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# THE TORONTO TEEN SURVEY REPORT

What are diverse Toronto teens saying about HIV, sexual health and the services they want?



Planned Parenthood Toronto (PPT) is a community health centre offering a variety of clinical, health promotion, prevention education and information services to individuals in the Toronto area. Since inception in 1961, the organization has evolved by developing programs and services that keep pace with the changing needs of communities and the health environment. PPT's expertise in sexual and reproductive health is the foundation for its programming and services. PPT's commitment to the community-health model means that the organization always strives to be responsive to emerging health needs, aware of populations who face barriers to service access, and work with communities and other partners to address those needs. **Planned Parenthood Toronto is proud to sponsor the Toronto Teen Survey in partnership with:**



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**Please cite this document:**

Sarah Flicker, Susan Flynn, June Larkin, Robb Travers, Adrian Guta, Jason Pole, & Crystal Layne (2009) *Sexpress: The Toronto Teen Survey Report*. Planned Parenthood Toronto. Toronto, ON.

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# SEXUAL PRESS

THE TORONTO TEEN SURVEY REPORT



## executive summary

Community-based organizations need increased support to provide relevant, inclusive and appropriate programming aimed at improving sexual health outcomes for the youth they serve. The increase in HIV and STI rates, and decrease in knowledge among youth, combined with the multiple and ever-changing needs of Toronto's diverse youth communities demonstrate a need to change the current state of sexual health services and information available to youth.

The goal of the Toronto Teen Survey (TTS) is to conduct research that will enrich both the quality and quantity of sexual health information available to Toronto teens and improve the ways in which sexual health promotion and care are delivered. Specific objectives are to:

- explore the sexual health services youth seek out in Toronto
- discover the access barriers youth face in seeking services
- learn where youth are getting their sexual health information
- ascertain what youth want and need in terms of sexual health information
- understand where youth want to get that information and in what formats
- investigate the similarities and differences between the needs of diverse youth communities

We adopted a community-based participatory research approach and involved teens in all aspects of the study. Between December 2006 and August 2007, we conducted 90 workshops in community-based settings, collecting 1,216 surveys from a diverse cross-section of youth aged 13–18+. As one of the largest and most diverse studies of young people's sexual health needs ever done in Canada, TTS provided a space for youth voices that are often unheard. In 2008, we held 13 focus groups with 80 service providers representing 55 agencies to discuss the research findings and brainstorm recommendations for change.

We are proud to share this report that highlights our key study findings with recommendations for the education, public health and community sectors. The next two pages summarize our key findings.



## key findings

### Toronto teens are sexually active in a variety of ways.

Toronto teens are engaged in a wide variety of sexual behaviours: 69% of participants reported kissing a partner, 25% reported giving or receiving oral sex, 27% reported vaginal intercourse and 7% reported anal sex. Twenty-four percent said they had never engaged in any sexual experiences. Sex meant different things to different youth. Those who were *more likely* to engage in higher risk sexual activity (such as vaginal/anal intercourse) were older, male, sexually diverse\* and received sex education in multiple locations. Youth who were *less likely* to engage in higher risk sexual activity were younger, female, not born in Canada, or identified as Muslim, Asian or East Asian. Seven percent of youth participants had been involved in a pregnancy. These youth tended to be older and were more likely to identify as sexually diverse.

### Most teens have never accessed clinical sexual health care.

Eighty-three percent reported that they had never visited a health care provider for any sexual health-related reason. Youth *more likely* to access services for sexual health reasons identified as sexually active, female, older, White or sexually diverse. Youth *less likely* to access services for sexual health reasons identified as male, younger, Black, Asian or Aboriginal. Young women who have accessed sexual health care are *most likely* to go for birth control, pap smears and pregnancy tests. Young men who have gone to services are *most likely* to go for free condoms, information about safer sex, and HIV or STI testing.

### Youth accessing sexual health services are generally unhappy with their care.

Generally, young women rate their experiences accessing sexual health services more favourably than do young men. Young men and women who also identify as transgender express unique concerns about their experiences with services. Youth of all genders did not feel that clinics were particularly positive towards youth or that waiting rooms were very youth friendly. The most important things that young women want from a sexual health clinic include: confidentiality/privacy; a space where they are comfortable asking questions; and that it be non-judgemental. For young men, the most important factors are that a clinic: provides good information; is located close by or is easy to get to; and is a place where they feel comfortable asking questions. The greatest barrier that might stop youth from going to a clinic is fear of judgement. Improving outreach/volume of service (including making services more public, ensuring that there are enough resources to reach all youth and improving outreach to youth) are regarded by youth as factors that will improve access.

\* Youth who identified as lesbian, gay, bisexual, two-spirited, pan-sexual or queer were classified as 'sexually diverse.'

### **Eight percent of youth are not getting any sexual health education.**

While almost 92% of youth surveyed have received some form of sexual health education, 8% have had none at all. Both young women and men are most likely to seek information from friends, but both would prefer to get it from professional sources (doctors, nurses, teachers, etc.). Preferred sources of information change with age, as older youth consult their parents less and instead access mass media (including the Internet). Recent newcomers to Canada are at greatest risk of missing out on sex education, especially if they do not receive it in high school.

### **There is a disconnect between what youth are learning and what they want to know.**

The top three sexual health topics youth have learned about are HIV/AIDS, STIs, and pregnancy and birth control. More young women than young men have learned this information. Newcomer youth, youth in care, Aboriginal youth and South Asian youth are the only groups to include healthy relationships in their top three sexual health topics learned. Overall, 13% of young men and 8% of young women report they have learned nothing about sexual health. Healthy relationships, HIV/AIDS and sexual pleasure are the top three sexual health topics youth want to learn more about. This differs from what youth are actually learning: less than 30% of the diverse youth populations surveyed reported they have learned about healthy relationships and no group included sexual pleasure in their list of top three topics learned.

### **Service providers face many barriers to providing adequate sexual health care.**

Service providers responded to our findings, validating them with examples from their own work, and also identifying a range of complex systemic and structural barriers to providing effective sexual health services for youth. Issues related to funding, accessibility, training, and referral networks affected their ability to deliver quality services to youth.

### **The extent to which youth access and benefit from sexual health services varies by age, gender, race, cultural heritage, sexual orientation and length of time in Canada.**

The TTS is one of Canada's first surveys to partner with youth to explicitly explore these differences. Our findings have led to a series of recommendations for improving clinical care, sexual health education, Toronto Public Health policies and programming, and community-based service provision. While we do advocate for more sustainable funding, many of the recommendations can be planned, implemented and evaluated with existing resources. Most importantly, we advocate for shifts in youth health policy and programming to become more youth-positive and sex-positive.

# introduction

The Toronto Teen Survey (TTS) research project emerged from a goal in Planned Parenthood Toronto's strategic plan (2003 – 2005) to increase positive youth sexual health outcomes across the City of Toronto and to decrease service access barriers for communities of youth often overlooked in the planning of generic sexual health programs and services.

**Sexual health is broadly defined as the “state of physical, emotional, mental and social well-being related to sexuality.”** – *World Health Organization*<sup>1</sup>

Community-based organizations need increased support to provide relevant, inclusive and appropriate programming aimed at improving sexual health outcomes for the youth they serve. The increase in HIV and STI rates, the misinformation, myths and decrease in knowledge among youth, the underutilization of sexual health services, and the multiple and ever-changing needs of Toronto's diverse youth communities demonstrate a need to change the current state of sexual health services and information available to youth.

The goal of the TTS is to conduct research that will enrich both the quality and quantity of sexual health information available to Toronto teens and improve the ways in which sexual health promotion and care is delivered. Specific objectives are to:

- explore the sexual health services youth seek out in Toronto
- discover the access barriers youth face when seeking services
- learn where youth are getting their sexual health information
- ascertain what youth want and need in terms of sexual health information
- understand where youth want to get that information and in what formats
- investigate the similarities and differences between the needs of diverse youth communities

Examining how youth feel about services is an important first step in determining how services could be improved and made more accessible. Research findings will help to illuminate and enhance our understanding of exactly how specific groups of youth perceive sexual health services and how they will respond to innovative programming and service delivery.



## background

### Youth have a right to sexual health services that meet their needs.

Sexual health is about more than simply the absence of disease. It is about youth having a sense of pleasure, comfort and well-being in their bodies, a safe environment in which to explore their sexuality, and being equipped with all of the necessary skills and technologies to protect themselves. Moreover, sexual health is a basic human right. Young people know their bodies best and their needs and concerns should be at the forefront of program planning and delivery. Both the Government of Canada and the City of Toronto have identified youth as a priority target population. The Toronto Teen Survey supports the Canadian Guidelines for Sexual Health Education<sup>55</sup> that emphasize the need for interventions to be accessible, comprehensive, skill-building, and well supported. Furthermore, we believe in the importance of taking a youth-friendly and sex-positive approach to this work.

### Sexually Transmitted Infections among youth are on the rise.

Rates for chlamydia, gonorrhoea, and syphilis have increased steadily among Toronto youth since 2001<sup>2</sup>, and in Canada are highest among those aged 15 to 19<sup>3</sup>. In fact, Toronto reports higher rates of most reportable STIs compared to neighbouring regions and the rest of Canada. An increase in youth HIV infection rates, especially in adolescent females, and this recent surge in STIs are signs of the potential for increased incidence of HIV among Canadian youth<sup>4</sup>. As a result, youth have been identified as a priority population for sexual health programming by Toronto Public Health<sup>5</sup>.

### Youth sexual health knowledge has declined.

Research indicates an alarming gap in the sexual health knowledge of youth<sup>6</sup>, particularly younger teenagers<sup>7</sup>. Canadian youth lack comprehensive knowledge of risk factors associated with unprotected sexual activity and the necessary skills required to ensure the protection of their sexual health<sup>8</sup>. Canadian youth do not consider themselves to be at risk for HIV/AIDS and their overall knowledge base about the disease has declined since 1989<sup>6</sup>. To promote healthy sexual lives, sexual health education should include conversations about how to pursue pleasure, develop healthy relationships, determine the consequences of unprotected sex and protect against violence and coercion<sup>9, 10</sup>.

