

Executive Summary

Since the publication of the Canada Youth and AIDS Study (CYAS) in 1989, there have been no national studies which focus specifically on the sexual health of adolescents. The Canadian Youth, Sexual Health and HIV/AIDS Study (CYSHHAS), coordinated by the Council of Ministers of Education, Canada, and funded by Health Canada under the Canadian Strategy on HIV/AIDS, attempts to occupy that void by providing a contemporary picture of the sexual behaviour of adolescents.

Specifically, the study was undertaken to increase our understanding of the factors that contribute to the sexual health of Canadian youth. This was done by exploring the socio-cultural, socio-environmental, and interpersonal determinants of adolescent sexual behaviour. The study was designed and carried out by researchers at four Canadian universities: Acadia, Alberta, Laval, and Queen's.

The study utilizes two relatively new concepts originating with the World Health Organization: *sexual health* and *healthy sexuality*. These are intended to invoke a holistic image of sexual being, one which integrates the emotional, physical, cognitive, and social aspects of sexuality.

Attaining sexual health implies much more than simply avoiding diseases and unintended pregnancies. Sexuality itself is broadly conceptualized as knowledge and attitudes about sexuality and sexually-related illnesses, romantic relationships, sexual experiences, and avoidance behaviour regarding unintended pregnancies and STIs.

The conceptual framework that serves as the basis for the CYSHHAS has three primary components: psycho-social-environmental determinants, sexuality variables, and sexual health. The idea of a *determinant* of sexual health focuses on those socio-demographic variables which have been linked to the sexual behaviour and sexual health of adolescents. These include parental income, occupation, educational achievement, religiosity, gender, and disability. Beyond this, the school itself serves as an environmental variable. Also included are personal characteristics, such as coping skills and individual health practices, as well as family dynamics associated with communication, modeling, and trust. Peer relationships have also been linked with adolescent sexual health, as has the presence and awareness of health and education services.

To understand how these determinants influence adolescent sexuality and sexual health at different developmental stages, the study included students in Grades 7, 9, and 11 (approximately ages 12, 14, and 16) from all provinces and territories, with the exception of Nunavut. Selecting these groups allowed study comparisons with the 1989 CYAS findings on the primary measures of HIV/AIDS knowledge, attitudes towards sexuality, and sexual behaviour. Two questionnaires were developed which incorporated an array of closed-end items from selected existing scales and new items for certain concepts. While there were a few open-ended questions, a large majority of the questions could be answered by



checking a response alternative.

The Grade 7 questionnaire was designed to have a limited focus on sexual experiences in order to make it acceptable to many school jurisdictions. Students in Grades 9 and 11 completed identical questionnaires, which more fully explored sexual behaviour and other risk areas such as drug use. The research instruments were translated into French by francophone researchers, then back-translated into English to ensure that item meanings were preserved in both official languages. The surveys were pilot-tested in Ontario, Nova Scotia, Quebec, and Alberta. In each of these provinces, regional coordinators selected two classes each in Grades 7, 9, and 11 in one school jurisdiction, for a total of twenty-four pilot test classes.

Classrooms were identified in selected schools by a systematic, stratified sampling method which utilized a single stage cluster design. The stratification variables were public/Roman Catholic designation, language of instruction, size of community, geographic location, and school size. The final survey instruments were administered to whole classes by their teachers during class. In every case, active parent/guardian consent was obtained. Teachers were provided with detailed administration instructions, and completed questionnaires were sealed in envelopes by the students to ensure anonymity.

The original goal of the CYSHHAS study was to garner individual province and territory sample sizes adequate to achieve representation of Canadian school youth. To do this, a sample size of 1150 students per grade per province was required, which would have resulted in 33,000+ respondents. Unfortunately, the study was unable to achieve its sampling goal in all provinces due to difficulties in obtaining school jurisdiction and school consent. The final sample was 3,536 students in Grade 7, 3,841 in Grade 9, and 3,697 in Grade 11, for a total of 11,074 students. This large sample of Canadian youth is sufficient to examine inter-relationships and achieves confidence intervals of + or – 4% on most items.

In terms of adolescent sexual health, the findings of the study are mixed. While it is not the purpose of an executive summary to explore outcomes in detail, a few noteworthy findings are identified below. Readers are referred to chapters 3 and 4 of the National Report for a more delineated explication and discussion of the study outcomes.

In terms of positive adolescent sexual health, some of the findings are noteworthy. For example, most students report relatively rare use of harmful addictive drugs, a “happy home life,” and indicate that the school serves as an important source of sexual and HIV/AIDS information, especially for Grade 9 students. Students were asked to respond to knowledge statements (eight for Grade 7, and eighteen for Grades 9 and 11). In general, students’ sexual health knowledge increases with grade, such that by Grade 11 a large majority (87%) of students are able to answer eight or more of the eighteen questions correctly. In terms of sexual behaviour, the proportion of students engaging in sexual activities is similar to those reported by the 1989 CYAS. Of the students surveyed in 2002, 23% of boys and 19% of girls in Grade 9 report having had sexual intercourse at least once, compared to 40% of boys and 46% of girls in Grade 11 who report having sexual intercourse at least once. However, slightly fewer students, notably boys, indicate in 2002 that they have had sexual intercourse. Those not engaged in intercourse usually explain this on the basis of not being ready or not having had the opportunity. Those who are sexually active most commonly cite love and curiosity/experimentation as rationales. There is also an indication that youth are familiar with condom use, and that over one-quarter of them used both a condom and birth control pill at last intercourse.

There were also findings that warrant concern and further attention. Confidence levels related to coping skills and self-esteem have dropped since the 1989 CYAS. Over 20% of students report being the brunt of sexual jokes or comments related to their looks on at least one occasion over a two-month period. Perhaps of greater concern is students’ reported prevalence of alcohol use and episodes of drunkenness. In addition, substantial

numbers of students name partying and engaging in rebellious activities as ways of becoming popular at school. In terms of sexual knowledge, less than half of Grade 9 students and slightly more than half of Grade 11 students know that Vaseline is not a good lubricant. Two-thirds of Grade 7 students and half of Grade 9 students do not know that there is no cure for HIV/AIDS. Students in 2002 generally exhibit lower levels of sexual knowledge than those who participated in the 1989 CYAS. On issues of sexual behaviour, girls with low self-esteem are more likely to engage in risky sexual behaviour. Through the use of a School Attachment Scale, it was determined that those students who showed poor attachment to their school were more likely to engage in risky sexual activities than those who showed strong attachment to school. It is also clear that fear of deleterious outcomes has a minimal impact on decisions to become sexually active. Almost half of the Grades 9 and 11 girls in the study who are sexually active and have been pregnant report having had four or more sexual partners, a fact that increases the likelihood of unintended and unhealthy consequences.

From an educational perspective, the findings of this study reinforce the need for a comprehensive focus on students' sexual health. Such a focus must go beyond an exploration of the knowledge, attitudes, and behaviour of youth, to an exploration of the contexts under which they engage in sexual activities and the belief systems that inform both positive and negative actions. There is also a continued need to ensure that sexual health services are targeted towards those who need them most.

