

Resources

Haldimand-Norfolk Health Unit
Simcoe
(519) 426-6170 Ext. 225

Caledonia
(905) 318-5367 Ext. 346

Brant County Health Unit
(519) 753-4937 Ext. 212

For more information on the web:

Haldimand-Norfolk Health Unit
www.haldimand-norfolk.org/health

Brant County Health Unit
www.bchu.org

The Society of Obstetricians and Gynaecologists of Canada
www.sexualityandu.ca

Planned Parenthood Federation of Canada
www.ppfca.ca

Gabalot
www.gabalot.ca

References

¹ Health Canada 2003, Canadian Guidelines for Sexual Health Education

² Council of Ministers of Education 2003, Canadian Youth, Sexual Health and HIV/AIDS Study: Factors Influencing Knowledge, Attitudes and Behaviour

³ Planned Parenthood Federation of Canada 2004, Sexual & Reproductive Health Counselling Guidelines

⁴ Fisher W, Boroditsky R, & Morris B, (2003). 2002 Canadian Contraception Study – Part II. Journal of Obstetrics & Gynaecology Canada, 26(7), 646-656.

⁵ Canadian Public Health Association 1998, Safe Spaces: HIV Prevention for Gay, Lesbian and Bisexual Youth

⁶ Sexual Information & Educational Council of Canada (SIECCAN) 2001, Common Questions About Sexual Health Information

Increased Risks

Among Grades 7, 9, and 11 students surveyed, 16% reported having sexual intercourse. A relationship was found between sexual intercourse and binge drinking. Binge drinking is defined as having five or more drinks of alcohol on the same occasion. Overall, 57% of students who engaged in sexual intercourse also reported binge drinking during their lifetime. A clear relationship was also found between sexual intercourse and cannabis use. In total, 70% of students who have engaged in sexual intercourse also report using cannabis. Furthermore, cigarette smoking and having sex were related. Among smokers, 51% had engaged in sexual intercourse, versus 10% of non-smokers. In total, 23% of smokers who engaged in sexual intercourse in Grades 7, 9, 11 indicated they drank alcohol or used drugs prior to the last time having sex, versus only 3% of non-smokers. Smoking is defined as having at least one cigarette in a 30 day period. Likewise, 19% of smokers who engaged in sexual intercourse indicated they did not use a condom during the last time having sex, versus only 3% of non-smokers.

Conclusion

The results of this youth survey reflect that there is an ongoing need for sexual health services in our community. Services need to be comprehensive and include teaching abstinence, contraception and the risk of HIV/STIs as related to youth choices. We must continue to offer support to youth of all sexual orientations. A collaborative effort between Public Health, school boards, community organizations, parents and youth themselves will help to maintain and enhance the effectiveness of these programs that target youth.



Contacts

Deanna Tries
Haldimand-Norfolk Health Unit
Phone (519) 426-6170 Ext. 215
deanna.tries@haldimand-norfolk.org

Adam Stevens
Brant County Health Unit
Phone (519) 753-4937 Ext. 219
astevens@bchu.org



2003 Brant,
Haldimand, Norfolk

Student Health Survey

Report 2

Focus on Sexual Health

Methods

The Student Health Survey Focus on Sexual Health was administered within the Grand Erie District School Board in the fall of 2003. The survey is a collaborative project between the Brant County Health Unit and the Haldimand-Norfolk Health Unit. In order to make the results generalizable, schools were selected in a representative manner and a large sample of students was included. The sexual health component of the survey was completed by 1237 students in Grades 7, 9, & 11 (approximately 17%). All classes in a particular grade were surveyed in selected schools. The entire survey dealt with 11 health related topics.

Introduction

Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.¹ For sexual health to be attained and maintained, the sexual rights of all persons including youth must be protected and fulfilled. This report presents sexual health practices among youth in selected grades within the Grand Erie District School Board.

