

DETERMINANTS OF SEXUAL HEALTH

A. Introduction

Determinants of sexual health used in CYSHHAS include socio-demographic variables that have been linked to sexual behaviours and the sexual health of adolescent populations. Parental income, occupation, educational achievement, degree of religiosity, gender identity and disability have been found to be related to sexual activity during the teenage years. The school context represents another environmental variable that has been linked to the health of youth (King, Boyce, & King, 1999). Further, coping skills and personal health practices are linked to sexual health. Adolescents with emotional and mental health difficulties, as indicated by a lack of coping skills, are more likely to engage in risk behaviours related to eating disorders, as well as smoking, alcohol, and drug use. Such risk behaviours are associated with early initiation of sexual experiences (Taylor-Seehafer & Rew, 2000).

Other determinants of sexual health may be found within family structures and the nature of relationships among family members (Kotchik et al., 2001; Turner et al., 1993). Parental communication, role modeling, and trust of adolescents has been related to depression and risky sexual behaviour among teens (Feldman & Brown, 1993). Adolescent interactions within peer groups, and their perceptions of these interactions, constitute another type of sexual health determinant. Peer groups offer adolescents access to health information, as well as collective frameworks for interpreting this information. Further, the extent to which an adolescent is integrated into a peer group is related to whether he or she will manifest physical or emotional problems (Page, Scanlan, & Deringer, 1994). Finally, the presence of health and social organizations in a community, and adolescent awareness of information associated with these services, has been associated with adolescent sexual health behaviours. Indeed, some limited evidence indicates that access to community health services and sexual education reduces adolescent pregnancy rates (Orton & Rosenblatt, 1991).

B. Socio-Demographic Determinants

While little research links family wealth to adolescent sexual behaviour, domestic situations that feature low incomes and overcrowded housing are associated with child health problems (Ontario Child Health Survey, 1989). Figures 2B.1 to 2B.3 illustrate that most students in CYSHHAS view their families as possessing average wealth. However, it is interesting to note that younger boys are most likely to feel that their families are wealthy.



Figure 2B.1: Perceived Family Wealth, Grade 7 (%)

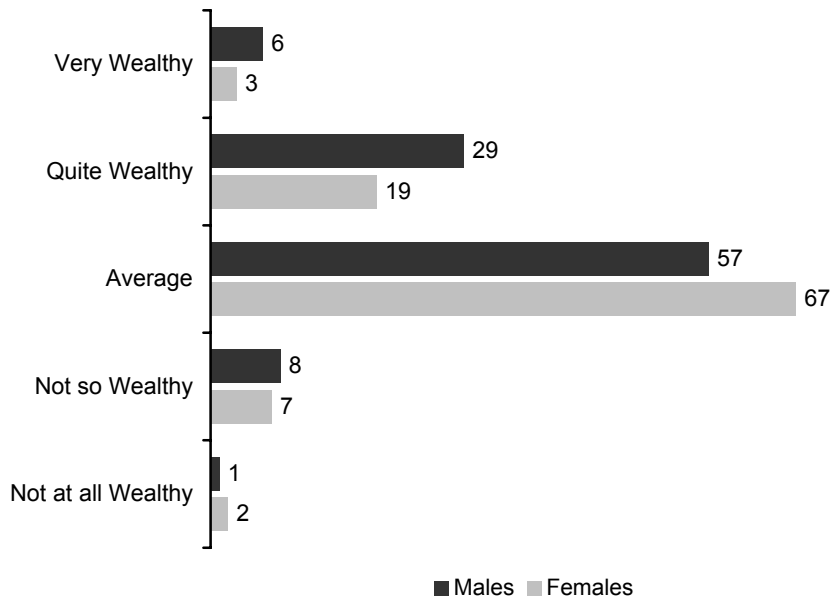


Figure 2B.2: Perceived Family Wealth, Grade 9 (%)

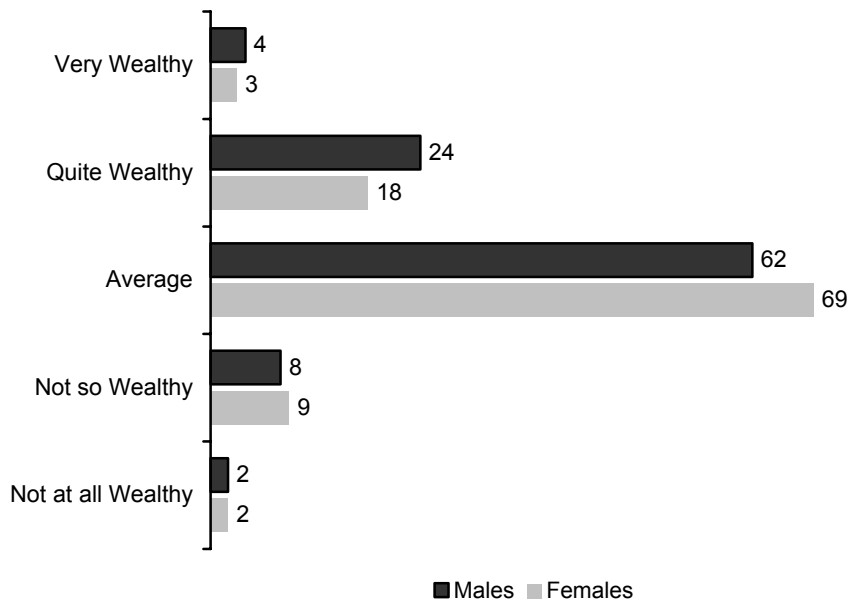
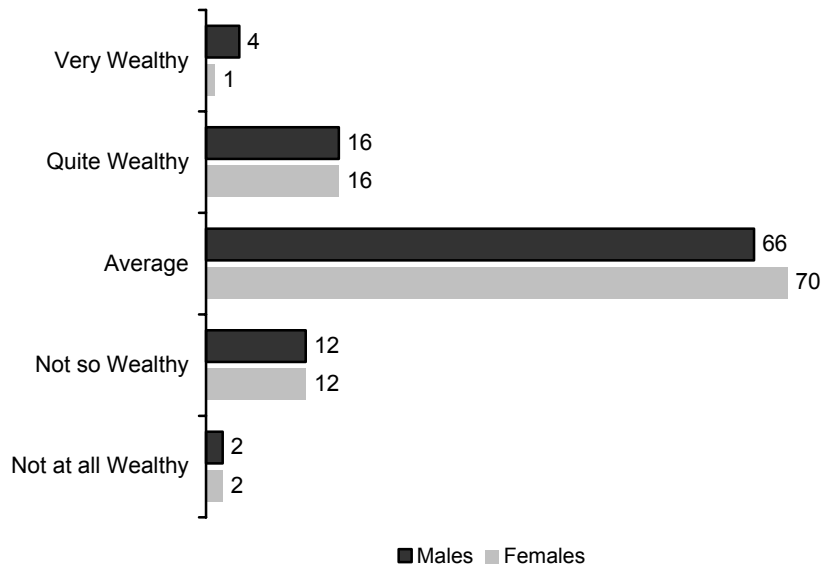


Figure 2B.3: Perceived Family Wealth, Grade 11 (%)



Questions about parental occupational status were also asked in CYSHHAS. About 90% of students indicate that their fathers are employed. Figure 2B.4 indicates that more youth have fathers who are skilled workers. Further, students were asked about reasons for their father’s unemployment, if that was the case. Around one quarter of youth whose fathers are unemployed report that their fathers are looking for a job (Figure 2B.5). By comparison, older students indicate more often that their fathers are unemployed due to illness or retirement.

Figure 2B.4: Father's Occupation (%)

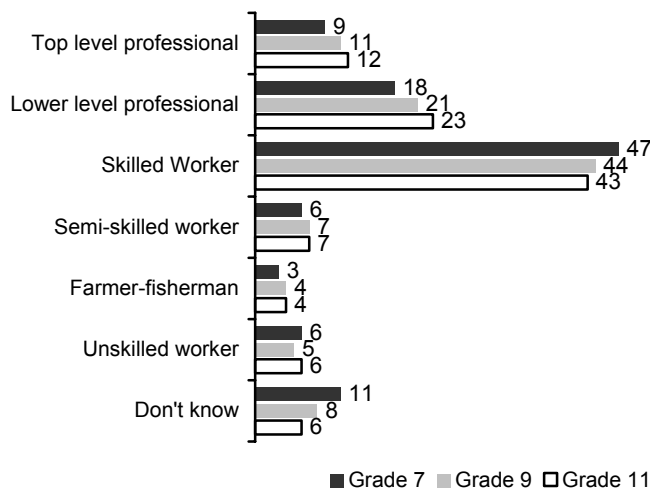
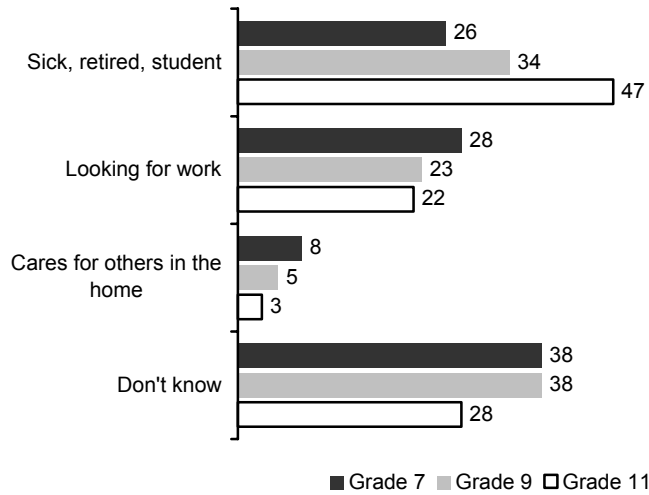


Figure 2B.5: Father's Reason For Unemployment (%)

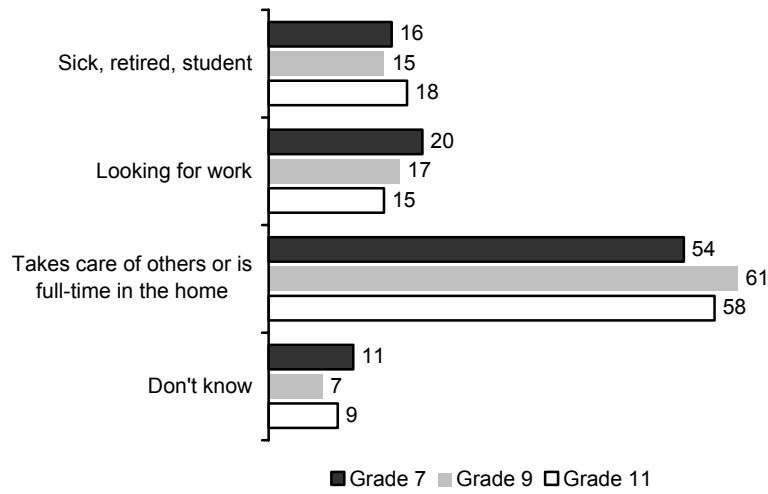


About 80% of youth indicate that their mothers are employed and students most commonly report that their mothers work in semi-skilled jobs (Figure 2B.6). Further, if mothers are unemployed they tend to be taking care of others or working in the home (Figure 2B.7).

Figure 2B.6: Mother's Occupation (%)

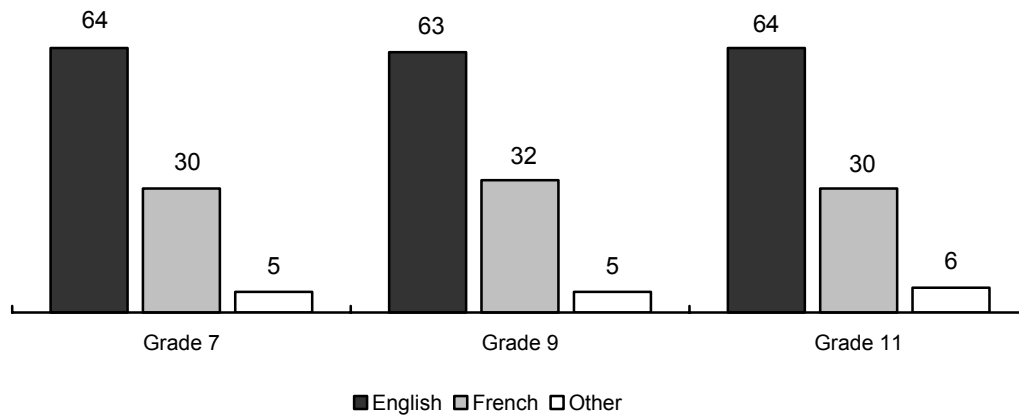


Figure 2B.7: Mother's Reason For Unemployment (%)



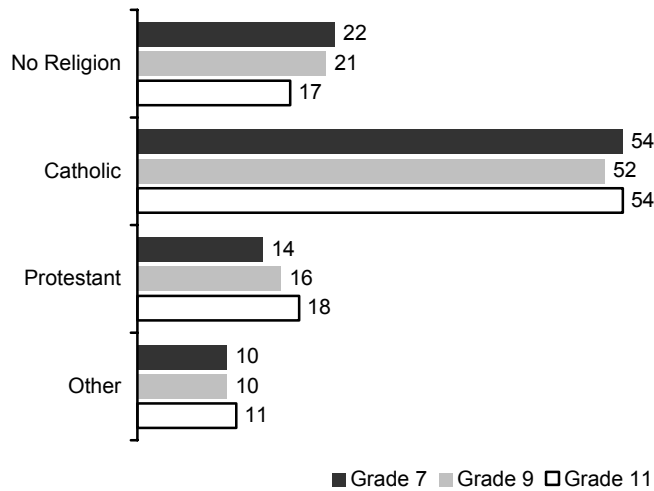
Ethnic and religious membership also influence sexual behaviour and risk-taking practices (Howard, 1985). Students in CYSHHAS were asked about the language usually spoken at home environment. Two-thirds of the students stated English is their predominant language, while one-third stated French as their predominant language and only about 5% of students reported the use of other languages at home (Figure 2B.8). Canadian 2002 census data indicate that among students ages 10 to 19, 70% speak English, 20% speak French, and 8% speak another language (Statistics Canada (a), 2003). As such, there is a slight under-representation of English speakers and other language speakers in the CYSHHAS sample, and a slight over-representation of French language speakers.

Figure 2B.8: Language Usually Spoken At Home (%)



Catholics comprised approximately half of the CYSHHAS sample (Figure 2B.9), which is in accordance with 2001 Canadian census data indicating that 47% of the population identify themselves as Catholics (Statistics Canada (b), 2003). Only about 20% of adolescents indicate that they do not belong to any religion and there is a slight decrease in this number across grades.

