

Sexual Health

INTRODUCTION

Sexuality is an important aspect of health in youth and adulthood. Sexual activity, especially unprotected sexual intercourse, can lead to unwanted pregnancies, increased risk of sexually transmitted diseases (STD) and, in some cases, increased risk of cancer. In Canada in 1995, youth STD rates were three to four times higher than those for all ages.⁷¹ The risk was particularly high for youth between 15–19 years, and especially for females of this age group. In Canada in 1996, females aged 15–19 years had the highest reported rates of chlamydia and gonorrhoea infections of any age group.⁷²



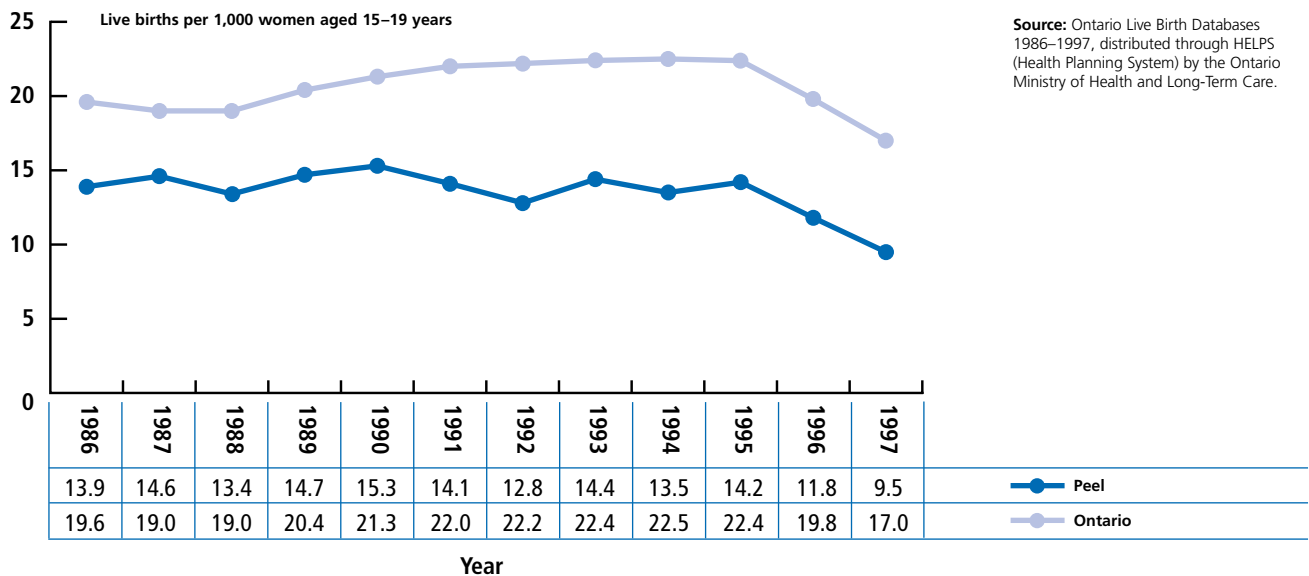
This section of the report presents data on births, pregnancies and abortions, sexual activity and the incidence of sexually transmitted diseases among youth aged 15–19 years. Where Peel data are unavailable, Ontario data are presented.

TEEN BIRTHS, ABORTIONS AND PREGNANCIES

Births

Between 1986 and 1996, age-specific fertility rates for Peel teenagers (aged 15–19 years) were consistently lower than those for Ontario. Peel's rates of teen births have declined from a high of 15.3 births per 1,000 teenage women in 1990 to a low of 9.5 births per 1,000 in 1997 (see Figure 10.1). In 1997, there were 294 births to teenagers aged 15–19 years.

