Y4Y Québec

Talking Bodies: Youth Perceptions, Experiences, and Attitudes towards Sexual and Reproductive Healthcare Services in Québec

Research Report

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INTRODUCTION

Once sexually active, youth account for the highest rates of sexually transmitted infections (STIs) in Canada (Shoveller et al., 2009). For instance, in 2020, people under 30 comprised 73% of all reported chlamydia cases and 51% of all reported gonorrhoea cases in Canada (Public Health Agency of Canada, 2023). High STI rates among youth highlight the importance of sexual and reproductive healthcare tailored to this demographic. Youth have unique sexual and reproductive healthcare (SRH) needs, which go beyond simply mitigating high infection rates as they transition physically and socially into adulthood (Ralph & Brindis, 2010). Youth reach sexual maturity while developing autonomy, new relationships, and life habits that can give rise to additional SRH needs. For example, adolescent pregnancy poses higher health and socioeconomic risks for the baby and the parent (Saxbe, 2018). However, developmentally tailored obstetrical care reduces high risks for pregnancy complications in youth under age 20 (Robinson et al., 2015). SRH services should consider the unique needs of youth and should be designed with youth in mind.

To address youths' SRH needs, researchers have worked with youth to identify both their barriers to accessing services, and potential solutions (Shoveller et al., 2009; Grieb et al., 2018; Narushima et al., 2020). Researchers analysed youth experiences with STI testing services in British Columbia (BC); they found that youth experienced structural and socio-cultural barriers to care and wished for "youth-friendly" STI testing services (Shoveller et al., 2009, p. 397). Community research in Toronto also sought youth perspectives to inform SRH services, interviewing socioeconomically marginalised, racialised, and LGBTQ youth to determine their SRH education needs (Narushima et al., 2020). Similar research from the Johns Hopkins School of Medicine in Baltimore, Maryland, solicited youth perspectives to identify improvements to the STI testing experience (Grieb et al., 2018, p. 330). These studies demonstrate a precedent for consulting with youth to improve the design and provision of SRH services.

At the same time, an absence of research remains on youth experiences with SRH services in Québec. To address this gap and to improve the provision of SRH services, we sought to understand youth perspectives, experiences, and attitudes towards SRH services in Québec. We asked two research questions: (1) What barriers do youth (ages 16-30) face when accessing SRH services in Québec? (2) What solutions do youth have to address their barriers to SRH care? This report outlines our method of consultation, the findings from our investigation, and recommendations for improving SRH services for youth in Québec.

METHODS

To consult with our target demographic, we circulated an online survey to youth across the province, and we held two Montréal consultations on Zoom with English-speaking youth. Additionally, we consulted with community stakeholders to contextualise the ideas shared by youth throughout our research. In total, 43 youths were contacted as part of this research; 33 youth through survey responses, and 10 through consultations. These youth, like the community stakeholders involved, remain anonymous. Appendix A shows the demographics of the research participants.

Our online survey reached more youth than did our Montréal consultations. The survey's English and French versions were available via links on the Y4Y Québec website. We advertised the survey through Y4Y Québec's social media channels and outreach to various community organisations across the province. Community organisations were asked to invite youth to complete the survey by sharing the website link through their networks or promoting the survey on their social media channels.

We conducted two youth consultations on Zoom to elaborate on survey responses. We conducted particular outreach with community organisations serving black and queer/2SLGBTQIA+ youth in Montréal. Marginalised youth were targeted due to their significant barriers to positive SRH outcomes (Dysart-Gale, 2010). Thus, our consultations highlighted voices that might have otherwise been overlooked by the quantitative data collected through survey responses. Furthermore, the consultations allowed youth to brainstorm barriers and solutions together, which, as part of a participatory ideation process, can generate new ideas and solutions that are more acceptable to the targeted group (Grieb et al., 2018).

We contacted four community stakeholders to contextualise youth responses provided via consultations and survey responses. Two stakeholders represented non-profit youth-serving organisations; one was a sexologist who worked with youth, and the other worked in sexuality education with a school board. Two stakeholders responded via email, and two were contacted via video-conferencing. By consulting with community stakeholders, we benefited from their knowledge and experience working with youth.

