

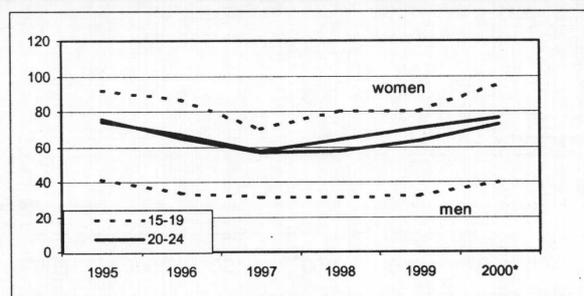
mother during the birth process can have serious consequences for the child. And there's "IV which continues to have potentially debilitating effects.

What do we see among Canadian youth? The picture is not an easy one to get into focus since not all STIs are reportable, not all those who are infected know it, and even the known reportable infections are not always reported. What we do know, however, is worrisome.

GONORRHEA AND CHLAMYDIA

Rates for gonorrhea were decreasing pretty steadily over a 10-year period well into the late 1990s, but recently have begun to increase (Fig. 4). Notice, however, that we are dealing with fewer than 100 cases/100,000 for 15 to 19 and 20 to 24-year-olds. Chlamydia is a major problem for youth in Canada, especially young women. Not only have rates consistently increased in recent years, but the scale places these rates at several hundred/100,000 for men and 1000 or more for women (Fig. 5).

Figure 4 Rates of Gonorrhea in Young Adults in Canada, 1995-2000.



*Cases incomplete, changes anticipated. Division of Sexual Health Promotion and STD Prevention and Control, Health Canada. Rates per 100,000 in each age group by sex.

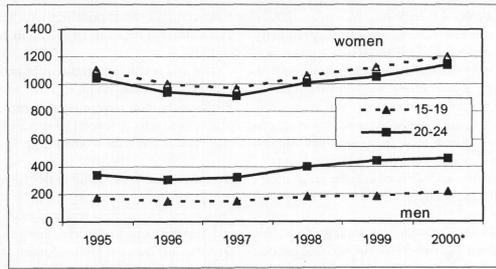
How do we compare to other developed countries?

Figs. 6 and 7 show new reported cases of gonorrhea and chlamydia in 1995/1996. For gonorrhea we are far better off than the United States, about the same as England and Wales, but well behind other western European countries that have virtually eliminated gonorrhea (Fig. 6).

For chlamydia the picture is more complex (Fig. 7). With the exception of Belgium and France, none of the other countries represented here is doing well; look particularly at Denmark, a country which has low rates of teen pregnancy, and almost no gonorrhea; rates of chlamydia among young women, however, are exceptionally high. It's difficult to find a country that is doing well here.

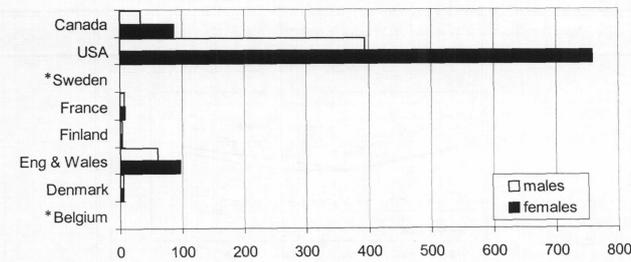
How do countries vary in their average annual rates of change in newly reported cases of gonorrhea and chlamydia from 1990 to 1996?

Figure 5 Rates of Genital Chlamydia in Young Adults in Canada, 1995-2000.



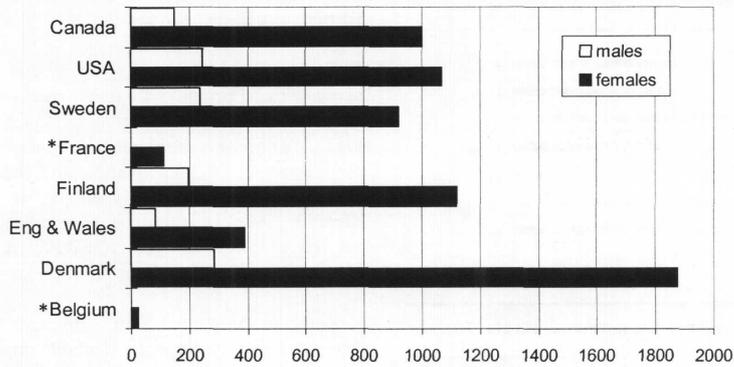
*Cases incomplete, changes anticipated. Division of Sexual Health Promotion and STD Prevention and Control, Health Canada. Rates per 100,000 in each age group by sex.

Figure 6 Annual Reported Rates for Gonorrhoea for Selected Countries, Males and Females, 15-19 Years of Age, 1995/1996.



