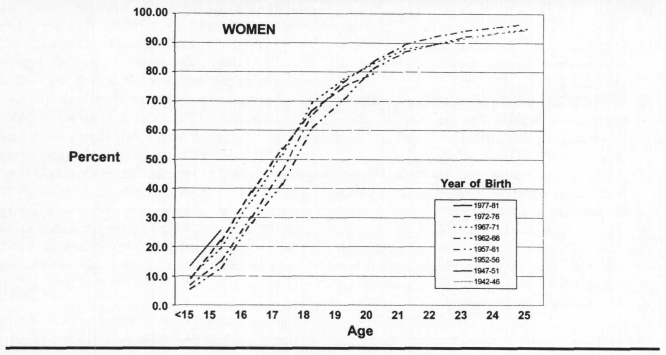
youth at the upper end may have a different set of concerns than those who work with late starters. How do we compare internationally with respect to change in age at first intercourse?

Countries like the United States, France and Great Britain have seen an increase in the proportion of youth who initiate sexual activity sometime during their teens (Fig. 13). Sweden has seen a decrease. However, more Swedish youth begin sexual activity in their teens than youth in the other countries represented here. Canada is similar to the first set of countries but continues to have slightly lower proportions of youth initiating sexual activity in their teens.

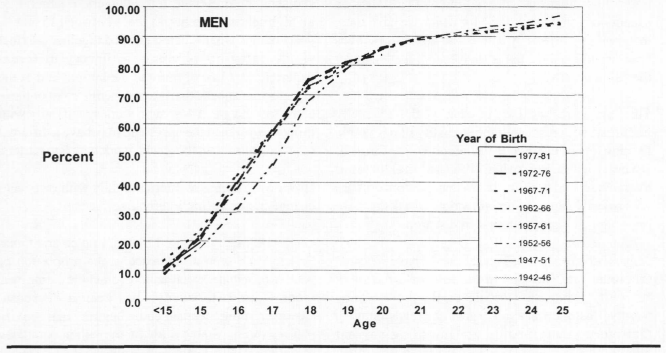
Looking at data for a larger number of countries and considering the percentage who had intercourse before the age of 16 years (Fig. 14), we see that Canadian men are at the low end and women are about in the middle.

**Figure 11 Cumulative Percentage of Canadian Women who had Participated in Sexual Intercourse at Each Age.**



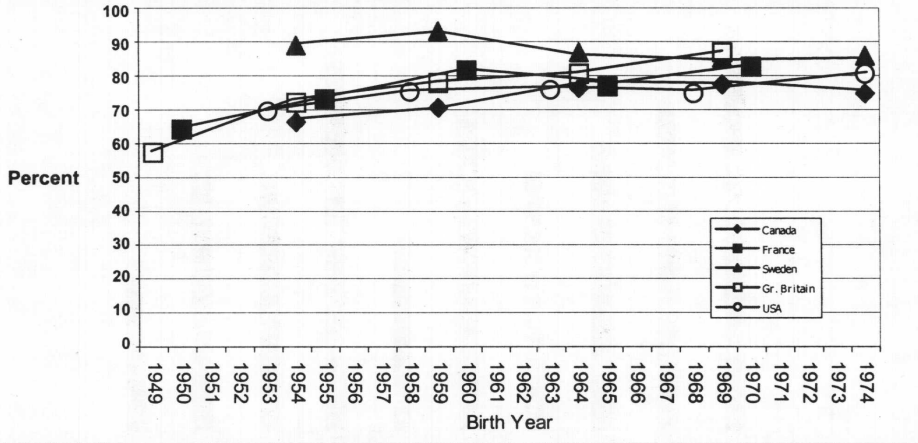

Maticka-Tyndale et al., 2000.

**Figure 12 Cumulative Percentage of Canadian Men who had Participated in Sexual Intercourse at Each Age.**




Maticka-Tyndale et al., 2000.