RESULTS

The following sections present the results of the survey, youth consultations, and community stakeholder conversations. As our research primarily involved collecting qualitative data, we first present our analysis method, followed by the themes produced by youth.

ANALYSIS

We employed deductive and inductive reasoning to deduce major themes in youth experiences with and barriers to SRH services. Coding is the process whereby all text in free-form responses and transcripts that pertains to the same subject is coded under the same keyword (Fereday & Muir-Cochrane, 2006). Deductive reasoning involves developing codes before analysing any of the data collected based on our "research aims, research questions, and [the] individual questions" we posed towards our research participants (Swain, 2018, p. 5). Inductive reasoning involves producing codes based on an examination of the data collected (Hayes et al., 2010). First, we coded free-form survey responses using deductive and inductive coding processes. Quantitative questions were examined for relevant themes and keywords to code free-form survey responses. For instance, since financial costs were listed as a significant barrier in multiple-choice questions, free-form responses were examined for this keyword. See Appendix B for the full list of survey questions and results. Inductive reasoning was also used to code responses to keywords not

already contained in the survey. For example, several respondents wrote about looking for or waiting for a referral, and their responses were coded with the keyword "referral process." Keywords produced from survey responses were then used to code consultation transcripts. Finally, keywords from survey responses and consultation transcripts were grouped together, establishing a framework of themes. Community stakeholder responses were then also coded according to these themes. Appendix C shows the coded keywords and their corresponding themes.

RESULTS: THEMES

This section outlines the results we collected from the survey process after coding qualitative data into themes. We identified four major and three minor themes that reflect youth perspectives on SRH services. The four themes that occurred most often in participant responses were information and knowledge, availability of services, patient experience, and cost. Relating to the major themes, three minor themes included marginality, provider training and expertise, and visibility of services.

1. AVAILABILITY OF SERVICES

Far and away, the greatest barrier to youth accessing SRH services was the unavailability of these services. Availability of services was a major theme in free-form survey responses, with respondents mentioning accessibility, physician unavailability, and the referral process as obstacles to receiving care. Furthermore, 60.6% of respondents indicated that they experienced "Provider availability (clinic hours, physician availability)" as a barrier, while 42.4% indicated that it was their greatest barrier to accessing SRH services. Furthermore, nearly half of our respondents (45.4%) wrote that they would seek care from their family doctor if they needed SRH services. Availability of services was less significant during the consultations, but participants did mention a lack of options and sometimes needing to travel for services. Notably, participants highlighted youth's need for service options they could access despite legal, financial, and social dependence on their caregivers.

Potential solutions raised by survey respondents to address provider unavailability were general calls for increased physician availability and clinic hours; youth also proposed expanding telehealth and at-home care options to reduce the appointment burden on family doctors and clinics. One consultation participant also suggested that increased SRH capacity relied on increased political will. One community stakeholder also called for improved capacity, greater provider availability, and reduced waiting times.

2. INFORMATION/KNOWLEDGE

Information/knowledge was the focus of our youth consultations and the second major theme in survey responses. Knowledge-testing survey questions revealed significant knowl-

edge gaps relating to SRH. When presented with SRH services, most respondents (78.7%) correctly determined whether the service was legal to access in Québec, but no service was correctly identified by all respondents. Knowledge of which SRH services are covered by RAMQ was lower. Only abortion, STI testing and treatment, physician's appointments, and pregnancy/obstetrical care were correctly identified as being covered by RAMQ by a majority of respondents. Fewer than a third of respondents (24.2%) knew that RAMQ covered emergency contraception. Many respondents commented on insufficient information regarding SRH services or their incomplete knowledge in free-form responses. Several commented that menstrual products and contraception were not covered, but no respondent noted that coverage depended on the type of product sought. That said, all but two respondents knew where to go should they have an SRH healthcare need. In our youth consultations, information/knowledge was the theme most often discussed and the greatest barrier to care, according to group consensus. Like survey respondents, consultation participants frequently said they did not know the answers to questions and would question why. To this effect, many criticised the education they had in school as incomplete and outdated. Some participants felt that information was both the greatest barrier and the most important to solve since a lack of information or knowledge prevented them from encountering other barriers, such as the availability of services or the cost.