Figure 10.1—Age-specific Fertility Rates, Young Women Aged 15–19 Years, Region of Peel and Ontario, 1986–1997



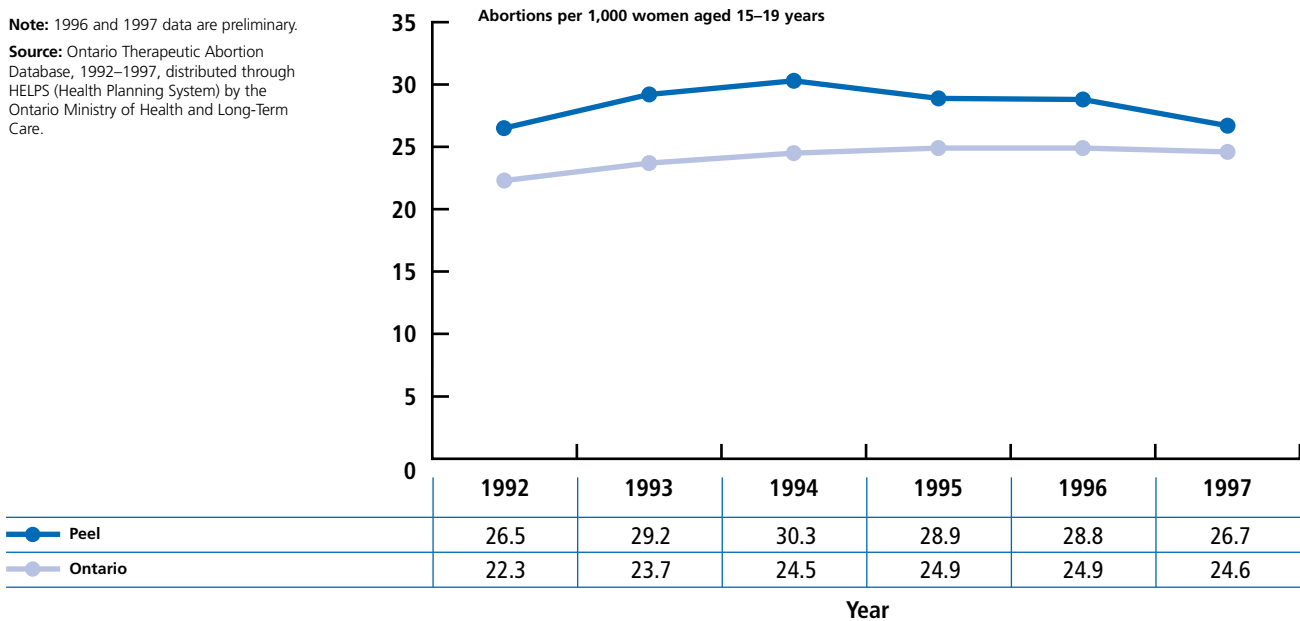
Therapeutic Abortions

The Ontario Therapeutic Abortion Database includes therapeutic abortions performed in hospitals and clinics. Abortions performed outside the country were not captured; however, Statistics Canada information for 1995 indicated only 0.4% of abortions for Canadian women were performed in the United States.⁷³

Teen abortion rates in Peel increased between 1992 and 1994, but have shown a slight decline since that time. Rates in Ontario have remained relatively constant. Peel rates were higher than those of the province, as shown in Figure 10.2.

Figure 10.2—Therapeutic Abortion Rates, Young Women Aged 15–19 Years, Region of Peel and Ontario, 1992–1997

Note: 1996 and 1997 data are preliminary.
Source: Ontario Therapeutic Abortion Database, 1992–1997, distributed through HELPS (Health Planning System) by the Ontario Ministry of Health and Long-Term Care.



