BARRIERS TO SEXUAL AND REPORDUCTIVE HEALTH SERVICE IN THE AFRICAN, CARIBBEAN AND BLACK COMMUNITY IN CANADA: A LITERATURE REVIEW

Introduction

Sexual and Reproductive Health (SRH) refers to all-round wellbeing as regards sexuality and involves the ability to have safe sexual experiences, make decisions regarding sex and reproduction freely and securely, as well as the protection and fulfillment of individual sexual and reproductive rights (World Health Organization (WHO), 2006; Public Health Agency of Canada (PHAC), 2023). SRH rights are protected and fulfilled when individuals have equitable access to related services.

The African, Caribbean and Black (ACB) communities in Canada are affected by health inequities which impact their overall health outcomes (Djiadeu *et al.* (2021); Olanlesi-Aliu, Alaazi and Salami (2023). For instance, 2017 statistics report that over 25% of new HIV cases in Canada were recorded from the ACB even though they make up less than 4% of the entire Canadian population (Haddad *et al.,* 2018).

Despite the fact that SRH affects many areas of individuals' lives, there is a considerable amount of reluctance to access SRH services for a myriad of reasons. To identify some key deterrents to SRH service within the ACB population in Canada, this literature review analyzed peer-reviewed articles on a variety of studies published in English Language between 2008 to 2023.

Barriers from most reviewed studies centered around three themes, namely: individual factors (knowledge gaps, socioeconomic status, immigration status), community-level factors (lack of social support, fear and stigma, cultural and religious beliefs), and

System-level factors (limited accessibility, negative healthcare provider attitude, lack of culturally safe and language-specific care, and limited availability of physicians).

Barriers to SRH services

In many parts of Canada, there is a paucity of published data on the sexual and reproductive health (SRH) of the African, Caribbean and Black (ACB) population. This could be attributable to the fact that the collection of race-based data is not mandatory in Canadian provinces and also due to the low SRH service utilization following some of the barriers identified in this review. The barriers have been grouped into the following themes: Individual factors, Community-level factors, and System-level factors, based on the socio-ecological model. Each theme will be explored further below.

Individual Factors

These are demographic, psychological or biological factors that influence an individual's health through attitudes, behaviors and beliefs.

Knowledge Gaps

A lack of awareness on sexual and reproductive health among the ACB community was a key finding in this review. A qualitative study by Antabe *et al.* (2021) highlighted how a lack of adequate information on HIV, for example, led to a low risk perception among heterosexual ACB men in Ontario. This lack of knowledge and low risk perception prevented ACB folks from accessing services they deemed "unnecessary". Similar findings were also reported by Baidoobonso *et al.* (2013), Logie *et al.* (2018), and Zhabokritsky *et al.* (2019). In Wong *et al*. (2012)'s study involving ACB women in Canada, a lack of education on SRH-related topics was a dominant finding. Likewise, Strohl *et al.* (2015) in the United States, linked poor uptake of Human Papilloma Virus

(HPV) Vaccination and cervical cancer screening to lack of knowledge among African-American women.

Furthermore, research findings from Antabe *et al.*'s 2021 study identified another knowledge gap related to availability of services. ACB individuals were not aware of where to go to for specific SRH services thus, serving as a barrier to SRH care access. This finding corresponds with those of Laprise and Bolster-Foucault (2021) and Etowa *et al.* (2022) from their studies.

Immigration Status

Although Universal Health Coverage is practiced in Canada, some individuals still experience limitations accessing services. A precarious immigration status is one reason for this. ACB folks who are undocumented, refugees and/or asylum seekers are wary of seeking healthcare services as it is believed that they may have to divulge their status and/or may be reported to the (immigration) authorities and eventually deported. In a comprehensive review among im/migrant women in Canada from 2008-2018, Machado *et al.* (2022) underscored how a precarious immigration status hindered healthcare access. Khanlou *et al.* (2017) and Konkor *et al.* (2020) who studied barriers to prenatal services and HIV testing in ACB populations in Canada, respectively also reiterated this.

Socioeconomic status

Research within the ACB population across Canada suggest that socio-economic factors such as employment status, level of income, and education play a key role in determining SRH service access (Amibor and Ogunrotifa, 2012; Konkor *et al.*, 2020;

Lofters *et al.,* 2011). Low income earners have a higher tendency not to access services due to affordability of services not covered by federal or provincial insurance. Closely linked to this is the employment status which determines if an individual had private/work/extended insurance coverage for services and medications outside the general insurance. African-American women in the U.S., according to DiClemente *et al.* (2015), also had low uptake of the HPV vaccine due to high cost.