Respondents' lack of knowledge and desire for more information may correlate with their experiences. Only over half of survey respondents (54.5%) reported attempting to access SRH services in Québec. When respondents were asked about the individuals they discussed their sexual and reproductive health with, the vast majority of respondents (78.8%) had spoken to friends, and 60.6% had spoken to their family doctor. The vast majority of respondents had not spoken to the other adults listed (i.e., family/caregivers, a walk-in clinic, sex-ed educators, nurse practitioners, hospital ER, and physiotherapists). Participant in the youth consultations elaborated that they received most information from friends and peers. While most survey respondents said they were comfortable discussing their SRH with family, health professionals or sex educators, some consultation participants expressed discomfort talking to health professionals, educators or family members with more information due to stigma and poor past experiences. Many consultation participants noted that different family dynamics, including cultural barriers, determined how informed youth were about SRH services. Finally, consultation participants highlighted their use of online and social media networks to gain information. Several participants found it hard to find reliable sources online, but others said they relied on their online informal networks to know where to go and how to access information.

a. Visibility of services

A minor theme relating to information/knowledge was the visibility of SRH services. Some respondents expressed a wish for greater awareness of SRH services and reduced stigma concerning SRH services. The low visibility of SRH services, some respondents felt, may reflect why respondents needed more information than they had. Visibility was the second most discussed topic during the consultations

with many participants discussing stigma; they explained how embarrassment and judgement over needing SRH services made them feel that SRH was secretive and private. Participants noted the low visibility of services in public spaces and on the internet, informal institutions like their schools, and at home with their families.

Youths responded to these significant knowledge gaps by proposing various solutions. Survey respondents suggested addressing gaps in SRH knowledge with anonymous Q&As and information about SRH services with awareness campaigns, social media, and targeting youth with school resources. Consultation participants focused their solutions on increasing awareness and providing information; they suggested resources for people without informal networks to find information and services. Participants also wanted reforms to sexuality education in schools, with some arguing it was the best place to provide information; their reforms included providing "real life" information in addition to "biology" and rights-based discourse.

Similarly, all community stakeholders noted the importance of providing youth with information. One stakeholder noted that while Québec mandates sexuality education in schools, youth want more information. The community stakeholders also provided a range of information they thought youth needed. Beyond SRH education focusing on biology, they spoke about the importance of connecting SRH education with cultural, social, and mental health dimensions, updating education to address the reality of digital communication, and information about accessing services and the appointment process. Under the sub-theme of visibility, reducing stigma and advertising resources was a focus of all community stakeholder responses. These responses reinforce youths' knowledge gaps and desire for information as well as suggest areas where more information could be provided.

3. PATIENT EXPERIENCE

The third major theme discussed by respondents was patient experience. In survey responses, this theme encompassed keywords that reflected good and bad patient experiences, such as "quality care," "trust," and "stories of poor experience," indicating the impact that staff and the treating professional have on the quality of care received by youth. In youth consultations, participants also described positive and negative experiences and highlighted the importance of safety and trust.

a. Marginality and Provider Expertise

Within comments on patient experience, two sub-themes of marginality and provider expertise emerged. Several respondents commented that their identity impacted their experience seeking or receiving SRH care. Marginalised identities included gender identity, sexuality, and membership in a minority group. Additionally, a significant minority of respondents (39.4%) reported experiencing racism, sexism, or homophobia/transphobia in SRH services. Several survey respondents also shared how their provider's expertise impacted their experience, including their access to specialised SRH care. Stories of racist, colonial, or homophobic experiences signifi-

cantly impacted consultation participants' perceptions of SRH services. Consultation participants and community stakeholders also highlighted linguistic and cultural barriers that marginalise youth; they emphasised the need for resources and care that considered the multiple identities of youth, including sexuality, membership in a racial or religious minority, and immigration status.

