenges in negotiating adolescence, puberty, the development of healthy peer relationships, and sexuality. Newcomer youth struggle to learn to fit in with their peers and balance that with often contrasting parental and cultural expectations. This can lead to conflict in a family already experiencing a high degree of acculturative stress. Many situations lead to instability at home, family breakdown, homelessness, interruption in education and sometimes violence. In terms of sexual health, newcomer youth are more vulnerable to risky sexual activities which put them at high risk for unplanned pregnancy, sexually transmitted infections (STI's), HIV/AIDS, and relationship violence (Ling & Plenert, 2003).

Community Need

According to 2004 statistics, 4,500 students in Toronto high schools had been in this country for less than a year. There is little information available about the sexual health needs of youth in diverse newcomer communities. In their review of literature for their study on newcomer youth, Anisef and Kilbride (2000) reported that little attention is paid to the needs of newcomer youth between the ages of 16 and 20. In addition, health service utilization is generally low among newcomer youth.

In Toronto, the need for organizations like PPT to increase capacity to serve newcomers has been identified as a priority by the United Way of Greater Toronto (Sahay & Glover, 2005). A report by the City of Toronto in 2001 called *Sexual Health Promotion Redesign* stated that as Toronto's population, and youth community, becomes more racially and culturally diverse, community based organizations must adapt their approaches in order to provide culturally effective health promotion and prevention services.

Ethno-specific agencies that have an expertise in serving a particular newcomer community also recognize the adverse affects of sexuality related issues for their youth

and its impact on their community. These agencies are contacting PPT and identifying the need for sexual health related initiatives for the youth with whom they serve.

Youth and Sexual Health

Youth in general are a priority when it comes to effective sexual health information and services. It is important to reach youth early with sexual health messages. At PPT, we believe that healthy sexuality is an integral part of a healthy lifestyle. The choices youth make about being sexually active, sexual partners, relationships, contraception and prevention of sexually transmitted infections have significant implications for their physical and emotional health. Newcomer youth are a priority because they face the same issues outlined above, further compounded by the stresses associated with being a newcomer in addition to lack of access to culturally appropriate and sensitive sexual health resources and services.

PPT recognizes that the choices that youth make operate within larger socio-cultural and political contexts. Factors such as newcomer status, socio-economic status, access to services and social support influence these choices and must be considered in effective program planning. As we serve more youth from newcomer communities, it has become evident that PPT needs to build its capacity to provide culturally appropriate and inclusive sexual health programming and services.

METHODOLOGY

This section provides an overview of the developments and process in the design and implementation of *Improving Access for Newcomer Youth to Sexual Health Resources and Services*.

TOOLS AND ADMINISTRATION

The Newcomer Youth Project Committee

In November, 2004 a newcomer youth project committee was established at PPT to undertake a consultation process with community agencies and newcomer youth. The purpose of the consultation was to better understand the underlying issues, gaps and barriers encountered by newcomer youth in accessing primary, sexual and reproductive health information and services in Toronto.

The newcomer project committee included management and staff representing a cross section of disciplines within PPT. The members of the working group were:

Adrienne Bairstow	Program Coordinator
Michele Chai	Community Health Promoter
Beverley Essue	Program Coordinator
Rose Gutierrez	Director of Community Programming
Susan Flynn	Program Manager

In addition, Amita Handa, Community Health Promoter, conducted two of the key informants' interviews.

Consultation Process

The consultation process included a literature review, semi-structured interviews with key informants and a focus group with newcomer youth.

The committee collectively identified agencies based on existing work with newcomer communities, agencies who serve the communities targeted for our consultation, and agencies that have knowledge of primary and sexual health issues.

The committee developed a list of potential key informants and letters were sent out detailing project goals, and requesting participation in this consultation process (Appendix A).

Initially, based on the project goals, two questionnaires were created. One questionnaire was directed towards service providers (Appendix B) and the other was directed towards newcomer youth (Appendix C).

Interviews were conducted by members of the working group on site at each of the various agencies, or by telephone. Alternatively, some key informants chose to come to PPT for the interview in order to become more familiar with the agency and our programs and services.

Semi-structured interviews were conducted with 16 key informants from agencies across Toronto. The selected agencies included community health centres, ethno-specific agencies, settlement organizations, and AIDS service organizations. The following agencies were selected:

- AIDS Committee of Toronto
- Alliance for South Asian AIDS Prevention
- Asian Community AIDS Services, Youth Education and Outreach
- Barbra Schlifer Commemorative Clinic.
- Culture Link
- Immigrant Women's Health Centre
- Kababayan Community Center
- Lawrence Heights Community Health Centre
- Midaynta Association of Somali Service Agencies
- Ontario Council of Agencies Serving Immigrants
- Parkdale Community Health Centre
- Somali Family & Child Skill Development Services
- Toronto Catholic School Board
- Women's Health in Women's Hands

The interviews were designed to stimulate discussion around the primary, sexual and reproductive health issues for newcomer youth and the barriers to accessing services.

