we deserve
chlamydia
care

We Deserve Chlamydia Care
Two-Spirit-specific methods and findings

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Introduction

This short report presents methods and findings specific to Two-Spirit and Indigiqueer participants from **We Deserve Chlamydia Care**, a community-based qualitative study examining experiences of chlamydia-related healthcare in Ontario in 2025. The study was led by Dr. Maryam Khan (Wilfrid Laurier University) in partnership with Community-Based Research Centre (CBRC), with funding from a Canadian Institutes of Health Research (CIHR) Catalyst Grant, and conducted in collaboration with academic and community partners across Ontario.

The study explored how disabled, Indigenous, Black and People of Colour (IBPOC), Two-Spirit, Lesbian, Bisexual, Transgender, Queer (2S/LBTQ+) women and gender-diverse communities experience access to chlamydia testing and care in Ontario. While Two-Spirit and Indigiqueer participants were part of the broader study sample, this separate report was developed in collaboration with the Two-Spirit Program team at CBRC to ensure that their experiences were analyzed and presented through culturally grounded, community-led relational approaches that reflect the distinct impacts of colonialism, anti-Indigenous racism, and Two-Spirit-specific contexts of care. Findings from the full study are presented in the We Deserve Chlamydia Care **Community Report**.

Methodology

In this study, Two-Spirit and Indigiqueer participants shared experiences shaped not only by sexual healthcare systems but also by the ongoing impacts of colonialism, racism, and gender-based violence. To honour these realities, the team adopted a distinct analysis approach grounded in relational accountability and Two-Spirit leadership. This approach ensured that interpretation was rooted in community knowledge, cultural safety, and the lived expertise of Two-Spirit researchers. The findings that follow reflect themes identified both through participant stories and through a collective, community-guided analytic process.

Qualitative interviews

All eight Indigenous study participants identifying as Two-Spirit and/or Indigiqueer were given the option of having their qualitative interview facilitated by Jaylene McRae, Two-Spirit Research Coordinator at CBRC. Three participants chose to interview with Jaylene while the remaining five met with CBRC Research Coordinator Malek Yalaoui. This approach enabled participants to choose an interviewer they felt comfortable with, thereby supporting a culturally safer, more relational interview process.

Analysis

Interview transcripts with the eight Two-Spirit and Indigiqueer participants were collaboratively reviewed by members of both the study's core research team and the Two-Spirit Program team at CBRC, including Lane Bonertz (Associate Director, Two-Spirit Health), Jaylene McRae (Research Coordinator), Skye Wilson (Research Assistant), and KD King (academic advisor to the Two-Spirit Program team). In addition to reviewing transcripts directly, KD King provided capacity-building support to Two-Spirit team members in developing analytical and interpretive research skillsets.

Each reviewer (Lane Bonertz, Jaylene McRae, Skye Wilson, and KD King) independently analyzed two of the eight transcripts and identified significant themes in participants' stories. Their insights were then brought together through a collaborative discussion process and form the basis of the findings presented here.

Key findings

The findings that follow reflect how systemic racism, geographic and economic exclusion, stigma, and erasure shape access to sexual healthcare, while also highlighting cultural strength, intergenerational responsibility, self-determination, and holistic understandings of health as sources of care and resilience. Together, these insights situate Two-Spirit experiences within broader patterns identified across the study, while underscoring the urgent need for culturally grounded, identity-affirming, and Indigenous-led sexual healthcare in Ontario.

Anti-Indigenous racism

Participants spoke about the systemic neglect and racism faced by Indigenous people in healthcare, including assumptions of substance use, disrespect for cultural knowledge, and a lack of Indigenous-led sexual health resources. These experiences contribute to ongoing distrust and harm.

> ***"My friends drove me to the hospital, and I'm in a tank top, so you also can see all my tattoos showing who I am. And I'm telling this lady what's happening. And they're like, 'Are you sure you didn't take anything, any drugs or alcohol?' I was like, 'No, I am sober'... And I got completely brushed off, ignored, asked multiple times, did I take anything or was I drinking?"***

Cultural and geographic isolation

Participants often emphasized how being Two-Spirit in rural or remote areas created layers of isolation, and a number spoke about relocating for safety or better care, often describing small-town clinics as unsafe or ignorant. In this way, urban migration became a survival strategy rather than simply a "choice."