### Early intervention is important for healthy sexual development.

The early teen years are a critical time to provide youth with accessible sexual health education and prevention services. This is the period when first sexual experiences often occur<sup>11</sup>, and where behavioural risk for HIV or STIs emerges. Youth also face conflicting messages about their sexuality. Despite seeing their sexuality used (and even exploited) in advertisements, music videos, television shows, and movies, youth are often equipped solely with 'just say no' messaging. Access to accurate information about STIs, HIV, and pregnancy, and to services that promote non-judgemental, client-centred decision-making is crucial for healthy sexual development.

## Sexual health services should meet the needs of diverse youth.

Toronto, often referred to as “the world’s most ethnically-diverse city”, is home to more than 200 distinct ethnic origins speaking over 140 different languages. Half of Toronto’s population was born outside of Canada, nearly a quarter of Toronto youth are living at or below the poverty line<sup>12</sup>, and racialized groups are disproportionately poor<sup>13</sup>. Local as well as global research indicates that HIV and other STIs follow patterns of inequity<sup>14, 15</sup>, with marginalized groups most at risk. Newcomers from HIV endemic countries face numerous health-related stressors and remain at increased risk of HIV infection in Canada<sup>16</sup>. Sexually diverse young people also face homophobia and discrimination that create environments of risk<sup>15, 17-21</sup>. In the context of such diverse populations, “one size fits all” STI and HIV/AIDS prevention strategies have proven ineffective at increasing knowledge and changing behaviour among youth<sup>22</sup>. As Toronto’s population continues to rapidly grow and diversify, its youth communities will continue to increase in their diversity, and the associated challenges and risks will also become more complex.

## There is a global movement towards more inclusionary models of sexual health promotion.

Over the past decade, the international sexual and reproductive health movement has increased its efforts towards improving youth access to sexual health information and appropriate HIV/STI prevention strategies<sup>23-26</sup>. Despite widespread agreement that youth are indeed vulnerable during the transition period to adulthood, debate remains as to the best approach to optimize sexual health outcomes for this age group. However, rather than focusing on HIV, STI or pregnancy prevention in isolation, international organizations are increasingly advocating for a shift towards a more inclusionary model of sexual health promotion.

## Peer-based participatory research approaches work.

The effectiveness of peer researchers has been established in sexual health research and prevention strategies<sup>27, 28</sup>. Peer-based researcher models provide sensitive and culturally appropriate inroads into “hard to reach” communities<sup>28</sup>. As youth are often the primary source of sexual health information for their peers<sup>29</sup>, they should be involved in the planning and development of sexual health initiatives and education strategies<sup>30</sup>. This approach to research has been proven to be particularly effective for health research with adolescents and youth<sup>31-36</sup>.



## approach

The TTS adopted a community-based participatory research approach<sup>37, 38</sup>. One of the unique aspects of the TTS is the involvement of teens in all stages of the project from design to implementation to dissemination. Another unique feature of TTS is that we used multiple forms of data collection to seek insight from our diverse stakeholders.

**Survey Design:** A Youth Advisory Committee (YAC)<sup>\*\*\*</sup> was struck to assist in the development of research goals and objectives, the survey, and the protocol for administration<sup>39</sup>. The survey instrument was pilot tested with youth and sent out for feedback to service providers working with various youth communities.

**Survey Implementation:** Between December 2006 and August 2007, the YAC conducted 90 workshops in community-based settings, collecting 1,216 surveys from a diverse cross-section of youth. They visited after school drop-in programs, shelters, summer camps, community centres, group homes and other community spaces where youth congregate. After the survey was completed, the YAC facilitated a question and answer session with the group on topics related to healthy sexuality and distributed information on local community resources.

**Service Provider Focus Groups:** Our goal was to ensure that the needs, issues and concerns of people on the frontlines were also addressed in the research. In order to do this, the next step was to share the survey findings with service providers who work with youth, such as clinicians, social workers, shelter and group home staff, public health practitioners and community outreach workers. Thirteen focus groups were held with 80 service providers representing 55 agencies to discuss research findings and to brainstorm recommendations for change. The focus groups served as an excellent opportunity for knowledge translation, dissemination and ideas exchange. Each focus group lasted three hours. The focus groups were facilitated by the Research Coordinator and were audio-taped and transcribed verbatim.

**Analysis:** Quantitative data were analysed using SPSS software. Qualitative data were managed with N\*6. All analyses were conducted under the supervision of the Investigator Team with invaluable assistance from the Research Coordinator and a talented group of students.

**Community Based Participatory Research is a collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities.**

*– Kellogg Health Scholars Program*

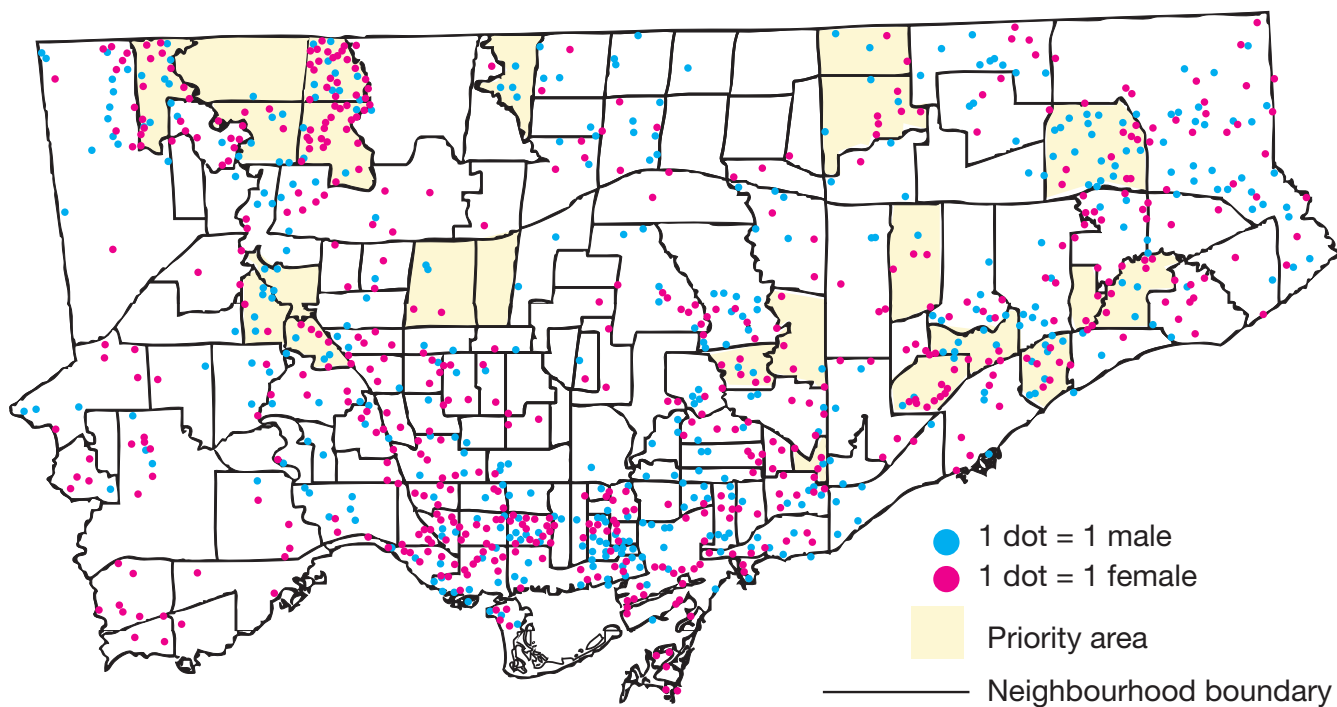
<sup>\*\*\*</sup> To learn more about our Youth Advisory Committee and how we developed and distributed the survey, please see our accompanying documentary, also available at [www.TorontoTeenSurvey.com](http://www.TorontoTeenSurvey.com)

# the young people we heard from

We visited 90 youth serving-agencies and collected 1,216 youth surveys from youth across the city<sup>‡</sup>.

- 54% identified as female, 45% as male
- 1% also identified as trans or other or both
- 85% of our sample self-identified as racialized youth
- 33% were born outside Canada
- 17% reported a physical or cognitive disability or addiction
- 4% identified as lesbian, gay, bisexual, two-spirited, pan-sexual or queer (herein after referred to as 'sexually diverse'); 3% identified as questioning their sexuality
- 6% lived in foster/group homes; 8% lived independently
- Youth participants came from across the city, with high representation of youth living in underserved neighbourhoods

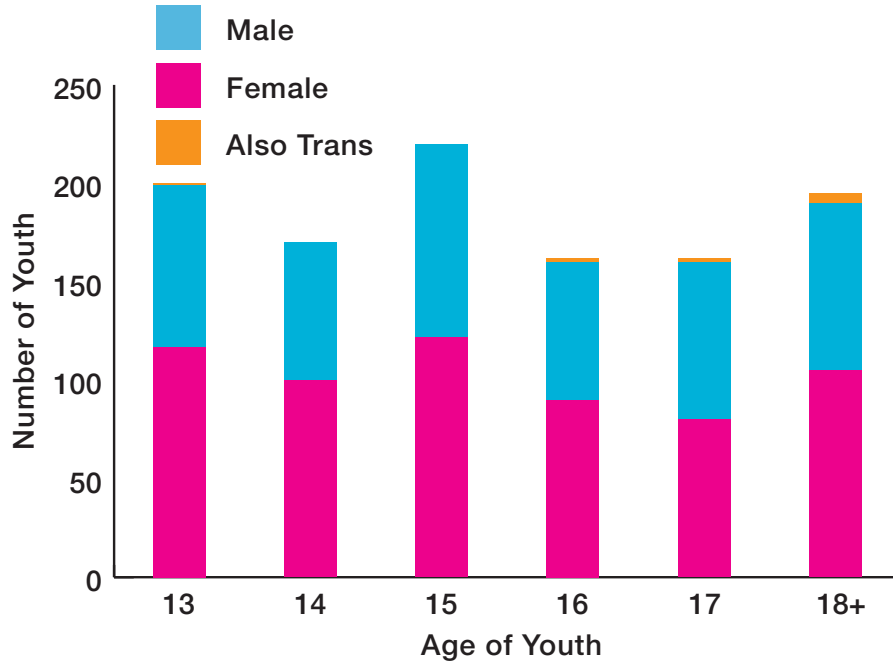
## SURVEY PARTICIPANTS BY GENDER & NEIGHBOURHOOD <sup>§</sup>