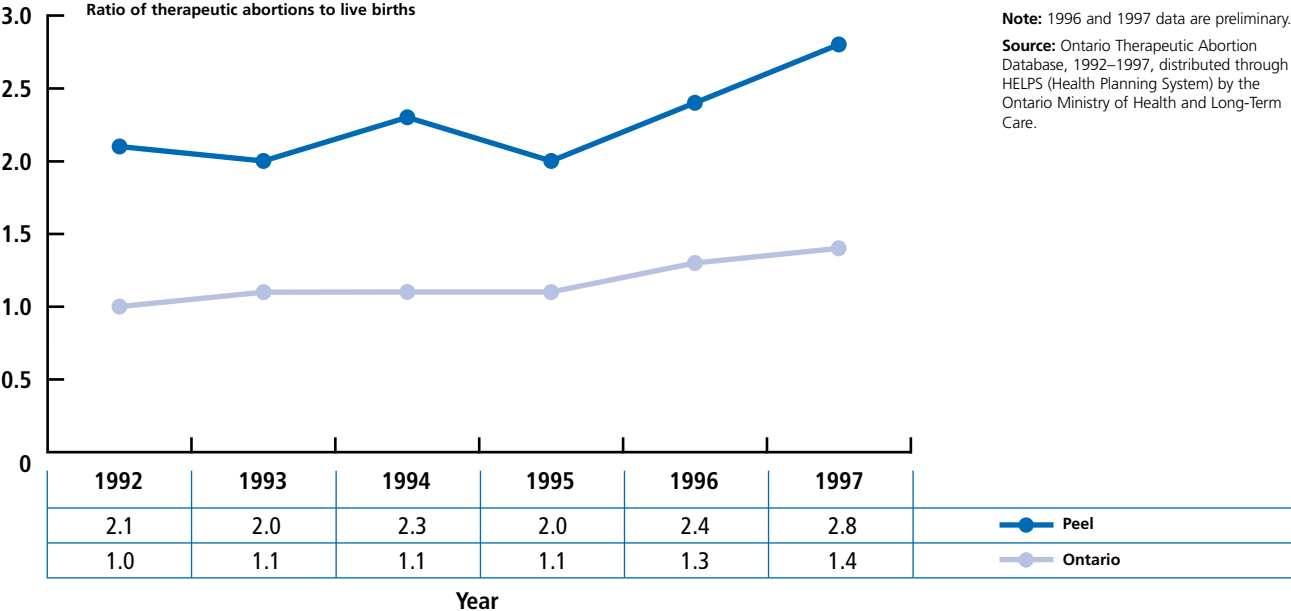
The therapeutic abortion ratio is defined as the number of abortions per live births and helps describe how many women are having abortions versus carrying their baby to term.

Pregnant teenagers in Peel were far more likely to have an abortion than carry to term and deliver, as demonstrated by a therapeutic abortion ratio of 2.0 abortions per live birth or higher during the years 1992–1997 (*see Figure 10.3 on following page*). The abortion ratio for teens increased during this period and was consistently higher than the ratio for Ontario.

Higher abortion rates in Peel, not just among teens but among women of all reproductive age groups, might be partially explained by the greater availability of abortion services in the Greater Toronto Area as compared to

the rest of the province. A recent analysis of teenage pregnancy rates in Ontario reported similar results—abortion rates rose over the period 1990–1995, especially for those performed in clinics.⁷⁴ Several reasons were proposed to explain the increase in the rate of clinic abortions. These included changes to Canada’s abortion laws in 1988 and 1991, the elimination of fees with the funding of free-standing clinics in Ontario in 1991, and a possible preference for the anonymity and support provided in clinic settings.

Figure 10.3—Therapeutic Abortion Ratios, Young Women Aged 15–19 Years, Region of Peel and Ontario, 1992–1997



Pregnancy

Teenage pregnancy rates are defined as the combined total number of live births, stillbirths and abortions per 1,000 women aged 15–19 years. This rate does not include miscarriages or “spontaneous abortions” for which accurate data are more difficult to obtain. The data also did not capture therapeutic abortions that occurred outside of Ontario, although those numbers were likely small.

Teenage pregnancy rates in Peel for the period between 1993 and 1997 were slightly lower than those of the province as a whole, decreasing from 44 to 36 pregnancies per 1,000 female population 15–19 years. In 1997, there were a total of 1,122 pregnancies in teenagers aged 15–19 years in Peel.

In Ontario, teen pregnancy rates also decreased from 47 to 42 pregnancies per 1,000 population 15–19 years. This is consistent with trends in pregnancy rates for all women aged 15–49 years.

SEXUAL ACTIVITY

According to the Ontario Health Survey (OHS) 1996/97, 31% of Peel youth aged 15–19 years reported ever having had sexual intercourse, compared with 37% for Ontario (*see Table 10.1*). The proportion of males and females that had ever had sexual intercourse was similar.