Fast Facts

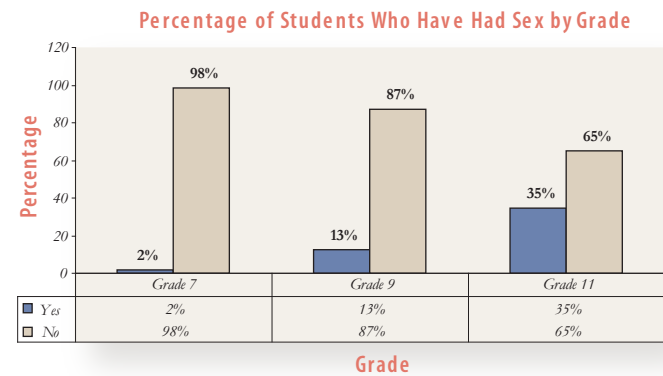
- 16% of students in Grades 7, 9, and 11 have engaged in sexual intercourse and of those the average age for first time sexual intercourse was 14 years.
- 35% of students in Grade 11 reported engaging in sexual intercourse.
- 75% of youth who engaged in sexual intercourse reported having sexual intercourse with 1 person during the past 3 months.
- 35% of youth consumed alcohol or used drugs before the last time they had sexual intercourse.
- 9% of students reported being bisexual, homosexual, or unsure about their sexual orientation.
- Condoms were the main form of birth control, however with increasing number of partners condom use decreased.
- 71% of youth used a condom during the last time they engaged in sexual intercourse.
- Main sources of information about sex were family members, friends, and teachers.
- 57% of students who engaged in sexual intercourse also reported binge drinking in their lifetime.
- 70% of students who engaged in sexual intercourse also reported using cannabis (marijuana).



Sexual Activity

In total of the 1237 students who were in Grades 7, 9, and 11, 16% (195) reported having sexual intercourse, while 84% have not. Sexual intercourse was defined as putting the penis into the vagina. The remaining data in this report pertains only to youth who reported engaging in sexual intercourse, with the exception of sexual orientation and sexual education. Sexual intercourse differed between grade level. A higher percentage of students in Grade 11 (35%) reported having had sexual intercourse, compared with students in Grade 7 and 9 (Graph 1).

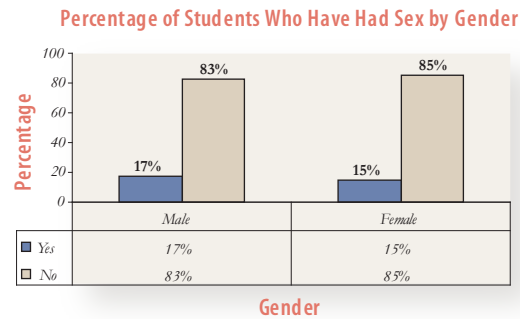
Graph 1



In total slightly more males (17%) than females (15%) reported having sexual intercourse (Graph 2). Individuals are sexual throughout their lifetime, and youth are no exception.² Youth are learning how to deal with sexual feelings and making decisions about sexual activity. Sexual health programs offer youth confidential, current contraceptive information and low cost methods to help avoid unplanned pregnancies, sexually transmitted infections (STIs) and HIV.³



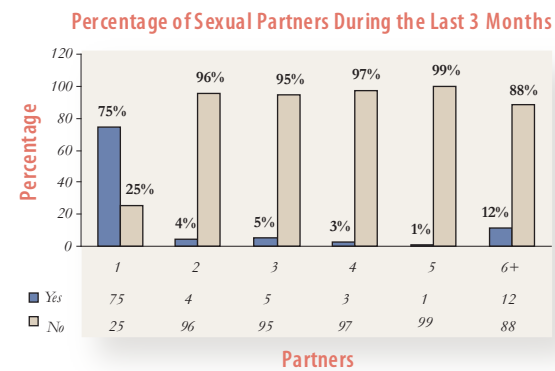
Graph 2



Students were asked how old they were when they had sexual intercourse for the first time. The average age for first time sexual intercourse for this sample was 14 years, but differed between gender (14 years for males and 15 years for females). Comparative national data from the Canadian Youth and Sexual Health and HIV/AIDS Study (CYSHHAS) reported similar findings (14 years for males and 15 years for females).² Students were asked how many people they had sexual intercourse with during the past

three months. Of the 84% who reported having sexual intercourse within the last 3 months a higher percentage of students reported engaging in sexual activity with 1 person (75%), followed by 12% of students who reported having sex with 6 people or more (Graph 3). Although some youth are engaging in sexual intercourse, this study reveals that a high percentage of youth chose monogamy at least within the last 3 months. Fewer partners during a lifetime decreases the risk of acquiring STIs/HIV.

Graph 3

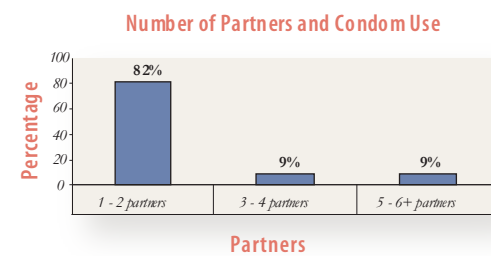


Risky Sex

Students were asked about whether they consumed alcohol and used drugs before the last time they had sexual intercourse. Of the 16% who reported engaging in sexual intercourse, 65% did not consume alcohol or use drugs before the last time they had sexual intercourse, compared with 35% who did. Students were asked if they used a condom, during the last time they had sexual intercourse. Of the students who reported having sexual inter-

course, 71% reported that they used a condom. Students were more likely to use a condom when they have engaged in sexual intercourse with 1-2 people, and are least likely to use a condom when they had multiple partners (3-6+) (Graph 4).

