# Information Needs of Immigrant Youth to Access Sexual and Reproductive Health Services in Canada: A Scoping Review

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**ABSTRACT**

Immigrant youth make up a substantial proportion of newcomers to Canada. Despite the importance of immigrant youth in Canadian society, there is a scarcity of research on sexual and reproductive health (SRH) needs and access to SRH services by immigrant youth in the country. This scoping review explores the information needs of immigrant youth related to their experiences to access SRH services in Canada. This review was guided by Arksey and O'Malley's five stages for conducting a scoping review. A comprehensive search of three databases (MEDLINE, EMBASE, and Cochrane Library) was completed. Articles were screened on COVIDENCE according to pre-established inclusion criteria. Articles were included in the review if they (1) examined information needs of immigrant youth to access SRH services, (2) were Canadian studies, (3) were written in English, and (4) were published from January 1990 onward. Out of 580 articles retrieved, 13 articles met the inclusion criteria. The findings from this review revealed that immigrant youth experience significant barriers to accessing SRH services in Canada including knowledge gaps and a lack of awareness. Education and awareness are a top priority in addressing the information needs of immigrant youth as well as improving the accessibility and affordability of services including human immunodeficiency virus (HIV) and sexual transmitted infection (STI) screening and more affordable contraceptive services.
*Keywords:* Sexual and Reproductive Health, immigrant youth, services, access, information needs, contraceptive

## Background

Canada has a long history of immigration and a large proportion of immigrants make up the country's population. In 2017, over 300,000 immigrants arrived in Canada, the largest


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number since 1971 (Immigration, Refugees, and Citizenship Canada [IRCC], 2018). Based on projected rates, migration could account for over 80% of Canada's population growth by 2031 (Statistics Canada, 2018). Most of the recent immigrants to Canada come from Asia, the Middle East, and Africa (Statistics Canada, 2016). Canadian immigration helps fulfill labour market needs, which stimulates economic growth for future years, particularly in healthcare, sciences, skilled trades, transport, and equipment (IRCC, 2018). Furthermore, newcomers to Canada pay taxes on housing, transportation, and consumer goods, which, in turn, increases production capacity and creates a ripple effect across the economy (IRCC, 2018). Despite the importance of immigrants, specifically immigrant youth and their increasing number in Canada (Salehi et al., 2014), there is a scarcity of research on the information needs of immigrant youth in accessing SRH services.

The United Nations, for statistical purposes, defined 'youth', as those persons between the ages of 15 and 24 years (UN General Assembly, 2019). During this stage, young people transition from childhood to adulthood, requiring them to take on independent adult roles, which can be especially challenging for newcomer youth. For instance, taking on adult roles and responsibilities consist of transitions from school to the workforce, and from intimate family relations to the formation of new relationships (Rumbaut & Komaie, 2010). Studies found that when resettling into a new country, youth often experience conflict when balancing family expectations, cultural standards, and religious demands (Shields & Lujan, 2018; Zaidi et al., 2016). For instance, most young people face intergenerational tension in which there is a conflict between their own beliefs and the values of the community's elders (Pottie et al., 2015).

Youth experience multiple psychosocial and biological changes and face the many challenges associated with navigating these developmental changes (World Health Organization [WHO], 2012). Youth is also a period of SRH development and interconnects with various aspects of physical, mental, and social well-being. Neglect of specific SRH needs may affect their physical and mental health, future employment, economic growth, and ability to reach their full potential (Chandra-Mouli et al., 2013; Salam et al., 2016; U.S National Library of Medicine, 2018). Studies affirm that adolescence and young adulthood are critical to developing essential foundations of sexual health and well-being that require accessible sexual health services, safe and inclusive spaces for immigrant and non-immigrant youth, and open discussions in all their social environments (Narushima et al., 2020). Existing research suggested that immigrant youth possess limited knowledge about SRH and access to health services (Salehi & Flicker, 2010). More specifically, there is a need for culturally appropriate HIV services and education, STI screening, preventive education, and affordable contraceptive services. Therefore, it was important to study this population in-depth to understand the SRH needs of immigrant youth, increase their access to services, and improve overall health outcomes.

## Methods

This study used a scoping review methodological framework as guided by Arksey and O'Malley (2005). This framework is presented in Table 1. A scoping review was conducted to systematically map the existing research in this area and identify gaps in knowledge surrounding

this topic. A scoping review was the chosen method since immigrant youths' SRH needs have not been reviewed comprehensively before, in the context of accessing SRH services. This framework consisted of five different stages which included (1) identifying the research question, (2) identifying relevant studies, (3) study selection, (4) charting the data, (5) collating, summarizing, and reporting the results (Arksey & O'Malley, 2005).

**Table 1**
*Methodological Framework for Conducting a Scoping Review as Outlined by Arksey & O'Malley: Available at https://doi.org/10.1186/1748-5908-5-69*

| Arksey and O'Malley Framework Stage | Description |
|---|---|
| 1: Identifying the research question | Identifying the research question provides the roadmap for subsequent stages. Relevant aspects of the question must be clearly defined as they have ramifications for search strategies. Research questions are broad in nature as they seek to provide breadth of coverage. |
| 2: Identifying relevant studies | This stage involves identifying the relevant studies and developing a decision plan for where to search, which terms to use, which sources are to be searched, time span, and language. Comprehensiveness and breadth is important in the search. Sources include electronic databases, reference lists, hand searching of key journals, and organizations and conferences. Breadth is important; however, practicalities of the search are as well. Time, budget and personnel resources are potential limiting factors and decisions need to be made upfront about how these will impact the search. |
| 3: Study selection | Study selection involves *post hoc* inclusion and exclusion criteria. These criteria are based on the specifics of the research question and on new familiarity with the subject matter through reading the studies. |
| 4: Charting the data | A data-charting form is developed and used to extract data from each study. A 'narrative review' or 'descriptive analytical' method is used to extract contextual or process oriented information from each study. |
| 5: Collating, summarizing, and reporting results | An analytic framework or thematic construction is used to provide an overview of the breadth of the literature but not a synthesis. A numerical analysis of the extent and nature of studies using tables and charts is presented. A thematic analysis is then presented. Clarity and consistency are required when reporting results. |
| 6: Consultation (optional) | Provides opportunities for consumer and stakeholder involvement to suggest additional references and provide insights beyond those in the literature. |

## Framework Stage One: Identifying the Research Question

Through consultation with my research supervisor, we developed research questions to guide this scoping review including (1) How are youth accessing SRH services in Canada? (2) What are the barriers and facilitators to accessing SRH services and education by youth in Canada? (3) What are the information needs of immigrant youth related to SRH? We excluded studies that primarily focused on interventions to improve the access to services for immigrant youth as this fell outside the limits of this scoping review.