Key Informant Interviews Phase One

Eight key informant interviews were conducted with service providers who work with newcomers from Somalia, Sri Lanka, The Philippines and Vietnam. Information was gathered in key areas of relevance including what the key sexual health priorities were for newcomer youth; how cultural practices, values, and beliefs affect sexuality and sexual health; how the newcomer experience has affected sexual health issues, what barriers to sexual health services and resources exist for youth; and how those barriers can be addressed by PPT in our programming, services, outreach, volunteer opportunities, and educational materials.

Youth Consultation

One focus group was conducted with nine newcomer Filipino youth at an after school study group at Jean Vanier High School in Scarborough. The Kababayan Community Centre administers the group. The project was explained to the focus group members as part of their informed consent to participate in the consultation process. Information

was gathered on what sexual health issues they experience, how sex and sexuality are discussed by their families, where they get sexual health information from, and how would they like to see sexual health care services delivered.

Key Informant Interviews Phase Two

An additional eight key informant interviews were conducted with organizations who broadly serve newcomer communities (Appendix D). During these interviews, we continued to gather information on sexuality and access related issues and challenges for newcomer youth. In addition, we asked questions that helped PPT to understand in more detail some of the challenges we have been facing in accessing youth in newcomer communities for focus groups (see project limitations below), and how newcomer communities and the agencies who serve them feel generally towards mainstream social service organizations such as PPT.

PROJECT LIMITATIONS

1. Difficulties recruiting youth

The committee experienced difficulties finding youth to participate in the focus groups.

The challenges include:

- Few or no established newcomer youth initiatives in the communities we selected.
- Many of the organizations we contacted were not familiar with PPT.
- Many of the service providers we spoke to indicated that the parents of youth would not permit them to attend a focus group on sexuality related issues.
- In many of the organizations we contacted, service providers often did not return calls or e-mails and had to be contacted several times. Service providers indicated that their human resources were stretched and/or the project area was not seen as a priority for them or their community.

2. Proposed sample size too small to draw conclusions

We were successful in organizing a focus group with newcomer Filipino youth. One reason for this may be that the organization who recruited the youth is familiar with PPT with one service provider stating that they 'trusted us'.

When we analyzed the data from the Filipino community (Appendix E), we found that although we learned a great deal from the service providers and the youth, we did not feel that it was a comprehensive enough sample population from which to make solid conclusions about the sexual health and access issues of all newcomer Filipino youth.

3. The need to shift to a broader focus

Preliminary analysis of the data provided by key informants in phase one indicated that many of the issues were similar in terms of barriers experienced by newcomer youth in

accessing sexual health services. In addition, PPT serves youth across the city of Toronto and is therefore mandated to serve all newcomer communities. While there may be some issues that pertain to one community in particular, we feel that at this point, a more general approach is appropriate for PPT.

We addressed these challenges in the following ways:

1. After six months, we stopped trying to recruit youth for focus groups. Instead, we interviewed eight additional service providers (Phase Two) who work in both settlement and ethno-specific agencies.
2. We shifted our focus from particular communities to examine broad issues on sexuality and access to sexual health resources and services for newcomer youth.

Despite these limitations, the committee is confident that this report provides important information that will allow PPT to determine priorities for the expansion and/or development and implementation of clinical and health promotion programming for newcomer youth.

Key Findings

What are the Main Settlement Issues Facing Newcomers to Toronto?

When asked about the main settlement issues being identified by their clients, the information provided by key informants was consistent with the issues identified in our literature review. The main issues include learning the dominant language, securing employment, navigating the education system, cultural adaptation, and family reunification. Negotiating the immigration process is an additional issue faced by refugees. Accessing services is also identified as a significant issue because even if there are services geared to the needs of newcomer communities, key informants feel that newcomers often have little knowledge of the services or how to access them.

The main issues identified by key informants for newcomer youth are employment, school, parental conflict, and relationships. These issues were also identified by the youth in the focus group. For lesbian, gay, bisexual and transgender (LGBT) youth, the issue is gaining acceptance within their family and culture.

Key informants repeatedly spoke about intergenerational conflicts among parents and youth. Key informants spoke about the constant pressure that some newcomer youth face in negotiating their parent's desire to maintain their home country's culture, values, behaviors, traditions and norms and at the same time, fulfill an expectation in society, including the school system, to integrate into the Canadian culture.

The youth in the focus group also indicated that they felt torn between the expectation to adopt their parents' cultural identity at home and mainstream society's norms and values at school and other places outside the family. Key informants report that these struggles can often lead to increased tension, instability, and family breakdown.