To improve patient experience, survey respondents suggested training for healthcare professionals. Suggestions included calls to address marginality through diversity and inclusion training, calls for physicians to foster trust and explain the process, to create a welcoming atmosphere, and medical training on a greater range of SRH needs. They also suggested that catering to youth more would improve the quality of the patient experience. For instance, one consultation participant suggested that younger and more diverse SRH professionals would make patients more comfortable. Community stakeholders made similar comments, expanding on youths' calls for physician and staff training to include sex educator training to ensure that those providing information are also sensitive to youths' different realities.

4. COST

The final major theme was the cost of SRH services. Most respondents (78.8%) did not think that SRH services met the gold standard of "free" in Québec. The same number reported financial costs as a barrier to accessing SRH care. In line with these concerns, several respondents mentioned paying out of pocket for their care, seeking private care, or generally highlighted the expenses of SRH care in their free-form responses. Survey respondents and consultation participants also highlighted that many SRH products they needed, including condoms and menstrual hygiene products, were not covered by provincial healthcare. Community stakeholders agreed, pointing out other areas that were not covered, such as mental health services after sexual trauma. Some suggested funding schemes to decrease out-of-pocket costs as well. One community stakeholder also suggested "one-stop" resource access points for youth without financial autonomy to access SRH products and SRH services customarily covered under RAMQ or prescription drug insurance. Québec's Aire-Ouverte system currently offers something similar to what is proposed by this stakeholder to youth between the ages of 12 to 25. There are 19 Aire-Ouvertes currently available across the province, staffed with professionals who offer free assistance relating to physical and mental health, as well as helping redirect youth to the proper services (Gouvernement du Québec, 2023).

DISCUSSION

The results of this research provide insight into youth perspectives, experiences, and attitudes toward SRH care in Québec. This section presents our findings in the context of similar studies and current events. We discuss the implications and limitations of our research before making suggestions for future research and greater youth involvement in SRH services.

We built on previous research regarding youth perspectives on sexual health. In this respect, our research revealed an overlap between the themes raised by youth respondents in our research and those by youth in studies conducted in British Columbia, Ontario, and Maryland (Shoveller et al., 2009; Narushima et al., 2020; Grieb et al., 2018). Youth participants raised the themes of information/knowledge and patient experience in all the research cited. Additionally, the theme of caregiver dependence, highlighted by other researchers, came up in our consultations. The prevalence of these themes among youth across research projects suggests that they are broadly significant to SRH services and should be accounted for when designing SRH services for youth.

At the same time, two major themes emerged that more closely reflected the issues in the Canadian healthcare system than the themes raised by youth in other studies: the availability of services and the costs associated with accessing SRH care. Across Canada, a shortage of family doctors, which has led to stress and frustration for patients attempting to receive various kinds of care, was reflected in our research by youth respondents who cited provider availability as a significant barrier to accessing SRH services (Purdon & Palleja, 2023). Given that family doctors were the only adults with whom most survey respondents reported discussing SRH services, and that stigma may prevent youth from discussing SRH services with family members, doctor appointments play a significant role in educating patients as well as providing care. In this sense, when doctors are unavailable, access to SRH services and information is thereby reduced. The second theme of cost is also likely related to gaps in Canadian healthcare coverage. While Québec's Health Insurance Plan covers many SRH services, there remain gaps that cause patients to pay out of pocket for SRH care. For instance, while IUD placement falls under provincial health insurance, the device itself may not, depending on where the patient procures their IUD (Régie de l'Assurance Maladie). Some examples raised by youth participants included paying for private services when public services were unavailable and paying for non-prescription contraception or menstrual hygiene products. The responses gathered in our study suggest that a significant portion of youth in Québec perceive that there are costs associated with SRH care that are or will be prohibitive to them in their lifetimes. The perception among youth that services are scarce or unavailable is also notable and should be addressed.