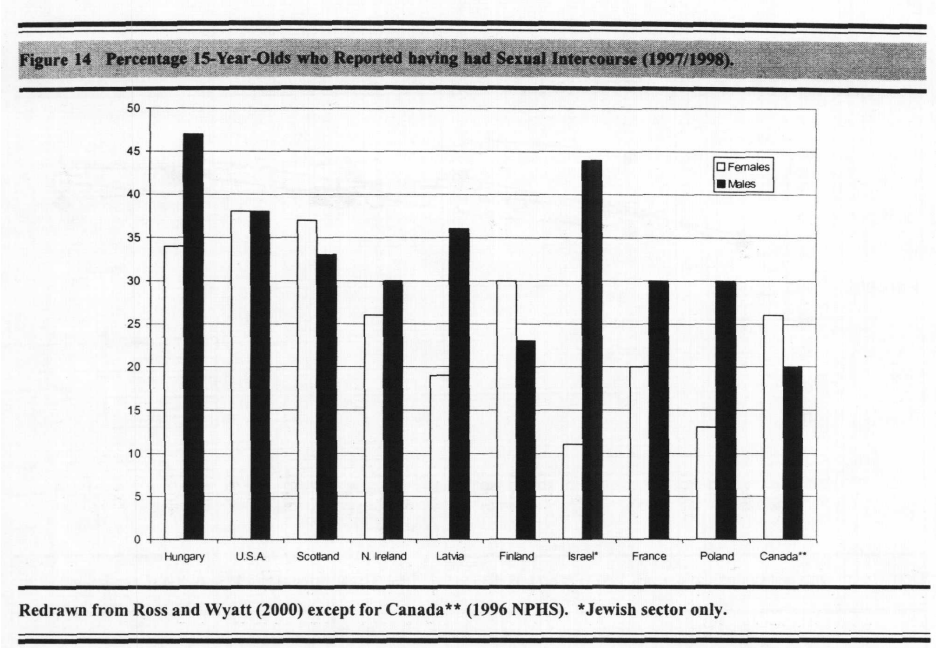
**Figure 13 Percentage of Women in Selected Countries who Initiated Intercourse Before Age 20 by Birth Year.**




Drawn from sources including Bajos et al., 1997 (France), Wellings et al., 1994 (Great Britain) and 1996 *NPHS* (Canada).

In summary,
1) Adolescents in most developed nations initiate vaginal intercourse some time in their teens.
2) This is somewhat less likely for Canadian youth than youth in the other countries we've been looking at and especially less likely for Canadian men under 16 years of age compared to men under 16 in the other countries.

What does this signal in relation to the findings already discussed on pregnancy and STIs? We have fewer sexually active teens than Great Britain but approximately the same rate of teen pregnancies and about the same rate of gonorrhea and a higher rate for chlamydia. We have fewer sexually active teens than France or Sweden, but higher rates of teen pregnancies and gonorrhea than both countries. Our rate of chlamydia is higher than France though about the same as Sweden. It seems that it isn't "having sex" that necessarily leads to STIs or pregnancies, nor does it seem that teens are necessarily unable to handle disease or pregnancy prevention, otherwise the picture wouldn't be so different in other countries. It seems that our teens are not doing as well at selfprotection as teens in these other countries.
What can we say about Canadian youth who are likely to initiate intercourse at a younger age? Who are they? They are youth who are not in school, are from lower income households and are born in Canada rather than immigrants to Canada (Maticka-Tyndale et al., 2000). Clearly, this is not a random sample of Canadian teens. This profile parallels that ofyoung women who become single mothers.
Half of young people do not initiate sexual intercourse until after their 171 birthday-approximately 3/4 do not initiate until their 1611 birthday or later. Surveys of attitudes of adult Canadians consistently show a difference in our acceptance or comfort with sexual activity of our teens; over 16, acceptable, under 16, not acceptable (Bibby, 1995; Widmer, Treas &Newcomb, 1998). The vast majority of teens are thus following the expectations that adults hold for them. What of the very young sexually active teens? Research suggests that they are a distinct subset of adolescents who differ from the majority not only in their sexual practices, but in a variety of other ways as well. This is not to ignore them, but to suggest that we need to look carefully at who they are and what factors contribute to early sexual activity.




CASUALNESS
Another area of concern is the number of sexual partners that young people have and the apparent casualness of these encounters. From earlier research we know that youth generally move through a pattern of serial monogamy-they are with one partner for a period of time and when that relationship ends they eventually move on to another partner. However, we also. know that some youth occasionally engage in sex outside that primary

relationship. This could be in conjunction with travel as on spring break or summer trips (e.g. Mewhinney et al., 1995; Maticka-Tyndale et al., 1998), or with time spent away from the primary partner such as when they have a summer job or a semester away, or it could be a casual encounter (Herold &Mewhinney, 1993). How youth view numbers of partners and the degree of casualness or commitedness in a sexual partnership, how different forms of sexual partnering fit into their sexual scripts or self perceptions, has not been examined in research. We don't know what youth think about this. The best that we have is some data on number of partners in the past year, a pretty meagre piece of information, but here it is.

