

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.