Graph 4



The combination of multiple sexual partners and not using a condom places this group at very high risk for STIs and HIV.⁴

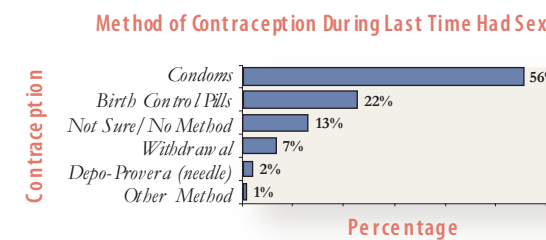
Initially, youth use condoms because they are free from many locations or easily accessible without seeing a doctor. However, as the number of sexual partners among youth increase, youth are more likely to use birth control methods other than condoms, because of their fear of pregnancy.⁴ Sexual health education and counselling must reinforce continued condom use in addition to other methods. Public Health initiatives such as the "It Takes Two" condom and pill campaign encourage consistent use of two methods of protection. Free, accessible condoms are a key component of sexual health programming because they reduce STIs/HIV risk.



Birth Control

Students were asked what method of contraception did you or your partner use to prevent pregnancy, during the last time you had sexual intercourse. Of the students who reported engaging in sexual intercourse, the highest percentage of students reported using a condom (56%), followed by birth control pills (22%). However, 13% of students reported being unsure what method they had used, or used no method (Graph 5).

Graph 5

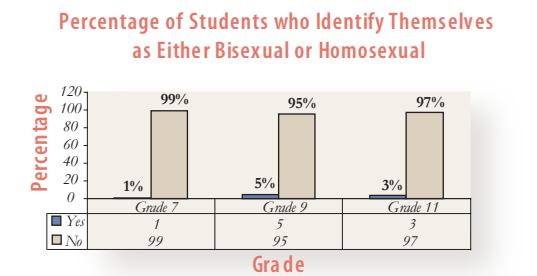


Sexual Orientation

Students were asked to report their sexual orientation. Of the total sample of youth in Grades 7, 9, and 11, 9% of students identified themselves as either unsure (6%) bisexual (2%) or homosexual (1%).

Overall, 2% of males in grade 9, and 11, and 7% of females identified themselves as either bisexual or homosexual. In comparison, the CYSHHAS found that less than 2% of males and less than 3% of females in Grades 9 and 11 indicate being homosexual or bisexual.² Sexual orientation differed by grade level. Of the students who identified themselves as being either homosexual or bisexual 1% were in Grades 7, 5% in grade 9, and 3% were in Grade 11 (Graph 6).

Graph 6

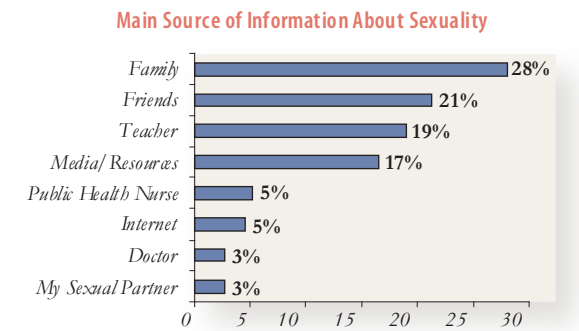


Youth struggle with issues of identity. This is heightened for gay, lesbian, bisexual and transgendered (GLBT) youth as they develop an awareness of their sexual orientation while facing fear of rejection and homophobia at home and school. The sense of isolation experienced by GLBT youth can result in higher drug and alcohol use and increased rates of suicide.⁵ Sexual health programs offer inclusive counselling and services to youth of all sexual orientations. Peer support groups for GLBT youth are offered in Brant, Norfolk and Haldimand Counties.

Sex Ed

Students were asked to identify their main source of information about sexuality. Of the total sample (1237), students reported that their three main sources of information came from their family members (28%), friends (21%), or teacher (19%) (Graph 7).

Graph 7



These results are similar to earlier studies reporting that adolescents rated school, family and friends as their most preferred sources of sexual health information.⁶ Local Health Units continue to focus on support and resources for parents and teachers to assist them in their role as sexuality educators.