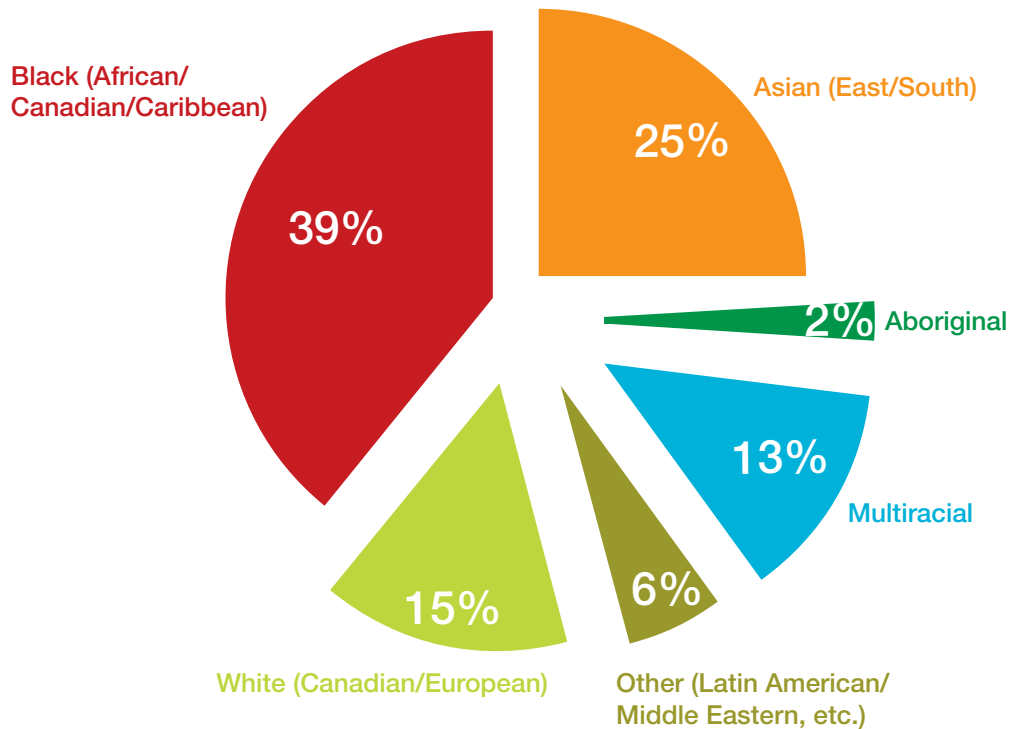
<sup>‡</sup> See Appendix 1 for a full demographic breakdown of our youth sample.

<sup>§</sup> Note: Youth were only asked to share the first 3 digits of their postal codes. Therefore, estimates were generated by taking the central point of the Forward Sortation Area (FSA) to create this map.

**SURVEY PARTICIPANTS BY GENDER & AGE \*\***



**SURVEY PARTICIPANTS BY ETHNO-RACIAL DIVERSITY**



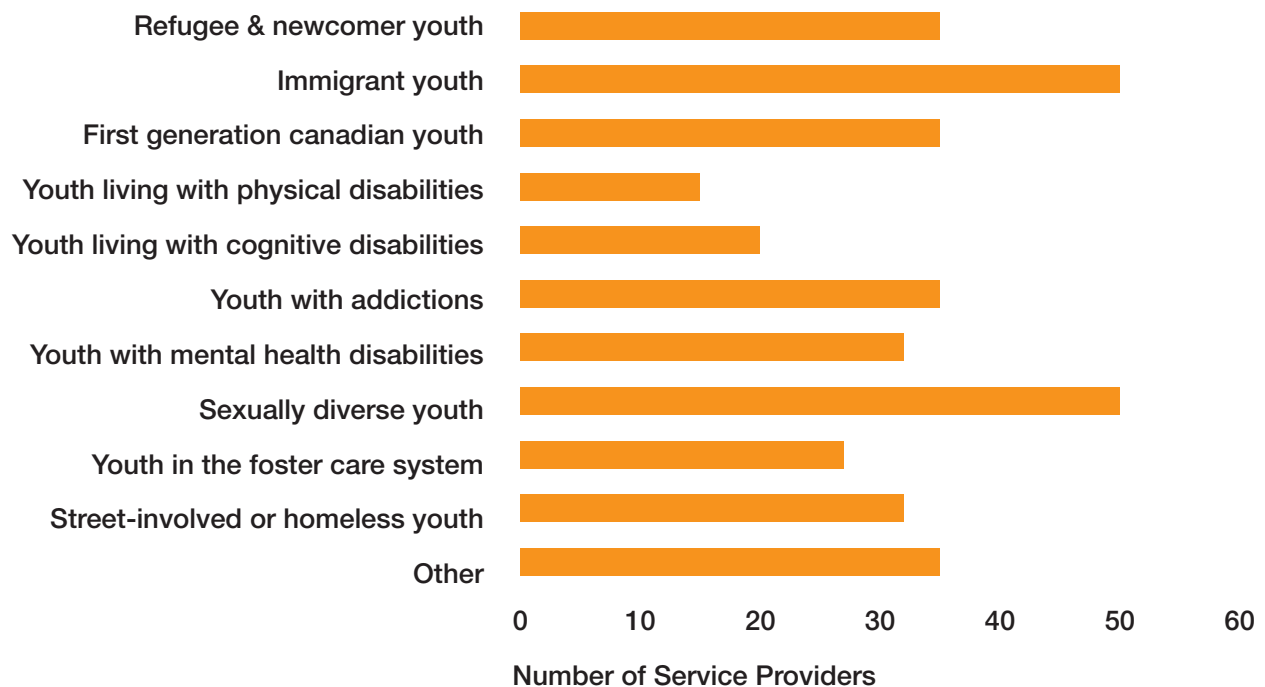
\*\* There are 11 who didn't provide any gender response. 652 respondents selected female only. 543 respondents selected male only. There are 10 respondents who were classified as 'trans': on the survey they selected two-spirited only (4), trans (3), male and two-spirited (1), female and two-spirited (2), male and female (1).

# the service providers we heard from

In all, 80 participants representing 55 agencies participated in our service provider focus groups\*\*. Of the people we heard from:

- 53% were front line staff, 16% were managers
- 54% worked for health clinics, 19% worked in summer camps, and 41% worked in youth drop-ins
- 28% worked in agencies that had hosted TTS survey sessions

## CLIENTS SERVICE PROVIDERS ROUTINELY SEE



\*\* See Appendix 2 for a full demographic breakdown. Providers could check more than one category if it applied and so these categories are not mutually exclusive.



## strengths

To the best of our knowledge, this is the largest and most diverse community-based sample undertaken in Canada to investigate sexual health service barriers for youth. We attribute this success to a number of factors including: (1) the tremendous efforts of our Youth Advisory Committee to ensure that our protocol was youth-friendly; (2) the peer to peer model helped to create a safe and welcoming environment for youth to answer questions; (3) our sampling strategy of recruiting youth through community-based organizations that served diverse groups ensured that we heard from young people who are often left out of more traditional school-based research approaches because they are ‘hard to reach’; and (4) Planned Parenthood Toronto’s exceptional leadership.

## limitations

Given that potential participants were selected from pre-existing youth groups, youth were not randomly sampled. Adolescents between 13 to 17 years old were targeted, however, if some members of the youth group were older than 17, they were not precluded from participating. An effort was made to over-sample racialized, sexually diverse and other groups of youth who are often ‘unheard.’ Care must therefore be taken not to over-generalize findings to all Toronto youth. Further, racial categorizations used in this report, such as “Black” and “Asian” are somewhat over-inclusive and don’t reflect the richness and complexity within each group. Another limitation is that the survey required a fair degree of English literacy. Translators and other types of assistance were made available in some sessions where need was identified. Finally, our data were collected in Toronto and may not be generalizable to other settings.



# sex and toronto's teens

## What are the issues?

While national teenage pregnancy rates have steadily declined since 1974, this has largely been attributed to increased use of the birth control pill rather than decreased sexual activity or condom use<sup>40</sup>. Rates for chlamydia, gonorrhea, and syphilis have increased steadily among Toronto youth since 2001, and are highest in Canada among those aged 15 to 18<sup>2</sup>. In fact, Toronto reports higher rates of STIs compared to the rest of Canada.

The teen years are the period when many health behaviours are initiated and sexual health behaviours, patterns and attitudes are formed, many of which may continue throughout life. Approximately a quarter of Torontonians experience their first sexual intercourse by age 16<sup>5</sup>, yet many are embarrassed to talk about or acknowledge teen sexuality.

## What did we ask?

We asked youth whether, in their opinion, they have had sex, ever been pregnant or engaged in various sexual behaviours.

## What did we find?

Toronto youth, aged 13–18+ years, are engaged in a wide variety of sexual behaviours. Sixty-nine percent of participants reported kissing a partner, 25% reported giving or receiving oral sex, 27% reported vaginal intercourse, and 7% reported anal sex.

Twenty-four percent said they had never engaged in any sexual experiences. Only 21% told us that they had masturbated.

Interestingly, there were not large differences between the sexual behaviours reported by young men and young women. Because some sexual behaviour (e.g., masturbation, anal sex) carries a degree of stigma, we assume that these have been under-reported.

Recognizing that sex means different things to different people, youth were asked both whether they had “had sex” and about a range of sexual behaviours. In their opinion:

- 37% said they had had sex  
Among youth who said that in their opinion they had had sex, 72% reported vaginal intercourse, 60% reported oral sex, and 17% reported anal sex.
- 59% said that they had not had sex  
Among youth who said they had not had sex, 4% reported oral sex, 1% reported vaginal intercourse and 1% reported anal sex.
- 4% reported that they were unsure  
Among youth who were unsure about whether they had ever had sex, 21% reported vaginal intercourse, 28% reported oral sex and 9% reported anal sex.

This information is important because it may challenge our preconceived notions about what it means to a young person when we ask them if they have ‘ever had sex.’ Asking about specific behaviours may be a more accurate way to gauge sexual activity.

Developing into a sexual being is a normal part of adolescent sexual development. However, as youth embark on sexual activity and body fluids are exchanged, risk for contracting sexually transmitted infections occurs.



In order to better understand our sample’s risk patterns, we classified activities where there is a risk for acquiring STIs into four areas. No experience, masturbation and non-partnered sexual experience were classified as “no risk.” Kissing, dry humping, hand-jobs and fingering were classified as “low risk.” Oral sex, fisting and rimming were classified as “medium risk.” Vaginal and anal (penetrative) intercourse were classified as “high risk.” One limitation of our data is that we did not ask whether condoms (or other precautionary measures) were used during these activities.



