

## Sexual health and Canadian youth: How do we measure up?

**Author:** Maticka-Tyndale, Eleanor

**Publication info:** The Canadian Journal of Human Sexuality 10.1/2 (Spring 2001): 1-17.

[ProQuest document link](#)

**Abstract:** Maticka-Tindale assesses the current sexual health status of Canadian youth in relation to sexually transmitted infection, pregnancy rates and sexual practices. She begins with a discussion of the social and historical context of adolescence and adolescent sexuality in Canada.

**Links:** [Linking Service](#)

### Full text: Headnote

ABSTRACT: This paper assesses the current sexual health status of Canadian youth in relation to sexually transmitted infection, pregnancy rates and sexual practices. The paper begins with a discussion of the social and historical context of adolescence and adolescent sexuality in Canada. Of particular importance in understanding adolescent sexuality is that, at present, our society postpones the transition from adolescent to adult status well beyond the point of biological readiness for sexual activity. Insights are drawn from international comparisons of adolescent sexual health indicators, and priorities for adolescent sexual health research and promotion are discussed. Among these priorities are Canadian-based research on adolescent sexual health, greater collaboration among Canadians working to promote adolescent sexual health and, most importantly, a commitment to listen to our youth when developing programs and services.

### Headnote

Key words: Canada Adolescence Sexual health International comparisons

### Headnote

ACKNOWLEDGEMENT: This paper was adapted from the author's keynote address to the 23rd Annual Guelph Conference and Training Institute on Sexuality, University of Guelph, Guelph, Ontario, Canada, June 2001.

### INTRODUCTION

A young woman leaves school to enter the labour force full-time at 14 years of age. By 16 she has met the 'love of her life' whom she marries just before her 17th birthday. Before she turns 18 she has given birth to her first child.

What are you thinking about this young woman and her child? If I told you the year she gave birth was 1914, would your thinking change?

We hear a lot about the problems of teen sex-- particularly teen pregnancy and sexually transmitted infections. We most often think of teens as biologically, cognitively, and socially unprepared for parenting or even, some would say, for being sexually active. Let's take a look at this for a moment: biologically, a woman's fertility begins declining in her mid-twenties and in less than a century the mean age of menarche declined from 14.8 in the 1890s to 12.5 in 1988 (Forrest, 1993; Wyshak & Frisch, 1982). This seems to suggest that biologically, somewhere in their teens women are ready to bear children and consequently to be sexually active. Young men have seen the same decline in spermarche (when they first produce viable sperm) (Atwater, 1992).

What of cognitive and social development? Cognitive and social development are very much a consequence of two factors. First, our child rearing practices and treatment of our teenagers; second, how we structure our society in terms of education, access to information and resources, entry and acceptance into an adult status, and economic dependence or independence. Child, adolescent, adult--when we look to our own history as well as cross-culturally we realize that these statuses are social constructions far more than they are dependent on biological markers. The young woman who was ready for the labour force, i.e., to take on an adult status, in her

early teens just 3 or so generations ago, didn't even need a high school education to get a job. She had typically been sharing in the responsibility of family care since she was a young child. She fit into the social expectations of her family and community and was a responsible, adult member of society often before she reached 18 years of age.

Today things are very different. We postpone entry into adult status and prolong adolescence. Let's be clear about this-these are social developments that are not tied to biology. Though young men and women enter puberty before they enter their teens, the average age of marriage is approaching 30 (Milan, 2000). This means that by the time they marry young people have been biologically capable of reproduction for more than half their lives. It also means that by the time most women marry, their fertility has already begun to decline.

Whether it is industries looking for university graduates to work "on the line", cities preferring to hire university grads for police and fire-fighting work, or school boards that require teachers to have at least one university degree rather than the normal school completion required less than 50 years ago, a university degree is becoming the requirement for more and more jobs. So, by the time youth are ready to enter the labour force, college and/or university degree in hand, they are in their early to mid-twenties. Biologically they are and have been adults for several years. Yet they have been kept in a state of social and economic dependency and immaturity - Judging by population data, many face several years yet before they are likely to marry. Add to all of this: a heightened focus on sex and sexuality in the marketplace;

- \* an increase in the time that youth are without adult supervision, a result of 2 career couples and rising divorce rates;

- \* an increase in mobility and urbanization and the accompanying increase in anonymity;

- \* a greater amount of money in the hands of youth despite the persistent presence of poverty and low income among 1/4-1/5 of Canadian families;

- \* an increase in commercialization of entertainment;

- \* globalization and the availability of and exposure to a huge amount and diversity of information and images as well as relatively anonymous communication with far-flung others;

- \* increasing uncertainty about the future.

