



Canadian HIV/AIDS Black, African & Caribbean Network

PROMOTING BLACK SEXUAL AND REPRODUCTIVE HEALTH PROJECT

Community Consultation Report



PROJECT PARTNERS



Afro-Canadian Positive Network of BC



The Canadian Center for Global Studies



Women's Health in Women's Hands CHC



Black Coalition for AIDS Prevention



HIV Edmonton

PROJECT FUNDER



Health Canada

Santé Canada

The views expressed herein do not necessarily represent the views of Health Canada.



Promoting Black Sexual and Reproductive Health Project

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EXECUTIVE SUMMARY

The *Promoting Black Sexual and Reproductive Health Project* was executed by the Canadian HIV/AIDS Black, African and Caribbean (CHABAC) Network in the 2023/24 fiscal year. The project, funded by Health Canada, aimed at increasing the capacity of Sexual and Reproductive Health (SRH) programs and services across four Canadian provinces to serve African, Caribbean and Black (ACB) communities, particularly women, 2SLGBTQI+ people, newcomers, and Black youth through healthcare provider (HCP) and community capacity building.

Members of the ACB communities in Alberta, British Columbia, Manitoba, and Ontario participated in different consultation sessions facilitated by CHABAC’s partner organizations (HIV Edmonton, Afro-Canadian Positive Network of British Columbia (ACP NET), The Canadian Center for Global Studies (CCGS), and Women’s Health in Women’s Hands Community Health Center (WHIWH CHC), Toronto, respectively. The goals of the community consultations were to gather insights on the understanding of SRH and access to related resources within the ACB communities.

Prior to the commencement of the consultation sessions, a Canada-wide literature review as well as regional desk research were conducted on barriers to SRH service among Blacks¹ which identified some of the following as barriers to SRH care: knowledge gaps, immigration status, fear and stigma, negative attitude of healthcare providers (HCPs), and language barrier.

The consultation sessions which were both virtual and in-person, featured a further exploration of some of the previously identified barriers. Main themes and findings from the consultations included a fair knowledge of SRH and sexual reproductive health and rights (SRHR), limited inclusion of ACB community in SRH policies and programs, multiple barriers to SRH care, and a low satisfaction with available SRH services.

More ACB representation and inclusion in SRH programs, increased SRH awareness and education, increased accessibility to resources, and increased cultural competence among HCPs were some recommendations that stood out at the consultations.

This community consultation report aims to center the voices of members of the ACB communities regarding Sexual and Reproductive Health and Rights and highlight the gaps in access to SRH resources within the ACB communities in Canada.

¹Blacks’ is used here to refer to all African, Caribbean and Black Canadians.





COMMUNITY CONSULTATION SUMMARY

A total of 302 members of the African, Caribbean, and Black communities participated in consultation sessions across the provinces of Alberta, British Columbia, Manitoba, and Ontario by CHABAC partner organizations involved in the project. The consultation questions were either administered in-person or virtually and all the responses compiled and summarized (see *Table 1.0*).

From responses gathered, there appeared to be a fair level of knowledge of sexual reproductive health and rights (SRHR), a general dissatisfaction with the quality of SRH services, level of ACB inclusion and representation in SRH programs and policies, and among attendees of the sessions.

Most participants in the sessions also highlighted a lack of knowledge of available SRH services, language barrier, racism, stigma, and discrimination, lack of cultural appropriateness in services, and poor accessibility of available services as key barriers to the accessibility of SRH services in their communities.

Common gaps in SRH identified within Black Canadian communities included, but are not limited to: limited conversations on SRH topics, lack of cultural sensitivity from SRH service providers, limited information and knowledge on available resources, low community engagement, and lack of resources and services in ACB languages.

Participants of the consultation sessions recommended increased comprehensive SRH education and awareness campaigns on all platforms, increased opportunities for open SRH-related conversations aimed at capacity building, implementation of ACB-inclusive policies, better collaboration among community and religious leaders, grassroots organizations, and healthcare institutions, as well as increased community engagement and cultural competency training of SRH service providers as ways to address the identified gaps, reduce stigma, and improve awareness.

CONSULTATION FINDINGS

A summary of responses from all participants of the consultation sessions and a compilation of their demographic information can be found below in Tables 1.0 and 2.0 respectively.