## Framework Stage Two: Identifying Relevant Studies

With the help of a librarian, published and unpublished studies have been identified to achieve a comprehensive understanding of the central research questions. Arksey and O'Malley (2005) have suggested obtaining research evidence via electronic databases, reference lists, relevant organizations, and networks. With the help of an experienced librarian, a search strategy was developed which is outlined in Appendix A. Some of the major keywords for article search on electronic databases included immigrant*; refugee*; newcomer*; asylum seeker*;

adolescent*; youth*; young adult*; teens*; sexual behaviour*; contraceptives*; gender-based violence*; intimate partner violence*; sex education*; health services accessibility*; Canada*. The following databases were searched: MEDLINE, EMBASE, and the Cochrane Library. To ensure that we captured all the relevant information, we hand-searched reference lists to identify other relevant literature. All databases were searched from 1990-date, and results were limited by the English language. Search results were uploaded to COVIDENCE and duplicates were removed.

**Framework Stage Three: Study Selection**

This stage involved the selection of relevant articles. The team had a meeting to discuss the inclusion and exclusion criteria at the beginning of the scoping review process. Additionally, reviewers met at the beginning, midpoint, and final stages of the abstract review process to discuss any challenges or uncertainties in study selection and refined the search strategy when necessary. In the first level of screening, two reviewers, including myself and a research assistant, screened the title and abstract of all retrieved citations against a set of minimum inclusion criteria. In the second level of screening, we independently examined the full-text articles to determine if they met the inclusion criteria (Table 2). Each article was classified as 'include', exclude', or 'unclear'. Full texts were retrieved for 'include' and 'unclear' citations and underwent further assessment for eligibility. Discrepancies were resolved by consensus.

**Table 2**
*Inclusion criteria*

| | |
|---|---|
| Study Design | Primary research studies of all designs |
| Language | Studies only published in the English language |
| Time frame | Studies published from 1990-date |
| Context | The study focuses on the following:<br>(1) Access to SRH services by youth in Canada.<br>(2) Barriers and facilitators to accessing SRH services and education by youth in Canada.<br>(3) Information needs of immigrant youth related to SRH |
| Outcomes | Information needs of immigrant youth in accessing SRH services. |
| Setting | Canada |
| Participants | Immigrant youth in the 15-24 age range; Immigrants, refugees, documented, or undocumented (non-status) youth born outside of Canada, that now live in Canada. We have also included the studies conducted on general population but also included sub-groups of young people aged 24 years old or younger. |

**Framework Stage Four: Data Collection**

This stage involved data charting and extraction. Data were extracted from each publication using a structured data extraction table which is presented in Table 3. Data extraction was completed by one reviewer and a second reviewer verified all data extraction checking for accuracy and completeness. We extracted the following data from each included full-text article: (1) author, (2) location (3) year of publication, (4) purpose of study, (5) study design, (6) participants, (7) outcome(s) measured, and (8) information needs, and barriers and facilitators to accessing SRH services identified and reported in the articles.

**Table 3**
*Included Studies on the Information Needs of Immigrant Youth Related to Access to SRH Services*

| Author(s) and Year | Location | Purpose | Study Design | Participants | Outcome(s) Measured | Information needs identified |
|---|---|---|---|---|---|---|
| Adrien et al. 1994 | Montreal, Quebec | To determine AIDS-related knowledge and practices among Quebecers of Haitian origin. | Cross-sectional study | 775 participants from Haiti aged 15-24 years. | Knowledge of AIDS, sexual behaviour associated with risk of HIV transmission, and knowledge of condom use. | AIDS-related knowledge is high but there were some misconceptions about HIV transmission among women of Haitian origin in which they believe it can be passed on through sharing utensils and mosquito bites. Montrealer's with Haitian origin also have certain sociocultural characteristics that highlight their need for AIDS-related education. |

| Author(s) and Year | Location | Purpose | Study Design | Participants | Outcome(s) Measured | Information needs identified |
|---|---|---|---|---|---|---|
| Aptekman et al. 2014 | Toronto, Ontario | To describe the contraceptive methods of women of reproductive age receiving primary care at a refugee health clinic upon arrival to the clinic and to identify their unmet contraceptive needs. | Quantitative approach using a retrospective chart view. | A total of 7 refugee youth participants between the age range of 15-24 years old. | Contraceptive use prevalence among refugee women in Canada. | There is a high unmet contraceptive need in the refugee youth population. All women of reproductive age are recommended to be screened for contraceptive need upon initially seeking medical services in Canada. |
| Baidoobonso et al. 2013 | London, Ontario | To fill the knowledge gap by presenting service providers' and African, Caribbean, and other Black people (ACB) people's perceptions about HIV risk in ACB populations and describing the distribution of HIV risk behaviours among ACB people according to social status and position. | Qualitative semi-structured interviews and a cross-sectional quantitative questionnaire. | In phase 1, there were 22 ACB participants who were aged 16. In phase 2, 188 questionnaires were filled by participants who were 18 years old, identified as Black, and lived or spent most of the year in London or Middlesex County. | Perception of low personal risk and risk behaviours. Services to meet HIV-related needs. Barriers that prevent women from protecting themselves. Barriers that prevent men from protecting themselves. | The majority of community members called for more information and education about HIV in Canada and culturally appropriate HIV services. African migrant youth reported an inability to recognize the need and importance for HIV testing and believed their personal risk for contracting HIV is low. |

