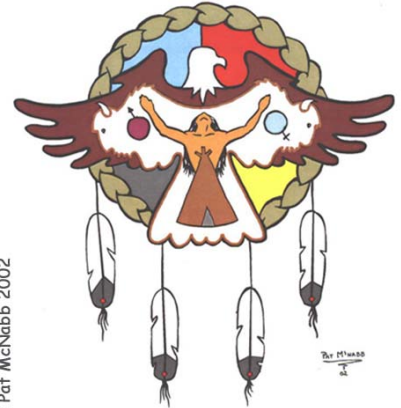




Strengthening and Building Sexual Health of Aboriginal Youth and Young Adults

Fact Sheet #8 Barriers to Accessing Sexual Health Services



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Centre, Street Culture Kidz Project, and Street Workers Advocacy Project (S.W.A.P.)

✿ Barriers that youth face when attempting to access sexual health services include: environmental barriers, lack of awareness about sexual health services, lack of knowledge or education about sexual health, personal barriers, and lack of appropriate sexual health services.

✿ Youth focus group participants stated that issues of convenience, safety, trust, and "feeling comfortable" are more important to them than accessing culturally-competent sexual health care. If an Aboriginal sexual health care center were available and located in a convenient location, they would "check it out."

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Environmental Barriers

✿ Service providers believe that the number one barrier to youth receiving sexual health care is that services are not "coming to them" in appropriate ways.

Youth are expected to access services from agencies that are intimidating to them, which is a barrier.

Female Service Provider: "...because we expect them to come to our services. Lots of the young people I work with and talk to, they won't go to [agency] because you walk in, there's a security guard, it's this big building."

Female Service Provider: "She will go get the pill after lots of pushing and prodding and go see [agency]...you have to go between Monday and Friday, these hours, and I work or I'm in school and how do I get there."

Hours of operation, rules of agencies, and getting to services are barriers for youth.

✿ Unhealthy family environments are often environmental barriers to positive sexual health for youth.

Female Director: "There's a young girl who said, 'oh, it's just accepting dysfunctional values within families.' Yeah, so it's just become the norm for certain things and young people think it's normal for behaviour to happen that way and it's not good behaviour."

Service providers observe youth learning sexual health behaviours in unhealthy family contexts.

Youth confirmed that they are often exposed to unhealthy sexuality in family contexts.

Male Youth: "My stepparents threw on a porno...like grade 5. Like my friend, his mom and dad, they used to watch these pornos where they kinda gave us our own sex ed. My parents didn't know I was going over to their place and watching this. Their parents were introducing it to us and stuff. So that was kinda a big influence."

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✿ Many service providers and youth stated that they receive sexual health care when they are in custody, or when service providers are able to access them, but then do not access this care when they are released.

Female Service Provider: "I've done some work in the [youth facility] and they have absolutely no clue. I mean although there's a nurse and they get tested and all that stuff happens while they're in there, but once they get out, it's like who cares right. Especially young women that are there."

While youth are in a closed custody facility, they have access to STI testing; however, when they are released, they do not access sexual health care.

Youth stated that they receive sex education and access to sexual health care while in custody which, to them, is a feeling of safety. However, they do not always practice or understand the information until they have personal experience with an STI or unplanned pregnancy.

Male Youth: "For me, really being safe was when I was in [youth facility]. And I was in there a lot with the teenagers, so it'd come up once every 3 or 4 months or whatever. Quite a few times. And it never really hit home until one of my friends caught herpes."

✿ Lack of adequate sexual health education and care on reserves is a significant barrier.

Female Service Provider: "I go to Aboriginal schools specifically on reserves, there's no sex ed. out there. There's none. We teach them how to put on condoms and female condoms. So we're trying to give them options, but for Aboriginal schools, there's no sex ed. out there."

Service providers who do outreach education on reserves find that youth receive inadequate or no sex education in school.

When youth were asked where they went for sexual health care on reserves, they stated that they go to the nearest town. If they don't drive, they don't access sexual health care, and do not practice safer sex.