Table 1.0: Combined summary of responses from the ACB Community Consultation

THEMES	QUESTIONS	REPORT/COMMENTS
Knowledge of SRH and SRHR	Q1: What does sexual reproductive health and rights (SRHR) mean to you?	<ul style="list-style-type: none"> 46.03% (139) of respondents displayed good knowledge of SRHR 32.12 (97) Had limited knowledge of SRHR 14.90% (45) Had no knowledge of SRHR 6.82% (21) Did not respond to the question
	Q3a: What gaps do you perceive in sex education and sexual reproductive health within the African Caribbean Black community?	<ul style="list-style-type: none"> 81.12% (245) of respondents were knowledgeable about SRH & identified the following as missing: <ul style="list-style-type: none"> - cultural and religious sensitivity and awareness - lack of education/educational opportunities - language interpretation - lack of ACB HCPs - stigma and fear 10.60% (32) did not know any SRH services within the ACB community 8.28% (25) Did not answer the question
Service user satisfaction & perception	Q2a: Are you satisfied with the current sexual and reproductive health information and services available to the African Caribbean Black community in Canada?	<ul style="list-style-type: none"> 23.51% (71) were satisfied with current SRH services while <ul style="list-style-type: none"> 53.31% (161) were unsatisfied 15.56% (47) Were unsure 7.62% (23) Did not respond to the question
	Q2b: If yes, what SRH services are	<ul style="list-style-type: none"> 82.78% (250) respondents were unable to list SRH services that they were happy with/ did not respond to this question

	you currently satisfied with?	<ul style="list-style-type: none"> • 17.22% (52) of respondents were able to list some SRH services that they are satisfied with including: <ul style="list-style-type: none"> - Family planning and birth control - Privacy around STI testing, fertility testing, pregnancy testing - Discussions about menopause - Happy with an organization that provides health care to trans youth and their families
	Q6: How do you feel about the representation and inclusivity of African Caribbean Black perspectives in sexual and reproductive health policies and programs?	<ul style="list-style-type: none"> • 7.62% (23) feel satisfied with the representation and inclusion in SRH health policies and programs • 76.16% (230) are unsatisfied • 7.95% (24) are unsure • 8.28% (25) had no response to this question
Gaps in SRH	Q3a: What gaps do you perceive in sex education and sexual reproductive health within the African Caribbean Black community?	<ul style="list-style-type: none"> • 0.33% (1) Indicated that there were no identifiable gaps • 0.99% (3) Were unsure of gaps • 7.62% (23) Did not respond to the question • Of the 91.06% (275) respondents who were able to identify perceived gaps, the following were commonly identified: <ul style="list-style-type: none"> - Lack of information, knowledge on resource availability, and education opportunities - Lack of cultural sensitivity (i.e., culturally appropriate approaches, cultural relevance, etc.) - Limited conversations on topic - wholistic approach - Language accessibility (resources and services in ACB languages) - Lack or failure to facilitate community engagement/outreach
Facilitators to SRH service access	Q4: What factors impact your decision to access or utilize available sexual and	<ul style="list-style-type: none"> • 1.32% (4) Were unsure about factors that impact their decision to access or utilize SRH services • 93.38% (20) Did not answer the question • Of the 92.05% (278) respondents who identified factors that impact their decision to access or utilize SRH services, the common themes were:

	reproductive health services?	<ul style="list-style-type: none"> - Financial (i.e., affordability of services/ individual insurance coverage) - Presence of ACB HCPs in healthcare setting - Fear of stigma or discrimination - Proximity to work or residence - Culture/friendliness of clinic staff - <i>Short wait/referral time</i>
Barriers to SRH service access	Q5: What are the main challenges or barriers you face when it comes to accessing sexual reproductive health services in Canada?	<p>Of the 90.07% (272) respondents, the common themes regarding barriers to SRH access include:</p> <ul style="list-style-type: none"> - Lack of knowledge of available services (i.e., individuals don't know what services they can access with their immigration status) - Language barrier - Lack of cultural appropriateness/relevance/competence - Poor accessibility (i.e., inconvenient clinic hours, long wait times, distance to travel, accessible options for people with disabilities or families, etc.) - Racism, stigma, and discrimination <ul style="list-style-type: none"> • 9.93% (30) Did not respond to the question
Inclusion of ACB community in SRH programs	Q6: How do you feel about the representation and inclusivity of African Caribbean Black perspectives in sexual and reproductive health policies and programs?	<ul style="list-style-type: none"> • 14.90% (45) Reported adequate inclusion in SRH health policies and programs • 75.83% (229) Reported inadequate inclusion in SRH health policies and programs • 0.99% (3) Have no knowledge about this • 8.28% (25) Did not answer the question
Recommendations		
<ul style="list-style-type: none"> • Addressing Gaps 	<p>Q2c: If not satisfied, what improvements would you suggest?</p> <p>Q3b: How can these gaps be addressed?</p>	<p>Q2c: <i>For those that were unsatisfied, common themes for improvement included:</i></p> <ul style="list-style-type: none"> - <i>More ACB representation and inclusion</i> - <i>Increased awareness and education on SRH</i> - <i>Increased cultural competence and comprehension</i> - <i>Increased community engagement and outreach</i>