At age 13, only 5% reported engaging in high risk activities. Among 18-year-olds or older, this number jumped to 65%. By contrast, at age 13, 43% reported engaging only in no risk activities and this number dropped to 8% by age 18.

Those who were **more likely** to engage in higher risk sexual activity were older, male, sexually diverse and had received sex education in multiple locations. Youth who were **less likely** to engage in higher risk sexual activity were younger, female, not born in Canada, Muslim, Asian or East Asian.

Seven percent of youth participants had been involved in a pregnancy (8% of females, 6% of males). Three percent of young women and 7% of young men in our sample were unsure about whether they had ever been/gotten someone else pregnant. Despite very small numbers of trans-identified youth (n=10), it is important to note that three had been/gotten someone pregnant and one was not sure. A small number of youth in our sample (1%, n=14) reported living with their children. These youth tended to be older and three of them identified as sexually diverse.

When we examined the relationship between sexual orientation and pregnancy, some surprising results emerged. While 7% of straight or “heterosexual-identified” youth had been involved with a pregnancy, 28% of sexually diverse youth reported pregnancy involvement.

This finding is particularly meaningful for two reasons. First, it is important to recognize that while young people who identify as sexually diverse are often offered sexual health promotion messaging that is related to disease prevention, they clearly need information about reproductive health. Second, it challenges many stereotypes about the links between sexual orientation and sexual behaviour.

# who is going to services for sexual health and why?

## What are the issues?

Access to accurate information regarding STIs, HIV, pregnancy, and sexual health services is crucial for healthy sexual development in youth, especially during the critical early teen years. This is the period where young people begin to make decisions about themselves as sexual beings and when their first sexual experiences often occur<sup>11</sup>. This is also the time when risk for HIV, STIs and unplanned pregnancy first occurs. Accessing appropriate sexual health information and preventative care from service providers prior to becoming sexually active has been shown to reduce the risk of unintended pregnancies and STIs<sup>41</sup>.

Young women initiate contact with sexual health services most often as a result of fear of pregnancy<sup>42</sup>. In one study of female service users under the age of 14, 35% were seen for reasons associated with unprotected sex (e.g., pregnancy testing, emergency contraception, STI screening and/or treatment, and unplanned pregnancies). Eighty percent subsequently received condoms and/or other forms of contraception<sup>43</sup>. In another study of youth who had used services, 32% sought services after having unprotected sex and 61% after having sex for the first time<sup>44</sup>. Only 43% of those who postponed service use had practiced contraception consistently before visiting a provider.

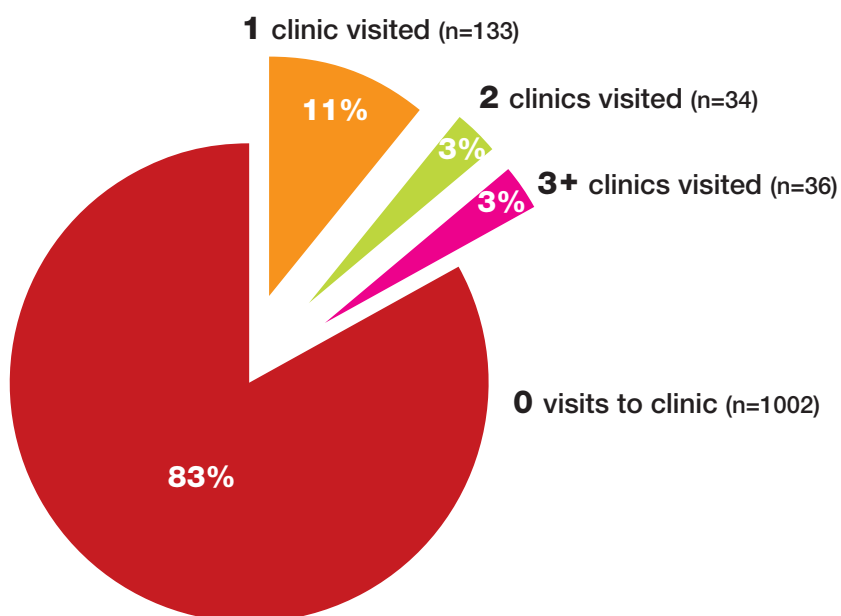
## What did we ask?

Youth were asked if they were going to clinical providers for sexual health reasons, what kinds of services they were utilizing, and what they were going for.

## What did we find?

Most youth in Toronto are not accessing sexual health services. Eighty-three percent had never visited a clinic or doctor for any sexual health reason.

## Percentage of youth who have visited clinics for sexual health reasons



**Youth more likely to visit sexual health services:**

- sexually active
- female
- older
- White
- sexually diverse

**Youth less likely to visit sexual health services:**

- male
- younger
- Black
- Asian
- Aboriginal
- Muslim

**If you're moving around and going to different clinics and don't have one doctor who knows your health history, you're probably less likely to be referred for tests, like a pap.**

*– Service Provider*

Some youth are more likely to access sexual health services than others. Youth who are sexually active are nine times more likely to seek out sexual health services compared to those who have not yet had sex.

- Among sexually inexperienced youth, 8% had sought out sexual health services.
- Among those who are not sure whether they had had sex, 23% had visited a clinic.
- Among sexually experienced youth, 58% had visited a service but 42% of sexually active youth have never been to a clinic for any sexual health reason.

Young women surveyed are twice as likely as young men to access sexual health services. As youth age, they are more and more likely to access services. Sexually diverse and “questioning youth” are twice as likely to access sexual health services compared to heterosexual-identified youth. Asian, Black and Muslim youth were less likely to access services.

While the small numbers that we surveyed do not permit us to speak with the same assurances, Aboriginal youth were also less likely to access services compared to non-Aboriginal youth.

While most teens have not accessed any sexual health services at all, a small but significant group are accessing multiple services: 3% report going to at least two clinics and an additional 3% report three or more clinics. One youth had gone to eight different clinics.

There are many reasons why youth access multiple clinics. Some may seek out different services if they are unhappy with the agency they first went to or are embarrassed to go back with the same problems. Other reasons might include youth changing their residence or wanting to try a new clinic/service. Others may want to go with a new partner where it is convenient for them. The challenge for service providers is to ensure continuity of care and create a safe space for youth to come back to if they need to.

**I like to refer to a bunch of different places... I ask them to come back and tell me what it was like or if you have any feedback about what was really great or what didn't work... They can say 'Well, that was awful, why did you refer me there, don't ever do that again' and then I could pass that information back. – Service Provider**

### **Where are youth going for their sexual health concerns?**

- 16% visit family physicians
- 6% visit a sexual health clinic
- 1% visit a specialist (e.g., obstetrician, gynaecologist, urologist)
- 1% visit a hospital emergency room or clinic
- 13% go to multiple locations

### **What are they going for?**

Young women visiting health service providers for sexual health reasons are more likely to go for birth control, pap smears and pregnancy tests. Young men are most likely to go for free condoms, information about safer sex and HIV or STI testing. Once young people initially access sexual health services, they are likely (20% of young women and 9% percent of young men) to start seeking out more than one service.

### **What do service providers have to say?**

Service providers were not surprised by the finding that few youth have accessed sexual health services. Some of the reasons cited were youth feeling invincible, that they seek out services for treatment instead of prevention, and a lack of awareness of existing services. Many service providers identified stigma as a significant barrier for youth seeking services, especially in Black, Muslim, and Newcomer communities. Service providers of sexually diverse youth cite the prevalence of homophobia and transphobia in clinical settings and the difficulty in referring sexually diverse youth to queer and trans-positive health care providers. They also recommend anti-homophobia and trans-sensitivity training within the workplace to address negative attitudes/practices towards sexually diverse youth and LGBTQ service providers. There is also a lack of comprehensive trans-specific services available for transgender youth, which may force trans youth into accessing multiple clinics to address their health needs. Many service providers noted that it was difficult for diverse groups of young people to find culturally appropriate services that met their needs.

**Usually parents want to know where they go all the time. If they find out they went for sexual health, the family finds out, honour is broken, etc. – Service Provider**

# how do youth feel about sexual health services?

## What are the issues?

Many youth are not accessing the sexual health services they need and want.

## What did we ask?

Youth who had accessed sexual health services were asked to rate their experiences. All were asked to reflect upon what might stop them from going to get help for sexual health issues and what might promote better access.

## How do youth who have visited sexual health services rate their experiences?

Generally, young women rate their experiences more favourably than young men do. Youth who also identify as transgender rate their experiences even less favourably. On average, young women rated their experiences as positive or somewhat positive. Young men rated their experiences as somewhat positive or neutral. Youth of all genders did not feel that clinics were particularly positive towards youth or that clinic waiting rooms were very youth-friendly.

Young women expressed particular concern about clinics being sensitive to sexually diverse youth and to their religion. The young men were most concerned about being uncomfortable asking questions, being unable to choose the gender of a staff person, needing an appointment, and the quality of information provided by staff.

## What are the most important attributes in a sexual health clinic?

Youth were asked to rank the three most important qualities they wanted to see in a sexual health service. Different communities of youth have different priorities. For young women, the top three qualities identified are that the service be: confidential/private, a space where they are comfortable asking questions, and non-judgemental. For young men, the most important qualities were that services provide good information, be in locations that are easy to get to, and be places where they feel comfortable asking questions.

Communities of young people	Their top priorities
Newcomer youth, less than 3 years (n=138)	Staff who understand or speak their language
Immigrant youth, in Canada 4+ years (n=267)	Choose the gender of service provider
Transgender youth (n=10)	Providing comprehensive services
Sexually diverse youth (n=47)	Having an LGBTQ-positive attitude
Aboriginal youth (n=19)	Not having to make an appointment
South Asian (n=115)	Providing all the services I need
Youth in shelters or hostels (n=8)	Not having to make an appointment
Youth living independently (n=94)	Having free or low-cost birth control
Muslim youth (n=114)	Staff are sensitive to my religion

According to youth, a good clinic is a place where

- youth feel comfortable and welcome.
- they accept all kinds of youth.
- they give you respect and understanding.
- youth feel supported, not judged.
- there is room for all teens to talk and let their feelings out.