LIMITATIONS

Despite the insights mentioned above, limitations remain in our ability to draw conclusions from the results of our research. The segment of youth we reached were affected by the size of the research and the nature of the outreach conducted. Our methodology allows us to hear in depth from youth but makes us wary of generalising our results. Our participant pool cannot represent the plethora of youth perspectives and experiences regarding SRH services in Québec. When asked to self-report, personal identification questions indicate that survey respondents were majority 18-25, female, caucasian, of European cultural background, English-speaking, and residing in a major urban centre. See Appendix B for a full profile of survey respondents. Since the primary outreach method for both the survey and consultations was through non-profit organisations, the individuals reached were those involved in non-profit networks and interested in completing a survey on sexual and reproductive healthcare. As such, the profile of youth respondents likely

does not represent Québec's youth population regarding gender, location, and likely involvement/interest in SRH care (Institut de la Statistique du Québec, 2020). Furthermore, the community stakeholders consulted do not speak for everyone working in SRH services. Instead, the results reflect the specific experiences of the youth who chose to participate in this research and show opportunities for further research concerning youth and SRH services in Québec.

CONCLUSION

Through this research, we aimed to understand two aspects of youths' experience with SRH services in Québec. First, we aimed to better understand the barriers to accessing SRH services in the province. Second, we aimed to identify potential solutions they had to address these barriers. As a result, we found that the primary barriers to youth receiving SRH services were the unavailability of providers, a lack of information about health and services, poor SRH experiences, and the out-of-pocket costs associated with care. While some of these barriers align with those affecting other age groups, others are specific to youth. Youth also proposed solutions that could help address the way these barriers affect their demographic. Survey respondents suggested increasing physician availability, offering more information through various channels, providing training for SRH professionals, and making services free or more affordable.

This research highlights the importance of devoting special attention to youth when designing and providing SRH services. This research does not provide an all-encompassing take on youths' perspectives of SRH services. However, we believe that ongoing and robust consultation, sensitive to different geographical, cultural, racial, gendered, and sexual realities, will help address youths' needs when accessing SRH services. Importantly, we recommend that solutions reflect youths' voices. Our research suggests that the information and awareness stage of program design needs to engage youth to ensure they know about the services available to them. Open and frequent discussions in various settings about SRH are vital to identifying knowledge gaps, informing youth, and increasing their awareness of SRH services so that they may begin to advocate for themselves. After all, it is only through youths' perspectives that healthcare professionals, educators, and community members can work to address the specific vulnerabilities facing this age group concerning their sexual and reproductive health.

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APPENDIX A: RESPONDENT DEMOGRAPHICS

TABLE 1: YOUTH CONTACTED

Survey		33
Youth Consultations	Consultation #1	3
	Consultation #2	7
Total		43

TABLE 2: SURVEY RESPONDENT DEMOGRAPHICS

Location (n=33)	Urban centre in Québec (ex. Laval, Québec City, Montréal)	29
	Outside an urban centre in Québec	3
Age (n=33)	<18	3
	18–25	21
	25–30	9
Gender (n=35)*	Woman	23
	Man	7
	Gender non-conforming	1
	Non-binary	1
	Transgender	1
	Intersex	0
	Two Spirit	1
	Prefer not to say	1
Race (n=36)*	Arab	3
	Asian	4
	Black	1
	Caucasian	24
	Hispanic	1
	Indigenous	0
	Pacific Islander	0

	Latinx	1
	Biracial, mixed	2
	Prefer not to say	0
Cultural Background (n=37)*	African	2
	European	18
	East Asian	1
	South Asian	2
	Southeast Asian	1
	First Nations, Metis, Inuit	3
	Hispanic	2
	Middle Eastern	2
	Latinx	1
	Caribbean	1
	Balkan	1
	French Canadian	1
	Canadian	1
	Pacific Islander	0
	Prefer not to say	1

* denotes a question where participants were invited to “choose all that apply.”

