

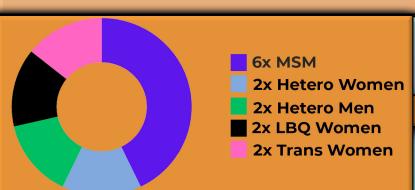
CIHR FUNDED YSMENA STUDY

CIHR IRSC

Demographics and Methodology

Using a mix-methods design, data were collected using a quantitative socio-demographic survey and qualitative focus groups with 56 MENA youth, ages 16-29 years in Ontario. Youth of diverse sexual and gender identities were recruited to ensure the data was meaningfully representative of different lived realities. Fourteen (14) sequential critical dialogical focus groups were held with youth sub-groups including, gay and bisexual cis men, heterosexual cis men, heterosexual cis women, lesbian and queer cis women, and trans women. Each group participated in two focus group sessions to understand: 1) youth sexual health behaviours and cultural identity; and 2) participant recommendations for interventions. An additional focus group, focused solely on interventions was conducted, with representation from all sub-groups. Sessions were transcribed and coded using NVIVO for thematic analysis. Participants were recruited through study flyers shared by word of mouth and by partner organizations via email or social media.

One (1) focus group with representation from previous groups



Focus Groups

Two Sequential Critical Dialogical
Focus Group Sessions (14), 6-10/group.
Total participants: 56
There were 14 focus groups transcribed,
including one with translated
transcription.
All qualitative data coded using NVIVO.

Important First Steps

Recruit and Train 6 MENA Peer Leaders as Peer Research Associates (PRAs) Pre-Focus Group Socio Demographic Survey and Journal Focus Group Discussion Guide (3 PRAs/focus group)

Field Notes

All focus groups had field notes compiled

Each session had a PRA assigned to take these detailed field notes.

All field notes were coded using NVIVO.

PRA Descriptive Journal

Desriptive journals were completed by each PRA, where they reflected on session themes and observations.

From these journals, emerging themes, challenges and the need for additional probes was determined.

Surveys (56 Total)

Quantative and qualitative socio-economic data, sexual health, and health access were surveyed.

Qualitative responses on survey were coded using NVIVO.





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