### What might stop youth from going to a clinic?

Youth were asked to identify the top three factors that might stop them from going to a sexual health clinic. The most significant barrier youth worry about is ‘fear of judgement’ (27%) by friends, clinicians and family. Nine percent of youth said there was “nothing stopping me from visiting a clinic” and another 9% worried that services were not confidential. Eight percent felt that if services were unfriendly or discriminated against them, it would stop them from going. Seven percent of youth also reported perceived costs as a barrier.

#### Top 5 Barriers: What would stop you from going to a clinic?

- 1 Fear of being judged or embarrassed by friends**
- 2 Concern that services are not confidential**
- 3 Service is not youth friendly**
- 4 Parents’/caregivers’ reactions**
- 5 Fear of being judged by staff (young women)  
There is nothing stopping me (young men)**



<b>Fear of judgment</b>	<p>“Someone I know will see me there and automatically judge me.”</p> <p>“They act like police.”</p> <p>“The clinic people start judging you when they walk in.”</p> <p>“Laughing at your questions and everyone hears what you said.”</p> <p>“Clinic might think you’re too young.”</p> <p>“If they do not respect you and think you are a bad person for having sex.”</p>
<b>Confidentiality</b>	<p>“I don’t want people to know.”</p> <p>“Staff could not keep our secret.”</p> <p>“Being seen going into a clinic by anyone.”</p>
<b>Fear of family</b>	<p>“How my relatives look at me.”</p> <p>“I would not want to tell my parents where I’m going.”</p> <p>“My parents might suspect something, it would be obvious.”</p>
<b>Personal discomfort</b>	<p>“I am not going to have sex until I am married anyways.”</p> <p>“I am too young.”</p> <p>“Sometimes you may feel uncomfortable or scared to ask questions.”</p>
<b>Fear of clinical experience/news</b>	<p>“Fear of discovering something (finding out bad results).”</p> <p>“Scared or embarrassed of doctors checking between my legs.”</p> <p>“Fear of being diagnosed with a disease, virus or infection.”</p> <p>“Fear of what I might have.”</p>
<b>Uncomfortable clinical setting</b>	<p>“You don’t feel welcomed.”</p> <p>“Being a racist because of background.”</p>

### What would facilitate youth access to sexual health services?

We also asked teens what would better facilitate their access to sexual health services. Outreach/volume of service (including making services more public, ensuring that there are enough resources to reach all youth, improving outreach) are top facilitators. Next on the list is recognizing that youth are sexually active. The third most important is providing confidential service.



## Top 5 Wants in a Clinic

### Young Women

- Confidential
- Comfortable asking questions
- Non-judgemental
- Choice of provider gender
- Youth positive

### Young Men

- Good Information
- Location
- Comfortable asking questions
- Confidential
- Non-judgemental

## What do service providers have to say about youth access?

Service providers had a great deal to offer about youth's experiences accessing and receiving sexual health services. In a clinical context, they outlined the importance of having a youth-friendly environment, sex positive staff, assurance of confidentiality, and providing transit fare and flexible clinic hours to increase access. Clinical service providers said they experienced challenges with communicating sexual health information to newcomer youth during family visits as well as providing services in alternative languages. The lack of culturally-sensitive sexual health information was identified as a problem for specific youth populations. Homophobia within the sexual health system made it difficult for service providers to get sexually diverse youth the support they need. To ensure youth safety, service providers spoke about having to refer sexually diverse youth through hidden referral networks of other sexually diverse providers.

There was a variety of opinion as to whether sexual health services should be offered in a sexual health-specific clinic or a comprehensive health clinic. Service providers felt that some youth would feel that sexual health clinics are less likely to be judgemental in dealing with sensitive issues. However, the visibility of attending such a clinic may decrease confidentiality in the waiting room. There was also a lack of consensus on whether culturally-specific or neighbourhood-specific services help to increase youth assurance of confidentiality. Some service providers felt that youth should be able to access clinical services in their own neighbourhood, and avoid travel barriers. Others felt that youth may worry about issues of privacy and might feel more comfortable travelling further for services to maintain their anonymity.

**If we want youth to get there, and enjoy being there, the physical environment may need to change... If you walk into a clinic and there was someone your age there who gave you a tour or who took your information down... I think it may empower the youth to want to go back or feel more comfortable... If we incorporated more of their peers in the development and the services. – Service Provider**



# where are toronto youth getting sexual health information?

## What are the issues?

In the early teen years (often before first sexual experiences occur) sexual health and identity issues emerge as concerns for youth. Comprehensive and effective sexual health information includes basic reproductive knowledge (the ‘plumbing’ of sex) as well as the emotional and social aspects of relationships, and sexual behaviour. Access to sexual health information (and the quality of that information) can impact teens’ ability to negotiate safer sex. While sexual health education is often included in standardized school curricula, many youth do not receive the basic information required to protect themselves from HIV and STIs or to prevent pregnancy.

## What did we ask?

We asked Toronto teens if they were getting information related to sexuality and sexual health issues, and where they were getting it.

## Are Toronto’s youth receiving sexual health education?

We asked youth if they had received sexual health classes or workshops in: elementary school, high school, youth groups, religious groups, or other places. Overall, the vast majority of youth we

surveyed checked off one or more of those options. We classified these youth as receiving ‘some form’ of sexual health education. Thirty two percent of youth only received sexual health education in any one location, and 60% received sexual health education in multiple locations. While the majority of youth in our sample (92%) are receiving ‘some form’ of sexual health education, it is noteworthy that 8% have not received any at all. This means that either youth are not being offered this information at any of these locations, missing the window when the curriculum is covered, their parents/caregivers may have opted them out, or they do not remember having received this information.

## Newcomers are missing sex education.

Time spent in Canada plays a determining role in access to sexual health education, especially for youth in the school system. By the age of 18, 97% of Canadian-born youth we surveyed had received some sexual health education. Immigrant youth living in Canada for more than 4 years reported similar levels of sexual health education. However, Newcomers (in Canada 3 years or less) had slightly lower levels of sexual health education at age 13, and significantly lower rates by the age of 18. These findings have important implications for Ontario’s sexual health

Where are youth getting their sex questions answered?		Where are youth getting sexual health education?	
<b>Friends</b>	<b>53%</b>	<b>Elementary School</b>	<b>62%</b>
<b>Professionals</b>	<b>43%</b>	<b>High School</b>	<b>62%</b>
<b>Mass media</b>	<b>33%</b>	<b>Youth Groups</b>	<b>38%</b>
<b>Parents</b>	<b>28%</b>	<b>Religious Groups</b>	<b>7%</b>
<b>Siblings, Info lines, Semi-professionals</b>	<b>55%</b>	<b>Nowhere</b>	<b>8%</b>

education curriculum as they suggest that more recent newcomers (especially those entering Canada in higher grades) may altogether miss the required sexual health education in elementary and early high school years.

### Where do youth go when they have a question about sexual health?

We asked Toronto teens ‘Where do you go when you have a sexual health question?’ Overall, youth are most likely to talk to their friends and professionals. Young women (48%) are more likely to turn to professional services (including physicians, nurses, pharmacists, and clinical/community health centres) compared to young males (36%). Similarly, more young women (37%) rely on the mass media (books, magazines, TV, movies or the Internet) compared to young males (27%). Finally, more young women (62%) rely on their peers (friends and siblings) compared to young men (41%), and their siblings (females, 24%) compared to 14% of males.

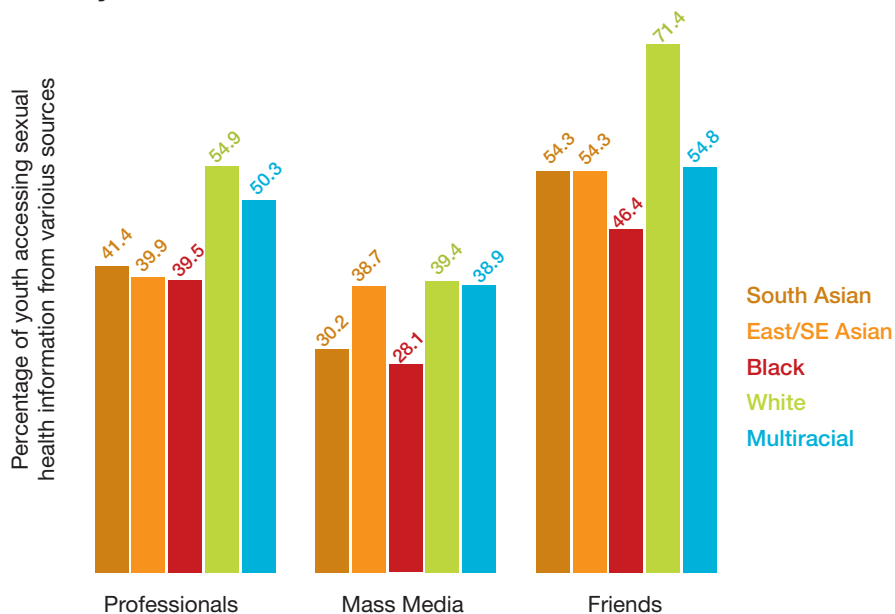
We asked Toronto teens ‘Where would you like to go when you have a sexual health question?’ There were few differences between young women and young men, with 55% of females and 51% of males wanting to consult professionals. Similarly, 34% of females and 30% of males would like to access the mass media (books, internet, TV, movies) for information. While information/phone lines were accessed by 18% of females and 17% of males, more would like to use these services (34% of females and 30% of males, respectively).

### Where do youth want to go for sexual health information?

The sources youth would like to access for sexual health information change with age. The desire to access professionals for sexual health information increases from 52% at age 13 to 60% by age 18 and older. The desire to access friends for sexual health information increases from 47% at age 13 to 56% at age 18 and older. Most striking, the desire to access the mass media for sexual health information increases from 23% at age 13 to 45% by age 18 and older. Finally, as youth age, they are increasingly less likely to seek support from their parents (40% at age 13 down to 24% by the age of 18 and older).

Overall, a greater percentage of White youth are seeking information from multiple sources. The graph below shows the differences between groups in terms of the top three resources (professionals, mass media, and friends) accessed by all youth. Youth of various backgrounds accessed these resources to different degrees. For instance, a greater percentage of White youth talked to their friends when they had a question about sexual health. Black youth were least likely to access information from friends, professionals, and mass media. Interestingly, 53% of sexually diverse youth consulted the mass media, compared to 32% of straight youth.