APPENDIX B: SURVEY RESULTS

TABLE 3: KNOWLEDGE

Legal Access (n=33)		
To your knowledge, which of the following SRH services are legal to access in Québec?	Menstrual healthcare	28
	Contraception	33
	Permanent contraception	30
	Emergency contraception	26
	Abortion	30
	STI testing and treatment	31
	Physician's appointment	30
	Pregnancy/obstetrical care	27
	Gender-affirming care	25
RAMQ Coverage (n=33)		
To your knowledge, which of the following SRH services are covered by RAMQ/ Québec health insurance?	Menstrual healthcare	8
	Contraception	10
	Permanent contraception	13
	Emergency contraception	8
	Abortion	16
	STI testing and treatment	20
	Physician's appointment	26
	pregnancy/obstetrical care	16
Seeking Care (n=33)		
If you had a sexual or reproductive healthcare need, where would you go to seek care?	Family doctor	15
	Walk-in clinics	7
	Online	4
	Pharmacy	2
	University/school health centre	5
	CLSC	6
	ER	2

	Community Org	2
	Unspecified	2
	Private Clinic	1
Experience Discussing Health (n=33)		
Have you discussed your own sexual and reproductive health with any of the following people?	Family/ caregivers	13
	friends	26
	family physician	20
	walk-in clinic	10
	sex ed educator	4
	Nurse practitioner	1
	Hospital ER	1
	Physiotherapist	1
	None	1
Comfort Discussing Health (n=33)		
Are you comfortable discussing your own sexual and reproductive health with any of the following people?	Family/ caregivers	19
	friends	28
	family physician	27
	walk-in clinic	24
	sex ed educator	20
	therapist	1
	None	1

TABLE 4: EXPERIENCE

Usage (n=33)		
Have you ever tried to access SRH in Québec?	Yes	18
	No	15
Type of Service (n=18)		
What kind of services have you accessed?	Menstrual healthcare	8
	Contraception	14
	Emergency contraception	5
	STI testing and treatment	1
	Physician's appointment	10
	Pregnancy/obstetrical care	13
	Gender-affirming care	1
	PCOS care	1
	Information	1
Success (n=18)		
Were you able to access the care you needed?	Yes	11
	No	0
	Some of the time	5
Quality (n=18)		
Rate your experience from 1 - 5, 1 being very bad and 5 being very good.	1	1
	2	1
	3	4
	4	6
	5	4

TABLE 5: PERCEPTIONS

Opinion (n=33)		
Agree or disagree: Sexual and reproductive healthcare in Québec is...		
Free	1	7
	2	8
	3	11
	4	4
	5	1
Safe	1	1
	2	1
	3	6
	4	17
	5	6
Comprehensive	1	2
	2	6
	3	13
	4	8
	5	2
Barriers (n=33)		
Do you experience any of these barriers to accessing SRH services?	Privacy and confidentiality concerns	5
	Geographical accessibility (clinic locations, available transportation)	11
	Provider availability (clinic hours, physician availability)	20
	Legality/documentation (ex. missing a RAMQ card)	4
	Financial costs	14
	Stigma (surrounding SRH care)	8
	Racism in the healthcare system	4

	Colonialism in the healthcare system	4
	Homophobia and/or transphobia in the healthcare system	5
	Language barrier	1
	None	2
Greatest Barrier (n=33)		
What is your greatest barrier to accessing care?	Privacy and confidentiality concerns	1
	Geographical accessibility (clinic locations, available transportation)	1
	Provider availability (clinic hours, physician availability)	14
	Legality/documentation (ex. missing a RAMQ card)	2
	Financial costs	8
	Stigma (surrounding SRH care)	1
	Racism in the healthcare system	
	Colonialism in the healthcare system	
	Homophobia and/or transphobia in the healthcare system	2
	Language barrier	1
	None	1

APPENDIX C: THEMES

TABLE 6: INSTANCES OF KEYWORDS ORGANISED BY THEME/SUB-THEME

	Survey	Consultations
Information	32	48
Visibility	9	31
Availability of Services	19	13
Patient Experience	24	16
Marginality	6	5
Physician Training	10	3
Cost	27	14

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