Themes	**Factors/Barriers identified**	**Studies**
Individual factors	Knowledge gaps	Antabe et al., 2021 Baidoobonso et al., 2013 Etowa et al., 2022 Laprise and Bolster-Foucault, 2021 Logie et al., 2018 Strohl et al., 2015* Wong et al., 2012 Zhabokritsky et al., 2019
	Immigration status	Khanlou et al., 2017 Konkor et al., 2020 Machado et al., 2022
	Socioeconomic status	Amibor and Ogunrotifa, 2012 DiClemente et al., 2015* Konkor et al., 2020 Lofters et al., 2011
Community-level factors	Lack of social support	Khanlou et al., 2017 Heaman et al., 2015 Woodgate et al., 2017 Machado et al., 2022
	Fear and stigma	Amibor and Ogunrotifa, 2012 Chido et al., 2021* Etowa et al., 2022 Goldenberg et al., 2008* Laprise and Bolster-Foucault, 2021
	Cultural & religious beliefs	Amibor and Ogunrotifa, 2012 Baidoobonso et al., 2013 Chido et al., 2021*

		Laprise and Bolster-Foucault, 2021
System-level factors	Limited availability of physicians	Black et al., 2011* Fante-Coleman et al., 2022 Heaman et al., 2015 Lofters et al., 2011 Machado et al., 2022 Woodgate et al., 2017
	Negative Healthcare provider attitude	Downe et al., 2009 Etowa et al., 2022 Fante-Coleman et al., 2022 Laprise and Bolster-Foucault, 2021 Machado et al., 2022 Olanlesi-Aliu, Alaazi and Salami, 2023 Thomas, Saleem and Abraham, 2013*
	Lack of culturally safe & language specific care	Amibor and Ogunrotifa, 2012 Antabe et al., 2021 Baidoobonso et al., 2013 Djiadeu et al., 2020 Downe et al., 2009 Etowa et al., 2022 Khanlou et al., 2017 Machado et al., 2022
	Limited accessibility	Heaman et al., 2015 Khanlou et al., 2017 Laprise and Bolster-Foucault, 2021 Machado et al., 2022 Woodgate et al., 2017
	Lengthy wait times & short visits	Downe et al., 2009 Heaman et al., 2015 Woodgate et al., 2017

Table 1: Summary of findings from literature review
*[*Studies are either not ACB-specific or outside of Canada (U.S., U.K. or Australia)]*

Community-Level Factors

Factors related to the physical and social settings of individuals and families where social relationships take place are categorized as Community-level factors.

Fear and Stigma

Fear and stigma are strongly linked with cultural and religious beliefs within the ACB community, both in Canada and other high-income countries like US, United Kingdom (UK), and Australia (Chido *et al.,* 2021; Etowa *et al.,* 2022). Outside the community, stigma usually stems from wrong or inadequate knowledge about SRH-related topics (Goldenberg *et al.,* 2008; Machado *et al*., 2022).

The fear of rejection and fear of the unknown play key roles in determining the healthcare-seeking habits of the ACB population (Laprise and Bolster-Foucault, 2021). For instance, an individual may be afraid of what the outcome of an HIV screening test may be and thus, refrain from testing out of fear. The fear of being rejected or treated inferiorly following a positive HIV test result could also be a barrier.

Cultural and religious beliefs

Africans, Caribbean and Blacks are people with deep-rooted religious beliefs (Mohamed *et al.,* 2021). Although some of these beliefs stem from their rich and widely diverse culture and are beneficial, a number of them actually serve as a deterrent to accessing much-needed SRH services (Baidoobonso *et al*., 2013; Statistics Canada, 2019).

Generally, SRH-related conversations are treated as taboos and are not openly encouraged, which prevent individuals from obtaining or sharing knowledge and seeking help when necessary (Chido *et al.,* 2021). Furthermore, some diseases such as HIV, have been linked to promiscuity or ‘unapproved’ sexual habits (Amibor and Ogunrotifa, 2012; Baidoobonso *et al*., 2013; Laprise and Bolster-Foucault, 2021). Hence, folks would rather not seek services than be labelled.

Lack of social support

Compared to countries from which ACB individuals migrated from, different studies have noted that ACB migrants lack the necessary social support here in Canada. For instance, some ACB women in Winnipeg, Manitoba cited the unavailability of free and/or affordable childcare when they needed to access antenatal care services as a significant barrier (Heaman *et al.,* 2015; Woodgate *et al.,* 2017). Immigrant and refugee women in Khanlou *et al*.'s Canada-wide 2017 study also noted the same.

Another aspect of lacking social support reported in literature was the resultant social isolation. This social isolation increased vulnerability to gender-based violence (GBV) and prevented the victims from seeking the necessary support, especially in cases where the victim was a dependent of the perpetrator or the perpetrator was their sponsor (Machado *et al.,* 2022).

