

SEXUALITY AND SEXUAL HEALTH

A. Introduction

Decisions about sexual activity are often first made during adolescence and these decisions are likely to influence one's sexual health into adulthood. Most adolescents learn about their sexuality by exploring new feelings and new activities. Unfortunately, there is also considerable pressure during this period to conform to peer and social values.

Determining levels of youth sexual behaviours, sexual health attitudes, and knowledge about sexual health issues are the focus of this chapter. First, we describe students' knowledge about HIV/AIDS and other Sexually Transmitted Infections (STIs). Knowledge is an important foundation for positive sexual health, since effective protection against HIV/AIDS and other STIs requires an understanding of disease transmission, prevention and prognosis.

However, knowledge alone is not sufficient to reduce risky behaviour. Both information and personal experiences will shape adolescents' values and beliefs about many aspects of sexuality. Thus, we examine students' attitudes towards people living with HIV/AIDS and their fears of contracting the disease, as well as their views about being sexually active.

Sexual behaviours among adolescents are then examined in detail. Information about specific sexual experiences is reported as well as student motivations in abstaining from, or engaging in, sexual activity. We then examine negotiating skills, contraception, and methods of STI protection, in order to assess the extent to which adolescents are equipped to protect themselves from the potentially negative health outcomes of sexual activity. We also describe the nature of teenage dating relationships, as the degree of comfort and communication between partners is likely to influence the quality of adolescent sexual health.

Finally, in examining these data, we describe the characteristics of sexually active youth, including elements of self-esteem and risk-taking behaviours.



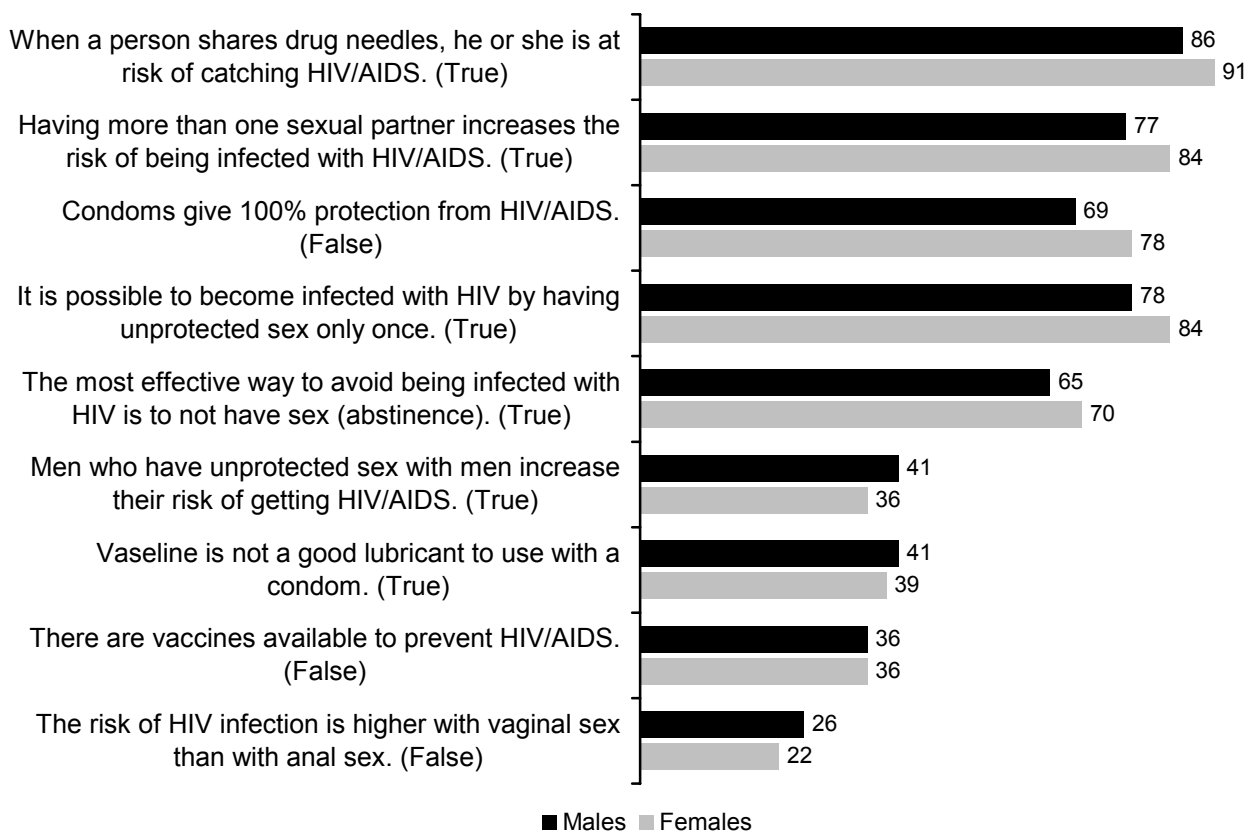
B. Knowledge of HIV/AIDS and other STIs

Knowledge about transmission and protection

A key step in encouraging sexual health among youth is to inform them of potential health risks, such as HIV/AIDS and other sexually transmitted infections, and how to avoid these negative sexual health outcomes. Curricula designed to inform teenagers about HIV/AIDS and other STIs have been in place across Canada since the late 1980s. To determine what young people today know about these health issues, we presented students with 8 or 18 knowledge statements, depending on their grade, about HIV/AIDS and other STIs. Students were asked to mark each statement as True, False, or, if they were unsure of the answer, Don't Know. Many of the statements were similar in wording to those used in the 1989 Canada Youth & AIDS Study. The statements reflected knowledge about aspects of disease transmission, diagnosis, and treatment, all of which are important for prevention.

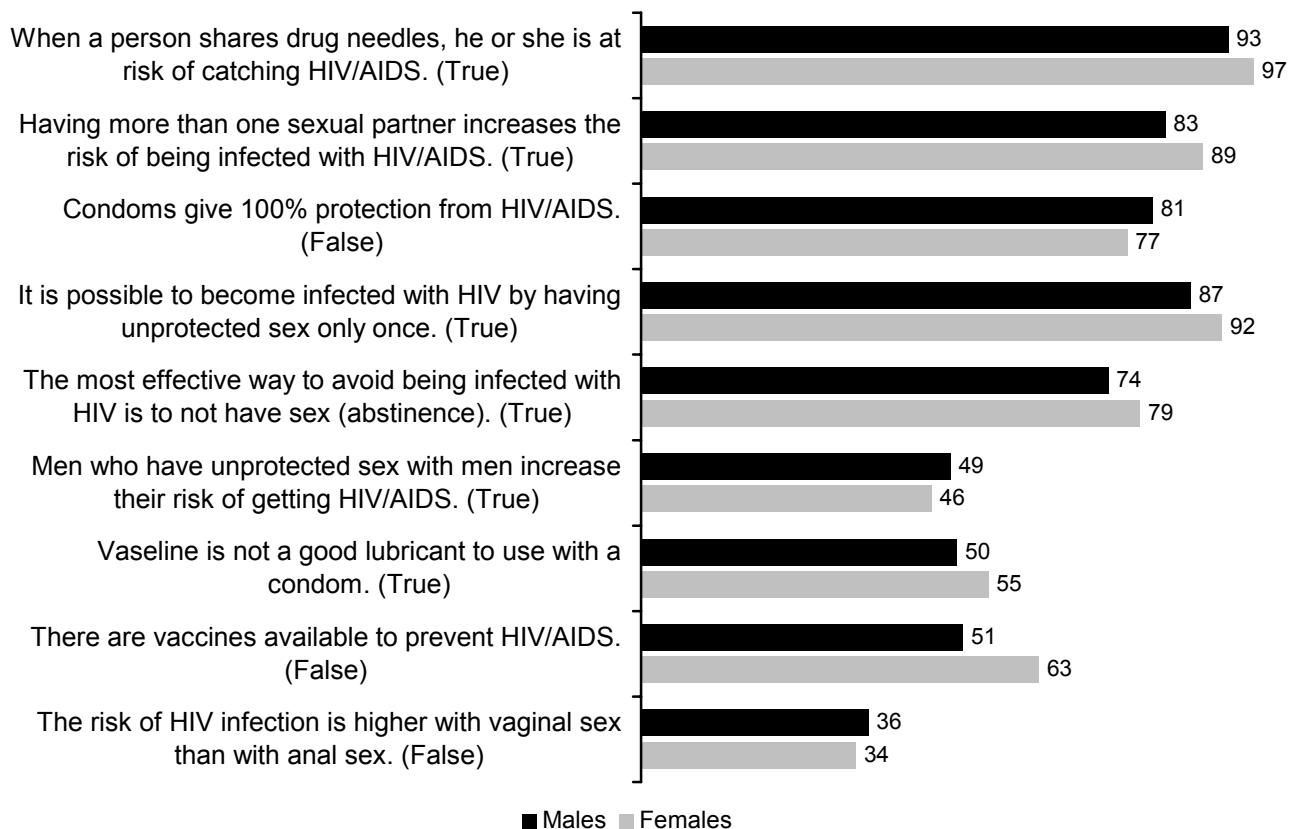
Most of the students are able to correctly identify the means of transmission of HIV, such as sharing drug needles, having unprotected sexual intercourse or having multiple sexual partners. In both Grade 9 and 11, girls fare slightly better on these items than boys. However, students appear uncertain as to how to protect themselves once the decision to become sexually active is made. Only 40% of Grade 9 students (Figure 3B.1) and 53% of Grade 11 students (Figure 3B.2) are aware that Vaseline is not a good lubricant to use with condoms. Similar proportions of students know that men who have unprotected sex with men increase their risk of getting HIV/AIDS. However, fewer students are able to correctly identify the statement “The risk of HIV infection is higher with vaginal sex than with anal sex” as being False. Students were also tested on their ability

Figure 3B.1: Knowledge Of HIV/AIDS Transmission And Protection, Grade 9 (% correct)



to identify myths and misconceptions about HIV/AIDS protection. The majority of students are aware that condoms do not provide 100% protection from HIV/AIDS. Unfortunately, some students have the misconception that there is a vaccine available to prevent HIV/AIDS.

Figure 3B.2: Knowledge Of HIV/AIDS Transmission And Protection, Grade 11 (% correct)



Knowledge about diagnosis and treatment

Facts regarding the diagnosis and treatment of HIV/AIDS appear to be less clear to students. Perhaps most alarming is that approximately one half of Grade 9 students do not know that no cure exists for HIV/AIDS (Figure 3B.3). There is no gender difference in knowledge regarding diagnosis and treatment among Grade 9 students, but among Grade 11 students, girls are slightly more likely than boys to answer these items correctly (Figure 3B.4).

**Figure 3B.3: Knowledge Of HIV/AIDS Diagnosis And Treatment, Grade 9
(% correct)**

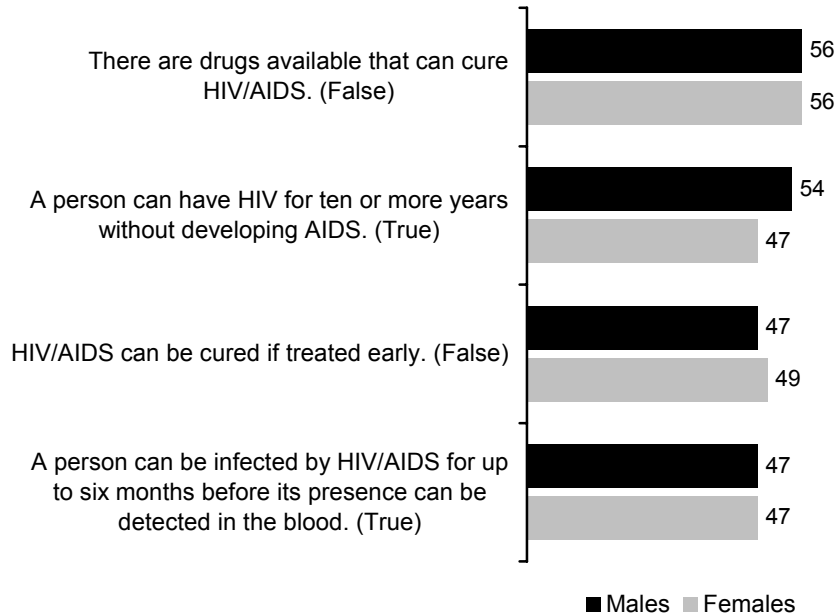
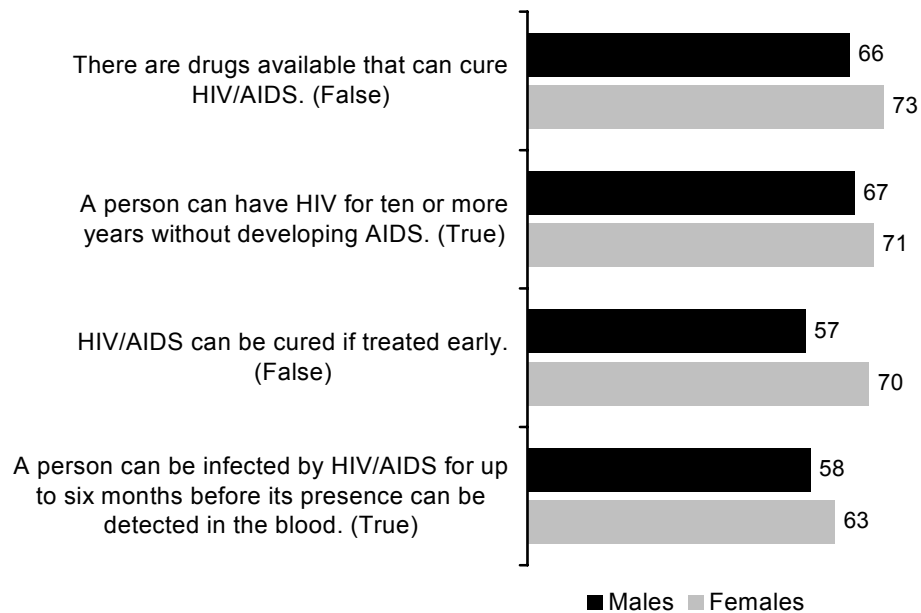


Figure 3B.4: Knowledge Of HIV/AIDS Diagnosis And Treatment, Grade 11 (% correct)



Knowledge about STIs and HIV/AIDS

CYSHHAS also included several statements regarding other STIs. The majority of Grade 9 and 11 students are able to correctly identify the statement “If a person has had an STI, he or she cannot catch it again” as being False (Figures 3B.5 and 3B.6). However, statements about specific STIs, such as genital herpes or chlamydia, prove to be more difficult. It is alarming to note that just over one half of Grade 11 students and less than one

half of Grade 9 students are aware that people with STIs may not have any signs or symptoms. Less than 10% of students are able to correctly identify the statement “Men and women are equally likely to have serious problems if they catch an STI” as being False. Although there is no gender difference among Grade 9 students, Grade 11 girls appear to be more knowledgeable about STIs than Grade 11 boys.

Figure 3B.5: Knowledge Of Other STIs, Grade 9 (% correct)

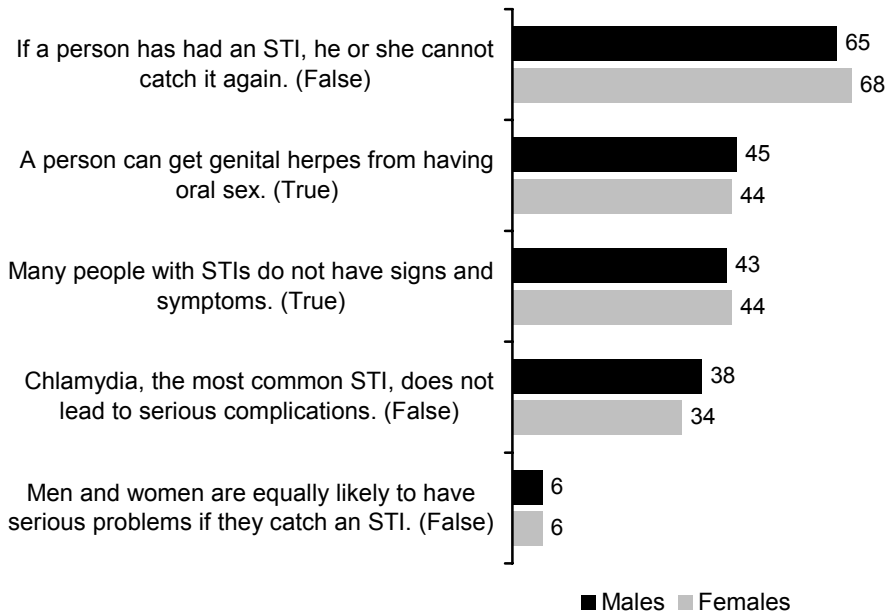
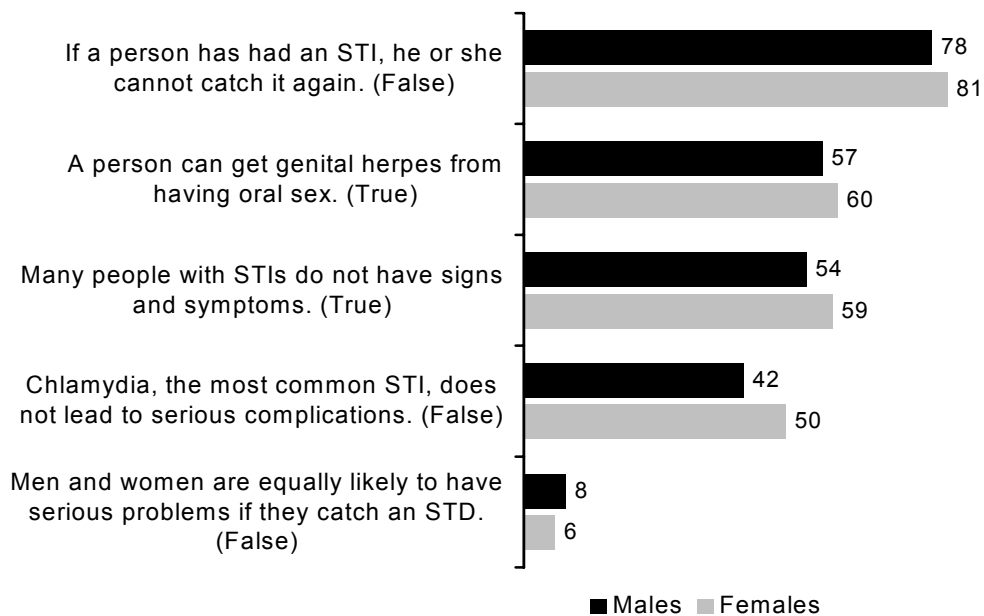


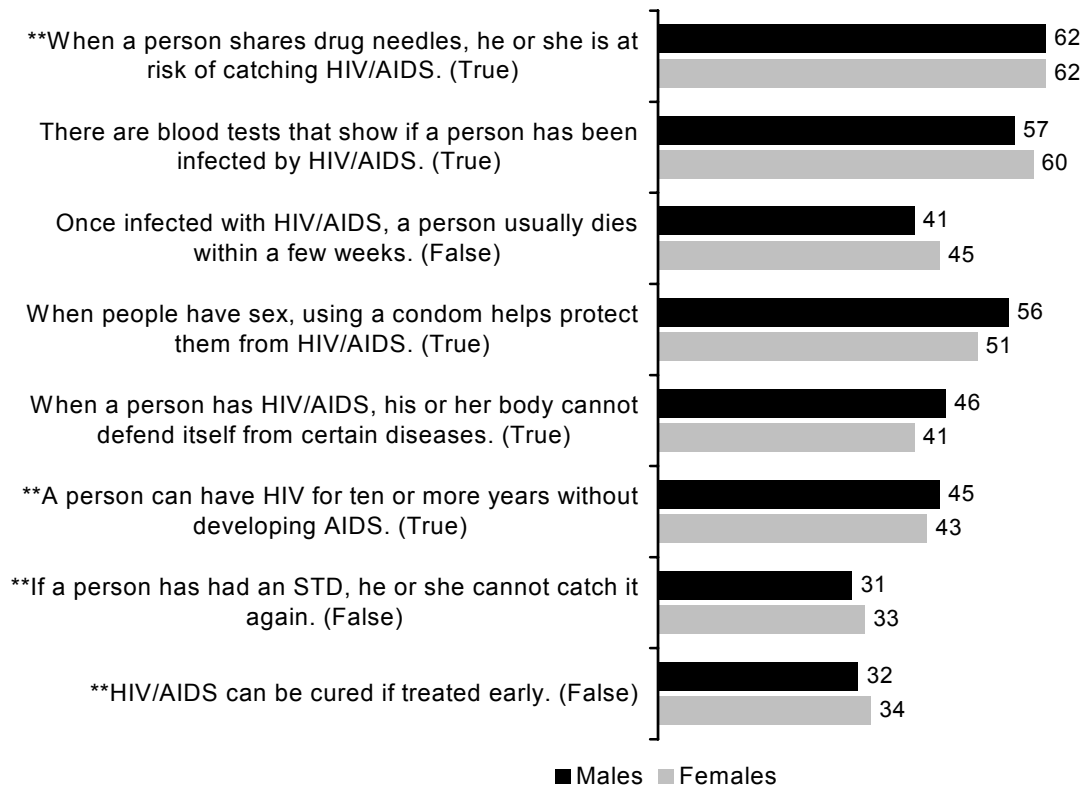
Figure 3B.6: Knowledge Of Other STIs, Grade 11 (% correct)



Of the 8 knowledge statements presented to Grade 7 students, four were identical to statements presented to Grade 9 and 11 students and are marked in Figure 3B.7 with (**) asterisks. Grade 7 students do well on items

about transmission and protection, with over one half able to correctly identify sharing drug needles as a risky behaviour, and use of condoms during sex as a good preventive measure. Statements about diagnosis and treatment are more difficult. More than one half of Grade 7 students are aware that HIV/AIDS blood tests exist, but fewer know that HIV/AIDS weakens the body's defence against disease or that AIDS may develop ten years after HIV infection occurs. Most alarming is that only about one third of Grade 7 students know that HIV/AIDS cannot be cured (Figure 3B.7).

Figure 3B.7: Knowledge Of HIV/AIDS, Grade 7 (% correct)



The proportion of students in 1989 and 2002 who were able to give correct answers to these knowledge statements were compared. The results are disappointing, as it appears that the students surveyed in 1989 were better informed on a variety of HIV/AIDS and STI-related knowledge issues.

To begin, adolescents in 1989 were generally more knowledgeable about HIV/AIDS transmission and protection than today's youth. For example, 83% of Grade 7 students in 1989 knew that sharing drug needles increases risk of HIV/AIDS, while only 62% of Grade 7 students answer this item correctly in 2002 (Figure 3B.8). Similarly, the proportions of students who knew that multiple sexual partners increases risk of HIV/AIDS (Figure 3B.9), and that condoms can help to reduce the risk (Figure 3B.10), were lower in 2002 than in 1989. However, one item shows significant improvement: in 2002, 53% of Grade 11 students are aware that Vaseline is not a good lubricant to use with condoms, which has increased from 42% in 1989 (Figure 3B.11).

Figure 3B.8: "When A Person Shares Drugs Needles, He/She Is At Risk Of Catching HIV/AIDS" (True), By Year Of Survey (% correct)

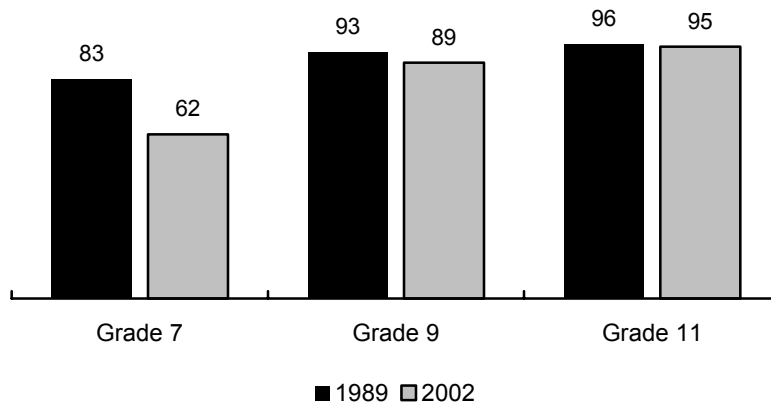


Figure 3B.9: "Having More Than One Sexual Partner Increases The Risk Of Being Infected With HIV/AIDS" (True), By Year Of Survey (% correct)

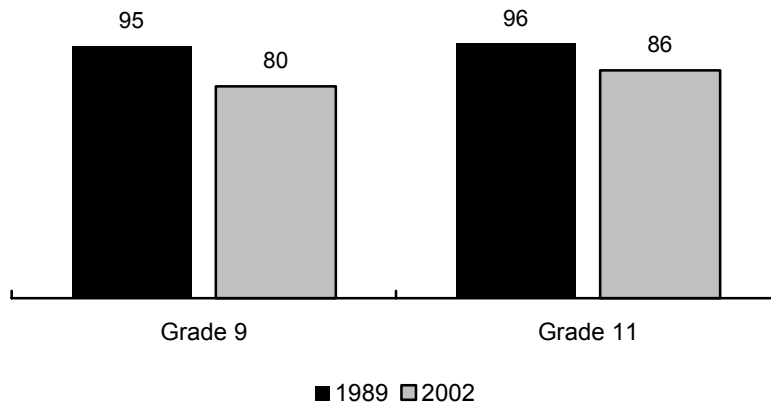


Figure 3B.10: "When People Have Sex, Using A Condom Helps Protect Them From HIV/AIDS" (True), By Year Of Survey (% correct)

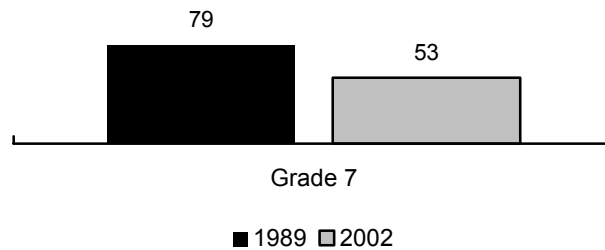
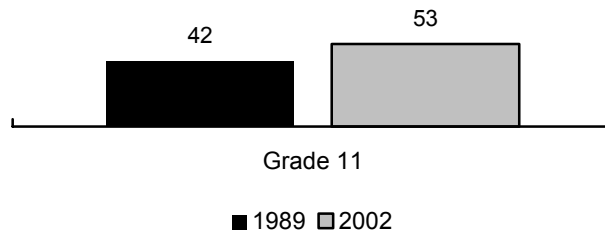
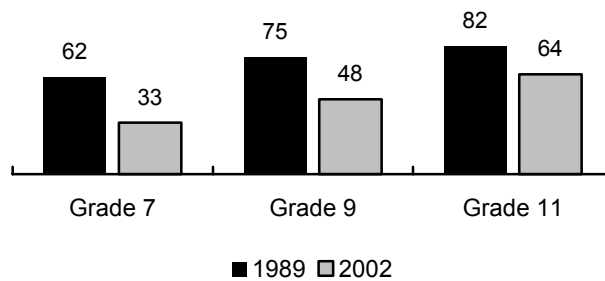


Figure 3B.11: "Vaseline Is Not A Good Lubricant To Use With A Condom" (True), By Year of Survey (% correct)



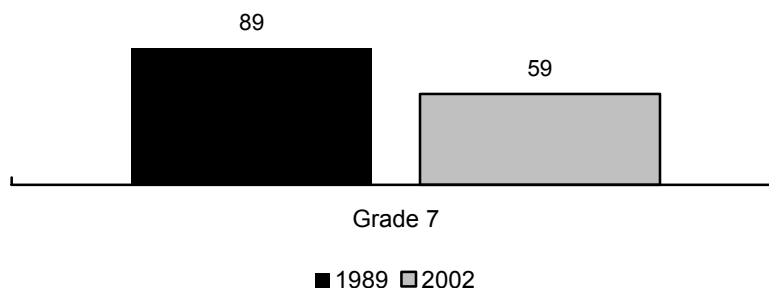
Similarly, with respect to issues of diagnosis and treatment, very little improvement in knowledge can be seen over the past 14 years. Adolescents in 1989 were more likely to know it was incorrect to assume HIV/AIDS can be cured if treated early (Figure 3B.12). This suggests that there may be a false sense of complacency about the disease among today's youth.