> ***"I grew up in small town Ontario, so I definitely get the harmful and unsafe perspectives we often grew up with."***

> ***"So I originally grew up in a smaller town and so I actually recently moved to [large city]. So it's like the access I have now is blowing my mind."***

> ***"Back in my home community, I usually accessed it through our local health unit, which was both good and bad because there's still a lot of lack of education around trans healthcare and just the attitudes aren't always the greatest."***

Economic and access barriers

Too often, cost, inaccessible transportation, and lack of identification or health cards made STBBI testing out of reach, particularly for unhoused or criminalized Two-Spirit people. Rather than individual failure, these barriers are linked to systemic neglect.

> ***"I had to pay for the medication myself because I don't have drug benefit coverage. I've been very broke, and I had to make a decision between the last 50 bucks I had for the gas, for food as medication. And I went and got the medication. Thankfully, it didn't take up the whole $50, but sometimes people have to make choices... It's pretty messed up that I would have to be in that position to decide whether I want to eat or get this medication. I had to split that money between gas and this medication, and then I became broke again, which was so hard. This thing just happened. I didn't plan for it, and then it just became another unfortunate expense. It really did mess with my mental health."***

> ***“Individuals inside, sometimes when they request to go get tested… they don't get to because either they're in max or like if they got in fights or anything like that, so they're not able to access [STBBI testing]. And the nurses there, they can't do the procedure there… you literally have to leave to go there … For individuals that are unhoused… if you don't have a health card, how are you going to go [to access testing and treatment]? … I've been unhoused and I've also been in prison so I feel like those questions are questions that should be asked.”***

Mistrust and stigma surrounding testing

A recurring theme in participants' experiences was the emotional toll of the stigma surrounding STBBI testing, especially shame projected onto Indigenous women and Two-Spirit people. Participants' embarrassment, silence, and fear of judgment were recognized as results of colonized moralism and some saw community-based, peer-led testing spaces as safer alternatives.

> ***“I'm still finding it difficult to come to terms with things not being so taboo… I still have these old thoughts stuck in my head. I think that a lot of that is very strongly trauma-based and not having healthy, positive supports around… Because, even when I recently just went to get tested, my head was down. I wasn't making eye contact. I felt very embarrassed and ashamed because, again, I should know better. Yeah, there's a lot of shame around it. Yeah, it's just a lot of shame.”***

> ***“I also have a few traumas around [healthcare environments]. But one thing I did find helped at one point in my life, I was in a women's shelter after experiencing homelessness and the doctor actually came to the women's shelter to do my testing there and that was really sweet. And it made it a lot more comfortable ‘cause it was an environment I was familiar with and you knew it was judgment free because everyone knew why you were there.”***

Youth, intergenerational knowledge, and breaking silence

Participants repeatedly connected their stories to protecting future generations, i.e. wanting their kin to grow up with better sex education and less shame. Two-Spirit reviewers identified this as a core expression of community care.

> ***“I believe everyone deserves to know if they have something, the information, how they got it, how they can get rid of it. Like, I believe that everyone needs to know this information. It's not information that should be hidden… but unfortunately, it is, and it doesn't have to be… I'm going to use like my [child] for an example. He's [a teenager]… He needs to do what he needs to do, and he needs to know about these things, you know what I mean? Like, what do you use to protect yourself and so forth? Right. Like, I didn't have that information when I was growing up. So I believe it's super important for our youth to know this information and also for our adults that don't know anything as well.”***

> ***“Condom use wasn't always a thing we always went to because, you know, back whenever we were younger, it was like, because we were trans, we didn't expect to have a life, so why care? So it's definitely changing those attitudes … Once you kind of realize, you know, I've got this life that creator's given me and I'm going to take advantage of that and I'm going to live that life, you know, you start becoming more aware. And also too, it's trying to promote that to those younger youth, to the next generation that, you know, you have this and you don't necessarily have to make these choices that I did.”***

Need for culturally-grounded, consent-based care

Participants made repeated calls for clear consent, transparency, and education from healthcare providers. For participants, this looks like practitioners who check boundaries, explain procedures, and respect identity categories beyond the gender binary reflecting both a gender-affirming and culturally-safe practice.

> ***"It starts with the education piece [for healthcare providers] because you can't really make those changes without that knowledge component. But then it's also that transparency too, of making sure that we're checking on boundaries of people and also being transparent about what the testing entails. That wasn't always the case in my experience and sometimes that's what made it harder. And it's also just, you know, that factor of sometimes the testing in my experience was basically you had to identify as male or female. And when you're Two-Spirit or you're non-binary, there's also that stigma there too that you've also just kind of created that box for me."***

Importance of self-determination in sexual healthcare

Many participants shared about learning to assert their agency in healthcare spaces that historically silenced them. Self-determination here went beyond simply "asking for testing" and it encompassed reclaiming power over decisions about one's body, treatment options, and relationships with providers. Participants described becoming unafraid to challenge dismissive or paternalistic doctors, to demand transparency, and to insist that their comfort and consent mattered. They further framed this as an act of self-sovereignty and relational accountability.