		<ul style="list-style-type: none"> - Increase accessibility • 0.66% (2) Had no suggestions <p>Q3b:</p> <ul style="list-style-type: none"> • Common themes to address these gaps included: <ul style="list-style-type: none"> - More information and awareness, including at educational establishments - Increase opportunities for conversation - Increase ACB-led research - Implementation of ACB-friendly policies - Increase engagement, involvement, and training of SRH service providers • 9.27% (28) Did not respond to the question
<ul style="list-style-type: none"> • Stigma reduction 	<p>Q7: What strategies do you think would be effective in reducing the stigma surrounding sexual and reproductive health topics within the African Caribbean Black community?</p>	<p>Of the 90.73% (274) who responded, the common themes included:</p> <ul style="list-style-type: none"> - Increased SRH education and awareness campaigns on all platforms - Increased training, workshops, and educational opportunities - Create avenues for SRH-related conversations aimed at education & capacity building/more open and transparent communication - Community engagement and outreach (I.e., comprehensive sex education in schools and communities) - Family orientation/parent education and training <ul style="list-style-type: none"> • 9.27% (28) Did not respond to the question
<ul style="list-style-type: none"> • Awareness improvement 	<p>Q8: How can healthcare/service providers promote awareness and engagement in sexual and reproductive health initiatives?</p>	<p>10.93% (33) Did not respond to the question 0.66% (2) Were unsure 0.33% (1) Stated that there was no need to promote SRH awareness due to other more pressing issues</p> <p>Of the 88.08% (266) of respondents who provided suggestions on how HCPs can promote awareness and engagement in SRH initiatives, the common themes were:</p> <ul style="list-style-type: none"> - Increased community engagement and outreach (i.e., events) - Circulation of educational brochures, posters and fliers - Increased collaboration amongst healthcare institutions, organizations, community and religious leaders - Increased use of social media for information and knowledge

		<i>dissemination and awareness campaigns</i> - <i>Increased educational opportunities (i.e., workshops)</i>
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Table 2.0: DEMOGRAPHIC INFORMATION OF CONSULTATION PARTICIPANTS BY PROVINCES

PARAMETERS	ALBERTA (n = 27)	BRITISH COLUMBIA (n = 25)	MANITOBA (n = 218)	ONTARIO (n = 32)
RACE/ETHNICITY				
African	25	17	207	27
Caribbean	2	1	11	5
Black Canadian	0	0	0	0
No information	0	7	0	0
AGE RANGE				
19 and under	0	2	7	0
20 – 29 years	2	5	52	7
30 – 39 years	17	4	62	13
40 - 49 years	6	3	55	8
50 - 59 years	2	2	22	2
60 and above	0	2	20	2
No information	0	7	0	0
GENDER				
Male	5	5	120	0
Female	22	12	98	32
Transgender	0	1	0	0
Non-Binary	0	0	0	0
Two- Spirited	0	0	0	0
Other	0	0	0	0
Prefer not to say	0	7	0	0
SEXUAL ORIENTATION				
2SLGBTQI+	2	0	0	0
Non-2SLGBTQI+	25	0	0	0
No information	0	25	218	32
MIGRANT STATUS				
Canadian citizen	3	3	57	0
Temporary Resident	4	3	11	15*
Permanent Resident	9	12	150	0
Other	0	0	0	0
Prefer not to say	11	7	0	17

PREFERRED LANGUAGE OF COMMUNICATION				
English	11	17	0	6
French	5	0	0	1
African Languages	11	1	0	21
Other	0	0	0	0
No information	0	7	218	4

**Used to identify participants who were Newcomers to Canada*

CONCLUSION

The consultation sessions provided a platform to discuss pertinent sexual and reproductive health (SRH) issues and identify gaps in policies and services in addition to barriers to SRH access. These gaps in SRH policies and services should be addressed through a collaborative multi-level approach to ensure equitable access to SRH resources and services among the African, Caribbean and Black (ACB) population in Canada.

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APPENDIX

APPENDIX 1.0: ACB COMMUNITY CONSULTATION QUESTIONS

Introduction

Sexual Reproductive Health and Rights (SRHR) include the “right to life, liberty and the security of the person; the right to decide freely and responsibly on the number and spacing of their children; the right to health care and information; and the right to non-discrimination in the allocation of resources to health services and in their availability and accessibility”. To exercise these rights optimally, individuals should be able to make these decisions free of discrimination, coercion and violence. Although many sexual and reproductive health services revolve around women and girls, men, boys, and all gender diverse people are also included in sexual and reproductive health.

Definition of Terms (as used in this document):

African, Caribbean and Black (ACB): People of African or Caribbean ancestry or who self-identify as Black visible minority who have resided in Canada for many generations or recently migrated. It includes Black Canadians with distinct ethnic, cultural and linguistic backgrounds and experiences.

Stigma: Negative or unfavorable attitudes, beliefs or behaviors about or towards a group of people.

Inclusion: The culture of creating an environment that accepts, respects, and values individual differences thereby, promoting a sense of belonging and equity.