Figure 3B.12: "HIV/AIDS Can Be Cured If Treated Early" (False), By Year Of Survey (% correct)



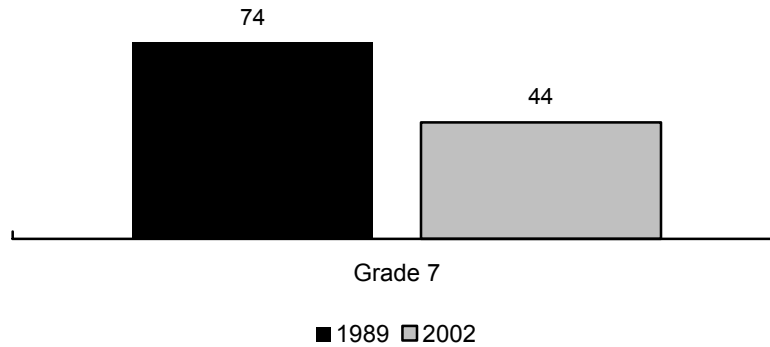
One of the largest differences in knowledge appeared with the true statement "There are blood tests that show if a person has been infected by HIV/AIDS," which was answered correctly by 89% of Grade 7 students in 1989, but only by 59% in 2002 (Figure 3B.13).

Figure 3B.13: "There Are Blood Tests That Show If A Person Has Been Infected By HIV/AIDS" (True), By Year Of Survey (% correct)



Similarly, today's students are less clear about survival time if one is HIV positive (Figure 3B.14).

Figure 3B.14: "Once Infected With HIV/AIDS, A Person Usually Dies Within A Few Weeks" (False), By Year Of Survey (% correct)



However, one area where current students appear to have better knowledge is regarding STIs other than HIV/AIDS. For example, a greater proportion of Grade 9 and 11 students in 2002 know that chlamydia can lead to serious complications (Figure 3B.15). Other items on STIs show mixed results (Figures 3B.16 and 3B.17).

Figure 3B.15: "Chlamydia, The Most Common STI, Does Not Lead To Serious Complications" (False), By Year Of Survey (% correct)

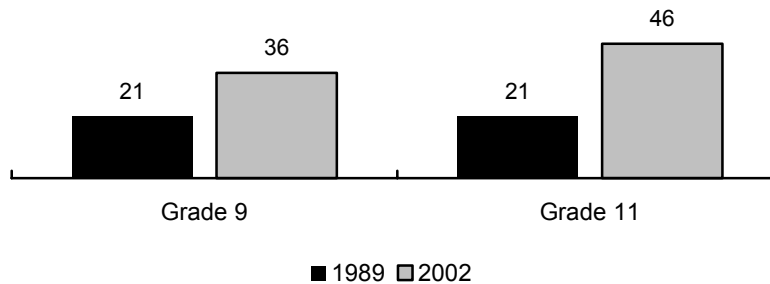


Figure 3B.16: "If A Person Has Had An STI, He Or She Cannot Catch It Again" (False), By Year Of Survey (% correct)

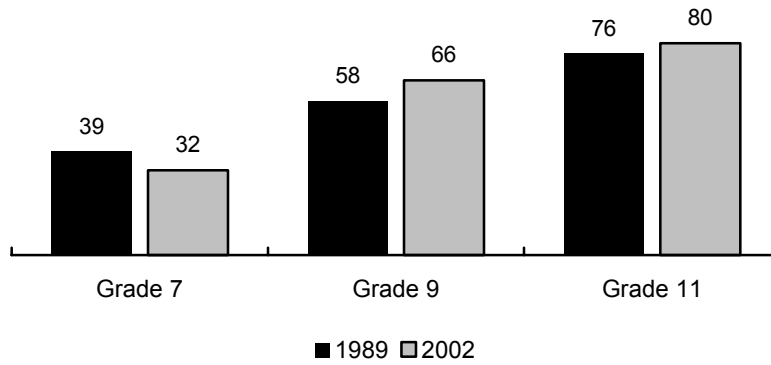
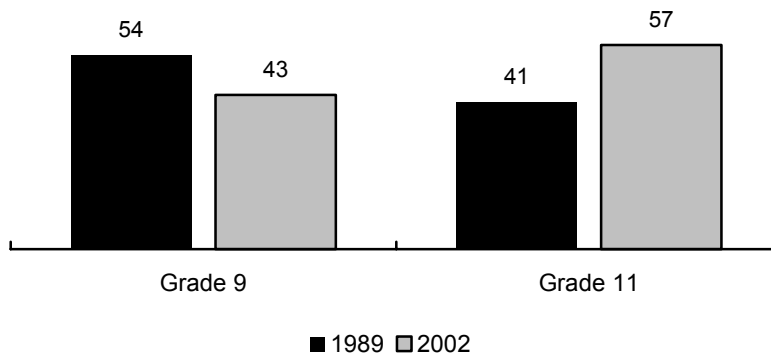


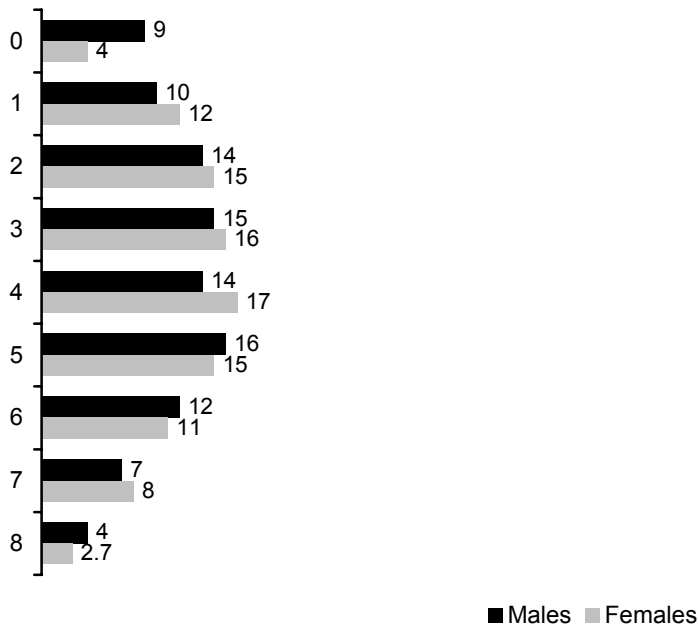
Figure 3B.17: "Many People With STIs Do Not Have Signs And Symptoms" (True), By Year Of Survey (% correct)



Knowledge scores

This section summarizes the proportion of correct answers to the knowledge items (described in the previous 2 sections) by students in each of Grades 7, 9, and 11. Grade 7 students were asked to respond to 8 knowledge statements (see Figure 3B.7). Approximately 50% of students are able to answer at least half of the items correctly, with less than 5% able to answer all correctly (Figure 3B.18).

Figure 3B.18: Number of Correct Answers To Knowledge Statements, Grade 7 (%)



Grade 9 and 11 students were presented with 18 knowledge statements (see Figures 3B.1 to 3B.6). More than 60% of students in Grade 9 are able to answer 8 or more of the items correctly, with 3% obtaining a high score of between 16 and 18 items correct (Figure 3B.19). Grade 11 students fare even better, with 87% of students able to answer 8 or more of the items correctly, and 10% of students obtaining a high score of between 16 and 18 correct items (Figure 3B.20).

Figure 3B.19: Number of Correct Answers To Knowledge Statements, Grade 9 (%)

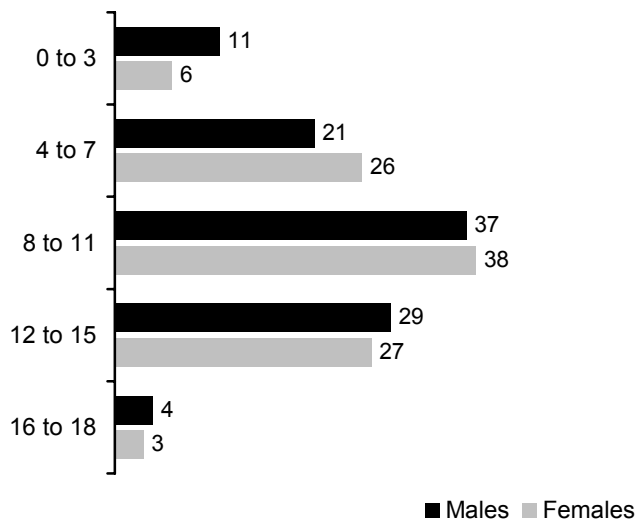
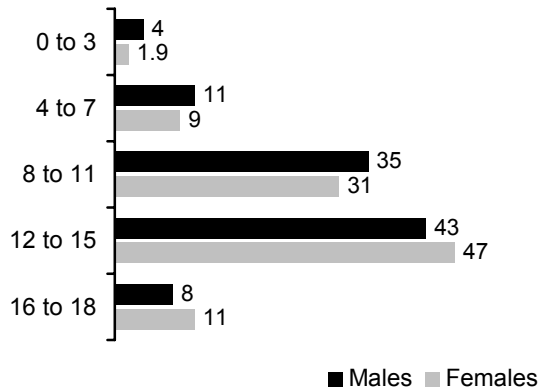


Figure 3B.20: Number of Correct Answers To Knowledge Statements, Grade 11 (%)



Sources of information and knowledge scores

To determine how effective various sources of information (see Chapter 2) are in educating youth about HIV/AIDS, we compared the students with low scores on the knowledge items, in terms of their major source of HIV/AIDS information, to those with high scores (Figures 3B.21 to 3B.26). For Grade 7 students, having 0 to 3 items correct was considered a low score and 6 to 8 items correct a high score. For Grade 9 students, having 0 to 8 items correct was considered a low score and 12 to 18 items correct was a high score, while among Grade 11 students, having 0 to 10 items correct was considered a low score and 14 to 18 items correct a high score. In general, students who cite television/movies or the Internet as their main source of HIV/AIDS information are more likely to have low knowledge scores. The effect of using doctors/nurses/clinics as a main source of information appears to vary by grade and gender. For example, Grade 9 girls and Grade 7 girls who cite doctors/nurses/clinics as main information sources are more likely to have low knowledge scores, while no major effect is observed for other groups of students. In general, students who use school as a main source of information about HIV/AIDS are slightly more likely to have high knowledge scores, though Grade 11 boys and Grade 7 girls do not show this result.

Figure 3B.21: Main Source Of HIV/AIDS Information, By Knowledge Scores, Grade 7 Males (%)

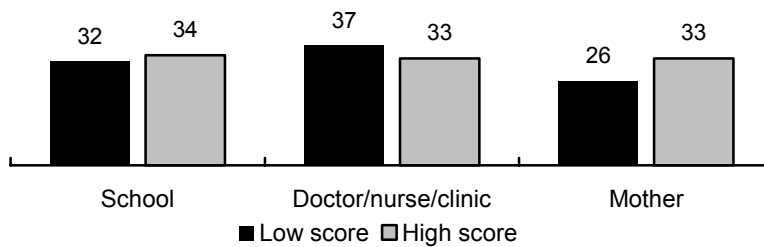


Figure 3B.22: Main Source Of HIV/AIDS Information, By Knowledge Scores, Grade 7 Females (%)

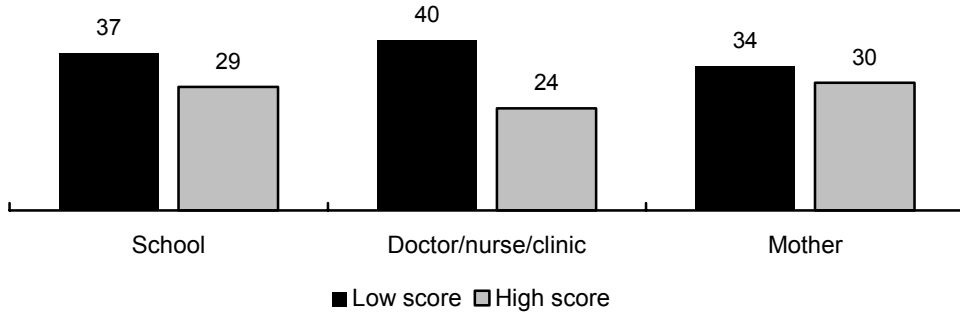


Figure 3B.23: Main Source Of HIV/AIDS Information, By Knowledge Scores, Grade 9 Males (%)

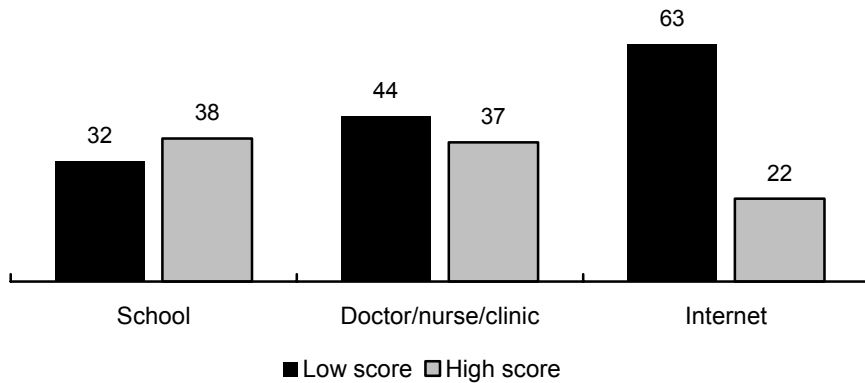


Figure 3B.24: Main Source Of HIV/AIDS Information, By Knowledge Scores, Grade 9 Females (%)

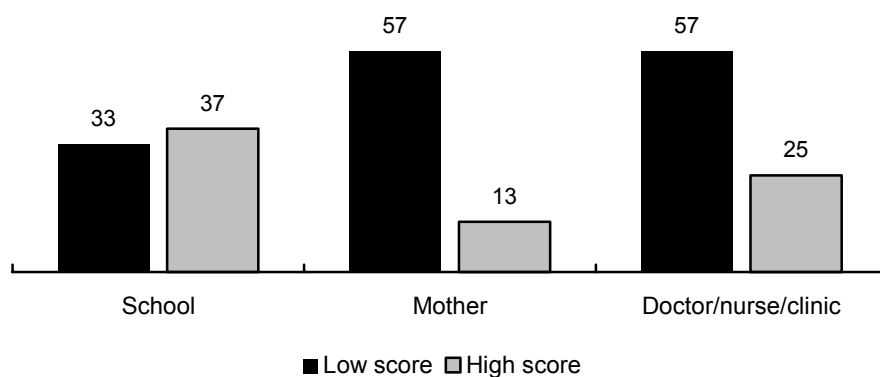


Figure 3B.25: Main Source Of HIV/AIDS Information, By Knowledge Scores, Grade 11 Males (%)

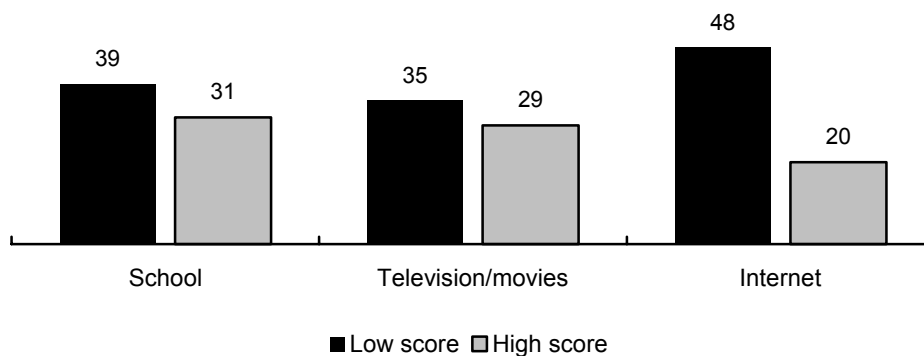
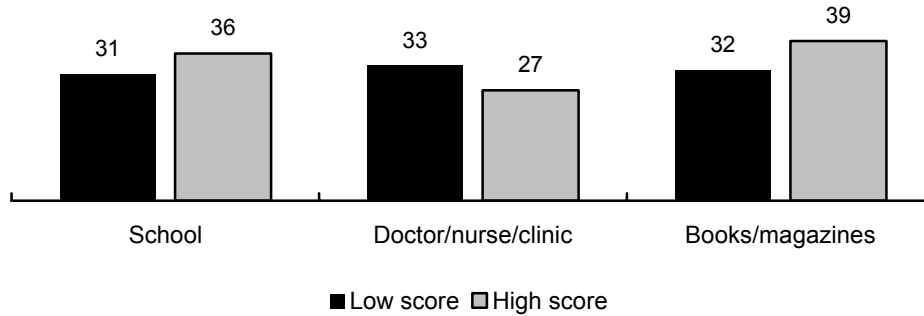


Figure 3B.26: Main Source Of HIV/AIDS Information, By Knowledge Scores, Grade 11 Females (%)



Class instruction time and knowledge scores

The data were further examined to determine whether spending a greater number of hours of class time in learning about HIV/AIDS (see Chapter 2) would lead to higher knowledge scores. Among Grade 7 students, a greater number of hours spent learning about HIV/AIDS does not appear to influence knowledge scores (Figure 3B.27). However, among Grade 9 and 11 students, those who spent more hours learning about HIV/AIDS are more likely to obtain high knowledge scores (Figures 3B.28 and 3B.29).

Figure 3B.27: Hours Of Class Time In The Past Two Years Spent Learning About HIV/AIDS, By Knowledge Scores, Grade 7 (%)

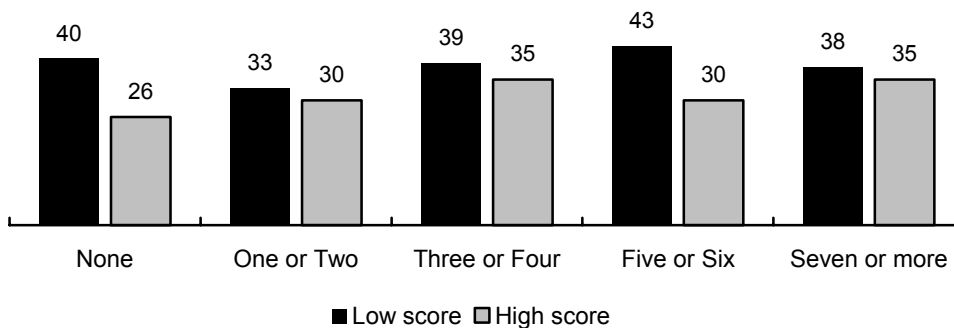


Figure 3B.28: Hours Of Class Time In The Past Two Years Spent Learning About HIV/AIDS, By Knowledge Scores, Grade 9 (%)

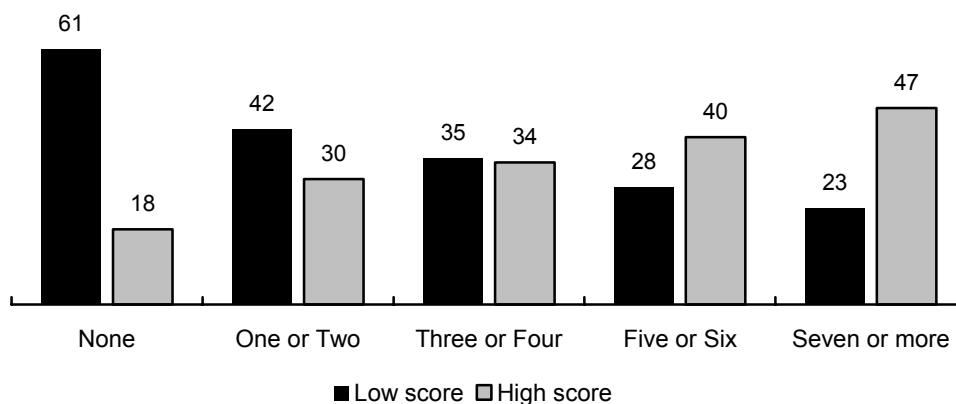
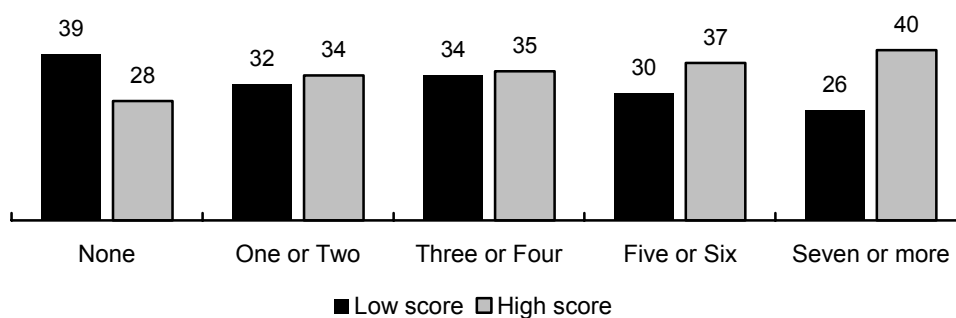


Figure 3B.29: Hours Of Class Time In The Past Two Years Spent Learning About HIV/AIDS, By Knowledge Scores, Grade 11 (%)



C. Sexual Health Attitudes

Attitudes towards HIV/AIDS and other STIs

The information that adolescents receive about HIV/AIDS, as well as their own personal experiences, are likely to influence their fears of the disease, their feelings toward people affected by it, and their beliefs about certain aspects of sexuality. Also, by examining attitudes concerning sexuality among adolescents, most of whom are just beginning to consider sexual relationships, we gain insight as to why they behave in the way they do.

Students were presented with several statements that reflected attitudes and fears with respect to their own susceptibility to HIV/AIDS, and responded to each along a scale ranging from “Strongly Agree” to “Strongly Disagree.” Approximately one half of the students in all three grades indicate that they do worry about getting an STI, and an equal proportion also worry specifically about catching HIV/AIDS (Table 3C.1). No major gender differences were observed in worrying about HIV/AIDS and STIs. Only a very small proportion of students at each grade level report that HIV/AIDS is discussed within their peer group. However, Grade 9 girls are slightly more likely to engage in such discussions than Grade 9 boys.

Table 3C.1: Fear Of HIV/AIDS (% Strongly Agree And Agree)

	Grade 7		Grade 9		Grade 11	
	Males	Females	Males	Females	Males	Females
I worry about getting an STI.	43	46	47	56	49	49
I am worried about catching HIV/AIDS.	43	46	47	53	47	43
My friends and I often talk about HIV/AIDS.	6	7	5	10	6	9

Several of the statements presented to the students were designed to detect negative personal attitudes to people afflicted with HIV/AIDS, such as “I could not be a friend of someone who has HIV/AIDS” and “People who have HIV/AIDS get what they deserve.” The proportion of students who agree with these statements is highest among Grade 7 students, but decreases among Grade 9 and 11 students (Table 3C.2). The older students’ empathy for persons living with HIV/AIDS may be a reflection of their increasing maturity or of their higher level of knowledge about the disease. Additionally, across all three grades, boys are more likely than girls to agree with these negative statements.

Despite the fact that a relatively small proportion of students agree with negative personal statements about persons living with HIV/AIDS, it should be noted that almost one half agree with the statement “People who have HIV/AIDS should be allowed to serve the public,” and the proportion varies little across the three grades. This indicates a respect for basic human rights of those with HIV/AIDS.

**Table 3C.2: Attitudes Towards Persons Living With HIV/AIDS
(% Strongly Agree And Agree)**

	Grade 7		Grade 9		Grade 11	
	Males	Females	Males	Females	Males	Females
I could not be a friend of someone who has HIV/AIDS.	22	17	12	8	9	6
People who have HIV/AIDS get what they deserve.	16	10	10	5	7	3
People who have HIV/AIDS should be allowed to serve the public.	41	42	41	47	38	41

Attitudes towards sexuality

Grade 9 and 11 students were also asked to respond to statements that reflected attitudes toward their own sexuality (Table 3C.3). Approximately two-thirds of students agree with the statement “It’s alright for two people to have sex before marriage only if they are in love,” with Grade 9 boys as the group with the largest proportion in agreement. Grade 11 students are more likely to agree with the statements “It’s alright to masturbate” and “It’s alright to have casual sex” than Grade 9 students. In both grades, boys are considerably more likely to agree with these statements than girls. Only a small proportion of students agree with the statement “I feel guilty when I think about sex.”

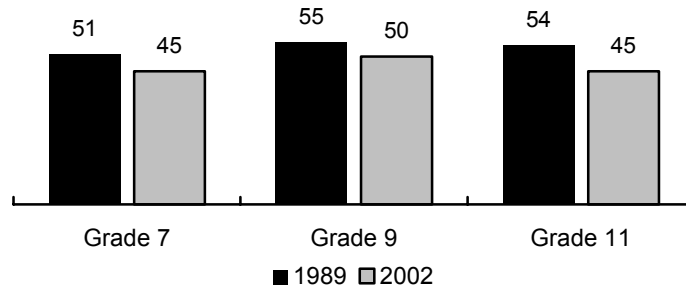
Table 3C.3: Attitudes Towards Sexuality (% Strongly Agree And Agree)

	Grade 9		Grade 11	
	Males	Females	Males	Females
It’s alright for two people to have sex before marriage only if in love.	70	64	65	64
It’s alright to masturbate.	59	31	63	35
It’s alright to have casual sex.	54	29	66	32
I feel guilty when I think about sex.	6	6	5	6

Comparison of attitudes between the 1989 and 2002 surveys

Several of the attitude items on the 2002 CYSHHAS questionnaire were similar to those presented to participants in the 1989 CYAS survey, allowing us to determine how attitudes among adolescents have shifted over time. In 2002, slightly fewer students across all three grades are likely to agree with the statement “I am worried about catching HIV/AIDS” than in 1989 (Figure 3C.1).

Figure 3C.1: "I Am Worried About Catching HIV/AIDS", By Year Of Survey (% Strongly Agree And Agree)



However, students in 2002 are slightly less likely to agree with negative personal statements such as “I could not be a friend of someone who has HIV/AIDS” (Figure 3C.2), and “People who have HIV/AIDS get what they deserve,” than students in 1989 (Figure 3C.3).

Figure 3C.2: "I Could Not Be A Friend Of Someone Who Has HIV/AIDS", By Year Of Survey (% Strongly Agree And Agree)

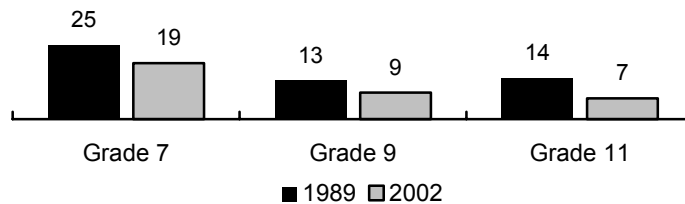
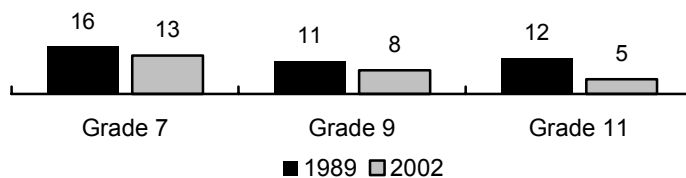
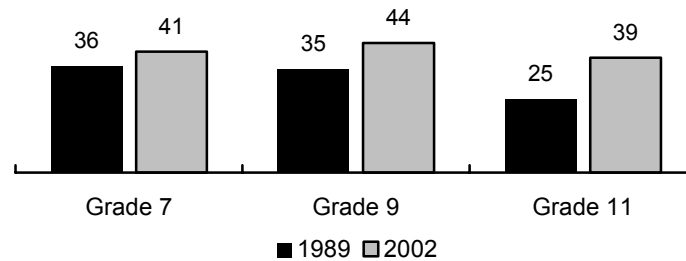


Figure 3C.3: "People Who Have HIV/AIDS Get What They Deserve", By Year Of Survey (% Strongly Agree And Agree)



Similarly, the proportion of students in 2002 who agree with the statement “People who have HIV/AIDS should be allowed to serve the public” has increased from 1989, with the largest difference observed in Grade 11 students (Figure 3C.4). In general, these results reflect an increase in positive attitudes towards people living with HIV/AIDS, particularly among older adolescents. This trend is in combination with a decrease in youth feelings of susceptibility to HIV/AIDS since 1989.

Figure 3C.4: "People Who Have HIV/AIDS Should Be Allowed To Serve The Public", By Year Of Survey (% Strongly Agree And Agree)



D. Sexual Behaviour

Sexual activity

To develop a better understanding of adolescent sexual behaviour in Canada, students were asked to report on the type and frequency of their sexual activities. Students in Grades 9 and 11 were asked more detailed questions than students in Grade 7.