Figure 2B.9: Religious Affiliation (%)



Homophobic attitudes harm the self-esteem of gay/lesbian/bi-sexual adolescents and may lead to depression, suicide, and an increased incidence of risky sexual behaviours (Radkowsky & Siegel, 1997). Students were asked to indicate their sexual orientation, as measured by their physical attraction to members of the same, opposite, or both sexes (Figures 2B.10 to 2B.12).

Figure 2B.10: Sexual Orientation, Grade 7 (%)

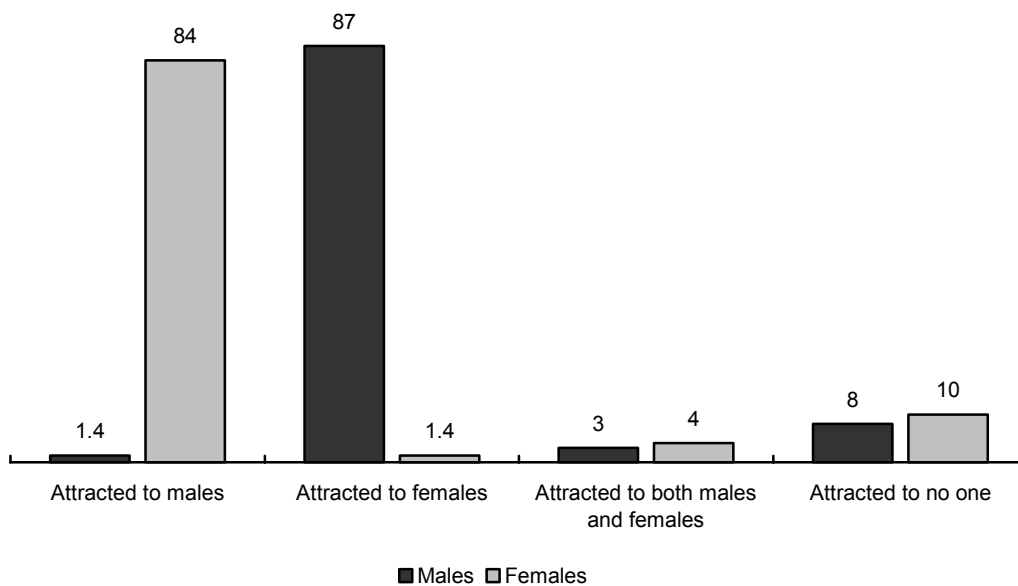


Figure 2B.11: Sexual Orientation, Grade 9 (%)

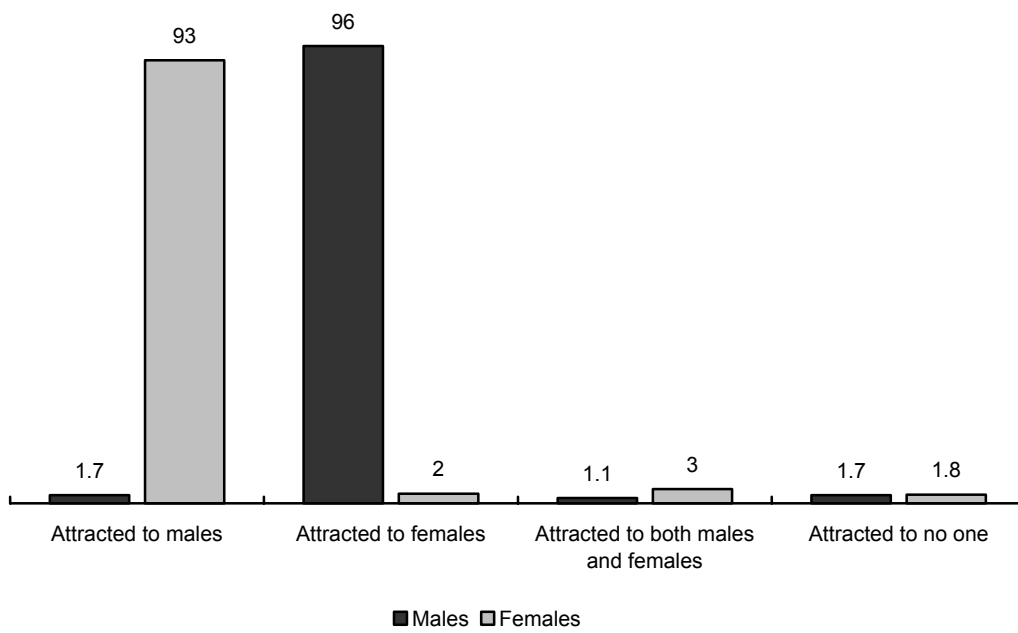
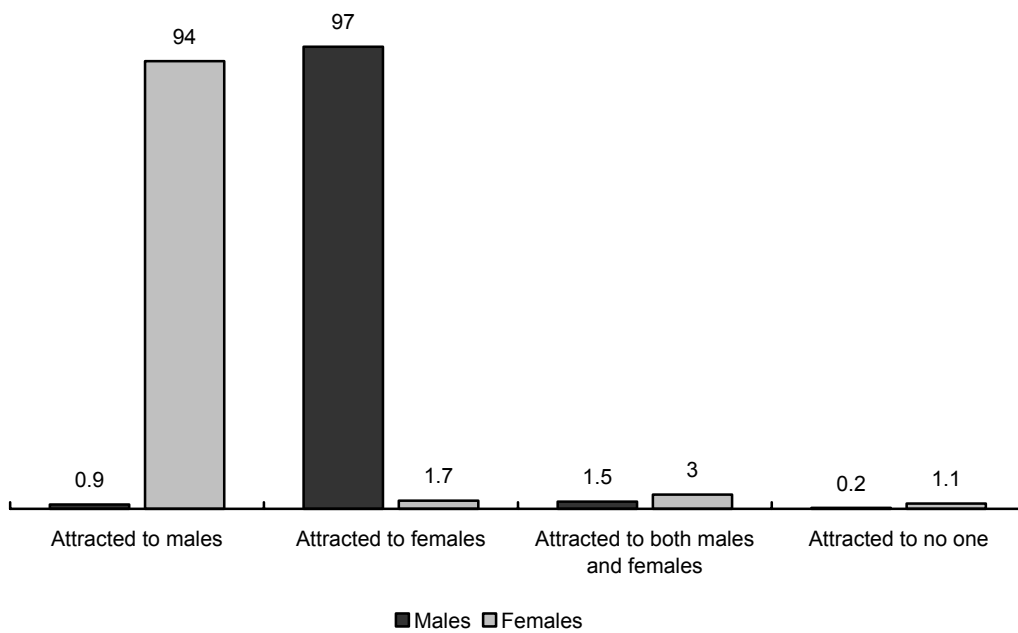


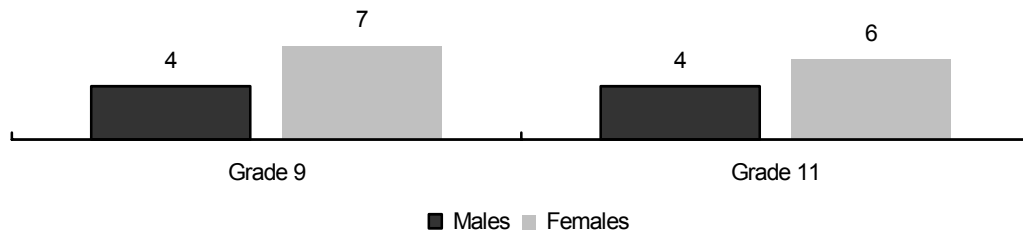
Figure 2B.12: Sexual Orientation, Grade 11 (%)



Overall, fewer than 3% of the sample indicate that they are attracted to members of the same sex. This may be an underestimate as adolescents of these ages may be uncomfortable in identifying their sexual preferences, or may not be fully aware of their own sexual orientation. It is interesting to note that the number of students in Grades 9 and 11 who report that they are attracted to students of both sexes is equivalent to those who report a same sex orientation. Also, 9% of the Grade 7 students indicate that they are attracted to neither sex, although this number drops sharply in the older grades.

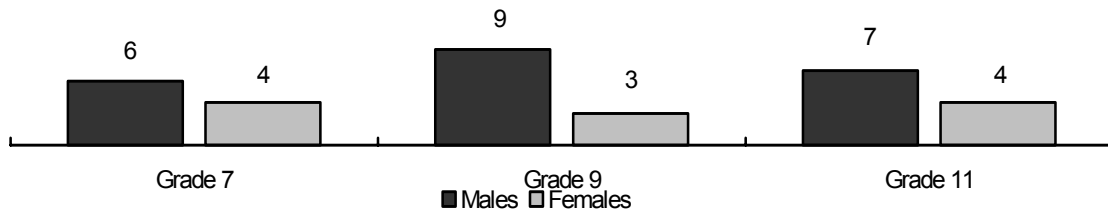
In a related question, Grade 9 and 11 youth were asked if they wished they had been born the opposite sex (Figure 2B.13). About 5% of students indicate that they wish that they had been born members of the opposite sex. This does not necessarily indicate gender confusion at this age, but may only represent social desirability of preferential treatment.

Figure 2B.13: Students Who Wish They Had Been Born The Opposite Sex (% Strongly Agree And Agree)



Youth with disabilities are at greater risk for negative health outcomes than their peers. Specifically, adolescents with learning disabilities or mobility impairments are more likely to report suicidal behaviour and early sexual activity (Blum, Kelly, & Ireland, 2001). Figure 2B.14 illustrates the higher proportion of Grade 9 boys in CYSHHAS who report having a learning disability.

Figure 2B.14: Students With A Learning Disability (%)



Across all grades, approximately 4% of students indicate that they have a long term illness or disability. Figures 2B.15 to 2B.17 provide an overview of these students. Among older youth, more boys indicate that they experience difficulty with physical movement. However, younger boys are more likely to report that they experience difficulty with hearing or speaking to others. Similarly, younger girls are more likely to report epileptic seizures.

Figure 2B.15: Prevalence And Type Of Disability, Grade 7 (%)

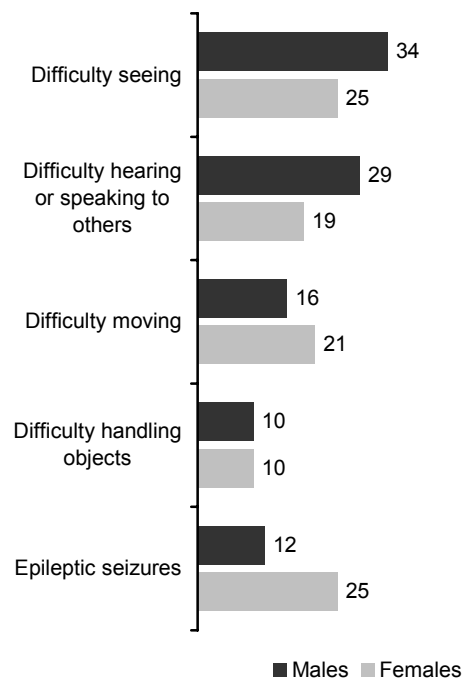


Figure 2B.16: Prevalence And Type Of Disability, Grade 9 (%)

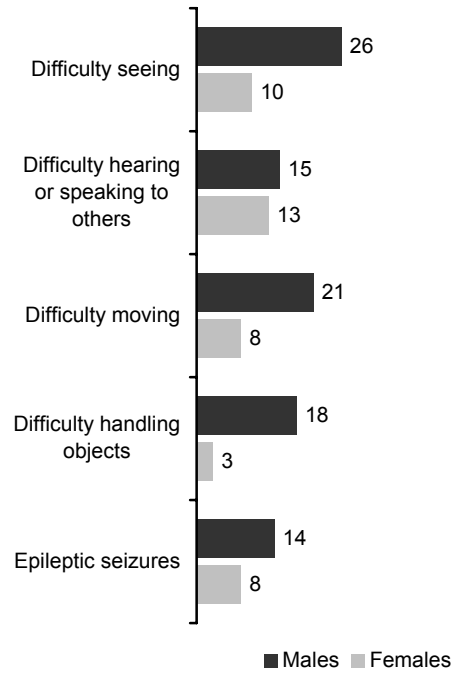
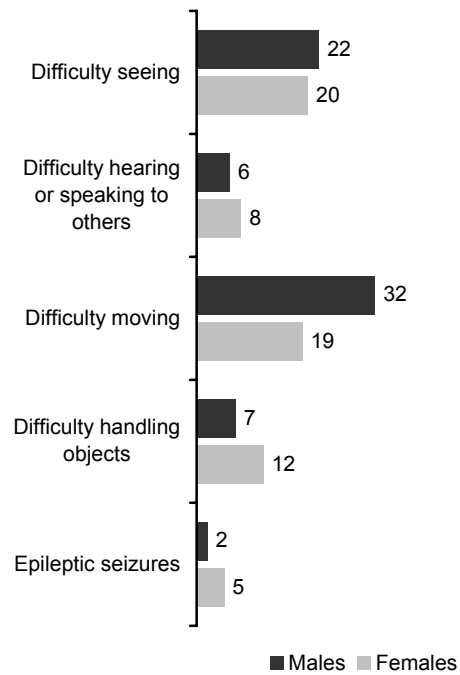


Figure 2B.17: Prevalence And Type Of Disability, Grade 11 (%)



C. School Experiences

Sexual health may be influenced by the quality of students' school experiences as measured by attitudes toward school, academic achievement, teacher support, and educational aspirations. Questions were asked about: (a) student participation in making rules; and (b) the level of strictness enforced by school authorities. Students were asked to rate their response along a 5-point scale that ranged from strongly agree to strongly disagree. Almost twice the number of younger students agree that they are able to take part in making school rules (Figure 2C.1). By comparison, gender appears to influence reports of excessive strictness in schools (Figure 2C.2), with boys more likely to report strict treatment.