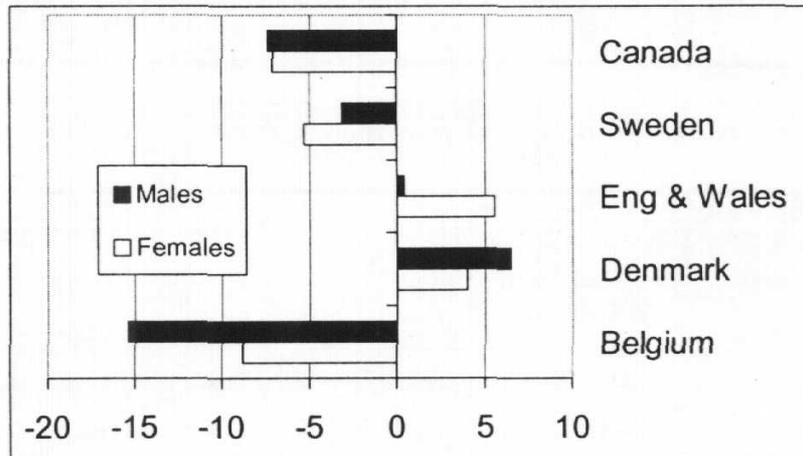
Drawn from numerical data in Panchaud et al., 2000. Rates per 100,000 in each age group by sex.
*Rates from Sweden and Belgium were too low to be visible on this scale.

Figure 7 Annual Reported Rates for Chlamydia for Selected Countries, Males and Females, 15-19 Years of Age, 1995/1996.



Drawn from numerical data in Panchaud et al., 2000. Rates per 100,000 15- to 19-year-olds by sex.
*Rates for 15-19 year old males from France and Belgium were too low to be visible on this scale.

Figure 8 Average Annual Rate (%) of Change in Gonorrhea Incidence Among Females & Males Aged 15-19 Years in Selected Countries, 1990-1996.



Drawn from numerical data in Panchaud et al., 2000.

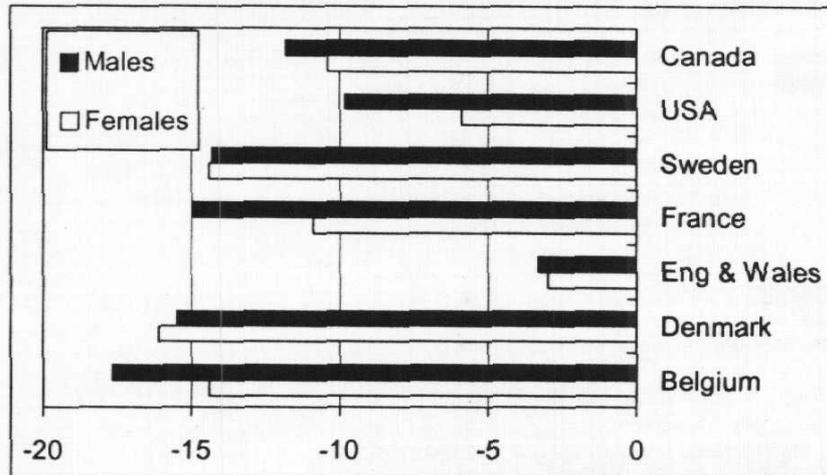
For gonorrhea Canada's rate of reduction is in the mid-range of the scale, ahead of the United States and England and Wales, but behind Belgium, Denmark, France and Sweden (Fig. 8).

For chlamydia the picture is more difficult to draw since chlamydia is not reportable in all countries, and has only just become reportable in others so the data are more meagre. From what is available (Panchaud et al., 2000), we would say that Canada is doing well. Our rate of decline is considerably ahead of England, Wales and Denmark where rates are increasing on average, and also ahead of Sweden but behind Belgium (see Fig. 9).

HIV

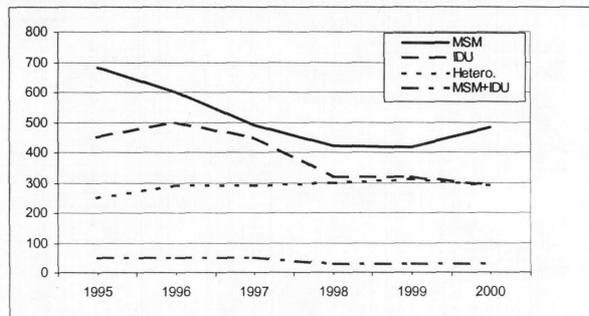
It is particularly difficult to estimate the effect of HIV on teens since it is very likely to remain undetected for many years resulting in low rates of known infection compared to the rates of silent infection among youth. What we see in Fig. 10 is that HIV that is thought to have been transmitted through sexual contact between men is rising after a prolonged downward trend and that HIV that is thought to have been transmitted through sexual contact between men and women continues to rise very slowly. What is important to recognize here is that despite some media reports that rates of HIV have stabilized, we are far from having beaten it or even brought it under control.