| Author(s) and Year | Location | Purpose | Study Design | Participants | Outcome(s) Measured | Information needs identified |
|---|---|---|---|---|---|---|
| Dunn et al. 2019 | Across Canada | To assess determinants of non-use of contraception among young immigrants in Canada who are considered at risk for unintended pregnancy. | Quantitative study using secondary analysis of cross-sectional data from the 2009-2010 Canadian Community Health Survey | 2,586 of the total sample consisted of non-Canadian born youth ages 15-24 years old. | Non-use of contraception and its determinants among immigrant youth. | There is a low prevalence of contraceptive use among immigrant youth due to reliance on condoms only, putting them at risk for unintended pregnancies. There is a need for policies and programs that support access to SRH services, particularly contraceptive methods. Additionally, high rates of non-use of contraception may reflect issues of limited access and concerns about confidentiality. |
| Gray et al. 2008 | Toronto, Ontario | To have an overview of HIV-related knowledge, attitudes, and behaviour, and to determine HIV prevalence. | Quantitative study | 456 participants (230 women and 226 men)<br>Age range 15-24 years.<br>Immigrant participants from: Ethiopia, Kenya, Somalia, Uganda and Tanzania. | Knowledge, attitudes, and beliefs about HIV and other health issues | Individuals who did not have a family doctor were more likely to report an unmet health care need compared to those who had a family doctor. Reasons for not accessing care when needed were long wait times, busy schedules, unavailability of care at time required, and costs. |
| Meston et al. 1998 | Vancouver, British Columbia | To assess ethnic and length-of-residency influences on sexual knowledge among Canadian youth. | Quantitative study using questionnaires | A total of 702 participants aged 17-24 years of which 51% were of Asian ethnicity. | Assessed length of residency and its impact on Asian Canadian immigrants' sexual knowledge and current | Participants of Asian ancestry held more conservative sexual attitudes and demonstrated less sexual knowledge than did their non-Asian counterparts. Additionally, access of SRH services is not common among participants with Asian |

| Author(s) and Year | Location | Purpose | Study Design | Participants | Outcome(s) Measured | Information needs identified |
|---|---|---|---|---|---|---|
| | | | | | levels of sexual functioning. | ethnicity due to their conservative views on sexual health. |
| Nethery et al. 2019 | Across Canada | To examine the relationship between household income and contraceptive methods among immigrant female youth in Canada. | Quantitative and cross-sectional study. | 154 recent female immigrant youth participants. Aged 15-24. | The association between household income and other sociodemographic factors for immigrant youth using various contraceptive methods. | Lower household income was associated with decreased use of oral contraceptives and increased reliance on injectable contraceptives and condoms only. There is also a low prevalence of oral contraceptive-use among recent immigrant youth, who mostly relied on condoms only. |
| Ngobi et al. 2020 | Ottawa | To explore access barriers to reaching available HIV testing services among young African migrants from HIV-endemic countries. | Qualitative methodology using grounded theory and a multi-level socio-ecological approach. | A total of 20 young heterosexual migrants from African HIV-endemic countries aged 18-24 years, now living in Ottawa. | The barriers, abilities, and enablers to accessing HIV testing among young African migrant youth. | Participants were often unable to recognize the need for HIV testing and unable to actively seek and choose HIV testing. Additionally, a lack of outreach programs and inability to obtain required information about HIV. The structural barriers to testing include location of testing services, strategies to test, discretion, transportation, lack of comfort among men in antenatal clinics, and national and local guidelines. For instance, the criminalization of HIV prevents young migrant youth from timely accessing HIV testing due to the fear of non-disclosure prosecution. |

| Author(s) and Year | Location | Purpose | Study Design | Participants | Outcome(s) Measured | Information needs identified |
|---|---|---|---|---|---|---|
| Ochoa & Sampalis, 2014 | Montreal, Quebec | To explore the experiences of Latin American immigrant women perceptions of HIV/AIDS/STI risk and their experiences in accessing SRH services. | Qualitative study using an ethnographic approach. | 13 Latin American women participants who immigrated to Canada within the last 5 years ages 15-24. | Migratory experience, risk perceptions of HIV/AIDS/STIs, and barriers and facilitators to accessing health services for SRH concerns. | All participants had general knowledge related to STIs and the different methods to protect themselves. The majority of immigrant Latin American women reported language to be a major barrier when accessing health services. Some respondents perceived themselves to be at risk of contracting HIV because they believed that there is more sexual freedom in Canada and that their partners had many previous sexual partners. The respondents who did not perceive themselves to be at risk were those who had a stable partner whom they could trust. |
| Odger et al. 2019 | Winnipeg, Manitoba | To understand how African newcomer teen girls and young women are affected by sexual health messages constructing and locating them as risky subjects. | Qualitative study using an Ethnographic community-based approach | A total of 80 immigrant young women between the ages of 15 and 24 years old. | Knowledge and self-awareness related to sexual health messages. | Immigration is a factor that shapes how and where young people understand the concept of sexual health. Immigrant youth lack information and knowledge about SRH, safe sexual behaviour, and access to health services. |

| Author(s) and Year | Location | Purpose | Study Design | Participants | Outcome(s) Measured | Information needs identified |
|---|---|---|---|---|---|---|
| Salehi & Flicker, 2010 | Toronto, Ontario | To explore predictors of access to sexual health education among urban youth with a focus on newcomers to Canada. | Quantitative study using Toronto Teen Survey, a community-based participatory research study. | A total of 405 immigrant youth aged 15-18 years old completed surveys. | Access to sexual health education among newcomer youth to Canada. | Youth have limited knowledge of or access to community SRH programs. Newcomer youth were five times less likely to have received sexual health education compared to Canadian born youth. Those who reported they were sexually inexperienced or unsure were two times less likely to have received sexual health education compared to those who reported they were sexually experienced. Barriers to accessing sexual health education for newcomer youth included a lack of awareness, language barriers, parental hesitancy, and family circumstances that require youth to care for younger siblings. |
| Salehi et al. 2014 | Toronto, Ontario | To understand the sexual experiences of diverse groups of youth as well as factors that help or hinder their access to sexual health clinics. | Quantitative study using the Toronto Teen Survey. | A total of 1,022 immigrant participants including newcomer youth and longer-term immigrants aged 15 and 17 years old. | Factors associated with access to sexual health services by immigrant youth in Canada. | Youth who reported to have received sex education were more likely to have accessed services when compared to those who had not received any sex education. Asians were the least likely to have accessed services, followed by Black people and 'other' races. Other factors impacting access to SRH services among immigrant youth are confidentiality, fear of discrimination, limited knowledge on navigating a complex health care |