### Percentage of youth accessing sexual health information by source and ethno-racial identity



# what content are youth learning? what do they want to learn?

## What are the issues?

There is a significant gap in the sexual health knowledge of youth<sup>6</sup>, particularly younger teenagers under 16<sup>7</sup>. Despite rising STI rates creating the potential for increased HIV infection among youth, their knowledge about the disease has declined since 1989<sup>6</sup>. Youth are now more likely to believe there is a cure for AIDS and fewer know about blood tests for HIV<sup>6</sup>. Some believe the birth control pill protects against HIV<sup>45</sup>. Their knowledge about emergency contraception is often inaccurate<sup>46</sup>, and there continues to be confusion among youth about how to use condoms effectively<sup>6</sup>. In general, Canadian youth lack comprehensive knowledge of the risks associated with unprotected sexual activity and the necessary skills required to ensure the protection of their sexual health<sup>8</sup>. At the same time, youth complain about their sexual health education claiming it focuses too much on biology, offers too little too late, provides few opportunities for discussion, is often non-existent, and is seldom sex-positive in nature<sup>47, 48</sup>. Another concern is its relatively heavy focus on the risks and problems of adolescent sexuality to the exclusion of sexual desire and healthy sexual relationships<sup>9, 40, 49, 50</sup>. In addition, the 'one-size-fits all' approach to sexual health education fails to

address factors that influence the sexual health needs and practices of diverse youth communities. The emphasis on vaginal intercourse as "real sex" limits the possibility for considering other forms of sexual pleasure and excludes the sexual experiences of sexually diverse youth<sup>49</sup>. Cultural practices at odds with standard sexual health education are seldom addressed<sup>17</sup>. Given all of these limitations, there is an urgent need for more effective sexual health education for youth.

### Topics youth have learned about

<b>HIV</b>	<b>78%</b>
<b>STI</b>	<b>71%</b>
<b>Pregnancy &amp; birth control</b>	<b>66%</b>
<b>Communicating about sex</b>	<b>61%</b>
<b>Healthy relationships</b>	<b>61%</b>
<b>Sexual violence/abuse</b>	<b>58%</b>
<b>Sexual orientation</b>	<b>51%</b>
<b>Sexual pleasure</b>	<b>42%</b>
<b>Nothing</b>	<b>10%</b>

## Examples of Frequently Asked Questions:

**HOW DO YOU KNOW IF YOU HAVE AN STI?**

**CAN A GIRL GET PRENANT FROM HAVING SEX WHEN IT S HER FIRST TIME?**

can you get hiv/stis from kissing or blowjobs?

*When is it the right time to have sex?*



## What did we ask?

In the TTS, we gave youth a comprehensive list of sexual health topics (birth control, sexually transmitted infections, HIV/AIDS, sexual pleasure, sexual violence, sexual orientation, healthy relationships) and asked them to identify what they had learned thus far about sexual health and what they would like to learn. At the end of the survey session, the youth were invited to write down any questions they had about sex and sexuality. The questions were submitted anonymously to the peer facilitators to be addressed during the question and answer period.

## What did we find?

Overall, the top three sexual health topics youth had learned about were HIV/AIDS (78%), STIs (71%), and pregnancy and birth control (66%), although more young women than young men had learned this information. Sixty-six percent of young women, compared to 47% of young men, had learned about sexual abuse and violence. Young women had also learned more about communicating about sex (66%) compared to young men (55%). Of the overall sample, 13% of young men and 8% of young women report they had not received any information about sexual health.

Newcomer youth, youth in care, Aboriginal youth and South Asian youth were the only groups to include healthy relationships in their top three sexual health topics learned. Sexually diverse youth included communicating about sex in their top three topics learned. Overall, older youth had learned more about sexual health than younger youth with 17% of 13 year olds reporting they had not received any sexual health information.

## What do youth want to learn?

There is a significant discrepancy between what youth are learning about and what they want to know. Healthy relationships, HIV/AIDS and sexual pleasure are the top three sexual health topics youth want to learn about.

This differs from what youth are actually learning: less than 30% of the diverse youth populations surveyed reported they have learned about healthy relationships and no group included sexual pleasure as one of the top three topics learned. Many young men reported similar priorities but also checked off a box that said they did not want to learn more about sexual health.

Why do people jerk off? How do you masturbate?

does it hurt? do you bleed the first time you have sex?

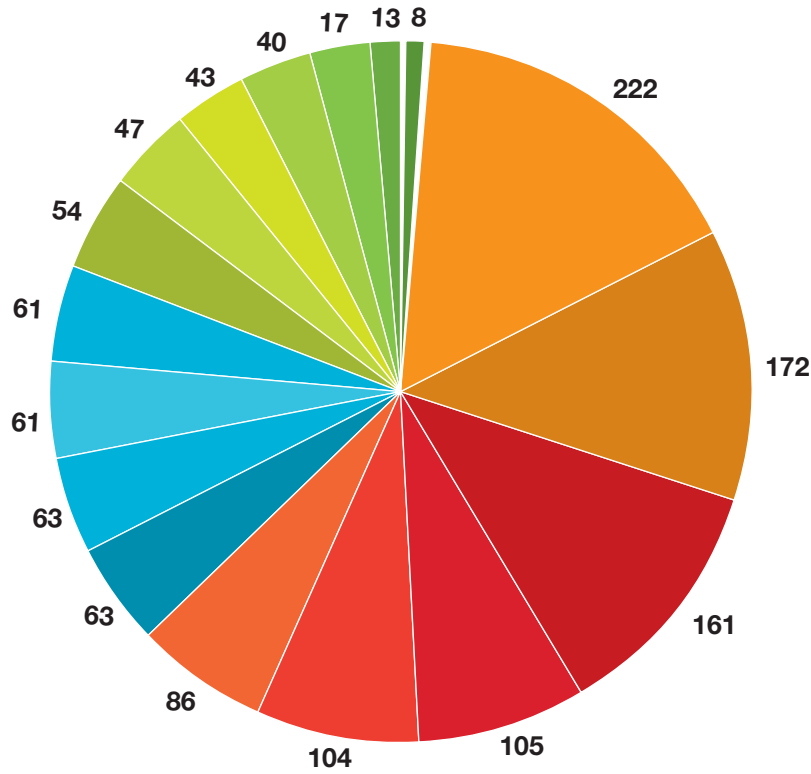
Why are guys more sexual/horny than girls?

I like girls. Does that mean I am a lesbian?

HOW CAN YOU TELL IF SOME ONE REALLY LIKES YOU?



Frequency of question topics asked by youth



- |                                       |                                 |
|---------------------------------------|---------------------------------|
| 222 Sexual experience                 | 61 Condoms                      |
| 172 STIs                              | 61 Sexual pleasure              |
| 161 Pregnancy                         | 54 Getting tested/Clinic access |
| 105 PPT/TTS questions                 | 47 Protection/Birth control     |
| 104 Anatomy & menstruation            | 43 Communicating about sex      |
| 86 Healthy relationships              | 40 Other                        |
| 63 Sexual orientation/Gender identity | 17 Sexual violence              |
| 63 HIV                                | 13 Sex education                |
|                                       | 8 Parenting                     |



For their top three issues, Aboriginal, Black, South Asian, immigrant and questioning youth report they do not want to learn more about sexual health, but they all want to learn about healthy relationships. Healthy relationships was the only topic in the top three choices across all age groups. Sexually diverse youth also included sexual orientation in their priority list. In general, the percentage of youth who wanted to learn about sexual health topics increased with age.

Although almost 60% of the youth participants report they had never had sex, over 80% submitted questions for the sexual health question and answer activity. This provides evidence that youth are interested in sexual health and reproduction information prior to becoming sexually active. The most commonly asked questions dealt with learning more about sexual activities and experiences, STIs, questions about Planned Parenthood Toronto, pregnancy and menstruation.

### **What do Service Providers have to say?**

The most common theme that emerged from service providers across diverse youth population groups was the need for more emphasis on healthy relationships and sexual pleasure in sexual health education. Service providers claimed there was a lack of sexual health information and education for Black youth (particularly sexually diverse Black youth), trans youth, Muslim youth, youth living with disabilities, and youth in the sex trade. Some service providers felt that school-based sexual health education had the potential to reach the widest audience of youth, but was limited due to curriculum that does not address the sexual health issues of most concern to youth. The urgent need for more school-based education and curriculum on issues related to sexual diversity was particularly noted.



# the context of sexual health service provision

## What are the issues?

While service providers and youth identify many of the same sexual health issues, they often differ in what they consider ideal approaches for resolution<sup>48</sup>. As a result, the strategies used by service providers need to be adapted in order to provide culturally effective health promotion and prevention services<sup>51</sup>. Yet funding has been reduced across the board and health and social services agencies are struggling to do more with less.

## What did we ask?

We shared our survey results with 80 service providers who worked with diverse youth across 55 agencies and asked them to reflect on the relevance of the findings for their own work.

## What did we find?

Service providers told us that issues related to funding, accessibility and training and referral networks affected their ability to deliver services to youth. They also offered the following recommendations for improving sexual health services.

### Enhance Funding

- Funding is not available for the range of sexual health programming that is needed.

*“We don’t have the funding to implement programming that would be useful for young people. ...It takes a lot of resources and ultimately social services and unfortunately funding is always an issue. I just see funding as a huge barrier to a lot of different things and being able to meet the youth where they’re at and get the information to them in a way that’s going to seep in.”*

- Funding is often short-term, so agencies are unable to maintain their programming in the long term.

*“...All these projects that get funded for one or two years, that’s not anything... that’s just enough time to get your programs up... So like five years or two years or four years, no commitments from funding people.”*

*“The gains of initiatives are lost when funding is over. We need a broader, more sustainable continuum of funding.”*

- There is increasing competition between agencies over funds from an ever shrinking resource base.

*“The other issue that comes up with agencies is the competition for money that is available. How do you ...[partner] in a way that works instead of everyone trying to get a piece of the pie and only offering a couple of crumbs here and there? It gets tricky in terms of what monies are available, who gets them and what they do with them.”*

- There is inadequate funding to provide materials and service in the many languages of Toronto’s diverse youth communities.

*“But for me to get it in another language I have to pay and it’s very expensive. Every time information changes or is updated... you’re taking it back for the updating.”*

## Increase Access

- Services are too often clustered in the downtown core, thereby requiring youth to travel long distances to access them.