CONSULTATION QUESTIONS

1. What does sexual reproductive health and rights (SRHR) mean to you?
2. Are you satisfied with the current sexual and reproductive health information and services available to Africans, Caribbean, and Blacks in your community? If yes, what sexual health and reproductive services are you currently satisfied with? If not, what improvements would you suggest?
3. What do you perceive is missing in sex education and sexual reproductive health within the African Caribbean Black community? How can they be addressed?
4. What factors impact your decision to access or use available sexual and reproductive health services?

5. What are the main challenges or barriers you face when it comes to accessing sexual reproductive health services in your community?
6. How do you feel about the representation and inclusion of African Caribbean Black perspectives in sexual and reproductive health policies and programs?
7. What do you think would be helpful in reducing the stigma surrounding sexual and reproductive health topics within the African Caribbean Black community?
8. How can healthcare/service providers promote awareness and participation of the African Caribbean and Black community in sexual and reproductive health initiatives?

Bibliography

BC Black History Awareness Society (2023) 'Our roots run deep', Available at: <https://bcblackhistory.ca/definitions/#:~:text=In%20Canada%2C%20Black%20Canadian%20is,the%20population%20group%20Visible%20Minority>. (Accessed: 31 August 2023)

Canadian Centre for Diversity and Inclusion (2023), 'Diversity Defined', Available at: <https://ccdi.ca/our-story/diversity-defined/#:~:text=Diversity%20is%20about%20the%20individual,respects%2C%20accepts%20and%20values%20difference>. [Accessed: 31 August 2023]

Etowa, J., Tharao, W., Mbuagbaw, L. et al. Community perspectives on addressing and responding to HIV-testing, pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) among African, Caribbean and Black (ACB) people in Ontario, Canada. BMC Public Health 22, 913 (2022). <https://doi.org/10.1186/s12889-022-13093-0> (Accessed: 31 August 2023)

Government of Canada (2023) 'Guide on Equity, Diversity and Inclusion Terminology' Available at <https://www.noslangues-ourlanguages.gc.ca/en/publications/equite-diversite-inclusion-equity-diversity-inclusion-eng#lettre-letter-l> [Accessed: 31 August 2023]

Health Canada (2022), 'Stigma: Why Words Matter', *Government of Canada Fact sheet*, Available at: <https://www.canada.ca/en/health-canada/services/publications/healthy-living/stigma-why-words-matter-fact-sheet.html> [Accessed: 31 August 2023]

Shalev, C. (1998) 'Rights to Sexual and Reproductive Health - the ICPD and the Convention on the Elimination of All Forms of Discrimination Against Women', United Nations Webpage, Available at: <https://www.un.org/womenwatch/daw/csw/shalev.htm>. [Accessed: 30 August 2023]

APPENDIX 2.0: ALBERTA COMMUNITY CONSULTATION REPORT

THEMES	QUESTIONS	TOTAL NUMBER OF RESPONDENTS	REPORT/COMMENTS
Knowledge of SRH and SRHR	Q1: What does sexual reproductive health and rights (SRHR) mean to you?	27	77.8% of respondents displayed good knowledge of SRHR, 18.5% had limited knowledge while 3.7% had no knowledge
	Q3a: What gaps do you perceive in sex education and sexual reproductive health within the African Caribbean Black community?	22/27	66.7% of respondents were knowledgeable about SRH & identified some gaps 14.8% did not know any SRH services or gaps within the ACB community No response (18.5%)
Service user satisfaction & perception	Q2a: Are you satisfied with the current sexual and reproductive health information and services available to the African Caribbean Black community in Canada?	26/27	22.2% were satisfied with current SRH services 63% were unsatisfied 11.1% were unsure 3.7% did not respond
	Q2b: If yes, what SRH services are you currently satisfied with?	0	No respondents were able to list SRH services that they are satisfied with
	Q6: How do you feel about the representation and inclusivity of African Caribbean Black perspectives in sexual and reproductive health policies and programs?	25/27	3.7% feel satisfied with the representation and inclusion in SRH health policies and programs while 81.5% are unsatisfied. 7.4% have no knowledge about this 7.4% - No response