| Author(s) and Year | Location | Purpose | Study Design | Participants | Outcome(s) Measured | Information needs identified |
|---|---|---|---|---|---|---|
| | | | | | | system, and certain cultural groups holding conservative views on sexual behaviour. |
| Shoveller et al. 2007 | Vancouver, British Columbia | To assess women's knowledge, attitudes and experiences related to emergency contraception, with particular attention to how ethnicity affected their stories. | Qualitative study | Participants age 15-24 years old. Total of 52 women. 18 women from Asian backgrounds, 16 from South Asian backgrounds and 18 from other backgrounds. | Perceived vulnerability to pregnancy, knowledge of emergency contraception, experiences using emergency contraception, sociocultural and institutional factors. | Participants reported having heard about health risks associated with long-term use of oral contraceptives and worried that taking emergency contraception may lead to negative health outcomes. This is common among Asian and South Asian participants who feared that repeated use could reduce fertility and libido. |

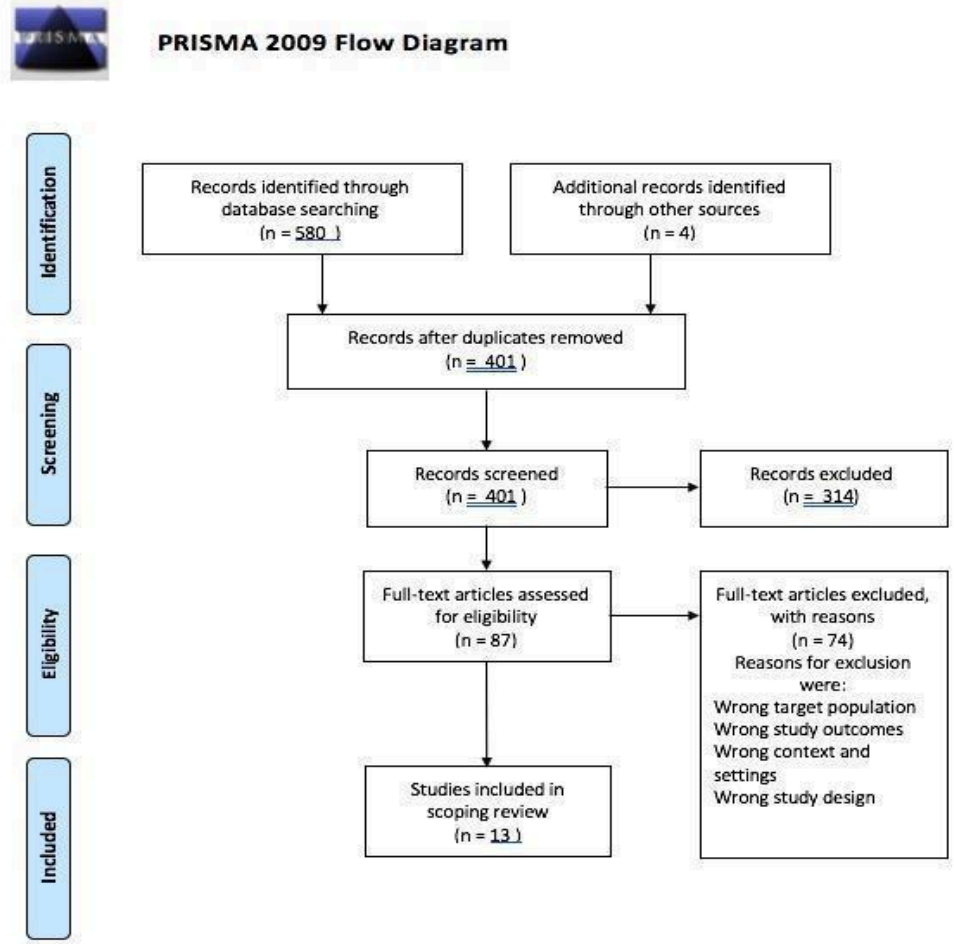
**Framework Stage Five: Data summary and synthesis of results**

This stage involved collating, summarizing, and reporting the results. We have presented a descriptive analysis of the included studies, as seen in the findings section. Since a scoping review was used to map out the concepts related to this research area and the main sources and types of evidence available, the aggregated findings provided an overview rather than an assessment of the quality of individual studies.

## Summary of the Salient Findings

The search identified 580 articles that were screened against the inclusion criteria through which we identified 10 studies. An additional 3 articles were identified by hand-searching the reference lists of included articles which added to a total of 13 articles. A breakdown of the review process is illustrated in Figure 1. The following were several reasons we excluded articles: (1) wide age range among participants, (2) the number of immigrant youth participants was not clearly stated, (3) intervention-based studies that are beyond the context of a scoping review, (4) not conducted in Canada , and (5) study outcomes are not relevant to our review.

**Figure 1**
*Illustration of PRISMA 2009 Flow Diagram*




## Study Characteristics

Six studies were quantitative; five were qualitative; and two were mixed methods. All the studies (n=13) were conducted in Canada. Sample sizes ranged from 52 to 2,586 subjects (mean = 1,319) in quantitative studies and 20 to 80 participants (mean=50) in qualitative ones. The majority of studies did not restrict their sample by ethnicity, however, a few studies purposefully examined participants based on racial and ethnocultural origins including Latin-American women (Ochoa & Sampalis, 2014), African migrant youth (Odger et al., 2019; Ngobi et al., 2020), African, Caribbean, and other Black people (ACB) (Baidoobonso et al., 2013), South Asian people (Shoveller et al., 2007), and Haitian people (Adrien et al., 1994). Data collection methods varied and included surveys, questionnaires, and interviews. See Table 3 for the characteristics of the included studies.

## Study Findings

We organized the findings based upon our outcomes of interest: information needs of immigrant youth related to SRH and access to services; and barriers and facilitators to accessing services among immigrant youth.