High proportions of both male and female students in Grades 9 and 11 report having engaged in preliminary sexual activities such as deep (open-mouth) kissing, touching above the waist or touching below the waist. Fewer Grade 7 students report such experiences, with more boys reporting preliminary sexual experiences (Figures 3D.1 to 3D.3).

Figure 3D.1: Deep (Open-Mouth) Kissing At Least Once (%)

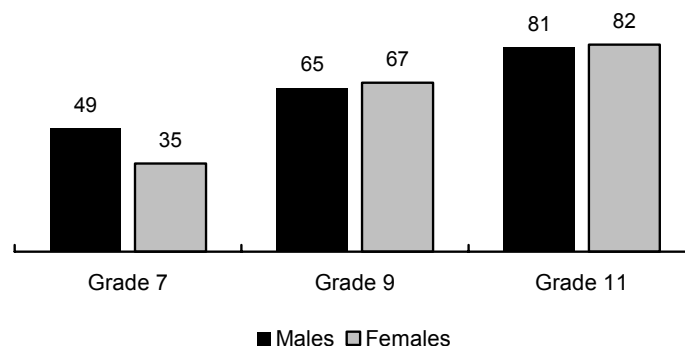


Figure 3D.2: Touching Above The Waist At Least Once (%)

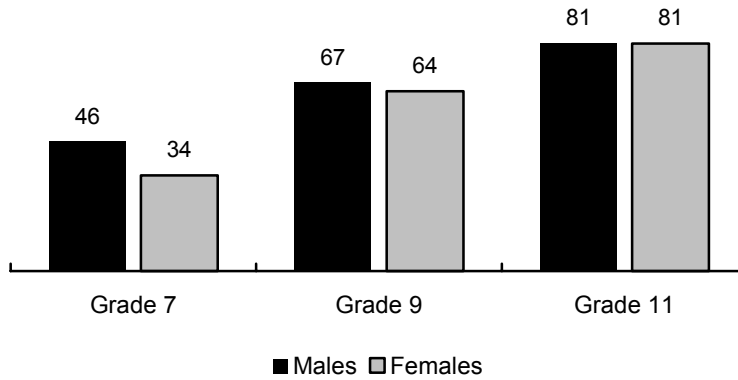
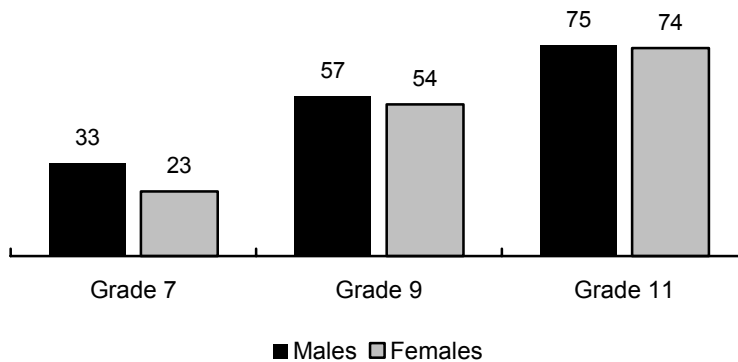


Figure 3D.3: Touching Below The Waist At Least Once (%)



Students in Grades 9 and 11 were specifically asked whether or not they had experienced oral sex or vaginal sexual intercourse. About one third of Grade 9 students and more than one half of Grade 11 students report having had oral sex at least once (Figure 3D.4). However, fewer students report having had vaginal sexual intercourse (Figure 3D.5). Among Grade 9 students, 23% of boys and 19% of girls report having had sexual intercourse, while 40% of boys and 46% of girls in Grade 11 have had sexual intercourse.

Grade 7 students had the option of specifying “Other” sexual experiences and writing these into their survey forms. Using these additional reports, we observe that at least 1% of Grade 7 students have had oral sex and at least 2% have had sexual intercourse.

Figure 3D.4: Oral Sex At Least Once (%)

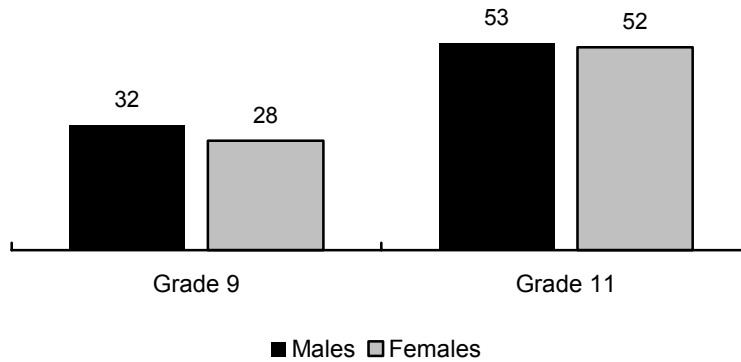
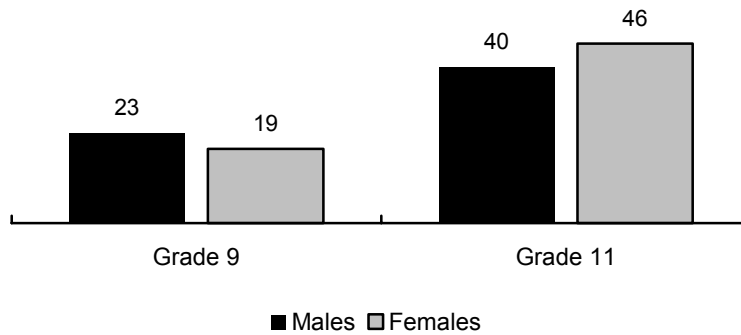


Figure 3D.5: Sexual Intercourse At Least Once (%)



Comparison of sexual activity between 1989 and 2002

We compared these 2002 results to those obtained in 1989 regarding the preliminary sexual activities of Grade 9 and 11 students. The proportions of students engaging in these activities have remained quite consistent over the past 14 years (Figures 3D.6 to 3D.8).

Figure 3D.6: Deep (Open-Mouth) Kissing At Least Once, By Year Of Survey (%)

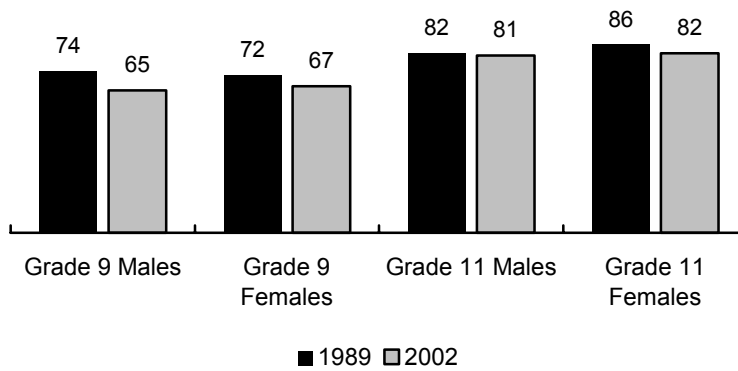


Figure 3D.7: Touching Above The Waist At Least Once, By Year Of Survey (%)

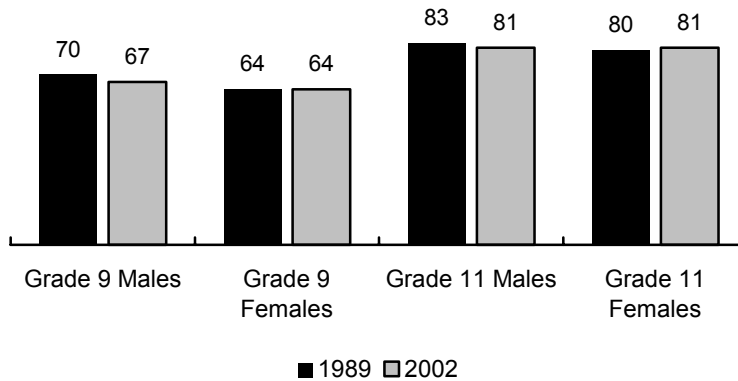
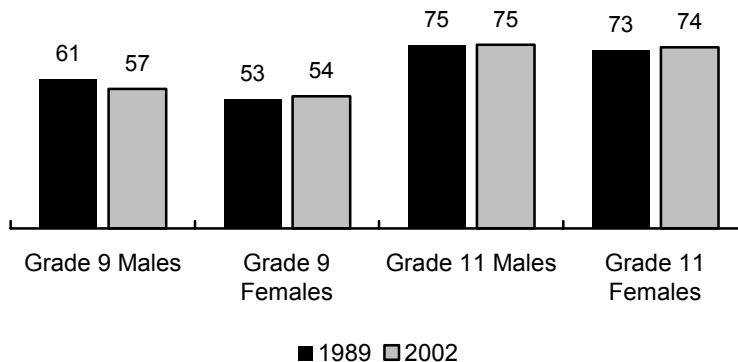
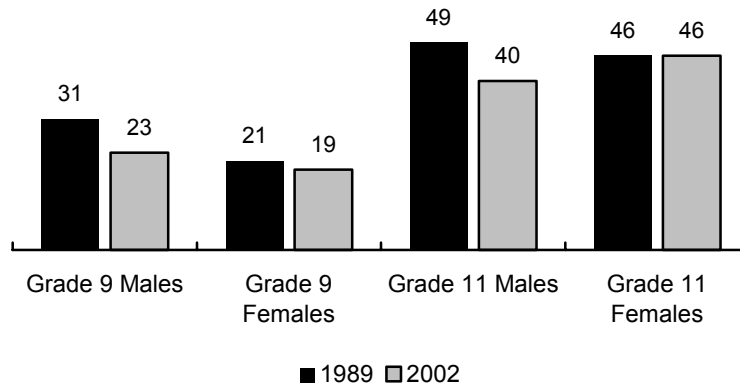


Figure 3D.8: Touching Below The Waist At Least Once, By Year Of Survey (%)



However, the proportions who have had sexual intercourse have decreased since the 1989 study. This decline has been much greater for boys than for girls at both grade levels. The proportion of boys who report being sexually active has decreased by 8% among Grade 9 students and by 9% for Grade 11 students. It is also interesting to note that in 1989 sexual intercourse was more common among Grade 11 boys, but there is now a greater proportion of Grade 11 girls who have had sexual intercourse (Figure 3D.9).

Figure 3D.9: Sexual Intercourse At Least Once, By Year Of Survey (%)



In comparing frequency of sexual intercourse, it is more common for sexually active students in 2002 to report having intercourse “Often” than in 1989, across both grades and genders (Figures 3D.10 to 3D.13). Thus, slightly fewer students are having sex, but those that do tend to be sexually active more frequently.

Figure 3D.10: Frequency Of Sexual Intercourse Among Sexually Active Grade 9 Males, By Year Of Survey (%)

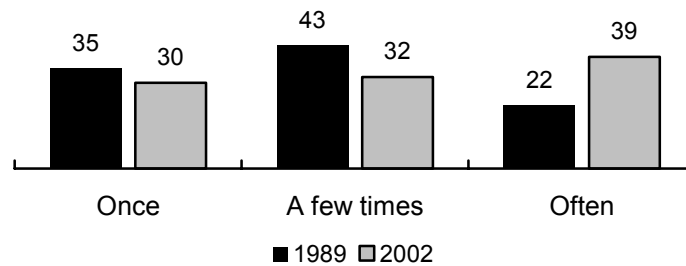


Figure 3D.11: Frequency Of Sexual Intercourse Among Sexually Active Grade 9 Females, By Year Of Survey (%)

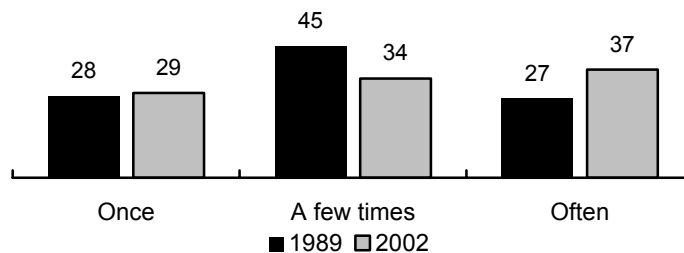


Figure 3D.12: Frequency Of Sexual Intercourse Among Sexually Active Grade 11 Males, By Year Of Survey (%)

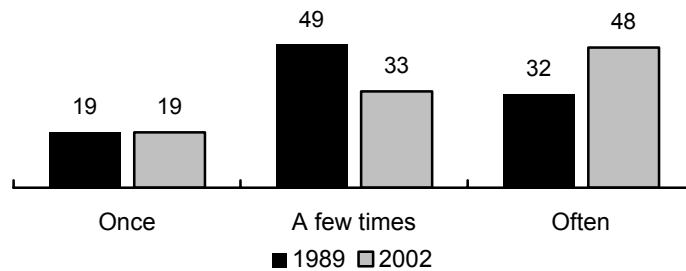
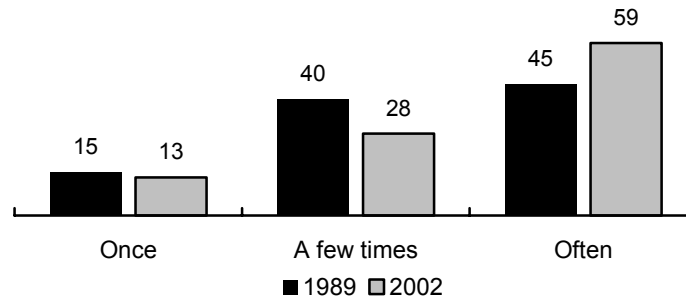


Figure 3D.13: Frequency Of Sexual Intercourse Among Sexually Active Grade 11 Females, By Year Of Survey (%)



Reasons for not having sex

Students in the CYSHHAS who were not yet sexually active were asked to choose one of ten possible reasons for their abstinence (Figures 3D.14 and 3D.15). Overall, the most common reason is that they are “Not ready” to have sex, though this response is more common among girls than boys, and also more common among Grade 9 students than Grade 11 students. More boys than girls in both grades cite “Have not had the opportunity” as their main reason. More equal proportions of male and female students who were not sexually active say they “Have not met the right person”. More girls in both grades say they wish to be virgins until marriage. However, no major difference between gender is apparent for “Religious beliefs,” as 4% of boys and 5% of girls choose this response. It is worth noting that the potential negative health outcomes of sex do not appear to be a major reason for students abstaining from sex. Only a small proportion of students (more girls than boys) cite “Fear of pregnancy” as their main reason for not having intercourse, and less than 2% abstain from sex due to fear of HIV/AIDS or other STIs. Similarly, less than 2% of students abstain due to parents’ or friends’ disapproval, indicating that negative family and peer opinions do not play major roles in the decision not to have sex.

Figure 3D.14: Reasons Cited For Not Having Sexual Intercourse, Grade 9 (%)

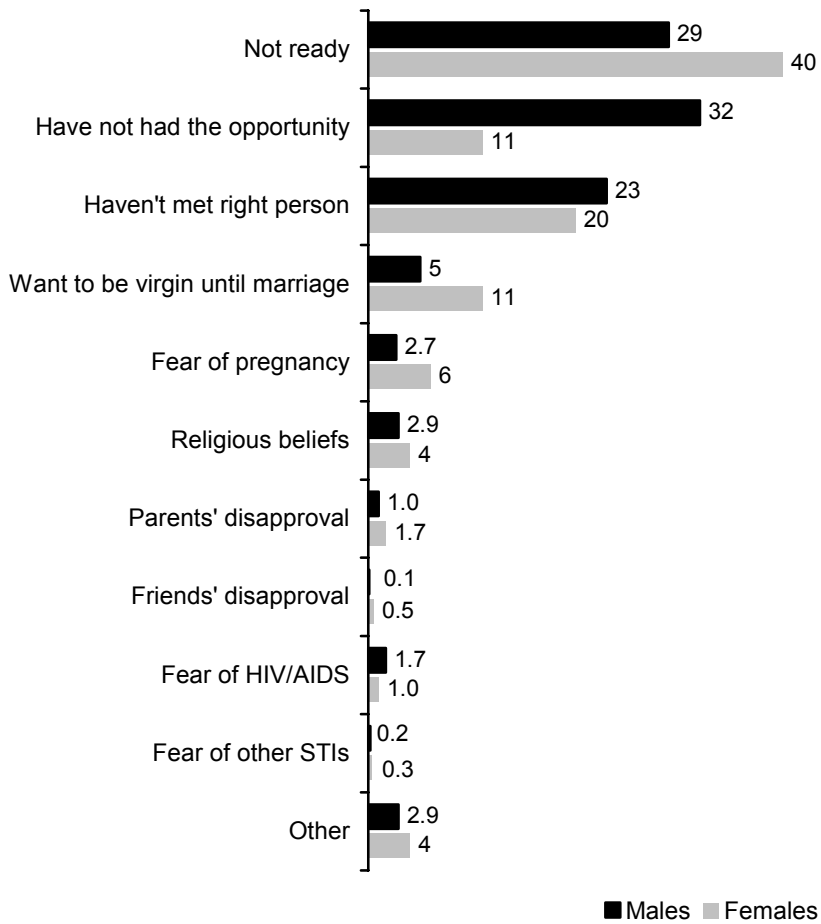
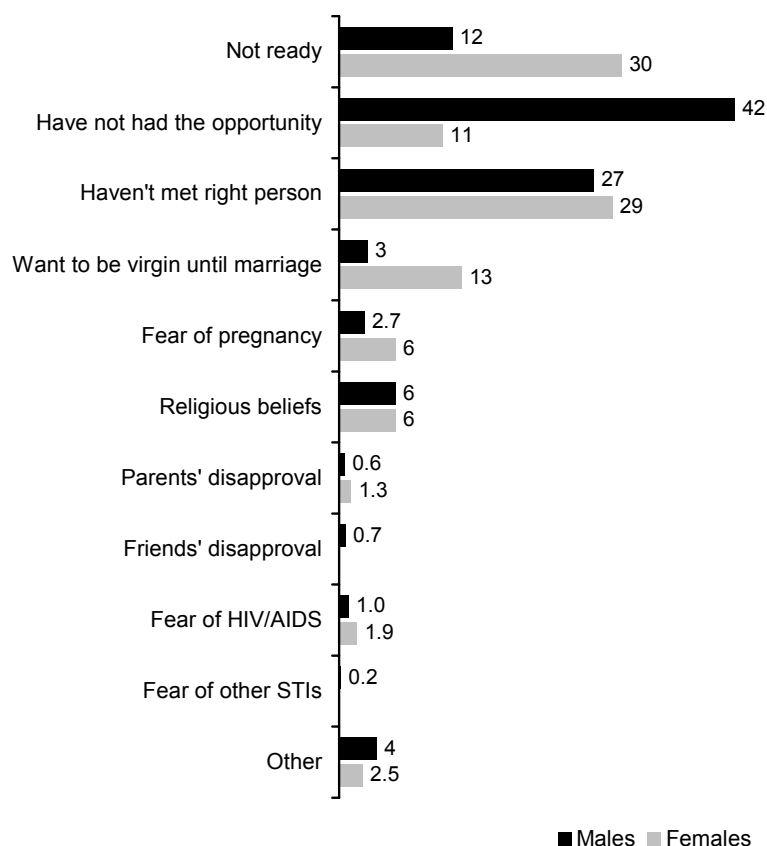


Figure 3D.15: Reasons Cited For Not Having Sexual Intercourse, Grade 11 (%)



Reasons for having sex

Sexually active students in Grades 9 and 11 were asked to choose one of seven possible reasons for having their first experience of sexual intercourse (Figures 3D.16 and 3D.17). Overall, the most common responses cited are “Love for the person,” “Curiosity/experimentation” and “Influence of alcohol/drugs,” although there are several differences across grade and sex. In both Grades 9 and 11, girls are more likely than boys to choose the answer “Love for the person,” although the proportion of both boys and girls increases among Grade 11 students. This difference between age groups suggests an increasing maturity of older adolescents’ attitudes towards sex. In both grades, more boys than girls choose “Curiosity/experimentation” as their main response, and this is the second most common motive for first intercourse. Under 10% of students say that being “Under the influence of alcohol or drugs” was the main reason for their first sexual intercourse. A similar proportion of students say they first had sex because they “Got carried away,” with Grade 9 girls as the group most likely to give this answer. Losing one’s virginity as a reason for first having sex is selected by 10% of boys across

grades, but the corresponding proportion among girls is much lower at 3%. Few cite “Loneliness” as the main reason for having their first sexual intercourse.

Figure 3D.16: Reasons Cited For First Sexual Intercourse, Grade 9 (%)

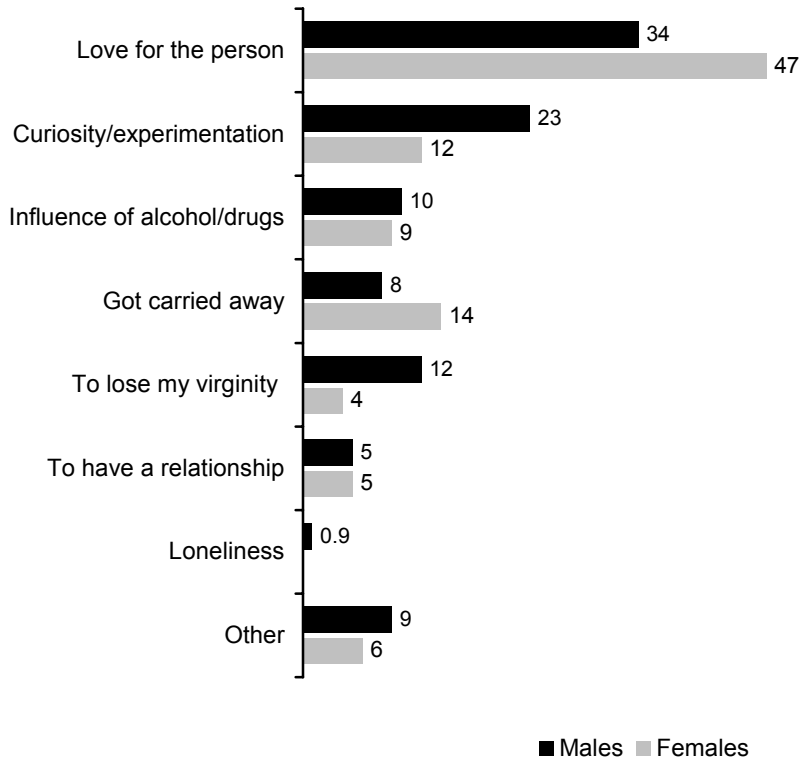
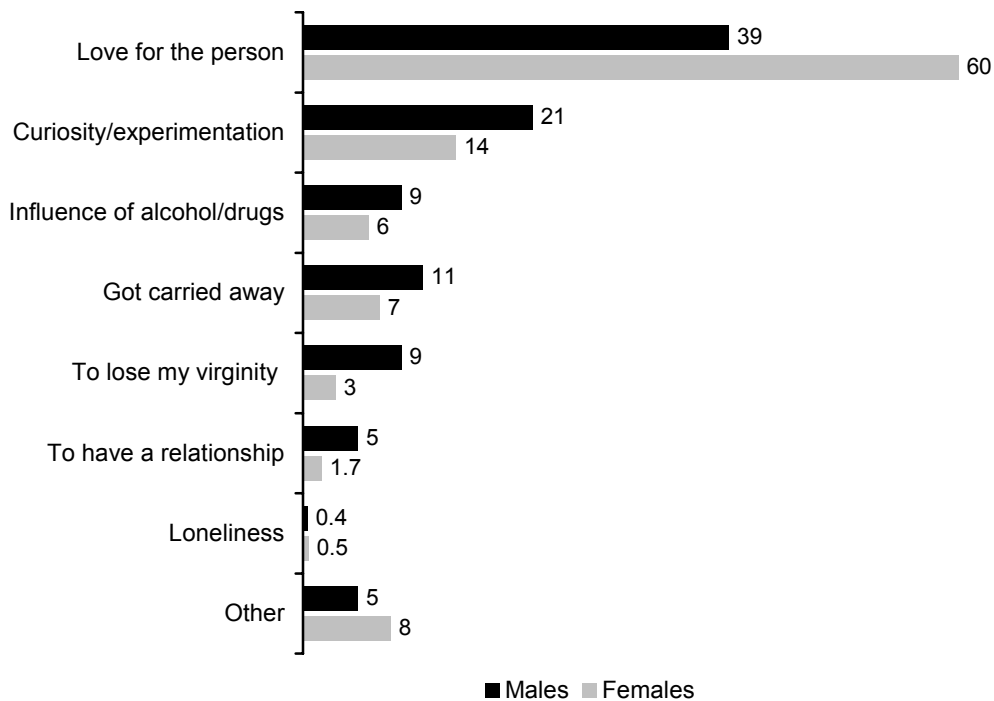


Figure 3D.17: Reasons Cited For First Sexual Intercourse, Grade 11 (%)



Age of sexual initiation and number of partners

Those students who reported being sexually active were asked for more detailed information about their sexual behaviour. These students were asked about their age at first intercourse and their number of lifetime sexual partners. Since only students up to Grade 11 were surveyed in the CYSHHAS the average age of first sexual intercourse for this sample is 14.1 years among boys and 14.5 years among girls. Approximately one half of the students who have had sexual intercourse report having only one sexual partner, but many students have had 4 or more partners (Figures 3D.18 and 3D.19). In general, boys tend to report a greater number of partners than girls. For example, among sexually active Grade 9 boys, 22% report having between 4 and 10 partners, whereas only 14% of Grade 9 girls are in this category.

Figure 3D.18: Number Of Sexual Partners Amongst Students Who Have Had Sexual Intercourse, Grade 9 (%)

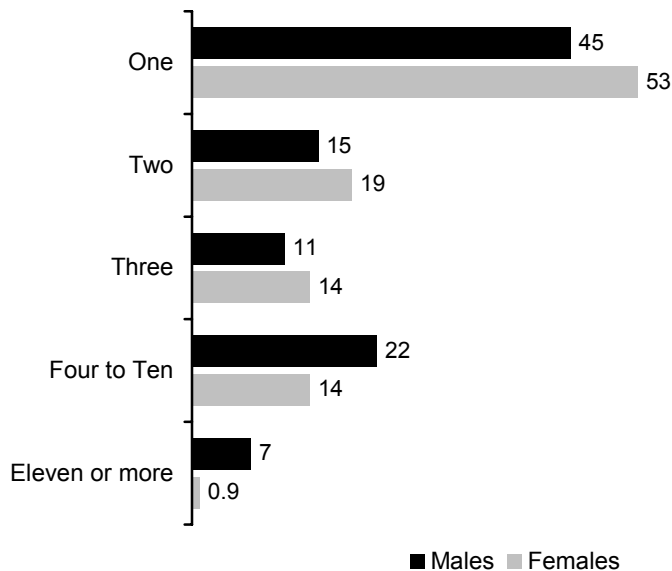
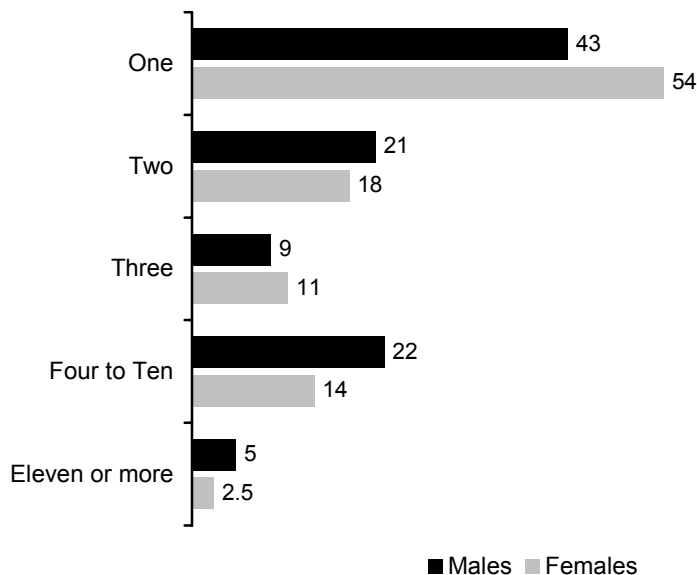


Figure 3D.19: Number Of Sexual Partners Amongst Students Who Have Had Sexual Intercourse, Grade 11 (%)



In 1989, data were collected on the number of sexual partners only for Grade 11 students. It is more common in 2002 for Grade 11 students to have only one or two sexual partners than in 1989, particularly among boys (Figures 3D.20 and 3D.21).