<p>Gaps in SRH</p>	<p>Q3a: What gaps do you perceive in sex education and sexual reproductive health within the African Caribbean Black community?</p>	<p>24/27</p>	<p><i>Lack of information and awareness for both genders (40.7%)</i> <i>Lack of cultural sensitivity (40.7%)</i> <i>Limited conversations on topic (25.9%)</i> <i>Lack of family/individual involvement/responsibility (7.4%)</i> <i>Limited engagement of ACB HCPs (3.7%)</i> <i>No identifiable gaps (3.7%)</i> <i>Unsure of gaps (11.1%)</i> <i>No response (11.1%)</i></p>
<p>Facilitators to SRH service access</p>	<p>Q4: What factors impact your decision to access or utilize available sexual and reproductive health services?</p>	<p>24/27</p>	<p><i>Affordability of services/individual insurance coverage (33.3%)</i> <i>Lack of stigmatization/Attitude of HCP (25.9%)</i> <i>Presence of ACB HCP in facility (14.8%)</i> <i>Proximity to work or residence (11.1%)</i> <i>Lack of language barrier (7.4%)</i> <i>Availability of same gender HCP or service provider (7.4%)</i> <i>Religious beliefs (3.7%)</i> <i>Flexibility of clinic schedule (3.7%)</i></p> <p><i>Unsure (14.8%)</i> <i>No response (11.1%)</i></p>
<p>Barriers to SRH service access</p>	<p>Q5: What are the main challenges or barriers you face when it comes to accessing sexual reproductive health services in Canada?</p>	<p>22/27</p>	<p><i>Lack of knowledge of available services (48.1%)</i> <i>Racism, Stigma & discrimination (37%)</i> <i>Lack of Cultural appropriateness/relevance (29.6%)</i> <i>Inconvenient clinic hours (11.1%)</i> <i>Language barrier (7.4%)</i> <i>Unavailability of same gender HCP (3.7%)</i> <i>Long wait times (3.7%)</i></p> <p><i>No response (18.5%)</i></p>

<p>Inclusion of ACB community in SRH programs</p>	<p>Q6: How do you feel about the representation and inclusivity of African Caribbean Black perspectives in sexual and reproductive health policies and programs?</p>	<p>26/27</p>	<p>77.8% reported inadequate inclusion in SRH health policies and programs 3.7% feel good about ACB inclusion 11.1% have no knowledge about this 3.7% - No response</p>
<p>Recommendations</p>			
<ul style="list-style-type: none"> Addressing Gaps 	<p>Q2c: If not satisfied, what improvements would you suggest?</p> <p>Q3b: How can these gaps be addressed?</p>	<p>14/27</p> <p>19/27</p>	<p>Awareness and education creation on SRH including within the health facility (18.5%) More ACB representation & inclusion (52.9%) More culturally relevant training for non-ACB HCPs (7.4%) Training sessions & round table discussions on SRH (7.4%) Monthly communication/information specific to ACB (7.4%)</p> <p>More information and awareness for both genders, including at educational establishments (63%) More opportunities for conversations (29.6%) Increased ACB-led and focused research (22.2%) Increased collaboration between ACB organizations (11.1%) Increased engagement & involvement of ACB HCPs (7.4%) Increased individual/family responsibility (7.4%) No recommendations (7.4%) No response (29.6%)</p>

<ul style="list-style-type: none"> • Stigma reduction 	<p>Q7: What strategies do you think would be effective in reducing the stigma surrounding sexual and reproductive health topics within the African Caribbean Black community?</p>	<p>23/27</p>	<p><i>Increased SRH education and awareness campaigns (trainings, workshops) on all platforms (74.1%)</i> <i>Create avenues for SRH-related conversations aimed at education & capacity building (14.8%)</i> <i>Family orientation (3.7%)</i> <i>No response (14.8%)</i> <i>More ACB representation in staffing (3.7%)</i></p>
<ul style="list-style-type: none"> • Awareness improvement 	<p>Q8: How can healthcare/service providers promote awareness and engagement in sexual and reproductive health initiatives?</p>	<p>19/27</p>	<p><i>Increased use of social media for SRH information dissemination & awareness campaigns (18.5%)</i> <i>Increased community-based SRH outreach activities (29.6%)</i> <i>Circulation of SRH information brochures at ACB events (3.7%)</i> <i>Encouraging conversations on topic (7.4%)</i> <i>Elimination of barriers in provider-client relationship (3.7%)</i> <i>No response (29.6%)</i> <i>Unsure (7.4%)</i> <i>No need to promote SRH awareness due to other pressing issues (3.7%)</i></p>

APPENDIX 3.0: BRITISH COLUMBIA COMMUNITY CONSULTATION REPORT

THEMES	QUESTIONS	TOTAL NUMBER OF RESPONDENTS	REPORT/COMMENTS
Knowledge of SRH and SRHR	Q1: What does sexual reproductive health and rights (SRHR) mean to you?	25	<i>88% of respondents displayed good knowledge of SRHR, 12% had limited knowledge while 0% had no knowledge of SRHR</i>
	Q3a: What gaps do you perceive in sex education and sexual reproductive health within the African Caribbean Black community?	25	<i>84% of respondents were knowledgeable about SRH & identified the following as missing: cultural and religious sensitivity, language, lack of HCP from ACB community, stigmatization and fear, 16% did not know any SRH services within the ACB community</i>
Service user satisfaction & perception	Q2a: Are you satisfied with the current sexual and reproductive health information and services available to the African Caribbean Black community in Canada?	25	<i>100% were unsatisfied with current SRH services</i>
	Q6: How do you feel about the representation and inclusivity of African Caribbean Black perspectives in sexual and reproductive health policies and programs?	25	<i>100% feel unsatisfied with the representation and inclusion in SRH health policies and programs.</i>