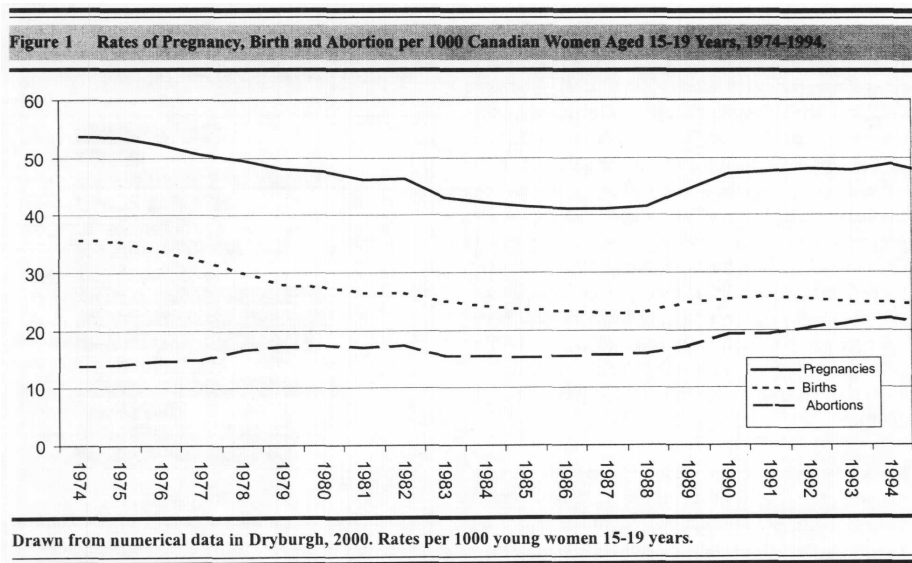
Clearly, young people are ready to be sexually active and are faced with a diversity of messages and pressures that encourage them to be sexually active well before they are likely to establish a long-term permanent relationship.

How are young people responding to all of this in terms of their sexuality? How do our youth compare to those of other countries?

Before we turn to these questions, I want to return briefly to the young woman at the beginning of this introduction. I chose this example (by the way, it's a true story, that was my grandmother) to illustrate the fact that sexual activity in the teenage years is not something new. It has been relatively common throughout history and continues to be common if we look across cultures. Even childbearing during the teenage years is not uncommon when we look crossculturally and cross-historically. What is new is the length of adolescence-that time between childhood and entry into roles that are markers of adulthood (such as husband, wife, or parallel status; employee in a permanent job; rentee or mortgagee). Adolescence is now a time when one is biologically mature but kept socially (and cognitively) immature, i.e., not yet ready to be an adult. I also wanted to illustrate that our impressions of what is desirable and undesirable in terms of sex and adolescents is Very local, very specific to a moment in time, a group of people, and a place on the globe-it is not universal. It is also political. If you doubt this I suggest you spend time discussing approaches to adolescent sexuality with colleagues from other countries. It becomes apparent rather quickly that how we view adolescent sexuality and what we see in the consequences of teenage sexual activity has a pretty strong connection to our policies in areas that seem very distant from teenagers and their sexual activity; policies related to the labour force and employment, employee benefits, education, social and health services. It's also rooted in our understanding of the rights of

citizens. I am in no way devaluing concerns about teenage sexuality. I am, however, trying to place our concerns within an historical, social and cultural context.

When we speak of concerns about teenage sexual activity, what often comes to mind is teen pregnancies and sexually transmitted infections.



What I also hear is concern over the length of time teens are sexually active before they settle into a longterm relationship; the apparent casualness of some of their sexual encounters, and the number of them; and gay, lesbian and bisexual youth-how they are handling their growing sexual awareness, the homophobia they are likely to encounter in their communities and schools, how they are connecting to others and developing a sense of their own identity. Let's take a look at these issues and place Canada into the international context wherever that is possible.

### PREGNANCY

What we see in Fig. 1 is generally good news for Canada. For the most part, pregnancy rates are coming down. There are a few 'blips' in the trend but that is almost always the case with long-term population data. It's interesting that the rise in pregnancies in the late 1980s and early 1990s that we saw in Canada coincided with a similar rise in many other countries. This suggests that something was going on at these times that caused pregnancy rates to temporarily rise a little and this something was probably pretty uniform across western societies. This could be an interesting area for research if graduate students are looking for a thesis topic.

Another piece of good news is the decline in births to teenage mothers. Most teens who get pregnant recognize that the social and economic structure of Canada in the latter 20th and early 21st century requires a prolonged period of adolescence in order to complete enough education to fit easily into the labour force. Thus, teenage is not the best time to become a parent and teens are using that long fought for right to abortion.

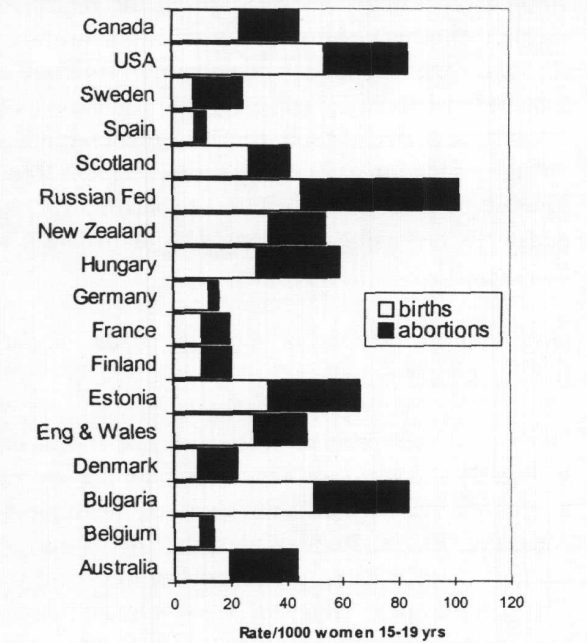
How do birth and abortion rates in Canada compare to other countries?