Figure 2C.1: "In Our School, The Students Take Part In Making Rules" (% Strongly Agree And Agree)

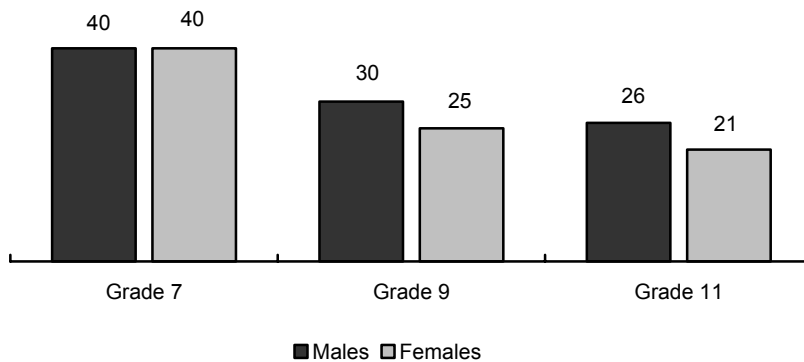
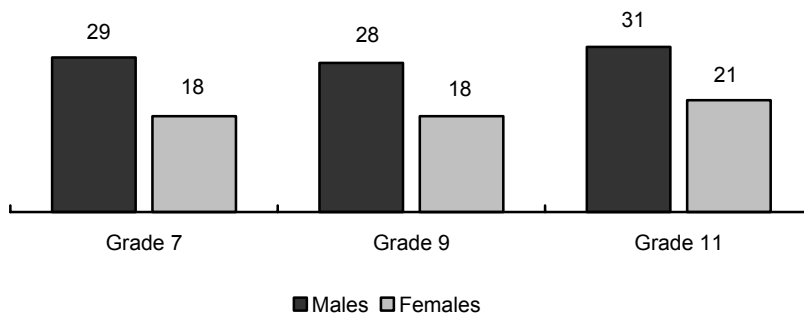


Figure 2C.2: "The Students Are Treated Too Severely/Strictly In This School" (% Strongly Agree And Agree)



Figures 2C.3 to 2C.5 illustrate student achievement across gender and grade. Within the Grade 7 sample, 11% more girls than boys report that their achievement levels are “very good”. In Grades 9 and 11, more girls report grades above 80%.

Figure 2C.3: Student Achievement, Grade 7 (%)

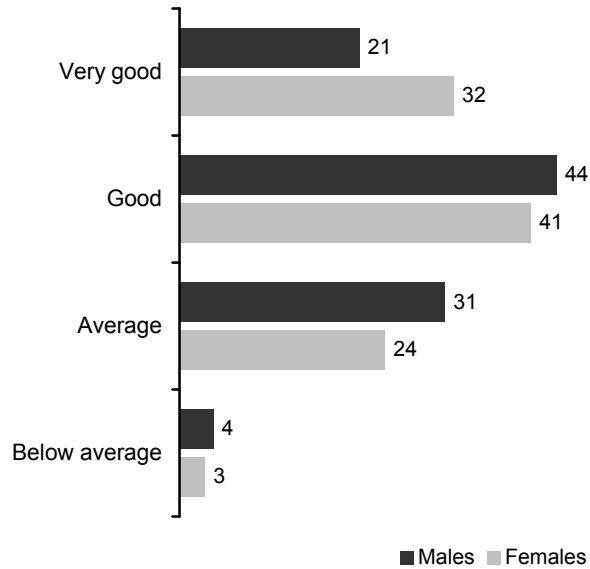


Figure 2C.4: Student Achievement, Grade 9 (%)

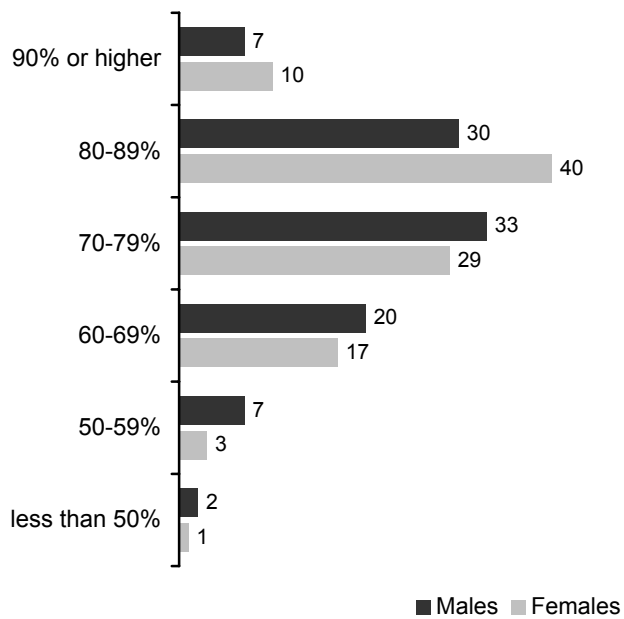
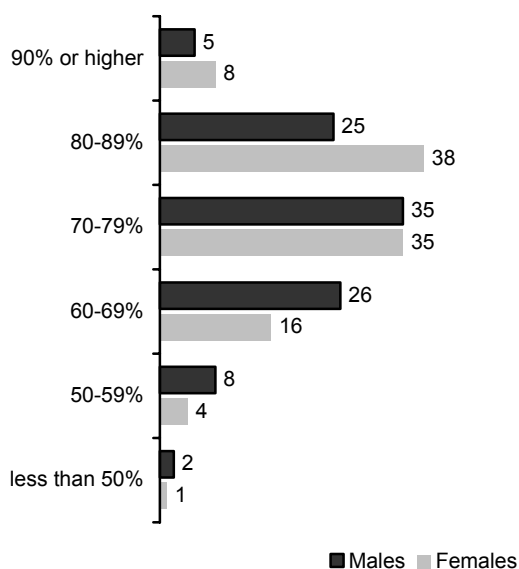


Figure 2C.5: Student Achievement, Grade 11 (%)



Teacher-student relationships form an important component of the school experience. Figures 2C.6 and 2C.7 show students' levels of agreement regarding statements about their teachers: "My teachers are interested in me as a person", and "My teachers expect too much from me at school."

Both age and gender differences are evident among student perceptions of teacher interest (Figure 2C.6). In Grade 7, more girls than boys agree that teachers are interested in them as people. However, this finding disappears in the Grade 9 and 11 samples. Also, fewer older boys and girls perceive their teachers are interested in them. Finally, more younger boys agree that their teachers expect too much of them at school (Figure 2C.7).

Figure 2C.6: "My Teachers Are Interested In Me As A Person" (% Strongly Agree And Agree)

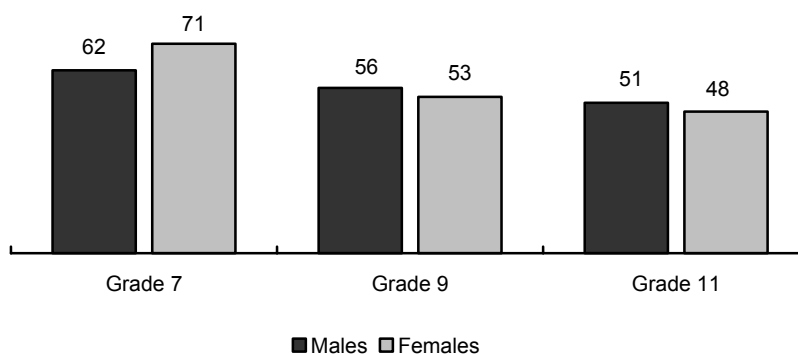
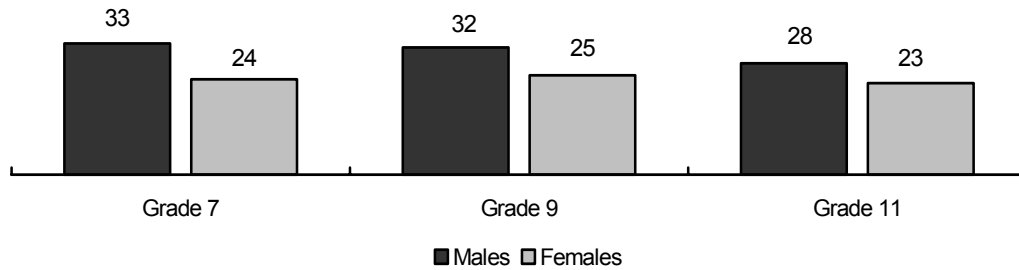


Figure 2C.7: "My Teachers Expect Too Much Of Me At School"
 (% Strongly Agree And Agree)



Belief in the possibility of a satisfying future has been related to adolescent risk behaviour (Raphael, 1996). Grade 9 and 11 students were asked about their educational plans. Figures 2C.8 and 2C.9 show that the majority of students, and particularly girls, plan to go to university or college. Student interest in attending university or college has increased since 1989 (Figure 2C.10). In the current survey, 82% of Grade 9 students, in contrast to 70% in the 1989 sample, indicate an interest in going to either university or college.

Figure 2C.8: Educational Aspirations, Grade 9 (%)

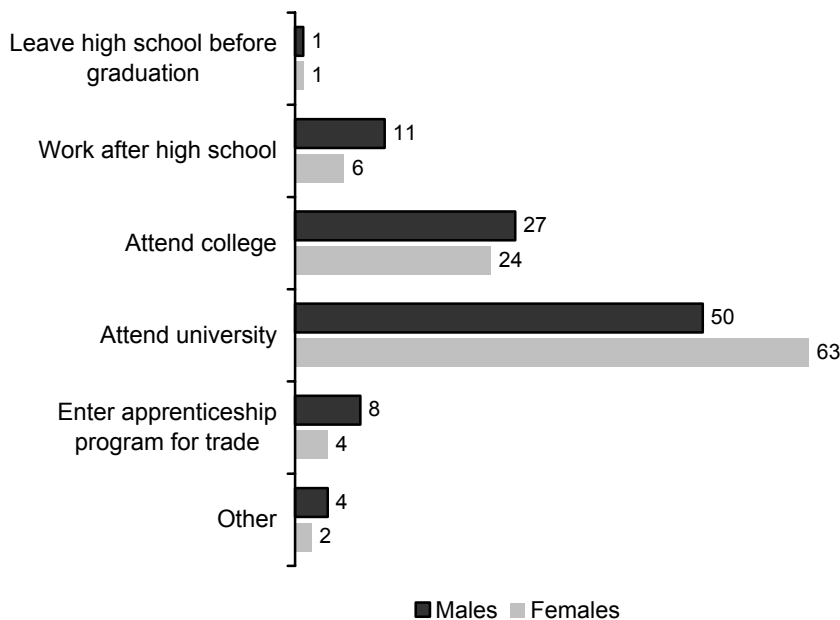


Figure 2C.9: Educational Aspirations, Grade 11 (%)

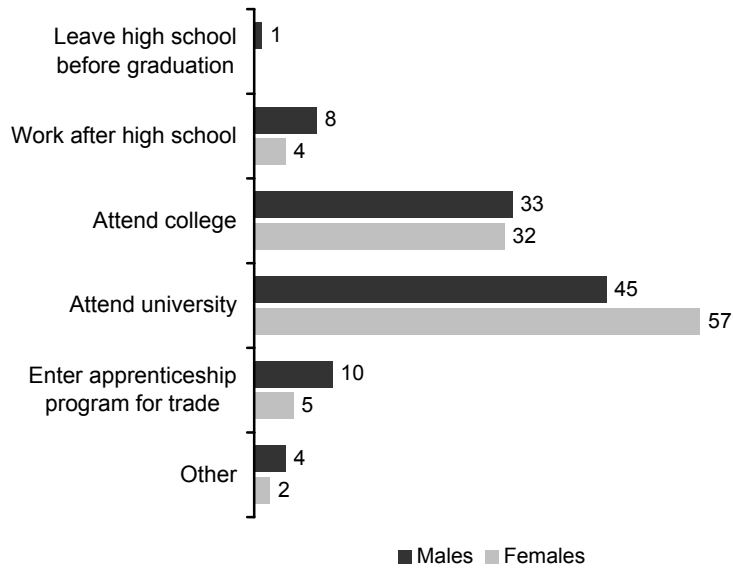
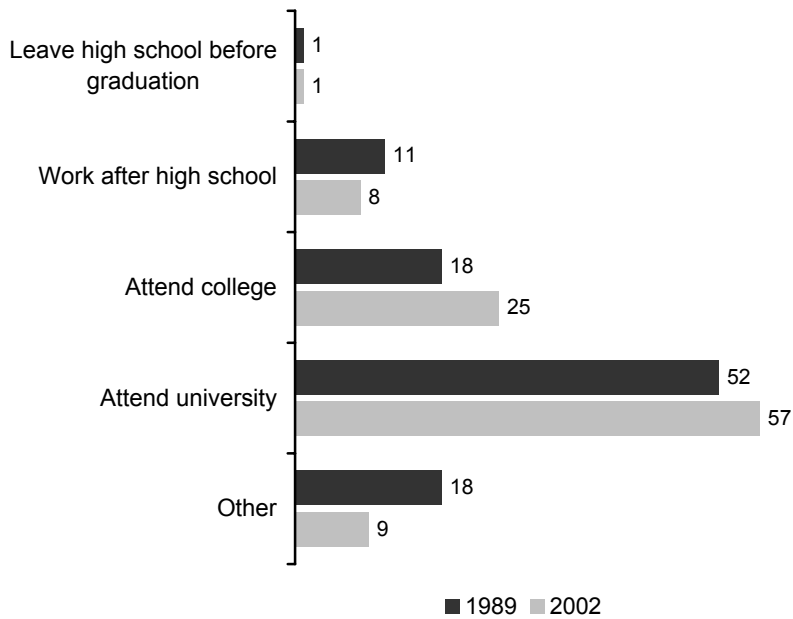


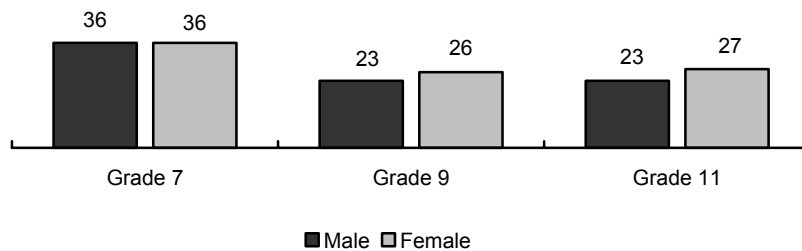
Figure 2C.10: Educational Aspirations, By Year Of Survey, Grade 9 (%)



D. Coping Skills and Self-Esteem

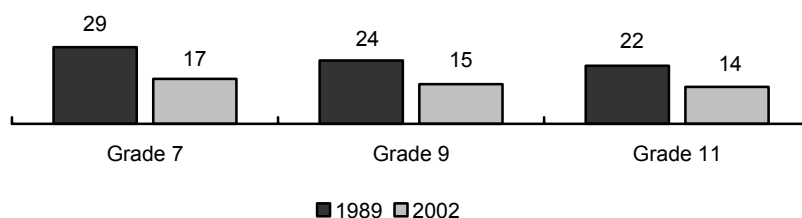
Coping skills, self-confidence, and self-esteem have been found to be associated with youth risk behaviours (King, Boyce, & King, 1999). For example, religious beliefs may provide a coping mechanism related to delaying the first experience of intercourse (Mott et al., 1996). Figure 2D.1 illustrates the proportion of students who feel that religion is very important in their lives. The importance of religion to both boys and girls declines with age.