How are Sex, Sexuality and Reproductive Health Perceived in Newcomer Communities?

Key informants shared general attitudes that newcomer communities held concerning sex and sexuality including, the notion that sex is shameful, to be feared, a private issue and a taboo. While it could be argued that many of these ideas are also held in general "Canadian" society, the critical difference is that newcomer parents have to negotiate these systems of belief with their children who are being challenged with sometimes very different and conflicting messages around sex and sexuality. Parents and youth struggle, individually as well as with each other when negotiating traditional cultural values and attitudes towards sex and sexuality and conflicting messages they receive from mainstream society.

“Even when I would go do workshops and I would take the condoms they were afraid to take it in case they’re found with a condom in their bag by their parents or other family relatives, also afraid to be seen by other peers taking this information”.

-Key Informant

Key informants observed that newcomers experience many differences in how sex is negotiated and understood in Canadian culture. They stated that newcomers have expressed how openly and comfortably sex is discussed in Canadian society. Other differences noted include the prevalence of sex and sexuality in the media, the availability of condoms, non-abstinence based education, legal abortion and birth control, the acceptance of sex before marriage, and the acceptance and recognition of homosexuality.

What are the Sex, Sexuality, and Sexual Health Issues for Newcomer Youth?

When asked about the sex, sexuality, and sexual health issues for newcomer youth, key informants and youth agreed that newcomer youth are sexually active. The main issues identified included shared misinformation, risky sexual activity, gender dynamics, forming relationships, and homophobia.

“The parents don’t believe it, but the youth are having sex”.

-Key Informant

It is generally accepted that a key source of sexual health information for youth is from their peers, and that youth often share inaccurate information or ‘myths’ regarding sexuality and sexual health practices. Key informants noted that this is very much the case with newcomer youth who are not well informed about sexual health, have little knowledge of sexual health resources and, as a result, are engaging in unsafe sexual activities. This is supported by a key informant’s observation that the incidents of Chlamydia among the newcomer youth they serve have increased.

Other issues identified by key informants included unplanned pregnancy, sexually transmitted infections (STIs) and birth control. Some of the key informants have noted that an important sexual health related issue for many of the newcomer youth is forming relationships. Key informants stated that in many newcomer communities, there is an expectation that youth be engaged solely in family and community based activities. They observed that, as a result, youth possessed limited skills in self-initiated relationships compared to youth growing up in Canada.

Some key informants spoke about the types of intimate relationships that newcomer youth were engaged in. They have found that although youth from newcomer communities are sexually active, they are not as advanced as Canadian youth. They

found that non-intercourse sexual activity such as oral sex is higher, and that sexual intercourse tended to come much later in the relationship.

Youth expressed that interracial dating was an issue for their parents. They shared stories of how their parents reacted to them forming relationships with people from different cultural backgrounds and how that often leads to family conflict.

Key informants stated that gender dynamics was also an issue in some communities where it is acceptable for men to have more power in relationships and sex. One key informant went on to say that, although young men recognize that cultural norms and expectations around power dynamics in relationships are different in Canada, they sometimes struggle to adapt to those dynamics.

Key informants also raised the issue of homosexuality in some newcomer communities. Many newcomers feel that it is wrong to force their children to learn about homophobia in school, fearing that it will negatively influence the attitudes and behaviours of their children. It is viewed as unacceptable to be LGBT and in some newcomer communities discussions regarding sexual identities are often met with silence. Newcomer youth who are LGBT are at increased risk of experiencing isolation from family members and community and there is a real possibility of being thrown out of the family home. While being thrown out for being LGBT is also a common occurrence in non-newcomer communities, for newcomer youth, it can have serious consequences, as youth do not know about any support services that may be available to them.

“For high school aged youth, fitting in with
their peers is very important to them.”
-Key Informant

Key informants expressed that youth will often use sex as a way to demonstrate that they are adopting mainstream society’s values and behaviours in order to ‘fit in’ at school and among peers. Many key informants stated that newcomer youth expressed that fitting in socially at high school with their peers is important. Youth in the focus group talked about the difficulties in adjusting with peers in school. They said they felt that youth in Canada have different values and think very differently. For example, newcomer youth shared that they felt that “Canadian” youth carried themselves differently and wore “cooler” clothes. The consequences of not “fitting in” often led to harassment, bullying and exclusion. One youth from a focus group shared multiple experiences of racist name-calling and discrimination.

When asked where newcomer youth get their sexual health information from, the responses were similar to the general population of youth and included friends, Internet, media, television, and school.

What are the barriers to accessing sexual health services for newcomer youth?