System-level Factors

Limited availability of physicians

In different parts of Canada, a shortage of physicians has been noted resulting in folks not having a regular physician (Machado *et al.,* 2022). Family physicians are a major link to SRH services as they sometimes provide some of these services, help to educate patients, and/or refer them to appropriate service providers. Consequently, for some ACB individuals, the lack of a regular physician reduces their chances of accessing SRH services (Heaman *et al.,* 2015; Woodgate *et al.,* 2017)

Due to the sensitivity of Sexual and reproductive health, cultural and/or religious reasons, there is a desire by some to receive SRH services from Healthcare

practitioners of the same gender (especially female and transgender). Since this desire is often unmet, folks are reluctant to visit healthcare facilities (Black *et al.,* 2011; Fante-Coleman *et al*., 2022; Lofters *et al*., 2011).

Negative Healthcare Provider (HCP) attitude

Attitudes such as judgement, racism, discrimination from HCP and/or frontline staff in SRH facility have been included in this category. These negative interactions lead to lack of trust in the system and consequent decreased utilization of available healthcare resources (El-Mowafi *et al.,* 2021).

Overt or covert racism and discrimination experienced by the ACB population within healthcare facilities were reported in Etowa *et al*. (2022) and Olanlesi-Aliu, Alaazi and Salami's studies (2023) as major deterrents to accessing care. All these findings correspond to those by Fante-Coleman *et al.* (2022) in Toronto, Machado *et al.* (2022) in seven Canadian provinces, and Thomas, Saleem and Abraham (2013) in the U.K.

Similarly, some HCPs have been described as 'dismissive' in their attitude when certain health concerns were raised by their ACB patients, leading sometimes to low diagnosis rates and delayed referrals (Downe *et al*., 2009; Laprise and Bolster-Foucault, 2021). For instance, Nnorom *et al.* (2019) noted that Black Canadians had a lower cancer screening rate than their counterparts from other races while Yedjou *et al.* (2019) reported that in the U.S., African Americans have a 42% higher mortality rate than Whites. These findings therefore underscore a need for timely referrals to ensure better health outcomes.

Lack of culturally safe and language specific care

A good provider-client relationship is key to ensuring positive health outcomes (El-Mowafi *et al.,* 2021). Accessing healthcare that is culturally sensitive and language specific is central to achieving this (Chido *et al.*, 2021).

Many of the literature reviewed highlighted a lack of culturally-tailored care which left ACB individuals feeling disconnected from their service provider (Amibor and Ogunrotifa, 2012; Antabe *et al.*, 2021; Etowa *et al.*, 2022; Machado *et al.,* 2022). Another notable challenge was the underrepresentation of the ACB population among SRH facility staff which further increased the disconnect and served as a barrier to service utilization (Baidoobonso *et al.,* 2013).

Furthermore, some ACB folks have cited the unavailability of SRH services in a language they understand and speak has posed a barrier (Djadeu *et al.,* 2020; Downe *et al.*, 2009; Khalou *et al.*, 2017). Likewise, a lack of trained interpreters in the health facilities has warranted the use of ad hoc interpreters (sometimes relatives or friends) resulting in a loss of confidentiality and faulty communication between HCPs and clients (Djadeu *et al.*, 2020).

Limited accessibility

Many newcomers experience challenges in navigating the Canadian health system as the process of acculturalization takes some time. This challenge is however not limited to newcomers alone as some members of the ACB community still cite challenges in health system navigation as a significant deterrent to accessing services (Khalou *et al.*, 2017). Poor weather, lack of transportation, poor geographical location of facilities, and limited services offered outside of work hours are some elements that contribute to

making access to SRH services difficult for the ACB population across Canada according to Heaman *et al.* (2015), Laprise and Bolster-Foucault (2021), Machado *et al.* (2022), and Woodgate *et al.* (2017).

Lengthy wait times and short visits

Spending long hours waiting to be attended to by an HCP only for the duration of the provider-client interaction to be so short and seemingly rushed through have left ACB community members feeling unsatisfied and discouraged from paying future visits to such facilities (Downe *et al*., 2009; Heaman *et al*., 2015). ACB women in a Manitoba study, for example, reported unmet expectations following lengthy wait times as a barrier to accessing primary health care (Woodgate *et al*., 2017).

Conclusion

For African, Caribbean and Black (ACB) Canadians, a complex interplay of individual, community-level and systemic-level factors serve as barriers to accessing sexual and reproductive health (SRH) services. This literature review explored prominent factors under these key themes and underscores the need for a multi-faceted approach to ensure equitable distribution of and access to SRH resources and services for all ACB community members.

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