



Innovation Research Final Report

Innovation Grant #: Cycle 30 (#30-113)
Name of Study: Developing Innovative, Youth-Driven and Resilience-Based Sexual Health Promotion Programming for Young People from Middle Eastern and North African Communities (MENA) in Canada.
Start Date of Grant: November 2021 – October 2023 (received 1 year extension due to COVID)
Grant Amount: \$40,000
Midterm Report due: June 30, 2023
Final Report due: October 31, 2023
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1. Final Financial Statement

See Appendix 1 – Final Financial Statement

2. Technical Summary

BACKGROUND AND OBJECTIVE: Globally, the Middle East and North Africa region (MENA) has the fastest growing rates of HIV infection, with the context of HIV and Sexually Transmitted Infection (STI) risk compounded by socioeconomic and religious factors. The 2021 Canadian Census reports that Asian populations, including those from the Middle East, made up the highest proportion of newcomers in Canada (62%). Research evidence consistently indicates that young people, particularly LGBTQ+, immigrants, and refugees, bear a disproportionate burden of STIs and HIV in Canada. There is a dearth of research on the unique challenges MENA youth face when accessing health and social services in Canada. The overall objective of this study was to apply community-based participatory principles and peer-led approaches to develop and distribute an electronic-based survey to determine meaningful HIV and STI prevention interventions for MENA youth at a national level. Moreover, this study aimed to develop innovative community-based, intersectional, and youth-driven HIV/STI prevention strategies that address gender inequities, racism, Islamophobia, and homophobia as determinants of HIV/STI vulnerabilities among MENA youth.

METHODOLOGY AND TIMELINE: The project was conducted from June 2022 to October 2023.

Activities: **1. Designing, piloting, and finalizing the survey** (June 2022 - March 2023). Stage One: Hired coordinator, formed Community Advisory Group and MENA Youth Advisory Committee. Stage Two: Developed survey in consultation with community-based team and MENA experts. Stage Three: Rigorously piloted survey with MENA youth **2. Recruitment, survey dissemination and data collection** (March – July 2023). Ethics approval was granted through Research Ethics Boards at Brescia at Western and Toronto Metropolitan University. Data was collected from MENA youth population through an anonymous online survey administered via the Qualtrics platform. Recruitment strategies involved partnerships with AIDS Service Organizations (ASOs), community centers, and academic institutions, and through social media, email, and peer recruitment by Peer Research Associates (PRAs). Given that trans young adults and gay/bisexual/other men who have sex with men (MSM) are identified as key populations involved in high HIV risk contexts, there was purposeful recruitment of these subpopulations to take part in the survey. **3. Data analysis and report writing** (August – October 2023).

KEY FINDINGS:

Sociodemographics: The study involved 239 participants with an average age of 24.7 years (SD=3.39), from Ontario (78.8%) and British Columbia (22.2%), with no significant differences noted between the two provinces. Subgroups included gay/bi/MSM (37.2%), heterosexual women (28%) and men (16.7%), lesbian/bisexual/queer (LBQ) women (7.9%), and trans female- and male-identifying young adults (8.8%). Most participants (82.7%) were born outside Canada, with 70% having lived in Canada for nine years or less and about 85% of the trans group having lived in Canada for under 3 years. About two thirds of the sample have some university education: 31.4% undergraduate and 26.4% post-graduate. Most survey respondents (82.0%) speak English and at least one more language (Arabic, Farsi, Kurdish, French, or other) at home and 7.9% of the respondents speak only English language at home. Regarding religious affiliation, 51.5% of participants identified as Muslims, 9.6% as Christians, while almost 30% indicated no religious affiliation or agnostic. In terms of financial status, 19.7% received social or disability assistance, and half of the participants reported an annual income of \$19,000 or less before taxes, with many facing challenges in meeting their monthly housing costs (47.7% reported fair or extreme degree of difficulty to meet their monthly housing costs). Only a small number of MENA young adults living with HIV participated in the survey, with 5.6% (n=5) of gay/bi/MSM participants and 14% (n=3) of trans participants.

Mental Health and Wellbeing: The Depression, Anxiety and Stress Scale - 21 Items (DASS-21), a set of three self-report scales, was used to measure the emotional states of depression, anxiety and stress in MENA participants. Examining mental health indicators using the DASS-21 scale, there were no significant differences reported between the different subgroups in terms of reported stress, anxiety, and depression. A small percentage of the participants (11%) reported mild to moderate stress levels. However, almost half of the participants (46%) reported mild to extremely severe anxiety levels and one-third of the participants (33%) reported mild to severe depression levels.