## Information Needs of Youth Related to SRH and Access to SRH Services

All thirteen primary research studies reported the information needs of immigrant youth related to SRH and access to SRH services (Adrien et al., 1994; Aptekman et al., 2014, Baidoobonso et al., 2013; Dunn et al., 2019; Gray et al., 2008; Meston et al., 1998; Nethery et al., 2019; Ngobi et al., 2020; Ochoa & Sampalis, 2014; Odger et al., 2019; Salehi et al., 2010, 2014; Shoveller et al., 2007). Four of these studies suggested that immigrant youth are less likely to receive sexual health education and have limited knowledge about SRH and access to SRH services (Adrien et al., 1994; Meston et al., 1998; Odger et al., 2019; Salehi et al., 2010).

Three studies also reported that immigrant youth lacked knowledge related to HIV transmission (Adrien et al., 1994; Baidoobonso et al., 2013; Ngobi et al., 2020). Adrien et al. (1994) conducted a study among immigrant youth of Haitian origin, reported that these youth believed that HIV could be passed on through mosquito bites or sharing utensils. Multiple studies suggested that HIV risk perception among immigrant youth is influenced by life trajectories, including immigration and experiencing social and gender inequalities in a new environment (Ochoa & Sampalis, 2014; Odger et al., 2019; Ngobi et al., 2020; Baidoobonso et al., 2013). For instance, Ngobi et al. (2020) pointed out that young African migrants' perceptions of the need for testing are influenced by personal experiences in their countries of origin, where HIV education is widespread. However, African migrant youth reported their inability to recognize the need and importance for HIV testing and believed that their personal risk for contracting HIV is low (Ngobi et al., 2020; Baidoobonso et al., 2013). Furthermore, Latin American immigrant women possessed general knowledge about STIs and ways to protect themselves (Ochoa & Sampalis, 2014).

## Barriers and Facilitators in Accessing SRH Services and Education

### *Barriers*

Six of 13 studies assessed barriers in accessing SRH services and education by immigrant youth in Canada. Two studies assessed barriers in accessing SRH services using quantitative methods (Gray et al., 2008; Salehi et al., 2010), whereas three studies used qualitative methods (Ngobi et al., 2020; Ochoa & Sampalis, 2014; Salehi et al., 2014), and one study used a mixed-method approach including semi-structured interviews and questionnaires (Baidoobonso et al., 2013). The most commonly identified barriers in these studies included: language barrier, structural barrier, barriers to accessing contraceptive services, and racialization.

**Language Barrier.** Two studies highlighted that language is a major barrier to accessing SRH services among immigrant youth (Ochoa & Sampalis, 2014; Salehi et al., 2010). The majority of Latin American women reported that language was a significant barrier to accessing health services (Ochoa & Sampalis, 2014). For instance, Latin American women perceived language as a big obstacle even when translating services were available because they felt

uncomfortable discussing their sexual health concerns in the presence of a translator (Ochoa & Sampalis, 2014). Additionally, when translating services were unavailable, women had to find someone to accompany them to appointments, which created confidentiality issues (Ochoa & Sampalis, 2014). As a result of language barriers, Latin American immigrant women often avoided seeking health services altogether (Ochoa & Sampalis, 2014). Given language is perceived to be a major barrier to accessing services among Latin American women immigrants, it is also important to note that those who have lived in Canada for a longer period did not find language a significant barrier (Salehi et al., 2014).

**Structural Barriers.** One study reported that structural barriers hinder immigrant youth from accessing SRH services. African migrant youth participants in the study conducted by Ngobi et al. (2020) reported that structural barriers included the location of STI and HIV testing, discretion, lack of privacy and comfort among young men, and local and national guidelines on the criminalization of HIV, hinder the access to these services.

**Racialization as a Barrier.** Three studies reported the impact racialization has on immigrant youths' access to SRH services (Meston et al., 1998; Ngobi et al., 2020; Salehi et al., 2014). The variable race was found to be a stronger indicator of access when compared to immigration which acts as a barrier to accessing SRH services (Salehi et al., 2014). This variable was reflected in two studies which suggested that immigrant youth of Asian ethnicity were the least likely to have accessed services due to their conservative views related to sexual health (Meston et al., 1998; Salehi et al., 2014). Furthermore, young African migrants expressed how the racialization of HIV may lead to embarrassment when choosing to seek testing (Ngobi et al., 2020).

**Barriers in Accessing Contraceptive Services.** Four studies reported the challenges associated with accessing contraceptive services among immigrant youth (Aptekman et al., 2014; Dunn et al., 2019; Nethery et al., 2019; Shoveller et al., 2007). A fraction of Canadian youth including immigrant and non-immigrant youth are at substantial risk for unintended pregnancy and are reported to be non-users of contraception (Dunn et al., 2019). Several barriers to accessing comprehensive family planning included low household income, lack of health insurance, confidentiality concerns, and misconceptions about contraceptive methods. The findings of one study suggested that confidentiality is a concern for youth when accessing contraceptive services (Dunn et al., 2019). Additionally, lower household income was found to be associated with decreased use of oral contraceptives and increased reliance on injectable contraceptives and condoms among immigrant female youth (Nethery et al., 2019). Furthermore, Shoveller et al. (2007) noted that Asian and South Asian participants reported believing that long-term use of emergency contraception may lead to reduced fertility and libido. Immigrant youth aged 15 to 17 who were considered at risk were significantly less likely to use contraception (Dunn et al., 2019). Likewise, sexual health and behaviour is viewed as less acceptable among youth in newcomer populations, making it even more challenging to seek contraceptive services (Dunn et al., 2019).

### *Facilitators*

Four studies reported the facilitators to accessing SRH services among immigrant youth in Canada (Baidoobonso et al., 2013; Dunn et al., 2019; Ngobi et al., 2020; Salehi et al., 2014). Some forms of sex education increased the likelihood of immigrant youth to access SRH services compared to those who had not been exposed to any sort of sexual health education (Salehi et al., 2014). Furthermore, immigrant youth who reported to be sexually active were more likely to utilize and access services (Salehi et al., 2014). Schools are a facilitator to accessing SRH education and services as they are a crucial point of contact for newcomer youth (Dunn et al., 2019; Salehi et al., 2010). For instance, some universities provide accessible sexual health services to students, such as inexpensive contraceptive methods through school drug insurance plans (Dunn et al., 2019).