Figure 2D.1: "Religion Is Very Important In My Life"
(% Strongly Agree And Agree)



However, youth attendance at religious institutions is on the decline across all ages (Figure 2D.2). For example, while 29% of Grade 7 students surveyed in 1989 indicated that they attended religious service weekly, only 17% of Grade 7 students in 2002 indicate weekly attendance.

Figure 2D.2: Students Who Attend Church, Mosque, Synagogue Or Other Religious Venue Weekly, By Year Of Survey (%)



Levi (1998) has argued that coping skills, such as the assertiveness that comes from having feelings of confidence and self-efficacy, are related to an adolescent's ability to resist peer pressure and make independent decisions. Self-esteem refers to the value an individual places on his or her abilities, personality and relationships with others. Self-esteem may be examined by asking how one responds to positive statements such as "I like myself" or "I have confidence in myself," as well as negative statements such as "I am often sorry for the things I do" or "I would change how I look if I could." Agreeing with the positive statements while disagreeing with the negative statements indicates high self-esteem. Using a 5-point scale, students in CYSHHAS were asked to indicate their agreement with statements concerning their assertiveness. Figure 2D.3 illustrates that almost 30% of Grade 9 and 11 students agree that they have a difficult time saying no to others. Further, Figure 2D.4 shows percentages of students who agree with the statement, "I have confidence in myself." While overall levels of agreement are high, fewer girls than boys agree that they possess confidence in themselves with this gender difference most pronounced in Grade 9. Further, student confidence levels appear to have dropped between 1989 and 2002 (Figure 2D.5).

Figure 2D.3: "I Often Have A Hard Time Saying No"
(% Strongly Agree And Agree)

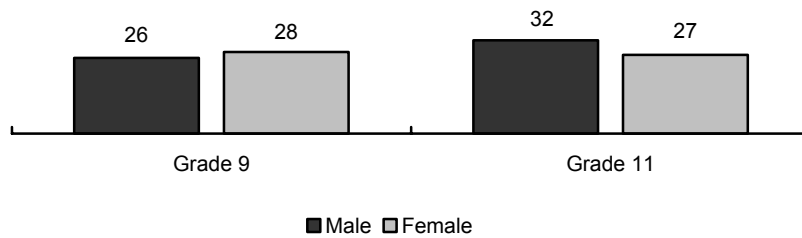
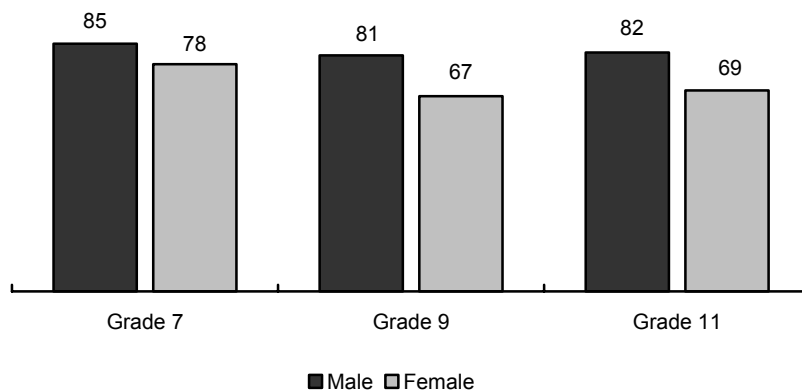
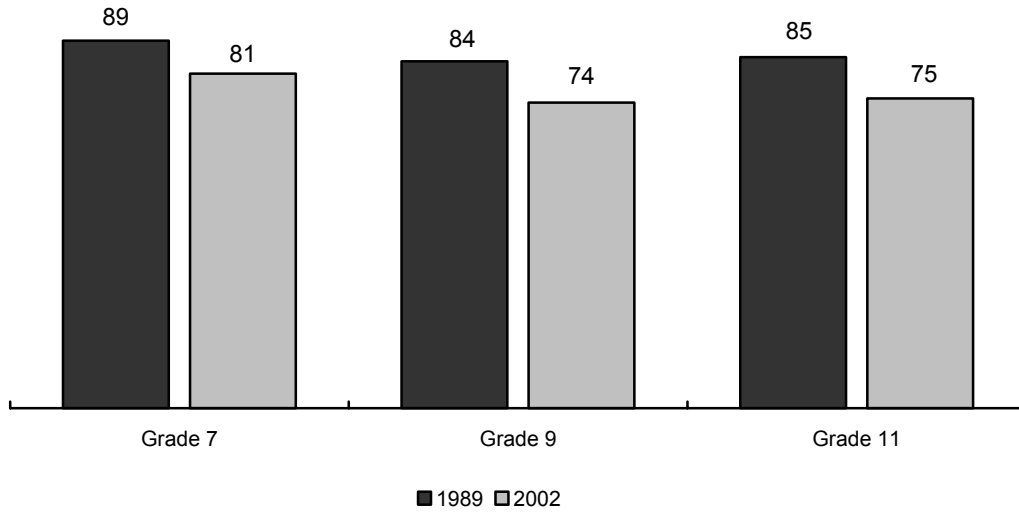


Figure 2D.4: "I Have Confidence In Myself"
(% Strongly Agree And Agree)

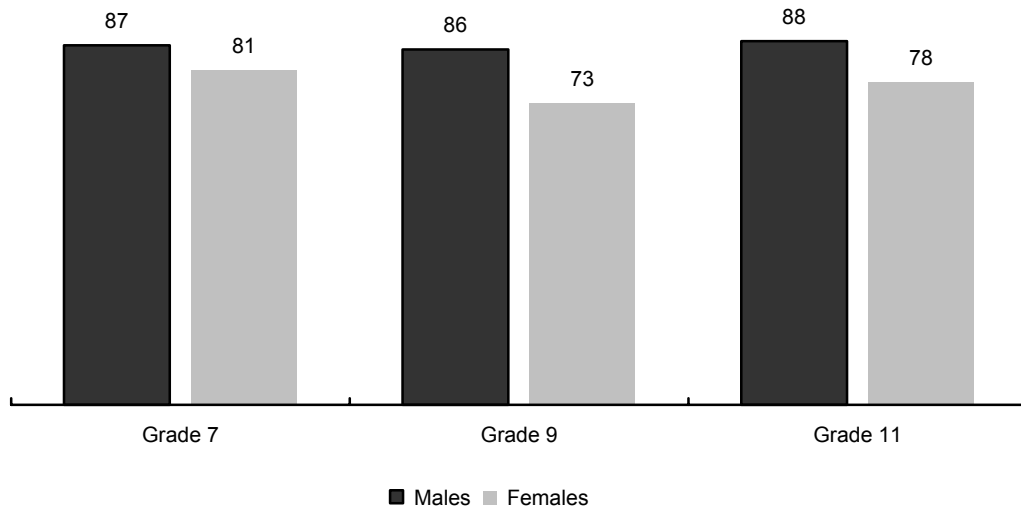


**Figure 2D.5: "I Have Confidence In Myself", By Year Of Survey
(% Strongly Agree And Agree)**



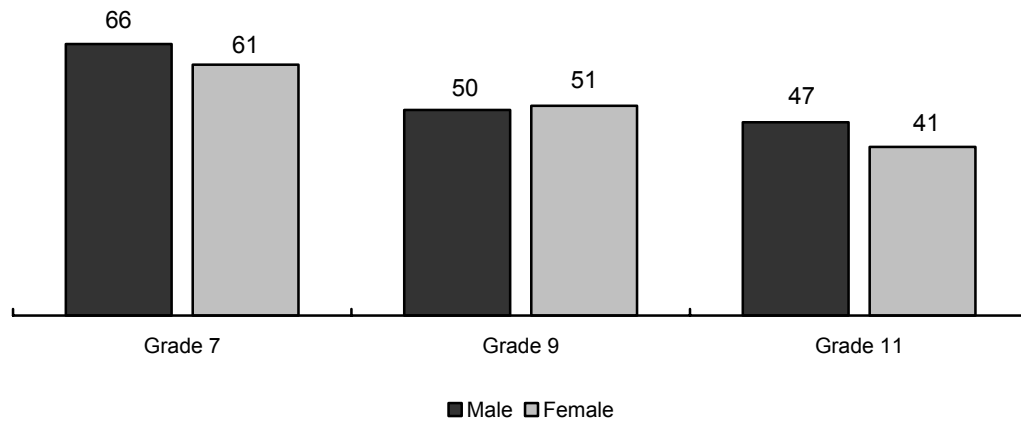
High self-esteem and self-concept may help young people cope with difficult transitional periods in their lives. Similarly, self-esteem has been connected to an individual’s control over impulsive sexuality (Chilman, 1990). Students were asked several questions about their self-esteem. A high proportion of youth indicate that they like themselves. However, boys are somewhat more likely to report liking themselves than are girls across grades (Figure 2D.6).

Figure 2D.6: "I Like Myself" (% Strongly Agree And Agree)



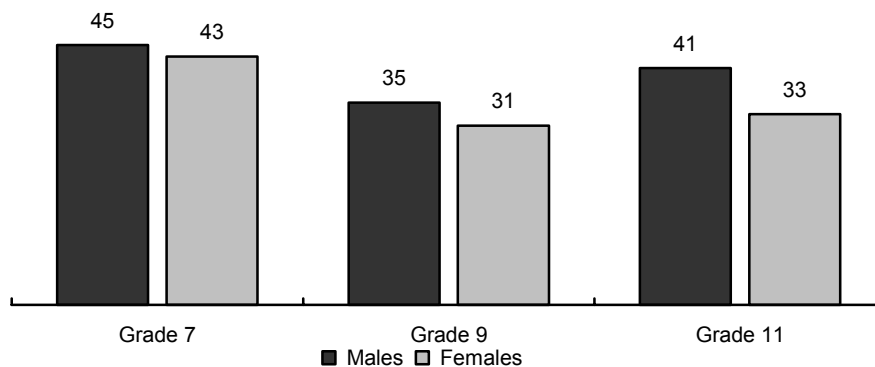
Regret and guilt feelings are also associated with self-esteem. Figure 2D.7 illustrates that younger students are more likely to indicate that they often feel sorry for their actions, with slightly more boys than girls reporting that they are often sorry for the things they do.

Figure 2D.7: "I Am Often Sorry For The Things I Do"
(% Strongly Agree And Agree)



Self-esteem is also related to body image and dieting. Pesa (1999) demonstrated that North American female adolescent dieters score significantly lower on measures of self-esteem than do non-dieters. Poor body image and frequency of dieting behavior have also been associated with depression among adolescent girls (Stice & Bearman, 2001) and in young men (Koenig & Wasserman, 1995). In CYSHHAS, youth were asked how they rated their overall attractiveness (Figure 2D.8). In general, Grade 9 students are less likely to report that they feel that they are good looking, while slightly more boys than girls indicate the same. By comparison, Figure 2D.9 indicates that significantly more girls than boys across grades would change their looks if they could.

Figure 2D.8: Students Who Feel That They Are Very Or Quite Good Looking (%)



**Figure 2D.9: Students Who Would Change How They Look If They Could
(% Strongly Agree And Agree)**

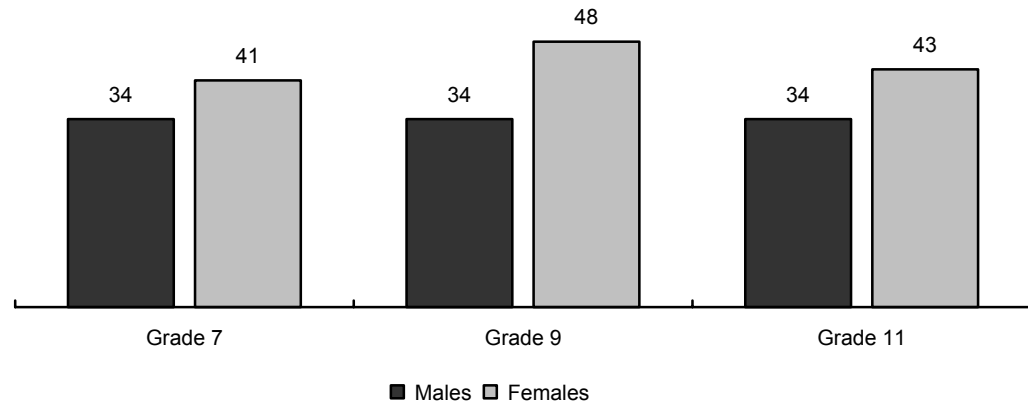


Figure 2D.10 indicates that more girls than boys are on a diet to lose weight, especially in the higher grades. Even if not on a diet, more older girls report that they actually need to lose weight (Figure 2D.11).

Figure 2D.10: Students Who Are On A Diet To Lose Weight (%)

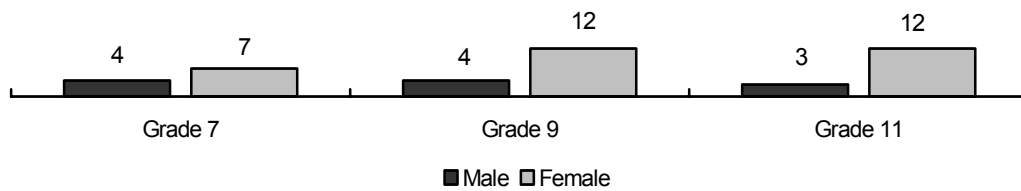
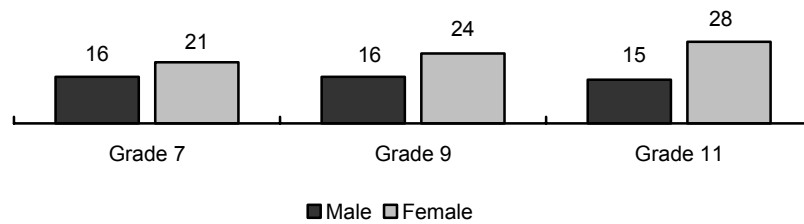


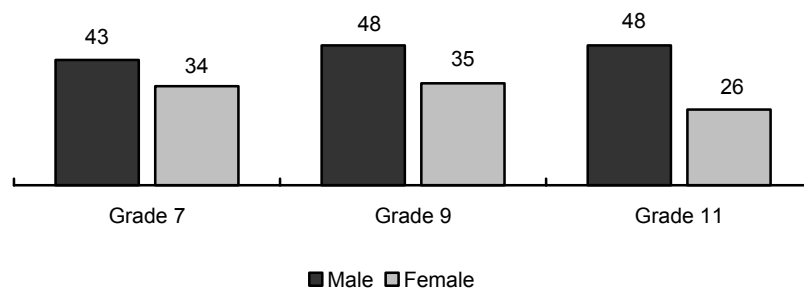
Figure 2D.11: Students Who Are Not On A Diet But Feel They Do Need To Lose Weight (%)



E. Risk Behaviours

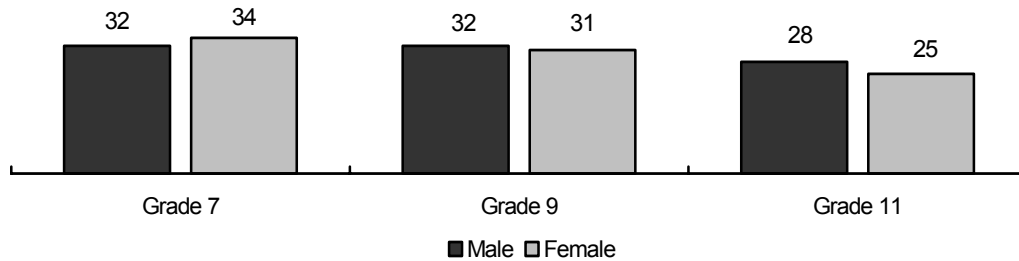
Research has shown that high-risk sexual behaviour is significantly related to antisocial behaviour, illicit drug use, and alcohol and tobacco use (Biglan et al., 1990). Bullying represents one type of antisocial behaviour. In CYSHHAS, gender differences are apparent as more boys than girls report engaging in bullying behaviour at least once over a two-month period (Figure 2E.1). Further, bullying by boys increases with age while it decreases in girls.