Stigma and Discrimination: Stigma and discrimination are prevalent issues among the subgroups. Close to half of gay/bi/MSM and heterosexual individuals believe they are likely to be insulted or made fun of, with two-thirds of the LBQ group sharing this concern. Over 60% of the trans group feels that MENA society does not accept them in their gender. Concerning housing, about 40% of the gay/bi/MSM participants anticipate potential discrimination, while only 22% of heterosexual males and over 40% of heterosexual females share this belief. In the trans and LBQ communities, approximately half of participants fear being denied housing. In terms of job-related discrimination, 30% of gay/bi/MSM, 22% of heterosexual males and females, 45% of the trans community, and 60% of the LBQ group believe they may be likely to be denied a job or lose a job based on their gender and/or sexual identity.

Knowledge & Use of PrEP and PEP / HIV Risk Assessment: Among the gay/bi/MSM group, awareness of pre-exposure prophylaxis (PrEP) was high (81%), but usage was limited, with more than 50% of participants not using PrEP. Awareness of post-exposure prophylaxis (PEP) was widespread, but one-third did not know how to access it. Heterosexual participants, especially males, had low awareness of PrEP and PEP. Trans participants exhibited high PrEP awareness but low use, with 47% not taking it. Awareness of PEP was minimal among the trans group, with only 42% being aware of it. The top barrier to PrEP use among the gay/bi/MSM and trans participants was concern about medication side effects. In the heterosexual and LBQ groups, monogamous relationships were a significant factor, while the trans group cited worries about PrEP-related stigma. Engagement in HIV/STI prevention programs varied, with awareness being a significant barrier for many. The HIV Incidence Risk Index (HIRI) scale was administered to the gay/bi/MSM and trans groups to determine HIV risk assessment; 63% of HIV-negative gay/bi/MSM participants had HIRI scores of 10 or higher, indicating a higher chance of getting HIV, compared to 27.8% of trans HIV-negative participants having



high HIRI scores of 10 or higher. The Denver HIV risk scale was administered to the other subgroups (heterosexual males, heterosexual females, and LBQ women), with most having scores of 29 or less, which indicates low or very low risk of acquiring HIV.

Interventions: The list of interventions were based on focus group discussions conducted as part of the YSMENA program, a mixed-method study engaging 56 MENA young adults in Ontario, led by Principal Investigator Hawa. Youth provided recommendations for behavioural interventions (e.g., gender-focused educational programs, culturally relevant educational programs, and family-centred educational programs), structural interventions (e.g., access to medical services, media intervention, and newcomer orientation), and biomedical interventions (e.g., testing and preventative medication) that reflected their community needs. Overall, participants ranked behavioural interventions as the top choice (55.2% for the gay/bi/MSM group, 38.9% for the LBQ women, 37.8% for the heterosexual group, and 14.3% for the trans group), particularly gender-focused and culturally relevant programs addressing gender discrimination and creating safe spaces for gender and sexual minority MENA youth. Newcomer orientation was essential for sex-positive spaces and sexual health for newly immigrated MENA youth. Structural interventions were ranked second (34.1% for the heterosexual group, 31.3% for the trans group, 26.3% for LBQ women, and 20% for the gay/bi/MSM group), which prioritizes improved medical access, training for health care workers and translators, and media campaigns. Biomedical interventions to enhance accessibility for PrEP and testing were crucial for all groups, especially for the trans community (57.1% for the trans group, 31.8% for the hetero group, 26.3% for the LBQ women, and 18.5% for the gay/bi/MSM group), aiming to normalize health-seeking behaviour.

SUMMARY/RECOMMENDATIONS: Results from our survey indicate that gay/bi/MSM and trans MENA young adults are at high risk for acquiring HIV, and as such are considered key populations of interest for planning programming and interventions. With most MENA participants identifying as newcomers to Canada, there is a need for tailored HIV/STI prevention programming in addition to addressing needs for resettlement and employment. A small percentage of MENA young adults reported mild to moderate stress levels, while most reported high levels of anxiety and depression. Most likely, MENA participants do not perceive stress as contributing to their experiences of anxiety and depression. This could be attributed to a normalized perception of stress that is part of the immigrant and refugee experience, especially when being displaced from conflict zones and war-torn countries in the MENA region. There is a need to address mental health challenges, particularly anxiety and depression, facing this vulnerable young population. The data presented highlights the pervasive issues of stigma and discrimination across various subgroups, affecting aspects of daily life, housing, and employment opportunities. It is evident that these challenges extend beyond gender and sexual identity to include racism and Islamophobia. This emphasizes the urgent need to address stigma, discrimination, racism, and Islamophobia through comprehensive policies and education to create a more inclusive and accepting society that respects and supports individuals regardless of their gender, sexual orientation, race, or religion. While the gay/bi/MSM and trans groups had high awareness of PrEP, the majority did not use it, which indicates opportunities for promoting PrEP use for these MENA key populations to eliminate some of the barriers. Gender-focused and culturally relevant interventions, alongside increased access to medical services, are critical for effective HIV/STI prevention for all subgroups, particularly for the key populations. Recommendations include securing additional funding for these interventions, mobilizing communities, and enhancing knowledge and awareness around PrEP, PEP, and HIV/STI testing, with an emphasis on affordability and accessibility for the key populations.