*“Accessibility is the biggest problem, getting the bus tickets to go downtown. There are not that many resources in [Scarborough], it is a matter of access. A lot of people I know at Jane and Finch won’t even leave their community. They need to have more services closer to them.”*

*“Spread out the location of the clinics; everything seems to be grouped in certain areas.”*

- Many youth are travelling great distances to access services specifically designed to meet their needs.

*“And we see clients from the suburbs come all the way down to downtown... just go to queer groups... ‘Like there’s nothing up there, there’s nothing for us. I don’t feel comfortable’.”*

*“I’m hearing from youth that they want a one stop shopping where they come and they just go to see a social worker or health promoters, whatever, but just in one place like youth friendly.”*

- Many youth in under-served areas are unable or unwilling to travel outside their community to access sexual health services.

*“I’ve heard that especially in Scarborough, there’s not any services for homeless youth or street youth, which forces everyone downtown and they don’t want to make the trip downtown.”*

*“... a sexual health mobile team that goes around, this would be better.”*

- Youth living in Toronto without official legal status, or whose parents hold their identification, or whose IDs do not match their current gender are unable to access sexual health services.

*“If you don’t have appropriate IDs, you can’t access services.”*

- Concerns about immigration status are a major reason some youth do not access services.

*“The problem is that we have to ask about immigration status because we have ‘non-status’ OHIP pots of money. This... compromises confidentiality and makes non-status newcomer youth worry that they will be reported to immigration.”*

- Systemic exclusion barriers (e.g., racism, homophobia, sexism) within service organizations need to be identified and addressed.

*“There’s a lot of homophobia... we have heterosexual allies who are like ‘I’m scared to put up this sticker. I am scared to do this.’ There is so much homophobia in our agency it’s uncontrollable, you know, and it’s directed to staff and to youth that are accessing these services. Sometimes it can be very violent and very messy and mean.”*

*“Cultural awareness among health service providers as well as having providers from different cultural backgrounds can help eliminate stereotypes and biases.”*



## Increase Training Initiatives and Referral Networks

- A lack of training and capacity building contributes to systematic discrimination perpetuated within youth service organizations.

*“If you look at city-wide strategy, then I think [we need]... anti-homophobia education for clinicians, health promoters.”*

- Service providers have no guarantee their youth clients will be fairly treated when they are referred to other health professionals.

*“What agency is safe, where do you refer youth? You want to protect your clients. You want to protect the people you work with and refer them to places where they are going to get the information they need.”*

*“City-wide there might be a need for a youth sexual health network. There is the Ontario sexual health network, but specifically there might be one for youth.”*



## conclusions

The Toronto Teen Survey (TTS) provided many insights into the complex sexual health needs and issues facing young people in Toronto today. The increasing diversity of Toronto's population requires us to take the findings from this report and move them forward into action. Based on our study findings, we believe that young peoples' sexual rights are not being met. Promoting positive sexual health development is more than just limiting disease and unintended pregnancy. It is about helping young people transition into adulthood with a healthy respect for their sexuality, an appreciation of pleasure, the knowledge to protect themselves and the communication skills to negotiate with their partners. Youth have a right to quality information and appropriate health care that is age and culturally-appropriate, confidential, non-judgemental and accessible.

**Sexual rights embrace human rights.... They include the right of all persons, free of coercion, discrimination and violence, to: the highest attainable standard of sexual health, including access to sexual and reproductive health care services; seek, receive and impart information related to sexuality; sexuality education; respect for bodily integrity; choose their partner; decide to be sexually active or not; consensual sexual relations; consensual marriage; decide whether or not, and when, to have children; and pursue a satisfying, safe and pleasurable sexual life. The responsible exercise of human rights requires that all persons respect the rights of others.**

*– World Health Organization<sup>1</sup>*

We know that our most vulnerable young people (those facing the challenges of racism, sexism, poverty and/or trans/homophobia) are those who shoulder a disproportionate burden of disease and have the poorest overall health outcomes, including sexual health. Research demonstrates that the social determinants of health, such as access to quality education, adequate housing and nutrition, and inclusive and supportive environments, have a bigger impact on health than the health care system<sup>52</sup>. Therefore, in order to improve sexual health outcomes we need to ensure that young people are safe and well taken care of in their homes, schools and communities. We also need to ensure that youth have access to resources and services that meet their diverse needs. This will demand a coordinated effort of various stakeholders.

The Government of Canada has made a commitment to ensuring that by 2010, at least 95% of young men and women aged 15 to 24 are able to reduce their vulnerability to HIV infection<sup>53</sup>. "Leading Together", the national blueprint for Canada-wide action on HIV/AIDS, recommends that prevention programs include age-appropriate information, youth-led initiatives, and directly involve relevant youth-serving agencies in the development of HIV prevention/harm reduction resources and interventions<sup>54</sup>. Here in Toronto, youth have also been identified as a sexual health promotion priority population by Toronto Public Health<sup>5</sup>. Our recommendations are written to assist stakeholders with these commitments.

# recommendations

## 5 Principles that Characterize Effective Sexual Health Education Programming The Canadian Guidelines for Sexual Health Education<sup>55</sup>

- 1 ACCESSIBILITY** – Sexual health education should be accessible to all individuals, regardless of background.
- 2 COMPREHENSIVENESS** – Sexual health education should address diverse sexual health promotion and illness prevention objectives and should be a coordinated effort of individuals, organizations, agencies and governments.
- 3 EFFECTIVENESS OF EDUCATIONAL APPROACHES AND METHODS** – Sexual health education should incorporate the key elements of knowledge acquisition and understanding, motivation and personal insight, skills that support sexual health and the critical awareness and skills needed to create environments conducive to sexual health.
- 4 TRAINING AND ADMINISTRATIVE SUPPORT** – Sexual health education should be presented by confident, well-trained, knowledgeable and non-judgemental individuals who receive strong administrative support from their agency or organization.
- 5 PLANNING, EVALUATION, UPDATING AND SOCIAL DEVELOPMENT** – Sexual health education achieves maximum impact when it is planned carefully in collaboration with intended audiences, evaluated on program outcomes and participant feedback, updated regularly, and reinforced by environments that are conducive to sexual health education.

Drawing on our data (gathered from 1,216 Toronto youth and 80 service providers working at 55 Toronto agencies) and taking into consideration the Canadian Guidelines for Sexual Health Education<sup>55</sup> (see above), we offer the following recommendations for improving clinical care, sexual health education, Toronto Public Health policies and programming, and community-based service provision. Although the recommendations were developed based on data drawn from teens living in Toronto, we hope they will be useful to other communities. While we advocate for more sustainable funding, many of the following recommendations can also be implemented with existing resources.



# recommendations to improve clinical care

## MINISTRY OF HEALTH

1. Establish a Youth Sexual Health Framework including expectations, resource planning and accountability.
2. Develop guiding principles for sexual health promotion and provisions that recognize the need to tailor sexual health programming to the needs of diverse youth populations.
3. Establish and adequately resource health services aimed at youth in under-served neighbourhoods.
4. Incorporate youth sexual health education into professional training for clinical and support staff.
5. Encourage clinicians to develop a sub-specialty in adolescent health.
6. Work with the Toronto Central Local Health Integration Network (LHIN) and other LHINs and Ministries to ensure that programs and services are adequately funded to deliver quality services to diverse populations.

## CLINIC ADMINISTRATORS/PRIVATE PRACTICE OWNERS

1. Develop outreach strategies tailored to the mandated youth population. Use youth and local youth-serving organizations/programs to promote services to youth.
2. Provide staff with the support needed to offer quality sexual health care provision, including professional development, which incorporates values exploration, factual knowledge and skills-building.
3. Ensure youth are aware of confidentiality and privacy rights.
4. Develop youth-friendly consultation and feedback mechanisms to ensure their needs as clients are being met.
5. Ensure waiting areas and exam rooms are youth-friendly and sex-positive (e.g., by having sex-positive posters on the wall, condoms available, youth-friendly posters with help numbers).
6. Offer evening, weekend and drop-in hours.
7. Provide free or low-cost condoms, birth control, and testing, counselling and treatment for STIs, including HIV.
8. Ensure staff is representative of the diverse youth communities they serve (e.g., gender, sexuality and ethno-racial identities).
9. Provide professional development about issues related to poverty, cultural competence, sexual diversity, etc.

## CLINICAL AND SUPPORT STAFF

1. Expand knowledge on the specific sexual health issues facing the communities of youth being served.
2. Encourage youth clients to seek out sexual health services before they become sexually active.
3. Incorporate information on healthy relationships, sexual pleasure and communication into youth encounters.
4. Recognize there is no shared definition of “sex”; engage in frank discussion related to sexual health with youth clients that clarify what they mean by “sexually active”.
5. Inform youth of confidentiality and privacy rights.

# recommendations to improve school-based sexual health education

## MINISTRY OF EDUCATION

1. Offer mandatory age-appropriate sexual health education from K-12 to ensure that all students receive sexual health education.
2. Promote the value of providing sexual health education to students before they become sexually active.
3. Incorporate and expand information on healthy relationships, sexual orientation, sexual pleasure and communication into sexual health curriculum.
4. Incorporate sexual health education and cultural competence education into pre-service teacher education.
5. Develop Ministry guidelines on sexual health education that incorporate issues of diversity and can be adapted to meet the needs of specific youth populations.

## SCHOOL BOARDS

1. Develop a training program for students who are willing to take on the role of sexual health peer educators in their schools.
2. Build sexual health education into ESL classes and other programs targeting newcomers to ensure they receive similar instruction offered in regular classroom settings.
3. Provide teachers in all public and private schools with the support needed to offer quality sexual health education (e.g., age-appropriate curriculum, professional development, access to sexual health service providers).
4. Develop sexual health curriculum that offers strategies for providing sexual health education to diverse youth populations.
5. Develop sexual health curriculum that addresses issues of sexism, racism, homophobia, transphobia, and other forms of discrimination and inequity.