Furthermore, knowledge, peace of mind, and having a sense of responsibility are all associated with increased access to HIV testing among African migrant youth (Ngobi et al., 2020). African migrant youth reported that the desire to know their HIV status enabled them to accept their need for appropriate testing services (Ngobi et al., 2020). Further facilitators to accessing HIV testing included the availability of testing technology and treatments, the anonymity and convenience of testing, and the belief that getting tested was the necessary thing to do in a relationship (Ngobi et al., 2020). Culturally appropriate services specifically designed for ACB people, community-based programs, improved access to care, and sensitization around HIV are all facilitators to accessing HIV services for immigrant youth (Baidoobonso et al., 2013; Ngobi et al., 2020).

**Future Research Recommendations Exist in the Literature**

Five studies made recommendations for future research to focus on HIV prevention and awareness through attracting young immigrants to get tested and to consider all aspects of a person such as gender, financial status, social context, and immigration experience (Adrien et al., 1994; Baidoobonso et al., 2013; Gray et al., 2008; Ngobi et al., 2020; Ochoa & Sampalis, 2014). Researchers in the area of access to contraceptive services and family planning signaled a need for research aimed at reducing the barriers to accessing safe and effective contraception in Canada (Aptekman et al., 2014; Dunn et al., 2019; Nethery et al., 2019; Shoveller et al., 2007). More specifically, Nethery et al. (2019) suggested that research must be done to further examine the differences in contraceptive use, particularly in low-income settings and Northern Canadian populations. Three studies reported a need for research aimed to develop sexual health education for immigrant youth to close the gaps for those with unmet needs (Meston et al., 1998; Salehi & Flicker, 2010; Salehi et al., 2014). Salehi et al. (2014) also pointed out that the SRH needs of LGBTQ immigrant youth are under-explored. Therefore, researchers need to adopt an intersectional approach that considers gender, race, class, sexual orientation, and migration experience. Furthermore, researchers should focus on enhancing the rigor of future studies related to immigration and health by including multiple languages to promote inclusiveness (Salehi et al., 2014). Researchers also recommend future studies to include the different experiences of newcomers and longer-term immigrants as research shows that length-of-residency and immigration category result in varying contexts and influences sexual attitudes (Meston et al., 1998; Salehi et al., 2014).

## Discussion

Few studies were conducted to understand youths' access to SRH services in Canada. When exploring youths' knowledge, beliefs, and experiences related to accessing contraceptive services in Canada, we found there is a low prevalence of contraceptive use among immigrant and non-immigrant youth, putting this population at risk for poor sexual health outcomes. The findings from this review proposed that knowledge, awareness, and accessibility of services among immigrant youth needs to be addressed as this directly impacts SRH outcomes so that health outcomes can be optimized.

Language barriers significantly limit the extent to which immigrants communicate their health concerns and their ability to comprehend instructions provided by health professionals (Salami et al., 2020). Translating services are available to mitigate these language barriers; however, not all physicians support this form of communication, and in some cases, these services are uninsured (Ahmed et al., 2016). Additionally, youth were concerned about confidentiality and privacy as they were reluctant and sometimes avoided discussing sensitive sexual health issues in front of an interpreter, fearing that they might divulge the information to other people. This might pressure youth to avoid seeking health services which may be detrimental to their health. Therefore, there is the potential for future policy directions to improving communication between health providers and immigrant patients.

The identified health system structural and racialization barriers point to the need for improved access to SRH services such as STI and HIV testing and improved cultural awareness among healthcare providers. There is also a need for more specific systemic mitigation strategies or the development of best practice guidelines that allow female and male practitioners to provide SRH services and information to female and male patients separately. In a study that explored access to primary healthcare by immigrants, it was identified that 'gender preference' served as a potential barrier considering immigrant women preferred female physicians for their care, particularly for gynecological concerns (Ahmed et al., 2016). By ensuring immigrants have a basic understanding of the Canadian healthcare system, the lack of knowledge as a key barrier to access SRH care and services can be mitigated. Other research found that immigrant youth were unaware of the free benefits they were entitled to under Canada's universal healthcare system (Geary et al., 2014; Salam et al., 2016; Salehi et al., 2014). Inadequate knowledge of free or subsidized SRH services prevented these youth from accessing SRH supports. Creative ways of reaching out and educating immigrant groups need to be explored to increase awareness of available resources. In addition to identifying barriers to SRH care, this review also allowed us to identify gaps in research related to this topic, including immigrant youth in Canada not comprehensively studied before, proven by the lack of studies reporting the sexual health experiences and knowledge of this underserved population. Another gap identified in the literature was the inability of studies to differentiate between subgroups within the immigrant population, such as newcomers and longer-term immigrants, which is important to consider since length-of-residency impacts a person's ability to navigate the healthcare system and utilize services.

**Strengths and Limitations**

This scoping review had certain limitations which are important to consider when analyzing the findings of this study. One limitation was that this study only included papers in English which omitted relevant publications in other languages. Additionally, given the lack of studies on the information needs of immigrant youth related to SRH in Canada, only 13 articles were included in this scoping review. Another limitation was the wide age range of participants in some studies, which made it difficult to analyze whether youth have more SRH knowledge deficit. Further, the topic of this study presents reporting bias with the collection of sensitive data since some cultural groups underreport their SRH experiences due to fear of shame and judgement. A strength of this scoping review was that this was the first study to explore the scope of existing research on the SRH of immigrant youth in the Canadian context, which may help fill knowledge and research gaps, and influence policy.

**Implications for Service Providers, Policymakers, and Educators**

Given that there are significant barriers to accessing SRH services among our target population, this highlights the need for the development of culturally appropriate sexual health promotion initiatives and approaches by service providers. Service providers could benefit from ongoing professional development opportunities that will help them to develop a 'critical cultural approach' in providing SRH services to immigrant youth in Canada. Additionally, healthcare providers, including nurses, must reflect on their own biases and have open discussions on how power relationships, racism, systemic oppression, and inequities influence their perceptions and practices. This shift in practice may improve the perceptions of racialized youths' experiences with the health care system.