Figure 3D.20: Number Of Sexual Partners Among Grade 11 Male Students Who Have Had Sexual Intercourse, By Year Of Survey (%)

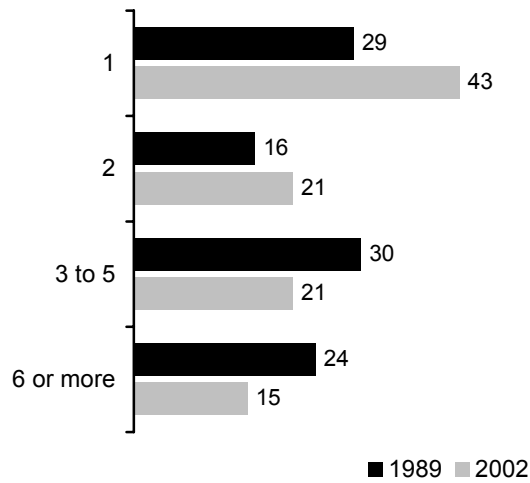
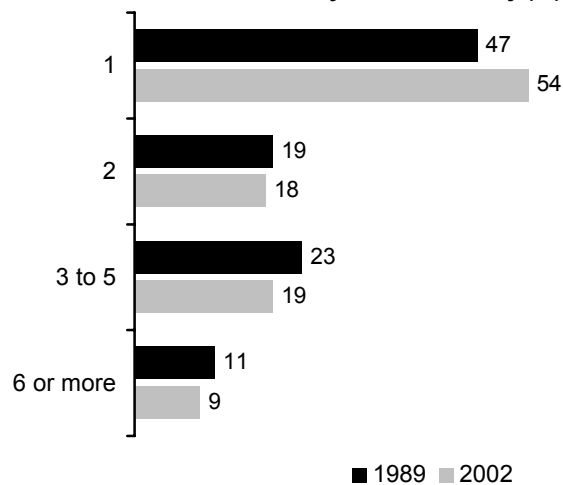


Figure 3D.21: Number Of Sexual Partners Among Grade 11 Female Students Who Have Had Sexual Intercourse, By Year Of Survey (%)



E. HIV/AIDS and STIs Protection

Understanding adolescents' practices and attitudes towards protection and contraception is important in identifying their risk of acquiring STIs, HIV/AIDS, or becoming pregnant. The number of boyfriends/girlfriends that adolescents have, and their ability to communicate with their partners about the use of contraceptive and preventative measures, may influence their adoption of safer sex practices.

Contraceptive and protective measures used

Between 5% to 10% of students in Grades 9 and 11 report not using any type of contraceptive measure the last time they had sexual intercourse (Figures 3E.1 and 3E.2). Between a quarter (Grade 9) to a third (Grade 11) of students report using both the birth control pill and the condom the last time they had sexual intercourse. Our survey supports the findings that as adolescents get older, the pill becomes a favourite method of contraception (Cheesbrough, Ingham, and Massey, 1999). This may explain the decline in the proportion of students who report using only the condom in Grade 11, especially females. However, this change in condom use places girls at a higher risk for health problems since oral contraceptives do not offer protection against STIs. Although most students who rely on the withdrawal method do so in combination with some other method of protection, the proportions relying, at least in part on withdrawal are noteworthy, 7% in Grade 9 and 11% in Grade 11.

Figure 3E.1: Contraceptive Measures Used Last Time Had Sexual Intercourse, Grade 9 (%)

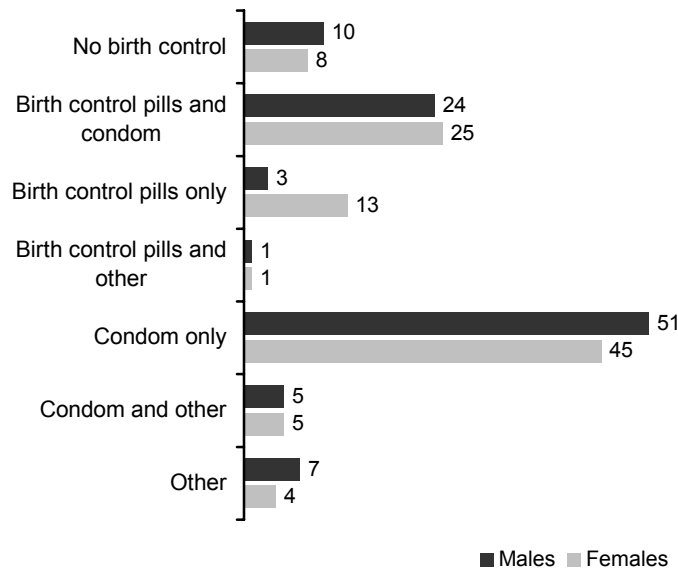
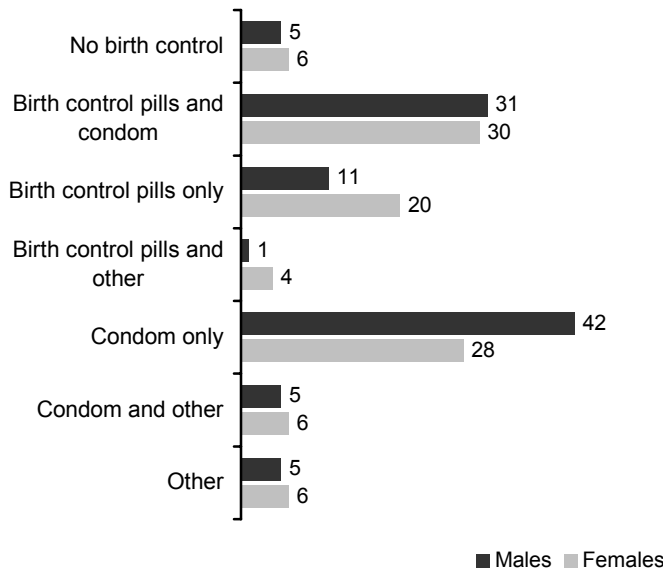


Figure 3E.2: Contraceptive Measures Used Last Time Had Sexual Intercourse, Grade 11 (%)



Reasons for not using condoms

Determining why young people do not use condoms is a key concern. It is apparent that younger girls often do not expect to engage in sexual intercourse, though a consistent proportion of boys (28%) in both grades also report engaging in unplanned sexual intercourse (Figures 3E.3 and 3E.4). These findings are similar to other studies of adolescent condom use where not planning ahead was one of the main reasons for not using condoms (Sieving et al., 1997). Very few students in our sample state they did not use a condom because they did not know how.

Figure 3E.3: Reasons Condom Not Used Last Time Had Sexual Intercourse, Grade 9 (%)

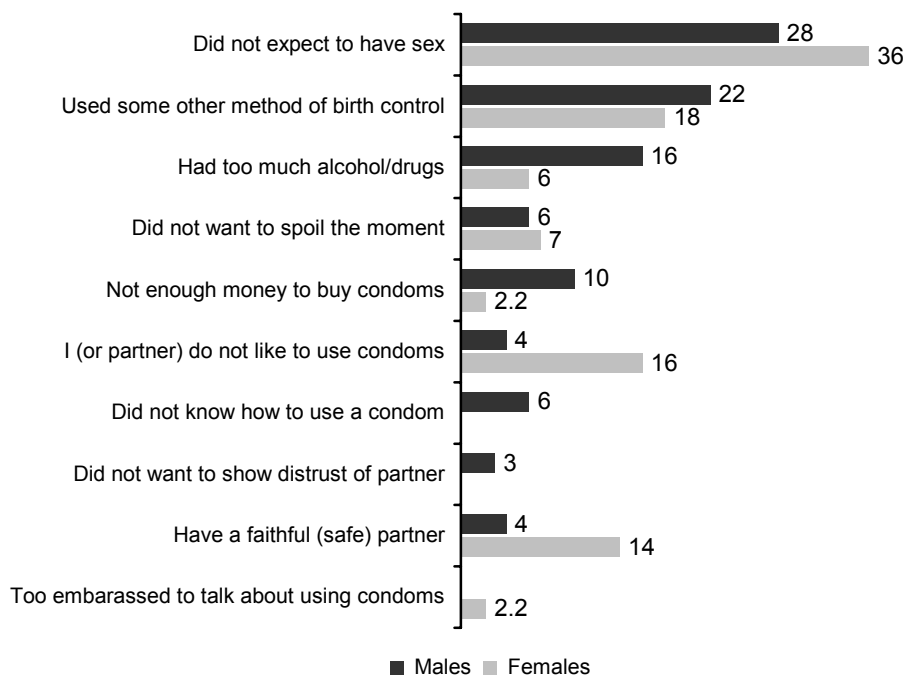
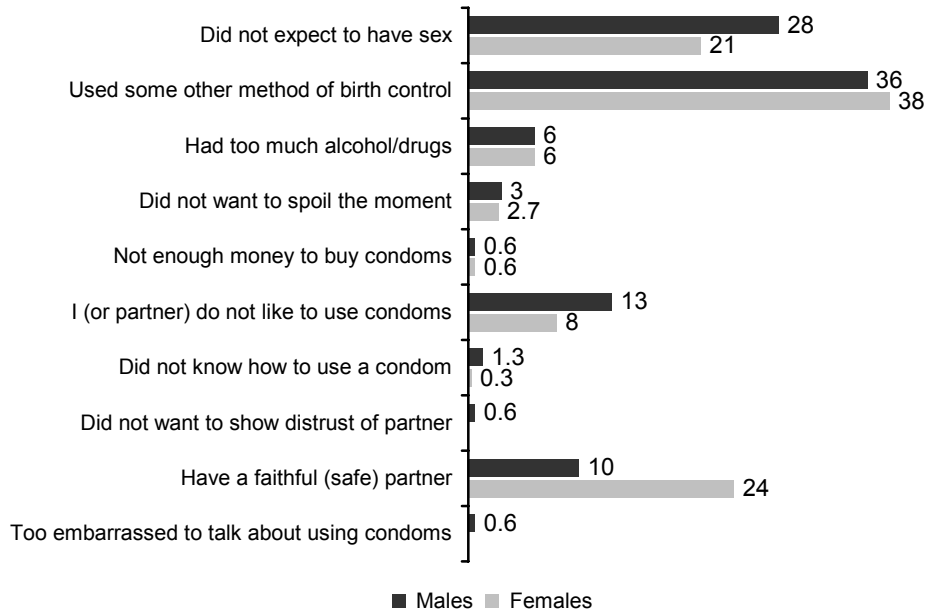


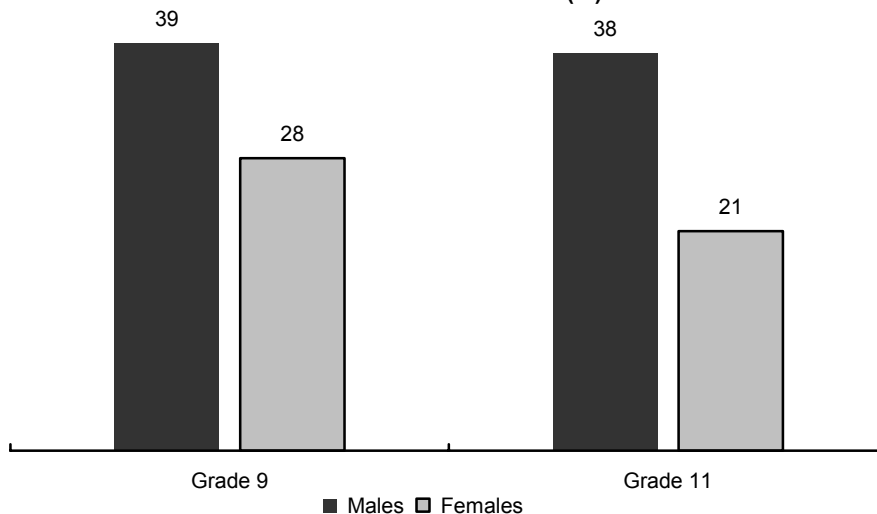
Figure 3E.4: Reasons Condom Not Used Last Time Had Sexual Intercourse, Grade 11(%)



Alcohol or drugs and sexual intercourse

Boys across both Grades 9 and 11 were more likely than girls to have used alcohol or drugs before their last intercourse (Figure 3E.5). Only 20% of girls in Grade 11, compared to almost 30% of girls in Grade 9, used alcohol or drugs before their last sexual intercourse. Adolescents who drink alcohol or use drugs before engaging in sexual intercourse are less likely to use protection or contraceptive measures such as condoms, and are therefore at a high risk of becoming pregnant or acquiring STIs or HIV/AIDS (Godin & Michaud, 1996).

Figure 3E.5: Used Alcohol/Drugs Before Last Sexual Intercourse (%)



Pregnancy

Although twice as many sexually active boys in Grade 9 versus those in Grade 11 report getting a partner pregnant, the proportion of sexually active girls who report being pregnant is equivalent across the grades (Figure 3E.6). It is clear that having more partners increases the likelihood of pregnancy among girls who are sexually active (Figure 3E.7).

Figure 3E.6: Sexually Active Students Who Have Been Or Gotten Someone Pregnant (%)

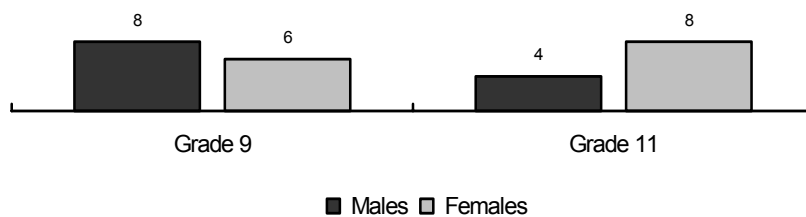
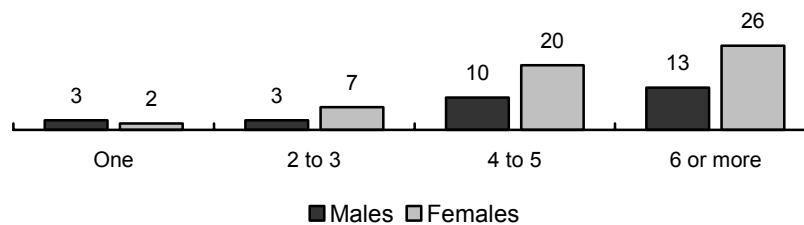


Figure 3E.7: Sexually Active Students Who Reported Having Been Or Gotten Someone Pregnant By Number Of Sexual Partners, Grades 9 And 11 (%)



Sexually transmitted infections

There is a disproportionate, long-term impact of sexually transmitted illnesses (STIs) on girls. The proportion of students, in our school-based sample, who report ever having a sexually transmitted illness (STI) is less than 1% (Figure 3E.8), however, it is more likely that those who report having an STI are those who also have multiple partners (Figure 3E.9).

Figure 3E.8: Students Who Have Or Ever Had A Sexually Transmitted Infection (%)

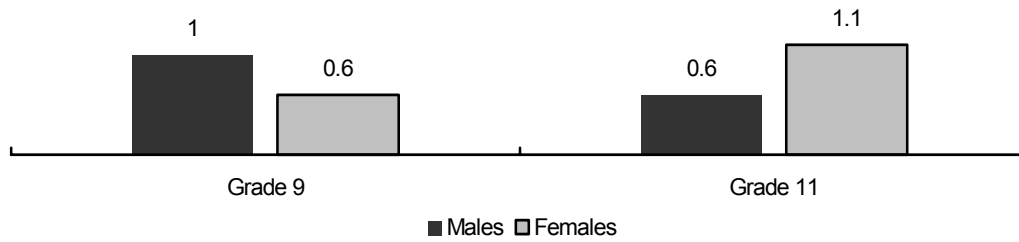
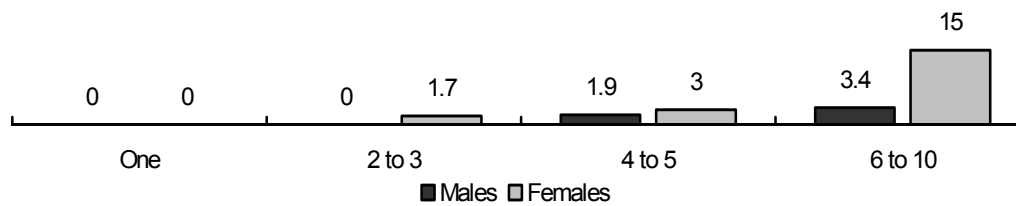
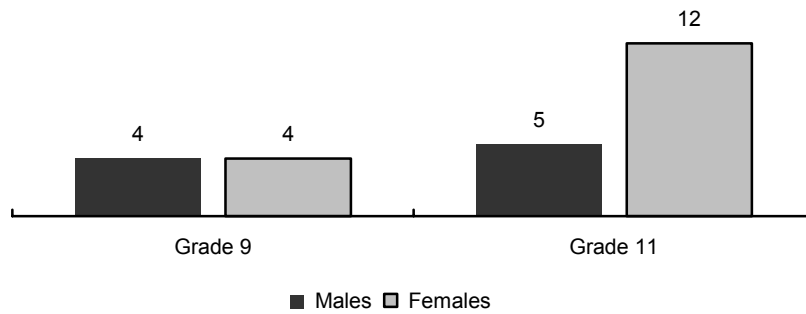


Figure 3E.9: Students Who Reported Having An STI By Number Of Sexual Partners, Grades 9 And 11 (%)



Although 23% of boys and 19% girls report being sexually active in Grade 9, only 4% of students of either gender have been tested for an STI (Figure 3E.10). By Grade 11, 5% of boys and 12% of girls report being tested for an STI when close to half (40% boys and 46% girls) are sexually active. There are no Canadian data available examining barriers to adolescent STI testing or accessibility to preventive health services (Radford, 1998).

Figure 3E.10: Students Who Had Ever Been Tested For A Sexually Transmitted Infection (%)



One of the barriers to being tested for STIs could be embarrassment in seeing a physician or a nurse. Almost one quarter of students in Grade 9 feel embarrassed to see a physician or a nurse if they suspect they have an STI (Figure 3E.11). However, 85% of students in Grade 11 are willing to tell their sexual partner if they had an STI (Figure 3E.12).

Figure 3E.11: Students Who Would Be Too Embarrassed To See A Doctor Or Nurse If They Had An STI (% Strongly Agree And Agree)

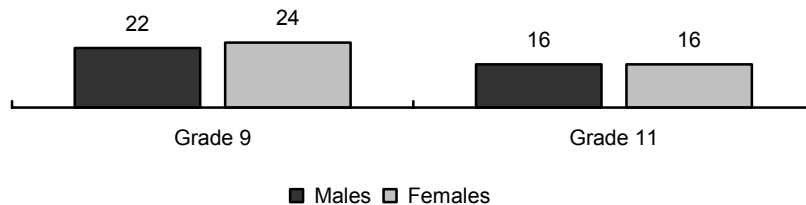
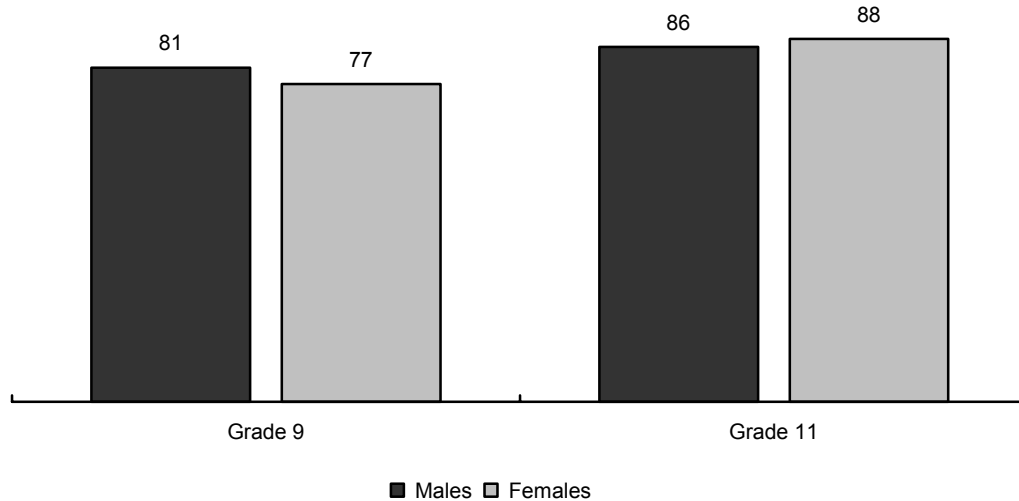


Figure 3E.12: Students Who Would Tell Their Sexual Partner If They Had An STI (% Strongly Agree And Agree)



Attitudes towards condom use

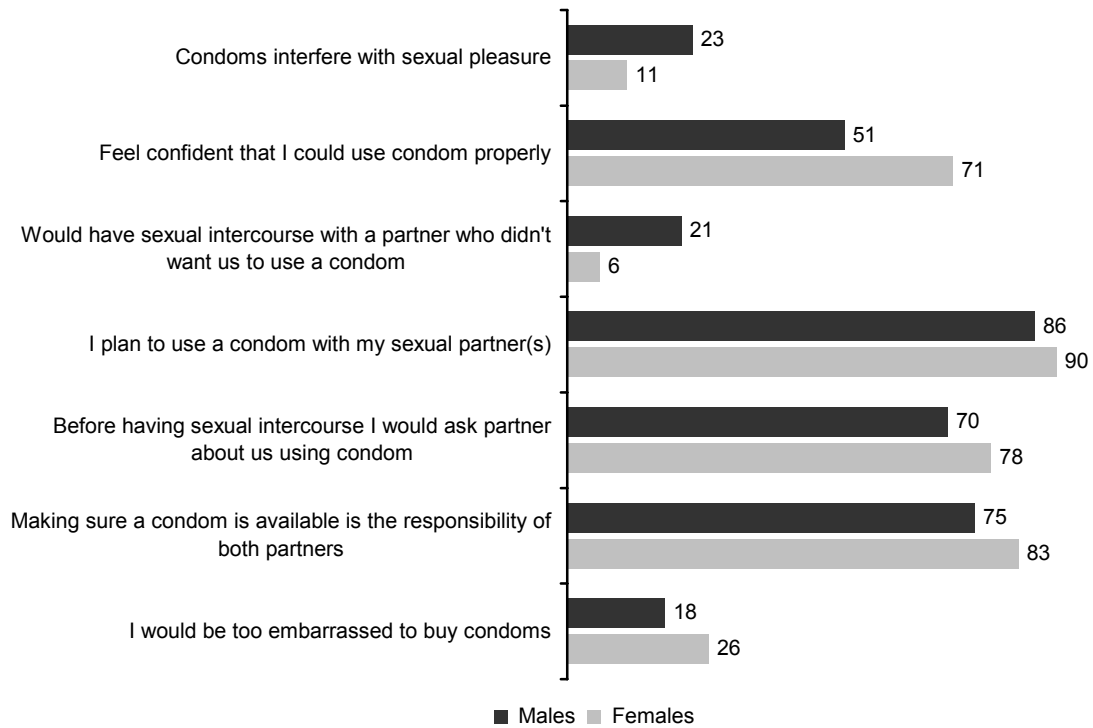
Students were asked a variety of questions about their attitudes toward condom use (Figure 3E.13 and 3E.14). Girls had stronger feelings about enforcing condom use. Only 6% of girls in Grade 9 and 10% of girls in Grade 11 agree that they would have sexual intercourse with a partner who did not want to use a condom, compared to 21% of boys in Grade 9 and 23% in Grade 11.

The large majority of students in Grades 9 and 11 state that they intend to use a condom with their sexual partners. Yet almost one-quarter of girls in both grades are too embarrassed to buy condoms; one-quarter would not ask their partners about them using a condom; and over one-fifth do not feel that the availability of a condom is the responsibility of both partners. Between 12% to 18% of boys in both grades are too embarrassed to buy condoms, close to 30% would not ask a partner about using a condom; and between 20% to 25% do not feel that the availability of a condom is the responsibility of both partners. Boys are more likely than girls to perceive the use of condoms as interfering with sexual pleasure.

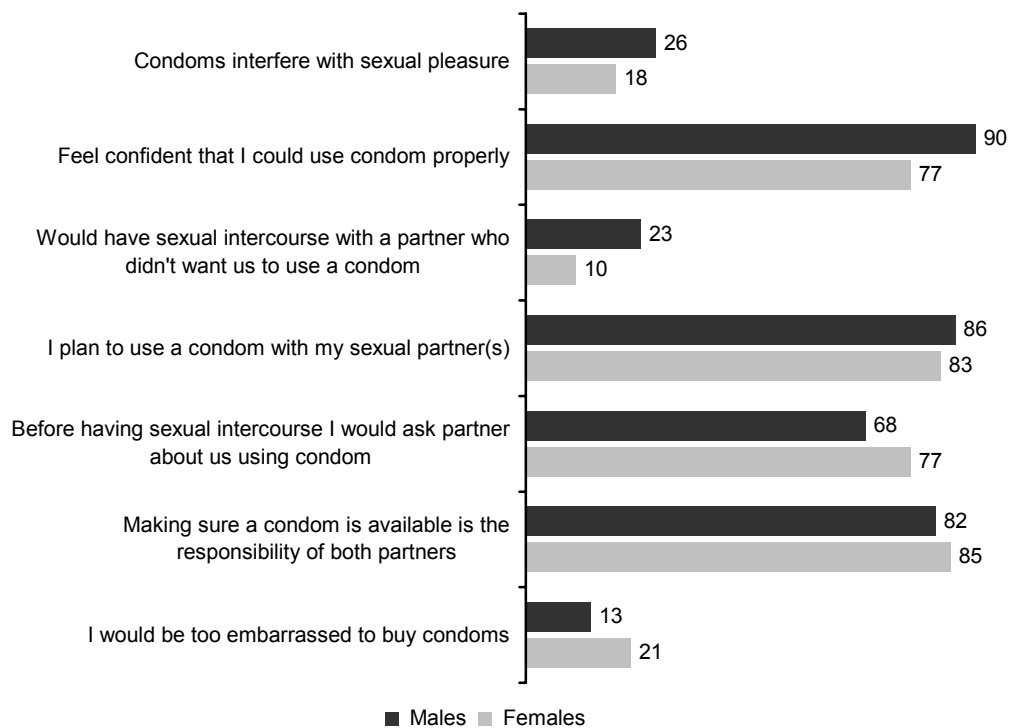
There is a need for enhanced communication between adolescents about contraceptive and protection practices. Adolescents who feel comfortable communicating with their partners are more likely to use condoms than those who do not feel comfortable (Shoop & Davidson, 1994). Although some studies have found girls to be less likely to negotiate condom use, (Murphy 1998; Shrier et al., 2001), three-quarters of girls in our sample claim that before having sexual intercourse they would ask their partners about using condoms. This indicates a sense of control in relationships and the ability to choose safer sexual behaviour.

By the time they are in Grade 11, almost 90% of boys are confident about using a condom properly compared to only 50% in Grade 9. Confidence about condom use does not change considerably across grades for girls (between 70% for Grade 9 girls to 77% for Grade 11 girls). It is interesting that more girls than boys in Grade 9 feel confident in using a condom. This suggests that these girls had an earlier initiation into sexual intercourse, or that they engage in sexual intercourse with male partners who are older and more confident in using condoms.

**Figure 3E.13: Intentions And Attitudes About Condom Use, Grade 9
(% Strongly Agree And Agree)**



**Figure 3E.14: Intentions And Attitudes About Condom Use, Grade 11
(% Strongly Agree And Agree)**



Sexual orientation and attitudes toward condom use

Although most of the students are not yet sexually active, their current attitudes may influence the precautionary measures they take to avoid HIV/AIDS and STIs in the future. Refer to Figures 2B.11 and 2B.12 (Chapter 2), less than 2% of males and less than 3% of females in both grades indicate being homosexual or bisexual. As such, relationships examined for the non-heterosexual students need to take into consideration the smaller numbers in these groups.

Attitudes towards condom use were assessed among Grade 9 and 11 students to determine whether these attitudes differed by sexual orientation. Among boys, homosexual or bisexual students in Grade 11 were less likely to agree with the statement “I think condoms interfere with sexual pleasure.” Girls who are attracted to girls, or to both boys and girls, are more likely to agree with this statement than girls who are attracted to boys (Figures 3E.15 and 3E.16).