Generally, newcomer communities, depending on various factors, have different perceptions of mainstream organizations. Key informants consistently emphasized the importance of not homogenizing any community and recognizing that newcomer communities from all countries are made up of diverse communities and will have different attitudes regarding mainstream organizations.

According to the key informants, there is a perception that mainstream organizations are out of touch of the needs of current newcomers. Current newcomers have different settlement needs and issues than newcomers to Canada a decade ago and some do not feel that mainstream organizations are aware of this. In addition, for some newcomers, organizations that are perceived to be too activist based or progressive are seen to be a threat to values and are not accessed.

The most common way newcomers find out about mainstream organizations is through the contacts they meet when they arrive in Canada, and most newcomer youth's first contact with community resources is through the school system. Therefore, if their community living here is not connected to the mainstream organization or if the source of the community referral (settlement worker, community leader, teacher, social worker) does not agree with the mandate of the organization, it is unlikely that the newcomer will become aware of the organization and use the services. Key informants find that once an organization is identified by a newcomer community as accessible and relevant, it becomes a very important resource to that community and is well utilized.

Mainstream organizations and services are seen to provide information. In Canada, access to information to make one's own decision is strongly supported as a part of cultural practice. Key informants noted that parents find this frustrating because they cannot monitor/control all the information their youth get in Canada and they feel this availability of information further distances youth from their cultural background and traditions.

“Basically, parents are afraid they will lose their youth as a result of moving to Canada and will do whatever they think is necessary to stop this happening.”

-Key Informant

When asked how an organization that provides sexual and reproductive health services might be perceived in newcomer communities, key informants agreed that they are perceived as intimidating by some newcomers. Due to the shame and silence associated with sex and sexuality in many newcomer communities, parents will only seek out sexual health services for their children when there is an immediate need, for example, unplanned pregnancy, abnormal bleeding, or an STI. In addition, some newcomer youth are reluctant to actively seek out sexual health services because to do so would be to admit that they are sexually active.

“If you’re asking about sex,
then it means you must be doing it.”
-Youth Focus Group Participant

Religion and faith can also have a very large impact on the perception of organizations like PPT. In the Toronto Catholic School Board for example, discussions around sex and sexual health are restricted and PPT is not used as a resource. Several key informants said that parents from newcomer communities will not give permission for their children to receive sexuality education because they believe that it would cause youth to become sexually active.

While some key informants feel that there should be more community-based sexual health services and resources for youth, others noted that, if youth have a sexual health related concern, they will not go to a local family doctor for fear that their parent’s will find out.

“I think they are having sex. I just don’t know if the
youth are comfortable to go and get condoms and to
use them - even females to negotiate condom use
with their male partners would be unheard of as well.”
-Key Informant

Key informants also stated that in some of the countries from which newcomers arrive, public health systems and preventative health care are not common practices. It can take time for newcomers to learn about the benefits of seeking proactive health services. One key informant said that while providing clients with information in order to make choices about their health is seen as empowering, it can be an overwhelming and intimidating process for newcomer youth.

Key informants also spoke about the barriers youth experience once they do attempt to access health services. Key informants spoke about the systemic and attitudinal barriers that exist in many organizations that influence newcomer youth experiences.

As with most settlement issues, lack of adequate translation services was identified as the biggest barrier to youth accessing services. However, three key informants noted that there is a greater need for translated services when working with adult newcomers. They find that newcomer youth tend to pick up English much quicker and do not identify the same need. They believe that if information is written in simple and plain English, many newcomer youth can understand the content.

Staff knowledge and attitudes were also identified as an issue. Newcomer youth feel very vulnerable when accessing an unfamiliar service and are concerned that health providers will not be knowledgeable about their cultural norms and practices. In addition, they worry about judgment and discrimination.

For refugee youth and youth awaiting OHIP coverage, the cost of services can be a barrier to access and many health agencies do not receive funding to provide services to non-insured clients.

This information provided PPT with an insight into why newcomer youth might be reluctant to seek out sexual health services and the barriers they might experience if they do attempt to access services. It is clear that the issues identified in this report need to be addressed in order to provide effective services to newcomer youth.

RECOMMENDATIONS

Through this consultation process, PPT has developed a better understanding of the experiences of newcomer youth, their sexuality issues, and the barriers they experience in accessing services. We asked our key informants to provide recommendations for PPT in terms of increasing our capacity to effectively provide services to newcomer youth.

PPT will use this information in the development of a strategy to ensure that we can meet the recommendations outlined below. Of primary consideration is what can be achieved given our current resources, and what recommendations can only be achieved with additional funding. PPT will then create a resource development plan to work with funding partners, including the United Way, to secure additional funding to implement recommendations.