Table 10.1—Proportion of Population Aged 15–19 Years that Reported Having Had Sexual Intercourse, by Sex, Region of Peel and Ontario, 1996/97

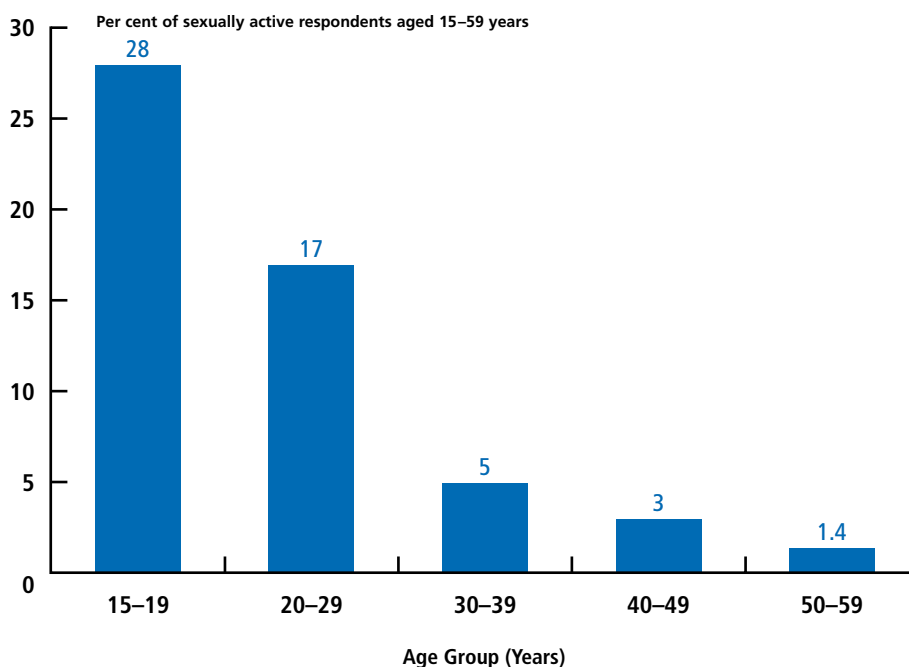
Sexual Activity	Region of Peel			Ontario		
	Male	Female	Both	Male	Female	Both
Ever had sexual intercourse	NR	NR	31%	37%	36%	37%
Never had sexual intercourse	NR	NR	54%	54%	53%	54%
Refused to respond	NR	NR	NR	8%	11%	10%

NR= Not released due to small numbers.

Source: Ontario Health Survey (OHS) 1996/97, distributed by the Ontario Ministry of Health and Long-Term Care.

In Ontario, a higher proportion (28%) of teens aged 15–19 years reported having multiple sexual partners in the past 12 months than older age groups (*see Figure 10.4*).

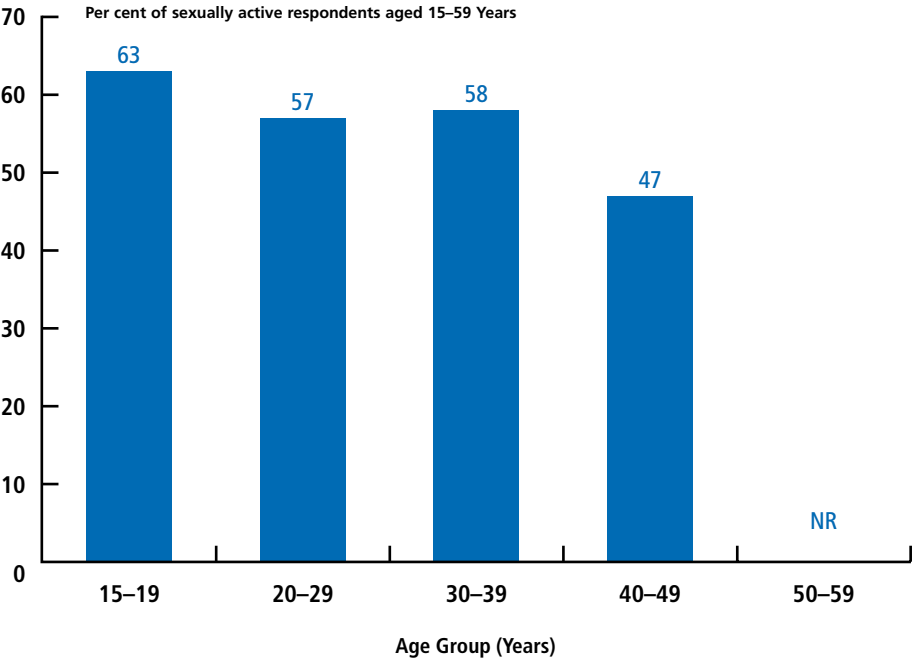
Figure 10.4—Proportion of Multiple Partners by Age Group, Ontario, 1996/97