Figure 2E.1: Students Who Indicated They Have Bullied Another Student(s) In The Past Two Months (%)



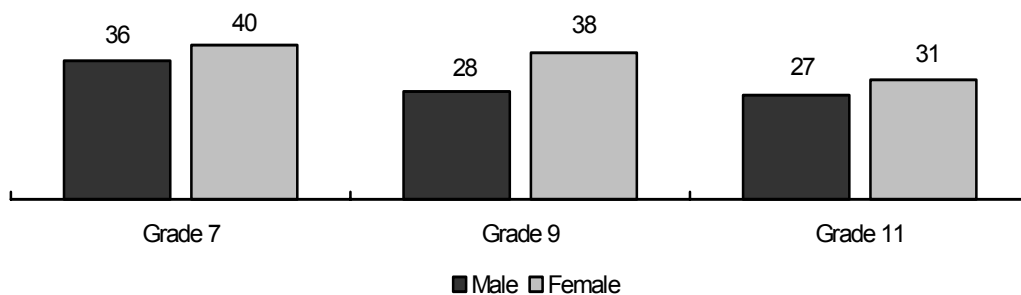
The experience of being bullied might interfere with student bonding in the school environment (Biglan et al., 1990; Foust, 1999). An outline of such experiences is presented in Figures 2E.2 to 2E.4. Between one quarter and one third of all students report being made fun of at least once over a two-month period because of the way that they look or talk (Figure 2E.2).

Figure 2E.2: Students Who Indicated They Have Been Made Fun Of In the Past Two Months Because Of The Way They Look Or Talk (%)



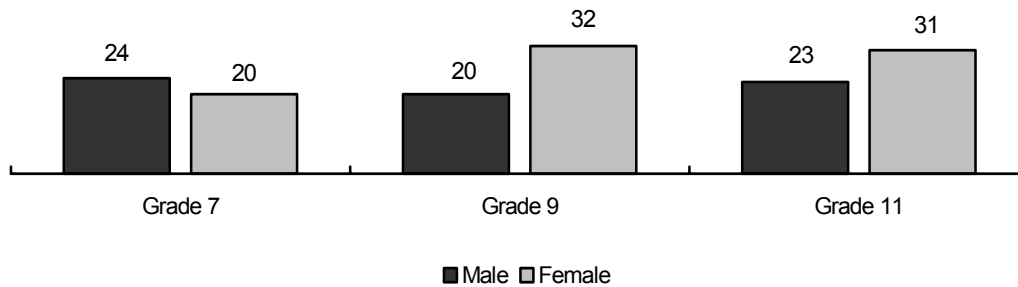
Bullying in the sexual health context can also take the form of telling mean lies or spreading rumours (Figure 2E.3). Slightly more girls than boys indicate that rumours were spread about them over a two-month period, although most indicate that this happened only once or twice. However, 3% of Grade 7 students report that they experience this form of bullying several times per week.

Figure 2E.3: Students Who Indicated That Rumours Or Mean Lies Were Spread About Them In The Past Two Months (%)



Experiencing sexual jokes, comments, or gestures can be a painful form of bullying for adolescents. Unlike other forms of bullying, the incidence of sexual jokes and gestures increases significantly for girls between Grade 7 and Grade 9 (Figure 2E.4).

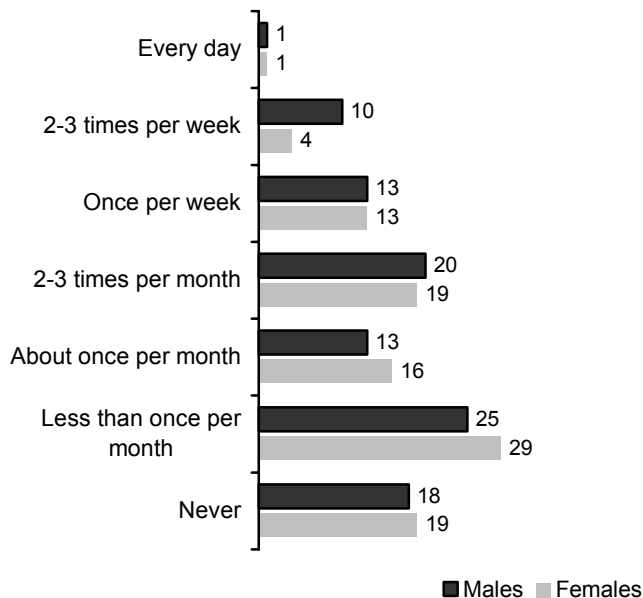
Figure 2E.4: Students Who Experienced Sexual Jokes, Comments, Or Gestures In The Past Two Months (%)



F. Health Risk Behaviours

Students were also asked questions about health risk behaviours related to alcohol, drug, tobacco use, and body piercing. Regular alcohol use is more prevalent among boys than it is among girls (Figure 2F.1). For example, 24% of Grade 11 boys drink once per week or more often, compared to only 18% of girls.

Figure 2F.1: Frequency Of Alcohol Use, Grade 11 (%)



Students were also asked about the age at which they first tried drinking. A majority of Grade 11 students indicate that they first tried alcohol between the ages of 12 and 15 (Figure 2F.2). It should be pointed out, however, that about 18% of students within this older age group indicate that they have never tried alcohol. Drunkenness, by comparison, is a risk behaviour that has more serious implications for the health of adolescents than does mere alcohol use. Over half of Grade 11 students report being drunk for the first time between the ages of 12 and 15 (Figure 2F.3). However, almost one third of Grade 11 youth indicate that they have never been drunk.

Figure 2F.2: Age First Tried Drinking, Grade 11 (%)

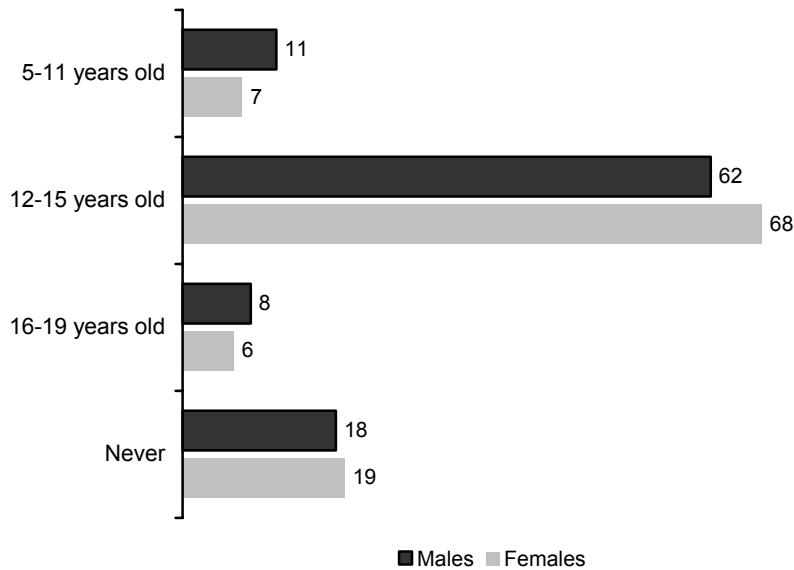
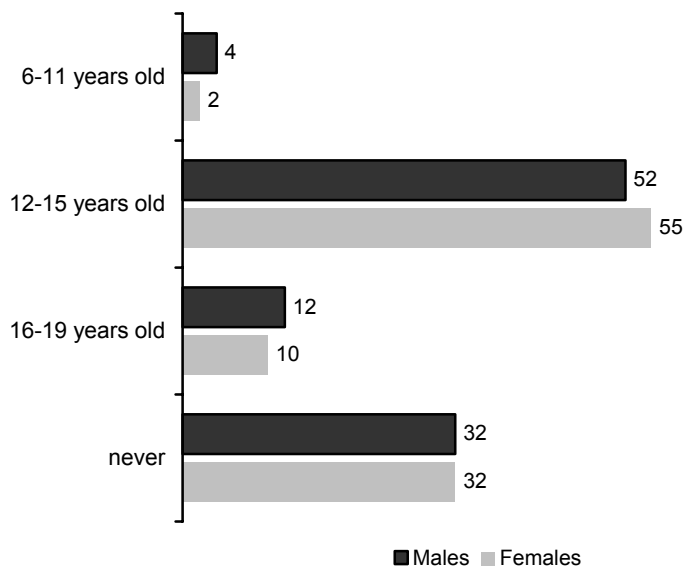
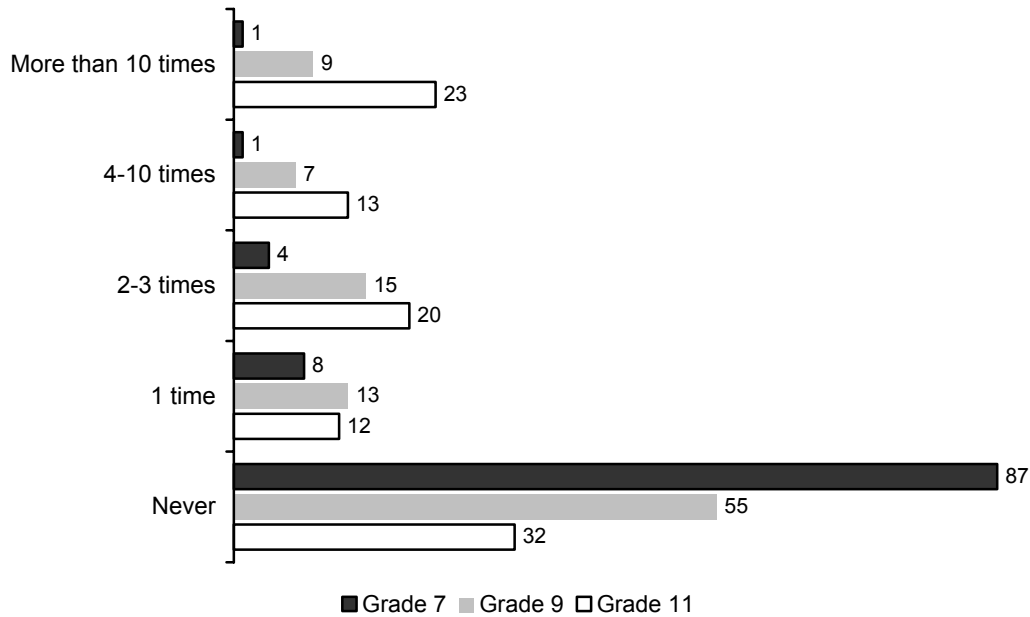


Figure 2F.3: Age First Got Drunk, Grade 11 (%)



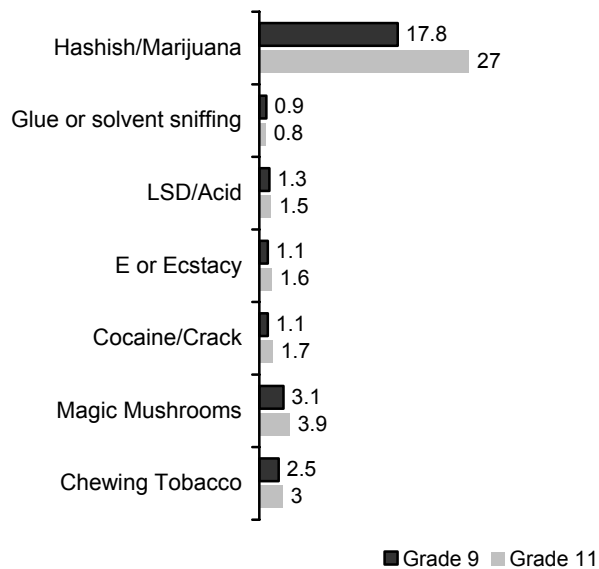
A single experience of getting drunk is not unusual. However, frequent drunkenness may be a risk factor. In Grade 7, only 6% of students report being drunk more than once. By Grade 11, 56% of students report more than one drunken episode (Figure 2F.4).

Figure 2F.4: Frequency Of Being Drunk (%)



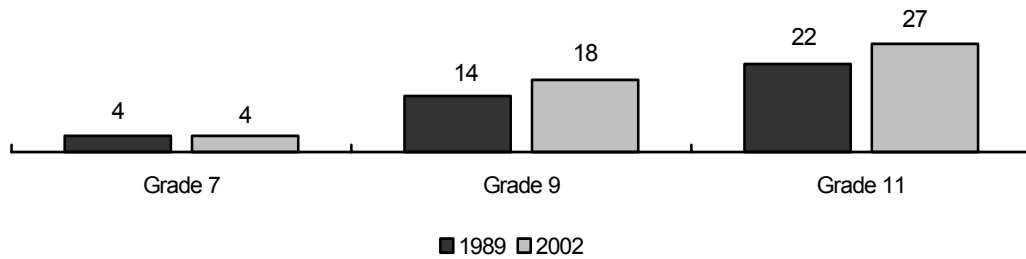
The regular use of marijuana and hashish by students is more prevalent than is the use of other more addictive substances, and increases sharply with age (Figure 2F.5).