Gaps in SRH	Q3a: What gaps do you perceive in sex education and sexual reproductive health within the African Caribbean Black community?	25	<i>Lack of knowledge on resource availability (50%) Availability in multiple ACB languages (30%) Wholistic approach (10%) Cultural relevance (10%)</i>
Facilitators to SRH service access	Q4: What factors impact your decision to access or utilize available sexual and reproductive health services?	25	<i>Culture/friendliness of clinic staff (50%), short wait/referral time (30%), presence of ACB HCP in facility (20%),</i>
Barriers to SRH service access	Q5: What are the main challenges or barriers you face when it comes to accessing sexual reproductive health services in BC?	25	<i>Lack of knowledge of available services (60%), long wait time (30%), and language barrier (10%)</i>
Inclusion of ACB community in SRH programs	Q6: How do you feel about the representation and inclusivity of African Caribbean Black perspectives in sexual and reproductive	25	<i>100% reported lack of inclusivity in SRH health policies and programs</i>

	health policies and programs?		
Recommendations			
<ul style="list-style-type: none"> Addressing Gaps 	<p>Q2c: If not satisfied, what improvements would you suggest?</p> <p>Q3b: How can these gaps be addressed?</p>	25	<ul style="list-style-type: none"> <i>Sexual and reproductive health education in school and churches (ACB dominated churches)</i> <i>Sharing of educational fliers and posters to create awareness of resource availability</i> <i>Training more ACB health professionals</i>
<ul style="list-style-type: none"> Stigma reduction 	<p>Q7: What strategies do you think would be effective in reducing the stigma surrounding sexual and reproductive health topics within the African Caribbean Black community?</p>	25	<p><i>Planning comprehensive sex education programs in schools and communities</i></p>
<ul style="list-style-type: none"> Awareness improvement 	<p>Q8: How can healthcare/service providers promote awareness and engagement in sexual and</p>	25	<ul style="list-style-type: none"> <i>Sharing of fliers and educational brochures around ACB dominated environment</i> <i>Having SRH posters on buses, in schools and vantage areas in the community</i> <i>Sending email and text messages on the availability of various SRH services</i>

	reproductive health initiatives?		<ul style="list-style-type: none">• <i>Creating short educational videos for social media promotions</i>• <i>Organizing SRH events to create awareness</i>
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APPENDIX 4.0: MANITOBA COMMUNITY CONSULTATION REPORT

THEMES	QUESTIONS	TOTAL NUMBER OF RESPONDENTS	REPORT/COMMENTS
Knowledge of SRH and SRHR	Q1: What does sexual reproductive health and rights (SRHR) mean to you?	218	<i>40% of respondents displayed good knowledge of SRHR, 40% had limited knowledge while 20% had no knowledge of SRHR/simply displayed of apathy</i>
	Q3a: What gaps do you perceive in sex education and sexual reproductive health within the African Caribbean Black community?	218	<i>90% of respondents identified the following as gaps: Poor display of cultural sensitivity and responsiveness, Inadequate or absence of language interpretation in various ACB languages, Absence of religious sensitivity/sensibilities, Lack of intergenerational lingo and education. Other gap identified was poor diagnosis masked by “pain-killer quick fix instead of thorough, in-depth additional medical tests by service providers. 10% could not identify any gap(s).</i>
Service user satisfaction & perception	Q2a: Are you satisfied with the current sexual and reproductive health information and services available to the African Caribbean Black community in Canada?	218	<i>30% were satisfied with current information regarding SRH services while 50% were unsatisfied, especially due to language, cultural, and religious issues. 20% unsure.</i>
	Q2b: If yes, what SRH services are you currently satisfied with?	218	<i>80% of respondents list some SRH services that they are satisfied with which included: amiable approach by healthcare service providers, display of some level of privacy and dignity during</i>

			<i>pregnancy testing, family planning/birth control, menopause discussion, appreciation for the privacy around fertility testing as well as sexually transmissible infections screening.</i>
	Q6: How do you feel about the representation and inclusivity of African Caribbean Black perspectives in sexual and reproductive health policies and programs?	218	<i>10% feel satisfied with the representation and inclusion in SRH health policies and programs, another 10% unsure, while 80% are unsatisfied.</i>
Gaps in SRH	Q3a: What gaps do you perceive in sex education and sexual reproductive health within the African Caribbean Black community?	218	<i>While 70% of respondents would like to see a more holistic approach that would factor in “abstinence training” and some “religiously-correct” languages and approaches, about 80% identified the need for more culturally appropriate approaches. All respondents (100%) will like to see availability in multiple ACB languages, with ACB faces where possible. There is a need to work closely with community and religious leaders to create the right languages, approaches, and environment.</i>
Facilitators to SRH service access	Q4: What factors impact your decision to access or utilize available sexual and reproductive health services?	218	<i>Presence of ACB HCP in facility (80%), Proximity to work or residence (15%), Flexibility of SRH clinic schedule (40%), Affordability of services/individual insurance coverage (80%), Short wait/referral time (50%), Culture/friendliness of clinic staff (100%)</i>
Barriers to SRH service access	Q5: What are the main challenges	218	<i>Fear or absence of culturally appropriate approach (80%), Fear of lack of privacy (40%),</i>