Source: Ontario Health Survey (OHS) 1996/97, distributed by the Ontario Ministry of Health and Long-Term Care.

Figure 10.5 shows the proportion of sexually active respondents in Ontario by age group who reported using a condom in the past 12 months. Peel data could not be released due to small numbers. “Using a condom” includes use by either a male or female during intercourse. A slightly higher proportion (63%) of those in the youngest age group (15–19 years) reported always using a condom compared to those in older age groups.

Figure 10.5—Proportion of Population Who Always Used a Condom in Past 12 Months* by Age Group, Ontario, 1996/97



* in a relationship lasting less than 12 months.
 NR= Not released due to small numbers.
 Source: Ontario Health Survey (OHS) 1996/97, distributed by the Ontario Ministry of Health and Long-Term Care.

SEXUALLY TRANSMITTED DISEASES

Sexually transmitted diseases (STDs) can be caused by bacteria or viruses that are found in the blood, semen or vaginal fluids of an infected person.⁷⁵ Transmission can occur from person-to-person during any kind of sexual intercourse (vaginal, anal or oral), by sharing needles or personal belongings (razors, etc.), or by tattooing and body piercing with unsterilized equipment.⁷⁵ Some STDs cause sores and touching the sores can spread the infection.⁷⁵

Chlamydia, gonorrhea, syphilis, acquired immunodeficiency syndrome (AIDS), hepatitis B and hepatitis C are STDs which are legally reportable to the local Medical Officer of Health under the *Health Protection and Promotion Act (HPPA)*.⁷⁶ For this report, Reportable Disease Information System (RDIS) data on the most common STDs in Peel—chlamydia, gonorrhea and hepatitis B—were obtained for Peel for the years 1991–2000. Ontario data for the years 1991–1999 were obtained from the Public Health Branch of the Ontario Ministry of Health and Long-Term Care.