> ***"Overall, I know if you advocate for yourself, you'll probably get stuff done. But then I think at the age that I was, I'm older, so it's easy for me to be like, 'I'm putting my foot down.' ... Being through all that, I can advocate for myself versus being a teenager. I know my niece and nephews... they want to get tested and they got some pushback. They don't know so they're just going to be like, 'Oh, okay.' I feel like we should do better in helping our youth with testing and stuff, because that definitely is going to be awkward and they're not going to know what to do."***

> ***"I just thought to myself, you know what, I just have to be annoying and be a pusher and pick at them and call them. And also I tell people as well, if you want something done, you do have to constantly complain about it, even though you don't want to seem like a bother, you have to complain... Always just constantly start bringing it up, bringing it up. So then they can't tell you, this is the first time I'm hearing of this or anything."***

Spiritual dimensions of health and traditional medicine

Several participants framed wellness holistically (i.e. physical, mental, emotional, and spiritual) and framed sexual health not only as medical access but as part of reclaiming Indigenous understandings of body, balance, and kinship. This reflects a return to Indigenous understandings of health as relational. With this perspective in mind, chlamydia testing and care were described not only as clinical acts but as forms of ceremony, courage, and truth-telling. Participants also highlighted how traditional and cultural healing practices support their well-being, describing these practices as spiritually grounding and a reminder of collective, ancestral resilience.

> ***"That level of spiritual support could be also offered for Indigenous folks because the thing is there's a lot of shame and stigma around sexual activity... having the extra level of support with smudging and that stuff being available, medicines available, so our traditional medicines – I think that would be something helpful."***

> ***"Looking back at our traditional medicines as Indigenous people and, you know, how can we utilize that in terms of treatment? Because I know a lot of times we don't talk about how our traditional medicines can be used as part of that treatment or we leave that out of the discussion altogether."***

Recommendations

Based on the key findings presented in this report, the Two-Spirit Program team identifies the following priority actions to improve access to chlamydia testing and sexual healthcare for Two-Spirit and Indigiqueer people in Ontario.

Increase cultural supports within sexual healthcare services

Participants emphasized the importance of care environments that recognize Two-Spirit identities, Indigenous knowledge systems, and holistic understandings of health. Expanding Indigenous-led and community-based sexual health services (including access to cultural and spiritual supports where desired) can help reduce stigma, build trust, and create safer spaces for testing and care.

Strengthen training for healthcare providers on culturally-grounded care

Findings point to an urgent need for provider education that goes beyond basic cultural awareness to include Two-Spirit specific contexts; trauma-informed practice; and clear, ongoing consent. Training should be developed in partnership with Two-Spirit and Indigiqueer communities and integrated across sexual health and primary care settings.

Improve access to pharmacy coverage to reduce economic barriers

Economic precarity and lack of drug coverage were significant barriers to accessing chlamydia treatment. Expanding public coverage for chlamydia-related medications and reducing out-of-pocket pharmacy costs would help ensure that financial constraints do not prevent Two-Spirit and Indigiqueer people from receiving timely and appropriate care.

Conclusion

Together, these insights reveal how Two-Spirit and Indigiqueer people navigate sexual healthcare within systems that continue to reproduce anti-Indigenous racism, geographic and economic exclusion, stigma, and erasure. Yet participants also emphasized cultural strength, intergenerational responsibility, and self-determination as sources of care and resilience. Many of the experiences described here echo those raised by participants across the broader study, while also highlighting unique forms of colonial harm and community-based resistance. The key findings in the broader Community Report build on this foundation, illustrating how these themes appear across all participants and reinforcing the urgent need for culturally grounded, identity-affirming sexual healthcare in Ontario.

We did not examine how access to Non-Insured Health Benefits (NIHB) for persons registered under the Indian Act shapes access to STBBI testing, treatment, and prevention. This represents a key gap, particularly given the emphasis on economic and access barriers in these findings. Without this information, we are unable to distinguish between barriers related to cost, lack of awareness, or systemic gaps in implementation (e.g., absence of direct billing), nor differences between status and non-status Indigenous participants. Addressing this in future research is critical to accurately understanding structural inequities in access.

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