	or barriers you face when it comes to accessing sexual reproductive health services in Canada?		<i>Language barrier (60%), lack of knowledge of available services (60%), high cost of services (60%) (especially if service is not covered). In-between, some women would prefer a female doctor.</i>
Inclusion of ACB community in SRH programs	Q6: How do you feel about the representation and inclusivity of African Caribbean Black perspectives in sexual and reproductive health policies and programs?	218	<i>80% reported inadequate representation and inclusion of ACB perspectives while 20% reported adequate inclusion in SRH health policies and programs</i>
Recommendations			
<ul style="list-style-type: none"> Addressing Gaps 	<p>Q2c: If not satisfied, what improvements would you suggest?</p> <p>Q3b: How can these gaps be addressed?</p>		<i>Involve more ACB representation & inclusion, ACB-friendly policies especially in the area of culture, religion, anti-stigma measures, education in the ACB community, training of service providers, enlightenment and education of ACB community members. Some women would prefer to be seen by female healthcare professionals.</i>
<ul style="list-style-type: none"> Stigma reduction 	Q7: What strategies do you think would be effective in reducing the		<i>Use of educational and informative social media materials like videos; Increased trainings and workshops at all levels; More open and transparent community meetings and enlightenment by professionals; Use of</i>

	<p>stigma surrounding sexual and reproductive health topics within the African Caribbean Black community?</p>		<p><i>community/religious leaders to confront stigmatization in the community. It was also suggested that parents-children forum at the family level should be encouraged through parents' training, particularly in ensuring that youth and children are properly trained and raised to resist stigma at an early age.</i></p>
<ul style="list-style-type: none"> • Awareness improvement 	<p>Q8: How can healthcare/service providers promote awareness and engagement in sexual and reproductive health initiatives?</p>		<p><i>Community level involvement and engagement of ACB community and religious leaders, Increased use of social media for SRH information dissemination, Encouragement of community members to come out of the closet to share their related personal stories to empower and encourage others in order to increase awareness, expose ignorance, and defeat stigmatization. Some suggestions are that healthcare providers should combine other health issues like eating balanced diet as one of the most important health issues to drive home and support SRH discussion rather than presenting SRH alone by itself.</i></p>

APPENDIX 5.0: ONTARIO COMMUNITY CONSULTATION REPORT

THEMES	QUESTIONS	TOTAL NUMBER OF RESPONDENTS	REPORT/COMMENTS
Knowledge of SRH and SRHR	Q1: What does sexual reproductive health and rights (SRHR) mean to you?	11/32	<ul style="list-style-type: none"> - 28.1% displayed good knowledge of SRHR, 6% of the 11 respondents had limited knowledge - Common themes were informed consent, right to access services regardless of immigration status, right to services free from coercion, free of discrimination - 65.6% of the participants had no response to this question
	Q3a: What gaps do you perceive in sex education and sexual reproductive health within the African Caribbean Black community?	12/32	<ul style="list-style-type: none"> - 31.2% were knowledgeable about SRH & identified the following as missing: cultural sensitivity, a lack of compassion from providers, a lack of workshops/educational opportunities, a lack of spaces, minimal visibility of SRH services and where to access them, a lack of education for trans people/ACB families with trans kids, lack of cultural awareness of sex as a taboo for ACB people, lack of equity in health care, failure to reach the most marginalized (ie. People in shelters, newcomers) - 6% did not know any SRH services within the ACB community, thus identifying this as a gap - 63% of the participants had no response to this question
Service user satisfaction & perception	Q2a: Are you satisfied with the current sexual and reproductive health information and services available to the African Caribbean Black community in Canada?	10/32	<ul style="list-style-type: none"> - 31.2% were dissatisfied with SRH information and services, citing lack of awareness of available services, barriers to access due to immigration status, lack of accessibility for people with disabilities, stigma and discrimination, lack of confidentiality/discretion in clinics/hospitals