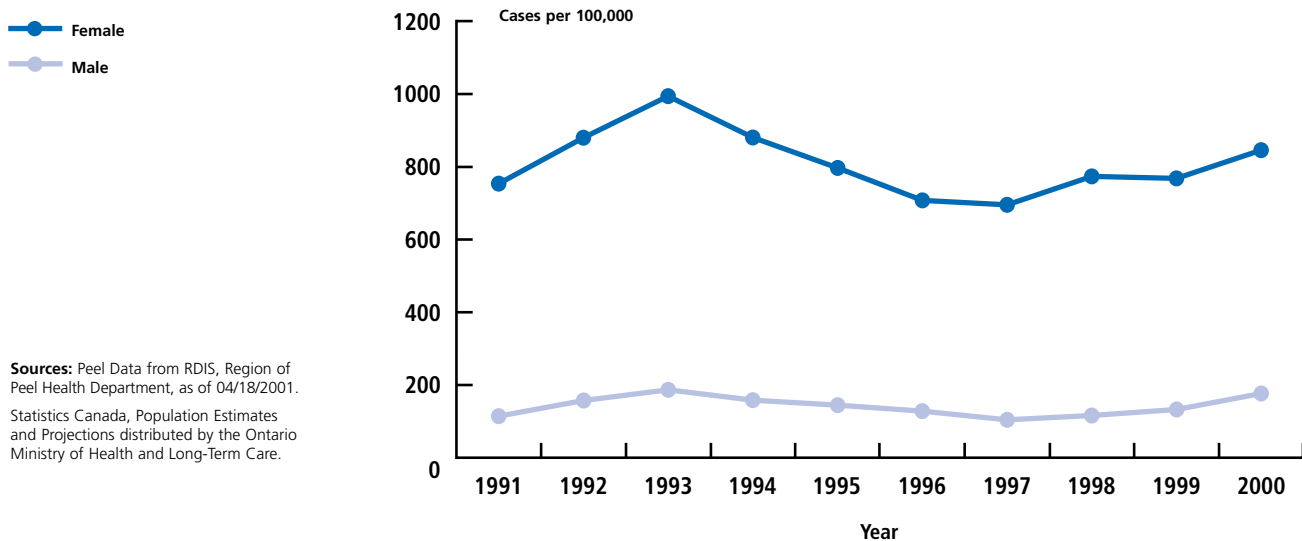
Chlamydia

Genital chlamydia is the most common bacterial sexually transmitted disease in Peel, Ontario⁷⁷ and Canada.⁷⁸ It is both preventable and treatable. However, it does not always produce symptoms and thus people may spread it without knowing they are infectious.⁷⁹ In females, a painful, long-term condition called pelvic inflammatory disease may result.⁷⁹ Chlamydial infections can result in infertility^{78,79,80} and increase the risk of a tubal pregnancy.^{78,80} In addition, babies born to women with untreated chlamydia can develop severe eye and lung infections.^{79,80}

Cases of chlamydia were more common among females than males in both Peel and Ontario, with rates and numbers being much higher for females, as shown in Figure 10.6. This may be due to higher testing⁷⁸ and reporting rates among females. In 2000, there were 348 cases of chlamydia in 15–19 year olds in Peel. Eighty-two per cent of the cases were in females.

In Peel, chlamydia rates for both males and females fluctuated over the past ten years, with some indication of an increasing trend since 1997 (*see figure 10.6*). Although not shown, rates of chlamydia for both males and females were typically below those for Ontario.

Figure 10.6—Incidence of Chlamydia by Sex, Youth Aged 15–19 Years, Region of Peel, 1991–2000