Figure 3E.15: "I Think Condoms Interfere With Sexual Pleasure", By Sexual Orientation, Males Only (% Strongly Agree And Agree)

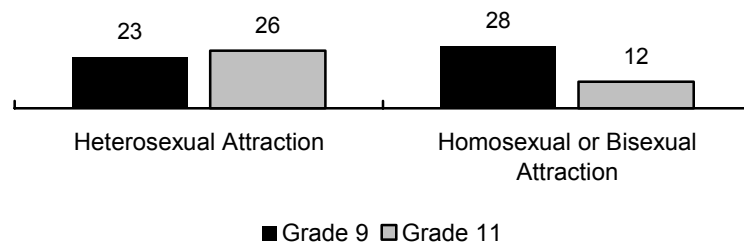
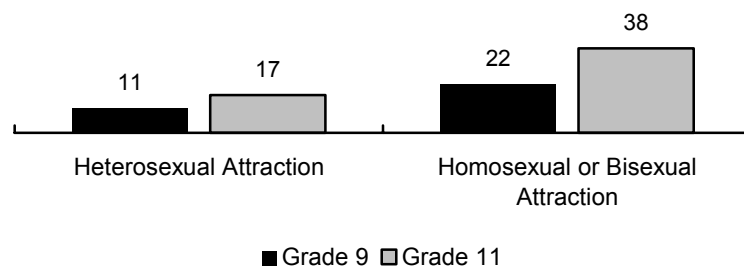


Figure 3E.16: "I Think Condoms Interfere With Sexual Pleasure", By Sexual Orientation, Females Only (% Strongly Agree And Agree)



Heterosexual boys are more likely to feel confident in the use of condoms than homosexual or bisexual boys. For girls, those who are attracted to boys and those who are attracted to girls or to both boys and girls are similar in the proportion who are confident in the use of condoms (Figures 3E.17 and 3E.18).

Figure 3E.17: "I Feel Confident That I Could Use A Condom Properly", By Sexual Orientation, Males Only (% Strongly Agree And Agree)

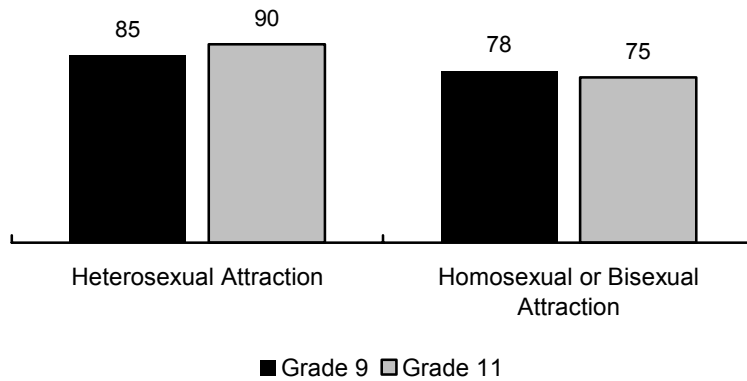
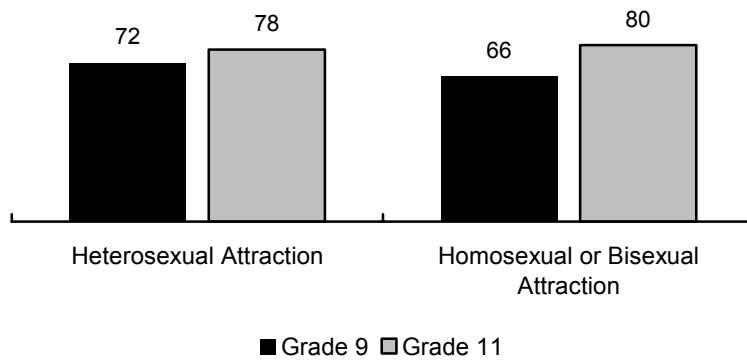


Figure 3E.18: "I Feel Confident That I Could Use A Condom Properly", By Sexual Orientation, Females Only (% Strongly Agree And Agree)



Among Grade 11 boys, those of homosexual or bisexual orientation are slightly more likely to agree with the statement “I would have sexual intercourse with a partner who didn’t want us to use a condom” than heterosexual boys (Figures 3E.19 and 3E.20). However, no difference is observed among Grade 9 boys. Similarly, girls of homosexual or bisexual orientation are more likely to agree with the statement than heterosexual girls.

Figure 3E.19: "I Would Have Sexual Intercourse With A Partner Who Didn't Want Us To Use A Condom", By Sexual Orientation, Males Only (% Strongly Agree And Agree)

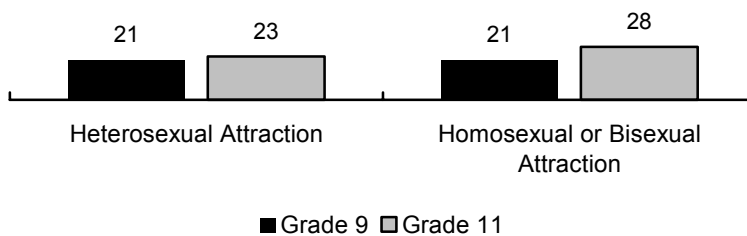
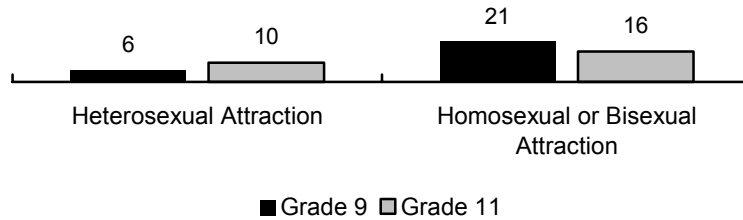


Figure 3E.20: "I Would Have Sexual Intercourse With A Partner Who Didn't Want Us To Use A Condom", By Sexual Orientation, Females Only (% Strongly Agree And Agree)



In both grades and genders, heterosexual students are slightly more likely to agree with the statement “I plan to use a condom with my sexual partner(s)” than homosexual or bisexual students (Figures 3E.21 and 3E.22).

Figure 3E.21: "I Plan To Use A Condom With My Sexual Partner(s)", By Sexual Orientation, Males Only (% Strongly Agree And Agree)

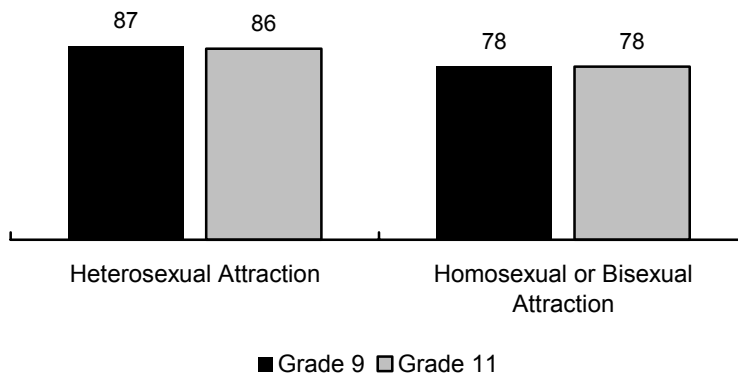
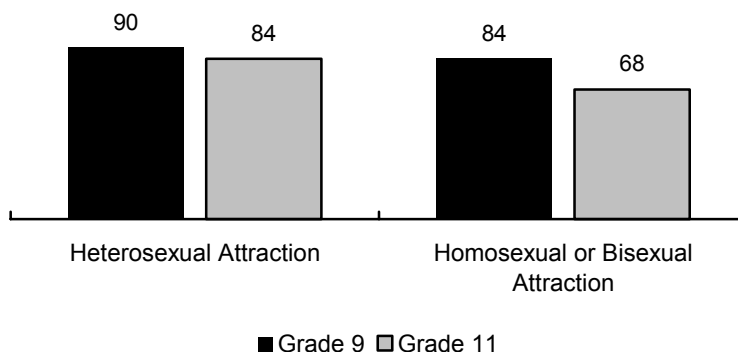


Figure 3E.22: "I Plan To Use A Condom With My Sexual Partner(s)", By Sexual Orientation, Females Only (% Strongly Agree And Agree)



Among girls, those of heterosexual orientation are more likely to agree with the statement “Before having sexual intercourse, I would ask my partner about us using a condom” than homosexual or bisexual girls (Figures 3E.23 and 3E.24). However, among boys, no relationship between sexual orientation and agreement with this statement is observed.

Figure 3E.23: "Before Having Sexual Intercourse, I Would Ask My Partner About Us Using A Condom", By Sexual Orientation, Males Only (% Strongly Agree And Agree)

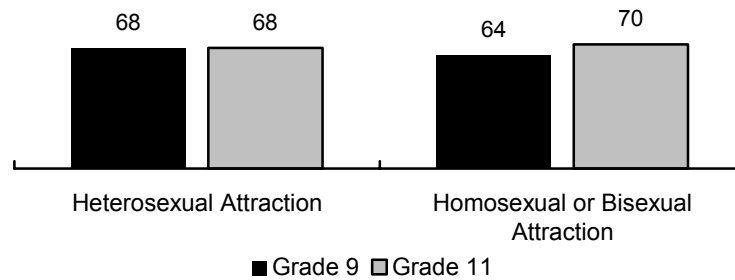
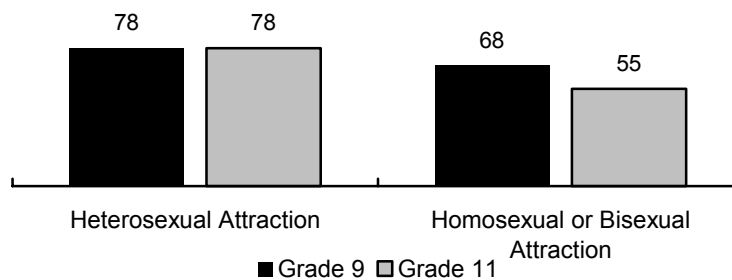


Figure 3E.24: "Before Having Sexual Intercourse, I Would Ask My Partner About Us Using A Condom", By Sexual Orientation, Females Only (% Strongly Agree And Agree)



In general, heterosexual students are more likely to agree with the statement “Making sure a condom is available is the responsibility of both partners.” An exception occurs among Grade 9 boys, among whom those of homosexual or bisexual orientation are more likely to agree with the statement than heterosexual students (Figures 3E.25 and 3E.26).

Figure 3E.25: "Making Sure A Condom Is Available Is The Responsibility Of Both Partners", By Sexual Orientation, Males Only (% Strongly Agree And Agree)

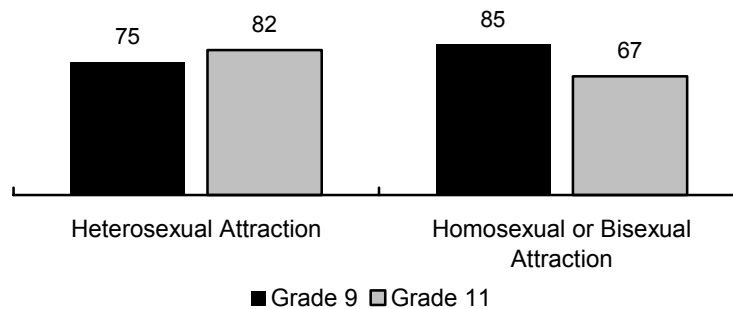
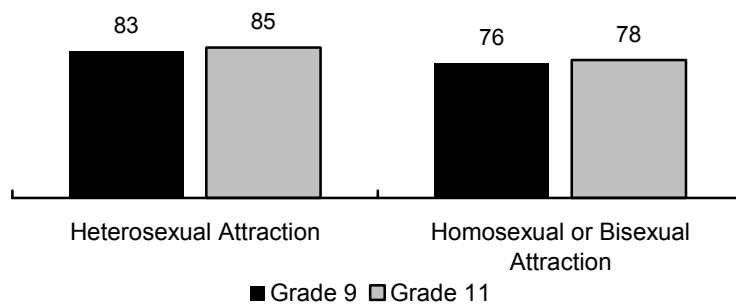


Figure 3E.26: "Making Sure A Condom Is Available Is The Responsibility Of Both Partners", By Sexual Orientation, Females Only (% Strongly Agree And Agree)



Heterosexual Grade 9 boys report greater embarrassment about buying condoms than Grade 9 boys of homosexual or bisexual orientation. Conversely, Grade 11 boys who are bisexual or homosexual are more likely to be too embarrassed to buy condoms than their heterosexual counterparts (Figures 3E.27 and 3E.28). Among girls, embarrassment in buying condoms does not appear to be related to sexual orientation.

Figure 3E.27: "I Would Be Too Embarrassed To Buy Condoms", By Sexual Orientation, Males Only (% Strongly Agree And Agree)

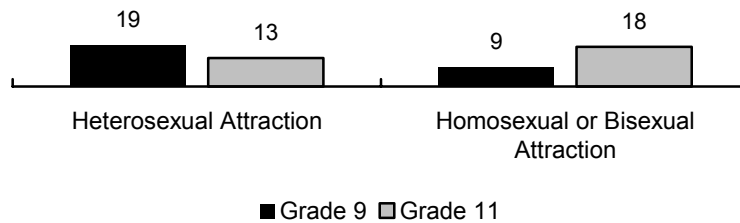
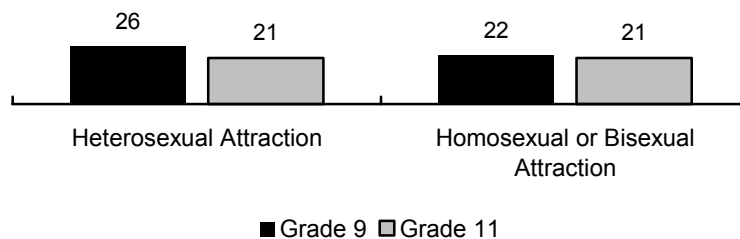


Figure 3E.28: "I Would Be Too Embarrassed To Buy Condoms", By Sexual Orientation, Females Only (% Strongly Agree And Agree)

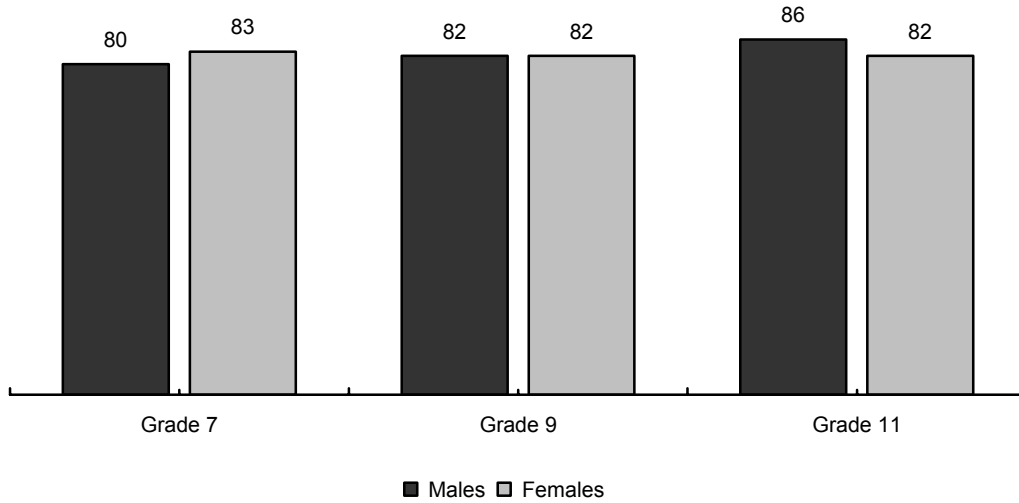


In general, heterosexual adolescents report more positive attitudes toward condom use than homosexual or bisexual students. In particular, homosexual or bisexual Grade 11 students show weaker intentions to use condoms, and may thus be at greater risk for negative sexual health outcomes.

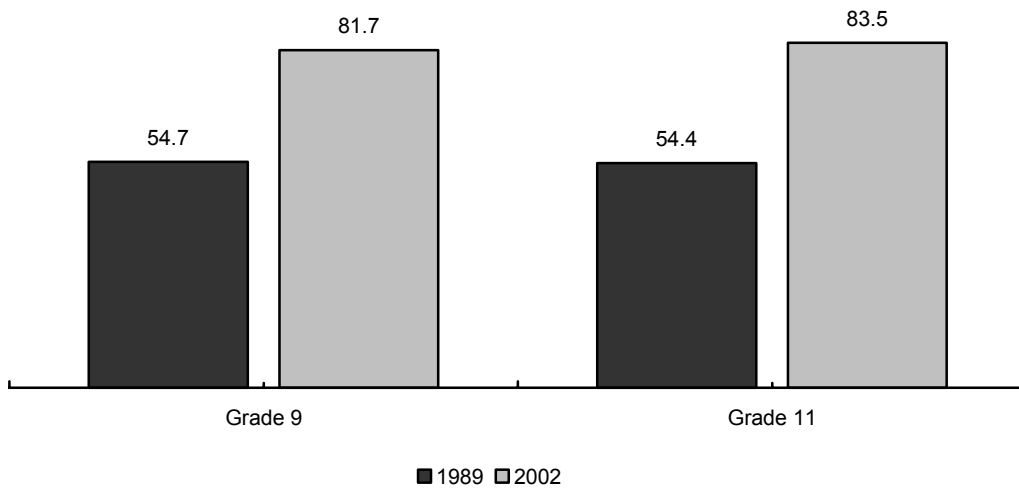
Protection from HIV/AIDS

Although, the HIV/AIDS virus may remain undetected for many years before becoming symptomatic, the large majority of students across the grades feel confident that they can protect themselves from getting the virus (Figure 3E.29). Students in Grades 9 and 11 surveyed in 2002 are less worried about contracting HIV/AIDS than the sample of students surveyed in 1989 (Figure 3E.30). This difference is probably due to the vulnerability felt by adolescents during the 1980's and the heightened attention given to HIV/AIDS at the time.

**Figure 3E.29: "I Can Protect Myself From Catching HIV/AIDS"
(% Strongly Agree And Agree)**



**Figure 3E.30: "I Can Protect Myself From Catching HIV/AIDS", By Year Of
Survey (% Strongly Agree And Agree)**



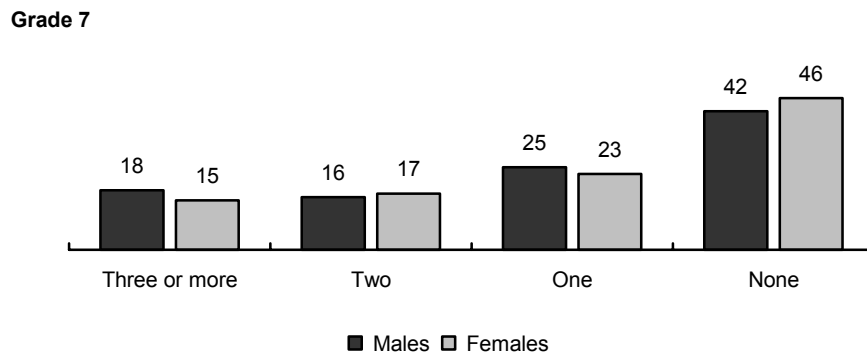
There may be a link between young people's perception of vulnerability to negative consequences of sexual intercourse and their subsequent use of protective measures. Hingson and colleagues (1990) found that 16 to 19 year olds who worried they could get AIDS were three times more likely to use condoms than those who did not worry. However studies in both Europe and the U.S. examining young people's perception of risk for HIV infection have found that the proportion of youth reporting they were at risk decreased substantially over time (Graham, 1994).

F. Dating and Relationships

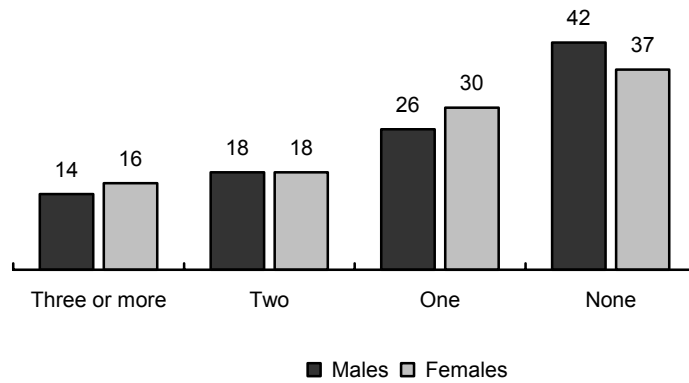
Sexual health behaviour needs to be understood within the context of adolescents' dating and romantic relationships. Adolescent heterosexual experiences often occur within a peer group where there are opportunities for group outings and interaction with the other sex, before engaging in paired romantic relationships (Wyndol, 2002).

Teenage relationships have been characterized as serial monogamies of short duration (Kotchick et al., 2001). It is apparent in our sample (Figure 3F.1) that the older students become, the fewer boyfriends/girlfriends they have in a period of time. Over one quarter of Grade 7 and Grade 9 students report having a single boyfriend/girlfriend in the past 12 months, with over 15% reporting multiple relationships. Close to 40% of students in Grade 11 report having only one steady boyfriend/girlfriend over the past 12 months, with only 10% reporting three or more boyfriends/girlfriends.

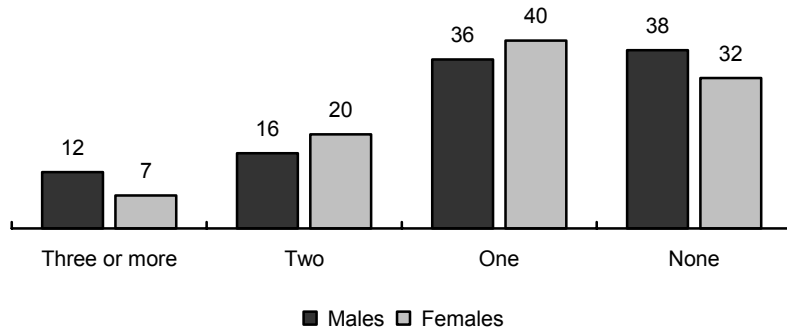
**Figure 3F.1: Number Of Steady Boyfriends/Girlfriends
In Past 12 Months (%)**



Grade 9

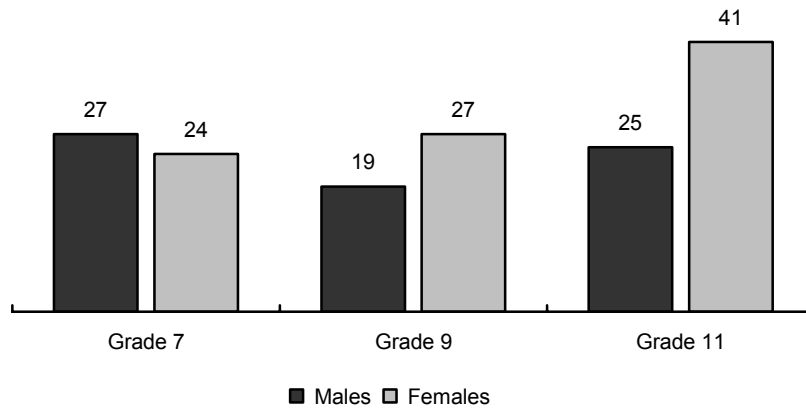


Grade 11



Romantic relationships during adolescence evolve from attractions that are casual and short-lived to ones that are deeper, more committed and affectionate in nature (Nieder & Seiffge-Krenke, 2001; Shulman & Seiffge-Krenke, 2001). Similarly, in the CYSHHAS sample, relationships appear to become more enduring as students grow older (Figure 3F.2). Slightly more boys than girls in Grade 7 report having a steady boyfriend/girlfriend. This changes in Grades 9 and 11 where significantly more girls than boys report having a steady boyfriend/girlfriend. One explanation for this discrepancy is that girls may seek commitment in relationships with older boys who are willing to be involved in more committed and intimate relationships.

Figure 3F.2: Students Who Currently Have A Steady Girlfriend Or Boyfriend (%)



Relationship dynamics

There is a close relationship between the dynamics of communication and decision making and the quality of close relationships (Cupach & Metts, 1991). Only students who were in a relationship at the time of the CYSHHAS survey were questioned about decision making regarding spending time and paying for things when together. As students move from Grade 7 to Grade 11, more boys than girls indicate they are involved in making decisions about how to spend their time (Figures 3F.3 to 3F.5). Although sharing financial responsibility improves from Grades 7 to Grades 9 and 11, one third of girls still report that their boyfriends usually pay for things when out together (Figures 3F.6 to 3F.8).