Most sexually active teens have had one partner in the past year. About 114 of women and between 31% and 38% of men who are in their teens seem to report two or more partners in a year. However, the cumulative number of partners a teen has can add up over the years and, unfortunately, we have little research on longer term patterns of adolescent sexual behaviour (Institute de la Statistique du Quebec, 2001; Langille, 2000; Maticka-Tyndale et al., 2000).

How do we compare internationally?

The data in this area are so poor, that not much can be said other than it looks like Canadian youth are not much different from youth in other developed countries.

**Table 1 Number of Intercourse Partners in Past Year.**

| | Males | Females |
|---|---|---|
| NPHS 1996[1] | | |
| 15-17 years - > 1 partner | 31% | 24% |
| 18-19 years - > 1 partner | 38% | 24% |
| Nova Scotia 1996 - Gr 10-12[2] | | |
| 15-18 years > 2 partners | 20% | 17% |
| Quebec 1998[3] | | |
| 15-19 years > 1 partner | 32% | 33% |

[1]Maticka-Tyndale, 2001; [2]Langille, 2000; [3]Institut, 2001.

Who are the youth that are more likely to have more partners? What we see again, is that those not in school and with lower household incomes tend to report more partners. In addition there are considerable variations across ethnic groups and in some ethnic groups between men and women (e.g., Maticka-Tyndale et al., 1996).

Finally, there is some research on specific contexts that contribute to casual sexual encounters (and the consequent increase in number of partners). What kind of contexts? The examples that follow are smallscale studies so the results are only suggestive. The contexts they describe include:

* Certain peer subcultures which value casual sexual partnerships;
* Raves and bars, both because they involve meeting new people and the presence of alcohol or drugs that may reduce inhibitions (Adlaf &Smart, 1997; Herold &Mewhinney, 1993);
* Travel and vacation, both of which bring new people in contact, and take the traveller or vacationer away from usual normative frameworks (e.g., Maticka-Tyndale &Herold, 1997; Maticka-Tyndale et al., 1998; Mewhinney et al., 1995; Smeaton &Josiam, 1996);
* Alcohol and drugs because they affect inhibitions, and in the case of drugs may be associated with the sex-for-drugs trade (e.g., Desiderato &Crawford, 1995; Graves, 1995; Leigh, Temple, &Trocki, 1994; McEwan,

McCallum, Bhopal, &Madhok, 1992);
* Living on the streets because for youth on the streets, sex often becomes a necessary survival tactic (e.g., Roy et al., 2000a; Roy, Nonn, &Haley, 2000b);
* Marginalization, because youth who are marginalized and kept out of dominant peer and community networks may search for belonging and intimacy in sexual encounters. They are also, together with youth living on the streets, often subject to sexual exploitation.

GAY, LESBIAN AND BISEXUAL YOUTH

Most research on gay, lesbian and bisexual (GLB) youth has been conducted in the context of HIV/ AIDS. What we know is primarily from studies in Vancouver, on Vancouver island, Montreal and certain areas of Ontario (e.g., Heath et al., 1999; Otis et al., 2001; Samis &Whyte, 1999; Trussler, Perchal, Barker, &Showleret, 1999):
* Most GLB youth remain closeted in school and with friends;
* Often they are also closeted at home. Many are rejected by families if they come out with rejection as extreme as being kicked out of the house and left to live on the streets;
* Adolescence is a time when all youth struggle with issues of identity, sexual scripts and selfesteem. This is heightened for GLB youth who have few role models, media images or other points of reference for who they are and what that means. The images portrayed in the media are ones with which many prefer not to identify;
* After years of decreases in new HIV infections among men who have sex with men we have recently seen an increase, and particularly among young gay men;
* Vancouver research has documented the same trends of higher suicide rates found in American research among gay youth. These together with higher rates of substance abuse are attempts to escape from a present and future that appear untenable;
* The good news is that GLB youth who have friends who accept them for who they are report an immense sense of empowerment as a result;
* Programs and drop-ins now found in most cities also have a strong positive influence. Again, such programs have come about primarily in response to and with assistance from AIDS money.

I find it quite telling that virtually the only research we have on GLB youth is as a result of funding for HIV/AIDS prevention. There is a huge amount we need to learn if we are to provide good quality education and services for our youth. In qualitative needs assessments conducted with all youth (regardless of sexual orientation) there is repeated reference on the part of youth to their desire and need for more information about gay, lesbian and bisexual issues. Coming out, relationships, identity, are mentioned by adolescents as information and discussions they want to have regardless of their own sexual orientation (e.g., Caputo, 2000).