KEY INFORMANT RECOMMENDATIONS

Generally speaking, key informants said that community development principles are effective when outreaching to newcomer communities. While key informants believe PPT services should generally be accessible to a broad range of newcomer communities, they also believe there is a need for PPT to work with specific communities, especially if it is a community identified need.

Sexual health is a new concept for many newcomers and therefore reaching out to and engaging newcomer youth will require changing attitudes and perceptions about sex and sexuality. In order to foster this shift, PPT will need to re-think the way we approach our work with newcomer communities and be aware that different techniques will be necessary.

Several key informants stated that community programs should be flexible enough to change based on the specific needs and experiences of whatever groups are mostly accessing the organization at that time. For example in some newcomer cultures, girls are not comfortable in groups with young men but girls from other countries are so groups should be structured accordingly.

Another key informant suggested that PPT needs to “engage with newcomers from where they are at and address some issues only when they come up”. For example, there is no point in bringing up masturbation and saying that it is fine if people have been told all their lives that it is not. But if someone asks if masturbation is OK, you can then talk about it”.

Specific recommendations were outlined by the key informants in the following areas:

Outreach:

PPT needs to be more visible and relevant to newcomer youth communities. As few key informants were familiar with PPT, raising our profile in newcomer communities through outreach and service promotion will be critical.

- Outreach to, or network with ethno-specific agencies and settlement workers to clarify and promote our services.
- Facilitate workshops in shelters and reception centres for youth refugee newcomers.
- Create a welcome page in different languages on the website and provide language specific referrals.
- Produce promotional materials that reflect newcomer communities.
- Translate outreach information to let communities know we are open to serving them.

Services:

- Offer interpretation services.
- Seek additional funding to better serve non-insured youth.
- Offer Saturday appointments, as the evening is not always convenient for youth because they have responsibilities at home after school.
- Create programming to train and support service providers who work in newcomer shelters to undertake sexual and reproductive programming.
- Develop comprehensive workshop intake procedures to determine group dynamics, cultural and linguistic factors and specific concerns or incidents that may have led to a workshop request.

Communications:

- Refer to services as general health or primary health care for youth. This will make the services more accessible for youth, parents and settlement workers.
- Refer to staff/volunteers as youth workers and not sexual health workers.
- Debunk negative myths and perceptions about PPT and clarify services offered, i.e. youth focus, pro-active health promotion focus.
- Debunk negative myths such as sexual health information leads to sexual activity.
- Promote that some services are free to youth without health insurance.
- Create resources that are culturally appropriate, culturally sensitive, and representative of their values.
- Use of English language is very important to communication. One experience shared by a key informant was about the challenge of the use of language on their website: "If we refer to an educational opportunity as an 'event', people

think these are big events like street festivals. If we refer to them as ‘workshops’, there is little understanding of what that word means.”

- Circulate sexual health information in youth centers and schools in different languages. Youth will stop to read them because it’s in their language and something familiar to them.

PPT Staff Capacity Building:

- Recognize that differences in understanding of health and sexual health in particular exist between Canadian culture and other cultures; understand what those differences are and how they impact on the services required by a newcomer youth.
- Introduce culture into the discussion with newcomer clients. Acknowledge cultural differences and work with clients to examine how dealing with those differences can often be as hard as dealing with the issue itself.
- Acknowledge and be respectful of differences in values.
- Be respectful of newcomer youth’s comfort levels, readiness and what they “need”.

Community & Family Capacity Building:

Engaging the “family” unit and offering service provider training were identified as ways for PPT to work with communities to build their capacity to support youth.

- Develop more programming and skills-based workshops for newcomer parents that explore the challenges their children experience adjusting to life in Canada and how to respond effectively.
- Provide values exploration and sexual health training to service providers and settlement workers and explore with them how their values impact on providing sexual health related information and resources to newcomers.
- Provide parents with education and information on sex and sexuality, the Canadian health care system and their rights within that system.

Engaging Key Individuals:

- Settlement workers and agencies that run programs in schools, as schools have credibility with newcomer parents.
- Youth who are on the school councils.
- ESL classes and LINC – common entry point for most newcomer youth.
- Newcomer serving organizations.
- Partner with settlement workers .

Peer-to-Peer Programming:

- Seat (2000) found peers from the same culture and who speak the same language are the most useful resources in meeting many different settlement, adaptation and integration needs. Newcomer youth tend to, in general, have

very few friends (and close friends) from the ‘mainstream society’ and communication between participants and their peers from mainstream society was limited (functionally based). The report recommends that initiatives for newcomer immigrant and refugee youth provide opportunities for interaction with their Canadian peers as this may facilitate newcomer youth’s acceptance.

Key Informants’ Final Thoughts

“..they (newcomers) would have to see some benefit in using the services PPT offers.”

“PPT needs to be clear about what it can offer in terms of services to any community.”