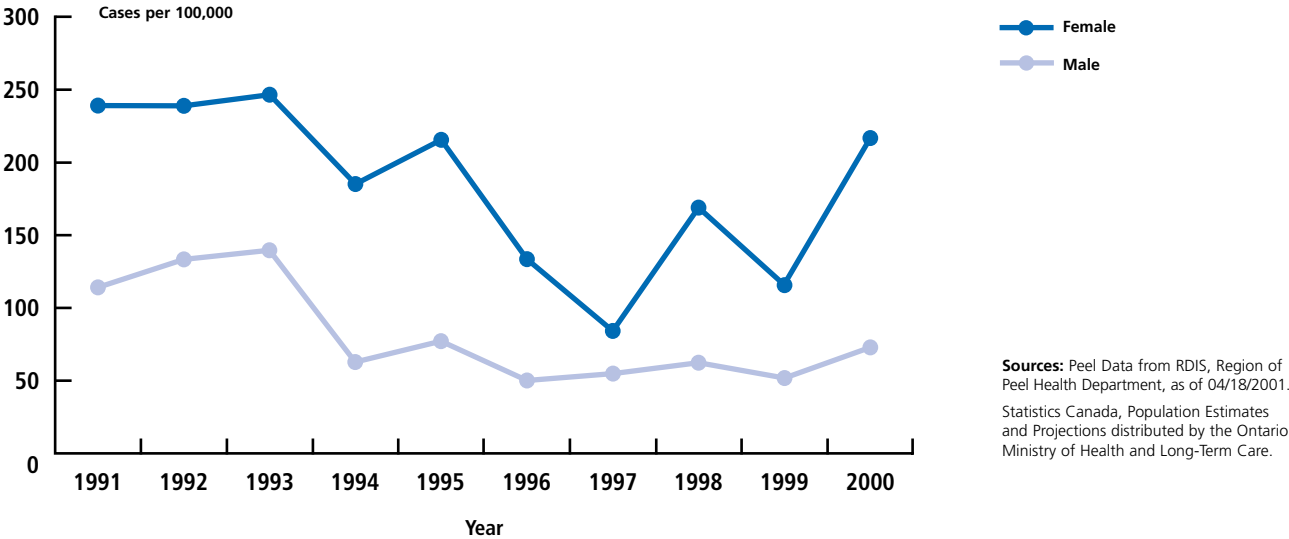
Gonorrhea

This sexually transmitted disease is caused by the bacteria *Neisseria gonorrhoea* and like chlamydia, may not produce any symptoms. It is preventable through the use of condoms and treatable using specific antibiotics.⁸¹ Like chlamydia, it can cause pelvic inflammatory disease, infertility or tubal pregnancy in women.^{77,81} As well, babies born to women with untreated gonorrhoea can develop severe eye infections.⁸² In men, sterility could result if the infection spreads to the testicles or prostate gland.⁸¹

Figure 10.7 shows rates of gonorrhoea over time for both males and females aged 15–19 years in Peel. In 2000, there were 99 cases of gonorrhoea in teenagers aged 15–19 years in Peel. Seventy-four per cent of these cases were in females.

Gonorrhoea incidence rates for males have remained stable since 1994. For females, rates have fluctuated over time. Although not shown, rates of gonorrhoea in males in Peel were higher than those in Ontario between 1995 and 1999. Rates of gonorrhoea for females in Peel were higher than Ontario rates between 1992 and 1999.

Figure 10.7—Incidence of Gonorrhoea by Sex, Youth Aged 15–19 Years, Region of Peel, 1991–2000



Hepatitis B

Hepatitis B infections are caused by a virus that can be transmitted through sexual contact with an infected person or by sharing personal items, including toothbrushes and razors, as well as needles used for injecting drugs, with an infected person.⁸³ It can also be transmitted from a mother to her baby during childbirth.⁸⁴ Hepatitis B virus can cause a serious infection of the liver, with symptoms of tiredness, loss of appetite and jaundice. Long-term infection can lead to chronic liver disease, cirrhosis and cancer of the liver.⁸⁵

The crude incidence rate of hepatitis B for both males and females of all ages declined in Peel between 1991 and 2000. Over this period, there were eight cases of hepatitis B in males aged 15–19 years and seven in females of the same age.

SUMMARY

Births

Fertility rates for females aged 15–19 years in Peel were lower than those for Ontario, and have declined slightly since 1990.

Abortions

Between 1992 and 1997, therapeutic abortion rates for youth aged 15–19 years were higher in Peel than Ontario. The therapeutic abortion ratio in Peel was also higher, indicating that a larger proportion of pregnant teens in Peel chose to have an abortion than did those in Ontario.

Higher abortion rates in Peel might be partially explained by the greater availability of abortion services in the Greater Toronto Area (than in the rest of the province).

Pregnancy

For youth aged 15–19 years in Peel, pregnancy rates declined slowly between 1994 and 1997. In 1997, the pregnancy rate for teens was 36 per 1,000 women aged 15–19 years. Overall, between the years 1993 and 1997, teen pregnancy rates in Peel were lower than in Ontario as a whole.

Sexual Activity

In 1996/1997, 31% of Peel youths aged 15–19 years had engaged in sexual intercourse.

In Ontario, 28% of teens aged 15–19 years who were sexually active reported having had two or more partners in the past year. Of those with multiple partners, 63% reported they “always” used a condom. This finding was higher than in older age groups.

Sexually Transmitted Diseases

Chlamydia and gonorrhea were the most prevalent sexually transmitted diseases in adolescents aged 15–19 years. Age-specific rates of chlamydia were higher for females than for males; these rates have remained stable over time. Rates of gonorrhea were higher in females than males aged 15–19 years. Age-specific rates in this age group were lower than the period prior to 1994, and with the exception of data for the year 2000, these rates have remained stable since that time.