This scoping review highlighted that schools and other agencies are in a position to address limited sexual health knowledge through curricular revision, incorporating sexual health education into English as a Second Language (ESL) classes, giving attention to youth from HIV endemic countries, and institutional support for educators seeking to address the SRH needs of newcomer youth. Nursing education in Canada should further address cultural factors, gender-based norms, sexual health stigma, racial injustices, and discrimination as a first step to tackling these barriers. Furthermore, several findings in this scoping review warrant a need for policies and programs to promote access to contraceptive services that draw special attention to younger teens, newcomers, low-income youth, and youth not in school. Research should also focus on addressing the structural barriers that impede access to SRH services, such as confidentiality concerns, implementation of youth-friendly services, a demand for more HIV and STI testing centers, and easy access to contraceptive services.

## Conclusion

This scoping review was an essential approach to examining existing research evidence related to the sexual health of immigrant youth in Canada. The focus of this scoping review was to address the information needs of this population, barriers and facilitators to accessing SRH

services, and sexual health experiences related to contraceptive services. The gaps identified in this review included limited literature on the experiences and knowledge of immigrant youth related to accessing SRH services, specifically in Canada. The multiple barriers youth face when accessing education and services highlights a need to develop interventions that respond to the complexities of factors associated with improving immigrant youths' sexual knowledge, behaviour, and health outcomes. Furthermore, the findings from this review proposed that the issue of sexual health stigma needs to be addressed by health professionals through the provision of culturally sensitive education and programs, with particular attention to STI awareness. There is plenty of room for further research on the sexual health of immigrant youth and is paramount to informing future sexual health policies and interventions.

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**Appendix A**

Search Strategy

| | | | |
|---|---|---|---|
| Immigrant Youth Sexual Reproductive Health Needs Scoping Review | | | |
| | | | |
| **Medline Search (OVID) - 1946 - Present** | | | |
| Date: March 10, 2020 | | | |
| | | | |
| Line # | Search Terms | # of Results | Comments |
| 1 | exp "Emigrants and Immigrants"/ or Refugees/ or (immigrant* or immigration or emigrant* or emigration or refugee* or asylum seeker* or asylee* or displaced person* or "incomer*" or "in comer*" or "new comer*" or newcomer* or migrant* or resettler*).mp | 81871 | Taken from HSL filters page (please give appropriate citation in your paper, see word doc) |
| 2 | adolescent/ or young adult/ | 2370961 | |
| 3 | exp Puberty/ | 17486 | |
| 4 | Minors/ | 2560 | |
| 5 | (youth* or young or adolescen* or teens or teen-ager* or puberty or pubescen* or (young adj2 (adult* or people or person* or individual)) or juvenile or minors).mp | 2845320 | |
| 6 | 2 or 3 or 4 or 5 | 2846702 | |
| 7 | 1 and 6 | 19834 | Final combined line for "immigrant youth" concept |
| 8 | exp sexual behavior/ or exp coitus/ or exp sexuality/ or exp homosexuality/ | 104942 | |
| 9 | Pregnancy in Adolescence/ | 7850 | |
| 10 | exp sexually transmitted diseases/ or exp sexually transmitted diseases, bacterial/ or exp sexually transmitted diseases, viral/ | 336503 | |

| | | | |
|---|---|---|---|
| 11 | Hepatitis C/ | 40009 | |
| 12 | exp HIV/ | 97547 | |
| 13 | exp contraceptive agents/ or exp contraceptive agents, female/ or exp contraceptives, oral/ or exp contraceptives, postcoital/ or exp contraceptive agents, hormonal/ or exp contraceptive agents, male/ | 73465 | |
| 14 | exp contraceptive devices/ or exp contraceptive devices, female/ or exp intrauterine devices/ or exp intrauterine devices, medicated/ or exp contraceptive devices, male/ | 24991 | |
| 15 | exp Contraception/ | 26557 | |
| 16 | reproductive behavior/ or contraception behavior/ | 8952 | |
| 17 | gender-based violence/ or intimate partner violence/ | 2334 | |
| 18 | "health services needs and demand"/ or needs assessment/ | 80536 | |
| 19 | Family Planning Services/ | 24647 | |
| 20 | Sex Education/ | 8732 | |
| 21 | exp Health Services Accessibility/ | 108560 | |
| 22 | (sexual* adj2 ("reproductive health" or "health care" or healthcare or clinic* or behavio?r* or educat* or service* or inform*)).mp | 95872 | |
| 23 | (STD or STDs or STI or STIs or HIV or HepC or STBBI or STBBIs).mp. | 366386 | |
| 24 | (contracept* adj2 (usage* or behavio?r* or information or method* or education)).mp. | 25332 | |
| 25 | planned parenthood.mp. | 1356 | |
| 26 | or/8-25 | 868086 | Final combined line for "sexual reproductive health" |
| 27 | 7 and 26 | 3471 | Final combined line for "immigrant youth" and "sexual reproductive health" |
| 28 | (canad* or british columbia or alberta or saskatchewan or manitoba or ontario or quebec or new brunswick or nouveau brunswick or nova scotia or prince edward island or newfoundland or labrador or nunavut or nwt or northwest territories or yukon).mp,cp,in,jw,nw. | 1137713 | |