			- 68.7% of the participants had no response to this question
	Q2b: If yes, what SRH services are you currently satisfied with?	1/32	- 3% were able to list some SRH services that they are satisfied with, specifically one organization that provides health care and social supports to trans youth and their families - 96.8% of the participants had no response to this question
	Q6: How do you feel about the representation and inclusivity of African Caribbean Black perspectives in sexual and reproductive health policies and programs?	9/32	- 28.1% were unsatisfied with representation and inclusivity of ACB perspectives in SRH policies and programs, citing lack of ACB service/healthcare providers, having negative experiences with ACB service/healthcare providers who work in predominantly white spaces due to pressure placed on the few that are present, lack of medical imagery that utilizes ACB people in diagrams, lack of awareness of ACB providers - 71.8% of the participants had no response to this question
Gaps in SRH	Q3a: What gaps do you perceive in sex education and sexual reproductive health within the African Caribbean Black community?	12/32	- The 12 respondents identified wholistic approach (15.6%), cultural relevance (31.2%), a lack of compassion from providers (15%), a lack of workshops/educational opportunities (34.3%), minimal visibility of SRH services and where to access them (3%), a lack of education for trans people/ACB families with trans kids (1.8%), lack of cultural awareness of sex as a taboo for ACB people (15%), lack of equity in health care (13.1%), failure to reach the most marginalized (ie. People in shelters, newcomers) (28.1%) - 62.5% of the participants had no response to this question
Facilitators to SRH service access	Q4: What factors impact your decision to	15/32	- The 15 respondents identified presence of ACB HCP in facility (18.7%), proximity to work or residence (14%), flexibility of

	access or utilize available sexual and reproductive health services?		<p><i>SRH clinic schedule (4.6%), affordability of services/individual insurance coverage (14%), short wait/referral time (9.3%), culture/friendliness of clinic staff (30.6%), lack of awareness of SRH services you can access based on your immigration status (37.5%), lack of discretion/confidentiality in healthcare settings (11.8%), fear of judgment and discrimination (28.1%)</i></p> <p><i>- 53.1 of the participants had no response to this question</i></p>
Barriers to SRH service access	Q5: What are the main challenges or barriers you face when it comes to accessing sexual reproductive health services in Canada?	7/32	<p><i>- The 7 respondents identified lack of knowledge of available services (9.8%), high cost of services (4.3%), distance to travel (6.5%), misinformation about types of services you can access with/without documentation, (17.5%), mistrust of healthcare/service providers (7.6%), lack of accessible options for people with disabilities, and people with families (2.1%), lack of available appointments/flexible options like walk-ins (2.1%), not enough time to adequately address health issues at appointments (1%)</i></p> <p><i>- 78.1% of the participants had no response to this question</i></p>
Inclusion of ACB community in SRH programs	Q6: How do you feel about the representation and inclusivity of African Caribbean Black perspectives in sexual and reproductive	9/32	<p><i>- 28.1% were unsatisfied with representation and inclusivity of ACB perspectives in SRH policies and programs, citing lack of ACB service/healthcare providers, having negative experiences with ACB service/healthcare providers who work in predominantly white spaces due to pressure placed on the few that are present, lack of medical imagery that utilizes ACB people in diagrams, lack of awareness of ACB providers</i></p> <p><i>- 71.8% of the participants had no response to this question</i></p>

	health policies and programs?		
Recommendations			
<ul style="list-style-type: none"> Addressing Gaps 	<p>Q2c: If not satisfied, what improvements would you suggest?</p> <p>Q3b: How can these gaps be addressed?</p>	<p>10/32</p> <p>12/32</p>	<p><i>34.3%% suggested more ACB representation & inclusion, more ACB people at all levels within organizations and healthcare settings, increasing cultural comprehension of ACB people and importance of wholistic/natural approaches to healing/treatment, increasing the time of SRH appointments so issues can be addressed thoroughly, better access to medications/menstrual hygiene products, research that is tailored to ACB people and how our health issues may manifest differently, more information for ACB people who are aging (ie. Menopause/premenopause)</i></p> <p><i>- 65.6% of the participants had no response to this question</i></p>
<ul style="list-style-type: none"> Stigma reduction 	<p>Q7: What strategies do you think would be effective in reducing the stigma surrounding sexual and reproductive health topics within the African Caribbean Black community?</p>	<p>8/32</p>	<p><i>- 25% suggested increased trainings and workshops at all levels, especially about cultural sensitivity, capacity building for ACB community around self-advocacy, increased educational opportunities to address myths/misconceptions of SRH</i></p> <p><i>- 75% of the participants had no response to this question</i></p>
<ul style="list-style-type: none"> Awareness improvement 	<p>Q8: How can healthcare/service</p>	<p>7/32</p>	<p><i>- 21.9% recommended increased workshops for all genders in ACB community, conduct more outreach, increased collaboration</i></p>

	<p>providers promote awareness and engagement in sexual and reproductive health initiatives?</p>		<p><i>amongst healthcare institutions, organizations, and government, utilization of peers, identifying leaders within the ACB community to spread awareness, HCPs with more knowledge of available SRH services for better linkage to care</i> - 78.1% of the participants did not respond to this question</p>
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