Figure 3F.3: Boyfriend/Girlfriend Decides How To Spend Time, Grade 7 (%)

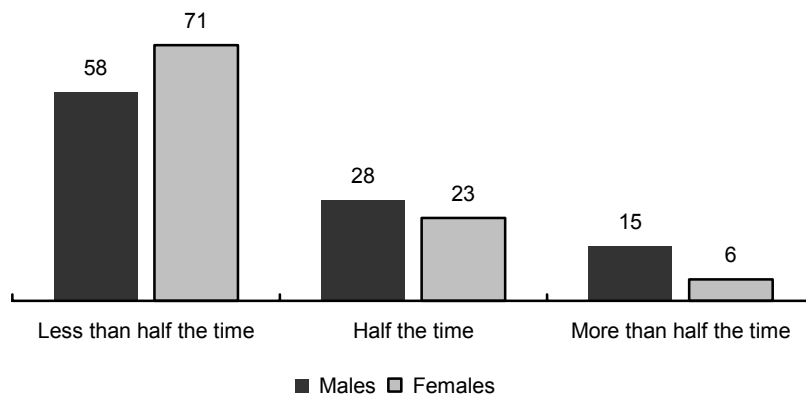


Figure 3F.4: Boyfriend/Girlfriend Decides How To Spend Time, Grade 9 (%)

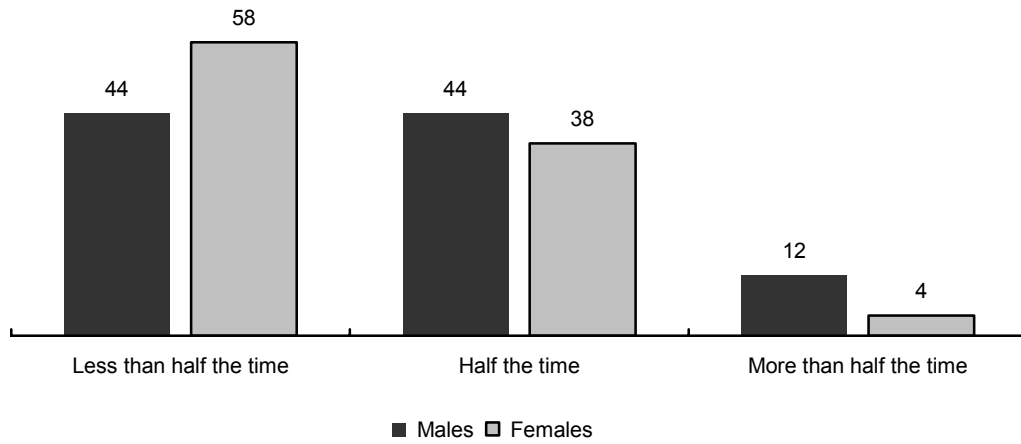


Figure 3F.5: Boyfriend/Girlfriend Decides How To Spend Time, Grade 11 (%)

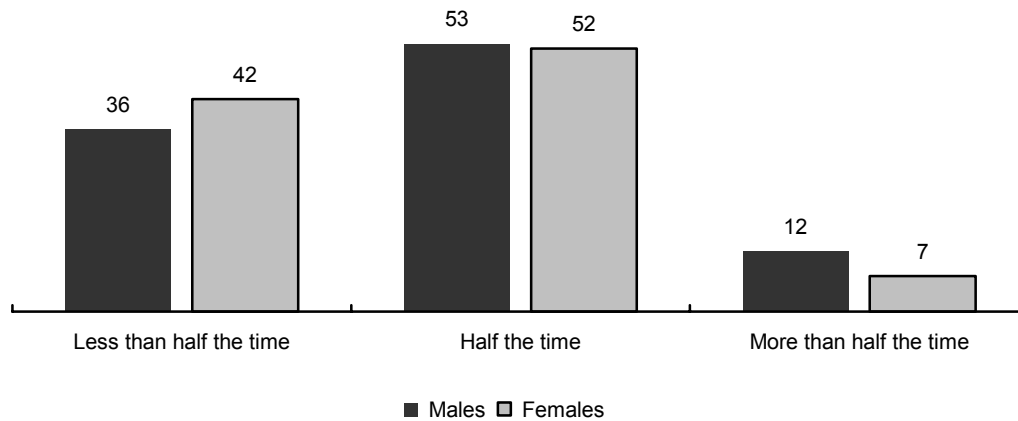


Figure 3F.6: Boyfriend/Girlfriend Pays For Things When Together, Grade 7 (%)

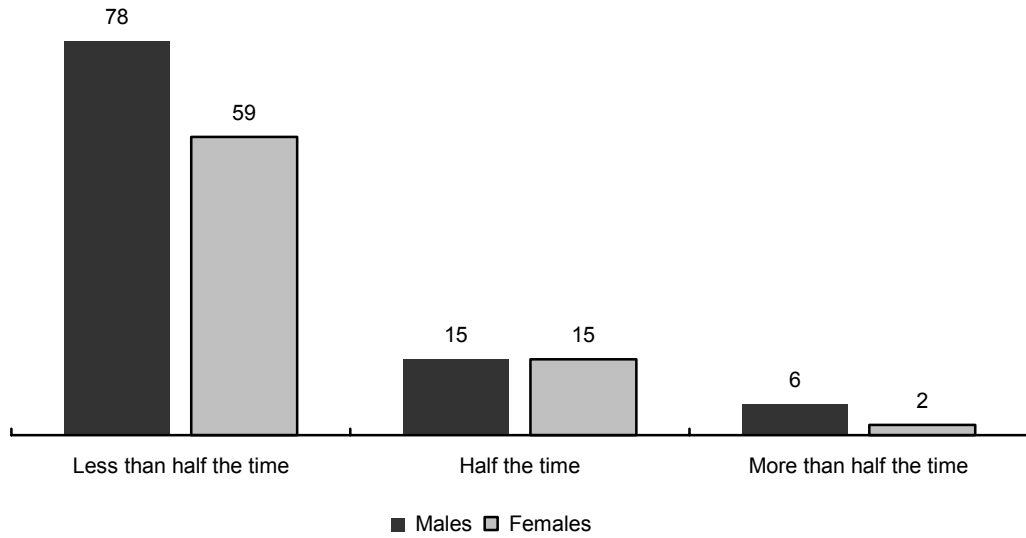


Figure 3F.7: Boyfriend/Girlfriend Pays For Things When Together, Grade 9 (%)

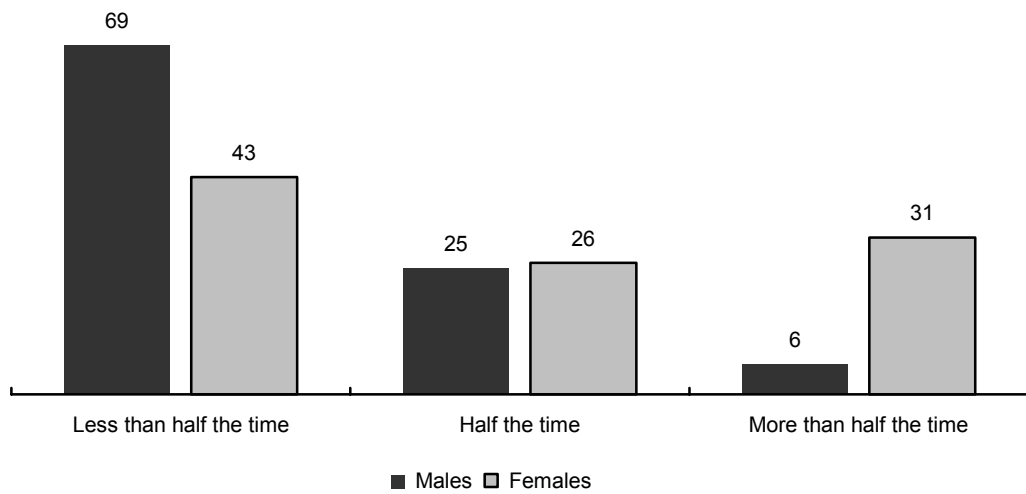
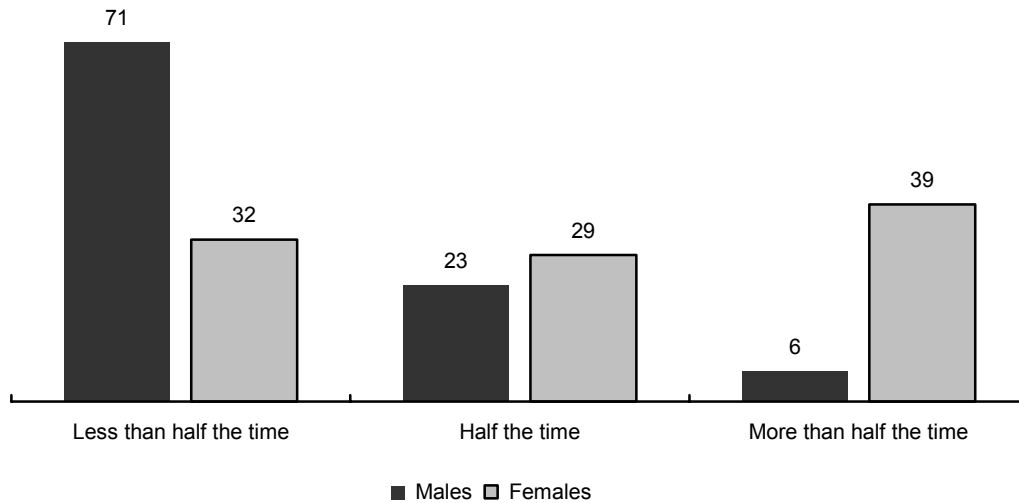


Figure 3F.8: Boyfriend/Girlfriend Pays For Things When Together, Grade 11 (%)



Comfort with physical sexual contact is clearly subject to the different stages of adolescent development. By the time students are in Grade 11, close to 90% of boys and girls in relationships are usually comfortable with their physical contact with partners (Figures 3F.9 to 3F.11).

Figure 3F.9: Feeling Comfortable When Having Physical Contact, Grade 7 (%)

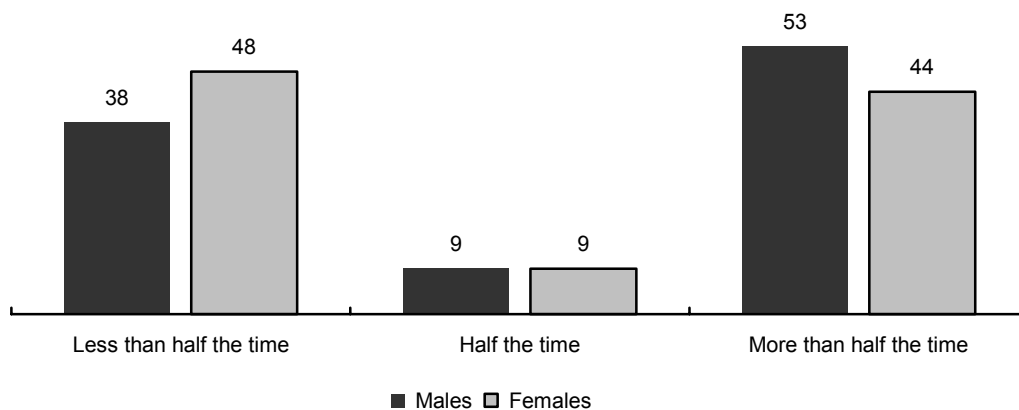


Figure 3F.10: Feeling Comfortable When Having Physical Contact, Grade 9 (%)

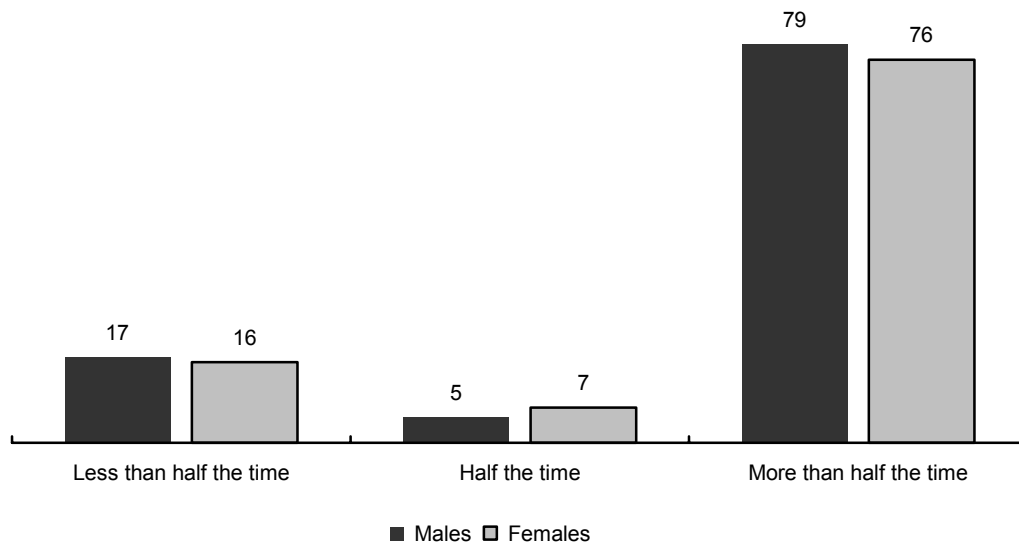
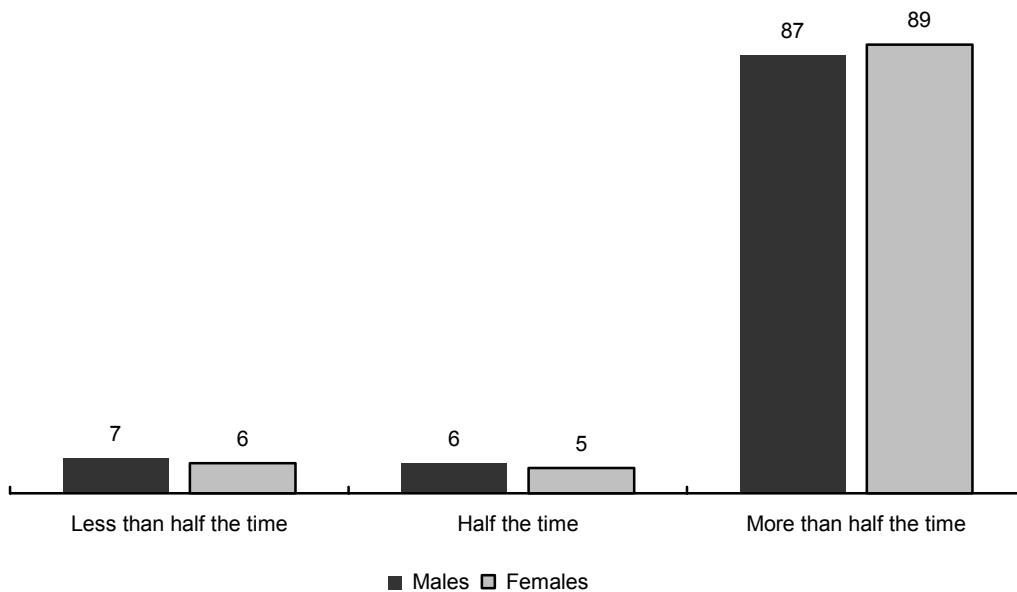
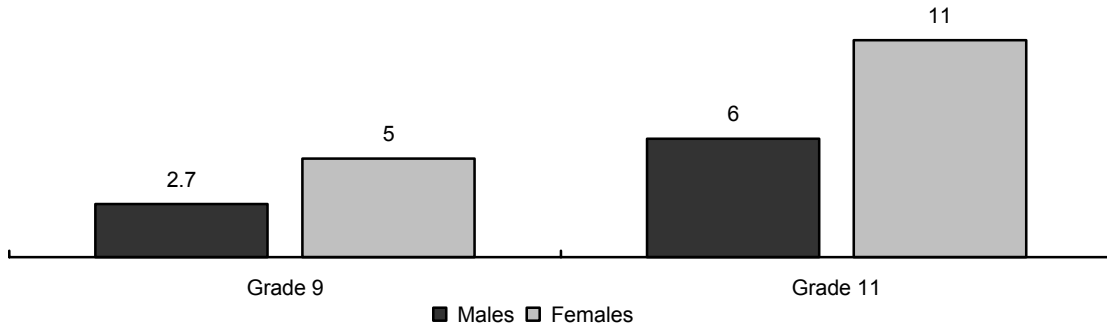


Figure 3F.11: Feeling Comfortable When Having Physical Contact, Grade 11 (%)



Discrepancies in power and responsibility within a relationship are often linked to a higher incidence of non-consensual sexual intercourse. More male and female students in Grade 11 report having sex when they did not want to, compared to Grade 9 students, although girls in both grades are more likely to be the ones having sex unwillingly (Figure 3F.12).

**Figure 3F.12: Students Who Had Sex When Did Not Want To
(% Strongly Agree And Agree)**



Of girls in Grades 9 and 11 whose boyfriends usually decide how to spend their time together, one third report being pressured to have sex when they did not want to (Figure 3F.13). Similarly, of girls in Grades 9 and 11 whose boyfriends usually decide how to spend their time together, one fifth report having had sex when they did not want to (Figure 3F.14).

**Figure 3F.13: Students Who Have Been Pressured To Have Sex, By Who
(Boyfriend/Girlfriend) Decides How To Spend Time, Grades 9 And 11 (%)**

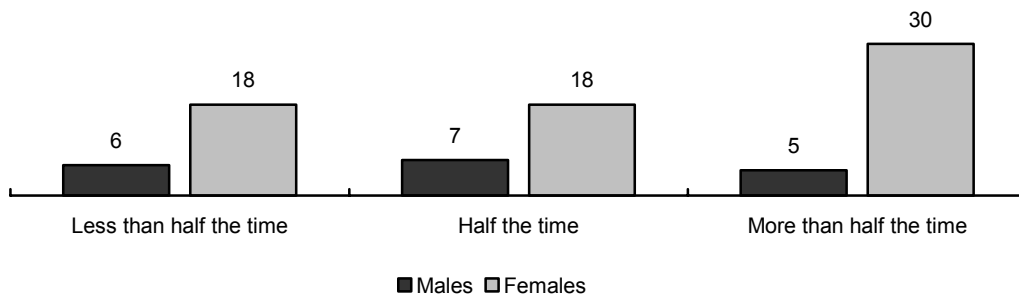
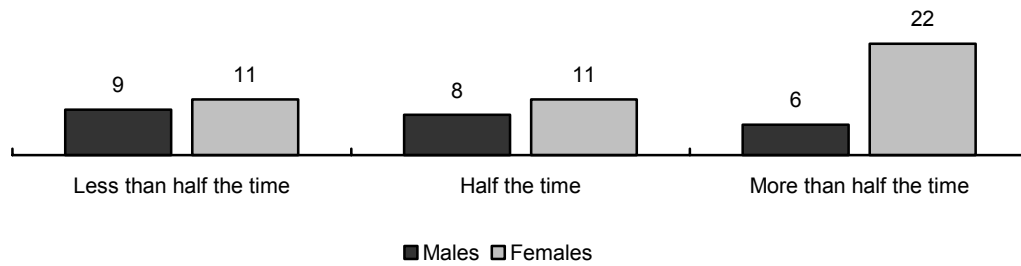


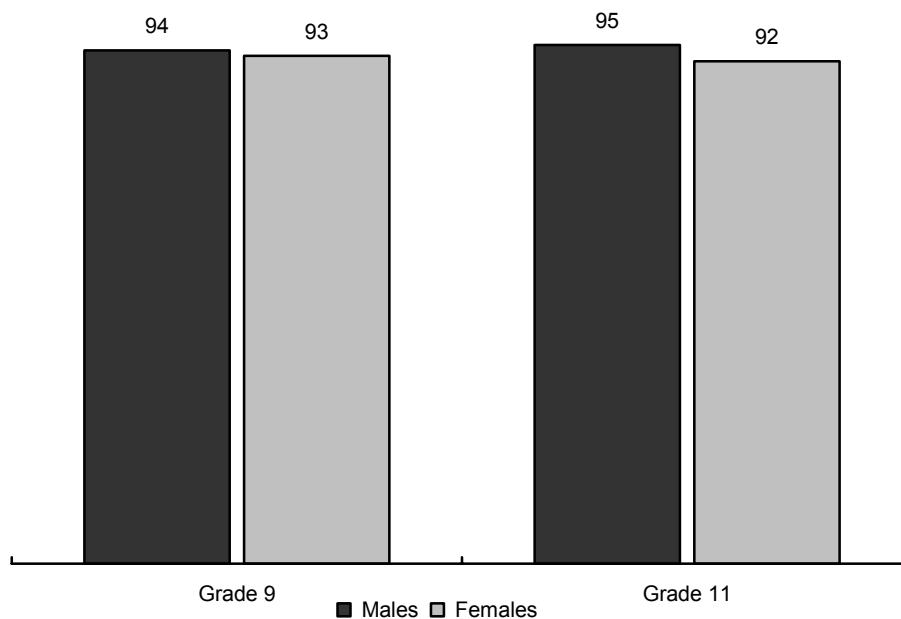
Figure 3F.14: Students Who Had Sex When Did Not Want To, By Who (Boyfriend/Girlfriend) Decides How to Spend Time, Grades 9 And 11 (%)



Dating

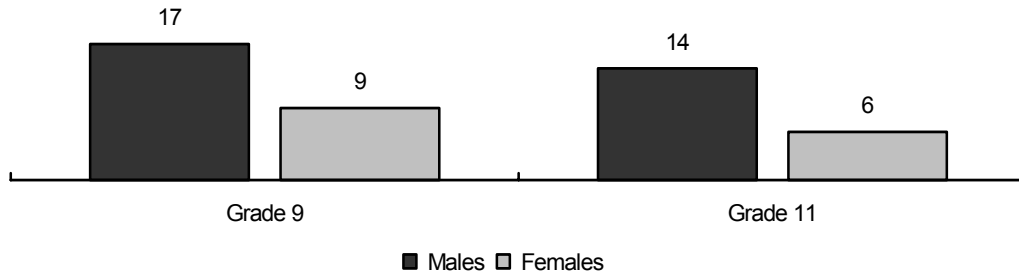
Girls are often considered to be more reserved when it comes to asking a boy out on a date and are conventionally viewed as having a passive role in the initiation of dating (Jackson, Jacob, Landman-Peeters, & Lanting, 2001). However, in the CYSHHAS sample, most students agree it is acceptable for a girl to take the initiative, with no significant gender differences (Figure 3F.15).

Figure 3F.15: "It's Alright For A Girl To Ask Someone Out On A Date" (% Strongly Agree And Agree)



Twice as many boys than girls believe it is important to date someone who is popular (Figure 3F.16). A desire for respect or popularity may be associated with an adolescent's decision to engage in sexual intercourse with many partners (Haka-Ikse, 1997). To assess this relationship, we examined the proportion of students with 4 or more sexual partners over their lifetime and determined their responses to the statement "It's important to date someone who is popular in school (Figures 3F.17 and 3F.18)." Grade 11 students who have had 4 or more sexual partners are more likely to agree with this statement. The same relationship is observed for Grade 9 girls, though not for Grade 9 boys.

**Figure 3F.16: "It's important To Date Someone Who Is Popular In School"
(% Strongly Agree And Agree)**



**Figure 3F.17: "It's Important To Date Someone
Who Is Popular In School", By Number Of
Sexual Partners, Grade 9 (% Strongly Agree And
Agree)**

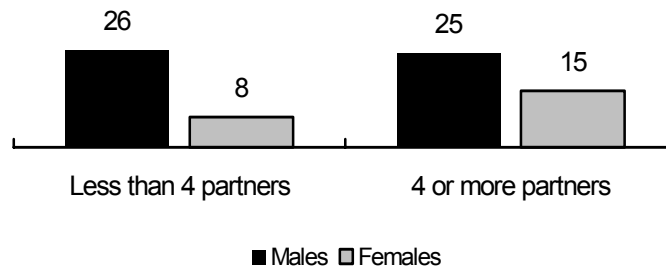
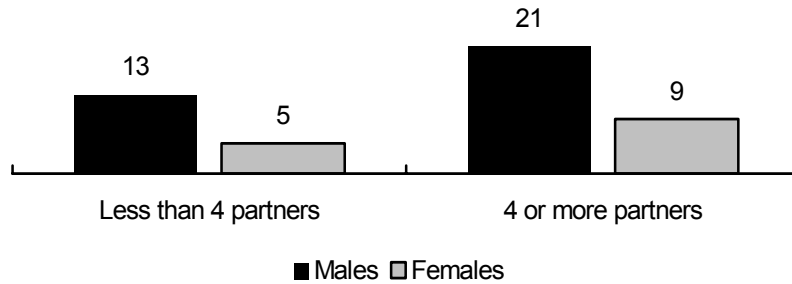


Figure 3F.18: "It's Important To Date Someone Who Is Popular In School", By Number Of Sexual Partners, Grade 11 (% Strongly Agree And Agree)



G. Sexual Health Determinants and Sexual Activity

Parent relationships and sexual activity

Relationship with parents may be an influence on adolescent sexual behaviour (Luster & Small, 1994). We used a Parent Relationship Scale that included items such as “My mother/father understands me” and “What my mother/father thinks of me is important.” Depending on their score, students in each grade were categorized as having Poor, Average or Good relationships with their parents. We then determined whether the relationship with one's parents was associated with youth sexual activity. In Grade 7, students who have poor relationships with their parents are much more likely to have engaged in the preliminary sexual activity of touching below the waist (Figure 3G.1). However, among Grade 9 students, those who have poor relationships with parents are only slightly more likely to have engaged in sexual intercourse than those who have good relationships (Figure 3G.2). By Grade 11, the relationship with parents does not appear to be associated with youth sexual activity (Figure 3G.3). This trend indicates that the relationship with one’s parents is most strongly associated with sexual behaviour among younger students, and that it becomes less important as students get older.

Figure 3G.1: Preliminary Sexual Activity, By Relationship With Parents, Grade 7 (% Have Engaged In Touching Below The Waist)

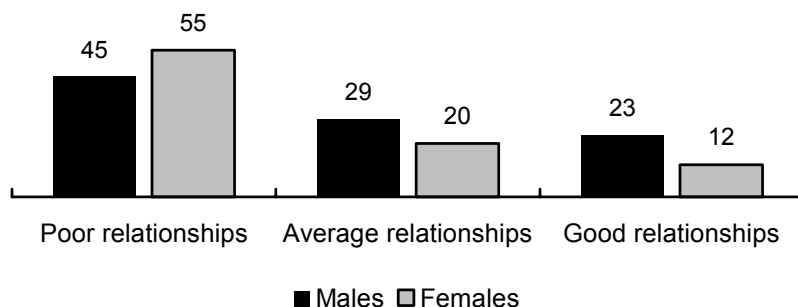


Figure 3G.2: Sexual Activity, By Relationship With Parents, Grade 9 (% Have Had Sexual Intercourse)

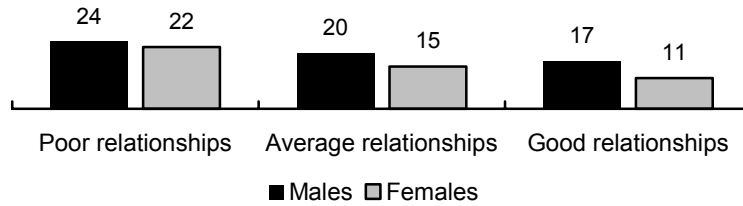
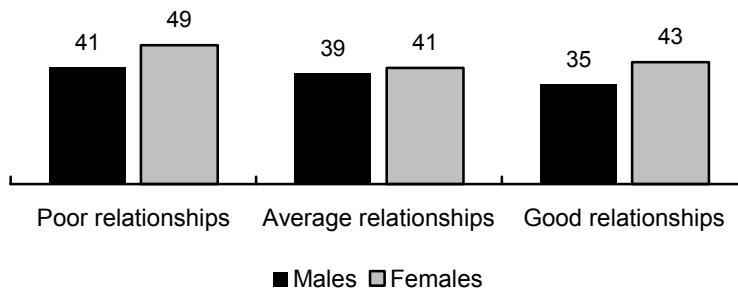


Figure 3G.3: Sexual Activity, By Relationship With Parents, Grade 11 (% Have Had Sexual Intercourse)



Disability and sexual activity

Youth with disabilities are at greater risk for negative health outcomes than their peers (Blum et al., 2001). The CYSHHAS data were examined to determine whether students with chronic illnesses or learning disabilities were as likely as their peers to engage in sexual activity. In Grade 7, girls with a chronic illness are more likely to have engaged in the preliminary sexual activity of touching below the waist, although the reverse is true for boys (Figure 3G.4). Grade 9 and 11 male students who report a chronic illness are more likely to have had sexual intercourse than those students who do not have a chronic illness (Figure 3G.5).

Figure 3G.4: Preliminary Sexual Activity, By Long-Time Illness Or Medical Condition, Grade 7 (% Have Engaged In Touching Below The Waist)

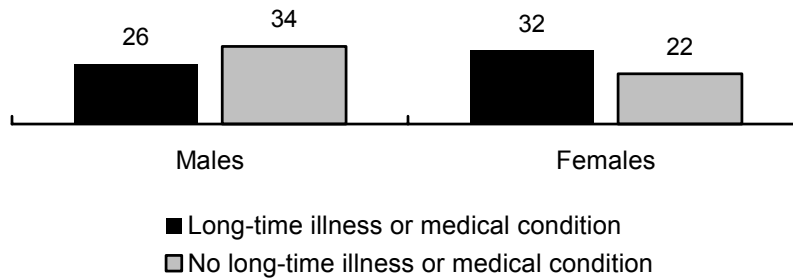
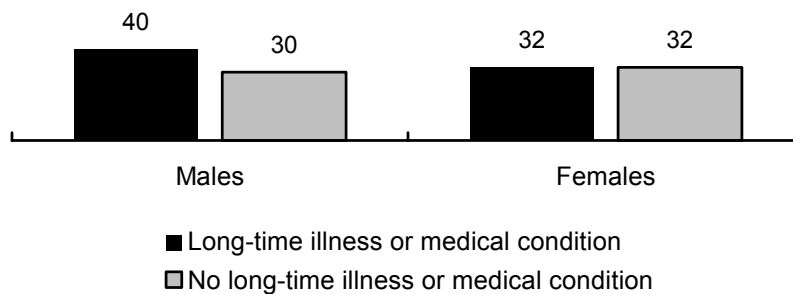


Figure 3G.5: Students Who Have Had Sex, By Long-Time Illness Or Medical Condition, Grades 9 And 11 (% Have Had Sexual Intercourse)



In all three grades, students who report a learning disability are more likely to be sexually active or to engage in preliminary sexual activity (Figures 3G.6 to 3G.8). Overall, disability and chronic illness may predispose students to greater sexual health risks.

Figure 3G.6: Preliminary Sexual Activity, By Learning Disability, Grade 7 (% Have Engaged In Touching Below The Waist)

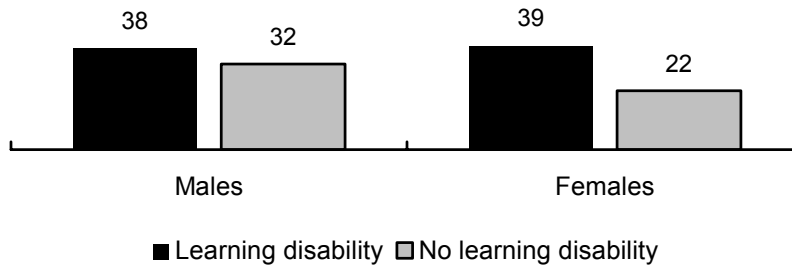


Figure 3G.7: Sexual Activity, By Learning Disability, Grade 9 (% Have Had Sexual Intercourse)

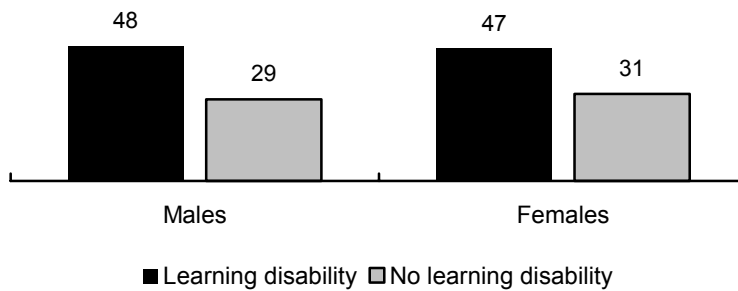
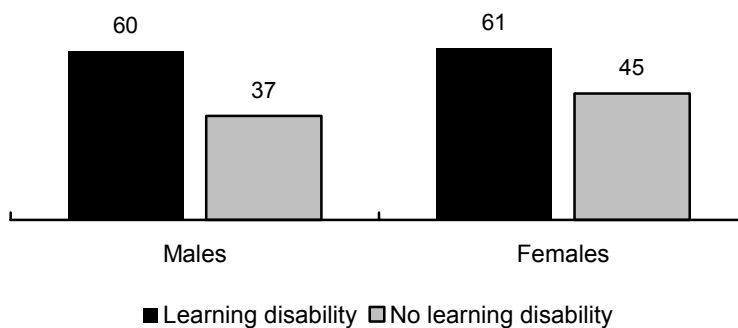


Figure 3G.8: Sexual Activity, By Learning Disability, Grade 11 (% Have Had Sexual Intercourse)



School attachment, sexual activity and risk-taking

Low achievement in school, negative attitudes toward school and low educational aspirations have all been reported as predictors of early initiation to sexual activity (Taylor-Seehafer & Rew, 2000). It has been suggested that youth who have poor prospects for higher education may feel that there is less incentive to avoid various risks (Luster & Small, 1994). However, it is also conceivable that adolescents who engage in risky behaviour may develop a poorer attitude towards school, and consequently have a reduced interest in academic goals or achievement (Schvaneveldt et al., 2001).

