



**Health Canada's role is to foster good health by promoting health and protecting Canadians from harmful products, practices and disease. Sexual and reproductive health is as important to quality of life as other key aspects of health. This is true regardless of age, gender, culture, abilities, sexual orientation or other characteristics that make up our identity.**

# WOMEN AND SEXUAL AND REPRODUCTIVE HEALTH

## Current Situation

In 1994 there were 47,800 teenage pregnancies in Canada, 45% of which ended with an abortion. Approximately one in five births to women aged 18 to 19 was a second or later birth. Pregnancy before the age of twenty increases medical risk for both mother and child such as: preterm babies; babies with immediately identifiable congenital abnormalities; higher risk of low-birth weight babies. Teenagers living in the lowest income neighbourhoods have birth rates nearly five times higher than those living in the highest income areas.

- There were 37,551 reported cases of chlamydia in 1995. Reported rates of chlamydia in girls between 15 and 19 years of age are nine times the national rate. The estimated annual cost of chlamydia infections is \$123 million. Research has shown that certain behaviours increase an individual's risk of contracting STDs such as: early age at first intercourse; multiple partners; intercourse without appropriate protective contraception method (in one study, 45% of teens surveyed reported no condom use the last time they had sexual intercourse). Condom use tends to decrease with the use of oral contraception.
- Between 1985 and 1995, live births of less than 500 grams increased from 4.3 to 8.8 per 10,000. Low-birth weight babies are more commonly born to youngest and oldest mothers. One point four times as many low-birth weight babies are born to those

living in low-income neighbourhoods. The estimated cost of neonatal intensive care for each premature infant ranges from \$32,000 to \$52,000.

- Seven percent of couples in their reproductive years are affected by infertility. Sexually transmitted diseases and delayed childbearing were identified as two of the most important risk factors of infertility. Twenty percent of all infertility is the result of Pelvic Inflammatory Disease caused by sexually transmitted diseases.
- Most women live approximately one third of their lives after menopause. On average most women have completed this genetically determined process by the age of 51. Fifteen percent of women over 45 years of age reported using hormone replacement therapy.

## Health Canada Initiatives

- In 1996, Health Canada established the Centres of Excellence for Women's Health Program. The Centres' mandate is to conduct policy-oriented research on women's health to increase knowledge and understanding of women's health including reproductive health and their reproductive health needs.
- Health Canada, through the work of its Health Protection Branch, conducts a variety of activities to assure the safety and efficacy of therapeutic products related to

One in a series of fact sheets prepared for the



reproductive health and technologies. Some examples include review and approval of drugs and devices for contraception or infertility, policy analysis and development regarding issues surrounding RU-486 (abortion pill), establishing standards and legislation to decrease transmission of infectious disease through semen, eggs, and other reproductive tissues.

■ Health Canada is developing a model media literacy training package for adolescent sexuality education programs in Canada in partnership with the Planned Parenthood Federation of Canada (PPFC). Also in partnership with PPFC, a Sexuality Education Best Practice Sourcebook is being developed. Both projects are intended to produce resource material for sexuality educators and public health professionals.

■ The Skills for Healthy Relationships is a school curriculum developed under the National AIDS Strategy of Health Canada, and in partnership with the Council of Ministers of Education, Canada. It is intended to give junior high school students the knowledge, attitudes and skills necessary to maintain healthy sexual behaviours.

■ Health Canada conducted national consultations in 1996/97 to assess sexual and reproductive issues across Canada, as the first step towards developing a national action plan to promote sexual health. Further consultation with partners is planned in 1999 to prioritize issues and define short, medium and long-term goals.

■ In February 1999, Health Canada hosted an Aboriginal Round Table Discussion to identify sexual and reproductive health concerns of Aboriginal Peoples and possible strategies for addressing these concerns.

■ Health Canada is conducting a pilot project with the Cape Breton Wellness Centre, combining a mental health approach with active youth involvement, to provide sexual health information, programs and support to youth. This community-based program targets both young women and men and it is hoped that lessons learned will be transferrable to other communities.

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to help the people of Canada  
maintain and improve their health

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*Health Canada*