“PPT needs to be willing and committed to working out the challenges and difficulties that arise.”

“Newcomer communities are not homogenous. Differences will appear from community to community.”

“Building links is essential but is difficult and takes time.”

“..it’s not enough to change services, there has to be an organizational shift which supports this work.”

“Good approach is to accommodate while continuously educating.”

“It is important to be seen by the community to align with their needs.”

“..one-time deal services are not appropriate. Instead, find out what they want and be willing to learn.”

CONCLUSION

Planned Parenthood of Toronto's consultation process on *Improving Access for Newcomer Youth to Sexual Health Resources and Services* proved to be an extremely informative initiative.

Over a ten-month period, we interviewed 16 key informants from newcomer serving organizations and nine newcomer youth. In general, our findings illustrate that the experiences of newcomer youth do affect their sexual health and well-being. Newcomer youth face numerous barriers when accessing health information and care services, and there is a general lack of focus and resources dedicated to enhancing newcomer youth sexual health.

While newcomer youth share many of the same issues as mainstream "Canadian" youth related to relationships, pregnancy and STIs, this report reinforces that different groups of newcomer youth experience of sexual health issues is related, to varying degrees, to factors such as cultural and religious beliefs and values, experiences of discrimination and exclusion among peers, parental conflict, and knowledge of and access to community resources. Therefore, the need to develop and expand health services and programming for newcomer youth that address the social, political and environmental determinants of health is strongly needed.

This report also highlights the importance of developing programs and services that raise awareness of sexual health issues and sexual health related services and resources within newcomer communities and settlement organizations.

It is important to recognize that different communities have different needs based on cultural values, settlement issues, migration history, language, etc. that affect how services are most effectively provided. For newcomer youth, different strategies will need to be explored and created for distinct communities in order to increase health care access.

Service Providers agreed that sexual health is a significant primary health concern for newcomer youth and shared their ideas about how a mainstream organization like PPT can increase its capacity to serve newcomer communities. Based on their recommendations, it is apparent that the main areas for PPT to focus on are outreach to newcomer communities, translation of resources, interpretation services, cultural competence training for PPT staff, and training for service providers on working with youth and their families on sexual health topics.

Overall, this consultation process provided valuable information regarding the sexual and reproductive health needs of newcomer youth and concrete direction for future programming. This project provided outcomes and benefits to all stakeholders.

PPT will use this information in the development of a strategy to ensure we can meet the recommendations outlined above. Of primary consideration is what can be achieved given our current resources and what recommendations can only be achieved with additional funding. We will then create a resource development plan to work with funding partners, including the United Way, to secure additional funding to implement recommendations.

Consultation outcomes will include increased numbers of youth from specified communities accessing PPT services and resources, increase in community organizations building their own capacity to provide sexual health resources to youth by partnering with PPT, and increased volunteer participation in PPT from specified newcomer communities.

The consultation process allowed PPT to strengthen community partnerships and increase visibility, and most importantly, it provided a forum that highlighted the sexual health issues for newcomer youth. PPT has a history of success in community partnerships, community outreach, and volunteer engagement. This important project will support and enhance PPT's continued commitment to building equity and inclusiveness by increasing the agency's capacity to provide effective services that reach diverse communities.

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APPENDICES

INSTRUMENTS USED FOR THE PROJECT

- A. Letter of Introduction to Service Providers
- B. Consultation Questions for Service Providers in Phase One
- C. Consultation Questions for Service Providers in Phase Two
- D. Youth Focus Group Questions
- E. Data from the Focus Group with Youth

Appendix A
Letter of Introduction to Service Providers

Date

Name
Agency
Address

Dear _____,

The purpose of this letter is to invite your agency to participate in an important community consultation process. In November 2004, PPT received a grant from the United Way to undertake a consultation process which will result in improved youth access to culturally appropriate sexual health services and resources.

Planned Parenthood of Toronto (PPT) is a community-based, pro-choice agency committed to the principles of equity and to providing accessible and inclusive services that promote healthy sexuality and informed decision making to the people of the City of Toronto.

The objective of the consultation process is to identify the sexual health needs, experiences, and concerns of newcomer youth in the _____ community and to ascertain the gaps between their perceived needs and existing services. Information gathered will include:

- what the key sexual health priorities are for youth in this community,
- how cultural practices, values, and beliefs affect sexuality and sexual health,
- how the newcomer experience has affected sexual health issues,
- what barriers to sexual health services and resources exist for the youth and,
- how those gaps and barriers can be addressed by PPT in our programming, services, outreach, volunteer opportunities, and educational materials.