| | | | |
|---|---|---|---|
| 29 | 27 and 28 | **248** | Final search, includes all concepts |
| | | | |
| **EMBASE search (OVID) 1946 - present** | | | |
| Date: April 10, 2020 | | | |
| | | | |
| Line # | Search Terms | # of results | Comments |
| 1 | exp "Emigrants and Immigrants"/ or Refugees/ or (immigrant* or immigration or emigrant* or emigration or refugee* or asylum seeker* or asylee* or displaced person* or "incomer*" or "in comer*" or "new comer*" or newcomer* or migrant* or resettler*).mp | 79329 | |
| 2 | adolescent/ or young adult/ | 1715052 | |
| 3 | exp Puberty/ | 40596 | |
| 4 | Minors/ | 606 | |
| 5 | (youth* or young or adolescen* or teens or teen-ager* or puberty or pubescen* or (young adj2 (adult* or people or person* or individual)) or juvenile or minors).mp. | 2394324 | |
| 6 | 2 or 3 or 4 or 5 | 2402582 | |
| 7 | 1 and 6 | 15407 | |
| 8 | exp sexual behaviour/ or exp coitus/ or exp sexuality/ or exp homosexuality/ | 265268 | |
| 9 | Pregnancy in Adolescence/ | 9142 | |
| 10 | exp sexually transmitted diseases/ or exp sexually transmitted diseases, bacterial/ or exp sexually transmitted diseases, viral/ | 87532 | |
| 11 | Hepatitis C/ | 104546 | |
| 12 | exp HIV/ | 193558 | |
| 13 | exp contraceptive agent/ | 143578 | |
| 14 | exp contraceptive devices/ or exp contraceptive devices, female/ or exp intrauterine devices/ or exp intrauterine devices, medicated/ or exp contraceptive devices, male/ | 42057 | |
| 15 | exp Contraception/ | 152552 | |
| 16 | reproductive behaviour/ or contraception behaviour/ | 4550 | |

| | | | |
|---|---|---|---|
| 17 | gender-based violence/ or intimate partner violence/ | 6981 | |
| 18 | "health services needs and demand"/ or needs assessment/ | 152918 | |
| 19 | Family Planning Services/ | 33297 | |
| 20 | Sex Education/ | 11061 | |
| 21 | exp Health Services Accessibility/ | 3177910 | |
| 22 | (sexual* adj2 ("reproductive health" or "health care" or healthcare or clinic* orbehaviouro?r* or educat* or service* or inform*)).mp. | 128257 | |
| 23 | (STD or STDs or STI or STIs or HIV or HepC or STBBI or STBBIs).mp. | 423887 | |
| 24 | (contracept* adj2 (usage* or behavio?r* or information or method* or education)).mp. | 21365 | |
| 25 | planned parenthood.mp. | 845 | |
| 26 | or/8-25 | 4215220 | |
| 27 | 7 and 26 | 4441 | |
| 28 | (canad* or british columbia or alberta or saskatchewan or manitoba or ontario or quebec or new brunswick or nouveau brunswick or nova scotia or prince edward island or newfoundland or labrador or nunavut or nwt or northwest territories or yukon).mp,cp,in,jw. | 1532559 | |
| 29 | 27 and 28 | **330** | Final search |
| | | | |
| **Cochrane Library Search** | | | |
| Date: July 1, 2020 | | | |
| Line # | Search terms | # of results | |
| 1 | [mh "Emigrants and Immigrants"] or [mh Refugees] or (immigrant* or immigration or emigrant* or emigration or refugee* or asylum seeker* or asylee* or displaced person* or "incomer*" or "in comer*" or "new comer*" or newcomer* or migrant* or resettler*):ti,ab,kw | 1625 | |
| 2 | [mh ^adolescent] or [mh ^"young adult"] or (adolescen* or "young adult*"):ti,ab,kw | 177750 | |
| 3 | [mh puberty] | 354 | |
| 4 | [mh ^minors] | 8 | |
| 5 | (youth* or young or adolescen* or teens or teen-ager* or puberty or pubescen* or (young NEAR/2 (adult* or | 203060 | |

| | | | |
|---|---|---|---|
| | people or person* or individual)) or juvenile or minors):ti,ab,kw | | |
| 6 | #2 OR #3 OR #4 OR #5 | 203075 | |
| 7 | #1 AND #6 | 424 | |
| 8 | [mh "sexual behavior"] or [mh coitus] or [mh sexuality] or [mh homosexuality] | 3115 | |
| 9 | [mh ^"Pregnancy in Adolescence"] | 184 | |
| 10 | [mh "sexually transmitted diseases"] or [mh "sexually transmitted diseases, bacterial"] or [mh "sexually transmitted diseases, viral"] | 11887 | |
| 11 | [mh ^"Hepatitis C"] | 1878 | |
| 12 | [mh HIV] | 3034 | |
| 13 | [mh "contraceptive agents"] or [mh "contraceptive agents, female"] or [mh "contraceptives, oral"] or [mh "contraceptives, postcoital"] or [mh "contraceptive agents, hormonal"] or [mh "contraceptive agents, male"] | 2726 | |
| 14 | [mh "contraceptive devices"] or [mh "contraceptive devices, female"] or [mh "intrauterine devices"] or [mh "intrauterine devices, medicated"] or [mh "contraceptive devices, male"] | 1478 | |
| 15 | [mh Contraception] | 454 | |
| 16 | [mh ^"reproductive behavior"] or [mh ^"contraception behavior"] | 222 | |
| 17 | [mh ^"gender based violence"] or [mh ^"intimate partner violence"] | 133 | |
| 18 | [mh ^"health services needs and demand"] or [mh ^"needs assessment"] | 661 | |
| 19 | [mh ^"Family Planning Services"] | 217 | |
| 20 | [mh ^"Sex Education"] | 245 | |
| 21 | [mh "Health Services Accessibility"] | 934 | |
| 22 | (sexual* NEAR/2 ("reproductive health" or "health care" or healthcare or clinic* or behavio?r* or educat* or service* or inform*)):ti,ab,kw | 5086 | |
| 23 | (STD or STDs or STI or STIs or HIV or HepC or STBBI or STBBIs):ti,ab,kw | 27161 | |
| 24 | (contracept* NEAR/2 (usage* or behavio?r* or information or method* or education)):ti,ab,kw | 3642 | |
| 25 | planned parenthood:ti,ab,kw | 72 | |
| 26 | {OR #8-#25} | 41350 | |

| | | | |
|---|---|---|---|
| 27 | #7 AND #26 | 52 | |
| 28 | (canad* or british columbia or alberta or saskatchewan or manitoba or ontario or quebec or new brunswick or nouveau brunswick or nova scotia or prince edward island or newfoundland or labrador or nunavut or nwt or northwest territories or yukon):ti,ab,kw | 20184 | |
| 29 | #27 AND #28 | **2** | Final search |