*Male Youth: "You go to the nearest town. I've lived on many reserves and none of them actually have a little health up there...I believe some of them have, like a little office where you might have been able to go get condoms."
Male Youth: "You don't wrap up. You just go bareback...hope you're a pull out case."*

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Racism in the health care system is an environmental barrier for youth.

Female Service Provider: "I [non-native] could go bent over in pain and [name] being Aboriginal could go bent over in pain and they're going to take me first. And you'll see people just coming in with a little hangnail will go. So you see that's the negative stuff...how they get treated."

In our focus groups, the Aboriginal service provider participants seemed to be more aware of racism in the health care system, but non-Aboriginal service providers also mentioned this as a barrier to youth receiving adequate services.

Youth were divided in their opinions about whether they had experienced racism when accessing health care; however, some youth gave examples of racist treatment.

Male Youth: Me, I experienced...from a physician where I wanted to get my drugs, eh? I didn't have my treaty card with me and it became a big problem. And he made a deal out of it and he swore so I reached over the desk and grabbed him. And he said he was going to charge me. I told him to go ahead, I told him. And I went to complain to, like the doctor in town, he said, 'Well we get lots of racial complaints about that'."

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Lack of Awareness of Services

- ✿ Service providers stated that youth often do not know where to go to access services.

Many of the service providers stated that the youth they serve are not aware of sexual health service.

*Female Director: "Not knowing where to go. They don't have family doctors."
Male Director: "It's for no other reason than the young people might not know where to go. I think that the resource is there; it just can maybe not be accessed as fully as it might be if they knew what was available."*

- ✿ Youth stated that they may notice services that are available, but do not really understand what services are provided.

Some services are provided in the evenings on the street, but many youth are not aware that sexual health (or condom availability) may be part of the services provided.

*Male Youth: "Well, I mean there's the condom van that drives around."
Male Youth: "There' a condom van?"
Male Youth: "I don't know if it still is not...but there's a safe sex van that drives around or something."
Male Youth: "I remember that green one but I didn't know it was a sex one."*

*Female Youth: "The only sexual health services I know is for the girls that are on the street and there's not much services for these...like to go get condoms and stuff."
Female Youth: "...at night time and it's for the girls on the street."*

Youth may need sexual health services at night, and are aware that certain services target specific groups; but they are unaware of services that they might access if they do not belong to this group..

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Lack of Knowledge and Education about Sexual Health

- ✿ Youth stated that they do not receive adequate education about sexual health.

Sexual health is not a topic that is easily discussed between parents and children, but youth feel it is a parent's responsibility to communicate information about sexual health.

Male Youth: "I remember my stepdad sat down with me once. I was taking a bath and he was sitting on the john and he just started to say something and got side-tracked and we never really finished the discussion, but he just said, 'well someday you're gonna be a man and you're gonna date and you're gonna have sex. Just be careful.' And that was it. He flushed the toilet and walked off. So that didn't tell me very much, obviously, I had a child when I wasn't planning to. Parents should be teaching us this stuff."

Male Youth: "They think that if they don't talk about it with us that we're not going to do it or something. But that's not reality. And that's not, like explaining what the hell this shit is, don't just tell us we shouldn't do it."

Youth are dissatisfied with the sex education they receive. They want comprehensive rather than abstinence-based sex education.

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Personal Barriers

- ✿ A personal barrier for youth is their "crisis" orientation to sexual health care.

Female Service Provider: "Sexual health to them is when they have a problem. So if it's an unplanned pregnancy, a sexually transmitted infection, or if it's having HIV."

Youth access sexual health care "after the fact," or when they are in crisis, rather than accessing sexual health care for prevention.

Youth are concerned about sexual health and are afraid of catching an STD; however, this fear alone is not enough to drive them to access preventive sexual health care.

Male Youth: "I guess it means a lot because if you catch STD's then your life is over."

- ✿ A history of abuse leaves many youth vulnerable to more abuse and may make them reluctant to access services that they don't trust.