Figure 2F.5: Drug Use Once Per Month Or More (%)



An increase in use of hashish and marijuana over time is apparent (Figure 2F.6). For instance, 27% of Grade 11 students in 2002 indicate the use of these drugs at least once per month, an increase from 22% in 1989.

Figure 2F.6: Students Who Use Hashish/Marijuana At Least Once Per Month, By Year Of Survey (%)



Patterns of smoking behaviour may predict use of other substances. While 28% of Grade 7 boys and 23% of Grade 7 girls have tried smoking, by Grade 11 approximately 65% of all students indicate that they have tried tobacco (Figure 2F.7). By Grade 11, 18% of students report being daily smokers (Figure 2F.8).

Figure 2F.7: Students Who Have Ever Tried Tobacco (%)

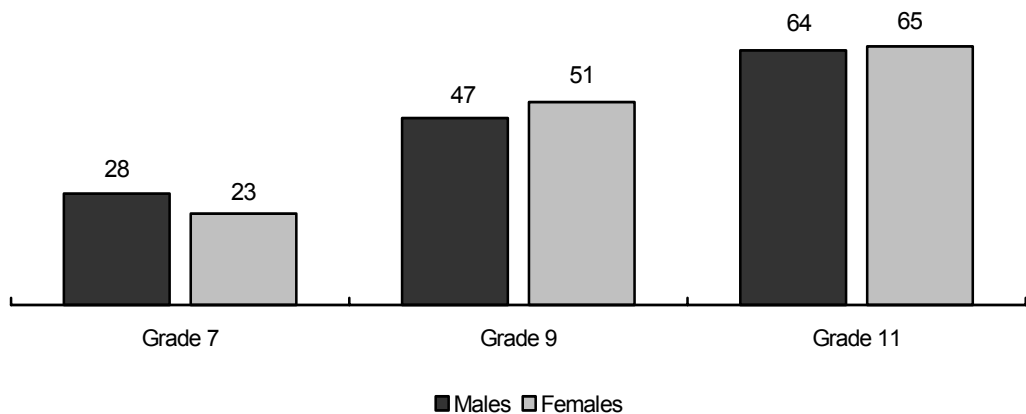
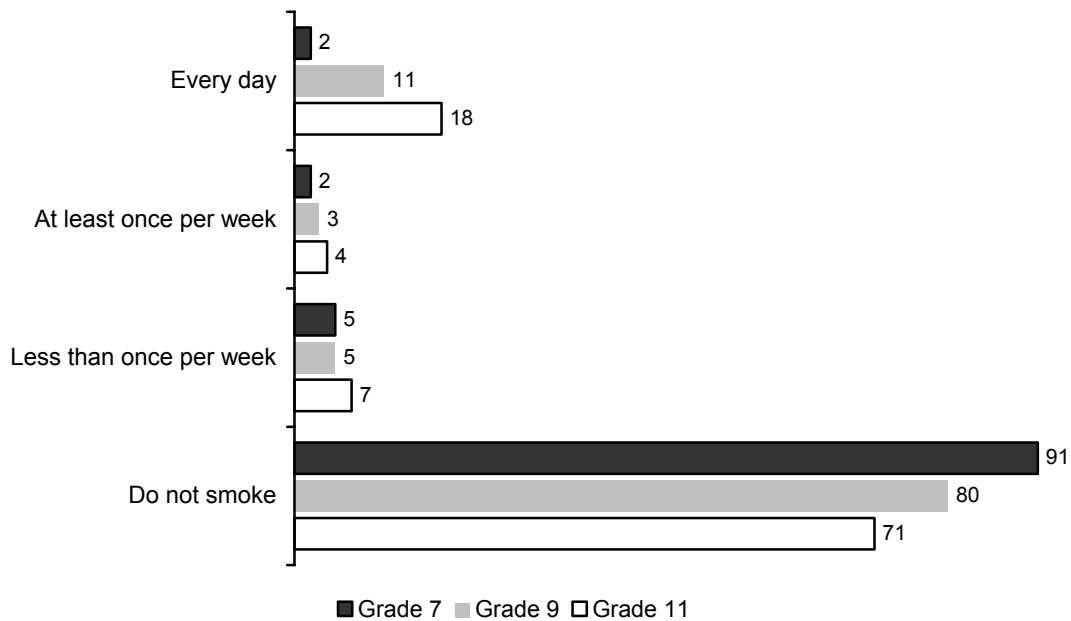


Figure 2F.8: Frequency Of Tobacco Use (%)



Body piercing and tattooing are also risk behaviours that may lead to infection or facilitate the transmission of blood-borne diseases. Piercing of the body (in places other than the ears) is reported by girls much more commonly than by boys. However, older girls are slightly more likely to indicate that they have tattoos (see Figures 2F.9 and 2F.10).

Figure 2F.9: Students Who Have Body Piercings In Places Other Than Ears (%)

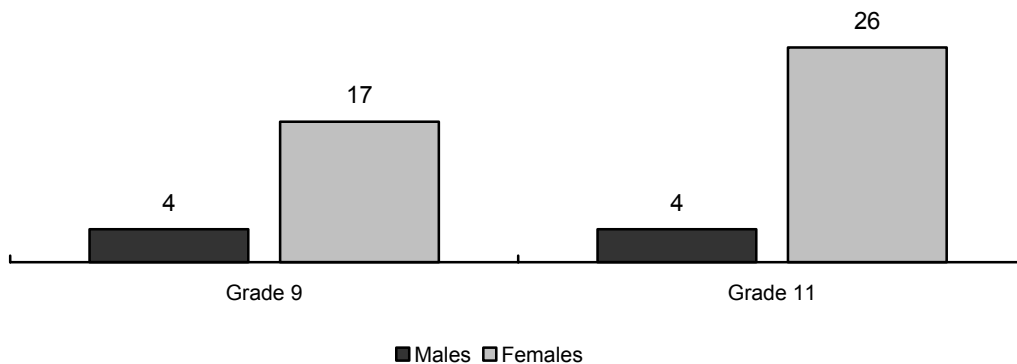
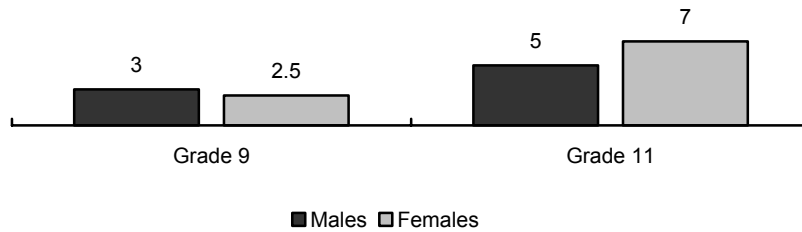


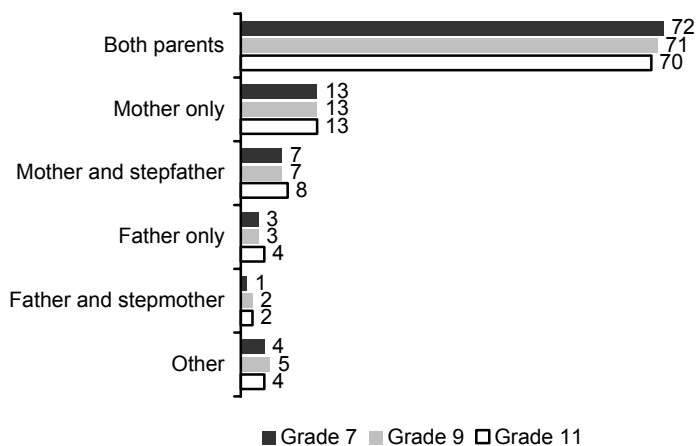
Figure 2F.10: Students Who Have Permanent Tattoos (%)



G. Family Structure and Relationships

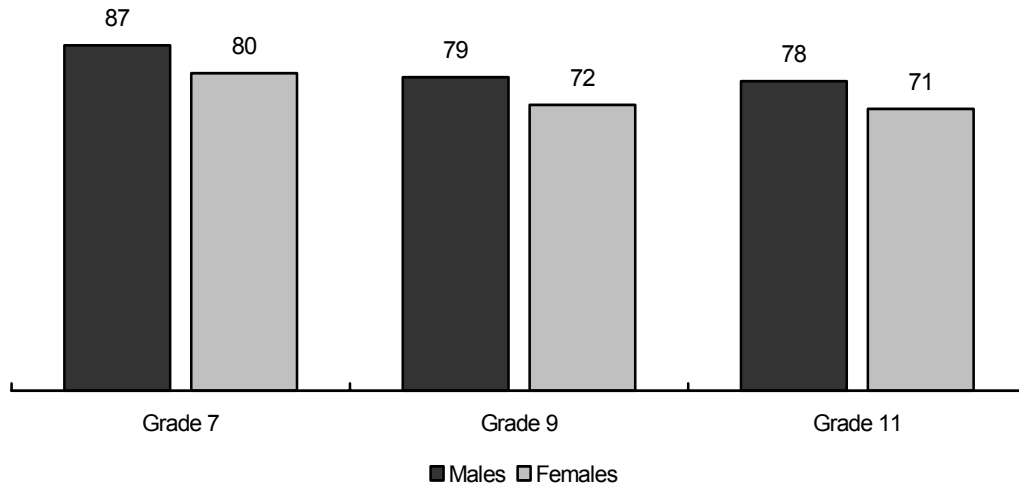
Family structures and the nature of relationships among family members correlate well with youth emotional and physical health (Kotchik et al., 2001; Turner et al., 1993). Adolescents who do not feel close to their parents, or who live in single parent families, are more likely to suffer from emotional problems and engage in risk behaviours such as smoking and drug use (King, Boyce, & King, 1999). In CYSHHAS, students were asked to report all of the adults with whom they lived (Figure 2G.1). Over 70% of students across grades indicate that they live with both parents. Further, students who did not live with both of their parents are more likely to live only with their mother.

Figure 2G.1: Living Arrangements (%)



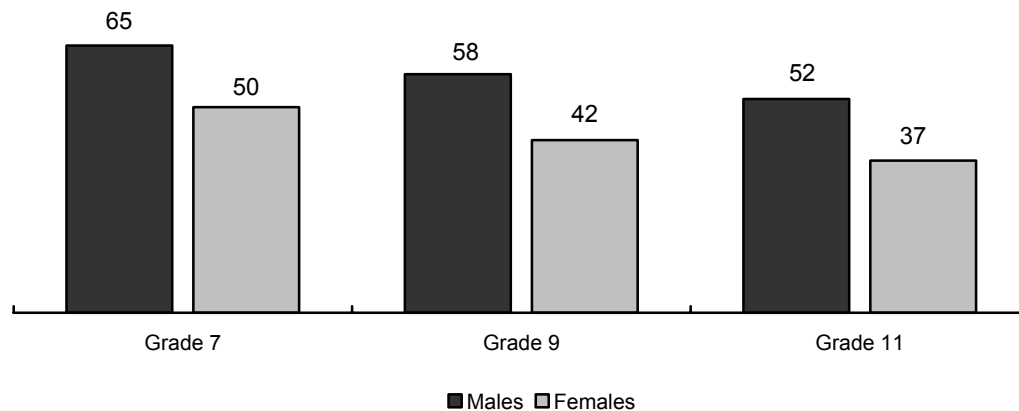
Students were also asked to rate overall satisfaction with their home environments (Figure 2G.2). Over three quarters of youth indicate that they have a happy home life with a moderate decline over the grades.

Figure 2G.2: "I Have A Happy Home Life" (% Strongly Agree And Agree)



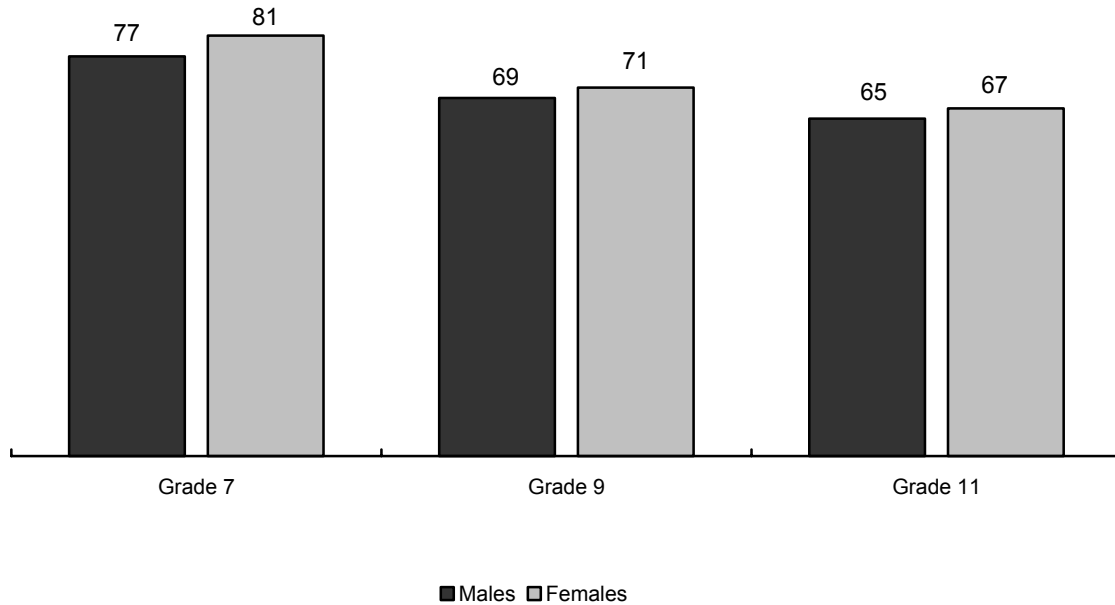
The quality of parental relationships may also be related to the sexual health of youth. Lack of family support, and resultant depression among young girls has been linked to having sexually active friends (Feldman & Brown, 1993; Whitbeck, Conger, & Kao, 1993). Students in CYSHHAS were asked to indicate how easy it was to talk to members of their family and their peers about things that really bother them. Figure 2G.3 illustrates that fewer older girls are able to talk to their fathers about such things.

Figure 2G.3: Students Who Find It Easy Or Very Easy To Talk To Their Father About Things That Really Bother Them (%)



More students indicate that they can easily talk to their mothers about things that really bother them (Figure 2G.4), however, there are fewer gender differences.

Figure 2G.4: Students Who Find It Easy Or Very Easy To Talk To Their Mother About Things That Really Bother Them (% Strongly Agree and Agree)



Ease with which parents can discuss sexual issues with youth may be an indicator of family intimacy and trust. Students were asked about the ease with which they could talk to their parents about sex (Figure 2G.5 and 2G.6). More boys than girls across grades indicate that they can talk to their fathers about sex. Not surprisingly, more girls than boys report being able to talk with to mothers about sex.

