

# 18th EUROPEAN AIDS CONFERENCE

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Amplifying Youth Voice: A Way Forward for Ethnoculturally Relevant HIV Prevention Interventions with and by Trans-Identified Youth from Middle Eastern and North African Communities in Ontario, Canada

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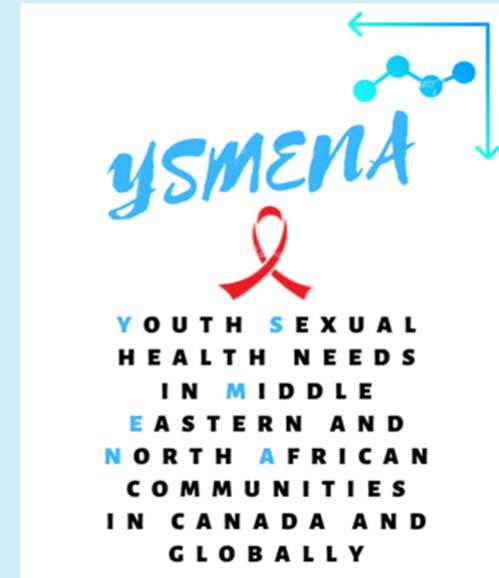
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# LAND ACKNOWLEDGEMENT



*The YSMENA Study team would like to acknowledge the traditional owners of the land on which we meet.*

# STUDY RATIONALE & PURPOSE



# Why HIV Prevention in MENA Communities in Canada?

- A rise in new HIV infections in the Middle Eastern and North African (MENA) region since 2001 has put the **region among the top regions in the world with the fastest growing HIV epidemic** (UNAIDS, 2020).
- From a **Canadian lens**, recent trends indicate that **immigrants from the MENA region** are expected to increase the most rapidly between 2006 and 2031 and **more than triple in the next 25 years** (Statistics Canada, 2017).

# Why MENA Youth and HIV Prevention?

- Youth, especially **LGBTQ+ youth**, immigrants and refugees bear a disproportionate burden of STIs and HIV due to structural barriers impacting young people who experience social and economic marginalization (Haddad et al., 2019).
- There is a **major gap in sexual health knowledge, tools and culturally relevant resources** to this vulnerable group.

# Purpose

- **YSMENA** is the first research study in Canada designed to determine **HIV risk context and sexual health needs** of MENA diaspora youth living in Ontario, Canada.

# STUDY METHODS



# SAMPLE AND DATA COLLECTION

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- The study engaged **55 young people (16-29 yrs)** with **diverse sexual and gender identities** through **mixed data collection** methods.
- Youth **population subgroups** included: gay and MSM youth; women who self identify as heterosexual; women who self identify as queer; men who self identify as heterosexual; trans-identified youth.

# SOCIO-DEMOGRAPHIC SURVEYS

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- **Phase I:** pre-focus group socio-demographic and HIV risk survey
- **Phase II:** included the completion of an individual journal which consisted of questions focused on participants' experiences of **health care access**.

# FOCUS GROUPS

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- Qualitative data was gathered through **sequential dialogical focus group approach**, engaging the same participants over multiple sessions for a deeper discussion and dialogue.
- The **3<sup>rd</sup> focus group** was dedicated for **interventions**, with the youth themselves offering suggestions for interventions. There was a **total of 14 focus groups**.

# TRANS-IDENTIFIED YOUTH

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- **Eight (8) self-identifying transgender youth** participated in sequential critical dialogical focus groups.
- Seven (7) participants identified as **trans feminine** and one (1) as **trans masculine**; all but one had **moved to Canada in the last 10 years**; and, **half spoke only Arabic**.
- Sessions were **conducted in Arabic**, then translated, transcribed, and coded in NVIVO.

**RESULTS**



# STUDY THEMES

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- Exclusion and transphobia
- Discrimination while attempting to access health and social services.
- Shame, stigma and feelings of isolation from family
- Mental health challenges

# Exclusion and transphobia

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*Even at work, even everywhere. We cannot be how we want to be, how we dream to be. To live how we want to, with independence. To say that 'I am trans, I am gay.' We have no fault in it, yet the whole population is set on us and wants to judge us.*

# Discrimination while attempting to access health and social services

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- Service discrimination

*There are many trans and even gay people that are afraid to go to the sexual health clinic and identify themselves. There is still that fear from the Middle East that they brought here with them*

- Language needs

*I have experienced discrimination in the emergency room. I have been called 'it' and told to stop transitioning and taking hormones. My pronouns were not used correctly as well*

# Shame, stigma and feelings of isolation from family

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*I have not told my parents at all and I always feel that I do not want to tell my parents because my mother will definitely get a heart attack and die if she found out.*

*...because in our countries, as harsh as the parents are, you have nowhere to go but to them honestly.*

# Mental health challenges

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*In terms of mental health, if someone feels alone, that could lead to harming oneself*

*The factors that might make us engage in this risky relation. Depression. Sometimes because of the physical and psychological neglect, we go through periods of emptiness or something where we might throw ourselves into the risk.*

*...we are people who are in a healthy relationship with someone, love relationship, serious relationship not just to have sex.*

# INTERVENTION SUGGESTIONS

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*We are saying we wish these sexual health clinics be made available in all of Ontario (suburbs or city), and to treat the person who visits with respect, trained about how to interact with the LGBTQ+ community*

*To treat people with the utmost respect. That's it, that's all I want. It's simple. It's not a lot to ask for from an organization*

# CONCLUSIONS

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- Despite facing significant structural and social vulnerabilities, transgender MENA youth are self-advocating and rising to the challenge of meeting their needs.
- Results have important implications for strengthening provision of care services.
- Offering ethno-culturally relevant, non-judgmental services, and increased holistic mental health in community spaces is recommended.

# REFERENCES

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Haddad N, Robert A, Weeks A, Popovic N, Siu W, Archibald C. HIV in Canada—Surveillance Report, 2018. Can Commun Dis Rep 2019;45(12):304–12.

<https://doi.org/10.14745/ccdr.v45i12a01>; <https://www.canada.ca/en/public-health/services/reports-publications/canada-communicable-disease-report-ccdr/monthly-issue/2019-45/issue-12-december-5-2019/article-1-2018-hiv-surveillance-report.html>

Statistics Canada (2017). Immigration and ethnocultural diversity: Key results from the 2016. Census. <https://www150.statcan.gc.ca/n1/daily-quotidien/171025/dq171025beng.htm>

UNAIDS: AIDS Info (2020). <http://aidsinfo.unaids.org>

# Thank you!



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