We made use of a School Attachment Scale that includes items such as “My teachers treat me fairly” and “Our school is a nice place to be.” Depending on their score, students in each grade were categorized as having Poor, Average or Good attachment to their school. We then determined whether school attachment was associated with sexual activity or sexual risk-taking.

Among Grade 9 students, those with poor school attachment are slightly more likely to report having had sexual intercourse “A few times” or “Often” than those with good school attachment (Figures 3G.9 and 3G.10).

Figure 3G.9: Students Who Report Having Had Sexual Intercourse Within The Three School Attachment Levels, Grade 9 Females (%)

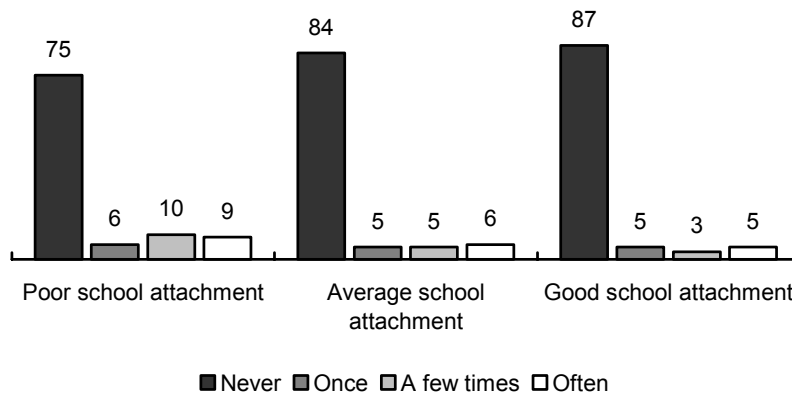
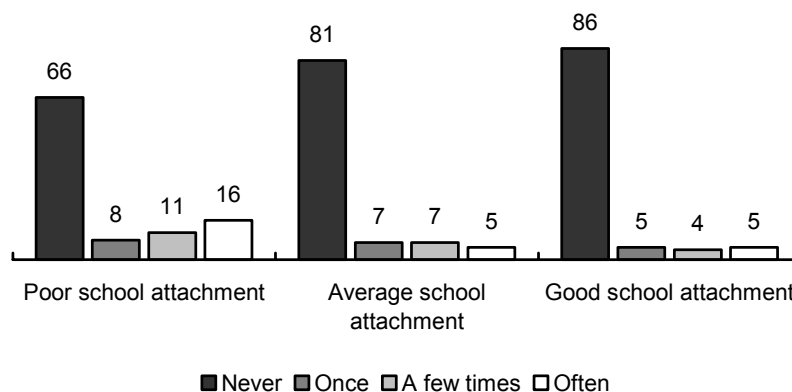


Figure 3G.10: Students Who Report Having Had Sexual Intercourse Within The Three School Attachment Levels, Grade 9 Males (%)



Among Grade 11 girls, the difference in sexual activity between those with poor and good school attachment is even more apparent. Only 20% of Grade 11 girls with good school attachment report having had sexual intercourse “Often,” while 64% report they have never had sexual intercourse. In contrast, among those with poor school attachment, 35% have had sexual intercourse “Often” and 43% have not had intercourse (Figure 3G.11). Grade 11 boys exhibit a similar pattern, with poor school attachment linked to more frequent sexual intercourse (Figure 3G.12).

Figure 3G.11: Students Who Report Having Had Sexual Intercourse Within The Three School Attachment Levels, Grade 11 Females (%)

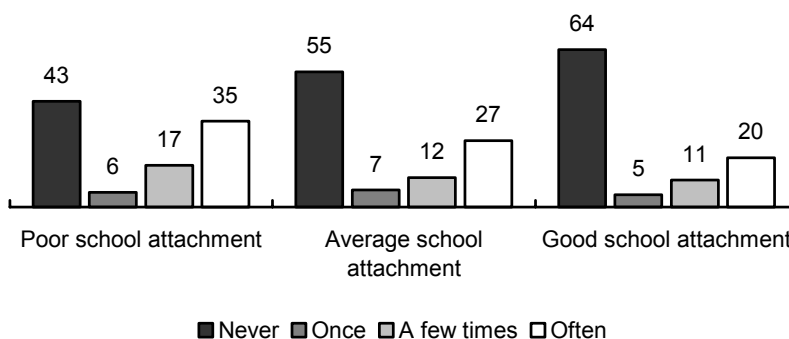
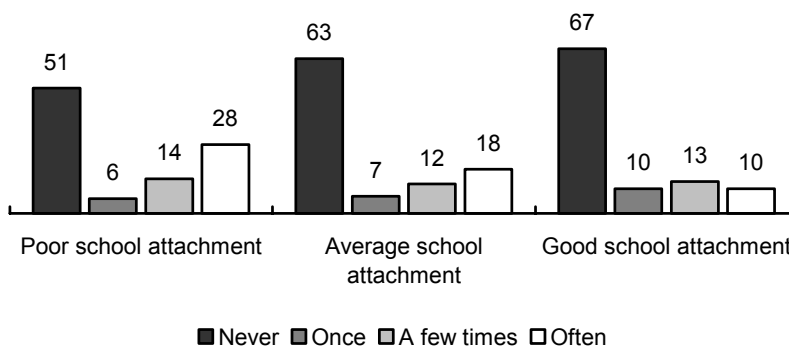


Figure 3G.12: Students Who Report Having Had Sexual Intercourse Within The Three School Attachment Levels, Grade 11 Males (%)



School attachment was also examined in conjunction with sexual risk-taking behaviours such as having multiple partners and failing to use a condom (Figures 3G.13 and 3G.14). In general, sexual risk-taking appears to be associated with poor school attachment, particularly among boys. Only 18% of boys with poor school attachment exhibit no sexual risk behaviours, while 47% exhibit multiple risk behaviours. As school attachment increases, so does the proportion of youth who do not engage in sexual risk behaviours. Among those with average school attachment, 26% do not engage in any sexual risk behaviours, while the proportion among those with good school attachment is even higher (36%).

Among girls, those with poor school attachment are most likely to exhibit multiple sexual risk behaviours. However, those with average and good school attachment are comparable in terms of their level of risk-taking behaviours.

Figure 3G.13: Students In Sexual Risk Taking Within The Three School Attachment Levels, Grade 9 And 11 Males (%)

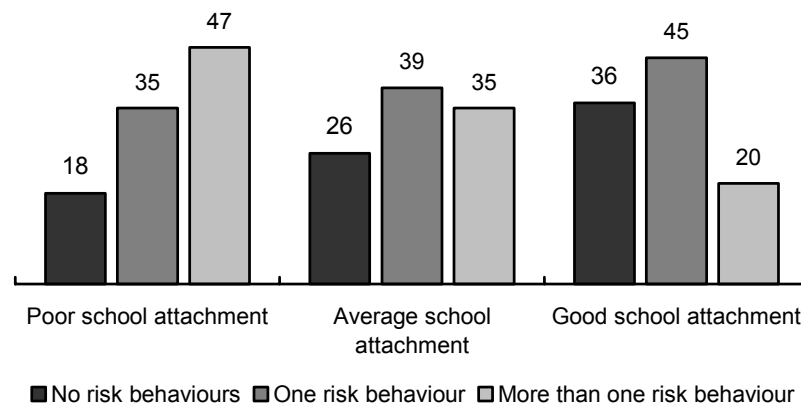
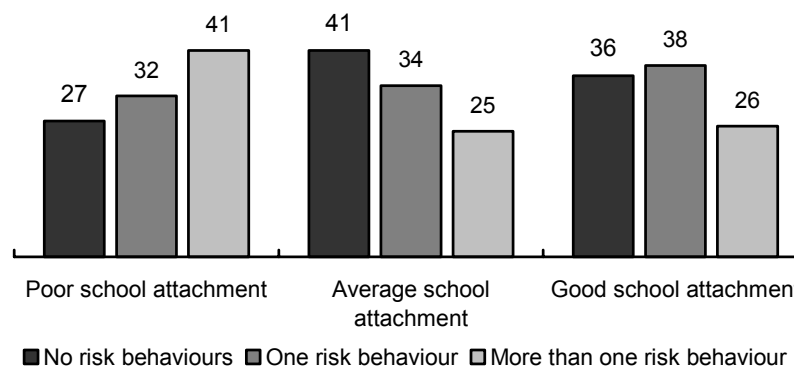


Figure 3G.14: Students In Sexual Risk Taking Within The Three School Attachment Levels, Grade 9 And 11 Females (%)



Peer influence and sexual activity

To determine the role of peer influence on the decision to engage in sexual activity, Grade 9 and 11 students were asked how many of their close friends have had sex. Students who stated that more than half or all of their friends have had sex appear to be more likely to have had sex themselves (Figures 3G.15 and 3G.16). This pattern occurs among both boys and girls and at both grade levels. Thus, it appears that students who have had sexual intercourse themselves tend to interact with peer groups in which sexual activity is common.

Figure 3G.15: Sexual Activity, By Peer Sexual Activity, Grade 9 (% Have Had Sexual Intercourse)

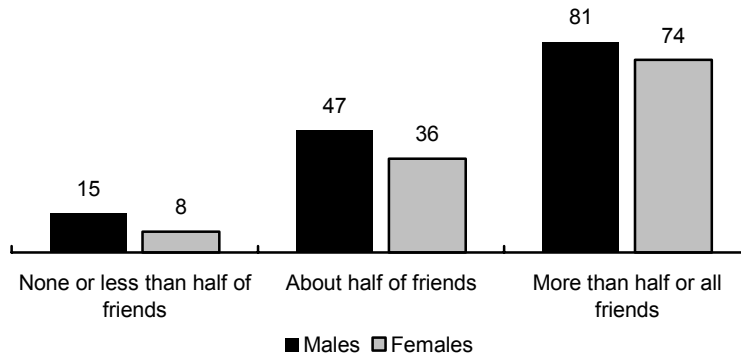
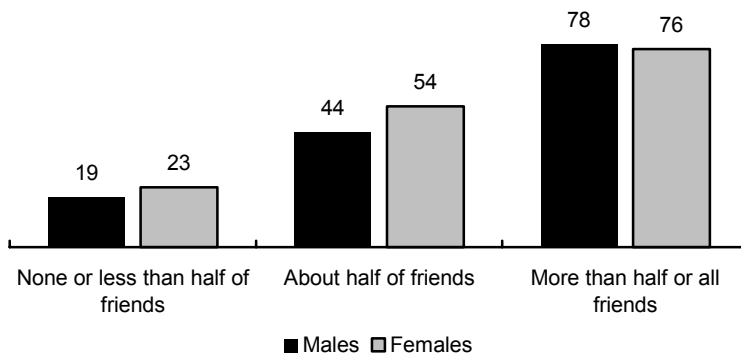


Figure 3G.16: Sexual Activity, By Peer Sexual Activity, Grade 11 (% Have Had Sexual Intercourse)



Self-esteem and sexual activity

Responses to the CYSHHAS self-esteem items (see Chapter 2) were compared between students who have had sexual intercourse and those who have not. Among all students, there do not appear to be consistent differences in positive self-esteem between those who have had sexual intercourse and those who have not (Figures 3G.17 to 3G.20). However, among Grade 9 girls, those who have had sexual intercourse were more likely to agree with the statement “I am often sorry for the things I do” (Figure 3G.18), indicating a sense of guilt.

Figure 3G.17: Self-Esteem Statements, By Sexual Activity, Grade 9 Males
(% Strongly Agree And Agree)

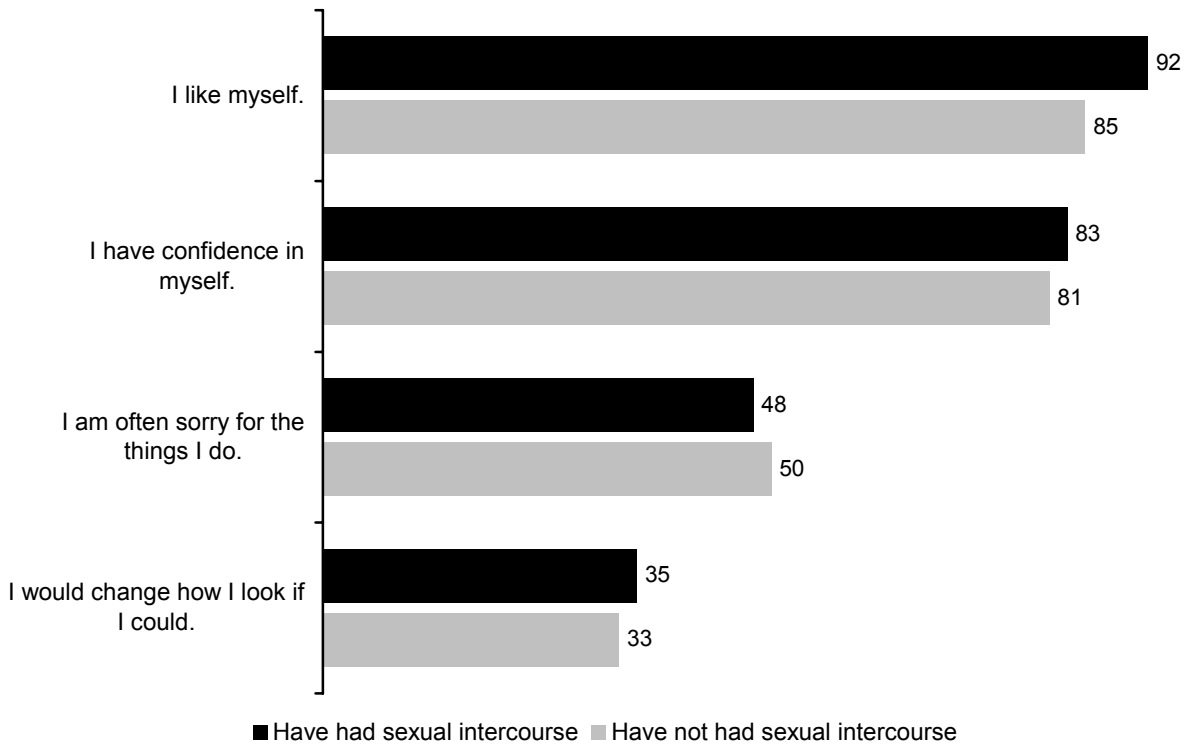


Figure 3G.18: Self-Esteem Statements, By Sexual Activity, Grade 9 Females
(% Strongly Agree And Agree)

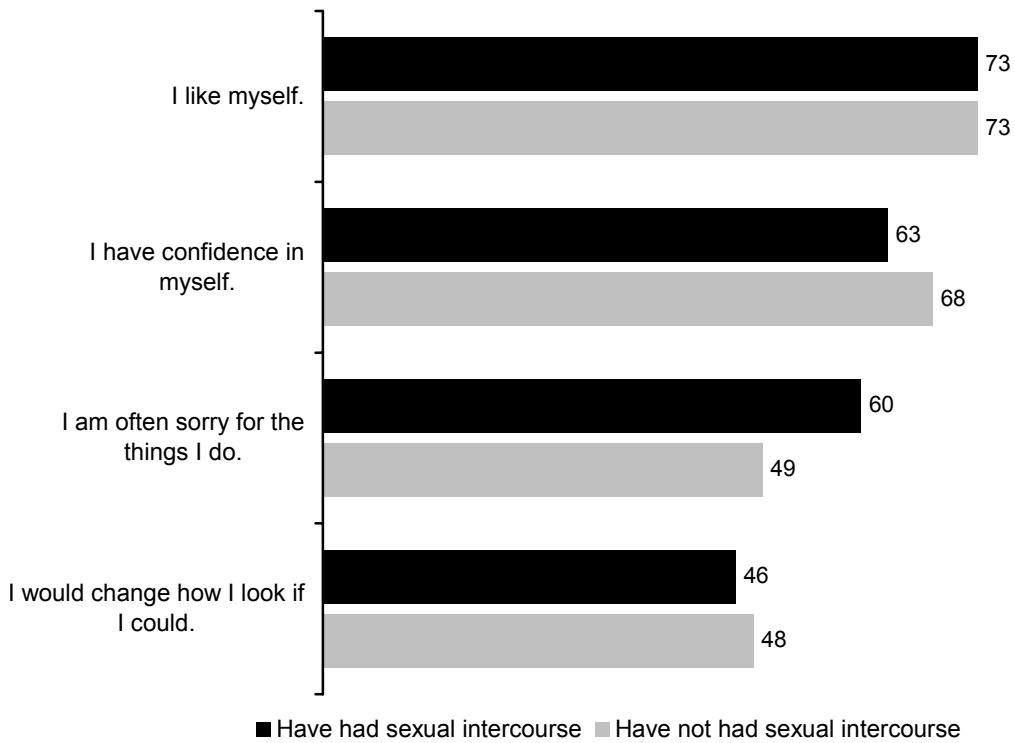


Figure 3G.19: Self-Esteem Statements, By Sexual Activity, Grade 11 Males
(% Strongly Agree And Agree)

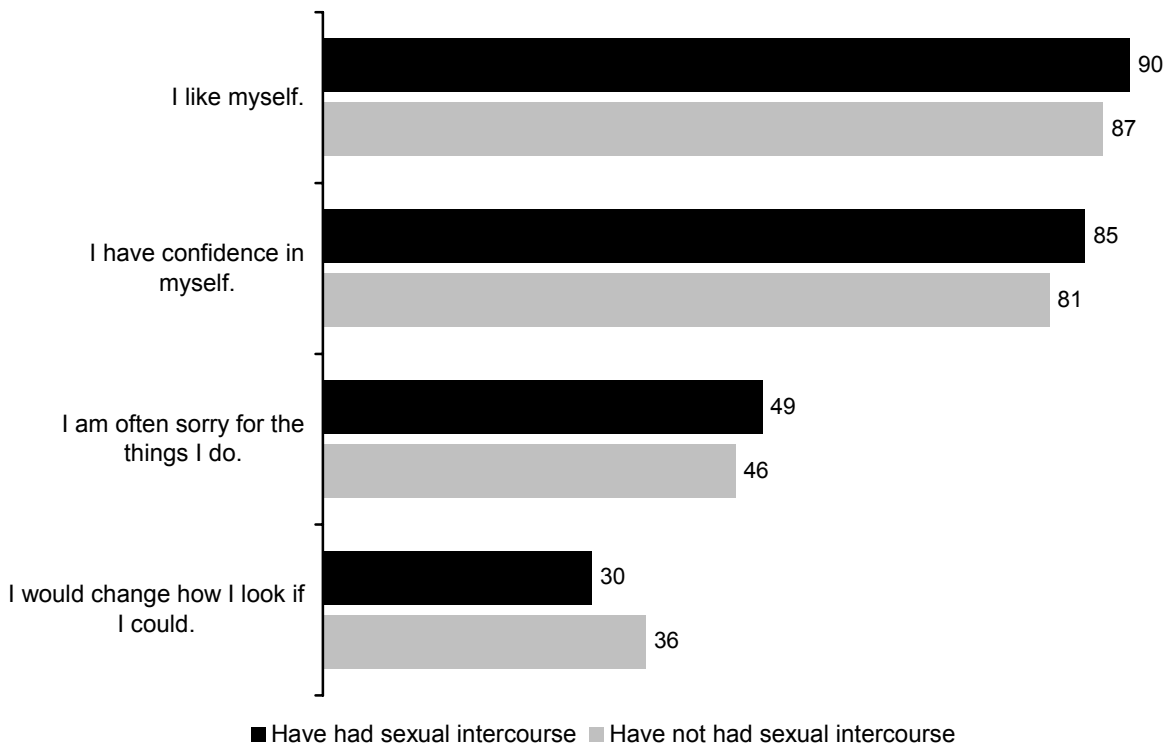
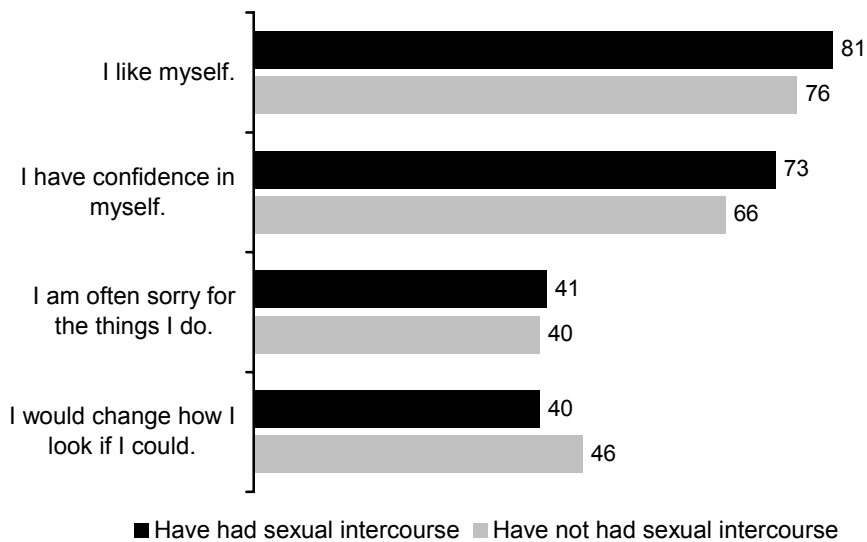


Figure 3G.20: Self-Esteem Statements, By Sexual Activity, Grade 11 Females
(% Strongly Agree And Agree)



For Grade 7, a similar analysis was carried out to examine differences in self-esteem related to the preliminary sexual activity of touching below the waist. Grade 7 girls who have engaged in touching below the waist are

more likely to have negative self-esteem, which is particularly evident in responses to the statement “I would change how I look if I could” (Figure 3G.22). There are no similar differences in self-esteem for Grade 7 boys (Figure 3G.21).

Figure 3G.21: Self-Esteem Statements, By Preliminary Sexual Activity, Grade 7 Males (% Strongly Agree And Agree)

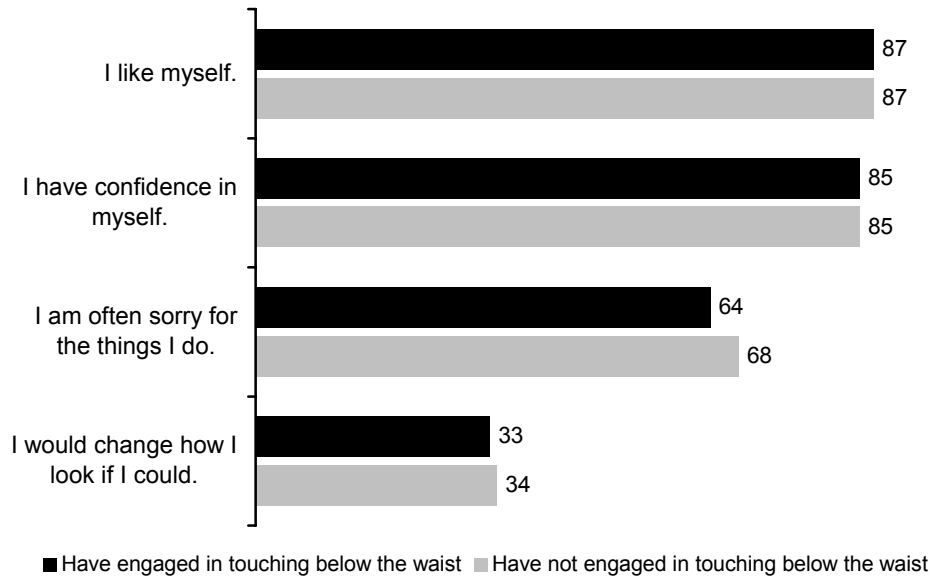
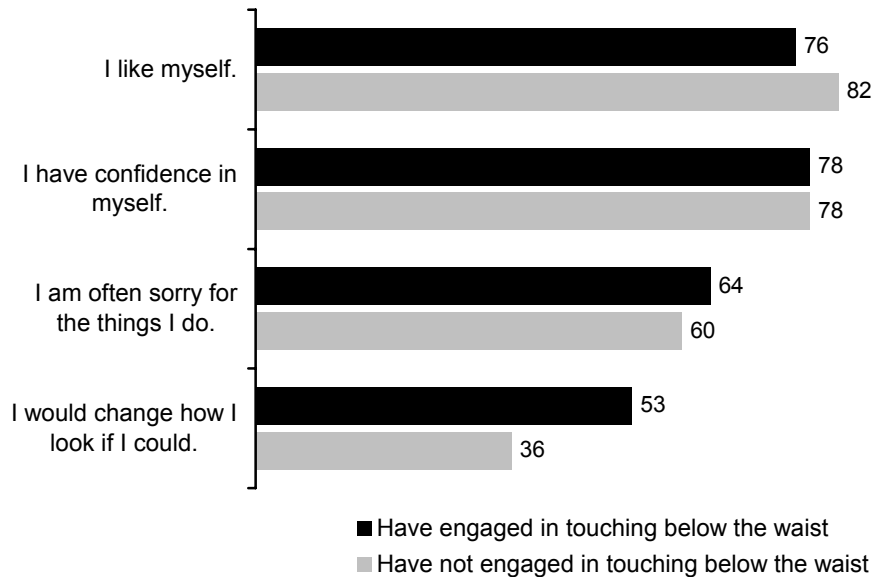


Figure 3G.22: Self-Esteem Statements, By Preliminary Sexual Activity, Grade 7 Females (% Strongly Agree Or Agree)



We also examined whether there was a relationship between self-esteem and condom use at last intercourse. Grade 9 boys who did not use a condom at last sexual intercourse are more likely to agree with the negative self-esteem statement “I would change how I look if I could” (Figure 3G.23). Grade 9 girls who did not use a condom at last sexual intercourse are more likely to agree with both negative self-esteem statements (Figure

3G.24). Grade 11 students who used a condom are slightly more likely to agree with the positive self-esteem statements as compared to those who did not use a condom (figures 3G.25 and 3G.26).