Figure 2G.5: "I Can Talk Openly To My Father About Sex" (% Strongly Agree And Agree)

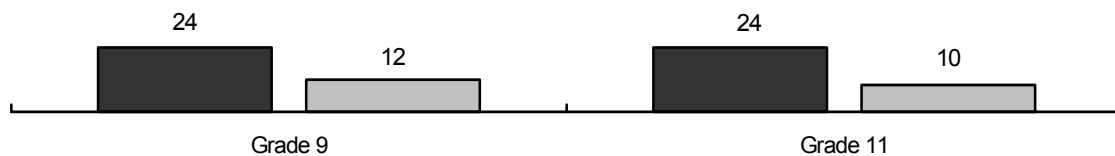
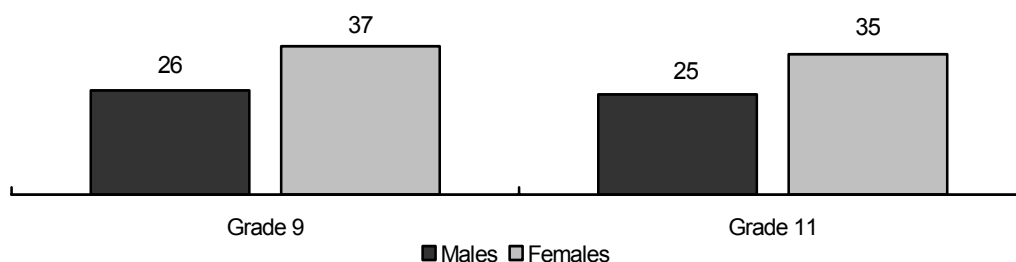


Figure 2G.6: "I Can Talk Openly To My Mother About Sex"
(% Strongly Agree And Agree)



Parental permissiveness and levels of strictness (Jemmott & Jemmott, 1992) were also explored by asking students about parental feelings on dating behaviour (Figures 2G.7 and 2G.8). Fewer girls than boys report that their fathers want them to date. Mothers are reported to be somewhat more in favour of their daughters dating.

Figure 2G.7: "My Father Thinks It's Important For Me To Date"
(% Strongly Agree And Agree)

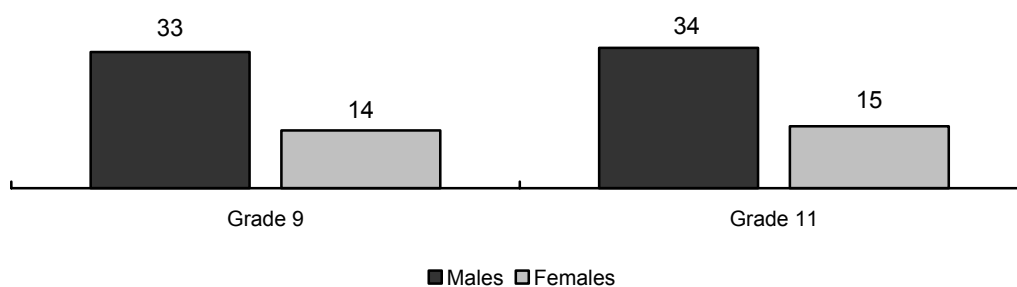
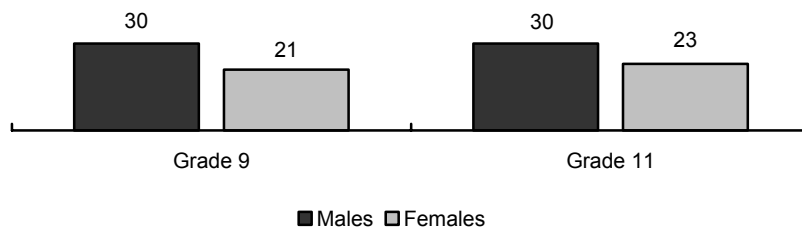


Figure 2G.8: "My Mother Thinks It's Important For Me To Date"
(% Strongly Agree And Agree)



H. Peers

Young people share values within the context of peer groups and these values influence adolescent behaviour. Biglan et al. (1990) found that young people whose peers engage in diverse risk behaviours are more likely to engage in risky sexual behaviour. Students in CYSHHAS chose from a group of activities and qualities that they believed enhanced student popularity at school (Figures 2H.1 and 2H.2). Over 75% of students indicate that hanging out with the right crowd, possessing good looks, and having a good personality are ways to become popular. By comparison, having a boyfriend or girlfriend, getting good marks, or having musical or artistic talent are less important for being popular. Further, significant numbers of youth report that partying and engaging in rebellious behaviour are ways to become popular.

Figure 2H.1: "How Does A Person Your Age Become Popular At School", Males Only (%)

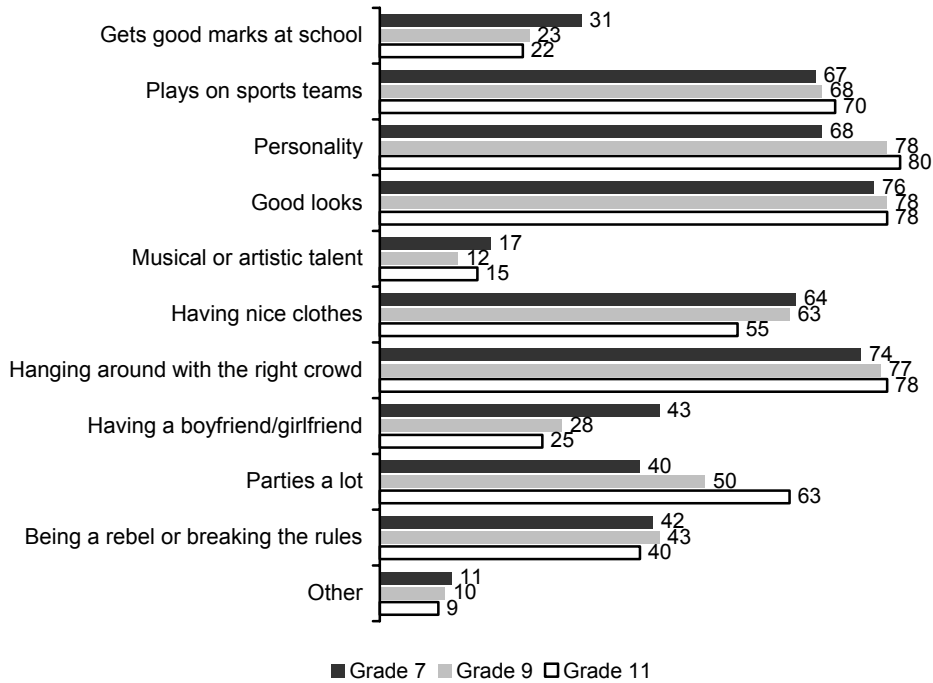
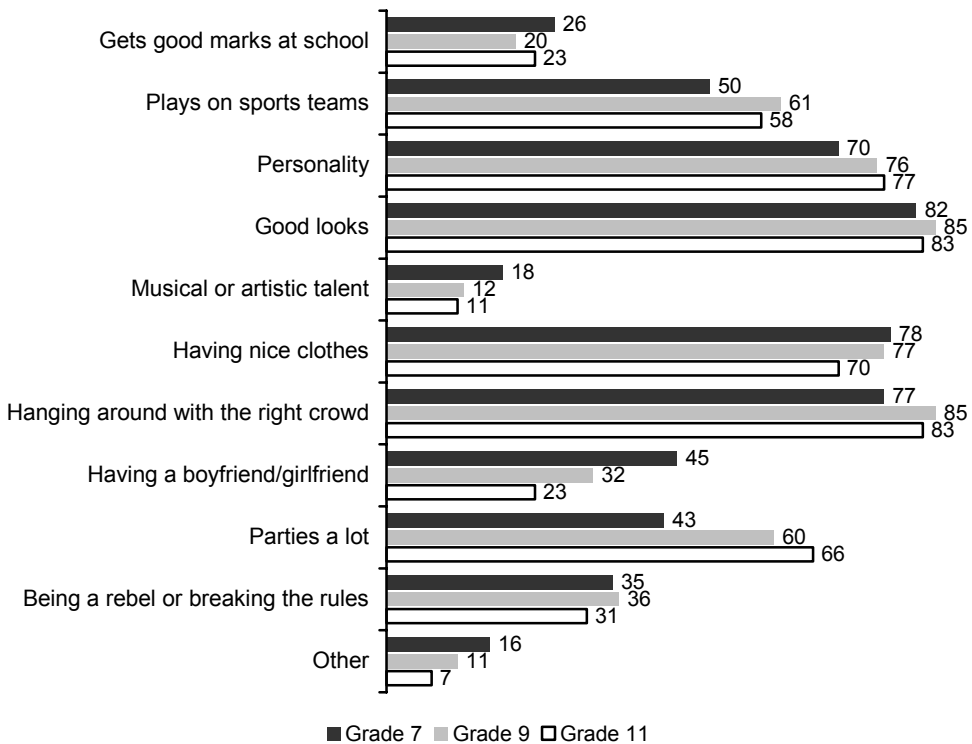
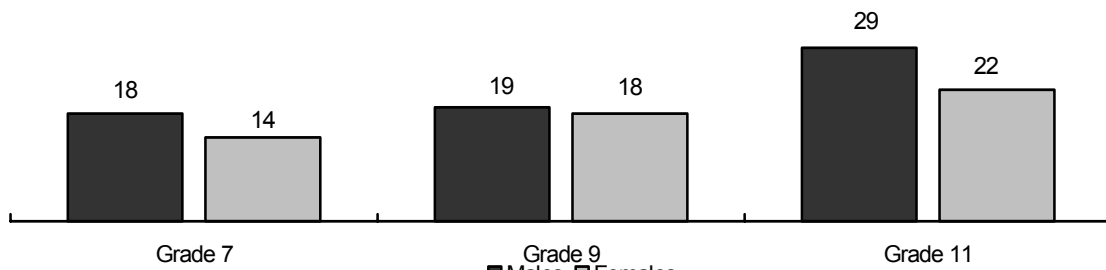


Figure 2H.2: "How Does A Person Your Age Become Popular At School", Females Only (%)



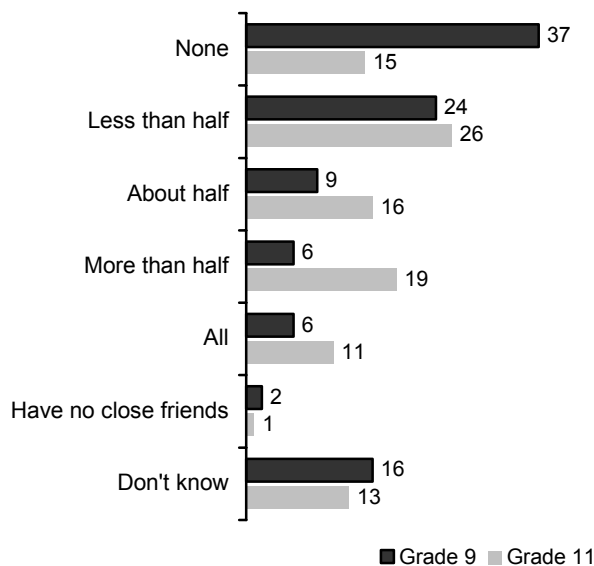
Overall, a greater proportion of older youth, especially boys report that they spend most of their spare time partying (Figure 2H.3).

**Figure 2H.3: "Most Of My Spare Time Is Spent Partying"
(% Strongly Agree And Agree)**



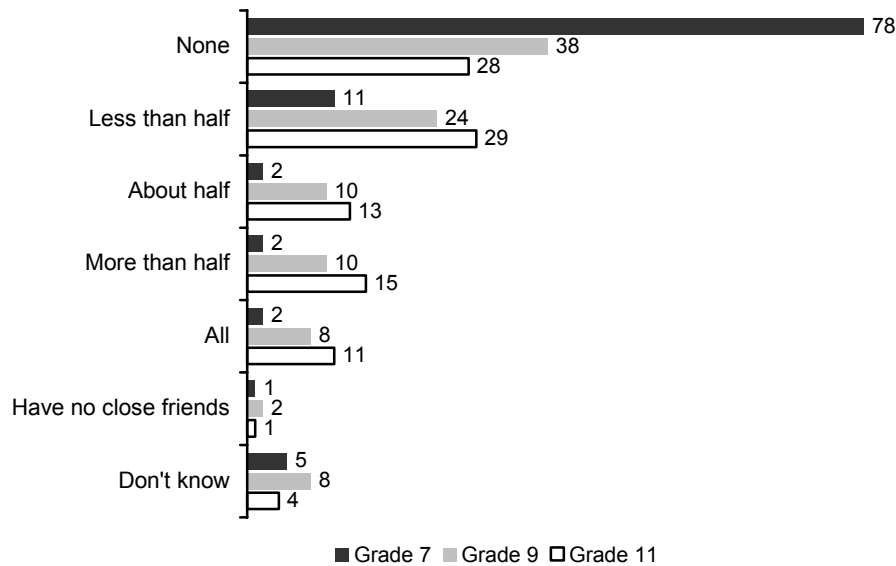
Students were asked about normative behaviour and values shared by their peers, such as the sexual activity of their friends. Figure 2H.4 describes student perceptions of peer sexual activity in Grades 9 and 11. Older students are more likely to perceive that more of their friends have had sexual experiences.

Figure 2H.4: Students Who Indicated That Their Friends Have Had Sex (%)



The valuing and practice of drug use within peer groups may increase sexual health risks among adolescents (Biglan et al., 1990). Students in CYSHHAS were asked about the proportion of their friends who they believed use drugs to get stoned. While few gender differences are found, response differences by grades emerge regarding friends using drugs to get stoned. Indeed, 26% of Grade 11 and 18% of Grade 9 students report that more than half of their friends use drugs to get stoned (Figure 2H.5).