## SCHOOLS

1. Encourage students to seek out sexual health services before they become sexually active.
2. Connect with sexual health service providers who can offer in-class education and virtual or on-site tours of sexual health clinics.
3. Provide a space where students can access free condoms and make sure students are aware of their availability.
4. Ensure students are aware of the range of sexual health services (e.g., clinics, phone lines etc.) and make information available about how to access them.
5. Recognize there is no shared definition of “sex”, so students need sexual health education that acknowledges this and addresses the range of sexual behaviour they engage in.
6. Address gender inequalities and stereotypes in sexual health education.
7. Identify and connect with sexual health clinics and service providers that service the diverse youth populations within specific schools.
8. Create a school environment and sexual health curriculum that challenges transphobia and homophobia and that is inclusive of sexually diverse students.



# recommendations to improve Toronto Public Health programs and policies

## OVERALL

1. Establish a Youth Advisory Board to inform new policy development.
2. Develop and implement a youth-specific sexual health strategy.

## FUNDING

1. Ensure sustainable funding for services and programs that meet the sexual health needs of diverse groups of youth.
2. Set aside a budget for the translation of materials and service into the many languages of Toronto's diverse youth communities.
3. Offer more services to currently under-served neighbourhoods outside the downtown core.
4. Consider bringing services to youth, rather than expecting youth to find the services (e.g., mobile or school based clinics, etc.)
5. Conduct local needs assessments prior to implementing services and evaluate programs to see if they are meeting the needs of the most vulnerable Toronto youth.

## STAFF HIRING, TRAINING AND SUPPORT

1. Provide anti-oppression skills-building opportunities for all service providers and public health practitioners who work with youth (to remove service barriers created by homophobia, transphobia, racism, and sexism).
2. Ensure that young people have access to public health practitioners who reflect the diversity of clients that they serve.
3. Create a city-wide referral network of public health practitioners who have the training and demonstrate a commitment to service the needs of diverse youth and mentor new staff.

## STRATEGIES

1. Continue supporting both peer-led and professional Internet and phone help lines.
2. Distribute a diverse range of free or subsidized condoms and lube to youth-serving organizations. Ensure the products provided are the types that youth want/like/use.
3. Integrate sexual health content into other municipal youth programming and services.
4. Partner with local school boards and community agencies to provide interventions and professional development.
5. Create programs that are specific to the most vulnerable communities rather than general services that are meant for “all” youth.
6. In partnership with young people, develop youth-focused strategies that encourage youth to access clinical care, with an emphasis on their confidentiality and privacy rights.
7. Promote peer programming and train peer educators to offer sexual health education and counseling services.
8. Recognize there is no shared definition “sex”: engage in frank discussions related to sexual health with youth clients to clarify what they mean by “sex”.





# recommendations for community-based organizations

## POLICY

1. Develop sexual health promotion guiding principles that are sex-positive, youth-friendly and recognize the diverse needs of young people.
2. Develop an equity policy to address issues of racism, sexism, transphobia and homophobia and other forms of discrimination in agencies.
3. Reach out to underserved areas and neighbourhoods.

## ENVIRONMENT

1. Ensure waiting areas, agency common spaces, staff offices, and agency outreach materials are youth-friendly, sex-positive and inclusive of diversity.
2. Foster environments that encourage open dialogue and discussion about sexual health among staff who provide programming to youth.
3. Offer free condoms and lube through the Toronto Public Health distribution program.

## STAFF

1. Provide staff with the support needed to offer quality sexual health programming and referrals.
2. Through professional development explore values, provide factual knowledge and develop skills in discussing sexual health issues with youth.
3. Incorporate sexual health education into professional training for staff and intern students.
4. Ensure staff is representative of the community being served (e.g., gender, sexuality and ethno-racial identities).

## PROGRAMMING

1. Incorporate sexual health education into all youth programming including those that do not have an explicit sexual health education mandate.
2. Partner with those with expertise to develop targeted initiatives for high-risk youth.
3. Encourage youth clients to seek out sexual health services before they become sexually active.
4. Incorporate information on healthy relationships, sexual orientation, sexual pleasure and communication into youth programming.
5. Recognize there is no shared definition of “sex”: engage in frank discussion related to sexual health with youth clients to clarify what they mean by “sex”.
6. Develop tailored outreach strategies to reach out to diverse populations of youth.
7. Use peer education and outreach models where appropriate.
8. Develop youth-friendly feedback mechanisms to ensure adequacy of program delivery and identification of new and emerging needs.

# youth bill of sexual health care rights

1. You have a right to confidential, private and quality care.
2. Speak out if you have had a bad experience – most clinics will have a complaints procedure you can request or you can call the College of Physicians and Surgeons of Ontario (416-967-2615).
3. Quality services and information are also available before you become sexually active.
4. There are a wide range of services across the city, including ones that may meet your specific needs. Call ahead to find out if a particular clinic can accommodate your requests and preferences.
5. Your friends may not have all the right answers. If you have a question about sexual health – check out [www.spiderbytes.ca](http://www.spiderbytes.ca) for a list of hotlines and websites that can answer your questions.
6. You do not need your parents' permission to access sexual health services. Some clinics will see you without a health card, so call ahead to check.
7. You can access sexual health clinics for pregnancy tests, birth control, condoms, the emergency contraceptive pill and abortion referrals.
8. You can find free condoms and lube available in most sexual health clinics and lots of community centres.
9. Testing and treatment for STIs and HIV is available at all clinics and is free.
10. Remember, sex is about having a good time – be safe and enjoy.

**Appendix 1: Demographics of youth who filled out our survey**

	<b>Num.</b>	<b>%</b>
Total	1205	100
<b>Gender</b>		
Male	543	45
Female	652	54
Also trans	10	1
<b>Age (years)</b>		
13	216	18
14	182	15
15	240	20
16	184	15
17	168	14
18+	207	17
Missing	8	1
<b>Parent/Caregiver Education</b>		
Less than high school	60	5
High school	252	21
College	271	23
University	439	36
Don't know	180	15
Missing	3	0
<b>Race</b>		
Aboriginal	19	2
South Asian	115	10
East/South East Asian	176	15
Black	459	38
White	174	14
Other	71	6
Multi-Racial	157	13
Missing	34	3
<b>Religion</b>		
No religion	218	18
Catholic	331	28
Muslim	114	10
Protestant	327	27
Other	154	13
Missing	61	5

## Appendix 1: Demographics of youth who filled out our survey (continued)

	Num.	%
Total	1205	100
<b>Length of time in Canada</b>		
Born in Canada	788	65
Born Elsewhere/In Canada 4+ years	266	22
Born Elsewhere/In Canada 0-3 years	137	11
Missing	14	1
<b>Disability</b>		
None	973	81
Drugs / Alcohol	54	5
Mobility/Hearing/Speech or Visual	52	4
Other	89	7
Missing	37	3
<b>Sexual Orientation</b>		
Straight/Heterosexual	1087	90
Sexually diverse	47	4
Questioning	38	3
Missing	33	3
<b>Living Situation</b>		
Parent/Relatives	992	82
Foster/Group Home	72	6
Independent Living	101	8
Missing	40	3
<b>Sexual Risk</b>		
No Risk	298	25
Low	460	38
Medium	68	6
High	352	29
Missing	27	2
<b>Pregnancy (been or gotten)</b>		
Yes	86	7
No	1048	87
Not Sure	54	5
Missing	17	1

## Appendix 2: Demographics of service providers who participated in our focus groups

	Num.	%
Total	80	100
<b>Provider type</b>		
Front line worker	43	54
Youth outreach worker	16	20
Health care provider	17	21
Manager	13	16
Government employee	6	8
Other	23	29
<b>Work with youth</b>		
Individually	17	21
In groups	22	28
Both	40	50
No response	1	1
<b>Populations you work with</b>		
Refugee & newcomer youth	33	41
Immigrant youth	49	61
First generation Canadian youth	33	41
Youth living with physical disabilities	15	19
Youth living with cognitive disabilities	20	25
Youth with addictions	33	41
Youth with mental health disabilities	31	39
Sexually diverse youth	51	64
Youth in the foster care system	26	33
Street-involved or homeless youth	32	40
13–14 year olds	43	54
15–16 year olds	54	68
17–18 year olds	54	68
Other	33	41
<b>Services offered</b>		
Health clinics	43	54
Youth drop-ins	33	41
Regular youth group	36	45
Sexual health workshops	47	59
Peer-led programming	38	48
School-based programming	38	48
Summer camps	15	19
Other	16	20
<b>Did your agency host a TTS survey session?</b>		
Yes	22	28
No	26	33
Don't know	27	34
No response	5	6

for more information

[www.torontoteensurvey.ca](http://www.torontoteensurvey.ca)

In addition to this report, other TTS products and documents can be found online. Further analyses of population specific data will be released in 2009-2010 in partnership with these organizations:

Bulletin	Partner
The Sexual Health needs of <i>Youth New to Canada</i>	Ontario Council of Agencies Serving Immigrants (OCASI)
The Sexual Health needs of <i>Sexually Diverse youth</i>	Rainbow Health Ontario (RHO); Supporting Our Youth (SOY)
The Sexual Health needs of <i>African, Caribbean and other Black youth</i>	African and Caribbean Council on HIV in Ontario (ACCHO)
The Sexual Health needs of <i>Youth In Care</i>	Children's Aid Society (CAS) of Toronto
The Sexual Health needs of <i>South Asian youth</i>	Alliance for South Asian AIDS Prevention (ASAAP)
The Sexual Health needs of <i>Young Parents</i>	The June Callwood Centre for Women and Families (founded as Jessie's Centre for Teenagers)
The Sexual Health needs of <i>Young Men and Young Women</i>	Gendering Adolescent AIDS Prevention Program (GAAP)



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## **We would like to thank the following people for their generous contributions to this project:**

Jess Abraham, Nora Angeles, Jean Bacon, Julia Barnett, Tarik Bereket, Nicola Brown, Marco Campana, Vijaya Chikermane, Melisa Dickie, Cheryl Dobinson, David Flicker, Lindsay Francis, Eric Fung, Lorelee Gillis, Sarah Hamdi, Rebecca Hammond, Chi Ching Hui, Christine Johnston, Steve Kean, Elaine Kingsley, Allie Lehman, Barb MacPherson, Dennis Magill, Farah Mawani, Simone McWatt, Hazelle Palmer, Anna Penner, Ishwar Persad, Brenda Roche, Brenda Ross, Alexis Kane Speer, Susan Sperling, Yuen Hing Tse, Wolfgang Vachon, Anna van der Meulen, Janice Walls, Mike Wilson, Kathryn Woodcock, Suzy Yim.

**And of course, thank you to everyone who participated in the Toronto Teen Survey!**

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