Our rates of teen pregnancy (the full size of each bar in Fig. 2) and birth are far better than our closest neighbour, the United States, about the same as Australia, England and Wales, and Scotland, but compared to France, Germany, Belgium and the northern European countries, we would have to say that if postponing childbearing until young women are out of their teens is desirable, we have room for improvement (Singh & Darroch, 2000).

Not so good news is how much we've improved relative to other countries. Fig. 3 shows changes in rates of pregnancy between 1970 and 1995-the same countries with low pregnancy rates have had greater decreases than Canada. Those with the same rates as Canada have changed about the same. And the United States, with the highest current rates has seen the least change. There are other countries where pregnancy rates have increased, most notably Russia and countries of the former Soviet Union. However, for countries we usually

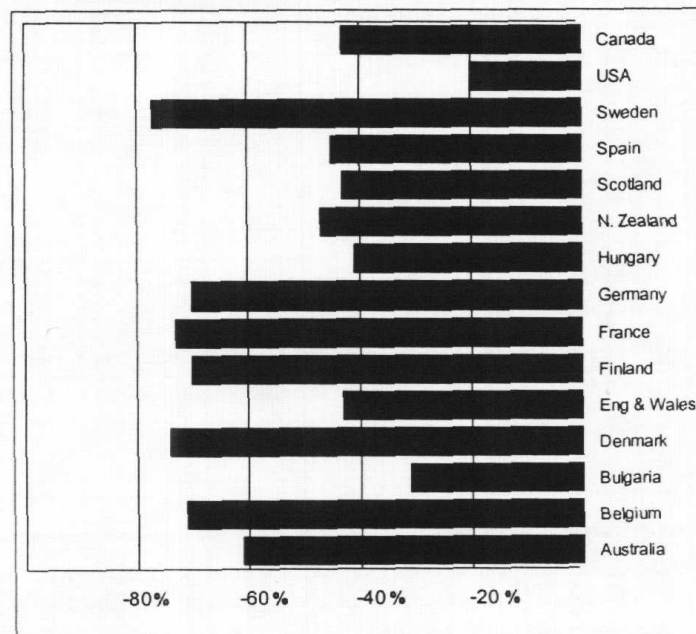
take as a point of comparison, teen pregnancy rates are coming down, in some faster than in Canada (Singh & Darroch, 2000). On the plus side again, pregnancy rates in Canada dropped from 47.1/1000 in 1995 to 42.7/1000 in 1997 (Dryburgh, 2000).

**Figure 2 Rates of Births & Abortions/1000 Women Aged 15-19 Years for Selected Countries, 1995 and 1996.**



Drawn from numerical data in Singh & Darroch, 2000.  
Rates per 1000 women 15-19 years.

**Figure 3 Percentage Change in Birth Rates, 15- to 19-Year-Old Women in Selected Countries, 1970-1995.**



Drawn from numerical data in Singh & Darroch, 2000.

In the past, teen pregnancies most typically resulted in marriage or in placement of the child for adoption. Today, the most common choices are abortion and single parenthood (Daly & Sobol, 1993). Single parenthood is generally not seen as good news because of higher rates of poverty, shortened education of mothers, and a greater risk of poor health, functioning and well-being outcomes for both mothers and children. There is extensive research documenting the poor outcomes for teen parents, most of it from the United States where this is a larger problem than in Canada. It should be noted that such outcomes may be correlated with pre-existing social disadvantage and are not always or necessarily caused by early parenthood (Bissell, 2000). Some preliminary research using Canada's Longitudinal Survey of Children and Youth suggests that the picture is not nearly so negative for children born to teen moms in Canada. They have a rough start, but when multivariate analyses are used to identify the specific influences on outcomes, it appears that before they begin school there are no noticeable differences in social, emotional and cognitive development between the children of teen moms and of older moms. And, family environment, which is the major area of improvement for teen moms during those first few years, far more than the age of the mother, is the major source of influence on outcomes for children (Dryburgh, 2001).

#### SEXUALLY TRANSMITTED INFECTIONS

What about sexually transmitted infections (STI)? Well, the picture has also changed here historically. In Canada, we are on the verge of eliminating the old dreads like syphilis (see Wong & Jordan, 2000). However, there are new concerns, primarily chlamydia, human papilloma virus (HPV), gonorrhea, herpes, and HIV. Chlamydia is a particular concern. It often remains asymptomatic. For women this means that infection may be present for a considerable number of years prior to detection, resulting in serious damage to the reproductive tract. Serologic studies conducted in Canada lead to the conclusion that 64% of tubal infertility and 42% of ectopic pregnancies are attributable to chlamydia (Davies & Wong, 1996). Chlamydia isn't the only concern. Strains of the HPV are related to an increased risk for cervical cancer. Herpes transmitted from an infected