Male Director: "I think a lot of the reason is because of the abuse that some of these youth...that has been their first sexual experience being abused. And they're afraid, you know, to go to someone that they don't know, like a stranger. Especially the young ones. So that's why I think they come to us."

Service providers state that many youth are afraid to access sexual health care, so they come to community-based service providers who do not specialize in sexual health care for help.

Lack of Appropriate Sexual Health Services

- ✿ Finding a health care provider that youth can trust and confide in is difficult.

Service providers stated that youth may not want the same family doctors that their family uses – it is difficult for them to find their own physician, so they end up visiting medi-clinics, seeing the physician that is available, which makes it difficult to establish a trusting relationship.

Female Director: "And then when you're youth, do you really want to go to your family doctor? I mean to try to even find a family doctor is very difficult...And the kids, they end of up going to...people who put them through, they just put them through. And there's not that connection. And that's hard because these kids aren't willing to really get down to the nitty gritty to say what's really going on. And even after you're raped, it's very difficult to get help."

Male Youth" My friend went to the doctor and had scabies and like it was just at a medi-clinic. But every time you go to a medi-clinic, it's not always that same doctor. My friend had never seen this doctor before."
Male Youth: "I don't think I could trust my family doctor. I couldn't trust him."

For youth, having a health care provider that they know and trust is important.

- ✿ The youth need holistic care since there are many issues in addition to sexual health that need to be addressed.

Service providers state that health care needs to extend beyond individual needs to the family and community.

Female Service Provider: "And so what we're doing is trying to heal...you know we've focused so much on healing individuals for so many years, and it's okay if you work on healing this person, but what happens when they go back to that environment? What happens when they go back to that community?"

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- ✿ Youth and service providers stated that the norm for sexual debut is very young.

*Male Youth: "Well I think that people around our age are having sex. I think people probably start at around 12, sometimes a little younger. I've known people who are working on the street who were only 10 years old."
Male Youth: "A lot of people it's 9 years old."*

Youth who are initiated into sexual activity at very young ages often cannot access sexual health care on their own.

Culturally Competent Sexual Health Services

- ✿ Youth stated that issues of safety, location, and feeling comfortable are more important than culturally competent sexual health services.

For youth focus group participants, convenience and location was more important than having a specifically Aboriginal sexual health center.

*Male Youth: "I wouldn't care really, for race."
Male Youth: "I'd access it, but depending on, say, if I lived in a certain area and it was on the other side of town, for convenience, I'd go to the closest one. I wouldn't travel all the way across town just to...."
Male Youth: "I might check it out to see if it's doing something different than what's being done already...maybe convenience sake."*

*Male Youth: "I'd find most comfortable about...gonna be an Aboriginal one is a well known one. Well a lot of people are talking about it and made me feel like I could feel safe and trusted."
Male Youth: "So like a really good restaurant. How all people talk about it, you know, it's a good place to go?"*

If there were an Aboriginal sexual health center, the youth would "check it out." However, issues of trust and comfort are most important. If other youth recommended such a center, it would have credibility.

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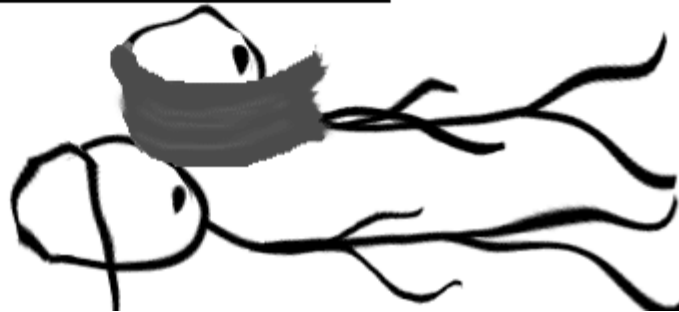
Barriers to Accessing Sexual Health Services



Personal Barriers	Lack of Appropriate Sexual Health Services
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Lack of Awareness of Services	Lack of Sexual Health Knowledge (Inadequate Sex Education)
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Environmental Barriers	<ul style="list-style-type: none"> Services don't come to youth Unhealthy family No sexual health education on reserves Racism
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