We are inviting your agency to take part in this important and exciting process by participating in a one-hour key informant interview. Interviews will take place over the winter and spring of this year. The results of the consultations will be shared with your agency and, we hope, will lead to increased partnerships aimed at building capacity and programming within both organizations to meet the specific sexual health needs of the youth.

If you have any question, please do not hesitate to contact me at

Sincerely,

Staff Contact

Consultation Questions for Service Providers in Phase One

PLANNED PARENTHOOD OF TORONTO
Newcomer Youth Project
Key Informant Interview Notes

Name of Organization:	
Contact Information: <i>(name, job title, address, phone, fax, e-mail)</i>	
Date of Interview:	Interview done by:

Type in the response of the key informant to each question. Bullet where possible

1. What is your role in the agency, how does your agency serve youth?
2. How does your community define a 'newcomer'?
3. What issues do newcomers in your community face?
4. What additional issues do newcomer youth in your community experience?
5. How does your community perceive sex, sexuality, and reproductive health?
6. What are the community's attitudes to youth sexuality?
7. What sexual and reproductive health issues do youth in your community experience? How does the community respond currently? What else could be done/ what could be done differently to support youth on these issues?
8. Where do youth get their sexual health information from currently? Where do youth in your community go for sexual health information/services? What are the barriers to access? [if has not been covered earlier]
9. What is the role of family around sexuality issues for youth?
10. Are you familiar with Planned Parenthood of Toronto and agency services?
11. How do you see your agency/community working or collaborating with Planned Parenthood of Toronto on sexual health promotion/services?
12. Questions around gathering information from youth in the community.

PLANNED PARENTHOOD OF TORONTO
Newcomer Youth Project
Questions for Key Informants (Phase 2)
DRAFT

Project Name:
Improving Access for Newcomer Youth to Sexual Health Resources and Services.

Project Funder: United Way of Greater Toronto

Project Summary:

PPT will collaborate with newcomer youth and service providers from immigrant and refugee communities to gather information necessary to improve youth access to culturally relevant sexual health services and resources, and to develop a range of culturally appropriate prevention strategies.

Objectives:

- Collaborate with newcomer youth to gather input on sexual health issues and on gaps and barriers in information, resources, services and service delivery.
- Use information gathered in the planning of prevention strategies, resources and services geared to meet the articulated needs of newcomer youth.

Project Update:

- Completed key informant interviews with four different communities.
- Conducted a focus group with Filipino youth and currently experiencing challenges accessing youth from three other communities to run focus groups.
- Objectives remain the same but proposing a shift to a broader focus in process to accommodate for challenges.

Questions:

1. How familiar are you with PPT's programs and services? (If unfamiliar, provide agency information.
2. What is your role in the agency?
3. How does your agency define newcomer?
4. Which newcomer communities do you serve? Has it shifted in the last 10 years? What are the emerging newcomer communities?
5. What are the main issues facing the people you work with?
6. How does your agency serve newcomer youth?

7. How does your agency serve the multiple and different needs of various newcomer communities?
8. How do Newcomer communities perceive mainstream organizations generally?
9. Does it make a difference if an agency (like PPT) has a sexual & reproductive health focus?
10. Do you think PPT would be more accessible if we referred to our services as family planning? What other terms related to reproductive and sexual health/sexuality topics are acceptable?
11. Do you have any sense of what your clients know about PPT or how your clients might feel about accessing PPT services?
12. How can PPT start to build links and raise their profile with newcomer youth and increase access to clinical services and community programs?
13. What do you think are the barriers in accessing primary and sexual health services for newcomer youth?
14. Where do newcomer youth get their sexual health information from currently? Where do newcomer youth in your community go for sexual health information/services?
15. What are the challenges in doing sexual health education in newcomer youth communities? What are some strategies in addressing those challenges?

PLANNED PARENTHOOD OF TORONTO
Newcomer Youth Project
Questions for Focus Groups

Intro, PPT, Goals and Objectives of Project
Ground Rules (respect, confidentiality etc)
Honoraria, TTC

1. What health issues, challenges, and concerns do you experience?
2. What does the term sexual health mean to you?
3. What issues do you face around sex and sexuality?
4. What are the three biggest issues related to sexual health for you?
5. How is sex talked about in your family? In your community?
6. What role do your peers play in relation to your sexual health?
7. Where do you get information about sexual health?
For each place: What is good about it?
What isn't good about it?
8. How, where do you get your sexual health information? What problems do you experience accessing sexual health information?
9. Whom would you like to receive sexual health information from? (i.e. Doctor, adult, peer, etc) In what language?
10. Where do you go to get your sexual health needs met? (services, language) Can you recall experiences that worked well, not so well?
11. What is your perception of services not geared specifically to Filipinos?

Newcomer Project
Filipino Focus Group
June 1, 2005

What issues, challenges, and concerns do you experience?