GOOD OR BAD NEWS?

I've presented a considerable amount of data on teens and sexual health and sexual practices. What's the bottom line? Are we in the midst of a disaster in teen sexual activity? I would suggest that in many ways we aren't. Most teenagers are following the normative patterns that are evident in the attitudes of Canadian adults with respect to teen sex and sexual health and this applies to when, for example, they first initiate sexual intercourse.

It is important to note that the use of condoms for disease protection and contraception to prevent unwanted pregnancy has seen major increases. In the NPHS, 70% of teenage women and 81% of teenage men report they used a condom at last intercourse (which is the best measure we have in survey research of condom use). Condom use is higher for younger than older teens, and it is highest in casual encounters or sex with new partners. All of that is precisely what we should hope to see. Is condom use 100%? No, and it isn't likely it will ever be. We tend to think and talk as if risk is 100% preventable but that isn't the case for any risks. Is there room for improvement? Of course there is and improvement is what those of us working to promote adolescent health must continually strive for.

So, do we have cause for celebration?

Yes, in some instances, but not if we consider that poor sexual health outcomes are not randomly distributed in the teen population. Certain groups of teens are decidedly disadvantaged, and these tend to be teens who are already marginalized, disenfranchised in terms of accessing the full range of resources and potential we consider available in our society. They are marginalized because of their sexual orientation, their social class, their race or ethnicity, or the place they live. These are issues far broader than sexual health per se and yet they are issues that are persistently found to affect the sexual health of our youth as well as that of adults.

If we are to compare ourselves to other countries, those most appropriate for such comparison are probably Great Britain, Australia and possibly France because of statistical similarities for some measures of adolescent sexual health. Those who are decidedly better are the northern European countries. We have known for some time that these countries are by far the world leaders in adolescent sexual health. France may also be included as a leader in some of these categories.

The United States presents such a different profile that we should be especially cautious of using research data from our closest neighbour to reflect on the Canadian situation. We are very different!

WHERE DO WE GO FROM HERE?

First, we need to do our own Canadian-based research on adolescent sexual health rather than borrowing conclusions from research in other countries that may not apply to Canadian youth. Second, we need greater collaboration and networking among Canadian health professionals and educators working to promote adolescent sexual health as opposed to working in isolation as we so often do now. Third, and most important, we need to listen to our youth. In qualitative research that has consulted youth in British Columbia, Alberta, Ontario, Quebec, Nova Scotia (there are probably other studies as well) youth consistently tell us they need sexual health education that talks more about feelings, arousal, foreplay, weighing alternatives and making choices, gay and lesbian lifestyles and identity, confidential access to information, contraception and condoms. They also want sexual health education that is respectful of their choices (Caputo, 2000; Langille, 2000).

Youth consistently tell us they feel competent to make healthy choices about their sexuality. They are making those choices, whether we like it or not. What they want from us is to be treated as adults. Though we may continue to restrict their access to adult status in terms of jobs, homes, and economic independence, in this domain it is essential that we recognize their adulthood.

We can learn from those countries that are doing better than we are. In recent work that I have been involved in with researchers from France, Sweden, Great Britain and the United States, one of the lessons I learned was that how well a country was doing with respect to the sexual health of their youth was not only related to things like sex education and availability of sexual health services but to how youth were integrated into their communities and into society as a whole, how the concerns and needs of youth in areas that they themselves felt were most important (i.e., education, preparation for the labour force, family relationships, community involvement) were addressed. And related also to how sexuality, sexual needs, sexual health, and relationship and family needs, for people of all ages, were viewed and provided for in the society. A number of recent publications provide documentation for these and earlier observations concerning the sexual health of youth in developed countries (Darroch, Frost, Singh, &the Study Team, 2001; Darroch, Singh, Frost &the Study Team, 2001; Maticka-Tyndale, McKay, &Barrett, 2001; Singh, Darroch, Frost &the Study Team, 2001; The Alan Guttmacher Institute, 2001).

Sex isn't something that can be isolated from the rest of our lives. What happens in our families, communities, schools, and jobs, the policies formulated in the areas of child care, health care, labour force, immigration, social regulation and control, all have an impact here. And, if we look carefully, we see that impact reflected in the sexual health of our youth.

**References**

References

**References**