Figure 9 Average Annual Rate (%) of Change in Chlamydia Incidence Among Females & Males Aged 15-19 Years in Selected Countries, 1990-1996.



Drawn from numerical data in Panchaud et al., 2000.

Figure 10 Positive HIV Test Reports Among Adults in Canada by Exposure Category, 1995.



Health Canada. Surveillance Report to December 31, 2000. Values are number of positive test reports by year.

So the picture is definitely mixed in terms of STIs. The classic old ones are at low levels, but we have a particularly worrisome situation with respect to chlamydia and HIV, and we don't have data that help us assess the situation with respect to herpes or HPV.

SEXUAL PRACTICES

That brings us to the sexual practices of youth. One logical question is whether the cross-national differences in pregnancy rates and STIs are reflected in differences in sexual practices.

The 1996 Canadian National Population Health Survey (NPHS) provides the most recent data we have and includes a large nationally representative sample. We do have some excellent provincial surveys, but we can't get a national picture from these since questions were asked differently, samples were drawn differently, and not all provinces have collected their own data, and from analyzing the NPHS it is clear that things are different across provinces.

Compared to the United States, England, France, Sweden, The Czech Republic (and others), Canada is far behind in conducting research that would help inform and evaluate our programmes and policies. We tend to use data from other countries (usually the United States) and assume it applies to Canadians. That is not a good practice since it leads to invalid conclusions.

AGE AT FIRST INTERCOURSE

For organizations and agencies working with teens, a common program goal has been to find ways to get them to postpone first intercourse. The "Virginity Pledge" campaigns that are advocated in some areas are perhaps one of the most extreme examples of this goal. The goal is supported with three sorts of claims:

- (1) that teens are not emotionally or cognitively ready for sex and that many or most initiate sex because of pressure or coercion not because of personal choice,
- (2) that the longer the time young people are sexually active before they form a permanent relationship, the more likely they are to be exposed to risks of pregnancy and STIs,
- (3) that sex outside marriage is immoral (this is often the message associated with the Virginity pledge or "just say no" campaigns).

All of these claims can be disputed. In any case, it is clear that making postponement of first intercourse the sole objective of sexual health education is both ineffective and disrespectful of the core democratic right of informed decision-making.

One thing that tends to be forgotten in the discussions of age of first sexual intercourse is that there are other forms of sexual activity that teens engage in, some of which carry less risk of pregnancy and STIs, but others that carry as much or potentially greater risk. Yet, these are, by and large, ignored. And, we have almost no data at all on forms of sexual interaction other than vaginal intercourse. The one exception is anal intercourse for which we have some information, primarily about the sexual practices between young men, thanks to research funded under the AIDS initiative.

This says a great deal about what we think is really important with respect to the sexuality of our youth. Despite lots of talk about "outercourse" or forms of sexual pleasuring other than vaginal or anal intercourse, and despite claims that our concerns are with sexual health, we certainly don't think these are important enough to address in research.

Abbreviated versions of Figs. 11 and 12 have appeared previously in *The Canadian Journal of Human Sexuality* (Maticka-Tyndale et al., 2000). They merely illustrate what you probably already know that more young people are initiating vaginal intercourse at younger ages with each new birth cohort and that this trend toward decreasing age is greater among women than men. But what we have to keep in mind is that the median age of first intercourse for both men and women is 17 and this has been the case for women since the cohort born between 1967 and 1971 (today they are 33 or younger) and for men the cohort born between 1952 and 1956 (today they are 49 or younger). For the most recent data we have, what does the median age of first intercourse tell us? If we look at a group of teens who are 17 years of age, we are probably looking at a group where half have experienced vaginal intercourse. If the group is 16 years of age about 40% have experienced intercourse, at 15 years about 25% for women and 20% for men. Below 15 years we have between 10% and 13% initiating intercourse. In fact, based on the latest data in the National Longitudinal Survey of Children and Youth it looks like less than 2% initiated intercourse before 14 years of age.

So age has been decreasing but there is a clustering of first vaginal intercourse between 16 and 18 years of age. Very few Canadian youth begin before 15 and it is rare to find a 14-year-old who has had intercourse. It's important to spend time on this because depending on how statistics are presented it can look like many very young teens are sexually active and that simply isn't the case. Also, when statistics are presented for teenagers in general, or all high school students, or teens between 15 and 19 years of age, what is being lumped together into that single category is youth with very different experiences. Most of those at the bottom end of the age range are not sexually active while most of those at the top end are. Those who work specifically with groups of