Figure 3G.23: Self-Esteem Statements, By Condom Use, Grade 9 Males (% Strongly Agree And Agree)

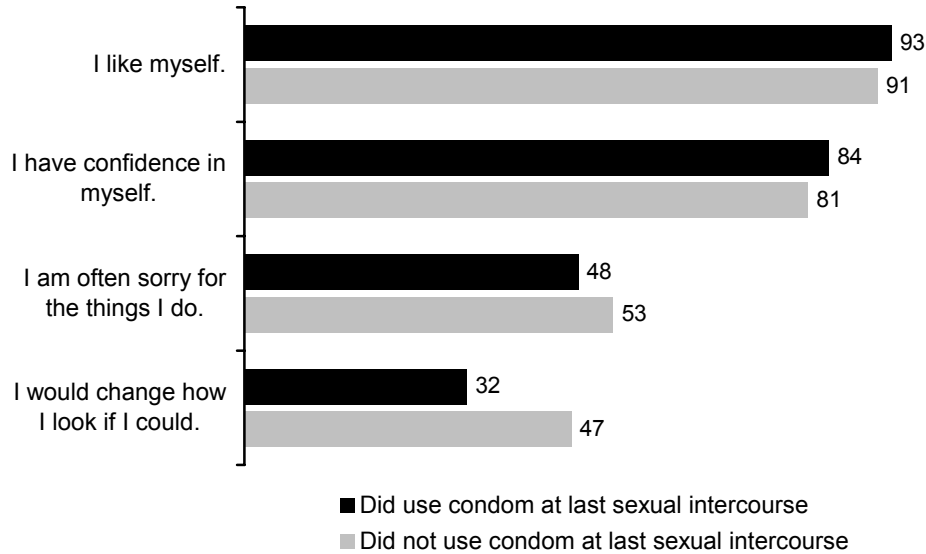


Figure 3G.24: Self-Esteem Statements, By Condom Use, Grade 9 Females (% Strongly Agree Or Agree)

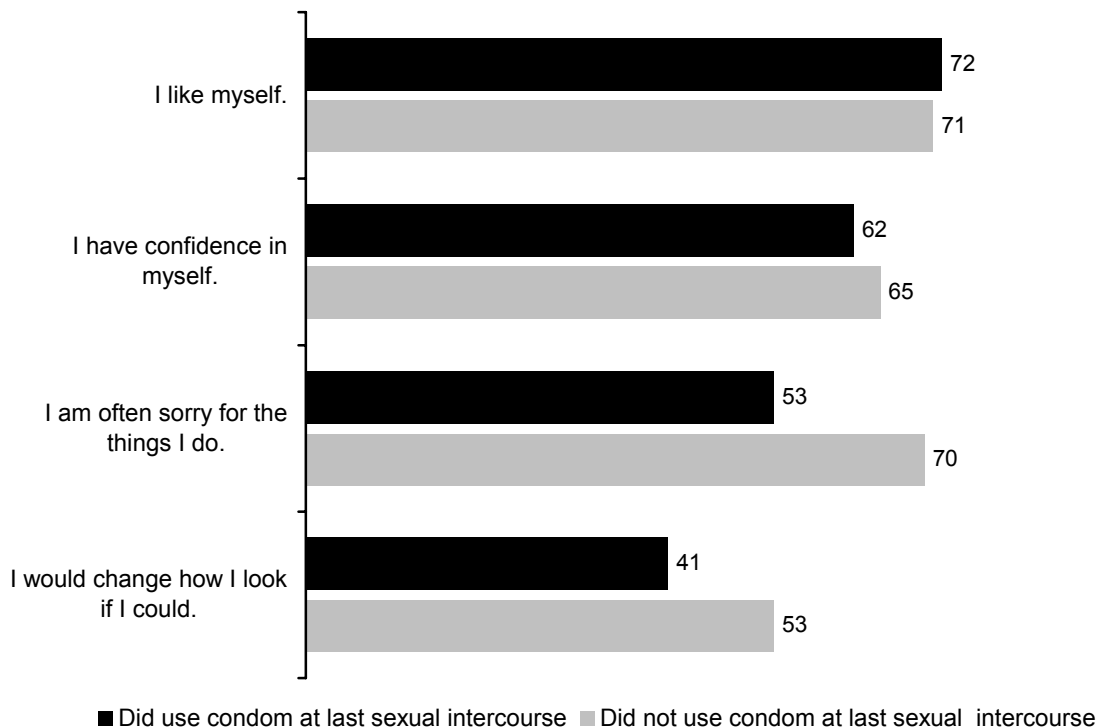


Figure 3G.25: Self-Esteem Statements, By Condom Use, Grade 11 Males
(% Strongly Agree Or Agree)

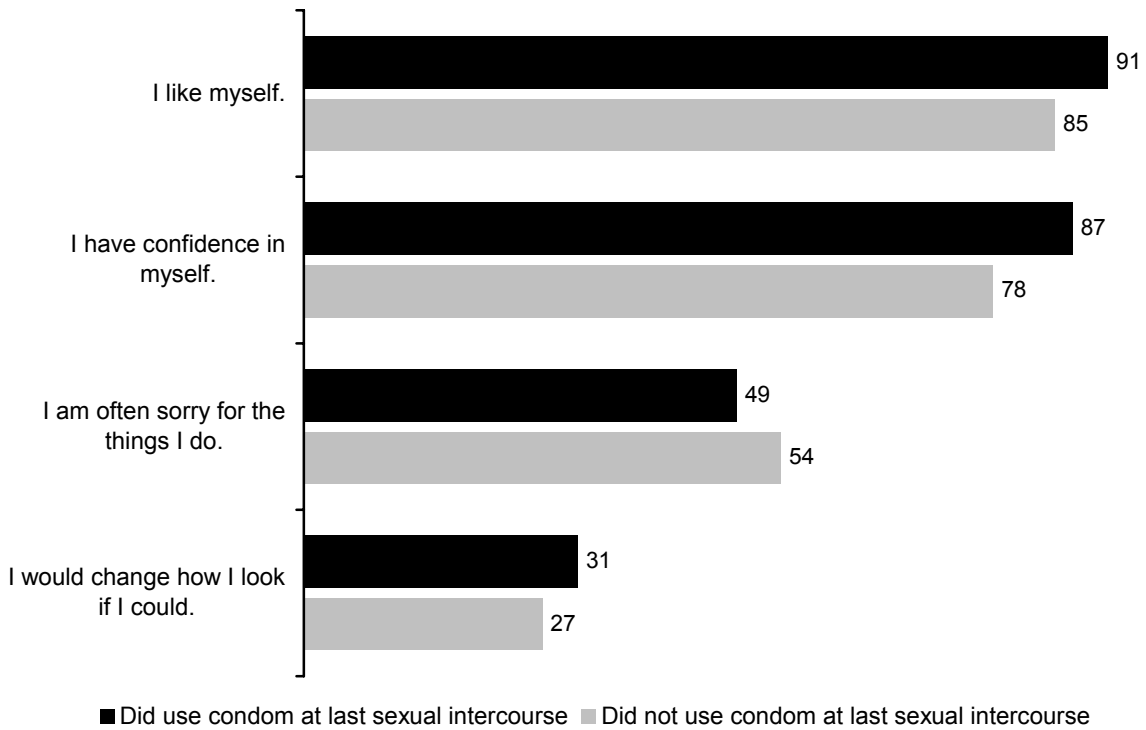
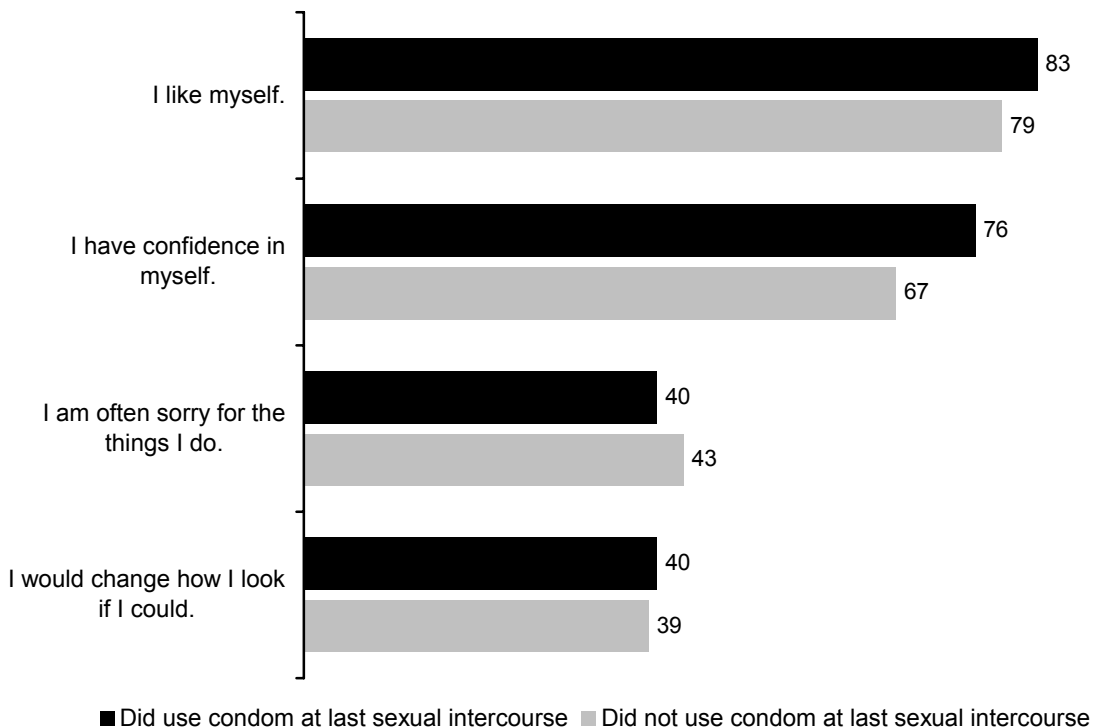


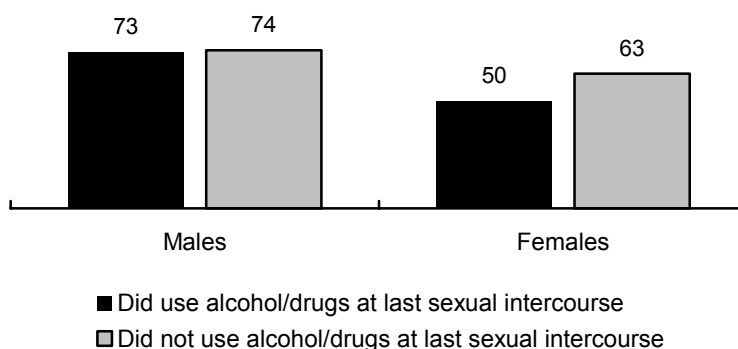
Figure 3G.26: Self-Esteem Statements, By Condom Use, Grade 11 Females
(% Strongly Agree Or Agree)



Alcohol, drugs and condom use

Because the use of alcohol and/or drugs is known to impair judgment, we examined whether condom use might be affected by the use of these substances prior to intercourse (Figure 3G.27). Among boys, almost 75% used condoms regardless of using alcohol/drugs. However, only one half of the girls used condoms if they had used alcohol/drugs prior to sex. Therefore, girls who use alcohol or drugs regularly may be more susceptible to unplanned pregnancy and sexually transmitted diseases.

Figure 3G.27: Condom Use At Last Sexual Intercourse, By Use Of Alcohol/Drugs, Grades 9 And 11 (% Used Condoms)



Sexual risk-taking

Those youth who engage in risky sexual behaviours, such as use of alcohol/drugs prior to sex, inconsistent use of contraception, multiple sexual partners, and lack of protection against STIs, put themselves at the greatest risk for negative health outcomes such as unplanned pregnancy, STI contraction, exploitation and abuse. Based on these four risk behaviours, we created a sexual risk-taking scale to determine the characteristics of adolescents who engage in sexual risk behaviours. Any student who engaged in two or more sexual risk behaviours was considered to be a “risk-taker.”

Sexual risk-taking was first examined in conjunction with the four self-esteem statements described above (Figures 3G.28 to 3G.35). In general, sexual risk-taking appears to be somewhat associated with a lack of self-esteem, particularly among girls. For example, among Grade 11 girls, 78% of those who were not risk-takers agree with the statement “I have confidence in myself,” whereas only 59% of risk-takers agree (Figure 3G.31). Among Grade 9 girls, 70% of risk-takers report that they are often sorry for the things they do, while the proportion among those not taking risks is only 55% (Figure 3G.32). Similarly, risk-taking Grade 9 and 11 girls are more likely to agree with the statement “I would change how I look if I could”.

Figure 3G.28: "I Like Myself", By Sexual Risk-Taking, Grade 9 (% Strongly Agree And Agree)

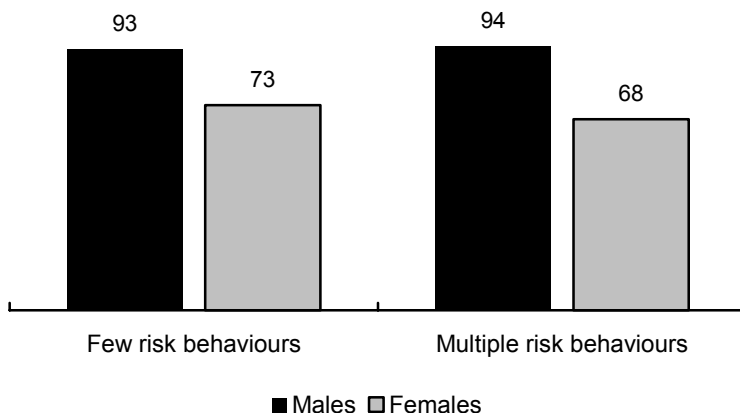


Figure 3G.29: "I Like Myself", By Sexual Risk-Taking, Grade 11 (% Strongly Agree And Agree)

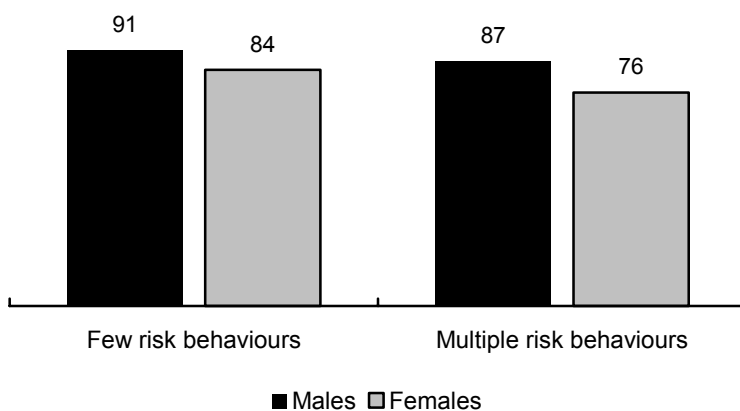
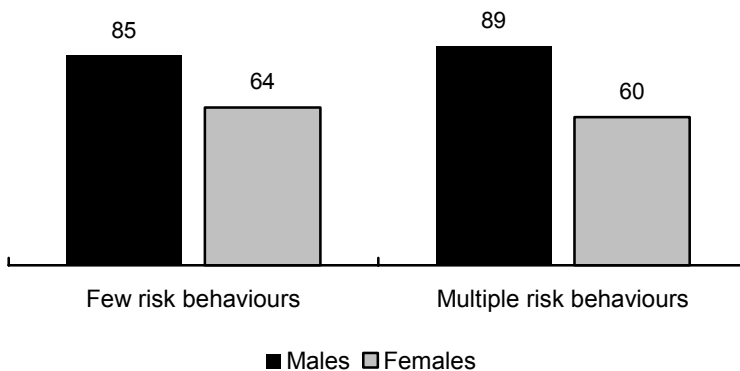
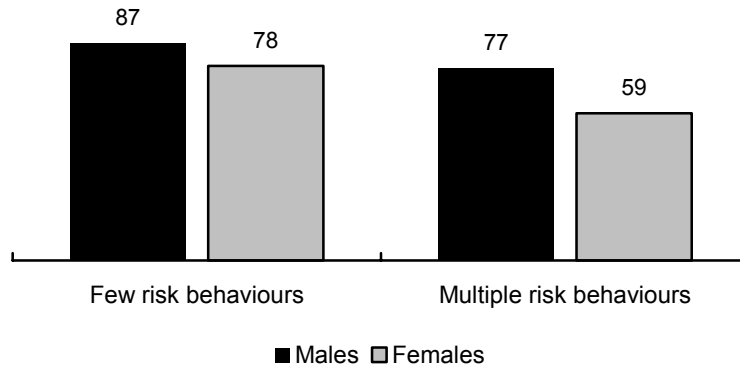


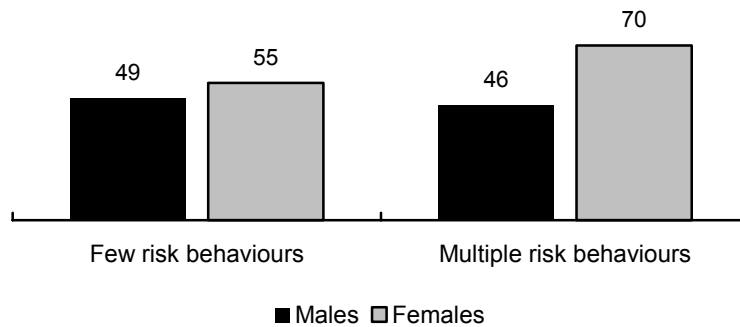
Figure 3G.30: "I Have Confidence In Myself", By Sexual Risk-Taking, Grade 9 (% Strongly Agree And Agree)



**Figure 3G.31: "I Have Confidence In Myself",
By Sexual Risk-Taking, Grade 11
(% Strongly Agree And Agree)**



**Figure 3G.32: "I Am Often Sorry For The Things I Do",
By Sexual Risk-Taking, Grade 9
(% Strongly Agree And Agree)**



**Figure 3G.33: "I Am Often Sorry For The Things I Do",
By Sexual Risk-Taking, Grade 11
(% Strongly Agree And Agree)**

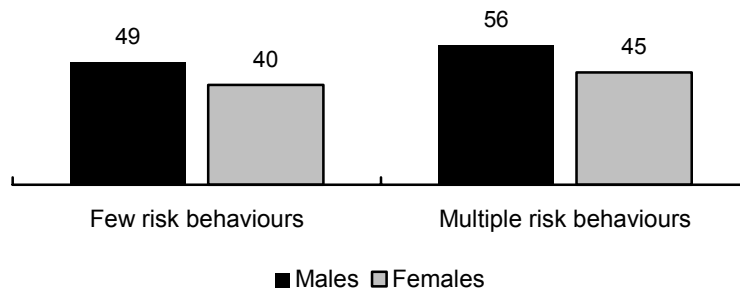


Figure 3G.34: "I Would Change How I Look If I Could", By Sexual Risk-Taking, Grade 9 (% Strongly Agree And Agree)

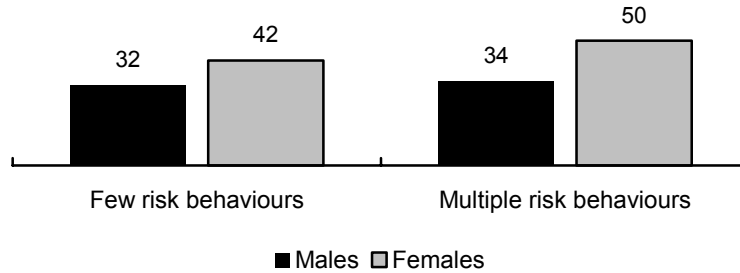
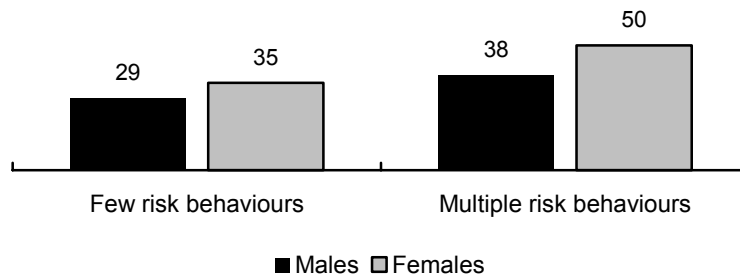


Figure 3G.35: "I Would Change How I Look If I Could", By Sexual Risk-Taking, Grade 11 (% Strongly Agree And Agree)



Engaging in risky sexual behaviours may be related to the amount of time spent partying. Grade 9 and 11 boys and girls who are risk-takers are more likely to spend time partying than those who are not risk-takers (Figures 3G.36 and 3G.37).

Figure 3G.36: "Most Of My Spare Time Is Spent Partying", By Sexual Risk-Taking, Grade 9 (% Strongly Agree And Agree)

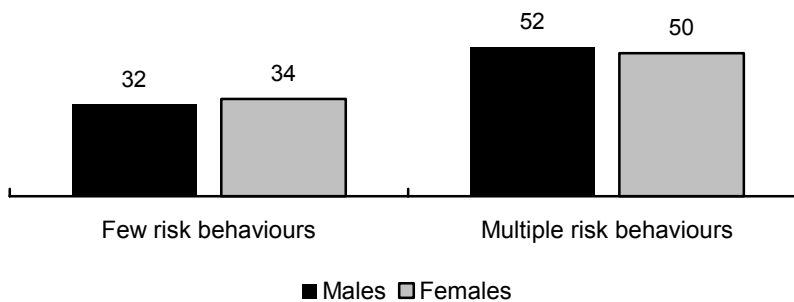
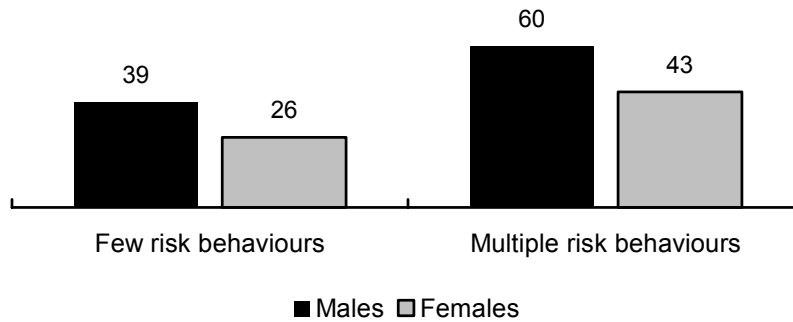


Figure 3G.37: "Most Of My Spare Time Is Spent Partying", By Sexual Risk-Taking, Grade 11 (% Strongly Agree And Agree)



Engaging in sexual risk behaviours increases the chance of contracting HIV/AIDS. As described earlier, eighteen knowledge statements regarding HIV/AIDS and other STIs were asked of students in Grades 9 and 11, and each student was classified as having a high or low score. We examined the data to determine if a relationship existed between knowledge of HIV/AIDS and sexual risk-taking. Among Grade 9 students, those who are risk-takers are slightly more likely to have a high knowledge score than those who engage in few risk behaviours (Figure 3G.38). This implies that risk-takers are aware of the dangers involved in their behaviours, but that they still choose to engage in them. However, among Grade 11 students, knowledge scores do not appear to be related to risk-taking (Figure 3G.39).

Figure 3G.38: Knowledge Scores, By Sexual Risk-Taking, Grade 9 (% High Scores)

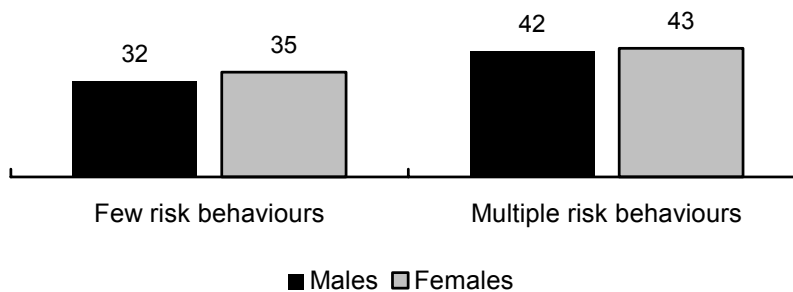
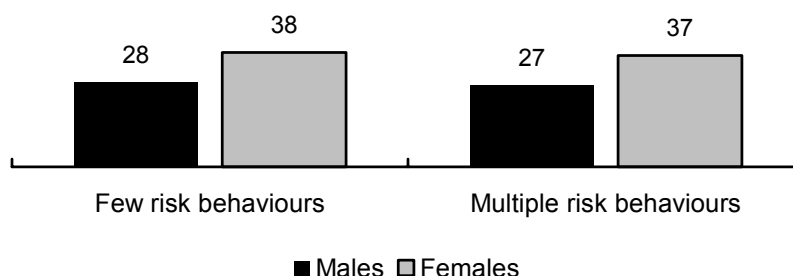


Figure 3G.39: Knowledge Scores, By Sexual Risk-Taking, Grade 11 (% High Scores)



Summary

The information presented in this chapter provides a detailed picture of adolescent sexual behaviour in Canada. Overall, the proportion of students engaging in sexual intercourse has decreased slightly from 1989 to 2002, though the decrease is more significant among boys than girls. Those students who have not had sexual intercourse generally cite lack of readiness or lack of opportunity as reasons for their abstinence, while the concern for negative health outcomes, such as sexually transmitted diseases and unplanned pregnancy, has only minimal effect on their decisions. Relationships with parents, the diagnosis of a learning disability, and membership in a sexually active peer group each appear to be related to an adolescent's decision to engage in sexual intercourse. Of those students who have had sexual intercourse, engaging in risky sexual behaviour is a major concern. In particular, girls with low self-esteem and girls who use alcohol or drugs prior to sex are more likely to exhibit risk behaviours. This information can be used to ensure that future public health intervention strategies, such as awareness or education programs, are targeted to the teenagers who need them most.

References

- Blum, R., Kelly, A., Ireland, M. (2001). Health-risk behaviours and protective factors among adolescents with mobility impairments and learning and emotional disabilities. Journal of Adolescent Health, 28(6):481-90.
- Cheesbrough, S., Ingham, R., & Massey, D. (1999). Reducing the rates of teenage conceptions: A review of the international evidence on preventing and reducing teenage conceptions: The United States, Canada, Australia, and New Zealand. London, UK: Health Education Authority.
- Cupach, W. R. & Metts, S. (1991). Sexuality and communication in close relationships. In K. McKinney, & S. Sprecher, (Eds.) Sexuality in Close Relationships (pp. 93-110). Lawrence Erlbaum and Associates, Hillsdale: New Jersey.
- Godin, G., & Michaud, F. (1996). Summary of STI and AIDS prevention among young people. Publications of the national Forum on Health: Health Canada.
- Graham, C.,A. (1994). AIDS and the adolescent. International Journal of STD and AIDS, 5, 305.
- Haka-Ikse K. 1997. Female adolescent sexuality: the risks and management [Review]. Annals of the New York Academy of Sciences. 816:466-70.
- Hingson, R., Strunin, L., & Berlin, B. (1990). Acquired immunodeficiency syndrome transmission: Changes in knowledge and behaviours among teenagers. Massachusetts Statewide Surveys, 1986-88, Pediatrics, 85, 24-29.
- Jackson, S., Jacob, M. N., Landman-Peters, K., & Lanting, A. (2001). Cognitive strategies employed in trying to arrange a first date. Journal of Adolescence, 24(3), 267-279.
- Kotchick, B. A., Shaffer, A., Forehand, R., & Miller, K. S. (2001). Adolescent sexual risk behaviour: A multi-system perspective [Review]. Clinical Psychology Review, 21(4), 493-519.
- Luster, T., Small, S. 1994. Factors associated with sexual risk-taking behaviours among adolescents. Journal of Marriage and the Family. 56:622-32.
- Murphy, D., Rotheram-Borus, H., & Reid, H. (1998). Adolescent gender differences in HIV related sexual risk acts, social-cognitive aspects and behavioural skills. Journal of Adolescence, 21(2), 197-208.
- Nieder, T. & Sieffge-Krenke, I. (2001). Coping with stress in different phases of romantic development. Journal of Adolescence, 24(3), 297-311.
- Radford, J. (1998). HIV prevention in Youth: A review of the HIV prevention research. Toronto: Community Research Initiative of Toronto.
- Schvaneveldt, P., Miller, B., Berry, E., Lee, T. (2001). Academic goals, achievement and age at first sexual intercourse: longitudinal and bidirectional influences. Adolescence. 36(144):765-87.
- Shoop, D. M. & Davidson, P. M. (1994). AIDS and adolescents: The relation of parent and partner communication to adolescent condom use. Journal of Adolescence, 17, 137-148.

Shrier, L., Harris, S., Sternberg, M., & Beardslee, W. (2001). Associations of depression, self-esteem, and substance use with sexual risk among adolescents. Preventive Medicine, 33, 179-189.

Shulman, S. & Seiffge-Krenke, I. (2001). Adolescent romance: Between experience and relationships. Journal of Adolescence, 24(3), 417-428.

Sieving, R., Resnick, M., Bearinger, G., Remafedi, G., Taylor, B., & Harmon, B. (1997). Cognitive and behavioural predictors of sexually transmitted disease risk behaviour among sexually active adolescents. Archives of Pediatrics and Adolescent Medicine, 151, 243-251.

Taylor-Seehafer, M., L. Rew. 2000. Risky sexual behaviour among adolescent women. JSPN. 5(1):15-25.

Wyndol, F. (2002). The emerging field of adolescent romantic relationships. Current Directions in Psychological Science, 11(5), 177-180.