- Peer pressure, put downs
- Relationships, trust with family, friends, boyfriend/girlfriend. With partner, think they are cheating. With parents, they don't trust you, think you're lying about where you're going.
- Dating, fight about small things
- Being new in school, people ask questions you don't like, question who you are, judge you, call you names, think they're bigger and better than you. Ask you "what's a condom?" "what's a brainer?" "why are you small?". Question your physical appearance. Don't know anyone, don't know the language.

What does the term sexual health mean to you?

- How much you're getting
- Safe sex
- STDs, AIDS, etc.
- Some have heard the term before, some have not.

What is the difference between sex and sexuality?

- Sex is doing it
- Sexuality is the thought of it.
- Sex is male and female.

Do you talk about sex with your friends? With your parents?

- Don't talk about it with friends, not with parents
- Parents think you're masturbating.
- Parents just say one point over and over

What issues do you face around sex and sexuality?

- If you see a bisexual, you judge and think it's wrong because religion says it's wrong, some governments say it's wrong.
- Some girls are forced to do stuff by their boyfriend, fear losing him if they don't, he'll cheat on you. If you tell girlfriends they give advice.
- Different for guys, if there's a group of guys, those who aren't having sex feel left out , talk about sex a lot, exaggerate a lot.
- talk about sex differently from guys to girls
- If a guy is not a virgin it's good, for girls it's different.

What are the three biggest issues related to sex and sexual health?

- Pregnancy
- Abortion, if girl wants to keep it and the guy doesn't the boyfriend might force you to kill it,
- If pregnant, family sometimes pressure you to keep it or abort, threaten to kick you out
- STIs

- Family
- Decision to have sex
- Difference, in Philippines you are supposed to wait until marriage, here it's open, different beliefs and opinions—this causes problems, parents lose trust in their children
- Growing up, have own opinions
- For one female group member, going out with someone from a different background, dad doesn't like it
- In Philippines, "accepted for who I am. Here, parents worry about accidents, guns"
- "classmates think I'm gay"
- In Philippines don't talk about sex at all, here: "mom got mad at me for having boyfriend because she thinks I'm going to get pregnant, even though I'm not even doing it.
- Sister got pregnant here at 19, it was not ok, but worked out well, talked to the guy's family. In Philippines, similar situation with cousin, but she was kicked out.
- Here, multicultural
- Much simpler in Philippines, didn't talk about it.
- Kids here are more advanced.

Where do you get information about sexual health?

- Internet
- Parents
- School
- Friends
- TV
- Media
- Mom gave book for girls, it's good because it has every

What's missing from the information you get?

- Reality
- They don't say good things, only bad
- In the book, the author is older, can't relate.
- In school, they're not allowed to talk about sex, but some teachers do. It's very informative but gross because they talk about giving birth and the whole ripping. It's bad because they don't say any realistic stuff. They only do it when there are only a few people in class.
- It's easier if a girl talks to a female teacher.
- In health class, they only talk about disease and protection, bad stuff only and menstruation.
- In the family, brothers and sisters give their information, don't know if it's right
- Friends exaggerate, and give their opinions
- With the internet, it's just reading, no one is explaining it to you. It's hard to get information, because if someone sees you they think you're looking up porno.
- In Cosmo, they show all the positions, but it's bad because anyone can read it, even young kids.

Where do you get sexual health services?

- Tell friends
- Doctor (family doctor)
- For birth control, go to a pharmacy; go to a doctor you trust to ask which type is the best

If thought you had an STI where would you go?

- Go to doctor
- Know some people who have been in that situation
- Abortion, if you murder a child you'll always remember

What language would you like services in?

- English
- For doctors, it would be better if they spoke Tagalog, they would understand better
- Either English or Tagalog
- English

If we made a pamphlet, what are the three key messages we should include in it?

- Use a condom
- Safe Sex
- No abortion, you should keep it
- Responsibilities

What is your perception of services not geared specifically to Filipinos?

- Won't go to an agency if it is not geared to Filipinos, they're racist
- Would find out about the agency first
- Would go to both, to get two different views
- If we did a program, would only come if they knew about the organization

If we had a program, what kind of program would you like to see?

- Basketball
- Jobs
- Volunteer hours
- Education

How should we deliver information about sexual health?

- In a group, so we can ask questions
- Not a pamphlet
- Not the CD package
- Reading leaves you with more questions
- In a group

If information were given in a group, would you like it to be done by an adult or someone your age?

- by people around our ages
- we'd feel more comfortable with someone our own age

Issues:

- Crushes, they're different from going out
- Relationships
- You have a crush, but sometimes think you're in love
- Some people give babies up for adoption
- Mom's friend's daughter got pregnant at 15, she didn't get in trouble because she said she was going to have kids soon anyway