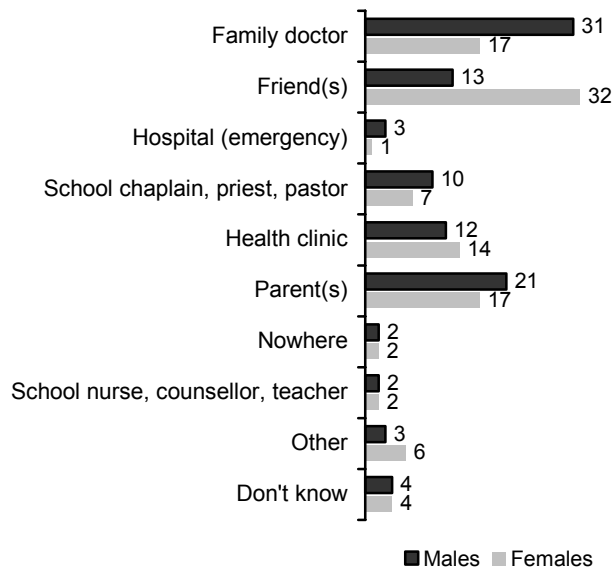
Figure 2H.5: Students Who Indicated That Their Close Friends Use Drugs To Get Stoned (%)



I. Health and Education Services

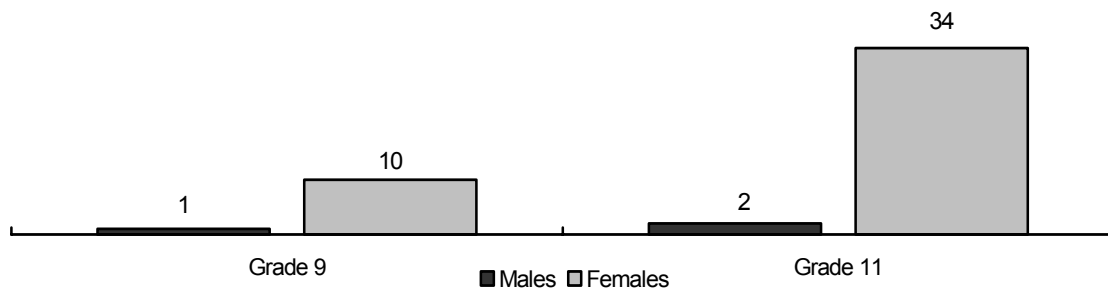
Health and education services represent social structures that may influence adolescent sexual behaviour by providing appropriate information. However, adolescents who possess information of risks associated with unprotected sex may not apply this knowledge when making decisions about their sexual behaviour. In CYSHHAS, students were asked about where they would go first for advice if they believed that they had a sexually transmitted disease (Figure 2I.1). The most popular choices made by Grade 11 girls include friends (32%), parents (17%) and family doctor (17%). By comparison, the most popular choices among boys include the family doctor (31%), and parents (21%). Only 13% of boys gave friends as their first choice for advice if they thought they had an STI.

Figure 2I.1: "Where You Would Go First For Advice If You Thought You Had A Sexually Transmitted Disease?", Grade 11 (%)



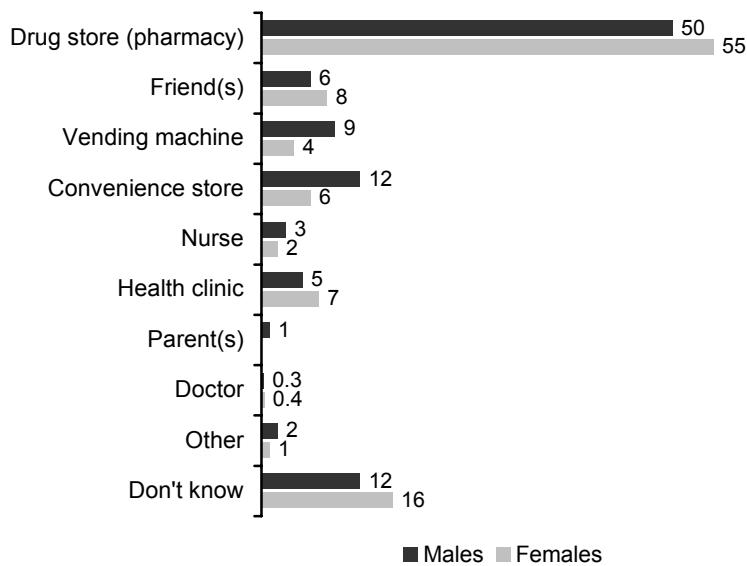
Regular use of health services may prevent negative sexual health outcomes, or at least allow treatment of specific health problems. Over one half of the Grade 9 and 11 students had visited a doctor or health clinic for a regular check-up in the past 12 months. However, only 34% of Grade 11 girls visited doctors in this period for reasons related to birth control or pregnancy, and only 2% of boys did the same (Figure 2I.2). Far fewer students (less than 3% of girls; less than 1% of boys) visited doctors for testing/treatment of sexually transmitted infections in this period.

Figure 2I.2: Students Who Visited A Doctor Or Health Clinic For Birth Control Or Pregnancy In The Past 12 Months (%)



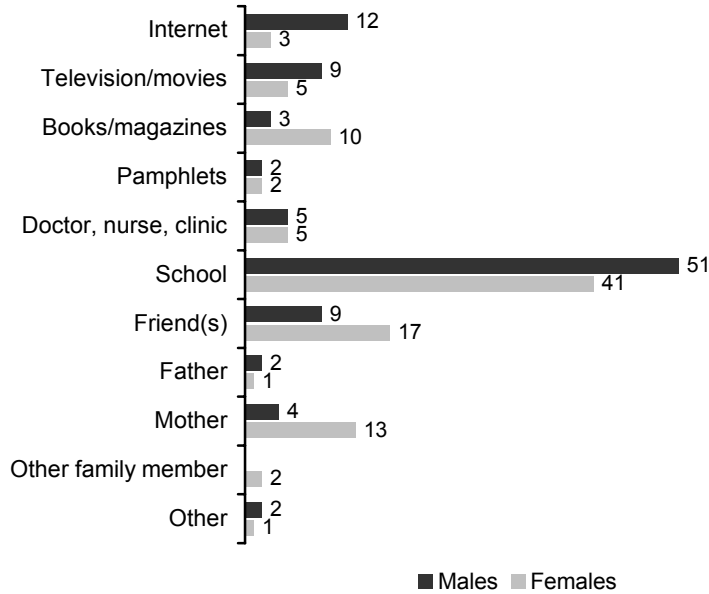
A lack of knowledge about, or barriers to the access of, condoms may influence the sexual practices and sexual health of adolescents. Figure 2I.3 summarizes Grade 11 student responses to an item that asked where do they think young people would most likely go to get condoms. Differences across gender and age groups are apparent in these responses. Older students are far more likely to report that young people would go to a drug store or convenience store to purchase condoms. Between 12% and 16% of students state they do not know where young people are most likely to go to get condoms.

Figure 2I.3: "Where Would Young People Most Likely Go To Get Condoms?", Grade 11 (%)



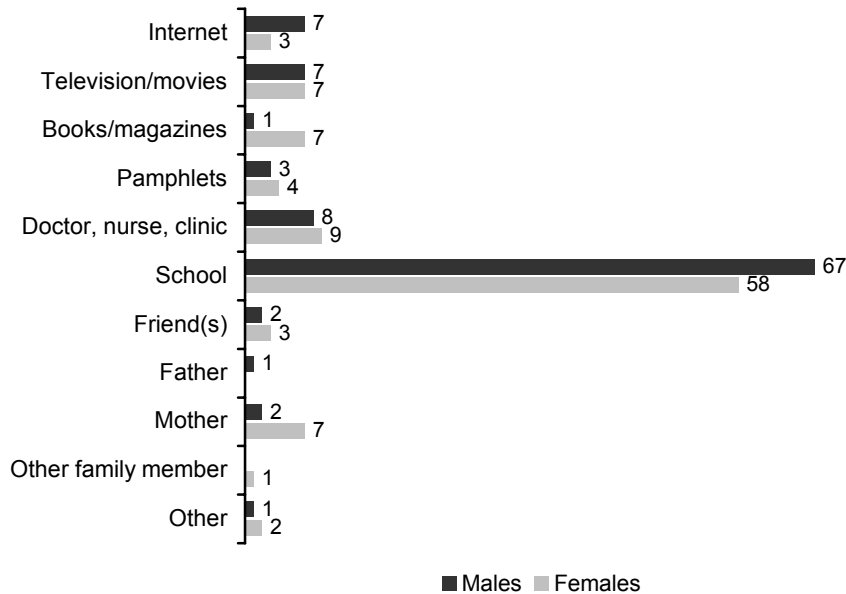
King and Wright (1993) have suggested that parents might discourage youth from finding out relevant knowledge in order to discourage teenage sexual activity. Figure 2I.4 provides a description of the main sources of sexual health information actually used by Grade 9 youth. Most students indicate that school constitutes their main source of sexual health information. Indeed, over 45% of all Grade 9 students indicate this choice. Further, more boys than girls report that school is their main source of information. By comparison, far more girls than boys indicate that their mother and friends constitute their main source of information on human sexuality. Boys, however, report getting more of their sexual health information from the Internet, television, and the movies than do girls.

Figure 2I.4: Main Source Of Information About Human Sexuality/Puberty/Birth Control, Grade 9 (%)



Similarly, the greatest proportion of students indicate that they get information about HIV/AIDS from school rather than other sources (2I.5).

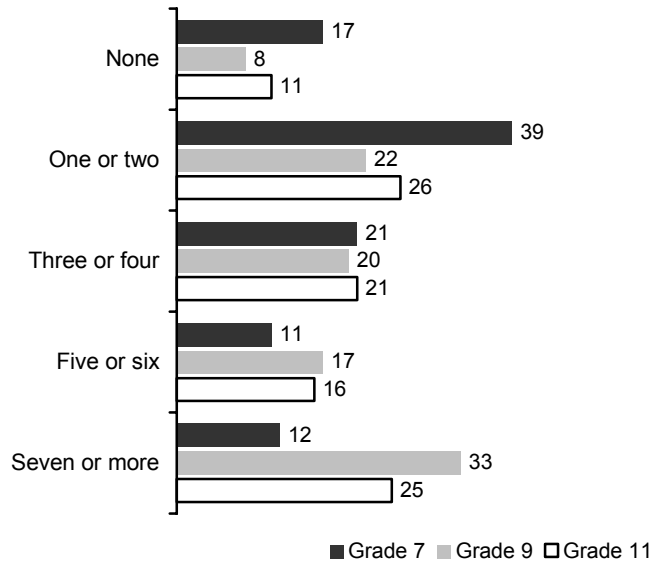
Figure 2I.5: Main Source Of Information About HIV/AIDS, Grade 9 (%)



Students were also asked about the number of hours they spent within school actually learning about sexuality/puberty/birth control over the past two school years (Figure 2I.6). Over one half of Grade 7 students

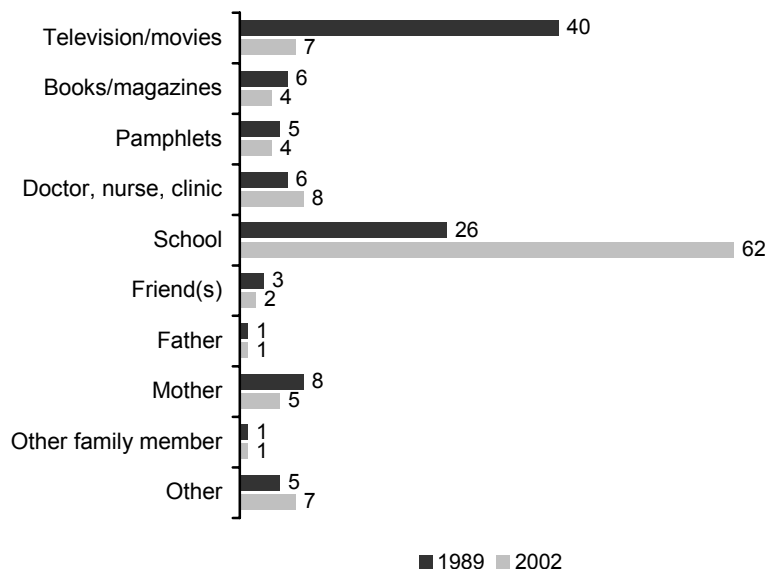
report that they received two hours or less of instructional time. By comparison, one half of Grade 9 students indicate that they spent five or more hours of instructional time on these subjects.

Figure 2I.6: Number Of Hours Spent Learning About Human Sexuality/Puberty/Birth Control Over The Past 2 School Years (%)



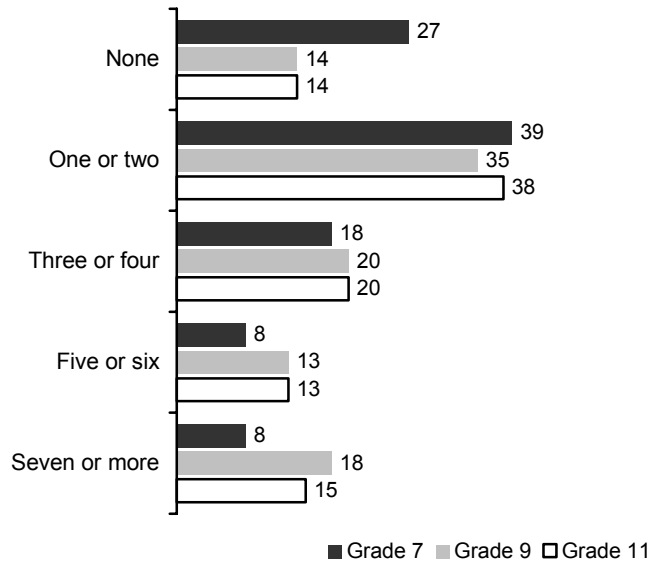
It is apparent that changes have occurred since 1989 regarding the roles of television, school, and health professionals in providing information about HIV/AIDS to youth. Far fewer students in 2002 report that television and movies provide a significant source of information about HIV/AIDS (Figure 2I.7). Further, Grade 9 students in 2002 are more likely to report school as their main source of information about HIV/AIDS, perhaps because of the timing of the human sexuality curriculum at the beginning of secondary school.

Figure 2I.7: Main Source Of Information About HIV/AIDS, By Year Of Survey, Grade 9 (%)



Finally, students were asked about the number of hours that they had spent in school over the previous two years actually learning about HIV/AIDS (Figure 2I.8). Overall, the majority of adolescents indicate that they received only two or fewer hours of instruction in this topic area.

Figure 2I.8: Number Of Hours Spent Learning About HIV/AIDS Over The Past Two School Years (%)



Summary

This chapter has outlined various potential determinants of adolescent sexual health. Other research has indicated that these determinants are linked to sexual behaviours and risk behaviours and are possibly linked to sexual health outcomes. Some of the findings within this chapter are as expected while others are alarming. The relatively rare use of more harmful, addictive drugs among youth and the generally supportive nature of peers may predict positive sexual health outcomes. However, the prevalence of alcohol use, repeated drunkenness, and the lack of student use of health services that can educate them about STDs/HIV/AIDS prevention also suggests the possibility of some very negative adolescent sexual health outcomes.

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